NRC FORM 591M PART 1 (10-2003) 10 CFR 2.201

U.S. NUCLEAR REGULATORY COMMISSION

SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE/LOCATION INSPECTED:	2. NRC/REGIONAL OFFICE
Hurley Medical Center One Hurley Plaza Flint, Michigan 48503 REPORT 2006-001	REGION III US NUCLEAR REGULATORY COMMISSION 2443 WARRENVILLE ROAD, SUITE 210 LISLE, ILLINOIS 60532

3. DOCKET NUMBER(S)	4. LICENSEE NUMBER(S)	5. DATE(S) OF INSPECTION
030-01993	21-00338-02	August 2-3, 2006

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	Geoffrey M. Warren		8/3/06

NRC FORM 591M PART 3
(10-2003)
10 CFR 2.201

U.S. NUCLEAR REGULATORY COMMISSION

Docket File Information

SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE	2. NRC/REGIONAL OFFICE
Hurley Medical Center REPORT NUMBER(S) 2006-001	**Region III**

3. DOCKET NUMBER(S)	4. LICENSE NUMBER(S)	5. DATE(S) OF INSPECTION
030-01993	21-00338-02	August 2 - 3, 2006

6. INSPECTION PROCEDURES USED	7. INSPECTION FOCUS AREAS
87131, 87132	03.01 - 03.07, 03.01 - 03.07

SUPPLEMENTAL INSPECTION INFORMATION

1. PROGRAM CODE(S)	2. PRIORITY	3. LICENSEE CONTACT	4. TELEPHONE NUMBER
02240	2	Appa Rao Mukkamala, M.D., RSO	810-257-9037

[X] Main Office Inspection — Next Inspection Date: **August 2008**

[ ] Field Office _____

[ ] Temporary Job Site _____

PROGRAM SCOPE

The licensee was a 350-bed hospital located in Flint, Michigan, which served the local county and surrounding area. Licensee had authorization to use byproduct materials under Sections 35.100, 35.200, 35.300, and 35.400. Licensee also possessed and operated a blood irradiator. While authorized for iodine-125 as Iotrex for GliaSite therapy under Section 35.1000, the licensee had not performed any procedures using that therapy.

The nuclear medicine department was staffed with four full-time technologists. The licensee's nuclear medicine staff typically administered 160 diagnostic procedures monthly. Doses were primarily technetium-99m for cardiac, bone, and other studies. In addition, licensee performed studies using xenon-133, iodine-125, and other diagnostic isotopes. Doses were received as unit doses from a licensed radiopharmacy or prepared from bulk technetium-99m. Licensee performed about four hyperthyroid therapies and one thyroid cancer treatment annually with iodine-131 in capsule form. All waste was held for decay in storage or returned to the radiopharmacy.

The radiation therapy staff consisted of one oncologist, two physicians, and two dosimetrists from an area oncology clinic. Under this license, the staff performed around three iodine-125 permanent seed implants annually at the hospital.

Performance Observations

The inspector observed two diagnostic administrations of licensed material, including dose preparation, administration, and disposal. The inspector identified no concerns with the administrations. Licensee personnel demonstrated dose calibrator constancy, package receipt, survey meter checks, wipe counter checks, daily and weekly contamination surveys, and operation of the blood irradiator. In addition, licensee personnel explained procedures for hyperthyroid and thyroid ablation therapies, temporary seed implants, and GliaSite therapies. The inspector found no issues with these procedures. The inspector reviewed written directives for radiopharmaceutical and seed therapies, and identified no issues. Interviews with licensee staff indicated adequate knowledge of radiation safety procedures and concepts. Surveys indicated radiation levels consistent with licensee records and postings.

8/15/06