

one
July 12, 2012

Roberto J. Torres, Senior Health Physicist
U.S. Nuclear Regulatory Commission, Region IV
612 East Lamar Blvd., Suite 400
Arlington, TX 76011-4125
817-860-8188

RECEIVED

JUL 13 2012

DNMS

Re: Amendment Request for St. Vincent Healthcare License Number 25-07553-01

Dear Mr. Torres:

We wish to notify the NRC of a new use location for 10 CFR 35.200 uses. The location had been listed on our license but was removed in 2011. The use location is our outpatient imaging center: Yellowstone Imaging Center, 2900 12th Ave. North Suite 275/276 W., Billings, MT 59101. As indicated on the attached drawing we will be using x-ray room 2710 and the room labeled Breast Ultrasound. We will only be injecting Tc-99m for use in sentinel lymph node biopsy and localization procedures.

Per our previous commitment the nuclear medicine technologist will walk the individual dose over to the center via a connected walkway. The radioactive material is taken to the center in a shielded and labeled container. Once the injection is performed all waste material will be returned to the nuclear medicine department. Should a spill occur the technologist will follow the departments procedures for a spill. No radioactive material will be stored or left at the Imaging Center. On weeks when material is used at this location a weekly wipe test and survey will be performed in the area of use.

Please contact me at 406-672-6756 should you require further information concerning this amendment request.

Sincerely,



Christopher Fitz, JD, MS, ABSNM
Radiation Safety Officer
St. Vincent Healthcare
Radiology
1233 N 30th Street
Billings, MT 59101

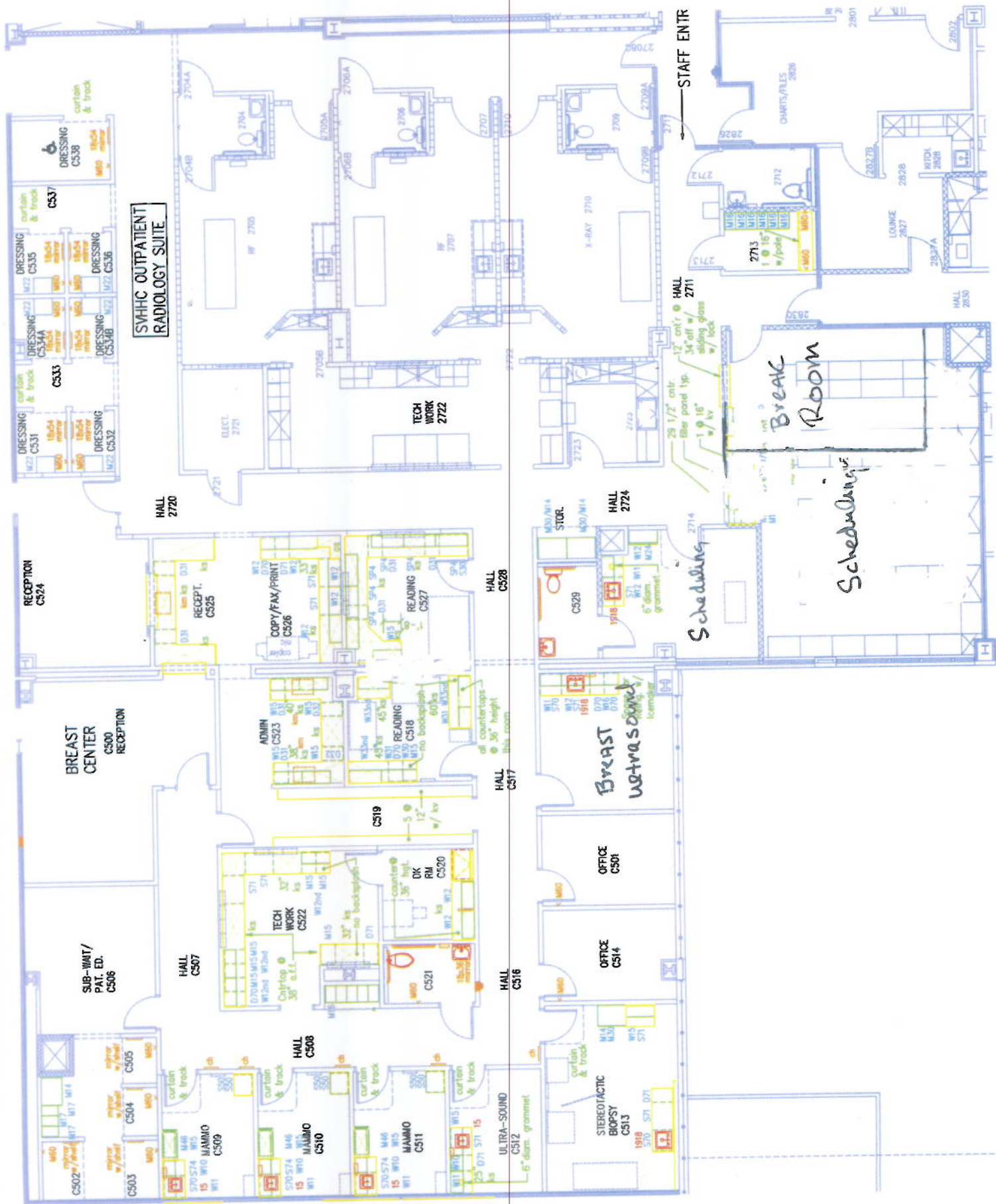
PUBLIC

- ☐ Immediate Release
☒ Normal Release

NON-PUBLIC

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

Reviewer: Jno Date: 7/24/12



Hill, Carol

From: Chris Fitz [chrisfitz65@hotmail.com]
Sent: Friday, July 13, 2012 11:31 AM
To: Torres, RobertoJ; Hill, Carol; Chris Fitz
Subject: Notification for NRC License 25-07553-01
Attachments: StV_amendment_071212-stv-yic.pdf;
YIC_floorplan.pdf

RECEIVED

JUL 13 2012

ONMS

Good Morning Roberto and Carol,

Please find attached a copy of our notification to add a use location for 10 CFR 35.200 uses. This area was pervious authorized in 2009. I think when we did the close-out last year for our Yellowstone heart center the Yellowstone Imaging center was also removed. We just performed the first procedure on June 22, 2012. No procedures prior to June 2012 and when the center was removed in September 2011 were performed.

Thank you for your help.

Chris



DATE

07/23/2012

NAME AND ADDRESS OF APPLICANT AND/OR LICENSEE

St. Vincent Healthcare
ATTN: Christopher K. Fitz
Radiation Safety Officer
P.O. Box 35200
Billings, Montana 59107-5200

LICENSE NUMBER

25-07553-01

MAIL CONTROL NUMBER

577909

LICENSING AND/OR TECHNICAL REVIEWER

ch

This is to acknowledge the receipt of your:

☒ LETTER and/or

☐ APPLICATION

DATED: 07/13/2012

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

✓ 7/23

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: 04/30/2015
Fee Comments:
Decom Fin Assur Req: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: ST. VINCENT HEALTHCARE
Received Date: 07/13/2012
Docket Number: 3002396
Mail Control Number: 577909
License Number: 25-07553-01
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: _____