

(07-2012)  
10 CFR 2.201

## SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

## 1. LICENSEE/LOCATION INSPECTED:

Indiana University-IUPUI/IU Medical Center Campus  
1120 W. Michigan St.  
Radiation Safety Room 159  
Indianapolis, IN 46202-5111

REPORT NUMBER(S) 2018002

## 2. NRC/REGIONAL OFFICE

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

## 3. DOCKET NUMBER(S)

030-09792

## 4. LICENSE NUMBER(S)

13-02752-08

## 5. DATE(S) OF INSPECTION

12/10-12, & 14, 2018 with in  
office review thru 1/11/2019

## 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:

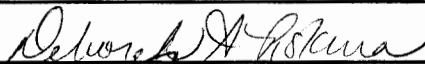

- ☒ 1. Based on the inspection findings, no violations were identified.
- ☐ 2. Previous violation(s) closed.
- ☐ 3. The violation(s), specifically described to you by the inspector as non-cited violations, are not being cited because they were self-identified, non-repetitive, and corrective action was 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		1/11/19
BRANCH CHIEF	Aaron T. McCraw, Chief, MIB		1/11/19

**Docket File Information**  
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6. INSPECTION PROCEDURES USED  87133 & 87134	7. INSPECTION FOCUS AREAS  03.01, 03.02 (c, d, & e), 03.05, 03.06, and 03.07
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**SUPPLEMENTAL INSPECTION INFORMATION**

1. PROGRAM CODE(S)  02240	2. PRIORITY  2	3. LICENSEE CONTACT  T. Michael Martin, Ph.D., CHP, RSO	4. TELEPHONE NUMBER  (317) 274-0331
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☐ Main Office Inspection      Next Inspection Date: unchanged

☒ Field Office Inspection    IU Health Methodist Hospital

☐ Temporary Job Site Inspection \_\_\_\_\_

**PROGRAM SCOPE**

This was a special, announced inspection conducted to review the source reloading of the licensee's Leksell Perfexion GSR unit. The licensee contracted the services of an authorized service provider to perform the GSR unit reloading.

This inspection consisted of interviews with selected licensee personnel; review of selected records, a tour of department; and independent measurements. This inspection included in-office review through January 11, 2019, to verify data entry updates and to confirm the receipt of the licensee's material by the authorized entity.

No violations of NRC requirements were identified during this inspection.