

## Aldredge, Casey

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**From:** Williams, Brian G <willbrig@nmhcare.org>  
**Sent:** Thursday, September 15, 2016 2:58 PM  
**To:** Aldredge, Casey  
**Subject:** [External\_Sender] RSO Appendix  
**Attachments:** 2016\_09\_15\_13\_57\_19.pdf

Let me know if there is anything else.

Brian G. Williams  
VP of Professional Services  
Northern Montana Hospital  
406-262-1417 Office  
406-262-3609 Cell  
[willbrig@nmhcare.org](mailto:willbrig@nmhcare.org)

**PUBLIC**

- Immediate Release  
 Normal Release

**NON-PUBLIC**

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

Reviewer: CA Date: 9/15/16

APPENDIX I

- Medical events and precursor events are investigated and reported to NRC, cause(s) and appropriate corrective action(s) are identified, and timely corrective action(s) are taken;
- Audits of the Radiation Protection Program are performed at least annually and documented;
- If violations of regulations, license conditions, or program weaknesses are identified, effective corrective actions are developed, implemented, and documented;
- Licensed material is transported, or offered for transport, in accordance with all applicable DOT requirements;
- Licensed material is disposed of properly;
- Appropriate records are maintained; and
- An up-to-date license is maintained, and amendment and renewal requests are submitted in a timely manner.

**Model Delegation of Authority**

Memo To: Radiation Safety Officer

From: Chief Executive Officer

Subject: Delegation of Authority

You, Dr. Walter Smith, 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 2 hours per week conducting radiation protection activities.

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

9/14/16  
\_\_\_\_\_  
Date

I accept the above responsibilities,

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

9-14-2016  
\_\_\_\_\_  
Date

cc: Affected department heads

## **Allredge, Casey**

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**From:** Allredge, Casey  
**Sent:** Tuesday, September 13, 2016 11:11 AM  
**To:** Williams, Brian G  
**Cc:** Fairbanks, Jeff PhD  
**Subject:** RE: Northern Montana Hospital License change for RSO Letter  
**Attachments:** NUREG 1556 Delegation of Authority .pdf

**Importance:** High

Brian,

I apologize, I should have thought to ask for this before, but could you please send a signed delegation of authority statement similar to the attached? After I receive that I should be able to process the amendment and get it out to you the same day.

Thanks very much,

Casey Allredge  
Health Physicist  
USNRC Region IV  
(817)200-1547

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**From:** Williams, Brian G [mailto:willbrig@nmhcare.org]  
**Sent:** Monday, September 12, 2016 8:40 AM  
**To:** Allredge, Casey <Casey.Allredge@nrc.gov>  
**Cc:** Williams, Brian G <willbrig@nmhcare.org>  
**Subject:** [External\_Sender] Northern Montana Hospital License change for RSO Letter

Casey,

Attached is a response to your letter.

Please let me know if there is anything else you need from me.

Brian G. Williams  
VP of Professional Services  
Northern Montana Hospital  
406-262-1417 Office  
406-262-3609 Cell  
[willbrig@nmhcare.org](mailto:willbrig@nmhcare.org)

APPENDIX I

- Medical events and precursor events are investigated and reported to NRC, cause(s) and appropriate corrective action(s) are identified, and timely corrective action(s) are taken;
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- Licensed material is disposed of properly;
- Appropriate records are maintained; and
- An up-to-date license is maintained, and amendment and renewal requests are submitted in a timely manner.

**Model Delegation of Authority**

Memo To: Radiation Safety Officer

From: Chief Executive Officer

Subject: Delegation of Authority

You, \_\_\_\_\_, 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

\_\_\_\_\_  
Date

I accept the above responsibilities,

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

\_\_\_\_\_  
Date

cc: Affected department heads

## **Alldredge, Casey**

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**From:** Williams, Brian G <willbrig@nmhcare.org>  
**Sent:** Monday, September 12, 2016 8:40 AM  
**To:** Alldredge, Casey  
**Cc:** Williams, Brian G  
**Subject:** [External\_Sender] Northern Montana Hospital License change for RSO Letter  
**Attachments:** 2016\_09\_12\_07\_37\_11.pdf

Casey,

Attached is a response to your letter.

