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JUL - 9 2012

DNMS

West Park Hospital  
707 Sheridan Avenue  
Cody, Wyoming 82414

June 11, 2012

U.S. Nuclear Regulatory Commission  
Materials Licensing Section  
Region IV  
612 East Lamar Blvd., Suite 400  
Arlington, Texas 76011-4125

Dear Sir:

Please amend Byproduct material license no.49-18230-01 for the close out of the old nuclear medicine department. It was noted in the recent license renewal that the department would be moving into the new addition that was being added to the hospital. The move took place on June 5 and 6, with the close out of the old department on June 6. A copy of the close out survey is attached. All of the hot lab equipment were retested after the move and were found to be working properly.

If there are any questions please call our medical physicist Ray A. Carlson, M.S. at (734) 455-4730 office / (734) 395-7361 cell.

Sincerely,

*Karen L Beemer*

PUBLIC

- ☐ Immediate Release  
☒ Normal Release

NON-PUBLIC

- ☐ A.3 Sensitive-Security Related  
☐ A.7 Sensitive Internal  
☐ Other: \_\_\_\_\_

Reviewer: *RCZ*

Date: *7-9-12*

## **Radiological Physics Service, Inc.**

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### **CLOSE OUT SURVEY**

West Park Hospital  
707 Sheridan Ave.  
Cody, WY 82414

License: 49-18230-01

**RE:** Close out survey of the old nuclear medicine department.

1. Date of Survey: June 6, 2012
2. Diagram of the department and the wipe test results are attached.
3. The survey meter readings were less than 0.02 mR/hr for all areas.
4. The survey meter background reading was 0.02 mR/hr.
5. The survey meter used was a Ludlum model 14C (S/N 191440) with an pancake GM probe. It was last calibrated 4/3/12.
6. The wipe tests were assayed on an Canberra, Series 20 multi-channel well counter. The minimum detectable activity for Tc-99m, Tl-201 is 60 dpm at 95% confidence.
7. The survey was performed by Ray A. Carlson, M.S., Medical Physicist from Radiological Physics Service, Inc. (License No.: 21-26253-01).
8. The sealed sources were moved to the new hot lab located in the new addition to the hospital.

The old nuclear medicine department is certified to be free of radioactive material and contamination.

All wipe tests were below the 2000 dpm limit and all GM survey meter readings were at background (0.02mR/hr).



Ray A. Carlson, M.S.  
DABR, DABMP  
Medical Physicist

# Radiological Physics Service, Inc.

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## Wipe Test Results

West Park Hospital  
707 Sheridan Ave.  
Cody, WY 82414

License: 49-18230-01

**RE:** Close out survey of location

**Date:** June 6, 2012

Area	CPM	Net CPM	DPM
Background	250		
1	201	0	0
2	210	0	0
3	207	0	0
4	213	0	0
5	229	0	0

- All wipes were below the 2000 DPM limit.
- All wipe areas were surveyed with a GM survey meter and all areas recorded less than 0.02 mR/hr. Wipes were then analyzed in gamma counter.



