



190 E. Bannock Street
Boise, Idaho 83712
P (208) 381-2222

RECEIVED
11/12/2020

November 10, 2020

Mail Control Number: 623695
Docket Number : 3032196
License Number : 11-27312-01
Licensee Name : St. Luke's Regional Medical Center

Carol L. Hill, Licensing Assistant
US Nuclear Regulatory Commission Region IV
Nuclear Materials Licensing Branch
1600 East Lamar Boulevard
Arlington, Texas 76011-4511

RE: Amendment of License #11-27312-01

Dear Carol Hill:

Please remove the following Authorized Users on my license:

- **Terry K. Buccambuso, M.D.**
- **Michael J. Citrone, M.D.**
- **David W. McNaul, M.D.**

Please remove the following Authorized Medical Physicists on my license:

- **Michael S. Parish, M.S.**
- **Thomas M. Potts, M.S.**

Lastly, **Antonio Bell, M.D.** will no longer be using Y-90 permitted by 35.1000. I request that you remove only the following "Material and Use" from **Antonio Bell, M.D.** on my license:

- **35.1000 only for Y-90 SIR-Spheres® and TheraSphere®**

Should you need additional information regarding this request, please feel to call me at 208-381-3192, or by email at fullersc@slhs.org.

Sincerely,

A handwritten signature in black ink that reads "Scott Fuller".

Scott Fuller, MS, DABR
Radiation Safety Officer

From: [James Blacker](#)
To: [Hill, Carol](#)
Cc: [Scott Fuller](#); [Jodi Vanderpool](#)
Subject: [External_Sender] License #11-27312-01 removal of AU and AMP
Date: Tuesday, November 10, 2020 5:02:06 PM
Attachments: [image003.png](#)
[11-10-2020 removal AU Buccam Citron McNaul and AMP Parish Potts.pdf](#)

Amendment of License #11-27312-01

Good Afternoon,

I have attached a letter requesting the removal of the following Authorized Users.

- **Terry K. Buccambuso, M.D.**
- **Michael J. Citrone, M.D.**
- **David W. McNaul, M.D.**

Please remove the following Authorized Medical Physicists on my license:

- **Michael S. Parish, M.S.**
- **Thomas M. Potts, M.S.**

Lastly, **Antonio Bell, M.D.** will no longer be using Y-90 permitted by 35.1000. I request that you remove only the following "Material and Use" from **Antonio Bell, M.D.** on my license:

- **35.1000 only for Y-90 SIR-Spheres® and TheraSphere®**

Sincerely, James Blacker



James Blacker
Asst. Director of Radiation Safety
St. Luke's Health System

☎ 208-381-4186
✉ blackerj@slhs.org

"This message is intended for the use of the person or entity to which it is addressed and may contain information that is confidential or privileged, the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this information is strictly prohibited. If you have received this message by error, please notify us immediately and destroy the related message."



ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE

Name and Address of Applicant and/or Licensee

Scott Fuller, M.S., DABR
Radiation Safety Officer
St. Luke's Regional Medical Center
190 E Bannock St
Boise, ID 83712

Date

11/19/2020

License Number(s)

11-27312-01

Mail Control Number(s)

623695

Licensing and/or Technical Reviewer or Branch

C. Hill

This is to acknowledge receipt of your: Letter and/or Application Dated: 11/10/2020

The initial processing, which included an administrative review, has been performed.

Amendment Termination New License Renewal

There were no administrative omissions identified during our initial review.

This is to acknowledge receipt of your application for renewal of the material(s) license identified above. Your application is deemed timely filed, and accordingly, the license will not expire until final action has been taken by this office.

Your application for a new NRC license did not include your taxpayer identification number. Please complete and submit NRC Form 531, Request for Taxpayer Identification Number, located at the following link: <http://www.nrc.gov/reading-rm/doc-collections/forms/nrc531.pdf>
Follow the instructions on the form for submission.

