



St. Peter's Hospital

2475 Broadway • Helena, Montana 59601 • Phone: (406) 442-2480 • www.stpetes.org

RECEIVED
SEP 10 2015

DNMS

September 10, 2015

RE: Amendment of License #25-12453-02

Carol L. Hill, Licensing Assistant
US Nuclear Regulatory Commission Region IV
Nuclear Materials Licensing Branch
1600 E. Lamar Blvd, Arlington, Texas 76011-4511
817-200-1140, 800-952-9677, Carol.Hill@nrc.gov

PUBLIC

- ☐ Immediate Release
☒ Normal Release

NON-PUBLIC

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

Reviewer: RL Date: 9-15-15

Dear Carol Hill:

This is notification of the addition of Christopher M. Gable, M.D. as an authorized user for 35.100 and 35.200 to our license, according to 35.14. Please amend the license to add him as an authorized user.

I have attached Oregon License ORE-90442 where he is authorized for these uses.

Thank you,

Jefferson Fairbanks, PhD
Radiation Safety Officer
fairbanj@slhs.org

588751

PUBLIC HEALTH DIVISION
Center for Health Protection, Radiation Protection Services

John A. Kitzhaber, MD, Governor



800 NE Oregon Street, Suite 640
Portland, OR 97232
Voice 971-673-0490
FAX 971-673-0553
TTY 971-673-0372

August 25, 2014

Sky Lakes Medical Center, Inc.
William Milimuka, M.Sc., ABR, RSO
2865 Daggett Street
Klamath Falls, OR 97601

Reference: License Number **ORE-90442**
Amendment Number **63**
Docket Number **14-0353**

Dear Mr. Milimuka:

Enclosed is the Radioactive Materials License Renewal that you requested. This renewal is issued based on information supplied per application dated July 21, 2014 and email correspondence July 29, 2014, July 30, 2014 and July 31, 2014.

Please review the enclosed document carefully and be sure that you understand all conditions. If there are any errors you may notify this office, (971) 673-0504, so that we can provide appropriate corrections.

Should you have questions concerning this licensing action, please do not hesitate to contact this office.

Sincerely,



Todd Carpenter, Manager
Radioactive Materials Licensing Program
todd.s.carpenter@state.or.us

Enclosure

[If you wish this information in an alternate format, please contact Nancy Curry at (971) 673-0504]

STATE OF OREGON
OREGON HEALTH AUTHORITY
PUBLIC HEALTH DIVISION

Page 1 of 3 Pages
License No. ORE-90442
Amendment Number 63

RADIOACTIVE MATERIALS LICENSE

Pursuant to Section 274 of the Atomic Energy Act of 1954 as amended, Oregon Administrative Rules for the Control of Radiation and in reliance on statements and representations made by the Licensee referred to below. This license is hereby issued authorizing the Licensee to transfer, receive, possess and use radioactive material(s) designated below. This license is subject to all applicable rules, regulations, and orders now in effect by the OHA PUBLIC HEALTH DIVISION and all conditions specified below.

In accordance with renewal application dated July 21, 2014 and email correspondence July 29, 2014, July 30, 2014 and July 31, 2014, Oregon Radioactive Materials License Number ORE-90442 is amended in its entirety to read as follows:

1. Name	Sky Lakes Medical Center, Inc.	3. License Number	ORE-90442
2. Address	2865 Daggett Street Klamath Falls, Oregon 97601	4. Expiration Date	August 31, 2024
		5. License Type	Medical Diagnostic/Therapy

6. Radioactive materials (element and mass number)	7. Chemical and/or physical form	8. Maximum quantity licensee may possess at any one time
A. Radioactive material permitted by OAR 333-116-0300	A. Any	A. As needed.
B. Radioactive material permitted by OAR 333-116-0320	B. Any	B. As needed.
C. Radioactive material permitted by OAR 333-116-0360	C. Any	C. 500 millicuries.
D. Radioactive material permitted by OAR 333-116-0420	D. Sealed sources (IsoRay Model CS-1, also known as 131Cseed; IsoAid Model IAI-125A)	D. 592 millicuries.
E. Fluorine-18	E. Any	E. 1 Curie.

9. Authorized use.

- A. Uptake, dilution, or excretion studies permitted by OAR 333-116-0300.
- B. Imaging or localization studies permitted by OAR 333-116-0320.
- C. Radiopharmaceuticals for therapy permitted by OAR 333-116-0360.
- D. Manual brachytherapy use permitted by OAR 333-116-0420.
- E. Medical use permitted by OAR 333-116-0320 for imaging and localization onboard mobile coach operated by Alliance HealthCare Services (Oregon License Number ORE-91045).

