

## ACCEPTANCE REVIEW MEMO (ARM)

Licensee: St. Francis Medical Center - West

License No.: 53-29004-01

Docket No.: 030-31426

Mail Control No.: 471082

Type of Action: Term

Date of Requested Action: 08-15-06

Reviewer Assigned:

ARM reviewer(s): Torres

Response	Deficiencies Noted During Acceptance Review
	<p>[ ] Open ended possession limits. Limit possession. Submit inventory.</p> <p>[ ] Submit copies of most recent leak test results.</p> <p>[ ] Add - delete IC license condition. Add IC paragraph in cover letter.</p> <p>[ ] Split license from cover letter. Add SUNSI marking to license.</p> <p>[ ] Ask the licensee if they have any type-amount of EPAct Material.</p>

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:

<b>NRC FORM 314</b> (6-2004) 10 CFR 30.36(j)(1); 40 CFR 101.11; and 72 CFR 101.11		<b>U.S. NUCLEAR REGULATORY COMMISSION</b>		<b>APPROVED BY OMB: NO. 3150-0026</b> <small>Estimated burden per response to comply with this mandatory collection request: 30 minutes. This submission is used by NRC as part of the basis for its determination that the facility is released for unrestricted use. Send comments regarding burden estimate to the Records and FOIA/Privacy Services Branch (T-5 F52), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to <a href="mailto:infoclient@nrc.gov">infoclient@nrc.gov</a>, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0026), 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, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.</small>		<b>EXPIRES: 06/30/2007</b>	
<b>CERTIFICATE OF DISPOSITION OF MATERIALS</b>				<b>LICENSEE NAME AND ADDRESS</b> St. Francis Medical Center - West 91-2141 Fort Weaver Road Ewa Beach, HI 96706		<b>LICENSE NUMBER</b> 53-29004-01  <b>DOCKET NUMBER</b> 030-31426  <b>LICENSE EXPIRATION DATE</b>	
<b>A. LICENSE STATUS (Check the appropriate box)</b> <input type="checkbox"/> This license has expired. <input checked="" type="checkbox"/> This license has not yet expired; please terminate it.							
<b>B. DISPOSAL OF RADIOACTIVE MATERIAL</b> (Check the appropriate boxes and complete as necessary. If additional space is needed, provide attachments) The licensee, or any individual executing this certificate on behalf of the licensee, certifies that:							
<input type="checkbox"/> 1. No radioactive materials have ever been procured or possessed by the licensee under this license.							
<input checked="" type="checkbox"/> 2. All activities authorized by this license have ceased, and all radioactive materials procured and/or possessed by the licensee under this license number cited above have been disposed of in the following manner:							
<input checked="" type="checkbox"/> a. Transfer of radioactive materials to the licensee listed below: 53-11888-01 (St. Francis Medical Center)							
<input type="checkbox"/> b. Disposal of radioactive materials:							
<input type="checkbox"/> 1. Directly by the licensee:							
<input type="checkbox"/> 2. By licensed disposal site:							
<input type="checkbox"/> 3. By waste contractor:							
<input type="checkbox"/> c. All radioactive materials have been removed such that any remaining residual radioactivity is within the limits of 10 CFR Part 20, Subpart E, and is ALARA.							
<b>C. SURVEYS PERFORMED AND REPORTED</b>							
<input type="checkbox"/> 1. A radiation survey was conducted by the licensee. The survey confirms:							
<input type="checkbox"/> a. the absence of licensed radioactive materials							
<input type="checkbox"/> b. that any remaining residual radioactivity is within the limits of 10 CFR 20, Subpart E, and is ALARA.							
<input type="checkbox"/> 2. A copy of the radiation survey results:							
<input type="checkbox"/> a. is attached; or <input type="checkbox"/> b. is not attached (Provide explanation); or <input type="checkbox"/> c. was forwarded to NRC on: _____ Date: _____							
<input type="checkbox"/> 3. A radiation survey is not required as only sealed sources were ever possessed under this license, and							
<input type="checkbox"/> a. The results of the latest leak test are attached; and/or <input type="checkbox"/> b. No leaking sources have ever been identified.							
<b>The person to be contacted regarding the information provided on this form:</b>							
<b>NAME</b> Ronald Frick		<b>TITLE</b> Radiation Safety Officer		<b>TELEPHONE (Include Area Code)</b> (808) 373-7009		<b>E-MAIL ADDRESS</b> <a href="mailto:rfnick@gammacorp.com">rfnick@gammacorp.com</a>	
Mail all future correspondence regarding this license to: Ronald Frick, 2230 Liliha Street, Honolulu, HI 96817							
<b>C. CERTIFYING OFFICIAL</b> <b>I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT</b>							
<b>PRINTED NAME AND TITLE</b> Sister Agnello Ching, OSF C.F.O.				<b>SIGNATURE</b> <i>Sister Agnello Ching, OSF C.F.O.</i>		<b>DATE</b> 8/15/06	
<b>WARNING: FALSE STATEMENTS IN THIS CERTIFICATE MAY BE SUBJECT TO CIVIL AND/OR CRIMINAL PENALTIES. NRC REGULATIONS REQUIRE THAT SUBMISSIONS TO THE NRC BE COMPLETE AND ACCURATE IN ALL MATERIAL RESPECT. 18 U.S.C. SECTION 1001 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.</b>							