The following administrative omissions have been identified:

[Empty box for administrative omissions]

Your application has been assigned the above listed MAIL CONTROL NUMBER. When calling to inquire about this action, please refer to this control number. Your application has been forwarded to a technical reviewer. Please note that the technical review, which is normally completed within 180 days for a renewal application (90 days for all other requests), may identify additional omissions or require additional information. If you have any questions concerning the processing of your application, our contact information is listed below:

**Region IV
U. S. Nuclear Regulatory Commission
DNMS/NMSB - B
1600 E. Lamar Boulevard
Arlington, TX 76011-4511
(817) 200-1103 or (817) 200-1140**

BETWEEN:

Accounts Receivable/Payable
and
Regional Licensing Branches

[FOR ARPB USE]
INFORMATION FROM WBL

Program Code: 04822
Status Code: Pending Amendment
Fee Category: 7C(1)
Exp. Date: 04/30/2030
Fee Comments:
Decom Fin Assur Req: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: St. Luke's Regional Medical Center
Received Date: 11/12/2020
Docket Number: 3032196
Mail Control Number: 623695
License Number: 11-27312-01
Action Type: Amendment

2. FEE ATTACHED

Amount: N/A

Check No.: N/A

3. COMMENTS

Signed: Carol L. Hill

Date: 11/18/2020

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: _____

Agency: NRC

WBL WORKSHEET

DOCKET NUMBER: 3032196 LICENSE NUMBER: 11-27312-01 STATUS: Pending Amendment

MAIL CONTROL NUMBER: 623695 RECEIPT DATE: 11/12/2020 ACTION TYPE: Amendment

DUE DATE: 02/10/2021 INST. CODE: 27312 LICENSE REGION: Region 4

LICENSE TYPE: 30 ENTITY TYPE: C LICENSE GROUP: Medical

ISSUE DATE: ORIGINAL DATE: 05/16/1994 EXPIRATION DATE: 04/30/2030

DECOMMISSIONING CATEGORY: Group 1 LAST ISSUE DATE:

LICENSEE NAME: St. Luke's Regional Medical Center DECOM FIN ASSUR REQD: N
SUBM: N

MAILING ADDRESS LINE1: 190 East Bannock Street CONT PLAN REQD: N APPRV: N

MAILING ADDRESS LINE 2:

CITY: Boise STATE: ID ZIP: 83712

CONTACT PERSON: PREFIX: Ms. FIRST NAME: Jodi MIDDLE INITIAL: L.

LAST NAME: Vanderpool SUFFIX: MBA

JOB TITLE: System Vice President, Quality PHONE: 208-381-8999 FAX: 208-381-8711 EMAIL: vanderpj@slhs.org

BILLING ADDRESS LINE 1:

BILLING ADDRESS LINE 2:

CITY: STATE: Idaho ZIP:

BILLING CONTACT PERSON: FIRST NAME: MIDDLE INITIAL: LAST NAME:

PHONE: EMAIL: FAX:

PRIMARY PGM CODE: 04822 SECONDARY PGM CODE: 04810,04826

INSPECTION REGION: Region 4 PRIORITY: 2

RSO: PREFIX: FIRST NAME: Scott MIDDLE INITIAL: LAST NAME Fuller

SUFFIX: M.S., DABR RSO JOB TITLE: Radiation Safety Officer

RSO PHONE: 208-381-2222 RSO FAX: 208-381-8711 RSO EMAIL: fullersc@slhs.org

STATES WHERE USE IS AUTHORIZED: 1
0- ALL LISTED STATES
1- SAME AS STATE IN ADDRESS
2- ALL STATES
3- NON-AGREEMENT-STATES

AUTHORIZED STATES (USE ONLY IF ABOVE IS ZERO):

Agency: NRC

WBL WORKSHEET

REPORTING IDENTIFICATION SYMBOL(RIS):

APPROVAL FOR:	REDISTRIBUTION: N	STORAGE ONLY: N	DECAY IN STORAGE: Y
	TEMPORARY JOB SITES: N	INCINERATION: N	USE: Y
	BURIAL: N		
NATIONAL SOURCE TRACKING: N		IMPLEMENTING PART 37: Y	

NOTIFICATION:	SENSITIVE INFORMATION: Y
	ESCALATED ENFORCEMENT: N
	CORRECTED COPY: N
	LER/NMED: N

NOTES:

EXEMPTIONS GRANTED:

EXEMPTIONS REQUESTED:

EXEMPTION DENIED:

Web-Based Licensing System
POSSESSION LIMIT INFORMATION

Agency: NRC

Docket#: 3032196 Mail Control#: 623695 License#:11-27312-01 Name: St. Luke's Regional Medical Center

