

SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE/LOCATION INSPECTED:

St. Mary's Health Center  
6420 Clayton Road  
St. Louis, MO 63117

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)

030-02351

4. LICENSE NUMBER(S)

24-08960-02

5. DATE(S) OF INSPECTION

December 14, 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:

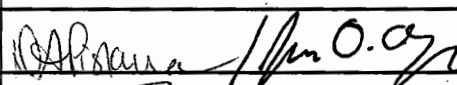
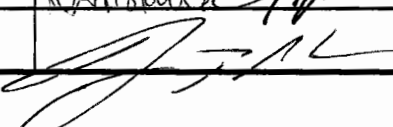
- ☒ 1. Based on the inspection findings, no violations were identified.
- ☒ 2. Previous violation(s) closed.
- ☐ 3. The violation(s), specifically described to you by the inspector as non-cited violations, are not being cited because they were self-identified, non-repetitive, and corrective action was 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	Deborah A. Piskura / Jason D. Draper		12/14/17
BRANCH CHIEF	Aaron T. McCraw		12/21/17

**Docket File Information**

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6. INSPECTION PROCEDURES USED

87131 & 87132

7. INSPECTION FOCUS AREAS

03.01 - 03.07

**SUPPLEMENTAL INSPECTION INFORMATION**

1. PROGRAM CODE(S)

02230

2. PRIORITY

2

3. LICENSEE CONTACT

Wallace Fuhrman, CNMT, RSO

4. TELEPHONE NUMBER

(314) 768-8256

☒ Main Office Inspection      Next Inspection Date: 12/14/2019

☒ Field Office Inspection    SSM Ambulatory Services

☐ Temporary Job Site Inspection

**PROGRAM SCOPE**

This was an unannounced, routine inspection of a hospital authorized to use byproduct material for medical uses permitted by 10 CFR 35.100, 35.200, 35.300, 35.400, and 35.600. The hospital had a nuclear medicine department that was staffed by two full-time nuclear medicine technologists (NMTs) who performed approximately 120 diagnostic nuclear medicine procedures monthly and approximately 20 iodine-131 thyroid treatments (capsule only) annually. The hospital also had a radiation oncology department staffed by an oncologist, an authorized medical physicist (AMP), a nurse, and a dosimetrist in training, who treated approximately 30 gynecological high dose rate brachytherapy (HDR) patients annually. The license also included an outpatient cardiology clinic on campus staffed by an NMT who performed approximately 100-140 diagnostic technetium-99m administrations monthly.

**Performance Observations**

The inspectors toured the nuclear medicine department, outpatient cardiology clinic, and radiation oncology department. In the nuclear medicine department and outpatient cardiology clinic, the inspectors interviewed licensee staff and management, observed package receipt and check-in, and observed the preparation and administration of Tc-99m diagnostic doses. The inspectors reviewed records pertaining to dosimetry, package receipt, surveys and wipe tests, dose calibrator constancy, audits, and radiation safety committee minutes. The inspectors also reviewed a selection of written directives for I-131 administrations. In the radiation oncology department, the inspectors observed the HDR unit's security, emergency equipment and procedures, door interlock, and radiation monitoring equipment. The inspectors observed the AMP perform the daily spot checks on the HDR unit and reviewed a selection of written directives. The inspectors performed independent and confirmatory radiation surveys which indicated results consistent with the licensee's surveys records.

(continued on Part 2)

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(Continued)

(continued from Part 3)

The inspection included a review of the licensee's corrective actions for a violation of 10 CFR 35.610(a)(3), identified during the previous routine inspection. The inspectors noted that the licensee revised its policies and procedures to require removal of the key to the CT unit prior to operating the HDR unit, in order to prevent dual operation. The licensee also added an item to its daily check list to remind the staff to remove the CT unit key. This violation is considered closed.

The licensee also discussed their plans for removing the depleted uranium beam shapers from their license.

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