

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - _____

SUBJECT: VOIDED APPLICATION

Control Number: 301436

Applicant: CAPITAL REGIONAL MEDICAL CENTER (Still Campus)

License Number: 24-12699-01

Docket Number: 030-02375

Date Voided: 5 SEPT. 1996

Reason for Void: LICENSEE WANTS TO COLLECT
ADDITIONAL INFORMATION AND WISHES TO
PURSUE REQUEST AT A LATER DATE.

W. P. Reichhold 5 Sept. 1996
Signature Date

Attachment:
Official Record Copy of
Voided Action

FOR LFMB USE ONLY

- ☐ Refund Authorized and processed
☒ No Refund Due
☐ Fee Exempt or Fee Not Required

Comments: _____

Log completed ☒

Processed by: LAC
9/24/96

ML
30
SD

BETWEEN:

LICENSE FEE MANAGEMENT BRANCH, ARM
AND
REGIONAL LICENSING SECTIONS

(FOR LFMS USE)
INFORMATION FROM LTS

PROGRAM CODE: 02120
STATUS CODE: 0
FEE CATEGORY: 7C
EXP. DATE: 20050228
FEE COMMENTS: CODE 23
DECOM FIN ASSUR REQD: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
APPLICANT/LICENSEE: CAPITAL REGION MEDICAL CENTER
RECEIVED DATE: 960618
DOCKET NO: 3002375
CONTROL NO.: 301436
LICENSE NO.: 24-12699-01
ACTION TYPE: AMENDMENT

2. FEE ATTACHED

AMOUNT: 440
CHECK NO.: 131518

3. COMMENTS

SIGNED
DATE

D. Horsey
6-21-96

B. LICENSE FEE MANAGEMENT BRANCH (CHECK WHEN MILESTONE 03 IS ENTERED / /)

1. FEE CATEGORY AND AMOUNT: 7C 440

2. CORRECT FEE PAID. APPLICATION MAY BE PROCESSED FOR:
AMENDMENT
RENEWAL
LICENSE

3. OTHER

SIGNED
DATE

SC 6/24/96

RECEIVED
JUN 27 1996
REGION III

Log	Jun 10 711
Remitter	
Check No.	31568
Amount	440
Fee Category	7C
Type of Fee	Amn
Date Check Rec'd	6/24/96
Date Completed	
By	SC

1996 JUN 24 PM 1:55



CAPITAL REGION MEDICAL CENTER

P.O. Box 1128
Jefferson City, Missouri 65102-1128
573/635-7141

U.S. Nuclear Regulatory Commission
Regional Licensing Section
801 Warrenville Road
Lisle, IL 60532-4351

Re: Combination of Licensed Activities of License #24-176080-02 and
License 24-12699-01

Gentlemen:

In previous correspondences with the Nuclear Regulatory Commission, we have kept you informed of the merger of Capital Region Medical Center-Southwest and Capital Region Medical Center-Madison. These facilities were previously Memorial Community Hospital and Charles E. Still Osteopathic Hospital, both located in Jefferson City, MO. Since the merger process started, we have combined medical staffing, technology staffing, and standardized the operating procedures and clinical procedures at these two facilities. At the present time, both licenses reflect the same authorized users and clinical uses.

In an effort to further streamline our operations, we wish to combine the operations of these licenses into a single license issued to Capital Region Medical Center-Madison Campus (License #24-12699-01). At the same time, we wish to terminate the license issued to Capital Region Medical Center-Southwest Campus (License #24-176080-02). We wish to have License #24-12699-01 amended to indicate a location of use at Capital Region Medical Center-Southwest Campus, 1432 Southwest Blvd., Jefferson City, MO. In addition, we would like to amend License #24-12699-01 to include additional areas at Capital Region Medical Center-Madison Campus for nuclear medicine use. Enclosed you will find plans for the architectural changes planned at the Madison Campus.

Dr. William Voss is the current R.S.C. on the Capital Region Medical Center-Madison Campus license. He will continue as the R.S.O. under the combined license. I, Ed Farnsworth, as President, am the administrative person responsible for both campuses.

The procedures outlined in the license application for Capital Region Medical Center-Madison Campus (24-12699-01) will be reviewed and implemented at the Capital Region Medical Center-Southwest Campus. There will be a single Radiation Safety Committee responsible for both locations of use. There will be representatives on the Committee from both campuses. The structure of the Committee with its appropriate representatives will be as indicated in License #24-12699-01.