RADIOACTIVE ELEMENT: 10 CFR 35.100 PHYSICAL/CHEMICAL FORM: ANY
MAXIMUM ISOTOPE ACTIVITY: 0.0000 MATERIAL UNIT: _____
DEVICE MANUFACTURER: _____
DEVICE MODEL: _____
SOURCE MANUFACTURER: _____
SOURCE MODEL: _____
MAX ACTIVITY PER SOURCE: _____ # SOURCES: _____

RADIOACTIVE ELEMENT: 10 CFR 35.200 PHYSICAL/CHEMICAL FORM: ANY
MAXIMUM ISOTOPE ACTIVITY: 0.0000 MATERIAL UNIT: _____
DEVICE MANUFACTURER: _____
DEVICE MODEL: _____
SOURCE MANUFACTURER: _____
SOURCE MODEL: _____
MAX ACTIVITY PER SOURCE: _____ # SOURCES: _____

RADIOACTIVE ELEMENT: 10 CFR 35.300 PHYSICAL/CHEMICAL FORM: ANY
MAXIMUM ISOTOPE ACTIVITY: 3.0000 MATERIAL UNIT: Ci
DEVICE MANUFACTURER: _____
DEVICE MODEL: _____
SOURCE MANUFACTURER: _____
SOURCE MODEL: _____
MAX ACTIVITY PER SOURCE: _____ # SOURCES: _____

RADIOACTIVE ELEMENT: 10 CFR 35.400 PHYSICAL/CHEMICAL FORM: SS
MAXIMUM ISOTOPE ACTIVITY: 7.0000 MATERIAL UNIT: Ci
DEVICE MANUFACTURER: _____
DEVICE MODEL: _____
SOURCE MANUFACTURER: Theragenics Corp or BEBIG
SOURCE MODEL: 125.S06
MAX ACTIVITY PER SOURCE: 0 # SOURCES: 0

RADIOACTIVE ELEMENT: 10 CFR 35.400 PHYSICAL/CHEMICAL FORM: SS
MAXIMUM ISOTOPE ACTIVITY: 7.0000 MATERIAL UNIT: Ci

DEVICE MANUFACTURER: _____

DEVICE MODEL: _____

SOURCE MANUFACTURER: Theragenics _____

SOURCE MODEL: 200 _____

MAX ACTIVITY PER SOURCE: 0 # SOURCES: 0

RADIOACTIVE ELEMENT: 10 CFR 35.400 PHYSICAL/CHEMICAL FORM: SS

MAXIMUM ISOTOPE ACTIVITY: 7.0000 MATERIAL UNIT: Ci

DEVICE MANUFACTURER: _____

DEVICE MODEL: _____

SOURCE MANUFACTURER: Theragenics Corporation _____

SOURCE MODEL: AgX100 _____

MAX ACTIVITY PER SOURCE: 0 # SOURCES: 0

RADIOACTIVE ELEMENT: 10 CFR 35.400 PHYSICAL/CHEMICAL FORM: SS

MAXIMUM ISOTOPE ACTIVITY: 7.0000 MATERIAL UNIT: Ci

DEVICE MANUFACTURER: _____

DEVICE MODEL: _____

SOURCE MANUFACTURER: IsoRay _____

SOURCE MODEL: CS-1 _____

MAX ACTIVITY PER SOURCE: 0 # SOURCES: 0

RADIOACTIVE ELEMENT: 10 CFR 35.400 PHYSICAL/CHEMICAL FORM: SS

MAXIMUM ISOTOPE ACTIVITY: 7.0000 MATERIAL UNIT: Ci

DEVICE MANUFACTURER: _____

DEVICE MODEL: _____

SOURCE MANUFACTURER: IsoAid, LLC _____

SOURCE MODEL: IAI-125A [Advantage™ I-125] _____

MAX ACTIVITY PER SOURCE: 0 # SOURCES: 0

RADIOACTIVE ELEMENT: GD153 PHYSICAL/CHEMICAL FORM: SS

MAXIMUM ISOTOPE ACTIVITY: 0.0000 MATERIAL UNIT: _____

DEVICE MANUFACTURER: Siemens Medical Solutions USA, Inc. _____

DEVICE MODEL: _____

SOURCE MANUFACTURER: Isotope Products Laboratories _____

SOURCE MODEL: A-3410 _____

MAX ACTIVITY PER SOURCE: 0 # SOURCES: 0

RADIOACTIVE ELEMENT: GD153 PHYSICAL/CHEMICAL FORM: SS
MAXIMUM ISOTOPE ACTIVITY: 0.0000 MATERIAL UNIT: _____
DEVICE MANUFACTURER: Siemens Medical Solutions USA, Inc.
DEVICE MODEL: _____
SOURCE MANUFACTURER: AEA Technology
SOURCE MODEL: GD.LIN2
MAX ACTIVITY PER SOURCE: 0 # SOURCES: 0

