



MINIDOKA
MEMORIAL
HOSPITAL

RECEIVED

JUL 19 2012

DNMS

July 12, 2012

United States Nuclear Regulatory Commission
Region IV
Nuclear Materials Safety Branch
1600 E. Lamar Boulevard
Arlington, TX 76011-4511

Re: License 11-29085-01

Dear Sir or Madam:

This is notification that we have vacated the hot lab listed on our license. The hot lab equipment and licensed materials have been relocated across the hall to the imaging room.

Attached are:

1. Final status survey for the hot lab.
2. Plan of hot lab survey locations
3. Plan of hot lab equipment in the imaging room. Licensed materials are stored behind the L-shield or in the large lead lined D-I-S box.

We wish to remodel the old hot lab area ASAP and await your approval that this restricted area may be removed from our radioactive materials license as an area of use.

If you require additional information, you can reach me by phone at 208-436-8141, or by email at chanson@minidokamemorial.com.

Sincerely,

Carl Hanson
Administrator

PUBLIC

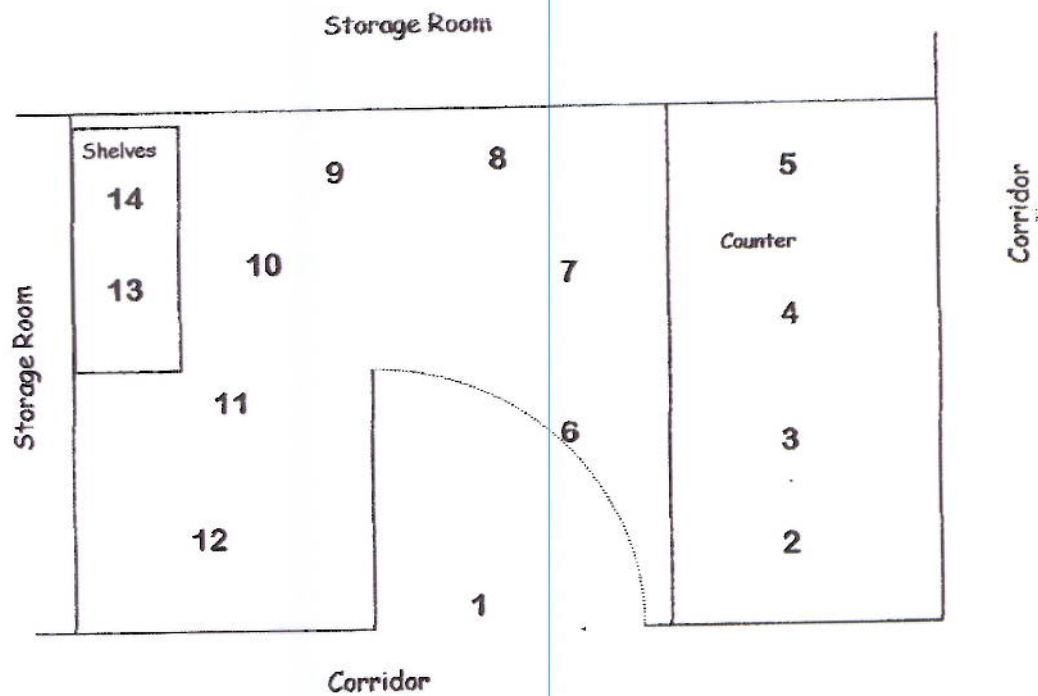
- ☐ Immediate Release
☒ Normal Release

NON-PUBLIC

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

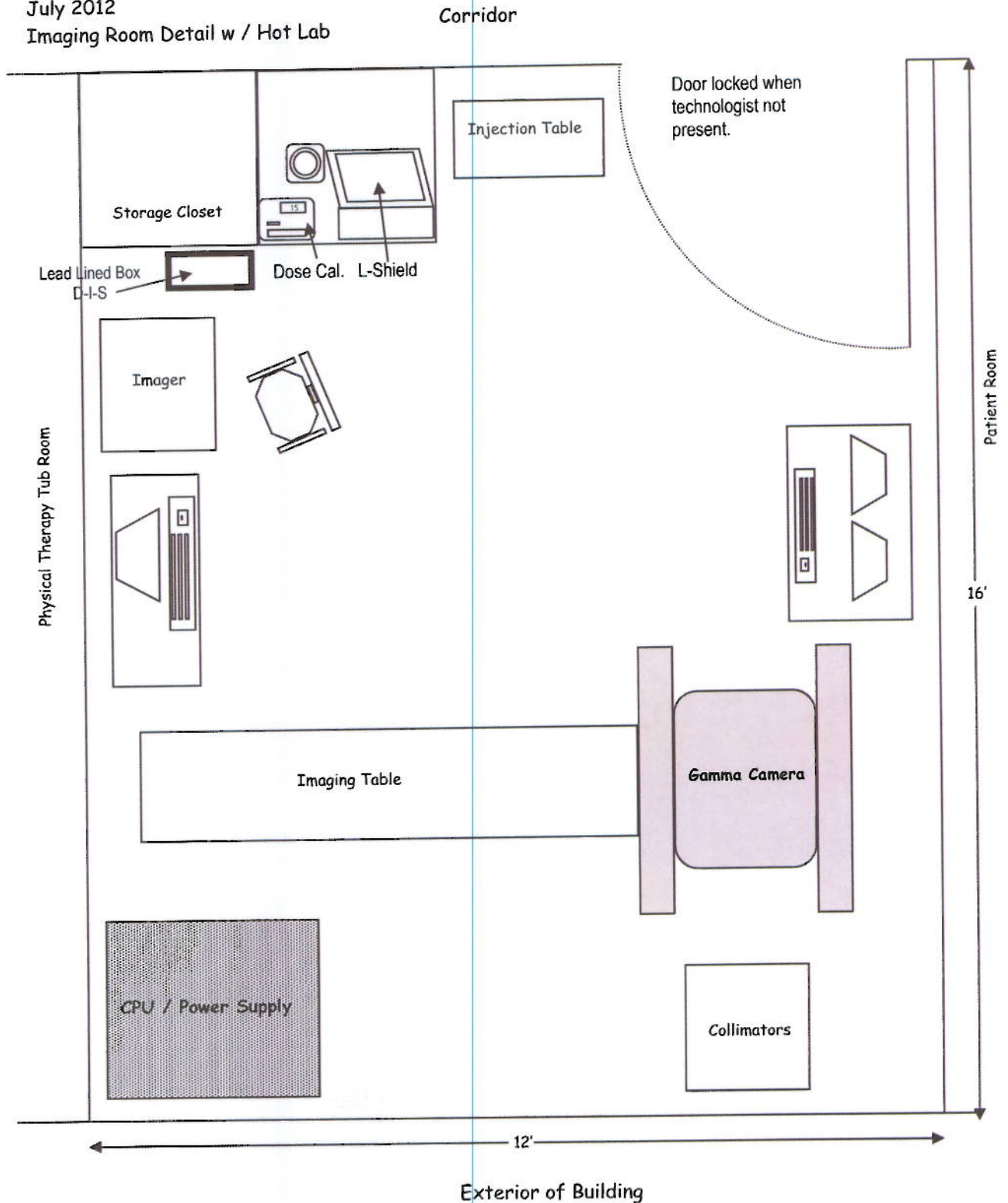
Reviewer: Jne Date: 7/24/12

Minidoka Memorial Hospital
NRC License: 11-29085-01
Rupert, Idaho
Hot Lab Final Status Survey Map



Numbers indicate locations of surveys

Minidoka Memorial Hospital
 Rupert, Idaho
 Location of Hot Lab Equipment
 11-29085-01
 July 2012
 Imaging Room Detail w / Hot Lab



Final Status Survey

Facility Minidoka Memorial Hospital
 License: 11-29085-01
 Nuclear Medicine Department
 Date July 9, 2012
 By Jeffrey Johnson, CNMT - radiation survey

