

Northern Virginia Endocrinologists

SUITE 205
8301 ARLINGTON BOULEVARD
FAIRFAX, VIRGINIA 22031
(703) 849-8440

MICHAEL F. BALL, M.D., F.A.C.P.
PETER S. ROSS, M.D., F.A.C.P.

DIABETES, ENDOCRINOLOGY AND
NUCLEAR MEDICINE OF THE THYROID

March 22, 1984

U.S. Nuclear Regulatory Commission
Region II
101 Marietta Street, N.W.
Suite 3100
Atlanta, Georgia 30303

RE: License No. 45-21121-01,
'Release of Area for Unrestricted
Use'

Gentlemen:

Pursuant to our license amendment No. 1, dated February 21, 1984, the Nuclear Medicine Laboratory has moved its facility to 8301 Arlington Boulevard, Boulevard Medical Building, Suite 205, Fairfax, Virginia.

The former facility located at 8320 Old Court House Road, Suite 501, Vienna, Virginia, has been closed.

In accordance with the guidelines established by the NRC, dated December 1975, 'Guidelines for Decontamination of Facilities and Equipment Prior to Release for Unrestricted Use,' we submit herein our final survey of the facility for your approval (refer to enclosure).

Following a thorough cleaning of the hot lab and scan room areas, wipe testing and survey meter monitorings were performed, as indicated on the enclosed diagram. Wipe tests were conducted on 100 cm² areas using absorbent paper moistened by alcohol. Counting of the wipe tests were conducted using a well counter having a 70% efficiency. Survey meter readings were conducted using an Eberline E-120 survey meter (0.01 mR/hr) with an HP 190 detector. All radiation labels, symbols, etc., have been removed. Survey meter measurements were less than or equal to background, i.e., 0.04 mR/hr, for all areas monitored.

Please contact the undersigned if you have any questions regarding this matter.

Sincerely,

Northern Virginia Endocrinologists

Peter S. Ross M.D.

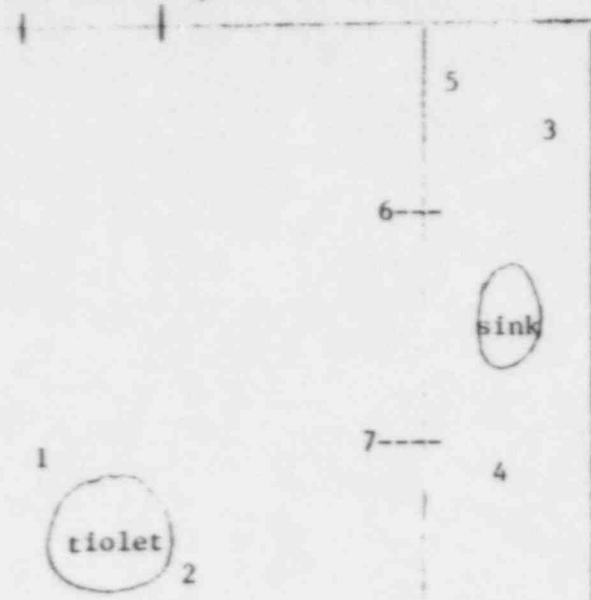
Peter S. Ross, M.D.

PSR/jer

8506110534 850109
PDR FOIA
ENGLEB4-789 PDR

HALLWAY

Storage and Dose Preparation Area



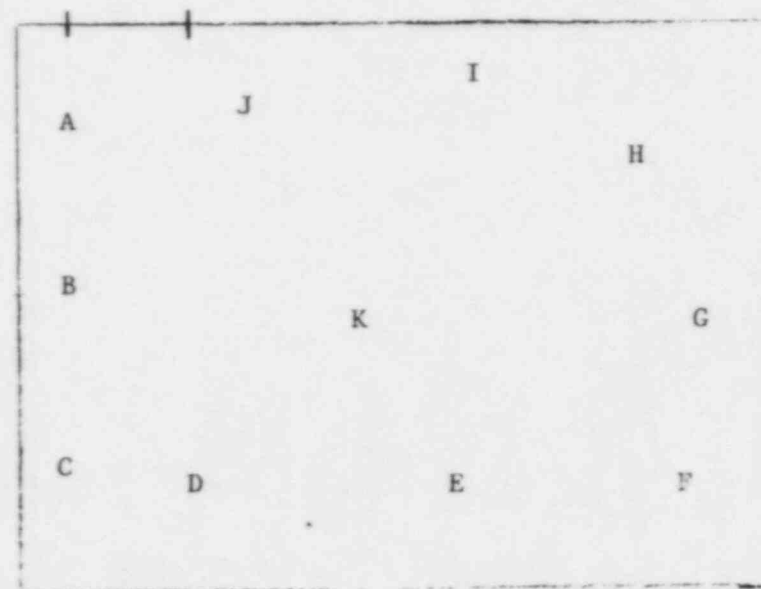
6 & 7 under counter

*numbers indicate wipe locations

*letters indicate survey meter locations

RECEPTION AREA

Scan Room



Close - out survey
Northern Virginia Endocrinologists
8320 Old Court House Road
Vienna, Virginia

WIPE TEST RESULTS

1. Less than background
2. Less than background
3. Less than background
4. Less than background
5. Less than background
6. Less than background
7. Less than background

SURVEY METER RESULTS

- A. Less than 0.04 mr/hr
- B. Less than 0.04 mr/hr
- C. Less than 0.04 mr/hr
- D. Less than 0.04 mr/hr
- E. Less than 0.04 mr/hr
- F. Less than 0.04 mr/hr
- G. Less than 0.04 mr/hr
- H. Less than 0.04 mr/hr
- I. Less than 0.04 mr/hr
- J. Less than 0.04 mr/hr
- K. Less than 0.04 mr/hr

Background equivalent to 73 dpm

Background less than 0.04 mr/hr

SAFETY INSPECTION

1. LICENSEE

Kirschner, Chung & Harsanyi
Radiology Associates
102 Maple Avenue, East
Vienna, VA 22180

2. REGIONAL OFFICE

U. S. Nuclear Regulatory Commission
101 Marietta Street - Suite 2900
Atlanta, GA 30303

3. DOCKET NUMBER(S)

030-20463

4. LICENSE NUMBER(S)

45-21296-01

5. DATE OF INSPECTION

2/13/84

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's (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 findings as a result of this inspection are as follows:

☒ 1. Within the scope of this inspection, no violations were observed.

☐ 2. The inspector also verified the steps you have taken to correct the violations identified during the last inspection. We have no further questions on those actions at this time.

☐ 3. During this inspection certain of your activities, as checked below, were in violation of NRC requirements.

THIS IS A NOTICE OF VIOLATION which is required to be posted in accordance with 10 CFR 19.11.

