



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

EMAIL



Name: Dale Schippers License: 53-16533-02
Docket: 030-14522
Organization: The Queen's Medical Center Control: 602216
Phone: 808-691-4884
E-mail Address: dschippers@queens.org
From: Jacqueline D. Cook
Date: February 13, 2018
Subject: Letter dated December 21, 2017 for License Amendment
Pages: 3

Mr. Schippers:

Per your letter dated December 21, 2017, the items on the next page are deficiencies which require your response. **Please respond to this e-mail by Tuesday, February 27, 2018. If you are unable to respond by this date, please suggest an alternate date to respond.** Our fax number is (817) 200-1263. Please provide a response in a signed and dated letter in pdf format when responding via email. 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.

Please note that your amendment request was reviewed using NUREG-1556, Vol. 9, Rev. 2, "Consolidated Guidance About Materials Licenses: Program-Specific Guidance About Medical Use Licenses" dated January 2008.

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: JDC Date: 2/13/18

1. Please note that you are already authorized for the authorized use requested in Item 2 of your letter dated December 21, 2017 (see Items 6.A. through 6.C. of your license).

However, please note that North Hawaii Community Hospital, License No. 53-29099-01 is currently authorized for 10 CFR 31.11 material (see Item 6.D. of their license); however, you did not request this material to be added to The Queen's Medical Center license in the amendment request dated December 21, 2017.

Please explain this discrepancy.

2. Please note that your current license and license conditions have been updated in a new format – web-based licensing (WBL) system. This WBL system requires us to designate maximum possession limits per radioisotopes, source manufacturer and model number(s), including 10 CFR 35.400 material.

Please specify the number of sources you possess (or wish to possess) for the radioisotope, source manufacturer and model number to be listed on the license. In addition, please update Items 6.D., 7.D., and 8.D. of your license, as necessary.

This information is requested because eventually, the WBL system will be a component of an Integrated Source Management Portfolio, allowing vendors to verify authorization via the internet prior to shipping.

3. We could not find a preceptor letter for Penny Leinwander, CHP, who completed section 3.b., 1st row, under supervised work experience of NRC Form 313A (AUS) for Anthony Michaud, MD, PhD, proposed authorized user, and who served as his preceptor.

Please explain this discrepancy.

4. Please note that Kevin M. Weismann, MD is a current authorized user on the North Hawaii Community Hospital license; however, he was not requested to be added to The Queen's Medical Center license in the amendment request dated December 21, 2017.

Please explain this discrepancy.

5.
 - A. Please resubmit the drawing of the location specified in Condition 10.C. of your license (West Oahu Building, Ewa Beach, Hawaii) to provide the location where 10 CFR 35.300 material will be stored.
 - B. The drawing should already include the following:
 - i. Scale used and direction of north;
 - ii. Location, room numbers, and principal use of each room or area where byproduct material is prepared, used or stored;

- iii. Location, room numbers, and principal use of each adjacent room (e.g. office, file, toilet, closet, hallway), 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; and
 - iv. Provide shielding calculations and include information about the type, thickness, and density of any necessary shielding to enable independent verification of shielding calculations.
- D. Please describe the rooms where patients will be housed if they cannot be released under 10 CFR 35.75, including a description of shielding, if applicable.

Please note that drawings and diagrams that provide the exact location of materials or depict specific locations of safety or security equipment should be marked as "security-related information – withhold under 10 CFR 2.390."