RECEIVED

JUN 18 1996
JUN 18 1996

REGION III

301436



CAPITAL REGION MEDICAL CENTER

P.O. Box 1128
Jefferson City, Missouri 65102-1128
573/635-7141

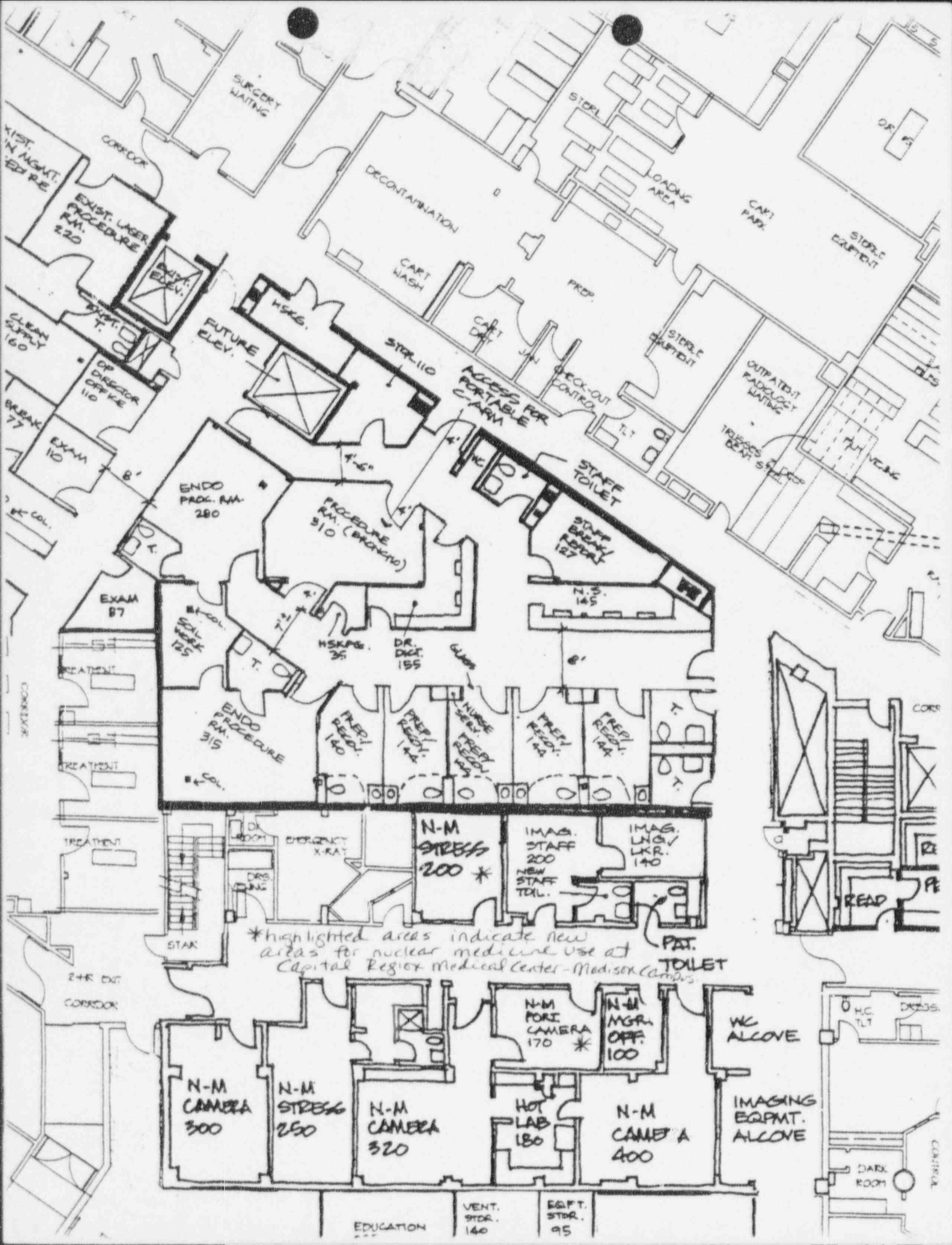
Since the termination request for License #24-176080-02 does not eliminate the use of radioactive materials at the Capital Region Medical Center-Southwest Campus, a close-out survey was not performed.

Because the operations of these two nuclear medicine programs were already very similar, we do not anticipate any problems as a result of this administrative merger of the license. If you have any questions or need additional information concerning this request, please do not hesitate to call.

Sincerely,

Ed Farnsworth, President

encl.



SEP 12 1996

Ed Farnsworth, President
Capital Region Medical Center
P.O. Box 1128
Jefferson City, MO 65102-1128

SUBJECT: VOID OF YOUR REQUEST TO COMBINE MATERIAL HOSPITAL LICENSES
RECEIVED JUNE 18, 1996

Dear Mr. Farnsworth:

This refers to your request to combine the Still Campus and Memorial Campus material licenses and the NRC's request for additional information on August 21, 1996.

