

ACCEPTANCE REVIEW MEMO (ARM)

Licensee: Fairbanks Memorial Hospital

License No.: 50-13648-01

Docket No.: 030-03509

Mail Control No.: 471462

Type of Action: Amend

Date of Requested Action: 08-01-07

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: RTZ

Date: 8/8/07

Pre-Licensing Screening

Applicant Information:

Control No. 461462

Name: Fairbanks Memorial Hospital	Type of Request: /anebd Program Code(s):	
Location: AK	License No.: 50-13648-01	Docket No.: 030-03509

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 "highlighted" 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

C. J. T. 8/8/07



Denali Center
Fairbanks Memorial Hospital
Banner Health System

August 1, 2007

Nuclear Materials Licensing Branch
United States Nuclear Regulatory Commission
Region IV
Nuclear Materials Safety Branch
611 Ryan Plaza Drive, Suite 400
Arlington, TX 76011-8064

RECEIVED

AUG 03 2007

DNMS

RE: License 50-13648-01

Dear Sir/Madam:

Please amend our radioactive materials license as follows:

- We wish to eliminate Strontium-90 permitted by 10 CFR 35.400 as listed on our license in item 6 E. This source has been accepted by a licensed vendor for decay and is no longer in our possession. (See attached form)
- We wish to eliminate Samuel McConkey, M.D. as an authorized user for Strontium-90 as listed in Condition 12 on our license.

If you require any additional information, please call.

Sincerely,

Dr. Mark Burton
Radiation Safety Officer
Fairbanks Memorial Hospital

No 4 7 1 4 6 2



6765 Langley Drive
Baton Rouge, Louisiana 70809
Telephone: 225-751-5893
Fax: 225-756-0365

Date: July 23, 2007

Janet Hanchett
Fairbanks Memorial Hospital
1650 Cowles Street
Fairbanks, AK 99701

Reference: 2007-268

This is to advise that the Radioactive Material as detailed below has been received by QSA Global, Inc as of 7-17-07 and we have taken possession of this source:

Manufacturer	Model	S/N	Isotope	Activity
ICN	RA-1	1332	Sr-90	50 mci on Date of Manuafcture

Please retain this record for your files. Should you require further assistance, please contact us at QSA Global, Inc.

Regards,

Rusty Barrett
Technical Service Manager

AUG - 9 2007

DATE

This is to acknowledge the receipt of your letter/application dated 8-01-07, and to inform you that the initial processing, which includes an administrative 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 within 90 days.

☐ 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** 471462.
When calling 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

BETWEEN: : (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
:
:
: License Fee Management Branch, ARM : Program Code: 02120
and : Status Code: 0
Regional Licensing Sections : Fee Category: 7C
: Exp. Date: 20111231
: Fee Comments: CODE 23
: Decom Fin Assur Req'd: N
: ::::::::::::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: FAIRBANKS MEMORIAL HOSPITAL
Received Date: 20070803
Docket No: 3003509
Control No.: 471462
License No.: 50-13648-01
Action Type: Amendment

2. FEE ATTACHED
Amount:
Check No.: /

3. COMMENTS

Signed Coleen Munnahan
Date 8-08-07

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 _____

FedEx

TRK# 8613 5685 8035
0215

MON - 06 AUG A1

** 2DAY **

SE-FWHA

DFW

TX-US

76011



Emp# 219064 02AUG07 FAIA

THIS AREA

Label and Stick FedEx US Airbill

to sender upon receipt of Airbill.

Please sign in 1 hour for your records

to be used for proof of delivery

to be used for proof of delivery

Please DO NOT remove this copy.

1/1/07

FedEx US Airbill
Express

 FedEx
Tracking
Number

8613 5685 8035

1 From This portion can be removed for Recipient's records

 Date 8/1/01 FedEx Tracking Number 861356858035

 Sender's Name John (111054) Phone _____

Company _____

Address _____

City _____ State _____ ZIP _____

2 Your Internal Billing Reference

030-03509

3 To

 Recipient's Name John (111054) Phone 817-360-9189

Company _____

 Recipient's
Address _____

We cannot deliver to P.O. boxes or P.O. ZIP codes.

Dept./Room/Suite/Room

Address _____

To request a package be held at a specific FedEx location, print FedEx address here.

 City 111054 State TX ZIP 111054


8613 5685 8035

4a Express Package Service

Packages up to 150 lbs.

- ☐ FedEx Priority Overnight
Next business morning ** Friday
shipments will be delivered on Monday
unless SATURDAY Delivery is selected.
- ☐ FedEx Standard Overnight
Next business afternoon *
Saturday Delivery NOT available.
- ☐ FedEx First Overnight
Earliest next business morning
delivery to select locations. **
Saturday Delivery NOT available.
- ☒ FedEx 2Day
Second business day * Thursday
shipments will be delivered on Monday
unless SATURDAY Delivery is selected.
FedEx Envelope rate not available. Minimum charge: One-pound rate.
- ☐ FedEx Express Saver
Third business day *
Saturday Delivery NOT available.
- * To meet locations.

4b Express Freight Service

Packages over 150 lbs.

- ☐ FedEx 1Day Freight*
Next business day ** Friday
shipments will be delivered on Monday
unless SATURDAY Delivery is selected.
- ☐ FedEx 2Day Freight
Second business day ** Thursday
shipments will be delivered on Monday
unless SATURDAY Delivery is selected.
- ☐ FedEx 3Day Freight
Third business day **
Saturday Delivery NOT available.
- * Call for Confirmation. ** To meet locations.

5 Packaging

- ☐ FedEx Envelope*
- ☐ FedEx Pak*
Includes FedEx Small Pak,
FedEx Large Pak, and FedEx Sturdy Pak.
- ☐ FedEx Box
- ☐ FedEx Tube
- ☐ Other
- * Declared value limit \$500.

6 Special Handling

- ☐ SATURDAY Delivery
Not available for
FedEx Standard Overnight,
FedEx First Overnight, FedEx Express
Saver, or FedEx 3Day Freight.
- ☐ HOLD Weekday
at FedEx Location
Not available for
FedEx First Overnight.
- ☐ HOLD Saturday
at FedEx Location
Available ONLY for FedEx Priority
Overnight and FedEx 2Day
to select locations.

Does this shipment contain dangerous goods?

- ☐ No
- ☐ Yes
As per attached
Shipper's Declaration
- ☐ Yes
Shipper's Declaration
not required.
- ☐ Dry Ice
Dry Ice, 9, UN 1845 _____ x _____ kg
- ☐ Cargo Aircraft Only
- Dangerous goods (including dry ice) cannot be shipped in FedEx packaging.

7 Payment

- Bill to: _____ Enter FedEx Acct. No. or Credit Card No. below.
- ☐ Sender
Acct. No. in Section
I will be billed.
- ☐ Recipient
- ☐ Third Party
- ☐ Credit Card
- ☐ Cash/Check

Total Packages _____ Total Weight _____

Credit Card Auth. _____

*Our liability is limited to \$100 unless you declare a higher value. See the current FedEx Service Guide for details.

8 Residential Delivery Signature Options

If you require a signature, check Direct or Indirect.

- ☐ No Signature
Required
Package may be left
without obtaining a
signature for delivery.
- ☐ Direct Signature
Someone at recipient's
address may sign for
delivery. Fee applies.
- ☐ Indirect Signature
If no one is available at
recipient's address, someone
at a neighboring address may
sign for delivery. Fee applies.

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Rev. Date 10/06/Part #158279-E-1994 2006 FedEx-PRINTED IN U.S.A.-SHE