

## SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

## 1. LICENSEE/LOCATION INSPECTED:

St. Cloud Hospital  
1406 Sixth Ave North  
St. Cloud, MN 56303

## 2. NRC/REGIONAL OFFICE

US NRC Reg III  
2443 Warrenville Rd  
Suite 210  
Lisle, IL 60532

REPORT 2005 001

## 3. DOCKET NUMBER(S)

03002241

## 4. LICENSEE NUMBER(S)

22-10258-01

## 5. DATE(S) OF INSPECTION

Nov 15, 2005

## LICENSEE:

The inspection was an examination of the activities conducted under your license as they relate to radiation safety and to compliance with the Nuclear Regulatory Commission (NRC) rules and regulations and the conditions of your license. The inspection consisted of selective examinations of procedures and representative records, interviews with personnel, and observations by the inspector. The inspection findings are as follows:

- ☒ 1. Based on the inspection findings, no violations were identified.
- ☐ 2. Previous violation(s) closed.
- ☐ 3. The violation(s), specifically described to you by the inspector as non-cited violations, are not being cited because they were self-identified, non-repetitive, and corrective action was or is being taken, and the remaining criteria in the NRC Enforcement Policy, NUREG-1600, to exercise discretion, were satisfied.

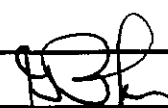
\_\_\_\_\_ Non-Cited Violation(s) was/were discussed involving the following requirement(s) and Corrective Action(s):

- ☐ 4. During this inspection certain of your activities, as described below and/or attached, were in violation of NRC requirements and are being cited. This form is a NOTICE OF VIOLATION, which may be subject to posting in accordance with 10 CFR 19.11.

(Violations and Corrective Actions)

## Licensee's Statement of Corrective Actions for Item 4, above.

I hereby state that, within 30 days, the actions described by me to the inspector will be taken to correct the violations identified. This statement of corrective actions is made in accordance with the requirements of 10 CFR 2.201 (corrective steps already taken, corrective steps which will be taken, date when full compliance will be achieved). I understand that no further written response to NRC will be required, unless specifically requested.

Title	Printed Name	Signature	Date
LICENSEE'S REPRESENTATIVE			
NRC INSPECTOR	G. Parker		Nov 15, 2005

**Docket File Information**  
**SAFETY INSPECTION REPORT**  
**AND COMPLIANCE INSPECTION**



<b>1. LICENSEE</b> <b>St. Cloud Hospital</b> REPORT NUMBER(S) <b>2005-001</b>		<b>2. NRC/REGIONAL OFFICE</b> Region III 2443 Warrenville Road Lisle, IL 60532	
<b>3. DOCKET NUMBER(S)</b> <b>030-02241</b>	<b>4. LICENSE NUMBER(S)</b> <b>22-10258-01</b>	<b>5. DATE(S) OF INSPECTION</b> <b>11/15/05</b>	
<b>6. INSPECTION PROCEDURES USED</b> <b>87131</b>	<b>7. INSPECTION FOCUS AREAS</b> <b>03.01-03.07</b>		
<b>SUPPLEMENTAL INSPECTION INFORMATION</b>			
<b>1. PROGRAM CODE(S)</b> <b>2240</b>	<b>2. PRIORITY</b> <b>2</b>	<b>3. LICENSEE CONTACT</b> <b>William Salk</b>	<b>4. TELEPHONE NUMBER</b> <b>320/685-7646</b>
<input checked="" type="checkbox"/> <b>Main Office Inspection</b>		<b>Next Inspection Date:</b> <u>11/2007</u>	
<input type="checkbox"/> <b>Field Office</b>		_____	
<input type="checkbox"/> <b>Temporary Job Site</b>		_____	

**PROGRAM SCOPE**

Licensee is a large hospital located in St. Cloud, Minnesota. Licensee has a large nuclear medicine program with four techs performing approximately 12 procedures per day. Licensee is currently authorized for IVB but is in the process of shipping its sources back to the manufacturer. Licensee does perform iodine treatments at the rate of approximately two per week.

**Performance Observations**

The inspector toured the facilities and interviewed authorized users/staff members. Each appeared knowledgeable in radiation safety and isotope handling techniques. Package receipt procedures were demonstrated for the inspector as well as rad waste handling practices. Independent surveys by the inspector did not detect any abnormal reading and were within the expected range.

The inspector reviewed the written directives for iodine treatments. Inspector observed the administration of an iodine capsule to a patient. All procedures were followed and the written directive was reflective of the treatment given.

No abnormalities were observed.