John Fletcher, CNMT - wipe sample counting

JUF

Radiation survey instrument: Ludlum 14C, #126752 w/pancake detector, calibrated April 17, 2012
 Background Measurement 0.02 mR/hr

Contamination Survey (wipes)				Radiation Survey	
Nuc Med				Nuc Med	
Location #	Dept			Location #	Dept
	Net CPM	DPM			mR/hr
1	11	92	(floor)	1	0.02
2	11	92	(counter)	2	0.02
3	11	92	(counter)	3	0.02
4	-7	0	(counter)	4	0.02
5	-7	0	(counter)	5	0.02
6	-7	0	(floor)	6	0.02
7	13	108	(floor)	7	0.02
8	13	108	(floor)	8	0.02
9	13	108	(floor)	9	0.02
10	5	42	(floor)	10	0.02
11	5	42	(floor)	11	0.02
12	5	42	(floor)	12	0.02
13	0	0	(shelf)	13	0.02
14	0	0	(shelf)	14	0.02
Numbers correlate to locations on department map					

Bkgrd CPM = 199

MDA = 502 dpm or 0.0002 uCi

Method: Wipes were made with "Q-tips" of 100 cm² areas. All samples counted for 2 minutes with an Atomlab Model 950 Spectrometer with a scintillation well counter.

Window set to lower level 70 keV, upper level 400 keV
 MDA calculated conservatively, using the counting efficiency of Cs-137
 Clinical radionuclides, such as Tc-99m, and Tl-201 will be detected with higher efficiency.

Action level: Removable surface contamination 1000 dpm / 100cm²
 (Nuclear Regulatory Commission: NUREG-1556, Volume 11, April 1999)

Contamination results: No samples exceeded the action level. Contamination was not detected.

Radiation survey results: No radiation was detected in the hot lab or imaging area. Background reading = 0.02 mR/hr

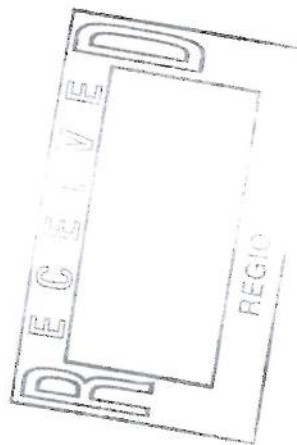
Licensed Materials: All licensed materials have been moved across the hall the nuclear imaging room.



MINIDOKA
MEMORIAL
HOSPITAL

1224 8TH STREET
RUPERT, ID 83350

FORWARDING SERVICE REQUESTED



RECEIVED
JUL 19 2012
DNMS

Hasler
07/13/2012
US POSTAGE



ZIP 83:
011D1162

\$0.15

577897

US Nuclear Regulatory Commission
Region IV
Nuclear Materials Safety Branch
1600 E. Lamar Boulevard
Arlington, TX 76022-4511



DATE

07/20/2012

NAME AND ADDRESS OF APPLICANT AND/OR LICENSEE

Minidoka Memorial Hospital
ATTN: Don Wayment, D.O.
Radiation Safety Officer
1224 8th Street
Rupert, ID 83350

LICENSE NUMBER

11-29085-01

MAIL CONTROL NUMBER

577897

LICENSING AND/OR TECHNICAL REVIEWER

ch

This is to acknowledge the receipt of your:

☒ LETTER and/or ☐ APPLICATION

DATED: 07/12/2012

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

✓ 7/20

BETWEEN:

Accounts Receivable/Payable
and
Regional Licensing Branches

[FOR ARPB USE]
INFORMATION FROM LTS

Program Code: 02121
Status Code: Pending Amendment
Fee Category: 7C
Exp. Date: 05/31/2015
Fee Comments:
Decom Fin Assur Req: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: MINIDOKA MEMORIAL HOSPITAL
Received Date: 07/19/2012
Docket Number: 3033775
Mail Control Number: 577897
License Number: 11-29085-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____

Check No.: _____

3. COMMENTS

Signed: _____

Date: _____

Carol L Heie
7/20/12

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: _____