

SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE/LOCATION INSPECTED: Providence Hospital Department of Nuclear Radiology 16001 West Nine Mile Road Southfield, MI 48075 REPORT NUMBER(S) 2017001		2. NRC/REGIONAL OFFICE Region III U. S. Nuclear Regulatory Commission 2443 Warrenville Road, Suite 210 Lisle, IL 60532-4352	
3. DOCKET NUMBER(S) 030-02022	4. LICENSE NUMBER(S) 21-02802-03	5. DATE(S) OF INSPECTION February 9-10, 2017	

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:

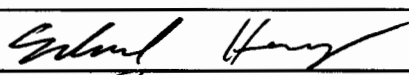
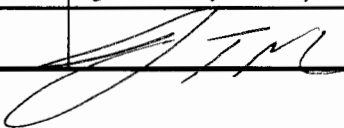
- ☒ 1. Based on the inspection findings, no violations were identified.
- ☐ 2. Previous violation(s) closed.
- ☐ 3. The violation(s), specifically described to you by the inspector as non-cited violations, are not being cited because they were self-identified, non-repetitive, and corrective action was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

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

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2443 Warrenville Road, Suite 210
Lisle, IL 60532-4352

3. DOCKET NUMBER(S)

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21-02802-03

5. DATE(S) OF INSPECTION

February 9-10, 2017

6. INSPECTION PROCEDURES USED

87130, 87131, 87132

7. INSPECTION FOCUS AREAS

All

SUPPLEMENTAL INSPECTION INFORMATION

1. PROGRAM CODE(S)

02240

2. PRIORITY

2

3. LICENSEE CONTACT

Louis Bischoff, Manager, Radiology

4. TELEPHONE NUMBER

(248) 849-3422

☒ Main Office Inspection

Next Inspection Date: February 9, 2019

☒ Field Office Inspection 47601 Grand River Avenue, Novi, MI☐ Temporary Job Site Inspection**PROGRAM SCOPE**

This was a routine, unannounced inspection of a community hospital authorized to use byproduct materials for diagnostic and therapeutic medical procedures under 10 CFR 35.100, 35.200, 35.300, 35.400, and 35.1000. The licensee was authorized to perform principle activities at its main hospital campus in Southfield, MI, as well as a second hospital campus in Novi, MI. The licensee retained a consultant who audited the radiation safety program on a quarterly basis.

At the Southfield location, the licensee operated a nuclear medicine department that performed a full spectrum of studies, in addition to a cardiovascular department that solely performed cardiac stress tests. Collectively, the licensee staffed 4 full-time NMTs and performed approximately 8-14 diagnostic studies per day in addition to approximately two I-131 therapies per month at this location. In the radiation oncology department, the licensee performed approximately one Y-90 microspheres treatment per month and approximately three I-125 brain seed implants per year.

At the Novi location, the licensee operated both an in-patient and out-patient nuclear medicine department in addition to a cardiovascular imaging department. The licensee performed 30-50 diagnostic studies per week and approximately 3-5 therapeutic administrations of I-131 per month. The licensee also maintained a mobile PET service that performed 10-12 patient studies using F-18 on Fridays only. The radiation oncology department performed approximately 6-12 I-125 prostate seed implants per month, on Mondays, at this location.

The inspector observed nuclear medicine staff demonstrate package receipt and surveying procedures, daily dose calibrator constancy checks, daily surveys, and waste disposal procedures at both locations of use. In addition, the inspector observed several administrations of doses for a variety of diagnostic procedures. The inspector noted that the NMTs wore the appropriate personal protective equipment, assayed the doses, and verified patient identity prior to administering the doses. The nuclear medicine staff also demonstrated adequate knowledge of radiation protection principles and emergency procedures in the event of a spill through interviews with the inspector.

(Continued on Part 2)

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(Continued)

The inspector reviewed a selection of licensee records including written directives, treatment plans, program audits, instrumentation calibration records, survey records, source inventories, package receipt logs, and dosimetry with no issues noted. In addition, the inspector performed independent surveys, which revealed no readings that would indicate residual contamination or exposures to members of the public in excess of regulatory limits.

No violations of NRC requirements were identified during this inspection.