RADIOACTIVE ELEMENT: GD153 PHYSICAL/CHEMICAL FORM: SS
MAXIMUM ISOTOPE ACTIVITY: 0.0000 MATERIAL UNIT: _____
DEVICE MANUFACTURER: Siemens Medical Solutions USA, Inc.
DEVICE MODEL: _____
SOURCE MANUFACTURER: DuPont
SOURCE MODEL: NES-8426
MAX ACTIVITY PER SOURCE: 0 # SOURCES: 0

RADIOACTIVE ELEMENT: IR192.600 PHYSICAL/CHEMICAL FORM: SS
MAXIMUM ISOTOPE ACTIVITY: 21.0000 MATERIAL UNIT: Ci
DEVICE MANUFACTURER: Elekta, Inc.
DEVICE MODEL: 136149A02 Flexitron (formerly 09-00-112 Flexitron)
SOURCE MANUFACTURER: Mallinckrodt Medical B.V.
SOURCE MODEL: 136147 (formerly 09-00-001)
MAX ACTIVITY PER SOURCE: 12 Ci # SOURCES: 0

RADIOACTIVE ELEMENT: IR192.600 PHYSICAL/CHEMICAL FORM: SS
MAXIMUM ISOTOPE ACTIVITY: 21.0000 MATERIAL UNIT: Ci
DEVICE MANUFACTURER: Varian-TEM Ltd
DEVICE MODEL: VariSource iX
SOURCE MANUFACTURER: Varian Medical Systems
SOURCE MODEL: SL-777V, VS2000
MAX ACTIVITY PER SOURCE: 13 Ci # SOURCES: 0

RADIOACTIVE ELEMENT: Y90.1000 PHYSICAL/CHEMICAL FORM: MIS
MAXIMUM ISOTOPE ACTIVITY: 0.0000 MATERIAL UNIT: _____
DEVICE MANUFACTURER: TheraSphere® for permanent brachytherapy using delivery system as listed in Sealed Source
DEVICE MODEL: _____
SOURCE MANUFACTURER: Glass microsphere manufacturer as listed in Sealed Source and Device Registry NR-220-D-13

SOURCE MODEL: _____

MAX ACTIVITY PER SOURCE: 0 # SOURCES: 0

RADIOACTIVE ELEMENT: Y90.1000 PHYSICAL/CHEMICAL FORM: MIS

MAXIMUM ISOTOPE ACTIVITY: 0.0000 MATERIAL UNIT: _____

DEVICE MANUFACTURER: SIR-Spheres® for permanent brachytherapy using delivery system as listed in Sealed Source

DEVICE MODEL: _____

SOURCE MANUFACTURER: Resin microsphere manufacturer as listed in Sealed Source and Device Registry MA-1229-D-1

SOURCE MODEL: _____

MAX ACTIVITY PER SOURCE: 0 # SOURCES: 0

Agency: NRC

INDIVIDUAL USERS

Docket#: 3032196 Mail Control#: 623695 License#: 11-27312-01 Name: St. Luke's Regional Medical Center

