

## SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

## 1. LICENSEE/LOCATION INSPECTED:

Kirksville Missouri Hospital Company, LLC  
d/b/a Northeast Regional Medical Center, Inc.  
800 West Jefferson  
Kirksville, MO 63501

## 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)

030-02332

## 4. LICENSE NUMBER(S)

24-05245-01

## 5. DATE(S) OF INSPECTION

October 21, 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:

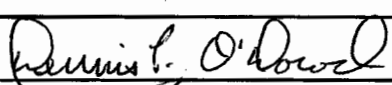
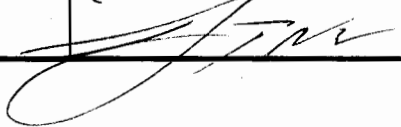
- ☒ 1. Based on the inspection findings, no violations were identified.
- ☐ 2. Previous violation(s) closed.
- ☐ 3. The violation(s), specifically described to you by the inspector as non-cited violations, are not being cited because they were self-identified, non-repetitive, and corrective action was 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	Dennis P. O'Dowd		10/21/2016
BRANCH CHIEF	Aaron T. McCraw		11/2/16

## Docket File Information

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## 6. INSPECTION PROCEDURES USED

87131

## 7. INSPECTION FOCUS AREAS

03.01-03.07

## SUPPLEMENTAL INSPECTION INFORMATION

## 1. PROGRAM CODE(S)

02120

## 2. PRIORITY

3

## 3. LICENSEE CONTACT

Rusty Beeler, RSO

## 4. TELEPHONE NUMBER

(660) 785-1610

☒ Main Office Inspection

Next Inspection Date: 10/21/2019

☐ Field Office Inspection☐ Temporary Job Site Inspection

## PROGRAM SCOPE

This was a routine inspection of a 115-bed medical institution (level III trauma center) authorized by the license for diagnostic and therapeutic nuclear medicine procedures, in-vitro studies, and Gadolinium-153 (as sealed sources for attenuation correction) at the location specified on the license. The nuclear medicine department was staffed with one full-time nuclear medicine technologist (NMT) who also serves as the RSO. The NMT typically administered an average of 3-5 studies per weekday. The diagnostic procedures were predominately cardiac tests, bone imaging, gall bladder studies, and I-123 uptakes. No xenon-133 studies were conducted. The nuclear medicine department received unit doses and bulk Tc-99m from an area nuclear pharmacy. No procedures requiring a written directive have been performed since the last inspection. All waste was held for decay-in-storage.

## PERFORMANCE OBSERVATIONS

This inspection consisted of interviews with select licensee personnel; tour of the nuclear medicine department; independent measurements; and a review of select records. No patient administrations were performed at the time of the inspection. Interviews with licensee personnel indicated an adequate level of understanding of emergency and material handling procedures and techniques, and knowledge of radiation safety concepts. The licensee's NMTs discussed and/or successfully demonstrated (with no issues identified) the following: (1) package check-in procedures; (2) security of licensed material; (3) unit dose prep and safe use; (4) daily surveys and weekly wipe tests; (5) survey meter use and calibrations; (6) waste handling; (7) sealed source inventories and leak tests; (8) dose calibrator tests; (9) radiation safety program audits. (10) HAZMAT refresher training; (11) contamination events (none); and (14) dosimetry. An outside consultant performed quarterly program audits that appear to be adequate to maintain program compliance. Licensed material was observed as adequately secured during the review and was not readily accessible to members of the general public. Survey meters were found to be calibrated and operational. The inspector performed independent and confirmatory radiation measurements which indicated results consistent with licensee survey records and postings. Independent measurements taken did not indicate readings in excess of 10 CFR Part 20 limits in restricted or unrestricted areas. Personal dosimetry was observed being worn by the staff during the inspection. Dosimetry records reviewed for the previous years since the last inspection through YTD 2016 indicated whole body and extremity exposures <10% of the annual regulatory limits.

No violations of NRC requirements were identified as a result of this inspection.