

Hill, Carol

11-29-085-01

**From:** Hanson, Latischa  
**Sent:** Tuesday, October 20, 2015 9:01 AM  
**To:** Hill, Carol  
**Subject:** FW: Minidoka RSO Delegation of Authority  
**Attachments:** Edlin\_RSO.pdf

Carol,

As per confirmation with Jackie, this will be set up as an amendment action. I will just add the DOA as a tie down & update the license.

Thanks,

latish

Thanks,

Latischa

**From:** Cashmore, Cathy [mailto:cathy@pharmacy.isu.edu]  
**Sent:** Tuesday, October 13, 2015 6:57 PM  
**To:** Hanson, Latischa <Latischa.Hanson@nrc.gov>  
**Subject:** [External\_Sender] Minidoka RSO Delegation of Authority

**PUBLIC**

- Immediate Release
- Normal Release

**NON-PUBLIC**

- A.3 Sensitive-Security Related
- A.7 Sensitive Internal
- Other: \_\_\_\_\_

Reviewer: R102 Date: 12-11-15

Hello Latischa,

I received Dr. Edlin's RSO Delegation of Authority form today - I apologize for the delay in getting this to you.

Thank you for your patience,

Cathy

--  
Catherine Cashmore, PharmD, ANP  
Associate Dean  
ISU College of Pharmacy

**Delegation of Authority**

**Memo To:** Radiation Safety Officer  
**From:** Chief Executive Officer  
**Subject:** Delegation of Authority

You, Dr. James P Edlin, have been appointed Radiation Safety Officer and 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 to maintain radiation safety. You are required to notify management if staff does not cooperate and does not address radiation safety issues. In addition, you are free to raise issues with the Nuclear Regulatory Commission at any time. It is estimated that you will spend \_\_\_\_ hours per week conducting radiation protection activities.

  
\_\_\_\_\_  
Signature of Management Representative

9-28-15  
Date

I accept the above responsibilities,

  
\_\_\_\_\_  
Signature of Radiation Safety Officer

10-9-15  
Date

cc: Affected department heads

BETWEEN:  
  
Accounts Receivable/Payable  
and  
Regional Licensing Branches

[ FOR ARPB USE ]  
INFORMATION FROM WBL

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

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## License Fee Worksheet - License Fee Transmittal

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### A. REGION

#### 1. APPLICATION ATTACHED

Applicant/Licensee: MINIDOKA MEMORIAL HOSPITAL  
Received Date: 10/20/2015  
Docket Number: 3033775  
Mail Control Number: 589435  
License Number: 11-29085-01  
Action Type: Amendment

#### 2. FEE ATTACHED

Amount: \_\_\_\_\_

Check No.: \_\_\_\_\_

#### 3. COMMENTS

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

*Carol R. Hise*  
11/30/15

### 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: \_\_\_\_\_