

me



PeaceHealth

Ketchikan
General Hospital

Cody Davis RT (R,NM)
3100 Tongass Avenue
Ketchikan, AK 99901

February 6, 2012

U.S. Nuclear Regulatory Commission, Region 4
611 Ryan Plaza Drive, Suite 400
Arlington, TX 76011-8064

RECEIVED

FEB 13 2012

DNMS

To Whom It May Concern:

Peace Health Ketchikan Medical Center is requesting an amendment to license number 50-19913-01, docket number 030-19521. We are requesting that the license be amended to show Kevin L. Ketchum, MD as our RSO.

Thank you,

Cody Davis RT (R,NM)

3100 Tongass Ave.
Ketchikan, AK 99901-3201

Phone: 907.225.3111



PeaceHealth

Ketchikan
General Hospital

MEMO TO: Radiation Safety Officer
FROM: Administration
SUBJECT: Delegation of Authority
DATE: February 6, 2012

You, Kevin L. Ketchum MD have been appointed Radiation Safety Officer. You are responsible for ensuring the safe use of radiation. You are responsible for managing the radiation protection program; identifying radiation protection problems; initiating, recommending, or providing corrective actions; verifying implementation of corrective actions; stopping unsafe activities; and ensuring compliance with regulations. You are hereby delegated the authority necessary to meet those responsibilities, including prohibiting the use of byproduct material by employees who do not meet the necessary requirements and shutting down operations where justified by radiation safety. You are required to notify management if staff do not cooperate and do not address radiation safety issues. In addition, you are free to raise issues with the Nuclear Regulatory Commission at anytime.

Signature of Management Representative

I accept the above responsibilities,

(RSO)

cc: Nuclear Imaging Department

1100 Douglas Ave.
Ketchikan, AK 99901-5591

Tel: 907-225-9171



Ketchikan General Hospital

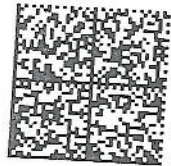
PeaceHealth

Nuc Med.

3100 Tongass Avenue, Ketchikan, AK 99901

DNMS

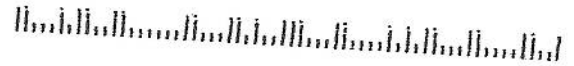
U.S. NRC Region IV
611 Ryan Plaza Dr. Suite 400
Arlington, TX. 76011-8064



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MAILED FF



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DATE
02/16/2012

NAME AND ADDRESS OF APPLICANT AND/OR LICENSEE Peace Health Ketchikan Medical Center ATTN: Lars Gustaf Crabo, M.D. Radiation Safety Officer 3100 Tongass Avenue Ketchikan, Alaska 99901-5794	LICENSE NUMBER 50-19913-01
	MAIL CONTROL NUMBER 576941
	LICENSING AND/OR TECHNICAL REVIEWER ch

This is to acknowledge the receipt of your:

LETTER and/or APPLICATION DATED: 02/06/2012

The initial processing, which included an administrative review, has been performed.

AMENDMENT TERMINATION NEW LICENSE RENEWAL

- There were no administrative omissions identified during our initial review.
- This is to acknowledge receipt of your application for renewal of the material(s) license identified above. Your application is deemed timely filed, and accordingly, the license will not expire until final action has been taken by this office.
- Your application for a new NRC license did not include your taxpayer identification number. Please fill out NRC Form 531, located at the following link:

<http://www.nrc.gov/reading-rm/doc-collections/forms/nrc531.pdf>

Send the completed NRC Form 531, by facsimile, to the following number: (301) 415-5387

A copy of your action has been emailed to our License Fee and Accounts Receivable Branch, in our Headquarters office in Rockville, MD. You will be contacted separately if there is a fee issue involved.

Your application has been assigned the above listed **MAIL CONTROL NUMBER**. When calling to inquire about this action, please refer to this control number. Your application has been forwarded to a technical reviewer. Please note that the technical review, which is normally completed within 180 days for a renewal application (90 days for all other requests), may identify additional omissions or require additional information. If you have any questions concerning the processing of your application, our contact information is listed below:

Region IV
U. S. Nuclear Regulatory Commission
DNMS/NMSB - B
1600 E. Lamar Boulevard
Arlington, TX 76011-4511
(817) 200-1103 or (817) 200-1140

BETWEEN:

Accounts Receivable/Payable
and
Regional Licensing Branches

[FOR ARPB USE]
INFORMATION FROM LTS

Program Code: 02121
Status Code: Pending Amendment
Fee Category: 7C
Exp. Date: 08/31/2012
Fee Comments:
Decom Fin Assur Reqd: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: Peace Health Ketchikan Medical Center
Received Date: 02/13/2012
Docket Number: 3019521
Mail Control Number: 576941
License Number: 50-19913-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____

Check No.: _____

3. COMMENTS

Signed: _____

Date: _____

Carol R. Heier
2/14/12

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: _____