

(10-2003)
10 CFR 2.201

SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE/LOCATION INSPECTED: Clark Memorial Hospital 1220 Missouri Avenue Jeffersonville, Indiana		2. NRC/REGIONAL OFFICE REGION III US NUCLEAR REGULATORY COMMISSION 2443 WARRENVILLE ROAD, SUITE 210 LISLE, ILLINOIS 60532	
REPORT 2007-001			
3. DOCKET NUMBER(S) 030-01658	4. LICENSEE NUMBER(S) 13-12367-01	5. DATE(S) OF INSPECTION August 6, 2007	

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		8/6/07

**Docket File Information
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AND COMPLIANCE INSPECTION**

1. LICENSEE Clark Memorial Hospital REPORT NUMBER(S) 2007-001		2. NRC/REGIONAL OFFICE Region III	
3. DOCKET NUMBER(S) 030-01658	4. LICENSE NUMBER(S) 13-12367-01	5. DATE(S) OF INSPECTION August 6, 2007	
6. INSPECTION PROCEDURES USED 87131, 87132	7. INSPECTION FOCUS AREAS 03.01 - 03.08; 03.01 - 03.08		
SUPPLEMENTAL INSPECTION INFORMATION			
1. PROGRAM CODE(S) 02120	2. PRIORITY 3	3. LICENSEE CONTACT Michael M. Tate, M.D., RSO	4. TELEPHONE NUMBER 812-283-2313

<input checked="" type="checkbox"/> Main Office Inspection	Next Inspection Date: August 2010
<input type="checkbox"/> Field Office	
<input type="checkbox"/> Temporary Job Site	

PROGRAM SCOPE

The licensee was a 240-bed hospital located in Jeffersonville, Indiana, which served the county and surrounding area. Licensee had authorization to use byproduct materials under Sections 35.100, 35.200, 35.300, and 35.400. Licensed activities were conducted only at the facility identified on the license.

The nuclear medicine department was staffed with three full-time nuclear medicine technologists. The licensee's nuclear medicine staff typically administered 500 diagnostic doses monthly in the nuclear medicine area. Doses were primarily technetium-99m for cardiac, hepatobiliary, and other studies. The licensee also performed approximately 12 therapy procedures using iodine-131 and three using samarium-153. Iodine therapy procedures were limited to hyperthyroid treatments under 30 mCi, with the iodine-131 in capsule form. Doses were received as unit doses from a licensed radiopharmacy. All waste was held for decay-in-storage (DIS) or returned to the radiopharmacy.

Radiation oncology procedures were performed by an outside medical group which performed the procedures at the licensee's facility. Records concerning the procedures were maintained at the licensee's facility. The outside medical group staff included two oncologists, one physicist, and one dosimetrist. They typically performed around four prostate implants annually using iodine-125 and palladium-103 seeds. The seeds were delivered to nuclear medicine.

Performance Observations

The inspector was unable to observe any diagnostic administrations of licensed material. Licensee personnel demonstrated package receipt and return surveys, survey meter QC, dose calibrator constancy tests, dose preparation, administration, and disposal, as well as waste disposal surveys and daily and weekly contamination surveys, and explained procedures for radiopharmaceutical therapies and seed implants. The inspector found no concerns with these activities. The inspector reviewed written directives for iodine-131 radiopharmaceutical therapies and permanent seed implants, and found no issues. Interviews with licensee staff indicated adequate knowledge of radiation safety procedures. Radiation surveys indicated radiation levels consistent with licensee survey records.