

SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE/LOCATION INSPECTED:

Poplar Bluff Regional Medical Center
Radiology
3100 Oak Grove Road
Poplar Bluff, MO 63901

REPORT NUMBER(S) 15-001

2. NRC/REGIONAL OFFICE

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

3. DOCKET NUMBER(S)

030-11417

4. LICENSE NUMBER(S)

24-16652-01

5. DATE(S) OF INSPECTION

5
August 2015

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, 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	Zahid Sulaiman	<i>Zahid Sulaiman</i>	5/8/2015
BRANCH CHIEF	Aaron T. McCraw	<i>[Signature]</i>	Aug 5, 2015

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4 August 2015

(Continued)

Docket File Information

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August 4-5, 2015

6. INSPECTION PROCEDURES USED

87131 and 87132

7. INSPECTION FOCUS AREAS

03.01-03.07

SUPPLEMENTAL INSPECTION INFORMATION

1. PROGRAM CODE(S)

03620

2. PRIORITY

3

3. LICENSEE CONTACT

Jim Smith, RSO

4. TELEPHONE NUMBER

(901) 262-7117

☒ Main Office Inspection

Next Inspection Date: 08/03/2018

☒ Field Office Inspection 2620 N. Westwood Boulevard, Poplar Bluff☐ Temporary Job Site Inspection

PROGRAM SCOPE

This was a routine inspection of a large regional medical center, with 250 beds, authorized under NRC license to use byproduct materials for medical uses permitted by 10 CFR 35.100, 35.200, 35.300, and 35.400 at three locations as specified on the license. The nuclear medicine department was staffed with two full-time nuclear medicine technologists (NMT) who performed approximately 180+ diagnostic nuclear medicine procedures monthly. Doses were primarily technetium 99m for cardiac, bone scan, lung, brain, renal, gastric emptying and other studies. The licensee received unit doses from a licensed radiopharmacy. The licensee received a Moly/Tc-99 generator weekly for on call/STAT doses. The licensee had not conducted any iodine-131 therapy procedure since last inspection. The adjacent Cardiovascular Clinic (CVC) was authorized for 35.100 and 35.200 procedures only. The CVC had one full-time NMT who performed approximately 110+ diagnostic nuclear medicine procedure monthly. They receive unit doses, which is delivered to main hospital. At the 2620 N. Westwood Boulevard location (Cancer Treatment Center), the licensee was authorized for 35.100, 35.200, 35.300, and 35.400. The licensee has not performed any brachytherapy treatment since 2013. One brachytherapy authorized user retired in 2013 and other left in March 2014. As of the inspection, the licensee did not have a brachytherapy authorized user. The licensee still possessed its cesium-137 sources and kept them in storage at this facility. The licensee was considering updating its license since no iodine-131 therapy or brachytherapy has been performed since 2013.

Performance Observations:

The inspector: (1) observed NMTs conduct physical inventories of sealed sources, and all sources were accounted for; (2) had the NMTs demonstrate dose calibrator constancy checks and radioactive material package receipt and check-in procedures; (3) had the NMTs demonstrate the end-of-day daily and weekly area surveys; (4) had the NMTs demonstrate proper handling of radioactive waste for decay-in-storage; (5) had an NMT demonstrate Moly/Tc-99 generator receiving and check-in procedures (6) reviewed 1 gynecological and 4 prostate written directives and treatment plans with no issues noted; (7) reviewed annual radiation safety program audits, radiation safety committee minutes, and records for survey instrument calibrations, leak tests, and dose calibrator linearity, accuracy, and geometry test; (8) reviewed dosimetry records for 2012, 2013, & 2014, indicating the maximum annual doses to be 486 mrem whole body and 5340 mrem extremity; and (9) performed independent radiation measurements of the hot lab, imaging room, and decay in storage areas, which were consistent with licensee surveys result. No violations of NRC regulatory requirements were identified during this inspection.