

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - COLLEEN C. CASEY

SUBJECT: VOIDED APPLICATION

Control Number:

302627

Applicant:

Franciscan Skemp Medical Center

License Number:

48-00810-02

Docket Number:

030-03411

Date Voided:

6/4/97

Reason for Void:

Licenses inadvertently submitted

2 actions (identical). Another reviewer has begun action on the other identical case so this amendment should be voided.

Signature

Colleen C. Casey

Date

6/4/97

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:

SAC 6/11/97 dli

9706180135 970604  
PDR ADOCK 03003411  
C PDR



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: 20040430  
Fee Comments: CODE 21  
Decom Fin Assur Req'd: N

56

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: FRANCISCAN SKEMP MEDICAL CNTR, INC.  
Received Date: 970512  
Docket No: 3003411  
Control No.: 302627  
License No.: 48-00810-02  
Action Type: Amendment

2. FEE ATTACHED

Amount: \*  
Check No.: \*

\* ADDL INFO  
302520 - 56

3. COMMENTS

Signed D. Hersey  
Date 5-19-97

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered / 1/1)

1. Fee Category and Amount: 7C

FEE NOT REQUIRED

2. Correct Fee Paid. Application may be processed for:

Amendment  
Renewal  
License

3. OTHER

Signed  
Date 5/19/97

MAY 23 1997

|                  |           |
|------------------|-----------|
| Log              | May 9 III |
| Remitter         |           |
| Check No.        |           |
| Amount           |           |
| Fee Category     | 7C        |
| Type of Fee      | Amend     |
| Date Check Rec'd |           |
| Date Completed   | 5/19/97   |
| By:              | SC        |

1997 MAY 19 PM 3:36

MAY 23 1997

## Franciscan Skemp Healthcare

700 West Avenue South  
La Crosse, Wisconsin 54601-4796DATE: 5-12-97 TIME: 1420

Please deliver the following page(s) to:

NAME: Nuclear Regulatory CommissionCORPORATION/FIRM: Additional information - original  
Copies being mailed.FACSIMILE NO: 708-515-1259FROM: Franciscan Skemp Healthcare \* ATTN \*  
Jayne Harris Control # 302520

Total number of pages being transmitted, including this cover page \_\_\_\_\_

IF YOU DO NOT RECEIVE ALL THE PAGES, PLEASE CALL BACK AS SOON AS POSSIBLE.

Telephone No.: (608) 785-0940

Facsimile No.: (608) 791-9799

Corporation # 109 Department # 10

The telefaxed information is intended only for the use of the individual or entity to which it is addressed and contains information that is confidential. Furthermore, this information may be protected by Federal law relating to confidentiality (42 CFR Part 2) prohibiting any further disclosure. If the reader of this message is not the intended recipient or the employee or agent responsible for delivering this message to the intended recipient, you are hereby notified that any review, dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message to use at the above address via mail. Thank you.

FEE NOT REQUIRED

RECEIVED

MAY 12 1997

REGION III

MAY 13 1997

302627

## Close Out SURVEY - DECAY ROOM (8th Floor)

## WEEKLY RADIATION SURVEY

FACILITY:

Franciscan Skemp Healthcare - LaCrosse, WI

DATE:

5-12-97

PROCEDURE: Surveys are performed with a low level G.M. survey meter with shield open. Wipe tests are performed with Alco-wipes, or similar absorbent material and inserted into a counting vial and counted in a well counter. Each wipe test area is 100 cm<sup>2</sup>. Refer to license and regulatory guides if more details are needed about procedural requirements. Do not forget to record background mR/hr and cpm at bottom of form (Background line).

| LOCATION   | EXPOSURE RATE<br>mR/hr | ACTION<br>LEVEL | DISTANCE | WIPE TEST<br>(Net cpm) | WIPE TEST<br>(Net dpm) | ACTION LEVEL<br>(dpm) |
|------------|------------------------|-----------------|----------|------------------------|------------------------|-----------------------|
| 1 Floor    | 0.04                   | 0.05            | 1 inch   | 848                    | 72                     | 200                   |
| 2 Floor    | 0.04                   | 0.05            | 1 inch   | 922                    | 170                    | 200                   |
| 3 Floor    | 0.04                   | 0.05            | 1 inch   | 822                    | 37                     | 200                   |
| 4 Floor    | 0.04                   | 0.05            | 1 inch   | 850                    | 75                     | 200                   |
| 5 Floor    | 0.04                   | 0.05            | 1 inch   | 832                    | 51                     | 200                   |
| 6 Floor    | 0.04                   | 0.05            | 1 inch   | 785                    | 0                      | 200                   |
| 7 Floor    | 0.04                   | 0.05            | 1 inch   | 790                    | 0                      | 200                   |
| 8 Floor    | 0.04                   | 0.05            | 1 inch   | 805                    | 15                     | 200                   |
| 9 Floor    | 0.04                   | 0.05            | 1 inch   | 813                    | 25                     | 200                   |
| 10 Floor   | 0.04                   | 0.05            | 1 inch   | 756                    | 0                      | 200                   |
| 11 Floor   | 0.04                   | 0.05            | 1 inch   | 811                    | 23                     | 200                   |
| 12 Floor   | 0.04                   | 0.05            | 1 inch   | 788                    | 0                      | 200                   |
| 13 Floor   | 0.04                   | 0.05            | 1 inch   | 772                    | 0                      | 200                   |
| 14 Wall    | 0.04                   | 0.05            | 1 inch   | 805                    | 15                     | 200                   |
| 15 Wall    | 0.04                   | 0.05            | 1 inch   | 759                    | 0                      | 200                   |
| 16 Wall    | 0.04                   | 0.05            | 1 inch   | 821                    | 36                     | 200                   |
| 17 Wall    | 0.04                   | 0.05            | 1 inch   | 828                    | 45                     | 200                   |
| BACKGROUND | 0.04                   | N/A             | 1 inch   | 794                    | —                      | N/A                   |

