

Hill, Carol

From: Ronald Frick <rfrick@gammacorp.com>
Sent: Tuesday, January 17, 2017 8:11 PM
To: Hill, Carol
Subject: [External_Sender] License Amendment for Kona Community Hospital
Attachments: kona_amendment.pdf

Hi Carol,

I have attached a license amendment application for Kona Community Hospital which changes the RSO to myself.

Please contact me if you need additional information.

Thank you,

Ron Frick

Gamma Corporation

PUBLIC
☐ Immediate Release
☒ Normal Release
NON-PUBLIC
☐ A.3 Sensitive-Security Related
☐ A.7 Sensitive Internal
☐ Other: _____
Reviewer: MTL Date: 1/18/17



January 12, 2017

Nuclear Materials Licensing Branch
U.S. Nuclear Regulatory Commission, Region IV
612 E. Lamar Blvd. Suite 400
Arlington, TX 76011-4125

Subject: License Amendment
NRC License No. 53-27729-01
Docket No. 030-35998

Dear License Reviewer:

We have appointed Ronald Frick, M.S. as our new Radiation Safety Officer. Mr. Frick is certified in Health Physics by the American Board of Health Physics, and is certified in Diagnostic Radiologic Physics by the American Board of Radiology. Copies of these certifications are enclosed. Mr. Frick is also currently listed as Radiation Safety Officer on NRC License No. 53-16929-01 issued to Castle Medical Center. A copy of this license is enclosed.

Please contact Ronald Frick at 808-373-7009 if you require additional information.

Sincerely,

Jay Kruezer, MHA, FACHE
Chief Executive Officer

KONA COMMUNITY HOSPITAL
HAWAII HEALTH SYSTEMS CORPORATION
79-1019 Haukapila Street
Kealahou, HI 96750
(808) 322-9311

No. 592796

No. 592796

American Board of Health Physics

Be it known that

Ronald W. Frick

has satisfactorily met the professional standards established by the

American Board of Health Physics

and is hereby certified in
the comprehensive practice of

HEALTH PHYSICS

and is entitled to be identified as a Diplomate
of the American Board of Health Physics





Chairman



Vice-Chairman

November 1998

Date



Secretary



Chairman, Panel of Examiners

The American Board of Radiology

*Organized through the cooperation of the
American College of Radiology, the American Roentgen Ray Society,
the American Radium Society, the Radiological Society of North America,
the Section on Radiology of the American Medical Association,
the American Society for Therapeutic Radiology and Oncology, the Association of
University Radiologists, and American Association of Physicians in Medicine*

Hereby certifies that

Ronald William Frick, M.D.

*Has pursued an accepted course of graduate study
and clinical work, has met certain standards and qualifications and
has passed the examinations conducted under the authority of*

The American Board of Radiology

On this eleventh day of June, 2002

*Thereby demonstrating to the satisfaction of the Board
that he is qualified to practice the specialty of*

Diagnostic Radiologic Physics



MATERIALS LICENSE

Pursuant to the Atomic Energy Act of 1954, as amended, the Energy Reorganization Act of 1974 (Public Law 93-438), and Title 10, Code of Federal Regulations, Chapter I, Parts 30, 31, 32, 33, 34, 35, 36, 37, 39, 40, 70 and 71, and in reliance on statements and representations heretofore made by the licensee, a license is hereby issued authorizing the licensee to receive, acquire, possess, and transfer byproduct, source, and special nuclear material designated below; to use such material for the purpose(s) and at the place(s) designated below; to deliver or transfer such material to persons authorized to receive it in accordance with the regulations of the applicable Part(s). This license shall be deemed to contain the conditions specified in Section 183 of the Atomic Energy Act of 1954, as amended, and is subject to all applicable rules, regulations, and orders of the Nuclear Regulatory Commission now or hereafter in effect and to any conditions specified below.

<p>Licensee</p> <p>1. Castle Medical Center</p> <p>2. 640 Ulukahiki Street Kailua, Hawaii 96734-4498</p>	<p>In accordance with letter dated January 28, 2016</p> <p>3. License number 53-16929-01 is amended in its entirety to read as follows:</p> <p>4. Expiration date July 31, 2022</p> <p>5. Docket No. 030-11883 Reference No.</p>
<p>6. Byproduct, source, and/or special nuclear material</p> <p>A. Any byproduct material permitted by 10 CFR 35.100</p> <p>B. Any byproduct material permitted by 10 CFR 35.200</p> <p>C. Any byproduct material permitted by 10 CFR 35.300</p>	<p>7. Chemical and/or physical form</p> <p>A. Any</p> <p>B. Any</p> <p>C. Any</p> <p>8. Maximum amount that licensee may possess at any one time under this license</p> <p>A. As needed</p> <p>B. As needed</p> <p>C. 300 millicuries total</p>
<p>9. Authorized use:</p> <p>A. Any uptake, dilution and excretion study permitted by 10 CFR 35.100.</p> <p>B. Any imaging and localization study permitted by 10 CFR 35.200.</p> <p>C. Any use permitted by 10 CFR 35.300.</p>	

CONDITIONS

10. Licensed material may be used and/or stored only at the licensee's facility located at 640 Ulukahiki Street, Kailua, Hawaii (island of Oahu).
11. The Radiation Safety Officer for this license is Ronald W. Frick, M.S.
12. Licensed material is only authorized for use by, or under the supervision of:
- A. Individuals permitted to work as an authorized user and/or authorized nuclear pharmacist in accordance with 10 CFR 35.13 and 35.14.

No. 592796



ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE

Name and Address of Applicant and/or Licensee

Ronald Frick, M.S.
Radiation Safety Officer
Kona Community Hospital
79-1019 Haukapila Street
Kealahou, HI 96750

Date

01/18/2017

License Number(s)

53-27729-01

Mail Control Number(s)

592796

Licensing and/or Technical Reviewer or Branch

CHill

This is to acknowledge receipt of your: ☐ Letter and/or ☒ Application Dated: 01/12/2017

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 complete and submit NRC Form 531, Request for Taxpayer Identification Number, located at the following link: <http://www.nrc.gov/reading-rm/doc-collections/forms/nrc531.pdf>
Follow the instructions on the form for submission.

☐ The following administrative omissions have been identified:

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) 200-1209 or (817) 200-1140

✓ 1/18/17

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: 06/30/2012
Fee Comments:
Decom Fin Assur Req: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: Kona Community Hospital
Received Date: 01/17/2017
Docket Number: 3035998
Mail Control Number: 592796
License Number: 53-27729-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____

Check No.: _____

3. COMMENTS

Signed: _____

Date: _____

Carol B. Heine
1/18/17

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: _____