Woman's Medical Hospital

Many Caring People™

December 28, 2004

U.S. Nuclear Regulatory Commission
Region I
475 Allendale Road

Facsimile No. 610-337-5269 03034872

re: License No. 37-30485-01 **EXPEDITED REVIEW REQUESTED**

Dear Sir or Madam:

Please amend our license to permit the relocation of our brachytherapy source storage room to room. The room is a former office located on the 5th floor in the Radiology Department. (Note: The administrative director for radiology is also responsible for radiation oncology.)

The sources are housed in a shielded safe with combination lock, thereby limiting access to the sources. Access to the sources further restricted by a key operated lock on the door to the room. Distribution of the key will be appropriately limited. The safe will be posted with a "Caution – Radioactive Material" sign with the standard radiation warning symbol; however, the room will not be posted.

Radiation levels on contact with the safe are 0.1 millirem per hour, except at the combination lock where the radiation level is 16 millirem per hour. The highest radiation level at 1 meter is 0.3 millirem per hour.

The room is not occupied. No flammable or explosive materials are stored in the same room with the safe. The room is equipped with automatic fire suppression (sprinklers).

If you have any questions, or if you need any additional information, please contact Kent Lambert, Radiation Safety Officer at 215.762.8768. If I can be of assistance, please do not hesitate to contact me.

Sincerely,

Nancy J. Pickering

CEO

cc: K. Lambert
C. Barletta
A. Merriman

136219

NMSS/RGNI MATERIALS-002

This is to acknowledge the receipt of your letter/application dated

12/28 Amend, and to inform you that the initial processing which includes an administrative review has been performed.

☑ Amend 37-30435-01 There were no administrative omissions. Your application was assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.

☐ Please provide to this office within 30 days of your receipt of this card

_____.

A copy of your action has been forwarded to our License Fee & Accounts Receivable Branch, who will contact you separately if there is a fee issue involved.

Your action has been assigned **Mail Control Number** 136219.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.

NRC FORM 532 (RI)
(6-96)

Sincerely,
Licensing Assistance Team Leader

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: 02310
Status Code: 0
Fee Category: 7C
Exp. Date: 20050430
Fee Comments: 7A STORAGE ONLY 8/29/03
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED
   Applicant/Licensee: WOMAN'S MEDICAL HOSPITAL
   Received Date: 20041230
   Docket No: 3034872
   Control No.: 136219
   License No.: 37-30485-01
   Action Type: Amendment

2. FEE ATTACHED
   Amount: /
   Check No.: /

3. COMMENTS

Signed M. A. Barbino
Date 1/3/2005

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 _____