SURVEY METER USED: Eberline 520 Ser # 3442

OPERATIONAL CHECK: Cs-137 3.5 mR/hr on 5/12/97

PERFORMED BY:

WIPE TEST ANALYSIS PERFORMED ON: 5-12-97 Ludlum model 1000 Ser # 99184

COMMENTS:

Eberline GM 520 Ser # 3442 - last calibration done on 7/12/96

Ludlum Wipe test Counter model 1000 Ser # 99184 - last calibration done on 7/12/96.

\* Control # 302520 \*



WEEKLY RADIATION SURVEY

FACILITY:

Franciscan Skemp Healthcare - LaCrosse, WI

DATE:

5-12-97

PROCEDURE: Surveys are performed with a low level G.M. survey meter with shield open. Wipe tests are performed with Alco-wipes, or similar absorbent material and inserted into a counting vial and counted in a well counter. Each wipe test area is 100 cm<sup>2</sup>. Refer to license and regulatory guides if more details are needed about procedural requirements. Do not forget to record background mR/hr and cpm at bottom of form (Background line).

| LOCATION   | EXPOSURE RATE<br>mR/hr | ACTION<br>LEVEL | DISTANCE | WIPE TEST<br>(Net cpm) | WIPE TEST<br>(Net dpm) | ACTION LEVEL<br>(dpm) |
|------------|------------------------|-----------------|----------|------------------------|------------------------|-----------------------|
| X18 Wall   | 0.04                   | 0.05            | 1 inch   | 811                    | 23                     | 200                   |
| X19 Wall   | 0.04                   | 0.05            | 1 inch   | 790                    | 0                      | 200                   |
| X20 Wall   | 0.04                   | 0.05            | 1 inch   | 781                    | 0                      | 200                   |
| X21 Wall   | 0.04                   | 0.05            | 1 inch   | 825                    | 41                     | 200                   |
| X22 Wall   | 0.04                   | 0.05            | 1 inch   | 778                    | 0                      | 200                   |
| 6          |                        |                 |          |                        |                        |                       |
| 7          |                        |                 |          |                        |                        |                       |
| 8          |                        |                 |          |                        |                        |                       |
| 9          |                        |                 |          |                        |                        |                       |
| 10         |                        |                 |          |                        |                        |                       |
| 11         |                        |                 |          |                        |                        |                       |
| 12         |                        |                 |          |                        |                        |                       |
| 13         |                        |                 |          |                        |                        |                       |
| 14         |                        |                 |          |                        |                        |                       |
| 15         |                        |                 |          |                        |                        |                       |
| 16         |                        |                 |          |                        |                        |                       |
| 17         |                        |                 |          |                        |                        |                       |
| BACKGROUND |                        | N/A             |          |                        |                        | N/A                   |

SURVEY METER USED: Eberline 520 Ser # 3442

PERFORMED BY:

Jayne Harris

OPERATIONAL CHECK: Cs-137 3.5 mR/hr on 5/12/97

R.S.O.

