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700 Giesler Drive
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October 5, 2011

Attn: Materials Licensing Branch
United States Nuclear Regulatory Commission
Region III
2443 Warrenville Road Suite 210
Lisle, Illinois 60532-4532

Certified Mail: 7006 0810 0006 6227 9266

Dear License reviewer,

The purpose of this letter is to again request termination of our NRC license (24-32595-01) of Sac-Osage Hospital in Osceola, Missouri. Enclosed you will find copies of the documentation of the close out procedure that we submitted in July of 2009.

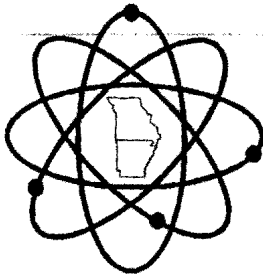
We were unaware that our license had not been terminated until yesterday, when an NRC surveyor (Deborah Piskura) arrived to inspect our facility. We have received several bills from the NRC in the past couple years for renewal fees. At each time, a copy of our termination letter was faxed to the billing department. Each time we were told that nothing further was needed.

I am in hopes that this letter and documentation will complete our termination request.

Sincerely,

Stace Holland
CEO

RECEIVED OCT 1 2 2011



RADIATION SAFETY OF THE OZARKS

7/25/2009

Steve Foote
Department of Diagnostic Imaging
Sac Osage Hospital
Osceola, MO 64776-0426

Dear Steve;

Enclosed is the surveys performed in July at your facility. Also attached are dose tables for the equipment. Please update your equipment with these new charts. No deficiencies were found.

All six lead aprons, two gloves and one thyroid shield were visually screened for lead integrity and found to be intact.

Additionally during my recent visit I performed a final audit and close out of nuclear medicine. Please find a draft cover letter and several attachments. After putting the drafted letter on hospital letter head please have your chided executive sign the letter and place with attachments to be sent to NRC.

Please give me a call if you would like to review the survey in detail. My number is 832-331-1217.

Sincerely,

Charles Beasley, Ph.D.; DABMP
Licensed Medical Physicist (Texas)

July 24, 2009

United States Nuclear Regulatory Commission
Region III
2443 Warrenville Road Suite 210
Lisle, Illinois 80532-4352

Dear License reviewer,

The purpose of this amendment is to request the termination of license number 24-3295-01 of Sac Osage Hospital in Osceola, Missouri. Enclosed is supporting documentation of the close out procedure.

After December 2007, the licensee exclusively used only unit dose technetium-99m products. The last nuclear medicine exam was a bone scan using 25 mCi and was performed on 12/11/08. One additional dose of 27 mCi was received on 1/6/09 but was returned unused (Attachment 1). A final disposal of radioactive waste not returned to vendor was made on 1/28/09. The documented surveys indicate the licensee never received or returned any radioactive contaminated products. Copy of waste disposal enclosed as Attachment 2.

A thorough close out survey was performed on July 12, 2009 by our consulting nuclear medicine physicist. Enclosed you will find a copy of the surveyed area (Attachment 3), test results (Attachment 4) and instrument calibrations (Attachments 5 and 6). The test results indicate no measured radiation exposure rate and no removable activity above background level from the sampled areas.

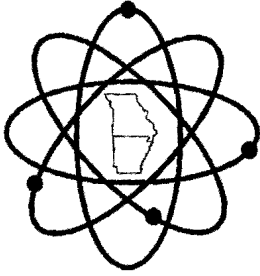
On 12/30/2008 the licensee had an inventory of four sealed sources (Attachment 7). Three of the sources were each less than one microcurie of Cs-137. The fourth source was 105 microcuries of Cs-137. None of the routine leak tests performed indicated that this source ever was leaking. On 1/28/2009 the 105 uCi source was transferred to Bates County Memorial Hospital license number 24-18740-01 (Attachments 8 and 9). On 4/6/09 A survey meter with one of the less than one microcurie sources attached was transferred to Bates County Memorial Hospital (Attachment 10). On 7/7/09 a second sub-microcurie source was transferred to Bates County Memorial Hospital (Attachment 11 and 12). The final less than one microcurie source is attached to the survey meter used by our consulting nuclear medicine physicist during the close out and will be transferred to Bates County Memorial Hospital. Enclosed are copies of the inventory for both Sac Osage and Bates County Memorial Hospital.