**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:

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.

471082 { 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  
Chief Executive Officer

Enclosures

St. Francis Healthcare System  
of Hawaii

## FAX TRANSMITTAL FORM

Date: 8/15/06 Time: 1420 Total Number of Pages: 2To: NRC COLLEEN MURMAHANTitle: NRC FORM 314 Phone: \_\_\_\_\_Department or Facility: \_\_\_\_\_ Fax: 817-860-8263

Note: \_\_\_\_\_

1) PROVIDING NRC FORM 314 ✓2) PLEASE CONFIRM. ✓From: DON WOOD / RON FRICK.Telephone: (808) 678-7039 ←Fax: (808) ~~547-6011~~

Please call if there are any problems with this transmission.

## Special Note

This communication is intended solely for the individual or the entity to which it is addressed and may contain information that is privileged, confidential, and/or prohibited from disclosure. If the reader of this communication is not the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly PROHIBITED. If you have received this communication in error, please notify us immediately at the above telephone number provided and return the original message to us at the following address via the U.S. Postal Service. Your cooperation is greatly appreciated. Thank you.

St. Francis Healthcare System of Hawaii  
Human Resources Department  
P.O. Box 30100  
Honolulu, Hawaii 96820-0100

Verification of Receipt:

Signature: Colleen MurmahanDate: 8-16-06 Time: 8:05 a.m.

faxform.doc

2230 Liliha Street  
P.O. Box 30100 • Honolulu, Hawaii 96820-0100  
Phone: (808) 547-6011

Approved for Release  
Ancient Hawaiian document for reference

471002

## TRANSMISSION VERIFICATION REPORT

TIME : 08/16/2006 07:39  
NAME : USNRC RIV  
FAX : 8178608263  
TEL :  
SER.# : BROL2J847623

DATE, TIME 08/16 07:39  
FAX NO./NAME 718086787039  
DURATION 00:00:30  
PAGE(S) 01  
RESULT OK  
MODE STANDARD

AUG-15-2006 16:14 From: WEST HUMAN RESOURCES 8086787020

To: 8178608263

P.1/2



St. Francis Healthcare System  
of Hawaii

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Title: NRC FORM 314 Phone: \_\_\_\_\_

Department or Facility: \_\_\_\_\_ Fax: 817-860-8263

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AUG 21 2006  
DATE

*Form 314*

This is to acknowledge the receipt of your letter/application dated 08-15-06, 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:

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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** 471082.

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 M. Murnahan*  
Licensing Assistant

(FOR LIMS USE)  
INFORMATION FROM LTS

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Program Code: 02120
Status Code: 0
Fee Category: 7C
Exp. Date: 20150831
Fee Comments:
Decom Fin Assur Reqd: N
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