☐ A. _____ was not properly posted to indicate the presence of a _____ 10 CFR 20.203(b), (c), (d), (e) or 34.42.

☐ B. Containers located in _____ were not properly labeled to indicate the presence of radioactive material. 10 CFR 20.203(f)(1), or (f)(2).

☐ C. _____ of sealed sources were not performed at the proper frequencies. 10 CFR _____ License Condition Number _____

☐ D. Records of _____ were not properly maintained. 10 CFR _____ or License Condition Number _____

☐ E. Documents were not properly posted or otherwise made available. 10 CFR 19.11.

☐ F. Reports or notifications of _____ were not made in accordance with 10 CFR _____ or License Condition Number _____

☐ H. _____

☐ I. _____

☐ J. _____

☐ K. _____

48

I hereby state that within 30 days the actions described by me to the inspector will be taken to correct the violations identified in the items checked above. This statement of corrective actions is made in accordance with the requirements of 10 CFR 2.20. No further response will be submitted unless required by the NRC.

8403160082
10pp.

DATE

SIGNATURE - NRC INSPECTOR

DATE

Robert A. Brown

2/13/84

USNRC, Region II
Atlanta, GA

MATERIALS INSPECTION
FIELD NOTES

Page 1 of

INSPECTION REPORT NO.

Attached

Licensee: Kishan Chover Harasangi
Street: 102 Staple Dr
City, State:

- () Appendix A
() Appendix B
() Appendix C
() Memo *

Licensee contact: T. Mello

Telephone No.:

License No.:

Last amendment and date: 4/11/83

Category: G, and Priority: I, as of last amendment.

Inspection date(s): Type of inspection:

SUMMARY OF FINDINGS AND ACTION

- (X) No noncompliance, clear 591 issued () Noncompliance 591 issued
() Noncompliance, Appendix A* () Regional action action
() Action on previous noncompliance, () Supplemental info, Appendix C***
Appendix B**

RECOMMENDATIONS

See Basis in Appendix C or attached memo.

- () Change Category: () Change Priority to:
() Next inspection date: 2/87

PERSONS CONTACTED

T. Mello

Inspector: Robert G. Brown 2/13/84
Approved: 2/24/84

*Use current AOI 0915, Standard Forms

**Use for actions not documented in a prior licensee response

***Use for inspector evaluation or recommendations

INSPECTION PLAN AND REPORT NUMBER: 2101

Page 2 of

Licensee: Wichita County Sheriff's Office

License No.:

Inspection Items	Scheduled for Inspection	Post-inspection status	Module No.	766 Time Info
Management meeting - Entrance and Exit Interviews (Required)	✓		30703B	• 1/2 hr
Initial Management Meeting Program requirements, MC 28 (Required)	✓		92700B	1 hr
Licensee Event Followup			92701B	
Followup on Inspector-identified problems			92703B	
Followup on Noncompliance and Deviations			92703B	
IE Bulletin/Immediate Action Letter Followup			92704B	
Followup on Headquarters Requests			92705B	
Followup on Regional Requests				
Independent Inspection Effort (Required)	✓		93700B	1 hr
Inspector Dispatched to Site				
Followup on Significant Event Occurring During Inspection			93701B	

INSPECTION REPORT NUMBER: 8101

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78710B - Medical

AREAS INSPECTED AND FINDINGS

Licensee: Kirschner - K License No.: Amendment No.: 1

INSPECTION ITEM	CRITERIA	FINDING
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1. Organization

Structure of organization as described in
license requirements

Lic Cond

FINDING OK

NOTES:

Dr. Kirschner - RSO

Mr. Miller - Tech

Mr. Miller - Tech

Mr. Miller - Tech

2. Licensee internal audits

Lic Cond

OK

Scope and frequency of audits as required
ALARA Program

Conducted by appropriate persons, records
maintained, reviewed by management

Deficiencies identified & corrected

NOTES:

Radiation Safety Committee Not required to meet

Medical Physicist RSO: 1 - 2 visits weekly

AREAS INSPECTED AND FINDINGS

License No.: Amendment No.: 1

	CRITERIA	FINDING
19.12? §19.12	Lic Cond	<u>OK</u>
ations and R.G. 8.13		
	R.G. 8.26	
	R.G. 8.29	
<i>overhaul (overhaul)</i>		
	Lic Cond	<u>OK</u>
plemented, identify		
ving therapeutic		
adavers		
ills,		
cedures		
	Lic Cond	<u>OK</u>
red?		
rough, leak tests,	§35.14(b)	<i>1-3-21 units</i>
		<i>per week -</i>
formed? <i>yes</i>		
ed?	§20.203	<i>All material</i>
Linearity,		<i>After Sycon</i>
		<i>To 2" - (over)</i>
V & VI - <i>NO</i>		

INSPECTION REPORT NUMBER: 810

Page 5 of

78710B - Medical

AREAS INSPECTED AND FINDINGS

Licensee: Krischa et License No.: Amendment No.: 1

INSPECTION ITEM	CRITERIA	FINDING
6. <u>Storage of materials</u>		<u>OK</u>
Material secured in both restricted and unrestricted areas	\$20.207	
Waste storage area:	<u>all material stored in back</u>	
NOTES:		

7. <u>Facilities</u>	Lic Cond <u> </u>	<u>OK</u>
Described in lic cond or application, — <u>YES</u>		
Changes made, adequacy		
Fume hood		
NOTES:		

8. <u>Instruments</u>	Lic Cond <u> </u>	<u>OK</u>
Adequacy of survey meters & instruments		
Operable instruments & meters, properly Calibrated, calibration performed by?		
NOTES & REMARKS:		
<u>1 - 5000 - 2 line - high range</u>		
<u>1 - 5000 - "</u>		
<u>Calibrated by - - - - - need to be</u>		

AREAS INSPECTED AND FINDINGS

Licensee: Kirshner et License No.: 78710B Amendment No.: 1

INSPECTION ITEM	CRITERIA	FINDING
9. <u>Receipt and transfer of material</u>		<u>OK</u>
Written procedures for pickup, receiving, opening packages	\$20.205	<i>Transfer of material</i>
Survey of packages when received	\$20.205(c)(1) or R. G. 10.8	
Records of survey of packages	\$20.401(b)	<i>Transfer of material</i>
Proper transfer of materials, Transfer records maintained	\$30.41, 30.51	
Authorized containers used, Shipping papers & package labels proper for packages on hand?	\$71.5	<i>Transfer of material</i>
10. <u>Personnel protection - external</u>		<u>OK</u>
Personnel monitoring controls adequate Exposures minimized	\$20.201, \$20.202	
Exposure records (NRC-4 or -5) maintained Available for employee review	\$20.102(b), \$20.401(a)	
Surveys conducted? Adequate	\$20.201	
Records of monitoring, surveys	\$20.401	
Levels in unrestricted areas within limits	\$20.1, \$20.105	
Syringe Shields		
ALARA Program		
NOTES:	<i>Weekly Landauer FRS - Run - 1.5</i>	