If you require any additional information please contact our consulting nuclear medicine physicist, Charles Beasley at: cwbeasley@sbcglobal.net

Sincerely,



Chief Executive
Sac Osage Hospital
Osceola, MO 64776



RADIATION SAFETY OF THE OZARKS

6908 Ferris St.
Bellaire, Texas 77401-3920
832-331-1217
Charles Beasley, PhD Nick Lannutti, MS

July 19, 2009

Mr. Steve Foote
Diagnostic Imaging
Sac Osage Hospital
Osceola, MO 64776

Dear Steve,

Enclosed are the results of my final visit to your Nuclear Medicine Department. During this visit specific equipment and records checks were performed to help ensure compliance with applicable state, federal, and accreditation standards. Comments related to this visit are below. A report detailing the results of my July 12th audit is enclosed.

2. Records of receipt, use, and disposal were reviewed. No problems identified. The last patient was injected and scanned on 12/11/08. The last dose received was on 1/6/09 and returned unused. A final disposal was made on 1/28/09.

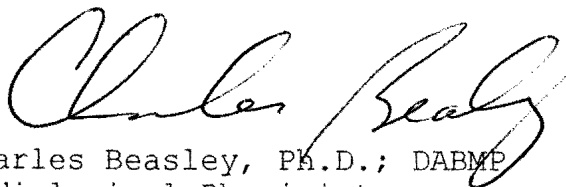
3. Record review of dose calibrator and survey meter quality control was made. No problems noted for survey meter.

4. A sealed source inventory was made. On 1/28/09 and 7/7/09 three of the four sources were transferred to the radioactive material license at Bates County Memorial Hospital (license number 24-18740-01. The remaining 1 uCi Cs-137 source attached to the survey meter was correctly identified during my recent visit. The source and meter will be transferred to Bates County Memorial Hospital following my visit.

5. Equipment checks were made or reviewed on the dose calibrator, well counter and survey meters. The dose calibrator performance was within the required NRC specifications for accuracy and linearity during the time any patient doses were received.
6. The Ludlum survey meter noted in my last letter past due for annual calibration was calibrated in February.
7. A radiation exposure monitoring system has been established including physicians and ancillary staff involved with patients injected with radionuclides. Quarterly and annual review of the radiation exposure reports was made during my audit. During all of the calendar quarters of 2008 no staff member had a recorded exposure above 10 percent of the maximum allowed by law.
8. The documentation of annual inservice that was missing during my prior visit was available for review.
9. The lab was very tidy. No traces of radioactivity use was noticed and detected in the entire restricted nuclear medicine area.
10. Enclosed are the detailed close out radiation surveys performed for submission to NRC for their approval. Also attached are final inventories for Sac Osage and Inventory for Bates County Memorial Hospital documenting transfer of sources.

If you have any questions concerning the results of this survey or if I can be of any assistance prior to my next scheduled trip, please do not hesitate to call me. My new number is 713-500-7649 or 832-331-1217.

