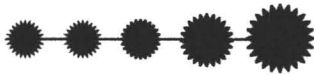


MIDWEST
BRACHYTHERAPY
SERVICES, INC.



17295 Chesterfield Airport Road
Chesterfield, MO 63005

August 12, 2011

USNRC Region III
Licensing Branch
2443 Warrenville Rd
Lisle, IL 60532-4352

Re: NRC License 24-33280-01 Amendment

To Whom It May Concern:

We would like to make the following amendments to our NRC License 24-33280-01 for our mobile HDR service:

- 1) Please remove item 6(A), 6(C), 7(A), 7(C), 8(A), 8(C), 9(A), and 9(C) from our NRC License as we no longer utilize the MDS Nordion/Varian Medical Systems Gammamed 12it HDR unit. The unit was decommissioned by Varian Medical Systems on May 23, 2011. The depleted uranium was returned to Alpha Omega Systems in Bellflower, CA and the Iridium-192 source were returned to Alpha Omega Systems in Louisiana, Louisiana Radioactive Materials License LA-10025-L01. Please see attached documents documenting the decommissioning and radioactive material transfer.
- 2) As we no longer will have the potential issue of having a total source strength greater than 22 curies, please change 8(C) to allow a single source strength of 12 curies.
- 3) Please add Richard Keys, MA as an individual authorized to transport and/or supervise transportation of License Material. Richard Keys is named as an Authorized Medical Physicist on NRC License 24-18295-01 and has been named as a Radiation Safety Officer on NRC License 24-00752-01.
- 4) Please change the site for source changes from Saint Anthony's Medical Center, NRC License 24-01041-04 to Phelps County Regional Medical Center NRC License 24-18295-01. Phelps County Regional Medical Center recently amended their license to allow source changes at their facility.

If you have any questions, please give me a call at 636-579-0136.

Sincerely,

David J. Keys, Ph.D.
President

RECEIVED AUG 16 2011

650 N. McCarthy Blvd
Milpitas CA 95035
USA

Notification No.	8100573018	PO Number	
Request Date		Event Date	
Field Engineer	CATHCART, BRIAN	Assisted FE	
Customer	ST ANTHONYS MEDICAL CENTER; RADIATION ONCOLOGY DEPT; 10010 KENNERLY RD; ST LOUIS MO; US 63128		
Equipment ID	H630219	Equipment Name	GAMMAMED 12R
Notification Equipment ID		Notification Equipment Name	

Reason for Call
Remove source & decommission unit

High Voltage Hours **Heater Hours**

Corrective Action Comments
Removed source and decommissioned unit (machine replaced with 640718). Removed all machine markings and labels and removed DU safe. Packed DU safe and shipped to AOS in California. Wipe test results were negative.

Old source # 22-01-0051-001-012611-12020-06 [145 GBq]
Source cycles = 500
Dummy cycles = 710
FedEx # for old source = 8744 7777 7006
FedEx # for DU safe = 7971 3446 6887
Source shipping container # 1561

Times on site

Request Date	Time In	Time Out	Hours
05/23/2011	02:00 PM	06:00 PM	4.00
Total Non-Chargeable hours	Total Travel Hours	Total Work hours	Total Site Hours
0.00	0.00	4.00	4.00

Equipment serviced

Sub-Equipment	System	Sub-system	Request Date	Hours	Activity
H630219-GM	Oth Decommission	Oth Decommission	05/23/2011	4.00	Service

Equipment Released
05/23/2011 06:00 PM

Customer Signature
David J. Key

FE Signature
[Signature]

Customer is responsible for all calibration verification



Varian Brachytherapy - GammaMed™ Afterloader:

AL25274000 - GammaMed Radiation Survey Checklist

Hospital/Clinic Name MIDWEST BRACHYTHERAPY	AL Serial # 630219	Date 23-May-11
--	------------------------------	--------------------------

Old Source Serial # 22-01-0051-001-012611-12020-08	Active Cycles 500
New Source Serial # N/A - DECOMMISSIONING	Dummy Cycles 710

Survey Meter Model Ludlum 2401-EW	Survey Meter Ludlum 2401-EW
Main Model Number 212391	Serial No. 212391
Calibration Expiry Date July 2, 2011	Calibration Expiry Date July 2, 2011