During a discussion with Mr. Ron Thompson on September 5, 1996, we understand you wish to pursue this matter and respond at a later date. You may resubmit the same request within one year of the date of this letter and we will reactivate our review. Please resubmit the request using VOIDED CONTROL NUMBER 301436 for the Still Campus and VOIDED CONTROL NUMBER 301437 for the Memorial Campus.

If you have any questions or require clarification on any of the information stated above, you may contact us at (630) 829-9887.

Sincerely,

Original Signed By
William P. Reichhold
License Reviewer

License Nos. 24-12699-01
24-17680-02
Docket Nos. 030-02375
030-18241

DOCUMENT NAME: M:\03018241.VD6

To receive a copy of this document, indicate in the box: "C" = Copy without enclosures "E" = Copy with enclosures "N" = No copy

OFFICE	DNMS/RIII								
NAME	WREICHHOLD:jaw								
DATE	09/2/96								

OFFICIAL RECORD COPY

301437

CONVERSATION RECORD

| TIME

| DATE

Morning

5 September 1996

☐ VISIT

☐ CONFERENCE

☒ TELEPHONE
INCOMING

X

OUTGOING

NAME OF PERSON(S) CONTACTED

ORGANIZATION (OFFICE, DEPT. ETC.)

TELEPHONE NO.

Ron Thomson, Nuclear Medicine Supervisor Capitol Region Medical Center (314)
635-7141

SUBJECT

Void of applications to combine hospital licenses.

SUMMARY

I sent Ron a fax of the additional information we needed to complete the review of their amendment to combine hospitals. Ron stated that he reviewed the questions and stated that he needed additional time and needed to meet with the hospital administrators before they could answer all the questions or make commitments. Since it appeared that Ron needed additional time to respond and I asked him if we could void the actions at this time and allow them to reapply under the same control number at a later date with no additional fee. Ron stated that this was acceptable to him.

ACTION REQUIRED

Phone call.

NAME OF PERSON DOCUMENTING CONVERSATION

SIGNATURE

DATE

Bill Reichhold
1996

| 5 September

Bill Reichhold

CONVERSATION RECORD

TIME

DATE

Morning

21 August 1996

☐ VISIT☐ CONFERENCE☒ TELEPHONE

INCOMING

☒ OUTGOING

NAME OF PERSON(S) CONTACTED

ORGANIZATION (OFFICE, DEPT. ETC.)

TELEPHONE NO.

Ron Thompson, Nuclear Medicine Technologist Capital Region Medical Center
(573) 635-6811, ex. 1312 Fax (573) 681-2855

SUBJECT

Additional information to combine licenses.

SUMMARY

The following additional information is needed to complete the review of your amendment request.

1. Please clarify if you wish Dr. Mary Margaret Davis deleted from the license as an authorized user.
2. Please clarify if we may reference all the applications and letters for the Memorial Campus into the Still Campus license.
3. Please clarify if you want an Assistant Radiation Safety Officer. If so, please submit the individual's name and qualifications.
4. Since you have more than one facility of use listed on the license, please clarify the following.
5. SENIOR MANAGEMENT
 - A. Describe the type of administrative structure, organization, and procedures senior management will have to ensure safe operation by users at all facilities.
 - B. Submit an organizational chart showing the management structure, reporting paths and flow of authority. Please clearly show the management structure and related authority for implementation and conduct of the radiation safety program at each individual facility.
 - C. Please clarify the management oversight and mechanisms used to ensure adequate control over day-to-day licensed activities at each site, including the assignment of duties and allocation of necessary resources.
 - D. Please submit a statement of delegation of authority to the Radiation Safety Officer

(RSO) and the Radiation Safety Committee (RSC) signed by senior management. This statement should include provisions for the RSO to carry out his authority over each site's program without redirection or hindrance by site management.

- E. Please submit senior management's commitment to give the RSO has sufficient *time to perform duties, appropriate staff support and provisions for RSO absence.*
- F. Please submit senior management's commitment to conduct periodic site tours and meetings with site management, the RSO and RSC.
- G. Describe the mechanisms for informing senior management of unsafe practices and incidents, and senior management's role in responding to such circumstances.
- H. Describe the methods and checks senior management will establish to ensure that the RSO possesses and reviews current regulations.
- I. Describe the chain of authority for ensuring compliance with regulatory requirements.
- J. Describe senior management's review of and involvement with program audits and evaluations, through membership on the RSC.
- K. Describe how site management will assist senior management with the tasks to ensure that the radiation safety program is implemented at that specific site.