Please let me know if there is anything else you need from me.

Brian G. Williams  
VP of Professional Services  
Northern Montana Hospital  
406-262-1417 Office  
406-262-3609 Cell  
[willbrig@nmhcare.org](mailto:willbrig@nmhcare.org)



September 12, 2016

**RE: Follow up regarding license amendment for change of RSO**

**License: 25-17441-01**

**Docket: 030-12758**

**Control: 591142**

Casey C. Alldredge, Health Physicist  
US Nuclear Regulatory Commission Region IV  
Nuclear Materials Licensing Branch  
1600 E. Lamar Blvd, Arlington, Texas 76011-4511  
[casey.allredge@nrc.gov](mailto:casey.allredge@nrc.gov)

Dear Casey C. Alldredge:

We have evaluated our program goals following the receipt of your letter dated August 8, 2016. In consultation with our medical physicist and our authorized users, we have determined that there is no reason to continue with 35.300 listed on our radioactive materials license. This determination is based on past non-use of 35.300 materials for several years and the expectation that we will not use them in the future.

Rather than submit form 313A to you for Dr. Walter Smith, I would like to ask that you drop 35.300 materials from our license. This will have the result of Dr. Smith meeting the requirements as RSO since he is listed as an authorized user for 35.100 and 35.200 as provided in our previous communication.

Sincerely,

Brian G. Williams  
VP of Professional Services  
Northern Montana Hospital  
406-262-1417  
[willbrig@nmhealthcare.org](mailto:willbrig@nmhealthcare.org)

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**Northern Montana  
Hospital**  
30 - 13th Street  
(406) 265-2211

**Northern Montana  
Care Center**  
24 - 13th Street  
(406) 265-2238

**Northern Montana  
Specialty Medical Center**  
20 - 13th Street West  
(406) 265-7831

**Northern Montana  
Family Medical Center**  
1410 1st Avenue  
(406) 265-5408

**Northern Montana  
Sletten Cancer Center**  
40 - 13th Street West  
(406) 262-6000

### CONVERSATION RECORD

TIME  
2 : 30  AM  
 PM

NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU

Jeff Fairbanks

TELEPHONE NO.

(208) 861-6501

TYPE OF CONVERSATION

IN-PERSON

E-MAIL

TELEPHONE

INCOMING

OUTGOING

E-MAIL ADDRESS

fairbanj@slhs.org

ORGANIZATION

Northern Montana Hospital

SUBJECT

license amendment

**SUMMARY**

I spoke with a contract medical physicist for the hospital about their desire to remove authorization for 35.300 from their license. I told him that if they wanted to remove it, they needed to send me a signed letter stating that they wished to do so. I said that if they did that in a timely fashion, I would process the change with the change of RSO amendment that I am currently working on. He agreed that was acceptable and committed to getting me a signed letter next week.

eom

**Continue on Page 2**

ACTION REQUIRED

NAME OF PERSON DOCUMENTING CONVERSATION

Casey Aildredge

SIGNATURE

*Casey Aildredge*

DATE

9/1/16

ACTION TAKEN

TITLE OF PERSON TAKING ACTION

SIGNATURE OF PERSON TAKING ACTION

DATE

## **Alldredge, Casey**

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**From:** Fairbanks, Jeff PhD <fairbanj@slhs.org>  
**Sent:** Thursday, September 01, 2016 1:04 PM  
**To:** Alldredge, Casey  
**Subject:** [External\_Sender] Re: Northern Montana Hospital NRC License Amendment Request for Information  
**Attachments:** 25-17441-01 License Amendment Request for Info.pdf

Hi Casey, Brian forwarded this to me. I just left you a long voice mail. In summary, I think the best approach is to remove 35.300 from the license because, after speaking with the Nuc Med tech, she confirmed that they have not done any I-131 for years and the physicians don't have any interest or plans to do this in the future. Then Dr. Smith will qualify under 35.100 and 35.200. The alternative path would be to fill out the preceptor form which would likely be challenging given the number of years since his residency.