<u>Prefix</u>	<u>First Name</u>	<u>Middle Name</u>	<u>Last Name</u>	<u>Suffix</u>	<u>Job Title</u>	<u>Authorized Use</u>	<u>Auth User Type</u>	<u>Auth Material</u>
	Brent	D.	Nelson	M.D		35.100; 35.200; Gd-153	Authorized User(M.D.,D.O.,etc.)	
	Steven	V.	Marx	M.D		35.100; 35.200; Gd-153	Authorized User(M.D.,D.O.,etc.)	
	John	S.	Waltz	M.D		35.100; 35.200; Gd-153	Authorized User(M.D.,D.O.,etc.)	
	Quinn	A.	DeMordaunt	M.D		35.100; 35.200; Gd-153	Authorized User(M.D.,D.O.,etc.)	
	Michael	T.	Fisher	M.D		35.100; 35.200; Gd-153	Authorized User(M.D.,D.O.,etc.)	
	Christopher	J.	Jennings	M.D		35.100; 35.200; Gd-153	Authorized User(M.D.,D.O.,etc.)	
	Shane	K.	Ball	M.D		35.100; 35.200; Gd-153	Authorized User(M.D.,D.O.,etc.)	
	Sarah	L.	Bolender	M.D		35.300; 35.400; 35.600 in a High Dose Remote Afterloader	Authorized User(M.D.,D.O.,etc.)	
	Michael	J.	Citrone	M.D		35.100; 35.200; Gd-153	Authorized User(M.D.,D.O.,etc.)	
	Murali	N.	Bathina	M.D		35.100; 35.200; Gd-153	Authorized User(M.D.,D.O.,etc.)	
	James		Field	M.D		35.100; 35.200; Gd-153	Authorized User(M.D.,D.O.,etc.)	
	David		Hinchman	M.D		35.100; 35.200; Gd-153	Authorized User(M.D.,D.O.,etc.)	
	Andrew	C.	Chai	M.D		35.100; 35.200; Gd-153	Authorized User(M.D.,D.O.,etc.)	
	Samuel		Bass	M.D		35.100; 35.200; Gd-153	Authorized User(M.D.,D.O.,etc.)	
	Adam	Scott	Maxfield	M.D		35.100; 35.200; oral administration of sodium iodide I-131; Gd-153	Authorized User(M.D.,D.O.,etc.)	
	Frederick	M.	Costello	M.D		35.100; 35.200; Gd-153	Authorized User(M.D.,D.O.,etc.)	

Thomas	M.	Potts	M.S	Ir-192 in a HDR Remote Afterloader Unit for calibrations, spot-checks, and training	Authorized Medical Physicist
Michael	S.	Parish	M.S	Ir-192 in a HDR Remote Afterloader Unit for calibrations, spot-checks, and training	Authorized Medical Physicist
Michael	Alan	Fuchs	M.D	35.100	Authorized User(M.D.,D.O.,etc.)
Kristin	M.	Linzmeier	M.D	35.200	Authorized User(M.D.,D.O.,etc.)
Daniel	C.	Alder	M.D	35.100; 35.200	Authorized User(M.D.,D.O.,etc.)
Terry	K.	Buccamboso	M.D	35.100; 35.200	Authorized User(M.D.,D.O.,etc.)
Michael	Paul	Dixon	M.D	35.100; 35.200	Authorized User(M.D.,D.O.,etc.)
Joshua	E.	Hall	M.D	35.100; 35.200	Authorized User(M.D.,D.O.,etc.)
David	W.	McNaul	M.D	35.100; 35.200; oral administration of sodium iodide I-131	Authorized User(M.D.,D.O.,etc.)
Robert		Wasserstrom	M.D	35.100; 35.200; 35.300	Authorized User(M.D.,D.O.,etc.)
Timothy	E.	Sawyer	M.D	35.300; 35.400	Authorized User(M.D.,D.O.,etc.)
Nicholas	A.	Lazzaro	M.D	35.100; 35.200	Authorized User(M.D.,D.O.,etc.)
Cody	J.	Boyce	M.D	35.100; 35.200	Authorized User(M.D.,D.O.,etc.)
John	C.	Kirkham	M.D	35.100; 35.200	Authorized User(M.D.,D.O.,etc.)
Brian	P.	Nolan	D.O	35.100; 35.200	Authorized User(M.D.,D.O.,etc.)
James	Andrew	Hill	M.D	35.100; 35.200; Gd-153	Authorized User(M.D.,D.O.,etc.)
Stephanie	J.	Fry	M.D	35.100; 35.200; Gd-153	Authorized User(M.D.,D.O.,etc.)

