



UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION IV
1600 EAST LAMAR BLVD
ARLINGTON, TEXAS 76011-4511

EMAIL



Name: John Wood/James R. Taylor, M.D. License: 49-21004-01
Organization: Riverton Memorial Hospital, LLC Docket: 030-19652
dba SageWest Healthcare Control: 586053
Phone: 216-663-7000/307-856-6530
E-mail Address: j.wood@ampmedicalphysics.com/jtaylor3254@gmail.com
From: Jacqueline D. Cook
Date: August 13, 2015
Subject: Application dated February 11, 2015 for License Renewal
Pages: 2

Mr. Wood/Dr. Taylor:

Per your application dated February 11, 2015, the items on the next page are a request for additional information (deficiency) which require your response. **Please respond to this e-mail by Friday, August 14, 2015. I apologize for the short turnaround time. Please let me know if additional time is needed to submit your response.** Our fax number is (817) 200-1263. You may respond by e-mail in pdf format if you'd like. My email address is Jackie.Cook@nrc.gov. When responding to this e-mail, please include the license, docket and control numbers located at the top of this page.

Thanking you in advance for your cooperation, assistance, and prompt response in this matter.

/RA/

Jacqueline D. Cook
Senior Health Physicist

PUBLIC

☐ Immediate Release
☒ Normal Release

NON-PUBLIC

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

Reviewer: _____

Date: 8/13/15

1. Please submit an updated delegation of authority for Dr. James R. Taylor as Radiation Safety Officer. You can use the model procedure found in Appendix I of NUREG-1556, Vol. 9, Rev. 2 (<http://www.nrc.gov/reading-rm/doc-collections/nuregs/staff/sr1556/v9/r2/>).
2. Please note that currently on your license Dr. Jason E. Brown is authorized for 10 CFR 35.100; 35.200; oral administration of sodium iodide I-131; 31.11; however, your renewal application dated February 11, 2015, Item #7.1 request Dr. Brown be authorized for 35.100; 35.200; 35.300; 31.11.

Please clarify this discrepancy.

If you want Dr. Brown to be authorized for 10 CFR 35.300 material, please submit his training and experience in accordance with 10 CFR 35.390, including NRC Form 313A(aut) ([http://www.nrc.gov/reading-rm/doc-collections/forms/nrc313a\(aut\).pdf](http://www.nrc.gov/reading-rm/doc-collections/forms/nrc313a(aut).pdf)), as appropriate.

3. Please expand your diagram to include the following:
 - A. Scale used;
 - B. Location, room numbers and principal use of each room or area where byproduct material is prepared, used or stored; and
 - C. Location, room numbers, and principal use of each adjacent room, including areas above, beside, and below therapy treatment rooms; indicate whether the room is a restricted or unrestricted area as defined in 10 CFR 20.1003
4. Please submit a description of the instrumentation (e.g., gamma counter, solid state detector, portable or stationary count rate meter, portable or stationary dose rate or exposure rate meter, single or multichannel analyzer, liquid scintillation counter, proportional counter) that will be used to perform required surveys.
5. Please note that Table C.3., Item 9: Other Equipment and Facilities of your renewal application is 2nd block is checked – “Attached is a description, identified as Attachment 9.4, of additional facilities and equipment. We were unable to locate Attachment 9.4.

Please clarify this discrepancy and if appropriate, describe the other equipment and facilities.

PUBLIC

- ☐ Immediate Release
☒ Normal Release

NON-PUBLIC

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

Reviewer: JAC

Date: 8/13/15