Sincerely,



Charles Beasley, Ph.D.; DABMP
Radiological Physicist

NUCLEAR MEDICINE SERVICES PERFORMED

INSTITUTION: SAC OSAGE HOSPITAL
ADDRESS: P.O. BOX 426
 OSCEOLA, MO 64776

DATE: 12-Jul-2009
PHONE #: 417-646-8181
FAX #: 417-646-1208

PERSON TO CONTACT: MR. STEVE FOOTE/ MR. JAMES WOODWARD **LOCK** 1 & 5 THEN 4
 2 & 3 THEN 1 & 4

I. LICENSE REVIEW

A. LICENSE #: 24-3295-01 MO DHSS # 4134 (Expires 8/10/09) **EXPIRATION DATE:** 11/30/2015

B. AUTHORIZED USERS

NAME	LICENSE #	LICENSED USES
	24-3295-01	35.100, 35.200
	24-3295-01	35.100, 35.200
R. FRANCIS, M.D.	24-3295-01	35.100, 35.200
R. ROSARIO, M.D.	24-3295-01	35.100, 35.200

C. RADIATION SAFETY COMMITTEE

NAME	SPECIALTY
NA	

RSO: CHARLES W. BEASLEY, PHD

D. EQUIPMENT

EQUIPMENT	MANUFACTURER	MODEL #
1. SURVEY METERS	LUDLUM	14C/44-6
2. GAMMA CAMMERA(S)	GE	XRT
3. COMPUTER(S)	GE	
4. DOSE CALIBRATOR	CAPINTEC	CRC-5
5. WELL	PICKER	SPECTROSCALER 4
6. XE-133 DEL/TRAP		
7. XE-133 MONITOR		
8. AREA MONITOR		
9. Q.C. ANALYZER		
10. MISCELLANEOUS		

E. PERSONNEL DOSIMETRY (CLINISHARE)

TYPE	SUPPLIER	CHANGE FREQUENCY
BODY FILM	LANDAUER	MONTHLY
BODY TLD		
RING TLD	LANDAUER	MONTHLY

F. AREA/FACILITY CHANGE Y _____ N ___ X ___

G. LICENSE AMENDMENT/RENEWAL NEEDED Y _____ N ___ X ___

II: EQUIPMENT CHECKS

A. DOSE CALIBRATOR		FREQUEN	COMPL	:C. CAMERAS		FREQUENCY	COMPL
LINEARITY	QUART	Y		: FLOODS	DAILY	Y	
ACCURACY	QUART	Y		: BARS	WEEKLY	Y	
GEO. VAR.		Y		: ENERGY CAL.	DAILY	OK	
CONSTANCY	DAILY	Y		:D. PROBES/WELLS			
CONSTANCY GRAPH	DAILY	---		: CHI-SQUARE	QUART	NA	
COMM. USED ISO. RECORDS	DAILY	Y		: FWHM	QUART	NA	
CAL. MANUFACTURER		Y		: CONSTANCY		Y	
CAL. MODEL #		Y		: EFFICIENCY	ANNUALLY	Y	
CAL. SERIAL #		Y		:E. XE - 133 SYSTEM			
CHK. SOURCE ID		Y		: BREAKDOWN	MONTHLY	NA	
DATE		Y		: AIR FLOWS	SEMI-ANN	NA	
MEASURED ACTIVITY		Y		: NOSE CLAMPS		NA	
				: EMERGENCY PROC.		NA	
				:F. SEALED SOURCES			
				: INVENTORY	QUART	Y	
				: LEAK TEST	SEMI-ANN	Y	
				: SRC. SERIAL #		Y	
				: SRC. MODEL #		Y	
				: ISOTOPE		Y	
				: INITIAL ACTIVITY		Y	
				: STORAGE LOCATION		Y	
				: RSO SIGNATURE		Y	

III. SURVEYS

A. RADIATION		FREQUEN	COMPL	:C. SURVEY RECORD		FREQUENCY	COMPL
ELU/KIT/INJECT	DAILY	Y		: LOCATION		Y	
DEPARTMENT	WEEKL	Y		: mR/Hr-CPM		Y	
LOW USE	MONTH	---		: BKG LEVEL		Y	
HANDS/CLOTH	DAILY	Y		: INITIAL		Y	
SURROUND. AREA	.5 mR/H	Y		: DATE		Y	
RESTRICTED AREA	2 mR/Hr	Y		: CLEANING LEVEL		Y	
				: DIAGRAM		Y	
B. WIPE TESTS				: TRIGGER LEVELS		Y	
DEPARTMENT	WEEKL	Y		: DPM		OK	
LOW USE	MONTH	OK					
SENSITIVITY	2000 D	Y					

