

ACCEPTANCE REVIEW MEMO (ARM)

Licensee: St. Francis Medical Center

License No.: 471081

Docket No.: 030-03557


Mail Control No.: 471081

Type of Action: Amend

Date of Requested Action: 06-06-06

Reviewer
Assigned:

ARM reviewer(s): Torres

Response	Deficiencies Noted During Acceptance Review
	<ul style="list-style-type: none"><input type="checkbox"/> Open ended possession limits. Limit possession. Submit inventory.<input type="checkbox"/> Submit copies of most recent leak test results.<input type="checkbox"/> Add - delete IC license condition. Add IC paragraph in cover letter.<input type="checkbox"/> Split license from cover letter. Add SUNSI marking to license.<input type="checkbox"/> Ask the licensee if they have any type-amount of EPAct Material.

Reviewer's Initials: _____

Date: _____

- ☐ Yes ☐ No Unrestricted release Group 2 or >: Transfer memo to FCDB within 10 days.
- ☐ Yes ☐ No Decommissioning notification should be completed within 30 days.
- ☐ Yes ☐ No Termination request < 90 days from date of expiration
- ☐ Yes ☐ No Expedite (medical emergency, no RSO, location of use/storage not on license, RAM in possession not on license, other)
- ☐ Yes ☐ No TAR needed to complete action.

Branch Chief's and/or Sr. HP's Initials: _____

Date: _____

SUNSI Screening according to RIS 2005-31

☐ Yes ☒ No **Non-Publicly Available, Sensitive** if any item below is checked

General guidance:

- _____ RAM = or > than Category 3 (Table 1, RIS 2005-31), use Unity Rule
- _____ Exact location of RAM (whether = or > than Category 3 or not)
- _____ Design of structure and/or equipment (site specific)
- _____ Information on nearby facilities
- _____ Detailed design drawings and/or performance information
- _____ Emergency planning and/or fire protection systems

Specific guidance for medical, industrial and academic (above Category 3):

- _____ RAM quantities and inventory
- _____ Manufacturer's name and model number of sealed sources & devices
- _____ Site drawings with exact location of RAM, description of facility
- _____ RAM security program information (locks, alarms, etc.)
- _____ Emergency Plan specifics (routes to/from RAM, response to security events)
- _____ Vulnerability/security assessment/accident-safety analysis/risk assess
- _____ Mailing lists related to security response

Branch Chief's and/or Sr. HP's Initials: 

Date: 8/18/06

Control No. 471081

RTC 8/18/06



St. Francis Medical Center
A Subsidiary of St. Francis Healthcare System of Hawaii

RECEIVED

AUG 11 2006

DNMS

June 6, 2006

U.S. Nuclear Regulatory Commission, Region IV
611 Ryan Plaza Drive, Suite 400
Arlington, TX 76011-8064

Subject: License Amendment Request
NRC License No. 53-11966-01
Docket No. 030-03557

Dear License Reviewer:

47108 { We wish to combine the licensed activities for St. Francis Medical Center - Liliha and St. Francis Medical Center - West under one license. Both hospitals are owned by St. Francis Healthcare System of Hawaii. There has been no change in ownership.

The Authorized Users and Radiation Safety Officer will remain as currently listed on St. Francis Medical Center's license. — 53-11966-01

We have enclosed NRC Form 314, which requests termination of license #53-29004-01.

If you require any additional information please contact our Radiation Safety Officer, Ronald Frick at 808-373-7009.

Sincerely,

Sister Agnelle Ching, OSF
Sister Agnelle Ching, OSF
Chief Executive Officer

Enclosures

NRC FORM 313 U.S. NUCLEAR REGULATORY COMMISSION
(8-1999)
10 CFR 30, 32, 33
34, 35, 36, 39 and 40

APPLICATION FOR MATERIAL LICENSE

APPROVED BY OMB: NO. 3150-0120

EXPIRES: 10/31/2005

Estimated burden per response to comply with this mandatory information collection request, 7.4 hours. Submittal of the application is necessary to determine that the applicant is qualified and that adequate procedures exist to protect the public health and safety. Send comments regarding burden estimate to the Records Management Branch (T-6 E6), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to bjs1@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0120), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

INSTRUCTIONS: SEE THE APPROPRIATE LICENSE APPLICATION GUIDE FOR DETAILED INSTRUCTIONS FOR COMPLETING APPLICATION
SEND TWO COPIES OF THE ENTIRE COMPLETED APPLICATION TO THE NRC OFFICE SPECIFIED BELOW.

APPLICATION FOR DISTRIBUTION OF EXEMPT PRODUCTS FILE APPLICATIONS WITH:

DIVISION OF INDUSTRIAL AND MEDICAL NUCLEAR SAFETY
OFFICE OF NUCLEAR MATERIALS SAFETY AND SAFEGUARDS
U.S. NUCLEAR REGULATORY COMMISSION
WASHINGTON, DC 20555-0001

ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS:

IF YOU ARE LOCATED IN:

CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, MAINE, MARYLAND,
MASSACHUSETTS, NEW HAMPSHIRE, NEW JERSEY, NEW YORK, PENNSYLVANIA,
RHODE ISLAND, OR VERMONT, SEND APPLICATIONS TO:

LICENSING ASSISTANT SECTION
NUCLEAR MATERIALS SAFETY BRANCH
U.S. NUCLEAR REGULATORY COMMISSION, REGION I
475 ALLENDALE ROAD
KING OF PRUSSIA, PA 19406-1415