Let me know your thoughts on this, and I will proceed to write the amendment request and give it to Brian for signature. I am the medical physicist who does the annual surveys and audits for them.

Jeff

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**From:** Alldredge, Casey [mailto:Casey.Alldredge@nrc.gov]  
**Sent:** Thursday, August 11, 2016 4:10 PM  
**To:** Williams, Brian G <willbrig@nmhcare.org>  
**Subject:** Northern Montana Hospital NRC License Amendment Request for Information

Good afternoon Mr. Williams,  
I am reviewing the recent NRC license amendment request for NRC License No. 25-17441-01. Please see the attached request for additional information. If you have any questions, please let me know.  
Thanks very much,

Casey Alldredge  
Health Physicist  
USNRC Region IV  
(817)200-1547

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**UNITED STATES  
NUCLEAR REGULATORY COMMISSION**  
REGION IV  
1600 E. LAMAR BLVD.  
ARLINGTON, TX 76011-4511



## EMAIL

**Name:** Brian G. Williams License: 25-17441-01  
Docket: 030-12758

**Organization:** Northern Montana Hospital Control: 591142

**Phone:** 406-262-1417

**E-mail Address:** [willbrig@nmhcare.org](mailto:willbrig@nmhcare.org)

**From:** Casey C. Alldredge

**Date:** August 8, 2016

**Subject:** Letter dated June 11, 2016 for License Amendment

**Pages:** 2

Mr. Williams:

Per your letter dated June 11, 2016 for your license amendment, the items on the next page are deficiencies which require your response. **Please respond in a signed and dated letter to this e-mail by Thursday August 25, 2016.** Our fax number is (817) 200-1188. You may respond by e-mail with the letter in pdf format if you'd like. My email address is [casey.allredge@nrc.gov](mailto:casey.allredge@nrc.gov). When responding to this e-mail, please include the license, docket and control numbers located at the top of this page.

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

A handwritten signature in blue ink that reads "Casey C. Alldredge".

Casey C. Alldredge  
Health Physicist

1. Walter Smith was previously licensed as an RSO on NRC license 25-16906-01. This license authorized the use of any byproduct material permitted by 35.100 and 35.200. Northern Montana Hospital (License No. 25-17441-01) is authorized for the use of any byproduct material permitted by 35.100 and 35.200 and I-131 procedures permitted by 35.300. Therefore additional information is needed to describe the training in radiation safety, regulatory issues, and emergency procedures for I-131 authorization because it is an additional type of medical use than Mr. Smith was previously an RSO for.

Please fill out the attached NRC form 313A form. I highlighted the areas where it needs to be filled out.



**RADIATION SAFETY OFFICER TRAINING  
AND EXPERIENCE AND PRECEPTOR ATTESTATION  
[10 CFR 35.50]**

APPROVED BY OMB: NO. 3150-0120  
EXPIRES: 06/30/2019

Name of Proposed Radiation Safety Officer

Requested Authorization(s) *The license authorizes the following medical uses (check all that apply):*

- 35.100   
  35.200   
  35.300   
  35.400   
  35.500   
  35.600 (remote afterloader)  
 35.600 (teletherapy)   
  35.600 (gamma stereotactic radiosurgery)   
  35.1000 ( \_\_\_\_\_ )

**PART I – TRAINING AND EXPERIENCE**  
*(Select one of the four methods below)*

\*Training and Experience, including board certification, must have been obtained within the 7 years preceding the date of application or the individual must have obtained related continuing education and experience since the required training and experience was completed. Provide dates, duration, and description of continuing education and experience related to the uses checked above.

