

# RI - DNMS Licensee Event Report Disposition

Licensee: Yale-New Haven Hospital  
 Event Description: Radiation Alarm at Waste Facility  
 License No: 0600816-03 Docket No: 03001244 MLEP-RI: 2006-033  
 Event Date: 07/14/06 Report Date: 07/14/06 HQ Ops Event #: 2006-033

## 1. REPORTING REQUIREMENT

<input type="checkbox"/>	10 CFR 20.1906 Package Contamination	<input type="checkbox"/>	10 CFR 30.50 Report
<input checked="" type="checkbox"/>	10 CFR 20.2201 Theft or Loss	<input type="checkbox"/>	10 CFR 35.3045 Medical Event
<input type="checkbox"/>	10 CFR 20.2203 30 Day Report	<input type="checkbox"/>	License Condition
<input checked="" type="checkbox"/>	Other: <u>Not reportable for patients released, Possible violation of 20.2201 for I-131</u>		

## 2. REGION I RESPONSE

<input type="checkbox"/>	Immediate Site Inspection	Inspector/Date	<u>R. McKinley 3-15-06</u>
<input type="checkbox"/>	Special Inspection	Inspector/Date	<u>W. Lee 4-6-06</u>
<input checked="" type="checkbox"/>	Telephone Inquiry	Inspector/Date	<u>P. Lianzera 7-14-06</u>
<input type="checkbox"/>	Preliminary Notification/Report	<input type="checkbox"/>	Daily Report
<input type="checkbox"/>	Information Entered in RI Log	<input type="checkbox"/>	Review at Next Inspection
<input type="checkbox"/>	Report Referred To:	<u></u>	

## 3. REPORT EVALUATION

<input checked="" type="checkbox"/>	Description of Event	<input type="checkbox"/>	Corrective Actions
<input checked="" type="checkbox"/>	Levels of RAM Involved	<input type="checkbox"/>	Calculations Adequate
<input type="checkbox"/>	Cause of Event - <u>determine at inspection</u>	<input type="checkbox"/>	Additional Information Requested from Licensee

3 Determine at on-site inspection.

## 4. MANAGEMENT DIRECTIVE 8.3 EVALUATION

N/A

<input type="checkbox"/>	Release w/Exposure > Limits	<input type="checkbox"/>	Deliberate Misuse w/Exposure > Limits
<input type="checkbox"/>	Repeated Inadequate Control	<input type="checkbox"/>	Pkging Failure > 10 rads/hr or Contamination > 1000x Limits
<input type="checkbox"/>	Exposure 5x Limits	<input type="checkbox"/>	Large # Indivs w/Exp > Limits or Medical Deterministic Effects
<input type="checkbox"/>	Potential Fatality	<input type="checkbox"/>	Unique Circumstances or Safeguards Concerns
<input type="checkbox"/>	If any of the above are involved:	<input type="checkbox"/>	Considered Need for ALT
<input type="checkbox"/>	Considered Need for IIT	<input type="checkbox"/>	Considered Need for ALT
<input type="checkbox"/>	Decision/Made By/Date:	<u></u>	

## 5. MANAGEMENT DIRECTIVE 8.10 EVALUATION (additional evaluation for medical events only)

N/A

<input type="checkbox"/>	Timeliness - Inspection Meets Requirements (5 days for overdose / 10 days for underdose)
<input type="checkbox"/>	Medical Consultant Used Name of Consultant/Date of Report
<input type="checkbox"/>	Medical Consultant Determined Event Directly Contributed to Fatality
<input type="checkbox"/>	Device Failure with Possible Adverse Generic Implications
<input type="checkbox"/>	HQ or Contractor Support Required to Evaluate Consequences

## 6. SPECIAL INSTRUCTIONS OR COMMENTS

☐ Non-Public

☒ Public - SUSP REVIEW COMPLETE  
SUSP

Inspector Signature: [Signature]

Branch Chief Initials: [Signature]

Date: 7-28-06

Date: 8/31/06

Location of File: G:\Reference\Blank Forms\LER FORM.wpd

Rev. 02/25/05

**U.S. NUCLEAR REGULATORY COMMISSION**

Date: 7-14-06

**TELEPHONE CONVERSATION RECORD**

Time: 3:45 pm

Mail Control Na  
or Report No(s).

License No(s). 06-00816-03

Docket No(s). 030-01244

Name of Licensee: Yale-New Haven Hospital

Name of Participant(s): Michael Bohan, RSO

Telephone No. 203-688-2950

Subject: Trigger of Radiation Alarm at Waste Facility

(NOTE: This will be used as the  
Documents Title in ADAMS)

Summary: Region 1 was notified by the Connecticut Department of Environmental Protection (through Marjorie McLaughlin) that waste from Yale-New Haven Hospital had triggered a radiation alarm at an waste incinerator in Bridgeport, CT. The delivery was reported as measuring 1 mR/hour and as containing technetium-99m.

According to Mr. Bohan:

- 1) the licensee was notified and the waste returned to Yale.
- 2) the waste most likely contained Tc-99m, as confirmed by background dose rates the next day. The material was probably from inpatient contaminated waste (e.g., diapers).
- 3) the dose rate from the bags measured 0.03 mR/hr with an ion chamber on contact. After confirmation that at background the next day, the waste was re-sent to the waste facility, with no problems noted.

Action Required: Review at next inspection.

Document Availability: ☒ Publicly Available ☐ Non-Publicly Available☒ Non-Sensitive ☐ Non-Sensitive Copyright ☐ Sensitive ☐ Sensitive Copyright☐ Immediate Release ☐ Normal Release ☐ Delay Release Date

Prepared &amp; SUNSI Review Completed By:

/ RA / Date: