



August 17, 2015

Jacqueline D. Cook, Senior Health Pyhysicist  
Nuclear Materials Licensing Section  
U.S. Nuclear Regulatory Commission, Region IV  
1600 E. Lamar Boulevard  
Arlington Texas 76011-4511

RE: License: 49-21004-01  
Docket: 030-19652  
Control: 586053

Dear Ms. Cook,

The attached is in response to your email request for further information regarding the license renewal for License 49-21004-01.

1. A new signed delegation of authority for Dr. Taylor, RSO is attached.
2. The use authorization for Dr. Brown has been corrected. Please see the amended ITEM #7 attached.
3. The room diagram provided in the application is drawn not to scale. The restricted area scan room is approximately 20 X 40 feet. The hot lab is approximately 10 X 12 feet. The bathroom is approximately 10X 12 feet. The nuclear medicine department is located in a single story, ground floor part of the hospital. The restricted area sits on a slab concrete floor and roof above. There are no room numbers associated with each room within the nuclear medicine department. The restricted areas of the nuclear medicine department are surrounded on three sides by hallways that are part of the larger radiology imaging suite. A fourth side is bounded by an electrical/storage room and computer storage room. Access to these two rooms occur very infrequently.

Patient dosing for therapy procedures under 35.300 use occur in the hot lab or scan room. This facility only uses capsule I-131 for hyperthyroid or thyroid ablation procedures.

**PUBLIC**

- ☐ Immediate Release  
☒ Normal Release

**NON-PUBLIC**

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

Reviewer: QMC

Date: 8/21/15

Lander: 1320 Bishop Randall Drive • Lander, WY 82520 • Phone: 307.332.4420  
Riverton: 2100 W. Sunset Drive • Riverton, WY 82501 • Phone: 307.858.4161

www.SageWestHealthCare.com

588756



4. Attached is the instruments used in dose measurement, radiation surveys and contamination wipe tests.

5. Item #9 which identified an item 9.4 attachment was intended to indicate the use a Na(I) well counter for contamination wipes. This instrument is identified in the attachment to question #4 above.

I trust this adequately answers the questions regarding the license renewal application.

Sincerely,

A handwritten signature in black ink, appearing to read "Dr. Taylor", written over a horizontal line.

Dr. Taylor M.D.



**Model Delegation of Authority****Memo To: Radiation Safety Officer****From: Chief Executive Officer****Subject: Delegation of Authority**

You, Dr. Taylor 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 to maintain radiation safety. You are required to notify management if staff does not cooperate and does not address radiation safety issues. In addition, you are free to raise issues with the Nuclear Regulatory Commission at any time. It is estimated that you will spend 1 hours per week conducting radiation protection activities.

Signature of Management Representative Date

I accept the above responsibilities,

Signature of Radiation Safety Officer Date

cc: Affected department heads

**ITEM #7**

**INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM  
AND THEIR TRAINING AND EXPERIENCE**

**ITEM #7.1 - AUTHORIZED USERS FOR MEDICAL USE**

AUTHORIZED USER	AUTHORIZATION
James R. Taylor M.D.	35.100, 35.200, 35.300, 31.11
Jason E. Brown M.D.	35.100, 35.200, oral administration of sodium
	iodide I-131, 31.11

For above physicians, refer to NRC License #49-21004-01 for evidence of training and experience.

**ITEM #7.3 - RADIATION SAFETY OFFICER**

James R. Taylor, M.D.

## ITEM #9

### FACILITIES AND EQUIPMENT

#### ITEM #9.1 - EQUIPMENT

1. Survey Meters

a. Manufacturer's name and model no.: Eberlin or Ludlum (or equivalent)

Number of instruments available: 2

Minimum range: 0 mR/hr to 2.0 mR/hr

Maximum range: 0 mR/hr to 2000 mR/hr

2. Dose Calibrator

a. Manufacturer's name and model no.: Capintec CRC-5 (or equivalent)

Number of instruments available: 1

3. Instruments Used for Diagnostic Procedures

<u>Type of Instrument</u>	<u>Manufacturer's Name</u>	<u>Model No.</u>
Gamma Camera	Sophi - GE SPECT (or equivalent)	

4. Other (e.g., liquid scintillation counter, area monitor, velometer).

<u>Type of Instrument</u>	<u>Manufacturer's Name</u>	<u>Model No.</u>
Well counter	Capintec	Caprac

## ITEM #9

### FACILITIES AND EQUIPMENT

#### SURVEY INSTRUMENT CALIBRATION

Radiation monitoring instruments will be calibrated by a person qualified to perform survey meter calibrations.

#### DOSE CALIBRATOR CALIBRATION

Equipment used to measure dosages will be calibrated in accordance with nationally recognized standards or the manufacturer's instructions.

#### PUBLIC

- ☐ Immediate Release
- ☒ Normal Release

#### NON-PUBLIC

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

Reviewer:                     

Date: 8/20/15

5 8 8 7 5 6

BETWEEN:

Accounts Receivable/Payable  
and  
Regional Licensing Branches

[ FOR ARPB USE ]  
INFORMATION FROM WBL

Program Code: 02120  
Status Code: Pending Amendment  
Fee Category: 7C  
Exp. Date: 03/31/2015  
Fee Comments: CODE 33  
Decom Fin Assur Req: N

## License Fee Worksheet - License Fee Transmittal

### A. REGION

#### 1. APPLICATION ATTACHED

Applicant/Licensee: RIVERTON MEMORIAL HOSPITAL, LLC dba SageWest Healthcare  
Received Date: 09/11/2015  
Docket Number: 3019652  
Mail Control Number: 588756  
License Number: 49-21004-01  
Action Type: Amendment

#### 2. FEE ATTACHED

Amount: \_\_\_\_\_

Check No.: \_\_\_\_\_

#### 3. COMMENTS

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

*Carol L. Hise*  
*9/11/15*

### 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: \_\_\_\_\_



DATE

09/11/2015

NAME AND ADDRESS OF APPLICANT AND/OR LICENSEE

Mr. Derrick Brumfield  
Chief Operations Officer  
Riverton Memorial Hospital, LLC  
dba SageWest Healthcare  
P.O. Box 1280  
Riverton, WY 82501

LICENSE NUMBER

49-21004-01

MAIL CONTROL NUMBER

588756

LICENSING AND/OR TECHNICAL REVIEWER

CH

This is to acknowledge the receipt of your:

☒ LETTER and/or ☐ APPLICATION DATED: 08/17/2015

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

✓ 9/11/15