508751

STATE OF OREGON
OREGON HEALTH AUTHORITY
PUBLIC HEALTH DIVISION

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License No. ORE-90442
Amendment Number 63

RADIOACTIVE MATERIALS LICENSE

Continued from Page 1

CONDITIONS

10. A. Licensed radioactive material in Subitems A through D of Items 6, 7 and 8 shall be used or stored only at the following locations:
1. Sky Lakes Medical Center, 2865 Daggett Street, Klamath Falls, Oregon 97601.
 2. Cancer Treatment Center, 2610 Uhrmann Rd., Klamath Falls, Oregon 97601.
- B. Licensed radioactive material in Subitem E of Items 6, 7 and 8 shall be used only on board mobile coach operated by Alliance HealthCare Services (Oregon License Number ORE-91045). The mobile coach shall be located at a designated site, east of Sky Lakes Medical Center.
11. This license is subject to and void without an annual validation certificate. Insofar as the licensee has submitted the proper fee prior to the expiration of a validation certificate, such existing validation certificate shall not expire until the issuance of a new validation certificate for the then current fiscal year.
12. A. The Radiation Safety Officer for the activities authorized by this license is William Milimuka, M.S. ABR.
- B. The Assistant Radiation Safety Officer for the activities authorized by this license is Jeffrey William Chudoba, M.D.
13. A. Licensed radioactive material listed in Item 6 above is authorized for use by, or under the supervision of, the following individuals for the materials and uses indicated:
- | <u>NAME</u> | <u>USE</u> |
|-------------------------------|------------------------|
| William Tamplen, M.D. | Subitems A and B |
| Bradley Alan Kramer, M.D. | Subitems C and D |
| Bretton H. Breazeale, M.D. | Subitems A, B and E |
| Scott M. Allen, M.D. | Subitems A, B and E |
| Christopher M. Gable, M.D. | Subitems A, B and E |
| Jeffrey William Chudoba, M.D. | Subitems A, B, C and E |
- B. Radioactive material described in OAR 333-116-0320 for cardiac imaging may also be used by Joanna B. Narkiewicz-Jodko, M.D., or Rastislav Kucinsky, M.D.
- C. The Authorized Medical Physicist for activities authorized by this license is William Milimuka, M.S., DABR.
- D. PET/CT attenuation corrections, normalization measurements and detector set-up shall be performed by personnel who meet the training and experience requirements in OAR 333-116-0880.

STATE OF OREGON
OREGON HEALTH AUTHORITY
PUBLIC HEALTH DIVISION

Page 3 of 3 Pages
License No. ORE-90442
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RADIOACTIVE MATERIALS LICENSE

Continued from Page 2

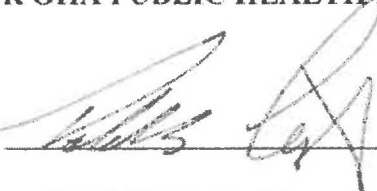
CONDITIONS (cont.)

14. The licensee is authorized to receive, possess and use as reference and calibration sources:
- A. Sealed sources not exceeding 1.11GBq (30 mCi) each;
 - B. Any radioactive material with a half-life of 100 days or less in individual amounts not to exceed 1.11GBq (30 mCi), except Y-90 in individual amounts not to exceed 70 millicuries with maximum possession quantity of 200 millicuries;
 - C. Any radioactive material with a half-life greater than 100 days in individual amounts not to exceed 7.4 MBq (200 μ Ci) each; and
 - D. Technetium-99m in individual amounts not to exceed 75 millicuries.
 - E. Indium-111 in individual amounts not to exceed 8 millicuries with maximum possession quantity of 50 millicuries.
15. Except as specifically provided otherwise in this license, the licensee shall conduct its program in accordance with the statements, representations and procedures contained in the documents, including any enclosures listed below, except for minor changes in medical use radiation safety procedures as provided in OAR 333-116-0370. The Oregon Rules for the Control of Radiation shall govern, unless the statements, representations and procedures in the licensee's application and correspondence are more restrictive than the rules.
- A. Renewal application dated July 21, 2014, signed by Paul R. Stewart, President & CEO.
 - B. Email correspondence dated July 29, 2014, July 30, 2014 and July 31, 2014, from William Milimuka, M.Sc., DABR, Medical Physicist, RSO.

Date: August 25, 2014

FOR OHA PUBLIC HEALTH DIVISION

By


Todd Carpenter, Manager
Radioactive Materials Licensing Program

Hill, Carol

From: Fairbanks, Jeff PhD <fairbanj@slhs.org>
Sent: Thursday, September 10, 2015 10:12 PM
To: Hill, Carol
Subject: [External_Sender] Amendment Request St Peters Hospital Helena Montana
Attachments: St Peters Hospital Amendment Request AU Chris Gable.pdf; Oregon License ORE90442.pdf

Hi Carol, please find the attached amendment request, which is worded as a "notification" per 35.14. I have included a copy of the Oregon license he is listed on.

Thanks,

Jeff

"This message is intended for the use of the person or entity to which it is addressed and may contain information that is confidential or privileged, the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this information is strictly prohibited. If you have received this message by error, please notify us immediately and destroy the related message."



DATE

09/11/2015

NAME AND ADDRESS OF APPLICANT AND/OR LICENSEE

E. Jefferson Fairbanks, Ph.D., Radiation Safety Officer
St. Peter's Hospital
2475 Broadway
Helena, MT 59601

LICENSE NUMBER

25-12453-02

MAIL CONTROL NUMBER

588751

LICENSING AND/OR TECHNICAL REVIEWER

CH

This is to acknowledge the receipt of your:

☒ LETTER and/or ☐ APPLICATION DATED: 09/10/2015

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

✓ 9/11/15

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:
Fee Comments: CODE 23
Decom Fin Assur Req: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: ST. PETER'S HOSPITAL
Received Date: 09/10/2015
Docket Number: 3010917
Mail Control Number: 588751
License Number: 25-12453-02
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: _____