**1. Board Certification**

- a. Provide a copy of the board certification.
- b. Use Table 3.c. to describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license.
- c. Skip to and complete Part II Preceptor Attestation.

OR

**2. Current Radiation Safety Officer Seeking Authorization to Be Recognized as a Radiation Safety Officer for the Additional Medical Uses Checked Above**

- a. Use the table in section 3.c. to describe training in radiation safety, regulatory issues, and emergency procedures for the additional types of medical use for which recognition as RSO is sought.
- b. Skip to and complete Part II Preceptor Attestation.

OR

**3. Structured Educational Program for Proposed Radiation Safety Officer**

a. Classroom and Laboratory Training

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation			
Radiation protection			
Mathematics pertaining to the use and measurement of radioactivity			
Radiation biology			
Radiation dosimetry			

Total Hours of Training:

**RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**3. Structured Educational Program for Proposed Radiation Safety Officer (continued)**

**b. Supervised Radiation Safety Experience**

*(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)*

Description of Experience	Location of Training/ License or Permit Number of Facility	Dates of Training*
Shipping, receiving, and performing related radiation surveys		
Using and performing checks for proper operation of instruments used to determine the activity of dosages, survey meters, and instruments used to measure radionuclides		
Securing and controlling byproduct material		
Using administrative controls to avoid mistakes in administration of byproduct material		
Using procedures to prevent or minimize radioactive contamination and using proper decontamination procedures		
Using emergency procedures to control byproduct material		
Disposing of byproduct material		
Licensed Material Used (e.g., 35.100, 35.200, etc.)+ <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div>		

+ Choose all applicable sections of 10 CFR Part 35 to describe radioisotopes and quantities used: 35.100, 35.200, 35.300, 35.400, 35.500, 35.600 remote afterloader units, 35.600 teletherapy units, 35.600 gamma stereotactic radiosurgery units, emerging technologies (provide list of devices).

**RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**3. Structured Educational Program for Proposed Radiation Safety Officer (continued)**

**b. Supervised Radiation Safety Experience (continued)**

*(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)*

Supervising Individual	License/Permit Number listing supervising individual as a Radiation Safety Officer
This license authorizes the following medical uses:	
<input type="checkbox"/> 35.100	<input type="checkbox"/> 35.200
<input type="checkbox"/> 35.500	<input type="checkbox"/> 35.600 (remote afterloader)
<input type="checkbox"/> 35.600 (gamma stereotactic radiosurgery)	<input type="checkbox"/> 35.400
	<input type="checkbox"/> 35.600 (teletherapy)
	<input type="checkbox"/> 35.1000 ( _____ )

**c. Describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license.**

Description of Training	Training Provided By	Dates of Training*
Radiation safety, regulatory issues, and emergency procedures for 35.100, 35.200, and 35.500 uses		
Radiation safety, regulatory issues, and emergency procedures for 35.300 uses		
Radiation safety, regulatory issues, and emergency procedures for 35.400 uses		
Radiation safety, regulatory issues, and emergency procedures for 35.600 - teletherapy uses		
Radiation safety, regulatory issues, and emergency procedures for 35.600 - remote afterloader uses		
Radiation safety, regulatory issues, and emergency procedures for 35.600 - gamma stereotactic radiosurgery uses		
Radiation safety, regulatory issues, and emergency procedures for 35.1000, specify use(s):		

**RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**3. Structured Educational Program for Proposed Radiation Safety Officer (continued)**