Transfer of material

INSPECTION REPORT NUMBER: 7-101Page 7 of

78710B - Medical

AREAS INSPECTED AND FINDINGS

Licensee: Richard J. [illegible] License No.: 101-101-01 Amendment No.: 1

INSPECTION ITEM	CRITERIA	FINDING
11. <u>Personnel protection - internal</u>		<u>X</u>
Airborne concentrations in restricted areas	§20.103	
Posting of airborne radioactivity areas	§20.203(d)	
Survey, monitoring adequate for airborne radio-activity, surface contamination, Records maintained	§20.201 §20.401	
Ventilation measurements		

NOTES & REMARKS:

12. Effluent controls, waste disposal

Release of effluents controlled? Wet Labs?	§20.106, §20.303
Waste disposals controlled?	§20.301, §20.303, §20.304, §20.305
Procedures, records maintained?	§20.401, Lic Cond <u> </u>
Surveys made? Adequate?	§20.401

NOTES:

*The material has been disposed
of to date -*

INSPECTION REPORT NUMBER: 5451Page 8 of

78710B - Medical

AREAS INSPECTED AND FINDINGS

Licensee: K. J. Smith License No.: 123456 Amendment No.: 1

INSPECTION ITEM	CRITERIA	FINDING
13. <u>Notifications and reports</u>		<u>OK</u>
To individuals.	§19.13	
Overexposures, excessive levels & concentrations, incidents	§20.403, §20.405	
Personnel exposures and monitoring, termination reports	§20.407, §20.408	
Theft or loss of licensed material	§20.402	
NOTES:		

No report required

14. Posting of notices

Part 20, license & documents, procedures, notice of violations posted?	§19.11(a)
Form NRC-3 posted?	§19.11(c)

NOTES:

all documents posted

15. Other license conditionsLic Cond

INSPECTION REPORT NUMBER: 84-01

Page 9 of

78710B - Medical

AREAS INSPECTED AND FINDINGS

Licensee: Hirschman et License No.: 6-22-12-1 Amendment No.: 1

INSPECTION ITEM	CRITERIA	FINDING
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16. Confirmatory measurements

17. Independent inspection effort

Radon level - 1.2 mCi/L

18. Incidents and events

Incidents of misadministrations,
contamination, etc. not otherwise
covered by reports

→ NONE

OK

10 MAR 1984

Docket Nos. 030-01321
030-11063
030-19034 ✓

License Nos. 08-03075-07
08-00386-19
08-00386-20 ✓

Howard University
ATTN: Dr. Angela Ferguson, M.D.
Assistant Vice President of
Health Affairs
2041 Georgia Avenue, N.W.
Washington, D.C. 20060

Gentlemen:

Subject: Inspection No. 84-01

This refers to the routine safety inspection conducted by Mrs. Teresa Hall Darden and Ms. Jenny Johansen of this office on January 12, 13 and 25, 1984 of activities authorized by NRC License Nos. 08-03075-07, 08-00386-19, and 08-00386-20 and to the discussions of our findings held by Mrs. Darden with yourself and Dr. G. Ferguson and Mr. G. Tally at the conclusion of the inspection.

The inspection was an examination of activities conducted under your license as they relate to radiation safety and to compliance with the Commission's rules and regulations and the conditions of your licenses. The inspection consisted of selective examinations of procedures and representative records, interviews with personnel, measurements made by the inspector, and observations by the inspector.

Our inspector also verified the steps you have taken to correct the violations brought to your attention in the enclosure to our letter dated December 12, 1980. We have no further questions regarding your action at this time.

Based on the results of this inspection, it appears that one of your activities was not conducted in full compliance with NRC requirements, as set forth in the Notice of Violation, enclosed herewith as Appendix A. This violation has been categorized by severity level in accordance with the NRC Enforcement Policy (10 CFR 2, Appendix C) published in the Federal Register Notice (47 FR 9987) dated March 9, 1982. You are required to respond to this letter and in preparing your response, you should follow the instructions in Appendix A.

From the discussion conducted on January 13, 1984, we understand that you will obtain a probe for your Ludlum G.M. Survey meter that has the sensitivity to detect contamination caused by the radionuclides commonly used in the Nuclear Medicine Laboratory. We also understand that syringe shields will be used when preparing all radionuclides including the preparation of sources for the daily quality assurance flood tests. Further, we understand that the In Service Training for Nuclear Medicine Personnel will include "practice runs" of Emergency Procedures

~~8403160157~~
2pp.

144DARDEN2/6/84 - 0001.0.0
03/08/84

49

10 MAR 1984

From the discussion conducted on January 25, 1984, we understand that you will assign ring badges to users of phosphorus-32 of less than one millicurie in order to evaluate whether the exception to 10 CFR 20.102 applies. We further understand that you will evaluate the security of the laboratories using radioactive materials located in the School of Medicine. These matters will be reviewed during the next inspection of your licensed activities.

In accordance with Section 2.790 of the NRC's "Rules of Practice," Part 2, Title 10, Code of Federal Regulations, a copy of this letter and your reply will be placed in the Public Document Room.

The responses directed by this letter and the accompanying Notice are not subject to the clearance procedures of the Office of Management and Budget as required by the Paperwork Reduction Act of 1980, PL 96-511.

Your cooperation with us in this matter is appreciated.

Sincerely,

~~Original~~ Signed By:
~~John D. Kinneman~~

Thomas T. Martin, Director
Division of Engineering and
Technical Programs

Enclosure:
Appendix A

cc w/encl:

Public Document Room (PDR)

Nuclear Safety Information Center (NSIC)

✓ District of Columbia

✓ Dr. George Ferguson, Chairman, Radiation Safety Committee

✓ Mr. Gregory Tally, RSO

✓ Region I Docket Room (w/concurrences)
Senior Operations Officer (w/o encl)

RI:DETP
Darden/cop
3/8/84

RI:DETP
Johansen
3/8/84

RI:DETP
Kinneman
3/8/84

OFFICIAL RECORD COPY

144DARDEN2/6/84 - 0002.0.0
03/08/84

APPENDIX A

NOTICE OF VIOLATION

Howard University
Washington, DC 20060

Docket No. 030-01321
License No. 08-03075-07

As a result of the inspection conducted on January 12-13, and 25, 1984, and in accordance with the NRC Enforcement Policy (10 CFR 2, Appendix C), the following violation was identified:

Condition 10 of License No. 08-03075-07 requires that licensed material be possessed and used in accordance with the statements, representations and procedures contained in an application dated March 13, 1981 and various letters.

