

ACCEPTANCE REVIEW MEMO (ARM)

Licensee: Memorial Hospital of Laramie
County

License No.: 49-01380-01

Docket No.: 030-03496

Mail Control No.: 471120

Type of Action: Amend

Date of Requested Action: 09-06-06

Reviewer
Assigned:

ARM reviewer(s): Torres

Response	Deficiencies Noted During Acceptance Review
	<ul style="list-style-type: none">[] 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: R/T

Date: 9/21/06

Pre-Licensing Screening

Applicant Information:

Control No. 471120

Name: Memorial Hospital of Laramie County	Type of Request: Amend Program Code(s):	
Location: WY	License No.: 49-01380-01	Docket No.: 030-03496

STEP 1—Radioactive Materials and Quantities Requested:

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.		Yes or No
A.	The request is from a new applicant.	No
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.	No
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 established by the reviewer	No

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.

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).	Yes, No, or Not Applicable (NA)
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:


 License Reviewer and Date

WEST BUILDING
214 E. 23rd Street
Cheyenne, Wyoming 82001
307/634-CARE (307/634-2273)



UNITED MEDICAL CENTER

People Caring for People

EAST BUILDING
2600 E. 18th Street
Cheyenne, Wyoming 82001
307/632-6411

RECEIVED

SEP 12 2006

DNMS

06 September 6, 2006

RTC
Mrs. Jacqueline Cook, Health Physicist
~~Nuclear Regulatory Commission, Region IV~~
611 Ryan Plaza Drive, Suite 400
Arlington, Texas 76011-8064

Effective September 29, 2006, Memorial Hospital of Laramie County will change its trade name from United Medical Center to Cheyenne Regional Medical Center. We have reviewed the information in IN 89-25, Rev. 1 and have determined the information is not applicable to this amendment request. This is a name change only and does not represent a transfer of ownership, a change in corporate structure, or a change in the control of licensed activities. Our mailing address will remain 214 East 23rd Street, Cheyenne, WY 82001.

Please call Todd Christensen, facility Radiation Safety Officer at (307) 633-7838, if you have any questions concerning this amendment request.

Sincerely yours,

Charles F. Harms,
CEO.

9-22-06

DATE

This is to acknowledge the receipt of your letter/application dated 9-06-06, 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** 471120.

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 Murnahan
Licensing Assistant

(FOR LEMS USE)
INFORMATION FROM LTS

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Program Code: 02120
Status Code: 0
Fee Category: 7C 2B
Exp. Date: 20150331
Fee Comments: CODE 13
Decom Fin Assur Req'd: N

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A. REGION

1. AFFILIATION APPROVED: MEMORIAL HOSPITAL OF LARAMIE CTY.
Applicant/Licensee: 20060912
Received Date: 2002406

Docket No.:	5003436
Control No.:	471120
License No.:	49-01380-01
Action Type:	Amendment

2. FEE ATTACHED
Amount:
Check No.:

- ### 3. COMMENTS

Signed _____
Date 9-20-06

- 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 _____