Ray A. Carlson, M.S.  
DABR, DABMP  
Medical Physicist

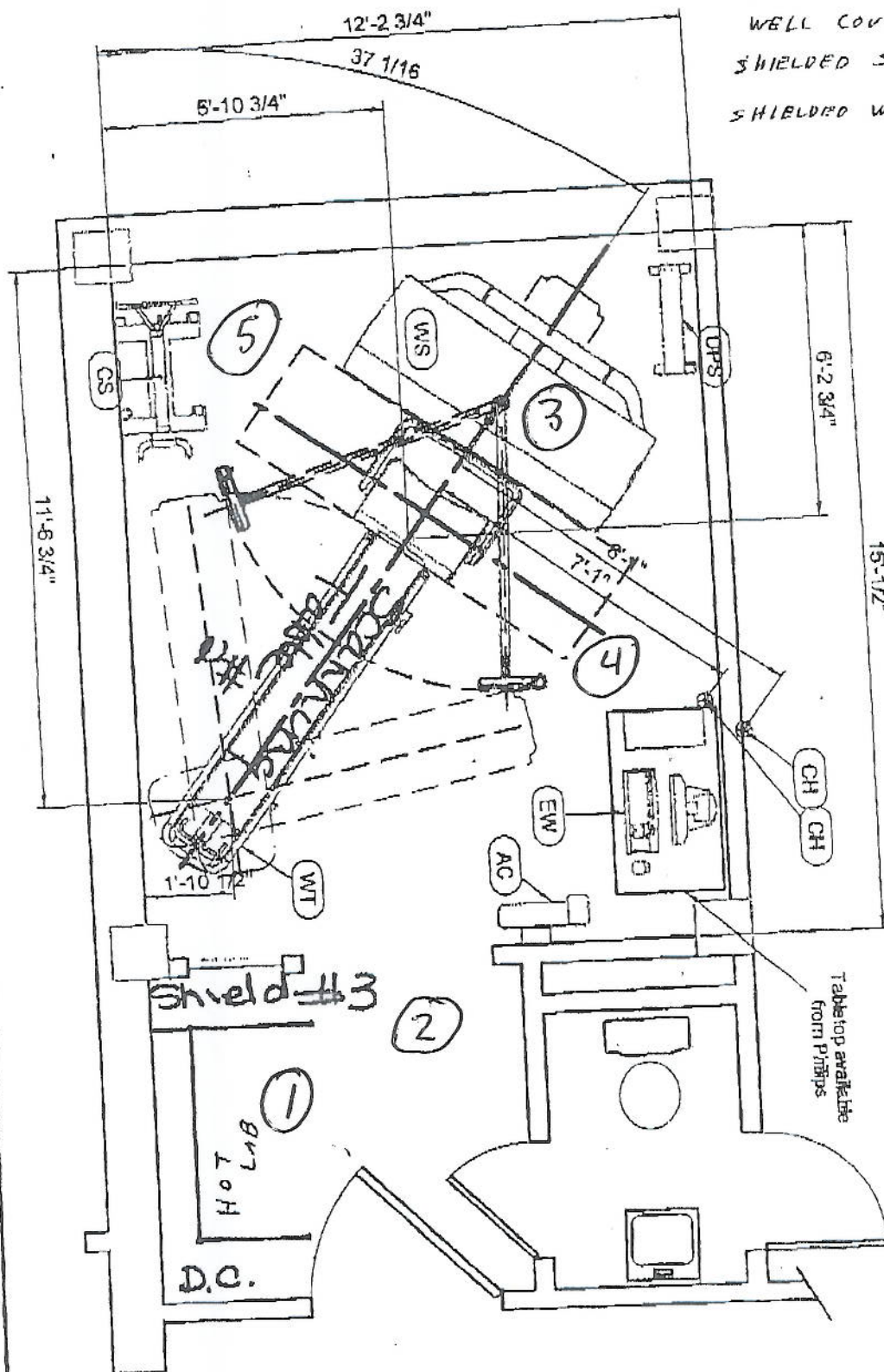
No. 5 7 7 8 3 5

North

HOT LAB CONTAINS

DOSE CALIBRATOR  
WELL COUNTER  
SHIELDED STORAGE  
SHIELDED WASTE STORAGE

West



East

South



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707 Sheridan Avenue  
Cody, WY 82414



NRC  
Materials Licensing Section  
Region IV  
612 E Lamar Blvd Suite 400  
Arlington TX

7601134123



577835



DATE

07/09/2012

NAME AND ADDRESS OF APPLICANT AND/OR LICENSEE

West Park Hospital  
ATTN: Gregory Cross, M.D.  
Radiation Safety Officer  
707 Sheridan Avenue  
Cody, WY 82414

LICENSE NUMBER

49-18230-01

MAIL CONTROL NUMBER

577835

LICENSING AND/OR TECHNICAL REVIEWER

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This is to acknowledge the receipt of your:

☒ LETTER and/or ☐ APPLICATION

DATED: 06/11/2012

The initial processing, which included an administrative review, has been performed.

☒ AMENDMENT ☐ TERMINATION ☐ NEW LICENSE ☐ RENEWAL

☒ There were no administrative omissions identified during our initial review.

☐ This is to acknowledge receipt of your application for renewal of the material(s) license identified above. Your application is deemed timely filed, and accordingly, the license will not expire until final action has been taken by this office.

☐ Your application for a new NRC license did not include your taxpayer identification number. Please fill out NRC Form 531, located at the following link:

<http://www.nrc.gov/reading-rm/doc-collections/forms/nrc531.pdf>

Send the completed NRC Form 531, by facsimile, to the following number: (301) 415-5387

A copy of your action has been emailed to our License Fee and Accounts Receivable Branch, in our Headquarters office in Rockville, MD. You will be contacted separately if there is a fee issue involved.

Your application has been assigned the above listed **MAIL CONTROL NUMBER**. When calling to inquire about this action, please refer to this control number. Your application has been forwarded to a technical reviewer. Please note that the technical review, which is normally completed within 180 days for a renewal application (90 days for all other requests), may identify additional omissions or require additional information. If you have any questions concerning the processing of your application, our contact information is listed below:

Region IV  
U. S. Nuclear Regulatory Commission  
DNMS/NMSB - B  
1600 E. Lamar Boulevard  
Arlington, TX 76011-4511  
(817) 200-1103 or (817) 200-1140

BETWEEN:

Accounts Receivable/Payable  
and  
Regional Licensing Branches

[ FOR ARPB USE ]  
INFORMATION FROM LTS

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

## License Fee Worksheet - License Fee Transmittal

### A. REGION

#### 1. APPLICATION ATTACHED

Applicant/Licensee: WEST PARK HOSPITAL  
Received Date: 07/09/2012  
Docket Number: 3014695  
Mail Control Number: 577835  
License Number: 49-18230-01  
Action Type: Amendment

#### 2. FEE ATTACHED

Amount: \_\_\_\_\_

Check No.: \_\_\_\_\_

#### 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: \_\_\_\_\_