

SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE/LOCATION INSPECTED:

Edward W. Sparrow Hospital
1215 E. Michigan Ave.
Lansing, Michigan 48909

REPORT NUMBER(S) 14-01

2. NRC/REGIONAL OFFICE

Region III
U. S. Nuclear Regulatory Commission
2443 Warrenton Road, Suite 210
Lisle, IL 60532-4352

3. DOCKET NUMBER(S)

030-02009

4. LICENSE NUMBER(S)

21-01430-01

5. DATE(S) OF INSPECTION

January 14-16, 2014

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. 1R 03002009/11-02 (DNMS)
- ☐ 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, to exercise discretion, were satisfied.

Non-cited violation(s) were discussed involving the following requirement(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 in accordance with NRC Enforcement Policy. This form is a NOTICE OF VIOLATION, which may be subject to posting in accordance with 10 CFR 19.11.
(Violations and Corrective Actions)

Statement of Corrective Actions

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	Andrew M. Bramnik	<i>Andrew M. Bramnik</i>	1/16/2014
BRANCH CHIEF	<i>Andrew T. McGraw</i>	<i>[Signature]</i>	1/27/14

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

1. LICENSEE/LOCATION INSPECTED:

Edward W. Sparrow Hospital
1215 E. Michigan Ave.
Lansing, Michigan 48909

REPORT NUMBER(S) 14-01

2. NRC/REGIONAL OFFICE

Region III
U. S. Nuclear Regulatory Commission
2443 Warrenville Road, Suite 210
Lisle, IL 60532-4352

3. DOCKET NUMBER(S)

030-02009

4. LICENSE NUMBER(S)

21-01430-01

5. DATE(S) OF INSPECTION

January 14-16, 2014

6. INSPECTION PROCEDURES USED

87132

7. INSPECTION FOCUS AREAS

03.01 - 03.07

SUPPLEMENTAL INSPECTION INFORMATION

1. PROGRAM CODE(S)

02230

2. PRIORITY

2

3. LICENSEE CONTACT

Martin Johnson, RSO

4. TELEPHONE NUMBER

(517) 364-0577

☒ Main Office Inspection

Next Inspection Date: 01/16/2016

☒ Field Office Inspection Professional Building: 1200 E. Michigan Ave☐ Temporary Job Site Inspection**PROGRAM SCOPE**

This was a routine inspection of a 460 bed hospital that was authorized to use byproduct materials in 10 CFR 35.100, 35.200, 35.300, 35.400, and 35.600. At the time of the inspection, the licensee was evaluating adding a program to use I-125 seed implants to localize non-palpable breast lesions under 10 CFR 35.1000. The radiation oncology staff of three physicists and eight radiation therapists had conducted 20 prostate permanent seed implant procedures using I-125 since the previous inspection. The licensee treated approximately 50 patients per year for breast and gynecological cancer using Ir-192 in an HDR unit. The cancer center performed approximately 50 thyroid ablations per year using I-131, including one liquid administration since the previous inspection. The nuclear medicine department staff of 10 technologists conducted approximately 12 diagnostic administrations in addition to approximately 5 cardiac studies per day. The licensee also utilized a self-shielded irradiator for irradiation of blood products. The licensee moved approximately 18,000 units of blood per year and irradiated approximately 20% of that total.

PERFORMANCE OBSERVATIONS

The inspector observed one diagnostic administration and one HDR treatment during the inspection. These observations, combined with interviews of available staff, revealed an adequate level of understanding of emergency and material handling procedures and techniques. Within each functional area, the licensee successfully demonstrated routine equipment QA/QC checks, package receipt, area surveys, and waste handling and disposal procedures. Contract physicists performed quarterly audits to help oversee the nuclear medicine program. The RSO conducted quarterly audits of activities conducted in the cancer center. The inspector confirmed that these activities were successfully and routinely completed by reviewing selected records. The inspector also reviewed selected records for I-131, manual brachytherapy, and HDR administrations since the previous inspection. The licensee maintained adequate records and procedures to demonstrate that each administration was in accordance with the written directive.

Licensed material was adequately secured and not readily accessible to members of the general public. The licensee's survey meters were calibrated, operational, and performed comparably to an NRC survey meter during side-by-side measurements. The inspector's independent and confirmatory radiation measurements in each functional area were consistent with licensee survey records. Personal whole body and extremity dosimetry badges were observed being worn by the staff during the inspection, and records did not indicate doses in excess of 10 CFR Part 20 limits.