ALABAMA, FLORIDA, GEORGIA, KENTUCKY, MISSISSIPPI, NORTH CAROLINA,
PUERTO RICO, SOUTH CAROLINA, TENNESSEE, VIRGINIA, VIRGIN ISLANDS, OR
WEST VIRGINIA, SEND APPLICATIONS TO:

SAM NUNN ATLANTA FEDERAL CENTER
U.S. NUCLEAR REGULATORY COMMISSION, REGION II
61 FORSYTH STREET, SW, SUITE 23785
ATLANTA, GA 30303-8931

IF YOU ARE LOCATED IN:

ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI, OHIO, OR WISCONSIN,
SEND APPLICATIONS TO:

MATERIALS LICENSING SECTION
U.S. NUCLEAR REGULATORY COMMISSION, REGION III
801 WARRENVILLE RD
LIBLE, IL 60532-4351

ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, COLORADO, HAWAII, IDAHO, KANSAS,
LOUISIANA, MONTANA, NEBRASKA, NEVADA, NEW MEXICO, NORTH DAKOTA,
OKLAHOMA, OREGON, PACIFIC TRUST TERRITORIES, SOUTH DAKOTA, TEXAS, UTAH,
WASHINGTON, OR WYOMING, SEND APPLICATIONS TO:

NUCLEAR MATERIALS LICENSING SECTION
U.S. NUCLEAR REGULATORY COMMISSION, REGION IV
611 RYAN PLAZA DRIVE, SUITE 400
ARLINGTON, TX 76011-8084

PERSONS LOCATED IN AGREEMENT STATES SEND APPLICATIONS TO THE U.S. NUCLEAR REGULATORY COMMISSION ONLY IF THEY WISH TO POSSESS AND USE LICENSED MATERIAL IN STATES SUBJECT TO U.S. NUCLEAR REGULATORY COMMISSION JURISDICTIONS.

1. THIS IS AN APPLICATION FOR (Check appropriate item)

- ☐ A. NEW LICENSE
☒ B. AMENDMENT TO LICENSE NUMBER 53-11966-01
☐ C. RENEWAL OF LICENSE NUMBER _____

2. NAME AND MAILING ADDRESS OF APPLICANT (Include ZIP code)

St. Francis Medical Center
2230 Liliha Street
Honolulu, HI 96817

3. ADDRESS(ES) WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED

St. Francis Medical Center St. Francis Medical Center-West
2230 Liliha Street 91-2141 Fort Weaver Road
Honolulu, HI 96817 Ewa Beach, HI 96706

4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION

Ronald Frick, M.S., CHP, DABR

TELEPHONE NUMBER

808-373-7009

SUBMIT ITEMS 5 THROUGH 11 ON 8-1/2 X 11" PAPER. THE TYPE AND SCOPE OF INFORMATION TO BE PROVIDED IS DESCRIBED IN THE LICENSE APPLICATION GUIDE

5. RADIOACTIVE MATERIAL

a. Element and mass number; b. chemical and/or physical form; and c. maximum amount which will be possessed at any one time.

6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED

7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING EXPERIENCE

8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS

9. FACILITIES AND EQUIPMENT

10. RADIATION SAFETY PROGRAM

11. WASTE MANAGEMENT

12. LICENSEE FEES (See 10 CFR 170 and Section 170.31)

FEE CATEGORY **7C**

AMOUNT
ENCLOSED \$0

13. CERTIFICATION (Must be completed by applicant): THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON THE APPLICANT

THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATION ON BEHALF OF THE APPLICANT, NAMED IN ITEM 2, CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH TITLE 10, CODE OF FEDERAL REGULATIONS, PARTS 30, 32, 33, 34, 35, 36, 39, AND 40, AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

WARNING: 18 U.S.C. SECTION 1001 ACT OF JUNE 25, 1948 62 STAT. 749 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

CERTIFYING OFFICER - TYPED/PRINTED NAME AND TITLE

Sister Agnelle Ching, OSF, Chief Executive Officer

SIGNATURE

Sister Agnelle Ching, OSF, CEO 8/1/06

DATE

FOR NRC USE ONLY

TYPE OF FEE	FEE LOG	FEE CATEGORY	AMOUNT RECEIVED	CHECK NUMBER	COMMENTS
APPROVED BY			\$	DATE	

AUG 21 2006

DATE

This is to acknowledge the receipt of your letter/application dated 16 06 06, and to inform you that the initial processing, which includes an acceptance review, has been performed.

☒ There were no administrative omissions. Your application will be 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:

The action you requested is normally processed in 90 days.

☐ A copy of your action has been forwarded to the NRC Office of the Chief Financial Officer, who will contact you separately if there is a fee issue involved.

Your action has been assigned **Mail Control Number** 471081.

When you call to inquire about this action, please refer to this mail control number.

You may call me at 817-860-8103.

Sincerely,

Colleen Munnahan
Licensing Assistant

(FOR LEMS USE)
 INFORMATION FROM LTS

```

.....
Program Code: 02120
Status Code: 0
Fee Category: 7C 2B
Exp. Date: 20151031
Fee Comments: CODE 21
Decom Fin Assur Req'd: N
.....

```

A. REGION

ST. FRANCIS MEDICAL CTR.
30060811

Received Date: 20060811

Control No.:	471081
--------------	--------

Action Type: Amendment

3. COMMENTS

Signed
Date

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



**St. Francis Healthcare System
of Hawaii**

P.O. Box 29380
Honolulu, Hawaii 96820-1780



5 00 39
MAY 11 2011

U.S. Nuclear Regulatory Commission, Region IV
611 Ryan Plaza Drive
Suite 400
Arlington, TX 76011-8064

76011+4003-00 C001