Background Wipe of Treatment Room	1	N/A	CPS Bq ⁽¹⁾	1-2 mm
Survey Afterloader - Old Source (all surfaces)	2	100	μSv / hr	5 cm
Wipe Shipping Container - New Source	N/A	2 x Background	CPS Bq ⁽¹⁾	1-2 mm
Survey Shipping Container - New source (top, sides, bottom)	N/A	2000	μSv / hr	Surface
Wipe New Source (after uncoiling from inside container)	N/A	2 x Background	CPS Bq ⁽¹⁾	1-2 mm
Survey Afterloader - New Source (top)	N/A	100	μSv / hr	5 cm
Survey Afterloader - New Source (sides)	N/A	100	μSv / hr	5 cm
Survey Afterloader - New Source (back)	N/A	100	μSv / hr	5 cm
Survey Afterloader - New Source (front)	N/A	100	μSv / hr	5 cm
Survey Afterloader - New Source (bottom)	N/A	100	μSv / hr	Surface
Survey Afterloader - New Source (all surfaces @ 1 metre)	N/A	10	μSv / hr	1 metre
Wipe Old Source (unloaded)	N/A	2 x Background	CPS Bq ⁽¹⁾	1-2 mm
Wipe Transport Safe Connector	1	2 x Background	CPS Bq ⁽¹⁾	1-2 mm
Survey Shipping Container - Old Source (top, sides, bottom)	65	700	μSv / hr	Surface
Shipping Container T1 - Old Source ⁽²⁾	0.2	N/A	T.I.	N/A

Source Activity On Day Of Installation: **N/A** Ci

Name: **BRIAN CATHCART** Signature:

- (1) Delete units as appropriate.
 (1) The absolute radiation contamination limit is 4 Bq/cm² or 220 dpm/cm² (based on a 300 cm² wipe).
- If a radiation wipe or survey is above the acceptable limit:**
- Lock the wire in the shipping container.
 - Lock the treatment room door.
 - Contact the customer RSO.
 - Contact your manager, your RSO, and VBT PSE.
- (2) Transport Index (T.I.) = Maximum radiation dose rate (μSv/hr) at 1 metre from package surface, divided by 10.

SHIPPER'S DECLARATION FOR DANGEROUS GOODS

Shipper VARIAN MEDICAL SYSTEMS 3100 HANSEN WAY PALO ALTO, CA 94304 USA	Air Waybill No. 8144 7777 7006 Page 1 of 1 Pages Shipper's Reference Number (optional) 22-01-0051-001-012611-12020-09
---	--

Consignee **ALPHA - OMEGA SERVICES INC**
1282 BIG WOODS - STARKS ROAD
EDGEHLY (VINTON), LA 70668
PHONE: (337) 389-5726

Two completed and signed copies of this Declaration must be handed to the operator

WARNING

Failure to comply in all respects with the applicable Dangerous Goods Regulations may be in breach of the applicable law, subject to legal penalties.

TRANSPORT DETAILS

This shipment is within the limitations prescribed for: (delete non-applicable) ~~XXXXXXXXXX~~

PASSENGER AND CARGO AIRCRAFT	CARGO AIRCRAFT ONLY
------------------------------	---------------------

Airport of Departure: **HOUSTON TX USA (IAH)**

Airport of Destination:

Shipment type: (delete non-applicable)

NON-RADIOACTIVE RADIOACTIVE

NATURE AND QUANTITY OF DANGEROUS GOODS

UN Number or Identification Number, proper shipping name, Class or Division (subsidiary risk), packing group (if required), and all other required information.

UN3321, RADIOACTIVE MATERIAL, TYPE A PACKAGE, SPECIAL FORM, 7,
IRIDIUM - 192, 1 TYPE A Package x 146 GBq,
II - YELLOW, TI = 0.2,
35 cm L x 35 cm W x 38 cm H,
SPECIAL FORM CERTIFICATE USA/ 0723/S-96, REVISION 1 Attached,
USA DOT 7A
OVERPACK USED

COPY OF
 OUTGANG
 12: #219

Additional Handling Information

If acceptable for passenger aircraft, this shipment contains radioactive material intended for use in or incident to, research, medical diagnosis, or treatment. ICAO/IATA used

INTERNATIONAL +1-703-527-3887

24 hr. Emergency Contact Tel. No. _____

I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. I declare that all of the applicable air transport requirements have been met.

Name/Title of Signatory
BRIAN CATHCART, SERVICE REP.

