



Intermountain

**Cassia Regional
Medical Center**

1501 Highland Avenue
Burley, ID 83318
208.678.4444

RECEIVED
APR - 7 2015

DNMS

March 10, 2015

NUCLEAR MATERIALS LICENSING BRANCH
U.S. NUCLEAR REGULATORY COMMISSION, REGION IV
1600 E. LAMAR BOULEVARD
ARLINGTON, TX 76011-4511

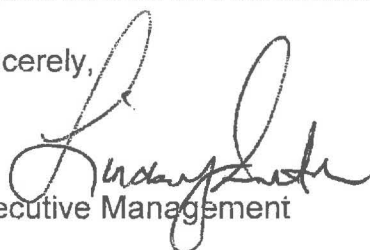
RE: License Notice – New Location of use for Radioactive material
License # **11-27393-01**

Dear Sir/Madam:

This letter is to notify you of our intent to discontinue use of a storage closet within our department. We are currently only licensed for materials covered under 10 CFR 35.100 and 35.200. The direct and area surveys were conducted on January 30, 2015 however the radioactive materials posting on the door has not been removed. All areas of the current location will be surveyed in accordance with 10 CFR 20.1402.

Enclosed is the survey data and FSS. If you have any questions or require additional information, please contact

Sincerely,


Executive Management

Cassia Regional Medical Center
1501 Hiland Avenue
Burley, Idaho 83318

PUBLIC

- ☐ Immediate Release
☒ Normal Release

NON-PUBLIC

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

Reviewer: RTZ Date: 4-27-15

5 8 6 6 2 0

CLOSE-OUT SURVEY



Intrmountain Cassia Regional Med Center

Removable Contamination

1 minute counts of a wipe sample covering at least a 100 square centimeter area

Background: 107 cpm

Average: 268 dpm

Area	Result	Area	Result
1	27 dpm	22	dpm
2	13	23	
3	13	24	
4	5	25	
5		26	
6		27	
7		28	
8		29	
9		30	
10		31	
11		32	
12		33	
13		34	
14		35	
15		36	
16		37	
17		38	
18		39	
19		40	
20		41	
21		42	

Location of wipes in
Storage Closet
Direct Reading $\frac{mR}{hr}$
0.03 { ① inside/out of door handle
0.03 { ② left side of shelf
0.02 { ③ right side of shelf
0.03 { ④ floor

Maximum removable contamination:

$$\frac{\text{cpm}/100 \text{ cm}^2 \times \text{dpm/cpm}}{\text{net dpm}/100 \text{ cm}^2}$$

Conclusion

As of 1/30/15 all radioactive materials were removed from the site and no removable contamination was present.

*Ann M. Bonworth, MPC
R&D*

FINAL STATUS SURVEY INTERMOUNTAIN CASSIA REGIONAL MEDICAL CENTER

Locations of close-out survey: Storage Closet, Intermountain Cassia Regional Medical Center