IV. PACKAGE RECEIPT

A. DATE RECEIVED	Y		:V. RADIATION SAFETY COMMITTEE		
B. RADIATION LEVEL @ 3'	Y		: QUARTERLY		NA
C. RADIATION LEVEL AT SURF.	Y		: ALARA		Y
D. RAD. LEVEL OF PACK MATL	Y		: ANNUAL REVIEW		
E. WIPE TES SRC. CONTAINER	Y		: EXPOSURE REVIEW		Y
F. DAMAGED	OK		: PHYSICIST REVIEW		Y
G. CORRECT MATERIAL	Y		: ACCIDENT/MISADMIN.		NONE
H. LABELS DEFACED	OK/NA		: NOTICE TO WORKERS		Y
I. WIPE TESTS DPM	Y		: INVEST. LEVELS		Y

VI. GENERAL RULES

A. LAB COATS	Y	
B. GLOVES	Y	
C. SYRINGE/VIAL SHIELDS	Y	
D. FOOD/DRINK/SMOKING	OK	
E. PERSONNEL DOSIMETRY	Y	

:VII. TRAINING

: A. NEW EMPLOYEE	Y
: B. ANNUAL	CONTIN.
: C. TAPE AVAILABLE	Y

:VIII. PERSONNEL DOSIMETRY

: A. NAMES	Y
: B. SSN/BIRTHDATE	Y
: C. BADGES RETURNED	Y
: D. LEVELS I,II,III	0
: E. NEW EMPLOYEE EXP.	Y
: F. ANNUAL NOTIFICATION	Y

IX. RECORDS

A. GENERATOR		FREQUEN	COMPL
ELUTION (mCi)		NA	
volume (ml)		NA	
Mo-99 (uCi)		NA	
Mo-99/Tc99		NA	
TIME/DATE OF ASSAY		NA	
GENERATOR LOT #		NA	
GEN EXPIRATION DATE		NA	

:D. PATIENT

: NAME/I.D.	Y
: ACTIVI. PRESCRIBED	Y
: ACTIVI. ADM.	Y
: ISOTOPE	Y
: DATE/TIME OF MEAS.	Y
: COMPOUND	Y

PREPARER INITIAL

NA

:E. GENERATOR RETURN

B. KIT PREPARATION

CHEM 4M
ACTIVITY IN KIT
KIT VOLUME (ml)
KIT LOT #
KIT EXPIRATION DATE
PREPARER INITIAL

C. DISPOSAL

DATE TO STORAGE Y
DATE DISPOSED OF Y
HELD T 1/2 Y
CONTAINER mR/Hr Y
BKG mR/Hr Y
ISOTOPE Y
INITIAL Y
LABELS DEFACED OK
INSTRUMENT USED Y

RADIATION SURVEY NA
SURFACE NA
3' NA
WIPE TEST NA
SHIPPING PAPERS NA
LABELS NA

:X. POSTING

PARTS 19/20,4/10 N
LICENSE(AVAIL.) Y
APPLICATION(AVL.) Y
NOTICE TO EMPLOY. Y
EMERGENCY PRO. Y
Mo-99 BREAKTHROUGH NA
PATIENT EXPOSURE NA
ALARA NOTICE NA
SIGNS Y
RADIATION AREA Y
HIGH RAD. AREA NA
RADIOACTIVE MATL Y
CONTAINERS Y
LAST INSPECT.DATE
REPORT ON FILE Y
CORR. ACTION ON FILE NA

