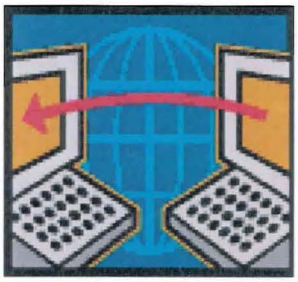
UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION IV
1600 EAST LAMAR BLVD
ARLINGTON, TEXAS 76011-4511

EMAIL



Name:	Patrick Martin	License: 25-16773-02 Docket: 030-14734
Organization:	Saint Patrick Hospital and Health Sciences Center	Control: 586900
Phone:	406-327-1696	
E-mail Address:	pmartin@saintpatrick.org	
From:	Jacqueline D. Cook	
Date:	November 5, 2015	
Subject:	Application dated May 28, 2015 for License Renewal	
Pages:	2	

Mr. Martin:

Per your application dated May 28, 2015, the items on the next page are deficiencies which require your response. **I apologize for the short turnaround but if you can please respond to this e-mail by tomorrow, Friday, November 6, 2015, it will be greatly appreciated. If you are unable to respond by tomorrow, please give me a call so we can discuss an alternate date to respond.** Our fax number is (817) 200-1263. You may respond by e-mail in pdf format if you'd like. My email address is Jackie.Cook@nrc.gov. When responding to this e-mail, please include the license, docket and control numbers located at the top of this page.

Please note that your renewal application was reviewed using NUREG-1556, Vol. 9, Rev. 2, "Consolidated Guidance About Materials Licenses: Program-Specific Guidance About Medical Use Licenses" dated January 2008 (http://www.nrc.gov/reading-rm/doc-collections/nuregs/staff/sr1556/v9/r2/).

Thanking you in advance for your cooperation, assistance, and prompt response in this matter.

/RA/
Jacqueline D. Cook
Senior Health Physicist

PUBLIC
☐ Immediate Release
☑ Normal Release

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

Reviewer: JDC Date: 11/5/15

1. Please note that Appendix I of NUREG-1556, Vol.9, Rev. 2 contains a model RSO Delegation of Authority. (http://www.nrc.gov/reading-rm/doc-collections/nuregs/staff/sr1556/v9/r2/) Please submit an updated RSO Delegation of Authority for you (Patrick Martin) using Appendix I as guidance.

2. Please note that in Table C.2, you checked the box for iodine-131; however, please note that you are authorized for any byproduct material permitted by 10 CFR 35.300 in Item 6.C. of your license.

   Please clarify this discrepancy.

3. Please submit a description of the instrumentation (e.g., gamma counter, solid state detector, portable or stationary count rate meter, portable or stationary dose rate or exposure rate meter, single or multichannel analyzer, liquid scintillation counter, proportional counter) that will be used to perform required surveys.

4. In your renewal application, Table C.3 under Item 9: Other Equipment and Facilities, you checked the box that indicates you are using PET radionuclides and that you are providing a description of the additional facilities and equipment for these uses; however, we were unable to find this information in your renewal application.

   Please clarify this discrepancy.

5. For Installation, Maintenance, Adjustment, Repair, and Inspection of Therapy Devices containing sealed sources (Item 6.H.) of Table C.3. of your renewal application, please clarify who will be providing these services for your high dose rate remote afterloader unit.

   If you will be providing these services in-house, please provide the following: 1) specify the name of the proposed employee and types of activities requested 2) description of the training and experience demonstrating that the proposed employee is qualified by training and experience for the use requested AND 3) a copy of the manufacturer's training certification and an outline of the training in procedures to be followed.

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☐ Other:

Reviewer: JWC Date: 11/5/15