

SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE/LOCATION INSPECTED:

Bronson Battle Creek Hospital
300 North Ave.
Battle Creek, MI 49016

2. NRC/REGIONAL OFFICE

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

REPORT NUMBER(S) 2018001

3. DOCKET NUMBER(S)

030-13899

4. LICENSE NUMBER(S)

21-01354-04

5. DATE(S) OF INSPECTION

1/16/2019

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.

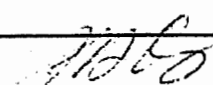
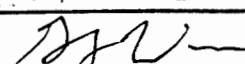
Non-cited violation(s) were discussed involving the following requirement(s):

- ☐ 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	Luis Nieves Folch		1/16/2019
BRANCH CHIEF	Aaron T. McCraw	 for ATM	1/29/19

Docket File Information

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January 16, 2019

6. INSPECTION PROCEDURES USED

87131, 87132

7. INSPECTION FOCUS AREAS

03.01-03.08

SUPPLEMENTAL INSPECTION INFORMATION

1. PROGRAM CODE(S)

02230

2. PRIORITY

2

3. LICENSEE CONTACT

Robert Sieffert, MS, RSO

4. TELEPHONE NUMBER

(269) 245-8146

☒ Main Office Inspection

Next Inspection Date: January 16, 2021

☐ Field Office Inspection☐ Temporary Job Site Inspection

PROGRAM SCOPE

This was a routine, unannounced inspection of a hospital in Battle Creek, Michigan, authorized to use byproduct material under 10 CFR 35.100, 200, 300, 400, and 600. At the time of the inspection, the licensee performed an average of nine diagnostic procedures each weekday at its nuclear medicine department. The licensee performed all therapeutic administrations of I-131 and Ra-223 in its radiation oncology department at a frequency of approximately 30-45 administrations per year. In addition, the licensee also performed approximately 10 HDR brachytherapy treatments per year (only gynecological) and five prostate seed implants since the last inspection. The licensee retained the services of a medical physics consultant to perform quarterly audits of the nuclear medicine department.

Performance Observations

The inspector observed nuclear medicine staff demonstrate package receipt and surveying procedures, daily dose calibrator constancy checks, daily surveys, and waste disposal procedures. In addition, the inspector observed the administration of doses for a cardiac rest test. The inspector noted that the NMT 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. In the radiation oncology department, the licensee demonstrated daily checks. The inspector reviewed a selection of licensee records, including written directives, treatment plans, quarterly audits, source inventories, survey meter calibration records, package receipt logs, dosimetry, and RSC meeting minutes 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 were identified during this inspection.