XI. GROUPS IV & V

A. CAPSULE/LIQUID NA
B. HOOD USED NA
C. BIOASSAY NA
THYROID BURDEN NA
DATE NA
PARTICIPANTS'S NAME NA
INITIAL OF PERSON NA
MAKING MEASUREMENT NA
PERFORMED WITHIN 3 DAYS NA
D. INSTRUCTION TO WORKERS NA
PATIENT CONTROL NA
VISITOR CONTROL NA
CONTAMINATION CONTRL NA
WASTE CONTROL NA
NOTIFICATION OF RSO NA
E. PRIVATE ROOM NA
F. RAD. MARL SIGN ON DOOR NA

:G. VISITOR CONTROL POSTED NA
:H. RAD. SURVEY (INITIAL) NA
RESTRICTED AREA NA
UNRESTRICTED AREA NA
TIME/DATE NA
DIAGRAM NA
mR/Hr AT SEV. PTS. NA
INSTRUMENT USED NA
INITIALS NA
:I. WASTE COLLECTED NA
:J. PATIENT INSTRUCT. FOR NA
FAMILY SAFETY NA
:K. DISMISSAL SURVEY
PATIENT'S ROOM NA
SANITARY FACILITY NA
<200 DPM NA

XIII. QUALITY MANAGEMENT PROGRAM/PT. RELEASE

A. PHYSICIAN DIRECTIVE

1. PATIENT NAME NA
2. PROCEDURE TO BE PERFORMED NA
3. ISOTOPE NA
4. PRESCRIBED ACTIVITY NA
5. PHYSICIAN SIGNATURE NA
6. DATE/TIME OF DIRECTIVE NA

B. REDUNDANT PATIENT VERIFICATION

1. PATIENT NAME NA
2. REDUNDANT VERIFICATION OF PATIENT NA
3. NAME OF PERSON PERFORMING VERIFICATION NA
4. DATE/TIME OF REDUNDANT VERIFACAION NA

C. PRE/POST ADMINISTRATION VERIFICATION

1. PRE-DOSE ADMINISTRATION VERIFICATION
a. isotope NA
b. activity NA
c. compound NA
d. name/date/time of verification NA
2. POST DOSE ADMINISTRATION VERIFICATION
a. isotope NA
b. activity NA
c. compound NA
d. name/date/time of verification NA
e. diff. between pre.& admin.acti NA
f. admin. vs pre. activity within 1 NA

D. FORM REVIEW

12-Jul-2009
1. PHYSICIAN DIRECTIVE COMPLETE NA
2. REDUNDANT PATIENT VERIFICATION COMPLE NA
3. PRE/POST VERIFICATION COMPLETE NA
4. ANNUAL PROGRAM EVALUATION PERFORME NA
5. PROGRAM UP TO DATE AND FILED WITH NRC NA
6. NUMBER OF PROCEDURES DURING QRT: NA
7. NUMBER OF PROCEDURES YTD: NA

