



Blood Bank of Alaska

4000 Laurel Street · Anchorage, AK., 99508 · Tel 907-222-5600 · Fax 907-222-5683 · www.bloodbankofalaska.org

July 7, 2015

This is a continuation of Mail Control #586616.

Request our RAML (50-29114-01) be amended as follows:



Radiation Safety Officer: Replace Maureen J Pedigo, MPH with Kenneth R Harper, MS. Attestation letter regarding applicable training as outlined in Appendix G of NUREG 1556, Vol 5, "Consolidated Guidance About Materials Licenses: Program Specific Guidance About Self-Shielded Irradiator Licenses", dated June 1998 is attached.

Please direct questions/comments to Mr Harper at kenneth.harper@yahoo.com.

Regards,

Robert Scanlon Chief Executive Officer

Immediate Release PUBLIC D' Normal Release A.3 Sensitive-Security Related NON-PUBLIC A.7 Sensitive Internal Reviewer: MR Date: 7-2115

PUBLIC D jornediate Release G Normal Kelease

NCN-PUBLIC A.3 Sensitive Security Related A.7 Sensitive Internal Other:

Reviewer: Date

h 588379

7 Jul 2015



I hereby attest that Kenneth R. Harper received training satisfying the requirements of Rependix G and review of responsibilities in Appendix H of NUREG 1556, Vol 5, "Consolidated Guidance About Materials Licenses: Program Specific Guidance About Self-Shielded Irradiator Licenses", dated June 1998.

Course outline:

Timer Quality Control Performing Blood Irradiation Using the CIS-US 437C Blood Irradiator Earthquake Response Irradiator Troubleshooting and Emergency Procedures Irradiator Quality Control TLD Usage Quarterly Exposure Time Adjustment Canister Rotation and Safety Check Leak Test and Quarterly Radiation Survey Irradiator Preventative and Periodic Maintenance Radiation Training and ALARA Irradiator Security Radiation Safety Regulatory Requirements

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Maureen Pedigo Radiation Safety Officer

PUBLIC Immediate Release Normal Kalease NON-PUBLIC A.3 Sensitive-Security Related A.7 Sensitive Internal Other: Reviewer: Date: TRUS

(1-2012) DATE 07/28/2015 07/28/2015 NAME AND ADDRESS OF APPLICANT AND/OR LICENSEE LICENSE NUMBER Maureen J. Pedigo, MPH 50-29114-01 Radiation Safety Officer MAIL CONTROL NUMBER Blood Bank of Alaska, Inc. 588379 4000 Laurel Street LICENSING AND/OR TECHNIC Anchorage, Alaska 99508 LICENSING AND/OR TECHNIC This is to acknowledge the receipt of your: OT/07/2	AL REVIEWER			
Maureen J. Pedigo, MPH 50-29114-01 Radiation Safety Officer MAIL CONTROL NUMBER Blood Bank of Alaska, Inc. 588379 4000 Laurel Street 588379 Anchorage, Alaska 99508 LICENSING AND/OR TECHNIC This is to acknowledge the receipt of your:	AL REVIEWER			
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4000 Laurel Street 588379 Anchorage, Alaska 99508 LICENSING AND/OR TECHNIC This is to acknowledge the receipt of your: CH	AL REVIEWER			
This is to acknowledge the receipt of your:	AL REVIEWER			
This is to acknowledge the receipt of your:				
✓ LETTER and/or				
	/2015			
The initial processing, which included an administrative review, has been perform	ned.			
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 Rece our Headquarters office in Rockville, MD. You will be contacted separately if th involved.				
Your application has been assigned the above listed MAIL CONTROL NUMBE calling to inquire about this action, please refer to this control number. Your ap been forwarded to a technical reviewer. Please note that the technical review, normally completed within 180 days for a renewal application (90 days for all ot may identify additional omissions or require additional information. If you have concerning the processing of your application, our contact information is listed b	plication has which is her requests), any questions			
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				

(1-2012) /7/28

BETWEEN:	[FOR ARPB USE]
	INFORMATION FROM WBL
Accounts Receivable/Payable	
and	Program Code: 03510
Regional Licensing Branches	Status Code: Pending Amendment
-	Fee Category: 3E
	Exp. Date:
	Fee Comments:
	Decom Fin Assur Reqd: N

License Fee Worksheet - License Fee Transmittal

A. REGION		
1. APPLICATION ATTA Applicant/Licensee: Received Date: Docket Number: Mail Control Number: License Number: Action Type:	BLOOD BANK 07/08/2015 3034496	OF ALASKA, INC.
2. FEE ATTACHED Amount: Check No.:	\square	
3. COMMENTS	Signed:	Cand befice
	Date:	7/28/15
B. LICENSE FEE MAN		H (Check when milestone 03 is entered / /)
2. Correct Fee Paid. Ap Amendment:	oplication may be p	rocessed for:
Renewal:		
License:		_
3. OTHER		
	Signed:	1
	Date:	