Block 17 of this application requires that the Area Survey Procedures contained in Appendix I of Regulatory Guide 10.8 be followed.

Appendix I requires that monthly wipe tests be performed on designated laboratory areas, and that the results be evaluated for contamination. In addition, corrective action is to be taken when results exceed 200 disintegrations per minute per 100 square centimeters.

Contrary to the above, as of January 12, 1984, corrective action was not taken when contamination levels exceeded 200 disintegrations per 100 square centimeters.

This is a Severity Level IV violation. (Supplement VI)

Pursuant to the provisions of 10 CFR 2.201, Howard University is hereby required to submit to this office within thirty days of the date of the letter which transmitted this Notice, a written statement or explanation in reply, including: (1) the corrective steps which have been taken and the results achieved; (2) corrective steps which will be taken to avoid further violations; and (3) the date when full compliance will be achieved. Where good cause is shown, consideration will be given to extending this response time.

OFFICIAL RECORD COPY

144DARDEN2/6/84 - 0003.0.0
03/08/84

8403160166
8pp,

REGION I Form 198-E
(July 82)

LICENSE NO: 08-00386-20

DOCKET NO. (s) 030-19034

PAGE _____ OF _____

ATTACHED

- ☐ Appendix A
☐ Appendix B
☐ Appendix C
☐ Memo

INSPECTION REPORT NO. 84-01

Howard University
Radiation Safety Committee
Freedman's Square - Basement Room 211
WASHINGTON D.C. 20059

LICENSEE CONTACT: Alfred L. Goldson / Ibrahim Ashayeri Telephone No: _____

LICENSE NO: 08-00386-20 CATEGORY G3 PRIORITY: III

CATEGORY _____ PRIORITY: _____

CATEGORY _____ PRIORITY: _____

INSPECTION DATE (s): Jan 12, 13, 1984 TYPE OF INSPECTION: ☐ SPECIAL ☐ ANNOUNCED
☒ ROUTINE ☒ UNANNOUNCED
☐ DAYSHIFT
☐ OTHER

SUMMARY OF FINDINGS AND ACTION

- ☐ NO NONCOMPLIANCE, CLEAR 591 ISSUED
☒ NO NONCOMPLIANCE, LETTER
☐ NONCOMPLIANCE, APPENDIX A

- 80-02
☒ ACTION ON PREVIOUS NONCOMPLIANCE, APPENDIX B
☐ NONCOMPLIANCE, 591 ISSUED
☐ SUPPLEMENTAL INFO, APPENDIX C

RECOMMENDATIONS
SEE BASIS IN APPENDIX C

- ☐ CHANGE CATEGORY TO: _____
☒ NEXT INSPECTION DATE: 1/87

☐ CHANGE PRIORITY TO: _____

PERSONS CONTACTED

Dr A Goldson
Dr Streater
Rao Nibhanupudy
Gwen King

INSPECTOR: [Signature]

APPROVED: [Signature]

2/1/84

(July 82)

INSPECTION REPORT _____

Page _____ of _____

787208 - Medical - Teletherapy

AREAS INSPECTED AND FINDINGS

Licensee: _____ License No: _____ Amendment No: _____

INSPECTION ITEM	CRITERIA	FINDING
1. <u>Organization</u> Management organization? Radiation protection organization? Patient load? <i>2-3 week</i> NOTES & REMARKS: <i>Miss G King</i> <i>Janus used only as backup</i>	Lic Cond _____	<i>C</i>
2. <u>Training and Instructions to Employees</u> Training program, scope and frequency <i>OK</i> retraining? Required tests administered, scores satisfactory? <i>OK</i> Instructions to workers? <i>OK</i> NOTES & REMARKS:	Lic Cond _____ 19.12	<i>C</i>
3. <u>Radiation Protection Procedures</u> Operating and emergency procedures implemented; interlock failure, handling malfunctions during operations? <i>OK</i> 5-year maintenance? <i>done 9/80</i> Emergency Procedures posted? <i>OK</i> Radiation room monitor mounted, operable? Tested? Survey meter used when inoperable? <i>OK</i> NOTES & REMARKS:	Lic Cond _____ Lic Cond 20 Lic Cond 16 Order <i>OK</i>	<i>C</i>

AREAS INSPECTED AND FINDINGS

Licensee: _____ License No: _____ Amendment No: _____

INSPECTION ITEM	CRITERIA	FINDING
<u>C</u>		
4. <u>Materials, Facilities and Instruments</u>		
Teletherapy unit location, interlock system operational, required tests? (every 6 months, records)	Lic Cond 10, 17, 19 OK done daily	
Access controls, posting of areas & rooms?	20.203	
Survey instruments & dosimeters operable, properly calibrated?	Lic Cond 20 yrs done yearly	
Patient viewing system?	Lic Cond 13	
NOTES & REMARKS:		

5. Personnel Protection - External

Personnel monitoring control; minimize exposures, control of accumulated dose? OK 20.101, 20.102, 20.202

Surveys conducted following last source change? Sent to NRC? Adequate? OK 20.201 Lic Cond 18

Levels in unrestricted areas? OK 20.1, 20.104

Stops installed? Stationary Lic Cond 15

NOTES & REMARKS:

6. Leak Tests of Sources

Performed by authorized persons & methods: OK Lic Cond 14

Performed at 6-month (or other) interval? OK

Records maintained; reports submitted of leaking sources; corrective action taken? OK

NOTES & REMARKS:

AREAS INSPECTED AND FINDINGS

Licensee: _____ License No: _____ Amendment No: _____

INSPECTION ITEM	CRITERIA	FINDING
<u>7. Notifications and Reports</u>		
To individuals? <i>C</i>	19.13	<i>C</i>
Overexposures, excessive levels, incidents? <i>C</i>	20.403, 20.405	
Personnel exposures and monitoring termination reports? <i>C</i>	20.407, 20.408	
Theft or loss of licensed material: <i>ug</i>	20.402	
Misadministrations? <i>None</i>	35.41 - 35.45	
NOTES & REMARKS:		
<u>8. Annual Calibration</u>		
At required intervals? <i>ye</i>	35.21 (a)	<i>C</i>
Include all required tests? <i>ye</i>	35.21 (b)	
Properly calibrated dosimetry system? <i>OK</i>	35.23 (a)	
Performed by a qualified expert? <i>ye</i>	35.21 (e), 35.24	
Decay corrections for interval not exceeding 1 month?	35.21 (d)	
Records available? <i>ye</i>	35.25	
NOTES & REMARKS:		
<u>9. Spot Check Measurements</u>		
At required intervals? <i>ye</i>	35.22 (a)	<i>C</i>
Include all required tests? <i>ye</i>	35.22 (b)	
Performed by qualified expert or reviewed by qualified expert within 15 days? <i>ye</i>	35.22 (c), 35.24	
Properly calibrated dosimetry system? <i>ye</i>	35.23 (b)	
Records available? <i>ye</i>	35.25	
NOTES & REMARKS:		
<u>10. Posting of Notices</u>		
Part 20, license & documents, procedures, notice of violations?	19.11 (a)	<i>C</i>
NRC-37	19.11 (c)	
NOTES & REMARKS:		

