



RECEIVED
JUL 17 2015
DNMS

June 18, 2015

United States Nuclear Regulatory Commission
Attn: Radioactive Materials Licensing
Region IV
1600 E. Lamar Blvd.
Arlington, TX 76011-4511

Re: License 25-19824-01

Dear Sir or Madam:

I am writing to request an amendment to radioactive materials license (License) 25-19824-01, issued to Sidney Health Center, Sidney, MT. As follows:

1. Please remove License authorization 6.C. authorizing any byproduct materials identified in 10 CFR 31.11 for use in prepackaged kits. We do not use radioactive kits at Sidney Health Center and do not intend to do so in the foreseeable future. Should future medical needs arise that warrant this authorization we will request a License amendment.
2. Please authorize Leszek J. Jaszczak, M.D. as the Radiation Safety Officer (RSO). Dr. Jaszczak is currently an authorized user physician on the License for procedures authorized by 10 CFR 35.100 and 35.200. Provided below is the Delegation of Authority for Dr. Jaszczak.
3. Please remove me as the RSO as I expect to be reducing my association with Sidney Health Center in July 2015.

Please contact me with any questions. I can be reached at 406-489-3687. Additionally, you may reach Mr. Rance Haralson, Nuclear Medicine, at 406-488-2196 or rance@sidneyhealth.org with any questions. Thank you for your continued assistance.

Sincerely,

A handwritten signature in black ink that reads 'G. Faul, MD'.

Gregory B. Faul, M.D.
Radiation Safety Officer

PUBLIC
☐ Immediate Release
☒ Normal Release

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

Reviewer: RLR

Date: 7-21-15



Exceptional Care for Life

(406) 488-2100

(800) 331-7575

Fax: (406) 488-2115

216 14th Ave. SW • Sidney, MT 59270

www.sidneyhealth.org

Delegation of Authority

To: Leszek J. Jaszczak, M.D.
Radiation Safety Officer

From: George Scordalakes, M.D.
Chief of Medical Staff

Subject: Delegation of Authority

You, Leszek J. Jaszczak, M.D., have been appointed Radiation Safety Officer and are responsible for ensuring the safe use of radiation. You are responsible for managing the radiation protection program; identifying radiation protection problems; initiating, recommending, or providing corrective actions; verifying implementation of corrective actions; stopping unsafe activities; and ensuring compliance with regulations. You are hereby delegated the authority necessary to meet those responsibilities, including prohibiting the use of byproduct material by employees who do not meet the necessary requirements and shutting down operations where justified by radiation safety. You are required to notify management if staff do not cooperate and do not address radiation safety issues. In addition, you are free to raise issues with the Nuclear Regulatory Commission at any time. It is expected that you will spend a sufficient number of hours per week conducting radiation protection activities to ensure a radiation safe work environment.

I accept the above responsibilities,

Date 7/13/15


Leszek J. Jaszczak, M.D.
Radiation Safety Officer

Date 7/7/15


George Scordalakes, M.D.
Chief of Medical Staff

Sidney Health Center
C/O NW Radiation Services
11539 Palatine Ave N
Seattle, WA 98133

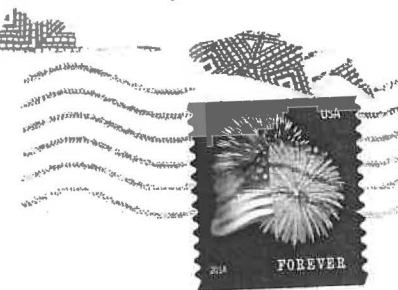


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XXXXXX

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United States Nuclear Regulatory Commission
Attn: Radioactive Materials Licensing
Region IV
1600 E. Lamar Blvd.
Arlington, TX 76001-4511

RECEIVED JUL 17 2015

76011456725



1588378



DATE

07/28/2015

NAME AND ADDRESS OF APPLICANT AND/OR LICENSEE

Gregory B. Faul, M.D.
Radiation Safety Officer
Sidney Health Center
216 14th Avenue Southwest
P.O. Box 1690
Sidney, Montana 59270-1690

LICENSE NUMBER

25-19824-01

MAIL CONTROL NUMBER

588378

LICENSING AND/OR TECHNICAL REVIEWER

CH

This is to acknowledge the receipt of your:

☒ LETTER and/or ☐ APPLICATION DATED: 06/18/2015

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

✓7/28

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: 12/31/2018
Fee Comments: CODE 23
Decom Fin Assur Reqd: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: SIDNEY HEALTH CENTER
Received Date: 07/17/2015
Docket Number: 3019288
Mail Control Number: 588378
License Number: 25-19824-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____

Check No.: _____

3. COMMENTS

Signed: _____

Date: _____

Carl L. Hise
7/28/15

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: _____