

SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE/LOCATION INSPECTED: St. Luke's Des Peres Episcopal-Presbyterian Hospital 2345 Dougherty Ferry Road St. Louis, MO 63122 REPORT NUMBER(S) 2019001		2. NRC/REGIONAL OFFICE Region III U. S. Nuclear Regulatory Commission 2443 Warrenville Road, Suite 210 Lisle, IL 60532-4352	
3. DOCKET NUMBER(S) 030-35144	4. LICENSE NUMBER(S) 24-32195-01	5. DATE(S) OF INSPECTION February 4, 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	Dennis P. O'Dowd	<i>Dennis P. O'Dowd</i>	2/4/19
BRANCH CHIEF	Aaron T. McCraw	<i>AJM - for ATM</i>	2/21/19

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

1. LICENSEE/LOCATION INSPECTED:

St. Luke's Des Peres Episcopal-Presbyterian Hospital
2345 Dougherty Ferry Road
St. Louis, MO 63122

REPORT NUMBER(S) 2019001

2. NRC/REGIONAL OFFICE

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

3. DOCKET NUMBER(S)

030-35144

4. LICENSE NUMBER(S)

24-32195-01

5. DATE(S) OF INSPECTION

February 4, 2019

6. INSPECTION PROCEDURES USED

87131

7. INSPECTION FOCUS AREAS

03.01-03.07

SUPPLEMENTAL INSPECTION INFORMATION

1. PROGRAM CODE(S)

02120

2. PRIORITY

3

3. LICENSEE CONTACT

Ronda Gelsthorpe, CNMT

4. TELEPHONE NUMBER

(314) 966-9390

☒ Main Office Inspection

Next Inspection Date: 04/04/2022

☐ Field Office Inspection☐ Temporary Job Site Inspection**PROGRAM SCOPE**

This was an unannounced, routine inspection of a community hospital authorized by its NRC license to use unsealed byproduct material authorized by 10 CFR 35.100, 35.200 and 35.300 at its facility in St. Louis, Missouri. The licensee received unit doses from a local radiopharmacy for a wide variety of diagnostic procedures. The hospital employs one full-time nuclear medicine technologist (NMT), one part-time NMT, and one PRN NMT, who perform approximately 10-12 diagnostic procedures per week, Mondays through Fridays. The licensee, which in the past performed therapeutic administrations using less than 33 mCi of iodine-131 in capsule form, had not performed any I-131 therapies since the last inspection. The hospital retains the services of a medical physics consultant to perform instrument calibrations, sealed source leak tests, quarterly audits of the radiation safety program and annual ALARA audits. The consultant's audits are then reviewed by the Radiation Safety Committee.

Interviews of available staff revealed an adequate level of understanding of emergency and material handling procedures and techniques, and demonstrated that they were knowledgeable of radiation protection principles and practices. Dose calibrator constancy checks, package receipt, daily surveys, and waste handling and disposal procedures were successfully demonstrated. An outside consultant performed quarterly program audits that were adequate to oversee the program. Licensed material was adequately secured and not readily accessible to members of the general public. The licensee possessed a radiation survey meter that was calibrated, operational, and performed well in side-by-side comparison with an NRC instrument. Independent measurements did not indicate readings in excess of Title 10 of the Code of Federal Regulations (10 CFR) Part 20 limits in restricted or unrestricted areas. Personal whole body and extremity dosimetry were observed worn by the staff during the inspection, and records did not indicate doses in excess of 10 CFR Part 20 limits.

No violations of NRC requirements were identified during this inspection.