INSPECTION REPORT NUMBER _____

Page _____ of _____

787208 - Medical - Teletherapy

AREAS INSPECTED AND FINDINGS

Licensee: _____ License No: _____ Amendment No: _____

INSPECTION ITEM	CRITERIA	FINDING
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11. Other License Conditions

OK

C

NOTES & REMARKS:

12. Confirmatory Measurements

Output check? OK

Confirmation of condition 18 survey? OK

NOTES & REMARKS:

NRC Instrument: Ludlum 14C

Calibration Date: 22 Nov 83

Due 27 Feb 84

13. Independent Inspection Effort

> 1 mR/hr head
1 mR/hr body
interlocks ok

NOTES & REMARKS:

need lock on manual source wheel
to be in locked position

INSPECTION REPORT NUMBER _____

Page _____ of _____

APPENDIX A - DOCUMENTATION OF NONCOMPLIANCE

Licensee: _____

License No: _____

Reference

Basis for noncompliance

Report item _____

10 CFR _____

L1c Cond _____

Type n/c_____

Report item _____

10 CFR _____

L1c Cond _____

Type n/c _____

Report item _____

10 CFR _____

Lic Cond _____

Type n/c_____

Report item _____

10 CFR _____

L1c Cond _____

Type n/c_____

Report item _____

10 CFR _____

L1c Cond _____

Type n/c _____

Report item _____

10 CFR _____

Lic Cond _____

Type n/c_____

INSPECTION REPORT NUMBER _____

Page ____ of ____

APPENDIX B - LICENSEE ACTION ON PREVIOUS INSPECTION FINDINGS

Licensee: _____

License No: _____

Identification and summary of action taken

Status

Report No: 80-02 Type n/c: inf Describe: LC 20 5yr maintain
Action taken: _____

OPEN

CLOSED

performed 9/80 by Dr Mahan

Report No: 80-02 Type n/c: inf Describe: 35.21 annual
Action taken: _____

OPEN

CLOSED

annual calibration performed 9/79
and annually thereafter

Report No: 80-02 Type n/c: inf Describe: 35.22 (b)
Action taken: _____

OPEN

CLOSED

timer error has been done
monthly on spot checks since 7/79

Report No: _____ Type n/c: _____ Describe: _____

Action taken: _____

OPEN

CLOSED

Report No: _____ Type n/c: _____ Describe: _____

Action taken: _____

OPEN

CLOSED

Report No: _____ Type n/c: _____ Describe: _____

Action taken: _____

OPEN

CLOSED

(July 82)

INSPECTION REPORT NUMBER _____

Page _____ of _____

APPENDIX C - SUPPLEMENTARY INFORMATION

Licensee: _____ License No: _____

- () Uncorrected/repeated noncompliance
- () Unusual occurrence, conditions, etc
- () Basis for change of Category or Priority

- () Unresolved items
- () Inspector's comments

Docket Nos. 30-01315
30-00124 ✓
30-14907

04 APR 1984

License Nos. 08-01709-04
08-01709-06 ✓
08-01709-07

Georgetown University Medical Center
ATTN: Matthew F. McNaulty, Sc.D.
Chancellor, The Medical Center
3800 Reservoir Road
Washington, D. C. 20057

Gentlemen:

Subject: Combined Inspection Nos. 30-01315/83-01; 30-00124/83-01; and
30-14907/83-01

This refers to your letter dated February 10, 1984, in response to our letter dated January 25, 1984.

Thank you for informing us of the corrective and preventive actions documented in your letter. These actions will be examined during a future inspection of your licensed program.

Your cooperation with us is appreciated.

Sincerely,

Original Signed By:
John D. Kinneman

Thomas T. Martin, Director,
Division of Engineering and
Technical Programs

cc:
Public Document Room (PDR)
Nuclear Safety Information Center (NSIC)
District of Columbia
Warren Schadt, Ph.D., Director of Radiation Control
Irving Gray, Ph.D., Professor of Biology

bcc:
Region I Docket Room (w/concurrences)

RI:DETP
Nicolosi
4/2/84

RI:DETP
Kinneman
4/2/84

RL30-13627/83-01 - 0001.0.0
03/30/84

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THE MEDICAL CENTER
GEORGETOWN UNIVERSITY
WASHINGTON, D. C. 20007

OFFICE OF THE CHANCELLOR
202 625-7006

February 23, 1984

Thomas T. Martin, Director
Division of Engineering and
Technical Programs
U. S. Nuclear Regulatory Commission
Region 1
631 Park Avenue
King of Prussia, Pennsylvania 19406

REF: Docket Nos. 30-01315, 30-00124 and 30-14907

Dear Mr. Martin:

This is in response to your letter of January 25, 1984, which contained the results of an inspection conducted by Mr. Nicolosi at the Georgetown University Medical Center. The Byproduct Material Licenses included in the inspection are: 08-01709-04, 08-01709-06 and 08-01709-07.

This letter formally confirms that Georgetown University Medical Center has initiated a program of licensed byproduct material inventory control. Inventory records will be maintained by each investigator and reviewed by the Radiation Control Office. This program will be reviewed by the Committee on Radiation Control.

The following items are related to the violation specified in Appendix A of your letter.

1. The Radiation Control Office does evaluate the extremity exposures for persons who participate in brachytherapy procedures. These evaluations are included in the written ALARA reports that are submitted each quarter to the Committee on Radiation Control.

2. It is the policy of Georgetown University Medical Center to issue extremity monitoring (TLD finger) devices to all persons actively engaged in brachytherapy procedures, and the provisions of 20.202(a)(1) are not currently used to terminate unnecessary monitoring for persons whose results are consistently below the 25 percent limit. We believe that this action is prudent provided that it does not create addition requirements that are counter-productive.

3. The written ALARA evaluations covering the past two years clearly indicate that only one individual has had extremity exposures in one calendar quarter that exceeded 25 percent of the limit for extremities in 20.101(a). And the ALARA investigation into that event identified the cause and eliminated it. The data that Mr. Nicolosi examined were the results for that individual. In early 1983, the individual ceased performing brachytherapy procedures, and the ring badge results began to show no extremity exposures as would be expected.

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2pp.

4. The workload and procedures for brachytherapy at Georgetown are constant, consistent and routinely observed by the RCO staff. The data available for the extremity exposures of support staff indicate that such monitoring could be terminated. In order to be extra cautious, however, these persons will continue to receive the monitoring devices. However, the Radiation Control Office does not conduct an investigation or evaluation if an extremity badge for one of these persons is lost or not worn for a brief period. We believe that such investigations would be counter-productive.