Stephen		Smith	M.D	35.100; 35.200; 35.300; 35.400; 35.600 in a High Dose Remote Afterloader	Authorized User(M.D.,D.O.,etc.)
Tonya		Kuhn	M.D	35.300; 35.400; 35.600 in a High Dose Remote Afterloader	Authorized User(M.D.,D.O.,etc.)
Tyler	J.	Harris	M.D	35.100; 35.200; oral administration of sodium iodide I-131; 35.1000 only for Y-90 SIR-Spheres® and TheraSphere® microspheres	Authorized User(M.D.,D.O.,etc.)
Russell	Walter	Wright	M.D	35.100; 35.200	Authorized User(M.D.,D.O.,etc.)
Einav		Shochat	M.D	35.100; 35.200	Authorized User(M.D.,D.O.,etc.)
Paul	David	Sonntag	M.D	35.100; 35.200; 35.300; 35.1000 only for Y-90 SIR-Spheres® and TheraSphere® microspheres	Authorized User(M.D.,D.O.,etc.)
Blake	D.	Niederhauser	M.D	35.100; 35.200	Authorized User(M.D.,D.O.,etc.)
Antonio		Bell	M.D	35.100; 35.200; 35.300; 35.1000 only for Y-90 SIR-Spheres® and TheraSphere®; Gd-153	Authorized User(M.D.,D.O.,etc.)
Jeffrey	Morgan	Pugsley	M.D	35.100; 35.200	Authorized User(M.D.,D.O.,etc.)
Sean	Michael	Carr	M.D	35.1000 only for Y-90 SIR-Spheres® and TheraSphere® microspheres	Authorized User(M.D.,D.O.,etc.)
Brady	Nye	Taylor	M.S	Ir-192 in a HDR Remote Afterloader Unit for calibrations, spot-checks, and training	Authorized Medical Physicist
Jon	M.	Bergset	M.D	35.100; 35.200	Authorized User(M.D.,D.O.,etc.)

Elaine	N.	Daniel	M.D	35.100; 35.200; 35.300; Gd-153	Authorized User(M.D.,D.O.,etc.)
Daniel	D.	Ririe	M.D	35.100; 35.200; Gd-153	Authorized User(M.D.,D.O.,etc.)
Mark		Smith	M.S	Ir-192 in a HDR Remote Afterloader Unit for calibrations, spot-checks, and training	Authorized Medical Physicist
James	D.	Blacker	M.S	Ir-192 in a HDR Remote Afterloader Unit for calibrations, spot-checks, and training	Authorized Medical Physicist
Richard		Hymas	M.D	Oral administration of sodium iodide I-131; parenteral administration of any beta emitter or photon-emitting radionuclide with a photon energy less than 150 keV; 35.400; 35.600 in a High Dose Remote Afterloader	Authorized User(M.D.,D.O.,etc.)
Amy		Geyer	Ph.I	Ir-192 in a HDR Remote Afterloader Unit for calibrations, spot-checks, and training	Authorized Medical Physicist
Eric	Cameron	Allan	M.D	Oral administration of sodium iodide I-131; parenteral administration of any beta emitter or photon-emitting radionuclide with a photon energy less than 150 keV; 35.400; 35.600 in a High Dose Remote Afterloader	Authorized User(M.D.,D.O.,etc.)
James	M.	Dunn	M.D	35.200	Authorized User(M.D.,D.O.,etc.)
Nicholas	C.	Petersen	M.S	Ir-192 in a HDR Remote Afterloader Unit for calibrations, spot-checks, and training	Authorized Medical Physicist

Andrew	A.	Peterson	M.D	35.100; 35.200; 35.1000 only for Y-90 SIR-Spheres® and TheraSphere® microspheres	Authorized User(M.D.,D.O.,etc.)
Spencer		Miller	M.D	35.100; 35.200	Authorized User(M.D.,D.O.,etc.)
Zachary	James	Beatty	M.D	35.100; 35.200	Authorized User(M.D.,D.O.,etc.)
Steven	J.	Bosma	M.S	Ir-192 in a HDR Remote Afterloader Unit for calibrations, spot-checks, and training	Authorized Medical Physicist
Dennis	M.	Enomoto	M.D	35.200	Authorized User(M.D.,D.O.,etc.)

Agency: NRC

Docket#: 3032196 Mail Control#: 623695 License#: 11-27312-01 Name: St. Luke's Regional Medical Center

ADDRESS WHERE MATERIAL IS USED OR POSSESSED

ADDRESS LINE 1: 100 E. Idaho Street
ADDRESS LINE 2:
BUILDING NAME: _____
ROOM NUMBER: _____
PHONE:
CITY: Boise STATE: ID
ZIP: 83712
AUTHORIZED ACTIVITIES:

ADDRESS LINE 1: 100 Hospital Drive
ADDRESS LINE 2:
BUILDING NAME: _____
ROOM NUMBER: _____
PHONE:
CITY: Ketchum STATE: ID
ZIP: 83340
AUTHORIZED ACTIVITIES:

NOTES:

NOTES:

