

SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE/LOCATION INSPECTED:

Franciscan St. Anthony Health - Crown Point
1201 South Main Street
Crown Point, Indiana 46307

2. NRC/REGIONAL OFFICE

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

REPORT NUMBER(S) 2016-001

3. DOCKET NUMBER(S)

030-10047

4. LICENSE NUMBER(S)

13-15933-01

5. DATE(S) OF INSPECTION

6/24/16

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. From IR 13-01
- ☐ 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.

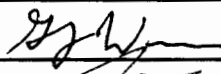
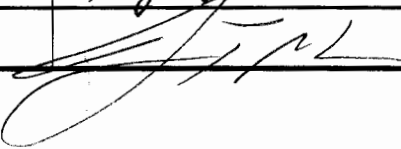
Non-cited violation(s) were discussed involving the following requirement(s):

- ☐ 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	Geoffrey M. Warren		6/24/16
BRANCH CHIEF	Aaron T. McCraw		6/30/16

(07-2012)
10 CFR 2.201**Docket File Information****SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION**

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June 24, 2016

6. INSPECTION PROCEDURES USED

87131, 87132

7. INSPECTION FOCUS AREAS

03.01 - 03.09, 03.01 - 03.09

SUPPLEMENTAL INSPECTION INFORMATION

1. PROGRAM CODE(S)

02120

2. PRIORITY

3

3. LICENSEE CONTACT

Frank Godlewski, M.S., RSO

4. TELEPHONE NUMBER

(219) 738-2100

☒ Main Office Inspection

Next Inspection Date: June 24, 2019

☐ Field Office Inspection☐ Temporary Job Site Inspection**PROGRAM SCOPE**

This was a routine, unannounced, inspection. The licensee was a 220-bed hospital located in Crown Point, Indiana, with authorization to use byproduct materials in Sections 35.100, 35.200, 35.300, and 35.400. Licensed activities were conducted only at the facility identified on the license. The licensee was starting to build a new hospital near I-65, was expecting to move in around two years, and was aware that they will need a license amendment for the facility.

The nuclear medicine department was staffed with two full-time and one part-time nuclear medicine technologists. The technologists typically administered 350 diagnostic doses monthly and five iodine-131 therapy doses annually, and have performed one radium-223 chloride therapy procedure. The diagnostic procedures included a variety of imaging and uptake studies, with doses received as unit doses or prepared from bulk technetium-99m. Iodine-131 doses were received as capsules. All doses were received from a licensed nuclear pharmacy.

The radiation oncology department was staffed with one physician authorized user, three medical physicists, and one dosimetrist. The oncology staff have performed four permanent prostate implant procedures using iodine-125 seeds and five temporary gynecological therapy procedures using cesium-137 seeds since the last inspection. The licensee possesses a strontium-90 eye applicator but has not used it since well before the previous inspection.

Performance Observations: The inspector observed two diagnostic administrations of licensed materials, including dose preparation and disposal. Licensee staff demonstrated morning checks in nuclear medicine and package receipt surveys and wipes; and described daily and weekly contamination surveys, use of kits to prepare doses, and procedures for a variety of diagnostic and therapeutic procedures. The inspector noted no concerns with these activities. The inspector reviewed written directives for radiopharmaceutical therapies and brachytherapy procedures, and identified no concerns. Interviews with licensee personnel indicated adequate knowledge of radiation safety concepts and procedures. Review of dosimetry records indicated no exposures of regulatory concern. Radiation safety committee minutes showed good attendance and discussion of appropriate topics. The inspector performed independent and confirmatory radiation measurements which indicated results consistent with licensee survey records and postings.

(continued on Part 2)

(07-2012)
10 CFR 2.201

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(Continued)

During the previous inspection, the licensee was cited for (1) the failure to provide timely DOT Hazmat training to appropriate staff and (2) the failure to review the content and implementation of the radiation safety program at least annually. For both of these, the licensee completed corrective actions as described and is tracking them to ensure that the violations do not recur. The next round of DOT Hazmat training has begun, and the RSO has performed program reviews annually since the last inspection. Based on this, both violations are closed.

No violations were identified during this inspection.