



RECEIVED
09/16/2021

2827 Fort Missoula Road
Missoula, MT 59804

TEL (406) 728-4100
www.communitymed.org

From day one.

September 16, 2021

Mail Control Number: 628584
Docket Number : 3014921
License Number : 25-18361-01
Licensee Name : RCHP Billings - Missoula LLC

Carol Hill
Licensing Assistant
U.S. Nuclear Regulatory Commission, Region IV
1600 East Lamar Boulevard
Arlington, Texas 76011-4511

RE: 25-18361-01 License amendment

Carol:

This letter serves as a written request to make the following amendments to our radioactive materials license:

- 1) Remove Dan Dugan, MS, DABR as RSO.
- 2) Add Adam Davis, MS (currently ARSO) as RSO.

If you have any questions, please contact me.

Sincerely,

A handwritten signature in black ink that reads "Dan Dugan".

Dan Dugan, MS, DABR
Radiation Safety Officer
Community Medical Center

Encl.

From: [Adam Davis](#)
To: [Hill, Carol](#)
Subject: [External_Sender] RE: Amendment Request Community Medical Center No.: 25-18361-01
Date: Thursday, September 16, 2021 2:19:00 PM
Attachments: [image005.png](#)
[image003.png](#)
[Amendment Request 2021-09-16.pdf](#)

Good Afternoon Carol,

Please see attached.

Thank you,

Adam Davis, MS

Associate Radiation Safety Officer / Medical Physicist
Community Medical Center
971-401-0575 Phone
503-684-5548 Fax



From day one.

From: Hill, Carol <Carol.Hill@nrc.gov>
Sent: Wednesday, September 15, 2021 10:43 AM
To: Adam Davis <adam@hpnw.com>
Subject: RE: Amendment Request Community Medical Center No.: 25-18361-01

Good Afternoon,

In order to request an amendment to your materials license the request must be dated, on company letterhead and signed by the RSO or a member of management.

Once we receive the letter we can get your requested amendment into the queue for processing.

If you have any questions, please feel free to contact me.

-Carol

Have a Great Day,

Stay safe and remember
the best way to protect yourself
is to wash your hands often
and thoroughly.



Carol L. Hill, Licensing Assistant

Direct: 817-200-1140

Toll Free: 1-800-952-9677

Fax: 817-200-1083

E-mail: Carol.Hill@nrc.gov

US Nuclear Regulatory Commission

1600 E. Lamar Blvd.

Arlington, TX 76011-4511

From: Adam Davis <adam@hpnw.com>

Sent: Wednesday, September 1, 2021 5:55 PM

To: Hill, Carol <Carol.Hill@nrc.gov>

Subject: [External_Sender] Amendment Request Community Medical Center No.: 25-18361-01

Hi Carol,

This email serves as a written request to make the following amendments to our radioactive material license, RCHP Billings – Missoula LLC dba Community Medical Center (License No.: 25-18361-01):

1. Remove Dan C. Dugan, MS as RSO
2. Add Adam Davis, MS as RSO (formerly ARSO)

I also wanted to inquire about the status of the pending license amendment(s) that were submitted to the NRC on March 16, 2021, and July 20, 2021.

If you have questions, please contact me.

Adam Davis, MS

Associate Radiation Safety Officer / Medical Physicist

Community Medical Center

971-401-0575 Phone

503-684-5548 Fax



From day one.



ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE

Name and Address of Applicant and/or Licensee

Mr. Daniel C. Dugan, M.S.
Radiation Safety Officer
RCHP Billings – Missoula LLC
dba Community Medical Center
2827 Fort Missoula Road
Missoula, MT 59804

Date

09/20/2021

License Number(s)

25-18361-01

Mail Control Number(s)

628584

Licensing and/or Technical Reviewer or Branch

C. Hill

This is to acknowledge receipt of your: ☒ Letter and/or ☐ Application Dated: 09/16/2021

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) 200-1103 or (817) 200-1140

Accounts Receivable/Payable and Regional Licensing Branches

Program Code: 02230
Status Code: Pending Amendment
Fee Category: 7C
Exp. Date: 10/31/2023
Fee Comments: CODE 23
Decom Fin Assur Req'd: N

A. REGION

Applicant/Licensee: RCHP Billings - Missoula LLC
Received Date: 09/16/2021
Docket Number: 3014921
Mail Control Number: 628584
License Number: 25-18361-01
Action Type: Amendment

Amount: N/A

Check No.: N/A

Signed: Carol L., Hill

Date: 09/20/2021

1. Fee Category and Amount:

Amendment: _____

Renewal: _____

License:

Signed: _____

Date: _____

Agency: NRC

WBL WORKSHEET

DOCKET NUMBER: 3014921	LICENSE NUMBER: 25-18361-01	STATUS: Pending Amendment
MAIL CONTROL NUMBER: 628584	RECEIPT DATE: 09/16/2021	ACTION TYPE: Amendment
DUE DATE: 12/15/2021	INST. CODE: 18361	LICENSE REGION: Region 4
LICENSE TYPE: 30	ENTITY TYPE: C	LICENSE GROUP: Medical
ISSUE DATE:	ORIGINAL DATE: 08/17/1988	EXPIRATION DATE: 10/31/2023
DECOMMISSIONING CATEGORY: Group 1	LAST ISSUE DATE:	
LICENSEE NAME: RCHP Billings - Missoula LLC	DECOM FIN ASSUR REQD: N SUBM: N	
MAILING ADDRESS LINE1: 2827 Fort Missoula Road	CONT PLAN REQD: N	APPRV: N
MAILING ADDRESS LINE 2:		
CITY: Missoula	STATE: MT	ZIP: 59804
CONTACT PERSON: PREFIX:	FIRST NAME: Kimberly	MIDDLE INITIAL:
LAST NAME: Ryan-O'Hara	SUFFIX: Certified Nuclear Medicine Technologist	
JOB TITLE: Manager, Diagnostic Imaging	PHONE: 406-327-4333, FAX: 406-327-4582	EMAIL: kryanohara@communit
BILLING ADDRESS LINE 1:		
BILLING ADDRESS LINE 2:		
CITY:	STATE: Montana	ZIP:
BILLING CONTACT PERSON: FIRST NAME:	MIDDLE INITIAL:	LAST NAME:
PHONE:	EMAIL:	FAX:
PRIMARY PGM CODE: 02230	SECONDARY PGM CODE: 02120,02240	
INSPECTION REGION: Region 4	PRIORITY: 2	
RSO: PREFIX:	FIRST NAME: Daniel	MIDDLE INITIAL: C. LAST NAME Dugan
SUFFIX: M.S.	RSO JOB TITLE: Radiation Safety Officer	
RSO PHONE: 503-620-6617	RSO FAX: 503-684-5548	RSO EMAIL: dan@hpnw.com
STATES WHERE USE IS AUTHORIZED: 1	0- ALL LISTED STATES 1- SAME AS STATE IN ADDRESS 2- ALL STATES 3- NON-AGREEMENT-STATES	
AUTHORIZED STATES (USE ONLY IF ABOVE IS ZERO):		