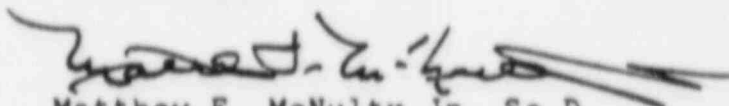
5. The Radiation Control Office will continue its efforts of spot-checking brachytherapy procedures. If a person is observed to be without a monitor during the procedure, that fact is noted, the monitoring device is obtained if possible, and the individual and his/her supervisor are notified.

6. A copy of the Notice of Violation cited in Appendix A along with a letter reemphasizing to the staff the need to wear extremity monitors has been sent to the Chairman and to the Chief Physicist of the Department of Radiation Medicine.

We believe that our position and actions on this matter are consistent with the goal of providing a safe working environment for the entire Georgetown community.

I trust these actions provide an appropriate and satisfactory response to these matters.

Sincerely,



Matthew F. McNulty Jr., Sc.D.
Chancellor, The Medical Center

MFMcN:wws

cc: Warren W. Schadt, Ph.D., C.H.P.
Director, Radiation Control
John C. Rose, M.D.
Chairman, C.R.C.
John L. Greenbaum
Assistant Chancellor

JAN 25 1984

Docket Nos. 30-01315
30-00124✓
30-14907

License Nos. 08-01709-04
08-01709-06
08-01709-07

Georgetown University Medical Center
ATTN: Matthew F. McNulty, Sc.D.
Chancellor, The Medical Center
3800 Reservoir Road
Washington, DC 20007

Gentlemen:

Subject: Combined Inspection Nos. 30-01315/83-01; 30-00124/83-01; and
30-14907/83-01

This refers to the routine safety inspection conducted by Mr. J. Nicolosi of this office on November 15, 16, 17 and 23, 1983 of activities authorized by NRC License Nos. 08-1709-04, 08-01709-06, and 08-01709-07 and to the discussions of our findings held by Mr. Nicolosi with Messers Clemmer, Schadt and Groton of your staff at the conclusion of the inspection, and to a subsequent telephone discussion between Mr. Schadt and Mr. Nicolosi on December 20, 1983.

The inspection was an examination of activities conducted under your license as they relate to radiation safety and to compliance with the Commission's rules and regulations and the conditions of your licenses. The inspection consisted of selective examinations of procedures and representative records, interviews with personnel, measurements made by the inspector, and observations by the inspector.

Our inspector also verified the steps you have taken to correct the violations brought to your attention in the enclosure to our letter dated November 4, 1983. We have no further questions regarding your action at this time.

Based on the results of this inspection, it appears that one of your activities was not conducted in full compliance with NRC requirements, as set forth in the Notice of Violation, enclosed herewith as Appendix A. This violation has been categorized by severity level in accordance with the NRC Enforcement Policy (10 CFR 2, Appendix C) published in the Federal Register Notice (47 FR 9987) dated March 9, 1982. You are required to respond to this letter and in preparing your response, you should follow the instructions in Appendix A.

Based on the December 20, 1983, telephone conversation, we understand that you will initiate inventory control and accountability procedures, including the maintenance of records for the use of licensed material in your medical research program. We further understand that records of use will be generated by the investigators and reviewed by the Department of Radiation Control. Please confirm this understanding in your written response to the letter.

In accordance with Section 2.790 of the NRC's "Rules of Practice," Part 2, Title 10, Code of Federal Regulations, a copy of this letter and your reply will be placed in the Public Document Room.

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16KINNEMAN1/9/84 - 0001.0.0
01/09/84

16:07

JAN 25 1984

The responses directed by this letter and the accompanying Notice are not subject to the clearance procedures of the Office of Management and Budget as required by the Paperwork Reduction Act of 1980, PL 96-511.

Your cooperation with us in this matter is appreciated.

Sincerely,

Original Signed By:

John D. Kinneman

for Thomas T. Martin, Director
Division of Engineering and
Technical Programs

Enclosure: Appendix A, Notice of Violation

cc w/encl:

Public Document Room (PDR)

Nuclear Safety Information Center (NSIC)

District of Columbia

Warren W. Schadt, Ph. D., CHP, Director, Office of Radiation Control

bcc w/encl:

Region I Docket Room (w/concurrences)

Senior Operations Officer (w/o encl)

for *Kinneman*
RI:DETP
Nicolosi/slf
1/9/84

Kinneman
RI:DETP
Kinneman
1/21/84

16KINNEMAN1/9/84 - 0003.0.0
01/09/84

JUL 25 1984

APPENDIX A

NOTICE OF VIOLATION

Georgetown University Medical Center
Washington, D.C. 20007

Docket No. 30-01315
License No. 08-01709-04

As a result of the inspection conducted on November 15, 16, 17 and 23, 1983, and in accordance with the NRC Enforcement Policy (10 CFR 2, Appendix C), the following violations were identified:

- A. 10 CFR 20.201(b), "Surveys", requires that each licensee make such surveys as may be necessary to comply with all sections of Part 20. As defined in 10 CFR 20.201(a), "surveys" means an evaluation of the radiation hazards incident to the production, use, release, disposal or presence of radioactive materials or other sources of radiation under a specific set of conditions.

Contrary to the above, as of November 15, 1983, surveys were not made to assure compliance with that part of 10 CFR 20.101 that limits the radiation exposure to the extremities of individuals. Specifically, no evaluation was made of the radiation dose to the hands and fingers of a radiologist who does not always wear the assigned TLD finger badges during brachytherapy procedures.

This is a Severity Level IV violation. (Supplement IV)

Pursuant to the provisions of 10 CFR 2.201, Georgetown University Medical Center is hereby required to submit to this office within thirty days of the date of the letter which transmitted this Notice, a written statement or explanation in reply, including: (1) the corrective steps which have been taken and the results achieved; (2) corrective steps which will be taken to avoid further violations; and (3) the date when full compliance will be achieved. Where good cause is shown, consideration will be given to extending this response time.