:E. PATIENT RELEASE

1. # OF PROCEDURES DURING QRT: NA
2. INSTRUCTION GIVEN: NA

PHYSICIST REVIEW

INSTITUTION: SAC OSAGE HOSPITAL
 ADDRESS: P.O. BOX 426
 OSCEOLA, MO 64776
 DATE: 12-Jul-2009

ITEM	DATE CHECKED					
DOSE CALIBRATOR ACCURACY :	1/20/06	4/29/06	7/6/06	8/18/06	10/3/06	
	10/21/06	3/11/07	6/10/07	10/9/07	2/14/08	
	6/29/08	7/7/08	12/30/08			
DOSE CALIBRATOR LINEARITY :	9/27/05	1/5/06	4/3/06	7/6/06	10/3/06	1/9/07
	4/10/07	6/10/07	10/9/07	1/15/08	4/15/08	7/17/08
	10/28/0	1/28/09	4/6/09			
DOSE CALIBRA. GEOMETRICAL :	9/27/05					
SEALED SOURCE INVENTORY	11/22/0	1/5/06	1/20/06	4/3/06	4/29/06	7/6/06
	8/18/06	10/3/06	11/21/06	1/9/07	3/1/07	4/10/07
	6/10/07	10/9/07	1/15/08	2/14/08	4/15/08	6/29/08
	7/17/08	10/28/08	12/30/08	1/28/09	4/6/09	7/7/09
SEALED SOURCE LEAK TEST	11/22/0	4/29/06	11/21/06	6/10/07	10/22/07	2/14/08
	4/15/08	10/28/08	4/6/09			
WELL/PROBE EFFICIENCY	4/29/06	10/9/07				
RSC MEETINGS						
ANNUAL INSERVICE	10/10/0	9/25/06	10/9/07	11/24/08		
ANNUAL ALARA REVIEW	6/10/07	2/14/08	7/7/09			
ANNUAL POLICY/PROCEDURE REVIEW	1/20/06	2/14/08				
PHARMACY REVIEW	1/20/06	4/29/06	8/18/06	11/21/06	3/1/07	6/10/07
	10/9/07	2/14/08	6/29/08	12/30/08	7/12/09	
SURVEY METER CHECK	1/20/06	4/29/06	8/18/06	11/21/06	3/1/07	6/10/07
	10/9/07	2/14/08	6/29/08	12/30/08	7/12/09	
SURVEY MTR CALIBR(LUDLUM 14C)	8/05	8/06	10/07	2/09		
(BICRON SURVEYOR 2000)	5/05	5/06	5/07	5/08	5/09	

INSTITUTION: SAC OSAGE HOSPITAL
ADDRESS: P.O. BOX 426
OSCEOLA, MO 64776

A. SURVEY METER CALIBRATION CHECK

1. LUDLUM 14C/44-6 1.00 mR/Hr with check source on side of unit (CAP OFF)
S.N. 22008 Annual calibration due on: 2/10
Battery ch OK

B. RADIATION SURVEY

AREA	mR/Hr
1 STORAGE AREA	0.05
2 L-BLOCK	0.02
3 D.C.	0.02
4 WORK AREA	0.02
5 AMBIENT	0.02
5 CAMERA	0.02

LUDLUM 14C/44-6
S.N. 22008

C. WELL COUNTER CHECK

PICKER SPECTOSCALER 4
SN 217223

Well Efficiency (Ba-133): 30-Dec-2008

LL:	300	Gross Standard CPM:	105683
UL:	400	Background CPM :	14
HV:	494	Net CPM :	105669

$$\text{EFF} = \frac{\text{NET CPM}}{\text{STD DPM}} \times 100 = 11.01 \%$$

CLEANING LEVEL = 2000 dpm
Removable contamination = Net CPM X 9.08 = REMOVABLE DPM

STD: .09795 uCi OF Ba-133, CALIBRATED ON: 01-Feb-2003
STD. DPM: 959523

Well Efficiency (Co-57): 30-Dec-2008

LL:	100	Gross Standard CPM:	12657
UL:	155	Background CPM :	20
HV:	493	Net CPM :	12637

$$\text{EFF} = \frac{\text{NET CPM}}{\text{STD DPM}} \times 100 = 77.36 \%$$

CLEANING LEVEL = 2000 dpm
Removable contamination = Net CPM X 1.29 = REMOVABLE DPM

STD: .1144 uCi OF Co-57, CALIBRATED ON: 27-Jan-2006
STD. DPM: 16335

ALARA REVIEW

INSTITUTION: SAC OSAGE HOSPITAL
 ADDRESS: P.O. BOX 426
 OSCEOLA, MO 64776

I. RSC/RSO/ADMINISTRATIVE REVIEWS

A.	QUARTERLY REVIEW	REVIEW DATE	ACCEPT	ANNUAL REVIEW	7/12/09	ACCEPT
1.	Exposure Histories	12-Jul-2009	ACCEPT	7/12/09	ACCEPT	
2.	Radiation Surveys	12-Jul-2009	"	7/12/09	"	
3.	Physics Reports	12-Jul-2009	"	7/12/09	"	
4.	Accidents/Misadministrations:	12-Jul-2009	OK	7/12/09	OK	

