

## SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

## 1. LICENSEE/LOCATION INSPECTED:

The Community Hospital  
901 MacArthur Boulevard  
Munster, IN 46321

REPORT NUMBER(S) 2016001

## 2. NRC/REGIONAL OFFICE

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

## 3. DOCKET NUMBER(S)

030-09964

## 4. LICENSE NUMBER(S)

13-15882-01

## 5. DATE(S) OF INSPECTION

Oct. 17, 2016

## 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:

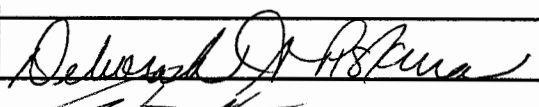

- ☒ 1. Based on the inspection findings, no violations were identified.
- ☐ 2. Previous violation(s) closed.
- ☐ 3. The violation(s), specifically described to you by the inspector as non-cited violations, are not being cited because they were self-identified, non-repetitive, and corrective action was 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	Deborah A. Piskura, Senior Health Physicist		10/17/16
BRANCH CHIEF	Aaron T. McCraw, Chief, MIB		11/1/16

**Docket File Information**

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6. INSPECTION PROCEDURES USED

87130, 87131, & 87132

7. INSPECTION FOCUS AREAS

03.01 - 03.07

**SUPPLEMENTAL INSPECTION INFORMATION**

1. PROGRAM CODE(S)

02240

2. PRIORITY

2

3. LICENSEE CONTACT

Santosh K. Kar, M.S., RSO

4. TELEPHONE NUMBER

(219) 836-7351

- ☒ Main Office Inspection      Next Inspection Date: Oct. 17, 2018
- ☒ Field Office Inspection      801 MacArthur Blvd, Munster, IN
- ☐ Temporary Job Site Inspection \_\_\_\_\_

**PROGRAM SCOPE**

This was a routine inspection of a large community hospital authorized to use licensed material permitted by 10 CFR 35.100 and 35.200, 35.300, 35.400, iridium-192 (Ir-192) in an HDR unit, and yttrium-90 (Y-90) microspheres. The licensee conducted licensed activities at four locations. The licensee employed a dedicated full-time RSO. Collectively, the nuclear medicine departments were staffed with 9 full-time technologists who performed approximately 700 diagnostic procedures monthly. The department administered numerous iodine-131 (I-131) dosages (capsules only) for whole body followup studies and hyperthyroid treatments. The licensee received unit doses and bulk technetium-99m (Tc-99m) for imaging studies and I-131 therapy capsules from a licensed radiopharmacy.

The radiation oncology department was staffed with three AMPs, two dosimetrists, and three AUs. The licensee administered approximately 8-10 patient cases annually utilizing its HDR. These treatments were for GYN cancer cases. All HDR patient treatments were administered by the attending radiation oncologist and the AMP. The licensee maintained an inventory of cesium-137 tube sources in secured storage; these sources had not be used for several years. Occasionally, the licensee performed permanent prostate implants (2-3 cases/year). The department administered all radiopharmaceutical treatments for cancers including; 5-7 Y-90 SIRSpheres treatments/year; 2-3 Xofigo cases/year; 12-15 I-131 cancer treatments/year; and 1-2 Zevalin treatments/year.

This inspection consisted of interviews with licensee personnel, a review of selected records (including permanent implant treatment plans), a tour of the nuclear medicine and radiation oncology departments, and independent measurements. The inspection included observations of dose calibrator QA checks and HDR safety checks, security of licensed material, package surveys, inventories of sealed sources, and use of personnel monitoring. The inspector observed the licensee personnel prepare, assay, and administer three dosages for diagnostic testing procedures.

No violations of NRC requirements were identified during this inspection.