ACCEPTANCE REVIEW MEMO (ARM)

Licensee: Teton County Hospital District **License No.:** 49-18276-01

Docket No.: 030-14770 **Mail Control No.:** 471100

Type of Action: Notify **Date of Requested Action:** 08-22-06

Reviewer Assigned: **ARM reviewer(s):** Torres

Response	Deficiencies Noted During Acceptance Review
RJTC	[ ] Open ended possession limits. Limit possession. Submit inventory. [ ] Submit copies of most recent leak test results. [ ] Add - delete IC license condition. Add IC paragraph in cover letter. [ ] Split license from cover letter. Add SUNSI marking to license. [ ] 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: RJTC **Date:** 9-11-06

Pre-Licensing Screening

Applicant Information: **Control No.** 471100

Name: Teton County Hospital District	Type of Request: Notify Program Code(s):
Location: WY	License No.: 49-18276-01 Docket No.: 030-14770

STEP 1–Radioactive Materials and Quantities Requested:

		Yes or No
Instructions for Step 1: **Complete Step 1 for all applications**. *If all your responses in Step 1 are "No" then do not complete Step 2 (Screening Criteria). Sign and date the completed step-sheet and add it as the sensitive and non-publicly available OAR in ADAMS. If a "yes" response is indicated for any item in Step 1, also complete Step 2. If the type of use is subject to a Security Order or the requirements for increased controls, complete Step 3 (Item A or Item B) without delay.*		
A.	The request is from a new applicant.	N
B.	NUREG-1556, Volume 20, Section 4.9 indicates a licensing site visit is needed for the requested type of use, e.g., (1) Type A broad scope license, (2) panoramic irradiator containing > 10000 curies, (3) manufacturers or distributors using unsealed radioactive material or significant quantities of sealed material, (4) radioactive waste brokers, (5) radioactive waste incinerators, (6) commercial nuclear laundries, and (7) any other application that in the judgement of the reviewer and cognizant supervisor involves complex technical issues, complex safety questions, or unprecedented issues that warrant a site visit.	N
C.	The applicant requested certain radionuclides and quantities that equal or exceed the Risk Significant Quantity (TBq) values in the table, below, that have been **"highlighted"** by the reviewer	N

Table of Risk Significant Quantities

(Category 2 Quantities, IAEA Safety Guide No. RS-G-1.9, Categorization of Radioactive Sources, August 2005)

Radionuclide	Risk Significant Quantity (TBq[1])	Risk Significant Quantity (Ci[1])	Radionuclide	Risk Significant Quantity (TBq[1])	Risk Significant Quantity (Ci[1])
Am-241	0.6	16	Pm-147	400	11,000
Am-241/Be	0.6	16	Pu-238	0.6	16
Cf-252	0.2	5.4	Pu-239/Be	0.6	16
Cm-244	0.5	14	Ra-226[2]	0.4	11
Co-60	0.3	8.1	Se-75	2	54
Cs-137	1	27	Sr-90 (Y-90)	10	270
Gd-153	10	270	Tm-170	200	5,400
Ir-192	0.8	22	Yb-169	3	81

[1] The primary values are TBq. The curie (Ci) values are for informational purposes only.

[2] The Atomic Energy Act, as amended by the Energy Policy Act of 2005, authorizes NRC to regulate Ra-226 and NRC is in the process of amending its regulations for discrete sources of Ra-226.

	Yes , No, or Not Applicable (NA)
Calculations of the Total Activity or the Unity Rule are attached to document whether or not the screening criteria in Step 2 were also completed to evaluate the application. **NOTE–If an amendment of an existing license is being requested, the calculations will include the previously authorized quantities for the radionuclide(s).**	
Total Activity–multiple activities are requested for a single radionuclide and the sum of the activities equals or exceeds the quantity of concern for the radionuclide	———
Unity Rule--multiple radionuclides are requested and the sum of the ratios equals or exceeds unity, e.g.,[(total activity for radionuclide A) ÷ (risk significant quantity for radionuclide A)] + [(total activity for radionuclide B) ÷ (risk significant quantity for radionuclide B)] ≥ 1.0.	———

Signature and Date for Step 1:

RITC 9-11-06

License Reviewer and Date

ST. JOHN'S
MEDICAL CENTER

RECEIVED
AUG 25 2006
DNMS

August 22, 2006

U.S. Nuclear Regulatory Commission, Region IV
Material & Radiation Protection Section
611 Ryan Plaza Drive, Suite 400
Arlington, TX 76011

Subject: Remove Stan Trachtenberg, M.D. as an authorized user.

To Whom It May Concern:

We wish to notify you that Stan Trachtenberg no longer practices Nuclear Medicine at this facility. Please remove him from our NRC license.

Most Sincerely,

Robert Berlin, M.D.
Radiologist, Radiation Safety Officer

471100

9-13-06
DATE

This is to acknowledge the receipt of your letter/application dated 8-22-06, 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 — 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** 471100.
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 Murnehan
Licensing Assistant

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: 20110930
Fee Comments: CODE 16
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
   Applicant/Licensee: TETON COUNTY HOSPITAL DISTRICT
   Received Date: 20060825
   Docket No: 3014770
   Control No.: 471100
   License No.: 49-18276-01
   Action Type: Notifications

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

3. COMMENTS

Signed Colleen Murnahan
Date 9-6-06

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. Johns Medical Center
P.O. Box 428
625 East Broadway
Jackson, Wyoming 83001
www.tetonhospital.org

$00.39
US POSTAGE

U.S. NRC, Region IV
Material: Radiation Protection Section
611 Ryan Plaza Drive, Suite 400
Arlington, TX
76011

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