

SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE/LOCATION INSPECTED: Allegan General Hospital 555 Linn St. Allegan, Michigan 49010 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- 10443 14003	4. LICENSE NUMBER(S) 21-18659-01	5. DATE(S) OF INSPECTION August 20, 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:

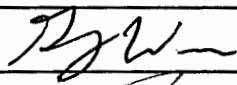
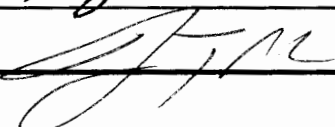
- ☒ 1. Based on the inspection findings, no violations were identified.
- ☐ 2. Previous violation(s) closed.
- ☐ 3. The violation(s), specifically described to you by the inspector as non-cited violations, are not being cited because they were self-identified, non-repetitive, and corrective action was 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	Geoffrey Warren, Sr. HP		8/20/19
BRANCH CHIEF	Aaron McCraw		8/23/19

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

1. LICENSEE/LOCATION INSPECTED:

Allegan General Hospital
555 Linn St.
Allegan, Michigan 49010

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)

030-14003

4. LICENSE NUMBER(S)

21-18659-01

5. DATE(S) OF INSPECTION

August 20, 2019

6. INSPECTION PROCEDURES USED

87131

7. INSPECTION FOCUS AREAS

03.01 - 03.09

SUPPLEMENTAL INSPECTION INFORMATION

1. PROGRAM CODE(S)

02120

2. PRIORITY

3

3. LICENSEE CONTACT

Phillip Hartgerink, M.D., RSO

4. TELEPHONE NUMBER

(269) 673-8424

☒ Main Office Inspection

Next Inspection Date: 08/20/2022

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

This was a routine unannounced inspection. The licensee was a hospital located in Allegan, Michigan, with authorization to perform diagnostic and therapeutic nuclear medicine procedures under 10 CFR 35.100/200/300. The nuclear medicine department was staffed with two full-time nuclear medicine technologists, though only one at a time worked in nuclear medicine. The licensee's nuclear medicine staff typically administered 45 diagnostic doses monthly and had administered two iodine-131 therapy doses since the last inspection, with the iodine in capsule form. The diagnostic procedures were predominately technetium-99m cardiac, hepatobiliary, and gastric imaging, but included a variety of standard procedures. The department received unit doses as needed from a licensed nuclear pharmacy. All waste was either held for decay in storage or returned to the nuclear pharmacy.

Performance Observations: The inspector observed two diagnostic administrations of licensed materials, including dose preparation and disposal. Licensee staff demonstrated daily lot lab checks, package receipt and return surveys, and daily and weekly contamination surveys, and described therapeutic administrations of licensed materials and spill procedures. The inspector reviewed documentation of quarterly health physics audits, training, dose calibrator checks, meter calibration, and other activities. The inspector noted no concerns with these activities. The inspector reviewed the written directives for both of the radiopharmaceutical therapies performed since the previous inspection and identified no concerns. Interviews with licensee personnel indicated adequate knowledge of radiation safety concepts and procedures. Review of radiation dosimetry records indicated no exposures of concern. The inspector performed independent and confirmatory radiation measurements that were consistent with licensee survey records and postings.

No violations were identified as a result of this inspection.