**c. Training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license (continued)**

<p>Supervising Individual <i>If training was provided by supervising RSO, AU, AMP, or ANP. (If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.)</i></p>	<p>License/Permit Number listing supervising individual</p>
<p>License/Permit lists supervising individual as:</p> <p><input type="checkbox"/> Radiation Safety Officer    <input type="checkbox"/> Authorized User    <input type="checkbox"/> Authorized Nuclear Pharmacist</p> <p><input type="checkbox"/> Authorized Medical Physicist</p> <p>Authorized as RSO, AU, ANP, or AMP for the following medical uses:</p> <p><input type="checkbox"/> 35.100    <input type="checkbox"/> 35.200    <input type="checkbox"/> 35.300    <input type="checkbox"/> 35.400</p> <p><input type="checkbox"/> 35.500    <input type="checkbox"/> 35.600 (remote afterloader)    <input type="checkbox"/> 35.600 (teletherapy)</p> <p><input type="checkbox"/> 35.600 (gamma stereotactic radiosurgery)    <input type="checkbox"/> 35.1000 ( _____ )</p>	

d. Skip to and complete Part II Preceptor Attestation.

**OR**

**4. Authorized User, Authorized Medical Physicist, or Authorized Nuclear Pharmacist identified on the licensee's license**

- a. Provide license number.
- b. Use the table in section 3.c. to describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license.
- c. Skip to and complete Part II Preceptor Attestation.

**PART II – PRECEPTOR ATTESTATION**

Note: This part must be completed by the individual's preceptor. The preceptor does not have to be the supervising individual as long as the preceptor provides, directs, or verifies training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each.

**First Section**

Check one of the following:

**1. Board Certification**

I attest that \_\_\_\_\_ has satisfactorily completed the requirements in

Name of Proposed Radiation Safety Officer

10 CFR 35.50(a)(1)(i) and (a)(1)(ii); or 35.50 (a)(2)(i) and (a)(2)(ii); or 35.50(c)(1).

**OR**

**2. Structured Educational Program for Proposed Radiation Safety Officers**

I attest that \_\_\_\_\_ has satisfactorily completed a structural educational

Name of Proposed Radiation Safety Officer

program consisting of both 200 hours of classroom and laboratory training and one year of full-time radiation safety experience as required by 10 CFR 35.50(b)(1).

**OR**

**RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**Preceptor Attestation (continued)**

**First Section (continued)**  
Check one of the following:

**3. Additional Authorization as Radiation Safety Officer**

I attest that \_\_\_\_\_ is an  
Name of Proposed Radiation Safety Officer

- Authorized User                                       Authorized Nuclear Pharmacist
- Authorized Medical Physicist

identified on the Licensees license and has experience with the radiation safety aspects of similar type of use of byproduct material for which the individual has Radiation Safety Officer responsibilities

**AND**

**Second Section**  
**Complete for all (check all that apply):**

I attest that \_\_\_\_\_ has training in the radiation safety, regulatory issues, and  
Name of Proposed Radiation Safety Officer  
emergency procedures for the following types of use:

- 35.100
- 35.200
- 35.300      oral administration of less than or equal to 33 millicuries of sodium iodide I-131, for which a written directive is required
- 35.300      oral administration of greater than 33 millicuries of sodium iodide I-131
- 35.300      parenteral administration of any beta-emitter, or a photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required
- 35.300      parenteral administration of any other radionuclide for which a written directive is required
- 35.400
- 35.500
- 35.600      remote afterloader units
- 35.600      teletherapy units
- 35.600      gamma stereotactic radiosurgery units
- 35.1000      emerging technologies, including:

**RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**AND**

**Third Section**  
**Complete for ALL**

I attest that \_\_\_\_\_ has achieved a level of radiation safety knowledge  
Name of Proposed Radiation Safety Officer  
sufficient to function independently as a Radiation Safety Officer for a medical use licensee.

**Fourth Section**  
**Complete the following for Preceptor Attestation and signature**

I am the Radiation Safety Officer for \_\_\_\_\_  
Name of Facility

License/Permit Number: \_\_\_\_\_

Name of Preceptor	Signature	Telephone Number	Date