Place and Date
ST LOUIS, MO 5/25/11

Signature
 (see warning above) *[Signature]*

800

FedEx US Airbill
Express

8744 7777 7006

fedex.com 1.800.GoFedEx 1.800.463.3339

1 From Please print and press hard

Sender's FedEx Account Number SENDER'S FEDEX ACCOUNT NUMBER ONLY

Sender's Name **DAND KEYS** Phone **314 525-1688**

Company **ST. ANTHONY'S MEDICAL CENTER**

Address **10010 KENNERLY ROAD**

City **ST. LOUIS** State **MO** ZIP **63128**

2 Your Internal Billing Reference **GM219** OPTIONAL

3 To Recipient's Name Phone **337 589-5720**

Company **ALPHA-OMEGA SERVICES INC**

Address **1282 BIG WOODS STARKS RD**
We cannot deliver to P.O. boxes or P.O. ZIP codes.

HOLD Weekday
Public location address
REGULATED NOT available for
FedEx First Overnight

Address

HOLD Saturday
Public location address
REGULATED Available only for
FedEx Priority Overnight and
FedEx 2Day® select services.

City **VINTON** State **LA** ZIP **70668**

0429526781



Ship on the go at mobile.fedex.com
Tap into all our FedEx® shipping tools with FedEx® Mobile.

0215

Sender's Copy

4a Express Package Service *In most locations. Packages up to 150 lbs.

FedEx Priority Overnight Next business morning. * Public location only. Delivery not guaranteed on Monday unless SATURDAY Delivery is selected.

FedEx Standard Overnight Next business afternoon. * Saturday Delivery NOT available.

FedEx First Overnight Next business morning. * Saturday Delivery NOT available.

FedEx 2Day Second business day. * Thursday delivery not guaranteed on Monday unless SATURDAY Delivery is selected.

FedEx Express Saver Third business day. * Saturday Delivery NOT available.

4b Express Freight Service ** In most locations. Packages over 150 lbs.

FedEx 1Day Freight Next business day. ** Priority shipments will be delivered on Monday unless SATURDAY Delivery is selected. CALL 1.800.332.8887

FedEx 2Day Freight Second business day. ** Priority shipments will be delivered on Monday unless SATURDAY Delivery is selected.

FedEx 3Day Freight Third business day. * Saturday Delivery NOT available.

5 Packaging * Optional unless item size.

FedEx Envelopes* **FedEx Pak*** Includes FedEx Small Pak and FedEx Large Pak. **FedEx Box** **FedEx Tube** **Other**

6 Special Handling and Delivery Signature Options

SATURDAY Delivery NOT available for FedEx Standard Overnight, FedEx Express Saver, or FedEx 2Day Freight.

No Signature Required Packages may be left unattended. **Direct Signature** Recipient or authorized agent must sign for delivery. **Indirect Signature** Proxy or alternate addressee must sign for delivery. For residential deliveries only. For specific instructions, see FedEx.com.

Does this shipment contain dangerous goods?

No **Yes** (See attached label for details.) **Yes** (See attached label for details.) **Dry Ice** (See attached label for details.) **Cargo Aircraft Only**

7 Payment **BY:** Enter FedEx Acct. No. or Credit Card No. below.

Sender's FedEx Account **Recipient** **Third Party** **Credit Card** **Cash/Check**

Bill to: **2210-0820-0**

Total Packages **1** Total Weight **54** lbs. Total Declared Value*

*Declared value limited to \$500 unless you declare a higher value. See back for details. By using this form you agree to the service conditions on the back of the Airbill and to the current FedEx Service Guide, including terms and conditions for claims.

605

Form 5000-010-0101 (01/01) © 2001 FedEx. PRINTED IN U.S.A. 500

PLEASE RETAIN THIS COPY BEFORE AFFIXING TO THE PACKAGE. NO FURTHER REQUIRED.

2012 Source

 Print page |  Close


Detailed Results

Tracking no.: 874477777006

Select time format: 12H

Delivered
Delivered
 Signed for by: C.DUHON

Shipment Dates

 Ship date May 27, 2011
 Delivery date May 31, 2011 1:46 PM

Destination

Signature Proof of Delivery

Shipment Options

Hold at FedEx Location

Hold at FedEx Location service is not available for this shipment.

