

SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE/LOCATION INSPECTED:

Crittenton Hospital Medical Center
d1101 W. University Dr.
Rochester, MI 48307

REPORT NUMBER(S) 2018001

2. NRC/REGIONAL OFFICE

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

3. DOCKET NUMBER(S)

030-02157

4. LICENSE NUMBER(S)

21-13562-01

5. DATE(S) OF INSPECTION

March 20, 2018

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:

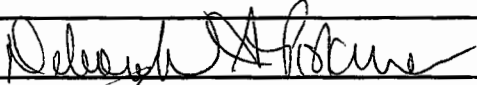
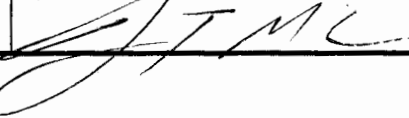
- ☒ 1. Based on the inspection findings, no violations were identified.
- ☒ 2. Previous violation(s) closed.
- ☐ 3. The violation(s), specifically described to you by the inspector as non-cited violations, are not being cited because they were self-identified, non-repetitive, and corrective action was 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		3/20/18
BRANCH CHIEF	Aaron T. McCraw, Chief, MIB		3/27/18

Docket File Information

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3. DOCKET NUMBER(S) 030-02157	4. LICENSE NUMBER(S) 21-13562-01	5. DATE(S) OF INSPECTION March 20, 2018	
6. INSPECTION PROCEDURES USED 87130, 87131, & 87132	7. INSPECTION FOCUS AREAS 03.01 - 03.07		

SUPPLEMENTAL INSPECTION INFORMATION

1. PROGRAM CODE(S) 02120	2. PRIORITY 3	3. LICENSEE CONTACT Michelle Kritzman, Consultant	4. TELEPHONE NUMBER (734) 662-3197
<input checked="" type="checkbox"/> Main Office Inspection Next Inspection Date: March 20, 2021			
<input type="checkbox"/> Field Office Inspection			
<input type="checkbox"/> Temporary Job Site Inspection			

PROGRAM SCOPE

This was routine inspection of a hospital authorized to use licensed material permitted by 10 CFR 35.100, 35.200, 35.300, 35.400 and 35.500. This inspection included a review of the licensee's corrective actions for a violation of 10 CFR 35.63(d) identified during a reactive inspection on January 20, 2016. The licensee reported a medical event involving the administration of a diagnostic dosage that exceeded the prescribed dosage range and resulted in a dose to the patient's skin between 58 and 274 rem (greater than 50 rem per the criteria in Section 30.3045(a)(1)). The licensee's corrective actions included: (1) new procedures for verifying dosages for lymphoscintigraphy cases; (2) new processes for storing dosages in the hot lab; and (3) staff training. the previous violation involving Section 35.63(d) is considered closed. The inspector verified that the corrective actions were taken and that there was no recurrence of the violation; the previous violation involving Section 35.63(d) is considered closed.

Nuclear medicine studies were performed daily. The nuclear medicine department was staffed with 2 full time and 1 part time technologists who performed approximately 150-200 diagnostic procedures per month. The licensee received unit doses; the department administered a full spectrum of diagnostic studies. The hospital maintained an active therapeutic radiopharmaceutical program limited to I-131 treatments. Radiation therapy activities involving 35.400 material had not been performed for several years.

This inspection consisted of interviews with selected licensee personnel; a review of selected records; a tour of the nuclear medicine department; and independent measurements. The inspector observed the licensee staff receive and survey packages, perform dose calibrator QA checks, and administer several diagnostic dosages. The inspection included observations of security of byproduct material, use of personnel monitoring, and postings. The inspector confirmed that the licensee implemented the corrective actions described above.

No new violations of NRC requirements were identified during this inspection.