License Number 11-27393-01

Date Performed: 1/30/15

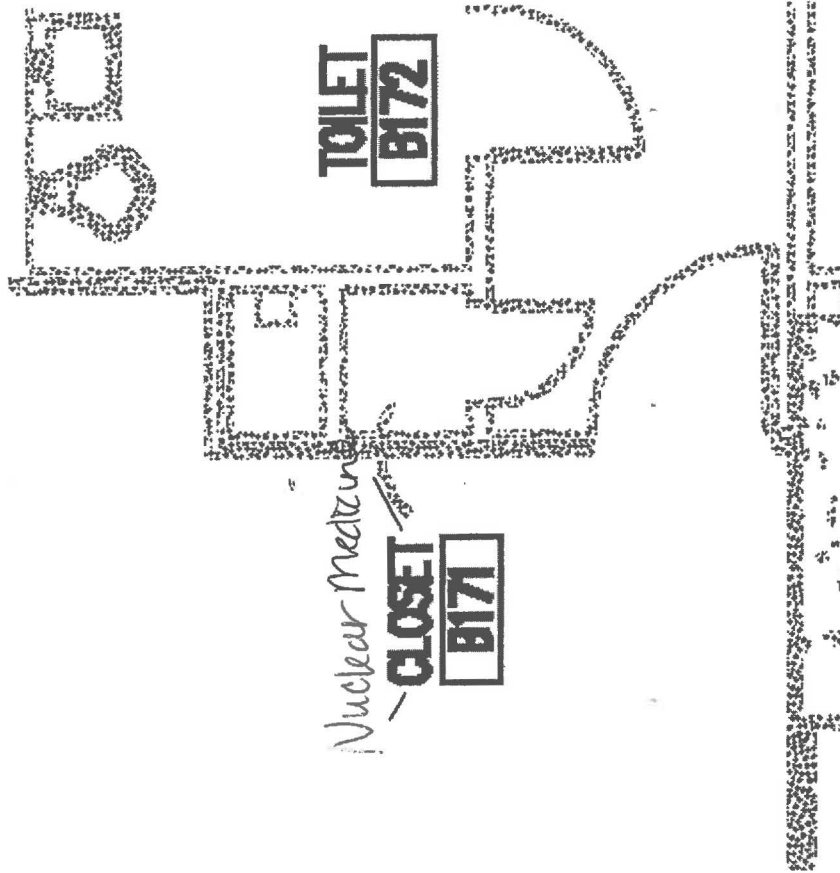
Performed by: Lisa Bosworth

Wipe tests were analyzed with a Captus 3000 wide window setting. Efficiency was 40%. The MDA for Co-57 is 1.7×10^{-5} μ Ci. Survey results are noted on the enclosed sheet. Wipe locations are indicated with a circle around the number and direct survey results are indicated as 0.03-0.02mR/hr.

A direct area/ambient radiation survey was performed with a Ludlum end window GM serial number 173475. Calibration date was 07/10/14. Check source reading was 0.5mR/hr (indicated operating level was 0.5 mR/hr). Background radiation level was observed to be ~0.03mR/hr. Areas surveyed directly floor, shelf, door handle and walls.

The area was visually checked to ensure all radioactive material was removed. The "Caution Radioactive Materials" door posting will be removed on March 13, 2015.

Hospital
Lobby




Intermountain

Cassia Regional
Medical Center
1501 Hiland Ave
Burley, ID 83318

Cassia Regional Medical Center
Medical Imaging
1501 Hiland Ave.
Burley, ID 83318

|||||
Nuclear Materials Licensing Branch
U.S Nuclear Regulatory Commission, Region IV
1600 E. Lamar Boulevard
Arlington, TX 76011-4511

DNMS

RECEIVED
APR - 7 2015

No 586620

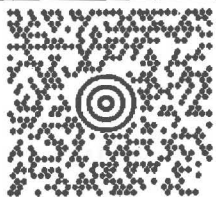
FRANK AREVALOS
208-677-6431
CASSIA REGIONAL
1501 HILAND
BURLEY ID 83318

1 LBS

1 OF 1

SHIP TO:

U.S NUCLEAR REGULATORY COMMISSION
NUCLEAR MATERIALS LICENSING BRANCH
1600 E. LAMAR BOULEVARD
ARLINGTON TX 76011-4511



TX 760 0-01



UPS GROUND

TRACKING #: 1Z 816 030 03 9478 7393



BILLING: P/P

RECEIVED
APR - 7 2015



DNMS



DATE

04/22/2015

NAME AND ADDRESS OF APPLICANT AND/OR LICENSEE

Lisa Boswell, Radiation Safety Officer
Cassia Regional Medical Center
1501 Hiland Avenue
Burley, ID 83318

LICENSE NUMBER

11-27393-01

MAIL CONTROL NUMBER

586620

LICENSING AND/OR TECHNICAL REVIEWER

CH

This is to acknowledge the receipt of your:

☒ LETTER and/or ☐ APPLICATION DATED: 03/10/2015

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

✓ 4/22

BETWEEN:

Accounts Receivable/Payable
and
Regional Licensing Branches

[FOR ARPB USE]
INFORMATION FROM WBL

Program Code: 02121
Status Code: Pending Amendment
Fee Category: 7C
Exp. Date: 08/31/2018
Fee Comments:
Decom Fin Assur Reqd: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: CASSIA REGIONAL MEDICAL CENTER
Received Date: 04/07/2015
Docket Number: 3032333
Mail Control Number: 586620
License Number: 11-27393-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: _____

3. COMMENTS

Signed: _____

Date: _____

Carl L. Hice
4/22/15

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: _____