

Torres, RobertoJ

From: Ronald Frick [rfrick@gammacorp.com]
Sent: Monday, February 08, 2010 5:24 PM
To: Torres, RobertoJ
Subject: RE: License 53-15737-01, Wilcox Memorial Hospital, Mail Control 472564
Attachments: document0.pdf

Roberto,

The receipt confirmation and leak test are attached. Let me know if you need anything else.

Ron

>>> "Torres, RobertoJ" <RobertoJ.Torres@nrc.gov> 2/8/2010 12:23 PM >>>
the decommissioning information we require is confirmation from QSA that they have received the source and copy of latest leak test on record.

From: Ronald Frick [rfrick@gammacorp.com]
Sent: Monday, February 08, 2010 1:28 PM
To: Torres, RobertoJ
Subject: Re: License 53-15737-01, Wilcox Memorial Hospital, Mail Control 472564

Roberto,
I didn't know we needed decommissioning records for a source transfer. Is there a certain form I need to fill out, or do you just need the leak test that was performed before shipping it?
Thanks,

Ron

>>> "Torres, RobertoJ" <RobertoJ.Torres@nrc.gov> 2/8/2010 5:36 AM >>>
Ron:

We have received a letter from Kathy Clark, President and CEO Wilcox Memorial Hospital, requesting removal of the Sr-90 sealed source from the license but no decommissioning records were submitted with the amendment request. Ms. Clark stated that the Sr-90 source was transferred to QSA Global in November 2007. Please have the licensee to submit copies of decommissioning records for this source by reply email or by fax. Please make reference to mail control number 472564.

Strontium-90

Sealed source (Nuclear Associates [IPL] Model 67-850)

125 millicuries

Thank you.

Roberto J. Torres
Senior Health Physicist
U.S. Nuclear Regulatory Commission - Region IV Division of Nuclear Materials Safety Nuclear Materials Safety Branch B
612 East Lamar Boulevard, Suite 400

Arlington, Texas 76011-4125
Telephone 817-860-8189
Facsimile 817-860-8263
robertoj.torres@nrc.gov



6765 Langley Drive
Baton Rouge, Louisiana 70809
Telephone: 225-751-5893
Fax: 225-756-0365

Date: December 17, 2007

Ron Frick
Wilcox Memorial Hospital
3420 Kuhio Hwy
Lihue, HI 96766

Reference: 2007-478

This is to advise that the Radioactive Material as detailed below has been received by QSA Global, Inc as of 00-00-00 and we have taken possession of this source:

Manufacturer	Model	S/N	Isotope	Activity
IPL	67-850	E-503	Sr-90	125 mci

Please retain this record for your files. Should you require further assistance, please contact us at QSA Global, Inc.

Regards,

Rusty Barrett
Technical Service Manager



Gamma Corporation

850 West Hind Drive #214, Honolulu, HI 96821

Phone (808) 373-7009

FAX (808) 373-7017

Leak Test Certificate

Facility: Wilcox Memorial Hospital

Number: 1080

Department: Nuclear Medicine

Fac ID: WMH

Address: 3420 Kuhio Hwy.

Lihue

HI 96766

Wipe Date: November 26, 2007

Analysis Date: December 03, 2007

The following sources were leak tested according to the procedures described in NRC License No. 53-23207-01.

All sources used for calibration are traceable to NTIS.

Isotope	Model Number	Serial Number	Activity (MBq)	Results (Bq)
Cs-137	CDR.562	3916MA	9.78	<4
Ba-133	RV-133-250U	986-45-5	9.3	<4
Co-60	CR-168E	S902300306	3.92	<4
Co-57	RV057-5M	986-6-2	196.7	<4
Sr-90	67-850	E503	4625	<3
Co-57	BM01-10	BM01102228	370	<4
Co-57	NES 8400	1097-037	370	<4

This report must be on file for review by the NRC or state regulatory authorities.

Performed by: _____

Radiation Safety Officer: _____

Torres, RobertoJ

From: Torres, RobertoJ
Sent: Monday, February 08, 2010 9:37 AM
To: 'Ronald Frick'
Subject: License 53-15737-01, Wilcox Memorial Hospital, Mail Control 472564
Attachments: SCAN5211.pdf

Ron:

We have received a letter from Kathy Clark, President and CEO Wilcox Memorial Hospital, requesting removal of the Sr-90 sealed source from the license but no decommissioning records were submitted with the amendment request. Ms. Clark stated that the Sr-90 source was transferred to QSA Global in November 2007. Please have the licensee to submit copies of decommissioning records for this source by reply email or by fax. Please make reference to mail control number 472564.

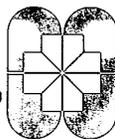
Strontium-90

Sealed source (Nuclear
Associates [IPL] Model 67-
850)

125 millicuries

Thank you.