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LICENSE NO: 08-01709-06

DOCKET NO. (s) 30-00124

PAGE _____ OF _____

ATTACHED

- ☐ Appendix A
☐ Appendix B
☐ Appendix C
☐ Memo

INSPECTION REPORT NO. 82-83-01
Georgetown Univ. Medical Center
3800 Reservoir Rd NW
Washington, P.C. 20007

LICENSEE CONTACT: Warren Schadt Ph.D. RSO Telephone No: 202 625-2107

LICENSE NO: 08-01709-06 CATEGORY 63 PRIORITY: II 5213

CATEGORY _____ PRIORITY: _____

CATEGORY _____ PRIORITY: _____

INSPECTION DATE (s): Nov 15, 16, 17, 23 1983 TYPE OF INSPECTION: ☐ SPECIAL ☐ ANNOUNCED
☒ ROUTINE ☒ UNANNOUNCED
☐ DAYSHIFT
☐ OTHER

SUMMARY OF FINDINGS AND ACTION

- ☐ NO NONCOMPLIANCE, CLEAR 591 ISSUED
☒ NO NONCOMPLIANCE, LETTER
☐ NONCOMPLIANCE, APPENDIX A

- ☐ ACTION ON PREVIOUS NONCOMPLIANCE, APPENDIX B
☐ NONCOMPLIANCE, 591 ISSUED
☐ SUPPLEMENTAL INFO, APPENDIX C

RECOMMENDATIONS
SEE BASIS IN APPENDIX C

- ☐ CHANGE CATEGORY TO: _____
☐ NEXT INSPECTION DATE: 11/85

- ☐ CHANGE PRIORITY TO: _____

PERSONS CONTACTED

Rm Rodgers - Pres. Physician
S. Kestgi - Pres. Physician

INSPECTOR: [Signature]

APPROVED: [Signature]

12/27/83

INSPECTION PLAN AND REPORT NUMBER _____ Page _____ of _____

Plan Approved: _____ Date: _____

Licensee: _____ License No. _____

Inspection Items	Scheduled for Inspection	Post Inspection Status	Module No.
Management Meeting - Entrance and Exit Interviews (Required)	-	-	30703B
Program Requirements, MC 2860 (Required)	-	-	78720B
Followup on Noncompliance and Deviations	<i>none</i>	<i>none</i>	92702B
Independent Inspection Effort (Required)	<i>none</i>	<i>94</i>	92706B
Transportation			86740B

INSPECTION REPORT _____

Page _____ of _____

787208 - Medical - Teletherapy

AREAS INSPECTED AND FINDINGS

Licensee: _____ License No: _____ Amendment No: _____

INSPECTION ITEM	CRITERIA	FINDING
1. <u>Organization</u>	Lic Cond _____	<u>C</u>
Management organization?		
Radiation protection organization?	- Discussed under - 06 license	
Patient load?	30/pts daily	
NOTES & REMARKS:		
2. <u>Training and Instructions to Employees</u>	Lic Cond _____	<u>C</u>
Training program, scope and frequency, retraining?		
Required tests administered, scores satisfactory?		
Instructions to workers?	19.12	
NOTES & REMARKS:		
3. <u>Radiation Protection Procedures</u>	Lic Cond _____	<u>C</u>
Operating and emergency procedures implemented; interlock failure, handling malfunctions during operations?		
5-year maintenance?	Lic Cond 20	
Emergency Procedures posted?	Lic Cond 16	
Radiation room monitor mounted, operable?	Order	
Tested? Survey meter used when inoperable?		
NOTES & REMARKS:		

AREAS INSPECTED AND FINDINGS

Licensee: _____ License No: _____ Amendment No: _____

INSPECTION ITEM	CRITERIA	FINDING
4. <u>Materials, Facilities and Instruments</u>		<u>C</u>
Teletherapy unit location, interlock system operational, required tests? (every 6 months, records)	OK Lic Cond 10, 17, 19	
Access controls, posting of areas & rooms?	OK 20.203	
Survey instruments & dosimeters operable, properly calibrated?	OK Lic Cond _____	
Patient viewing system?	OK Lic Cond 13	
NOTES & REMARKS:		
5. <u>Personnel Protection - External</u>		<u>C</u>
Personnel monitoring control; minimize exposures, control of accumulated dose?	OK 20.101, 20.102, 20.202	
Surveys conducted following last source change? Sent to NRC? Adequate?	OK 20.201 Lic Cond 18	
Levels in unrestricted areas?	OK 20.1, 20.104	
Stops installed?	OK Lic Cond 15	
NOTES & REMARKS:		
6. <u>Leak Tests of Sources</u>	Lic Cond 14	<u>C</u>
Performed by authorized persons & methods:	Jim Qualtr LSO	
Performed at 6-month (or other) interval?	24	
Records maintained; reports submitted of leaking sources; corrective action taken?	me	
NOTES & REMARKS:		

AREAS INSPECTED AND FINDINGS

Licensee: _____ License No: _____ Amendment No: _____

INSPECTION ITEM	CRITERIA	FINDING
<u>7. Notifications and Reports</u>		
To individuals?	19.13	<u>C</u>
Overexposures, excessive levels, incidents?	20.403, 20.405	
Personnel exposures and monitoring, termination reports?	20.407, 20.408	
Theft or loss of licensed material:	20.402	
Misadministrations?	35.41 - 35.45	
NOTES & REMARKS:		
<u>8. Annual Calibration</u>		
At required intervals?	35.21 (a)	<u>C</u>
Include all required tests?	35.21 (b)	
Properly calibrated dosimetry system?	35.23 (a)	
Performed by a qualified expert?	35.21 (e), 35.24	
Decay corrections for interval not exceeding 1 month?	35.21 (d)	
Records available?	35.25	
NOTES & REMARKS:		
<u>9. Spot Check Measurements</u>		
At required intervals?	35.22 (a)	<u>C</u>
Include all required tests?	35.22 (b)	
Performed by qualified expert or reviewed by qualified expert within 15 days?	35.22 (c), 35.24	
Properly calibrated dosimetry system?	35.23 (b)	
Records available?	35.25	
NOTES & REMARKS:		
<u>10. Posting of Notices</u>		
Part 20, license & documents, procedures, notice of violations?	19.11 (a)	<u>C</u>
NRC-37	19.11 (c)	
NOTES & REMARKS:		

AREAS INSPECTED AND FINDINGS

Licensee: _____ License No: _____ Amendment No: _____

INSPECTION ITEM	CRITERIA	FINDING
11. <u>Other License Conditions</u>		<u>OK</u>

NOTES & REMARKS:

12. Confirmatory Measurements

Output check?

Confirmation of condition 18 survey?