Shipment Facts

Service type	Express Saver	Delivered to	Receptionist/Front Desk
Weight	54.0 lbs/24.5 kg	Reference	GM219

Shipment Travel History

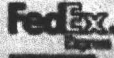
Select time zone: Local Scan Time

All shipment travel activity is displayed in local time for the location

Date/Time	Activity	Location	Details
May 31, 2011 1:46 PM	Delivered		
May 31, 2011 8:33 AM	On FedEx vehicle for delivery	LAKE CHARLES, LA	
May 31, 2011 8:10 AM	At local FedEx facility	LAKE CHARLES, LA	
May 29, 2011 5:00 PM	In transit	MEMPHIS, TN	
May 29, 2011 3:47 PM	Departed FedEx location	MEMPHIS, TN	
May 28, 2011 4:37 PM	In transit	MEMPHIS, TN	
May 27, 2011 9:00 PM	Left FedEx origin facility	MAPLEWOOD, MO	
May 27, 2011 2:33 PM	Picked up	MAPLEWOOD, MO	

From: (314) 525-1688
630219 David Keys
St. Anthony's Medical Center
10010 Kennedy Road

Origin ID: SUSA



#1151132293225

Ship Date: 25MAY11
ActWgt: 48.0 LB
CAD: 1797544/NET3130

St. Louis, MO 63128

Delivery Address Bar Code



SHIP TO: (800) 346-7894

BILL THIRD PARTY

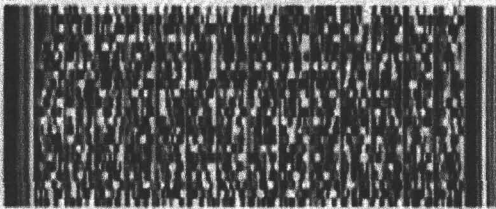
Troy Hedger
Alpha Omega Services, Inc.
9156 ROSE ST

Ref # 630219 safe
Invoice #
PO #
Dept #

BELLFLOWER, CA 90706

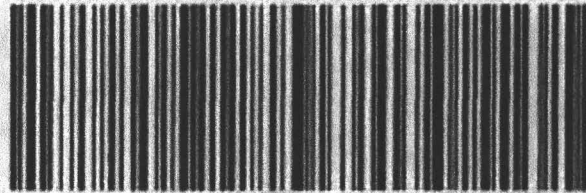
TUE - 31 MAY A1
EXPRESS SAVER

TRKB 7971 3446 6887
6291



SY LGBA

90706
CA-US
LGB



50031/577/PEB

After printing this label:

1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

Warning: Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$500, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.

DU safe

 [Print page](#) | [Close](#) 


Detailed Results

Tracking no.: 797134466887

Select time format: 12H

Delivered
Delivered
Signed for by: J.ARAMILLO

Shipment Dates

 Ship date May 27, 2011
 Delivery date May 31, 2011 9:00 AM

Destination

 BELLFLOWER, CA
 Signatures Proof of Delivery

Shipment Options

Hold at FedEx Location

Hold at FedEx Location service is not available for this shipment.

Shipment Facts

Service type	Express Saver	Delivered to	Shipping/Receiving
Weight	48.0 lbs/21.8 kg	Reference	630219 safe

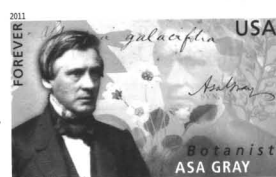
Shipment Travel History

Select time zone: Local Scan Time

All shipment travel activity is displayed in local time for the location

Date/Time	Activity	Location	Details
May 31, 2011 9:00 AM	Delivered	BELLFLOWER, CA	
May 31, 2011 8:26 AM	On FedEx vehicle for delivery	SIGNAL HILL, CA	
May 31, 2011 7:43 AM	At local FedEx facility	SIGNAL HILL, CA	
May 28, 2011 4:21 PM	Departed FedEx location	INDIANAPOLIS, IN	
May 28, 2011 5:19 AM	Arrived at FedEx location	INDIANAPOLIS, IN	
May 27, 2011 9:42 PM	Left FedEx origin facility	MAPLEWOOD, MO	
May 27, 2011 2:33 PM	Picked up	MAPLEWOOD, MO	
May 25, 2011 1:52 AM	Shipment information sent to FedEx		

Midwest Brachytherapy Services
17295 Chesterfield Airport Rd
Chesterfield, MO 63005



US NRC Region III
Licensing Branch
2443 Warrenville Rd
Lisle, IL 60532-4352