Roberto J. Torres
Senior Health Physicist
U.S. Nuclear Regulatory Commission - Region IV
Division of Nuclear Materials Safety
Nuclear Materials Safety Branch B
612 East Lamar Boulevard, Suite 400
Arlington, Texas 76011-4125
Telephone 817-860-8189
Facsimile 817-860-8263
robertoj.torres@nrc.gov



RECEIVED

JAN 26 2010

DNMS

January 7, 2010

Nuclear Materials Licensing Branch
U.S. Nuclear Regulatory Commission, Region IV
612 E. Lamar Blvd., Suite 400
Arlington, TX 76011-4125

Subject: License Amendment
NRC License No. 53-15737-01
Docket No. 030-09666

Dear License Reviewer:

Please remove the authorization for Sr-90 from our license. Our Sr-90 source was transferred to QSA Global in November 2007.

In addition, please remove Craig Nickmeyer, M.D. from our list of Authorized Users.

If you require any additional information please contact our consultant, Ronald Frick at 808-373-7009.

Sincerely,

Kathy Clark, RN, BSN, MBA, FACHE
President and CEO

ACCEPTANCE REVIEW MEMO (ARM)

Licensee: WILCOX MEMORIAL HOSP **License:** 53-15737-01
Docket: 030-09666 **Mail Control:** 472564
Type of Action: AMEND **Date of Requested Action:** 01/07/10
Reviewer Assigned: **ARM reviewer(s):** Torres

Response	Deficiencies Noted During Acceptance Review
2/8/10	<input type="checkbox"/> Open ended possession limits. Submit inventory. Limit possession. <input checked="" type="checkbox"/> Submit copies of latest leak test results. DECOMMISSIONING RECORDS <input type="checkbox"/> Add IC L.C./Fingerprint LC, add SUNSI markings to license. <input type="checkbox"/> Confirm with licensee if they have NARM material. <input type="checkbox"/> Change of contact information (RSO), send request to update IC database.

Reviewer's Initials: RT **Date:** 2/9/10

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Request for unrestricted release Group 2 or >. Consult with Bravo Branch.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Termination request < 90 days from date of expiration
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Expedite (medical emergency, no RSO, location of use/storage not on license, RAM in possession not on license, other)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	TAR needed to complete action.

Branch Chief's and/or HP's Initials: _____ **Date:** _____

SUNSI Screening according to RIS 2005-31

Yes No **Sensitive and Non-Publicly Available** if any item below is checked

General guidance:

- _____ RAM = or > than Category 3 (Table 1, RIS 2005-31), use Unity Rule
- _____ Exact location of RAM [suite #, bldg. #, location different from mailing address] (whether = or > than Category 3 or not)
- _____ Design of structure and/or equipment (site specific)
- _____ Information on nearby facilities
- _____ Detailed design drawings and/or performance information
- _____ Emergency planning and/or fire protection systems

Specific guidance for medical, industrial and academic (above Category 3):

- _____ RAM quantities and inventory
- _____ Manufacturer's name and model number of sealed sources & devices
- _____ Site drawings with exact location of RAM, description of facility
- _____ RAM security program information (locks, alarms, etc.)
- _____ Emergency Plan specifics (routes to/from RAM, response to security events)
- _____ Vulnerability/security assessment/accident-safety analysis/risk assess
- _____ Mailing lists related to security response

Branch Chief's and/or HP's Initials: RT **Date:** 2-4-10

FEB 11 2010

DATE

This is to acknowledge the receipt of your letter/application dated 1-07-2010, and to inform you that the initial processing, which includes an administrative review, has been performed.

There were no administrative omissions. Your application will be assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.

Please provide to this office within 30 days of your receipt of this card:

The action you requested is normally processed within 90 days.

A copy of your action has been forwarded to our License Fee & Accounts Receivable Branch, who will contact you separately if there is a fee issue involved.

Your action has been assigned **Mail Control Number** 472564.
When calling to inquire about this action, please refer to this mail control number.
You may call me at 817-860-8103.

Sincerely,

Colleen Murnahan
Licensing Assistant

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
: Program Code: 02120
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20150831
: Fee Comments: CODE 23
: Decom Fin Assur Req: N
:

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: WILCOX MEMORIAL HOSPITAL
Received Date: 20100126
Docket No: 3009666
Control No.: 472564
License No.: 53-15737-01
Action Type: Notifications

2. FEE ATTACHED

Amount: _____
Check No.: /

3. COMMENTS

Signed Colleen Munnahan
Date 2-04-10

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered /_/_)

1. Fee Category and Amount: _____

2. Correct Fee Paid. Application may be processed for:

Amendment _____
Renewal _____
License _____

3. OTHER _____

Signed _____
Date _____