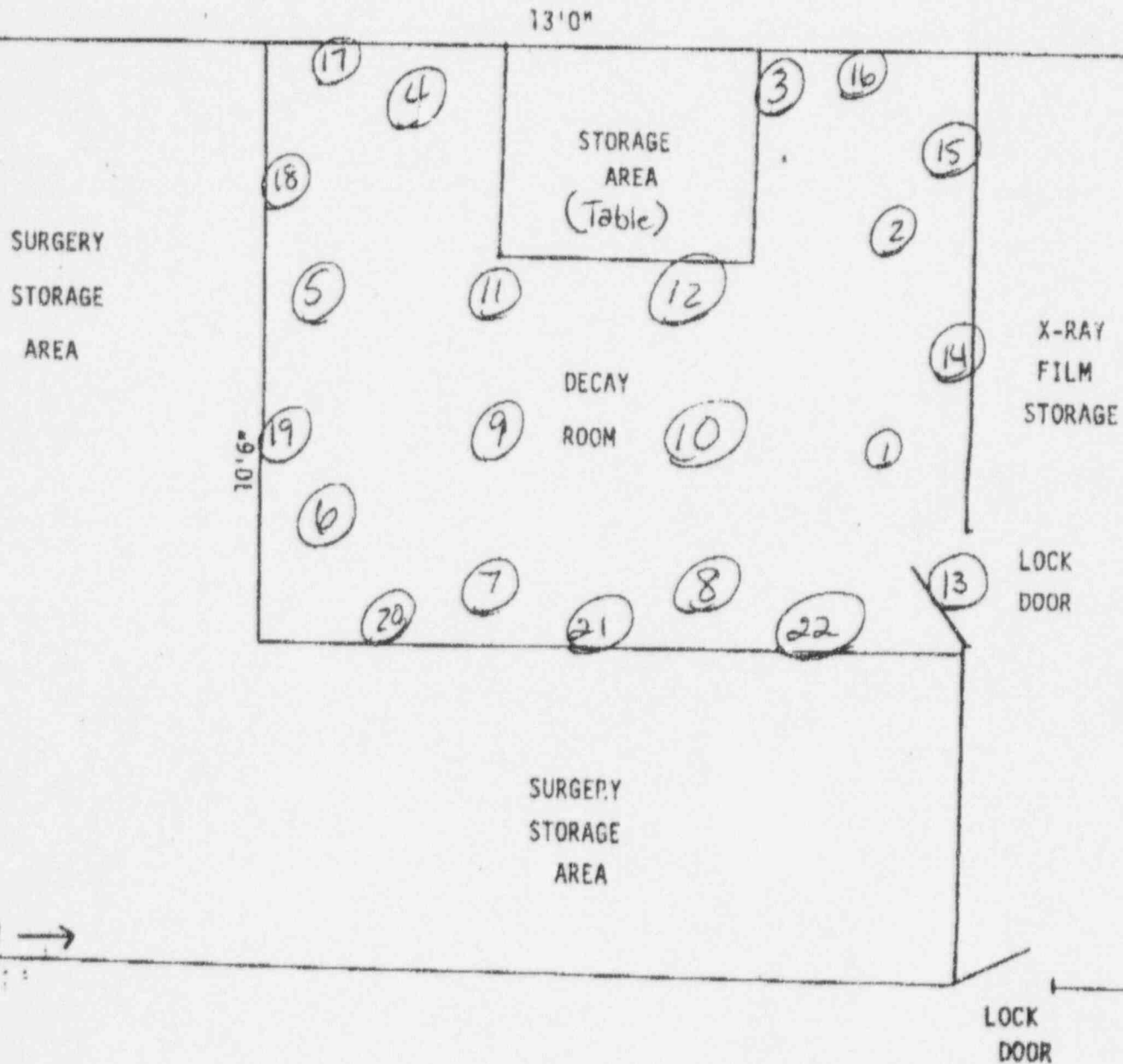
WIPE TEST ANALYSIS PERFORMED ON: 5-12-97 Ludlum model 1000 Ser # 99184

COMMENTS:

Eberline Gm-520 Ser # 3442 - last calibration done on 7/12/96

Ludlum Wipe test Counter model 1000 Ser # 99184 - last calibration done on 7/12/96.

Control # 302520

DECAY ROOM  
(8th Floor)

Franciscan Stemp Healthcare  
LaCrosse, WI

Control # 302520



UNITED STATES  
NUCLEAR REGULATORY COMMISSION

REGION III  
801 WARRENVILLE ROAD  
LISLE, ILLINOIS 60532-4351

May 14, 1997

Gary L. Wood, M.D.  
Radiation Safety Officer  
Franciscan Skemp Medical Center, Inc.  
700 West Avenue South  
LaCrosse, WI 54601

SUBJECT: ACKNOWLEDGEMENT OF CORRESPONDENCE  
(Faxed Letter Received 05/12/97)

Dear Licensee:

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)  
☐ Other \_\_\_\_\_

Administrative deficiencies were identified during this initial review as outlined below. However, it should be noted that a technical review may identify additional omissions in the submitted information.

It appears that your request is routine (see 1-3 below as, applicable).

Incomplete information is as follows: Please follow-up with Original Hard Copies of your request.

1. New and amendment actions are normally processed within 90 days, unless we find major deficiencies, or policy issues requiring central program office assistance.
2. Renewal actions are normally processed within 180 days, however under timely filing (before expiration) you may continue to operate under your existing license.
3. Termination actions are normally processed within 90 days, unless confirmatory surveys following decontamination/decommissioning activities are involved.

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, if required.

If you have a compelling safety or business-related reason for requesting expedited review, please contact the Materials Licensing Branch at (630) 829-9887. We will try to complete your request as soon as practicable. Any correspondence about this request should reference the control number.

Nuclear Materials Support Branch

Mail Control No. 302627  
License No. 48-00810-02