INSPECTION DATE: _____

INSPECTION DATE: _____

ADDRESS LINE 1: 1210 NW 16th Street
ADDRESS LINE 2:
BUILDING NAME: _____
ROOM NUMBER: _____
PHONE:
CITY: Fruitland STATE: ID
ZIP: 83619
AUTHORIZED ACTIVITIES:

ADDRESS LINE 1: 190 E. Bannock
ADDRESS LINE 2:
BUILDING NAME: _____
ROOM NUMBER: _____
PHONE:
CITY: Boise STATE: ID
ZIP: 83712
AUTHORIZED ACTIVITIES:

NOTES:

NOTES:

INSPECTION DATE: _____

INSPECTION DATE: _____

ADDRESS LINE 1: 300 E. Jefferson Street
ADDRESS LINE 2:
BUILDING NAME: _____
ROOM NUMBER: _____
PHONE:
CITY: Boise STATE: ID
ZIP: 83712
AUTHORIZED ACTIVITIES:

ADDRESS LINE 1: 3277 E. Louise Drive
ADDRESS LINE 2: Suite 100
BUILDING NAME: _____
ROOM NUMBER: _____
PHONE:
CITY: Meridian STATE: ID
ZIP: 83642
AUTHORIZED ACTIVITIES:

NOTES:

NOTES:

INSPECTION DATE: _____

INSPECTION DATE: _____

ADDRESS LINE 1: 3525 E. Louise Drive
ADDRESS LINE 2: Suite 400
BUILDING NAME: _____
ROOM NUMBER: _____
PHONE:
CITY: Meridian STATE: ID
ZIP: 83642
AUTHORIZED ACTIVITIES:

ADDRESS LINE 1: 520 S. Eagle Road
ADDRESS LINE 2:
BUILDING NAME: _____
ROOM NUMBER: _____
PHONE:
CITY: Meridian STATE: ID
ZIP: 83642
AUTHORIZED ACTIVITIES:

NOTES:

NOTES:

INSPECTION DATE: _____

INSPECTION DATE: _____

ADDRESS LINE 1: 725 Pole Line Road West
ADDRESS LINE 2:
BUILDING NAME: _____
ROOM NUMBER: _____
PHONE:
CITY: Twin Falls STATE: ID
ZIP: 83301
AUTHORIZED ACTIVITIES:

ADDRESS LINE 1: 775 Pole Line Road
ADDRESS LINE 2:
BUILDING NAME: _____
ROOM NUMBER: _____
PHONE:
CITY: Twin Falls STATE: ID
ZIP: 83301
AUTHORIZED ACTIVITIES:

NOTES:

NOTES:

INSPECTION DATE: _____
ADDRESS LINE 1: 801 Pole Line Road West
ADDRESS LINE 2:
BUILDING NAME: _____
ROOM NUMBER: _____
PHONE:
CITY: Twin Falls STATE: ID
ZIP: 83301
AUTHORIZED ACTIVITIES:
6.A-6.D, 6.F, and receipt/temporary storage
only of Ir-192 for 6.I use at LC# 10.H.

INSPECTION DATE: _____
ADDRESS LINE 1: 9850 W. St. Luke's Drive
ADDRESS LINE 2:
BUILDING NAME: _____
ROOM NUMBER: _____
PHONE:
CITY: Nampa STATE: ID
ZIP: 83687
AUTHORIZED ACTIVITIES:

NOTES:

NOTES:

INSPECTION DATE: _____

INSPECTION DATE: _____

DECOMMISSIONING FINANCIAL ASSURANCE INFORMATION

Docket#: 3032196 Mail Control#: 623695 License#: 11-27312-01 Name: St. Luke's Regional Medical Center

PARTY ISSUING MECHANISM:		ASSUR TYPE: _____	(C=CERT D=DEP)
NAME: _____		MECH TYPE: _____	
ADDR1: _____		MECH AMOUNT: _____	
ADDR2: _____		APPROVED?: _____	DATE: _____
CITY: _____	STATE: _____	ZIP: _____	EXPIRES?: _____
PROVINCE: _____	COUNTRY: _____		

Docket#: 3032196 Mail Control#: 623695 License#: 11-27312-01 Name: St. Luke's Regional Medical Center

DECOMMISSIONING FINANCIAL ASSURANCE REQUIRED: N

SUBMITTED: N

CONTINGENCY PLAN REQUIRED: N

APPROVED: N

T 1/2 > 120 DAY, ISOTOPE(s):