6. DUTIES OF THE RADIATION SAFETY OFFICER

The duties of the RSO need to include the following additional items.

- A. Describe at what frequency the RSO will report to, and meet with, executive and site management and the Radiation Safety Committee.
- B. Describe the RSO's program for regular site visits, monitoring and feedback to site personnel, as well as support staff, to ensure that daily operations at each site including radiation safety activities, approved procedures, safe practices, and compliance with regulations and licensing conditions.
- C. Describe the type of audit program the RSO will conduct at each site. Clarify the audit frequency and the reporting of audit results to each site.
- D. Describe the RSO's mechanisms for responding to unsafe practices and urgent situations that may occur at any site.
- E. Specify that the RSO has the authority to make decisions and terminate unsafe

practices and activities jeopardizing the safety of workers, the public, or environment.

ADDITIONAL INFORMATION

Please clarify if your hospitals are involved with the following activities.

1. Do you transport licensed materials between sites?
2. Do you share safety equipment between hospitals?

If you do any of the above, please explain the circumstances and procedures you have to perform the above activities.

DECOMMISSIONING

Please clarify if decommissioning requirements apply to your hospitals.

Please respond to the above within 15 days and refer to mail control 301436. Please contact me at 630-829-9839.

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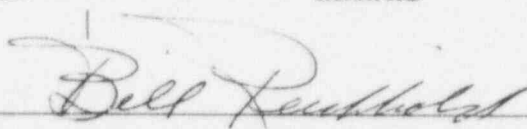
ACTION REQUIRED

Phone call.

NAME OF PERSON DOCUMENTING CONVERSATION

Bill Reichhold

SIGNATURE



DATE

21 August 1996

**UNITED STATES NUCLEAR REGULATORY COMMISSION
REGION 3
801 WARRENVILLE ROAD
LISLE, ILLINOIS 60532-4351**

PHONE CONVERSATION RECORD

22 August 1996
Ron Thompson
Nuclear Medicine Department
Capital Regional Medical Center
Jefferson City, Missouri

Dear Mr. Thompson,

The following additional information is needed to complete the review of your amendment request.

1. Please clarify if you wish Dr. Mary Margaret Davis deleted from the license as an authorized user.
2. Please clarify if we may reference all the applications and letters for the Memorial Campus into the Still Campus license.
3. Please clarify if you want an Assistant Radiation Safety Officer. If so, please submit the individual's name and qualifications.

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4. SENIOR MANAGEMENT

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- A. Do you transport licensed materials between sites ?
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7. DECOMMISSIONING

Please clarify if decommissioning requirements apply to your hospitals.

Please respond to the above within 15 days and refer to mail control 301436. Please contact me at 630-829-9839 if you have any questions.

Sincerely,


Bill Reichhold



UNITED STATES
NUCLEAR REGULATORY COMMISSION

REGION III
801 WARRENVILLE ROAD
LISLE, ILLINOIS 60532-4351

June 20, 1996

William H. Voss, D. O.
Radiation Safety Officer
Capital Region Medical Center
Still Campus
1125 South Madison
Jefferson City, MO 65102

Mail Control No. 301436
License No. 24-12699-01

SUBJECT: ACKNOWLEDGEMENT OF CORRESPONDENCE
(Letter Received 06/18/96)

Dear Sir or Madam:

1. In response to your request, we have completed the initial processing, which is an administrative review of your application for a(n):

☐ New License ☒ Amendment ☐ Renewal
☐ Termination ☐ Auth User (Amendment not required) ☐ QMP Revision
☐ Other _____

No administrative deficiencies were identified during this initial review. However, it should be noted that a technical review may identify omissions in the submitted information, technical issues that require additional information, or policy/technical issues that require coordination with headquarters or other NRC regional offices.

2. It appears that your request is complete and routine (see 3-5 below).
3. New and amendment actions are normally processed within 90 days, unless we find major deficiencies, or policy issues requiring central program office assistance.
4. Renewal actions are normally processed within 180 days, however under timely filing (before expiration) you may continue to operate under your existing license.
5. Termination actions are normally processed within 90 days, unless confirmatory surveys following decontamination/decommissioning activities are involved.
6. A copy of your correspondence has been forwarded to our Licensing Fee and Debt Collection Branch (301/415-6097) for approval of the fee category and amount.
7. If you have a compelling safety or business-related reason for requesting expedited review, please contact the Materials Licensing Branch at (708) 829-9887. We will try to complete your request as soon as practicable.