II. EXPOSURE HISTORY

NAME	THORESON, J	WARNER, L	CARLSON, J	WOODWARD, J				
SSN	YES	YES	YES	YES				
BRTHDTE	YES	YES	YES	YES				
BDG #	1222	1233	1234	1236				
	BDY	EXT	BD	EXT	BDY	EXT	BDY	EXT
MONTH								
1 :	7	50	13	80	6	50	21	90
2 :	8	60	10	70	13	120	16	100
3 :	4	30	18	130	11	90	28	160
1st qrt total :	19	140	41	280	30	260	65	350
4 :	6	50	9	130	9	70	6	70
5 :	5	50	16	110	8	100	23	170
6 :		80		180		110		60
2nd qrt total :	11	180	25	420	17	280	29	300
7 :	10	60	18	120	12	90	34	190
8 :	15		21	160	0	0	28	160
9 :	11	80	10	80	12	80	24	190
3rd qrt total :	36	140	49	360	24	170	86	540
10 :	13	80	15	80	5	50	34	210
11 :	9	50	17	70	12	50	20	120
12 :	9	50	8	40	0	0	19	140
4th qrt total :	31	180	40	190	17	100	73	470
YTD TOTAL :	97	640	155	1250	88	810	253	1660

NAME	LONG, S	GAMBLE, M	MOORE, K	PRICHARD, M				
SSN	YES	YES	YES					
BRTHDTE	YES	YES	YES					
BDG #	1237	1239	1238					
	BDY	EXT	B	EXT	BDY	EXT	BDY	EXT
MONTH								
1 :	6	40	21	170	19	140	6	50
2 :	4	40	16	150	15	180	17	20
3 :	20	100	29	210	26	250	36	440
1st qrt:	30	180	66	530	60	570	59	510
4 :	2	40	17	210	12	180	15	160
5 :	16	80	25	170			16	170
6 :	15	50		130			15	120
2nd qrt:	33	170	42	510	12	180	46	450
7 :	4	40	16	170			7	60
8 :	7	40	19	190			10	120
9 :	13	80	21	170	14	220	19	110
3rd qrt:	24	160	21	530	14	220	36	290
10 :	9	40	19	170			17	60
11 :	18	50	8	260			26	90
12 :	7	0	21	180			22	120
4th qrt:	34	90	48	610	0	0	65	270
YTD :	121	600	177	2180	86	970	206	1520

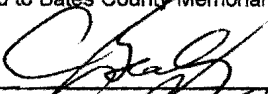
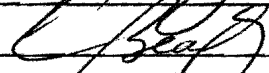
PHYSICIST REPORT

INSTITUTION: SAC OSAGE HOSPITAL
 ADDRESS: P.O. BOX 426
 OSCEOLA, MO 64776

I. QUARTERLY SEALED SOURCE INVENTORY

SOURCE	SOURCE ACTIVITY(mCi)	SOURCE I.D.	STORAGE LOCATION	INVENT. DATE
Cs-137;NES-356 3560481A-51 29-Apr-81	0.200	1	*	
Cs-137; THE SOURCE 01-Feb-91	0.001	2	*	
Cs-137; SPECTRUM TECHNOLOGIES 1788 15-Jul-2005	0.001	3	*	
Cs-137; THE SOURCE 02-92-0290 01-Feb-91	0.001	4	NUC. MED. /METER	12-Jul-2009

* Sources 1,2,3 transferred to Bates County Memorial Hospital Lic 24-18740-01.

PHYSICIST: 
 RSO: 
 DATE: 12-14-09

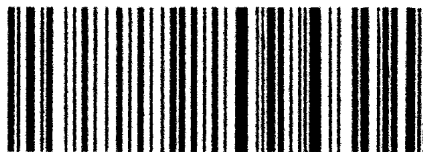


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OCT 05 2011

Attn: Materials Licensing Branch
United States Nuclear Regulatory Commission
Region III
2443 Warrenville Road Suite 210
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