NOTES & REMARKS:

Room in use at time of inspection
- not able to do survey in unrestricted area

NRC Instrument: _____ Calibration Due Date: _____

13. Independent Inspection Effort

OK

NOTES & REMARKS:

Type n/c_____

INSPECTION REPORT NUMBER _____

Page _____ of _____

APPENDIX B - LICENSEE ACTION ON PREVIOUS INSPECTION FINDINGS

Licensee: _____

License No: _____

Identification and summary of action taken

Status

Report No: _____

Type n/c: _____

Describe: _____

Action taken:

OPEN

CLOSED

Report No: _____

Type n/c: _____

Describe: _____

Action taken:

OPEN

CLOSED

Report No: _____

Type n/c: _____

Describe: _____

Action taken:

OPEN

CLOSED

Report No: _____

Type n/c: _____

Describe: _____

Action taken:

OPEN

CLOSED

Report No: _____

Type n/c: _____

Describe: _____

Action taken:

OPEN

CLOSED

Report No: _____

Type n/c: _____

Describe: _____

Action taken:

OPEN

CLOSED

(July 82)

INSPECTION REPORT NUMBER _____

Page ____ of ____

APPENDIX C - SUPPLEMENTARY INFORMATION

Licensee: _____ License No: _____

-
- () Uncorrected/repeated noncompliance
() Unusual occurrence, conditions, etc
() Basis for change of Category or Priority

- () Unresolved items
(X) Inspector's comments

All therapy charts receive review
by dosimetrist and 2 radiation physicist
to ensure proper dose is administered.

Docket Nos. 30-01315✓
30-00124
30-14907

04 APR 1984

License Nos. 08-01709-04✓
08-01709-06
08-01709-07

Georgetown University Medical Center
ATTN: Matthew F. McNaulty, Sc.D.
Chancellor, The Medical Center
3800 Reservoir Road
Washington, D. C. 20057

Gentlemen:

Subject: Combined Inspection Nos. 30-01315/83-01; 30-00124/83-01; and
30-14907/83-01

This refers to your letter dated February 10, 1984, in response to our letter dated January 25, 1984.

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Your cooperation with us is appreciated.

Sincerely,

Original Signed By
John D. Kinneman

Thomas T. Martin, Director,
Division of Engineering and
Technical Programs

cc:
Public Document Room (PDR)
Nuclear Safety Information Center (NSIC)
District of Columbia✓
Warren Schadt, Ph.D., Director of Radiation Control✓
Irving Gray, Ph.D., Professor of Biology ✓

bcc:
Region I Docket Room (w/concurrences)

RL:DETP
Nicolosi
4/2/84

RL:DETP
Kinneman
4/2/84

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03/30/84

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THE MEDICAL CENTER
GEORGETOWN UNIVERSITY
WASHINGTON, D. C. 20007

OFFICE OF THE CHANCELLOR
202-625-7006

February 23, 1984

Thomas T. Martin, Director
Division of Engineering and
Technical Programs
U. S. Nuclear Regulatory Commission
Region 1
631 Park Avenue
King of Prussia, Pennsylvania 19406

REF: Docket Nos. 30-01315, 30-00124 and 30-14907

Dear Mr. Martin:

This is in response to your letter of January 25, 1984, which contained the results of an inspection conducted by Mr. Nicolosi at the Georgetown University Medical Center. The Byproduct Material Licenses included in the inspection are: 08-01709-04, 08-01709-06 and 08-01709-07.

This letter formally confirms that Georgetown University Medical Center has initiated a program of licensed byproduct material inventory control. Inventory records will be maintained by each investigator and reviewed by the Radiation Control Office. This program will be reviewed by the Committee on Radiation Control.

The following items are related to the violation specified in Appendix A of your letter.

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2. It is the policy of Georgetown University Medical Center to issue extremity monitoring (TLD finger) devices to all persons actively engaged in brachytherapy procedures, and the provisions of 20.202(a)(1) are not currently used to terminate unnecessary monitoring for persons whose results are consistently below the 25 percent limit. We believe that this action is prudent provided that it does not create addition requirements that are counter-productive.

3. The written ALARA evaluations covering the past two years clearly indicate that only one individual has had extremity exposures in one calendar quarter that exceeded 25 percent of the limit for extremities in 20.101(a). And the ALARA investigation into that event identified the cause and eliminated it. The data that Mr. Nicolosi examined were the results for that individual. In early 1983, the individual ceased performing brachytherapy procedures, and the ring badge results began to show no extremity exposures as would be expected.

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4. The workload and procedures for brachytherapy at Georgetown are constant, consistent and routinely observed by the RCO staff. The data available for the extremity exposures of support staff indicate that such monitoring could be terminated. In order to be extra cautious, however, these persons will continue to receive the monitoring devices. However, the Radiation Control Office does not conduct an investigation or evaluation if an extremity badge for one of these persons is lost or not worn for a brief period. We believe that such investigations would be counter-productive.

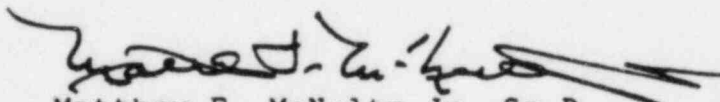
5. The Radiation Control Office will continue its efforts of spot-checking brachytherapy procedures. If a person is observed to be without a monitor during the procedure, that fact is noted, the monitoring device is obtained if possible, and the individual and his/her supervisor are notified.

6. A copy of the Notice of Violation cited in Appendix A along with a letter reemphasizing to the staff the need to wear extremity monitors has been sent to the Chairman and to the Chief Physicist of the Department of Radiation Medicine.

We believe that our position and actions on this matter are consistent with the goal of providing a safe working environment for the entire Georgetown community.

I trust these actions provide an appropriate and satisfactory response to these matters.

Sincerely,



Matthew F. McNulty Jr., Sc.D.
Chancellor, The Medical Center

MFMcN:wws

cc: Warren W. Schadt, Ph.D., C.H.P.
Director, Radiation Control
John C. Rose, M.D.
Chairman, C.R.C.
John L. Greenbaum
Assistant Chancellor

JAN 25 1984

Docket Nos. 30-01315 ✓
30-00124
30-14907

License Nos. 08-01709-04
08-01709-06
08-01709-07

Georgetown University Medical Center
ATTN: Matthew F. McNulty, Sc.D.
Chancellor, The Medical Center
3800 Reservoir Road
Washington, DC 20007

Gentlemen:

Subject: Combined Inspection Nos. 30-01315/83-01; 30-00124/83-01; and
30-14907/83-01

This refers to the routine safety inspection conducted by Mr. J. Nicolosi of this office on November 15, 16, 17 and 23, 1983 of activities authorized by NRC License Nos. 08-1709-04, 08-01709-06, and 08-01709-07 and to the discussions of our findings held by Mr. Nicolosi with Messers Clemmer, Schadt and Groton of your staff at the conclusion of the inspection, and to a subsequent telephone discussion between Mr. Schadt and Mr. Nicolosi on December 20, 1983.

The inspection was an examination of activities conducted under your license as they relate to radiation safety and to compliance with the Commission's rules and regulations and the conditions of your licenses. The inspection consisted of selective examinations of procedures and representative records, interviews with personnel, measurements made by the inspector, and observations by the inspector.

Our inspector also verified the steps you have taken to correct the violations brought to your attention in the enclosure to our letter dated November 4, 1983. We have no further questions regarding your action at this time.

Based on the results of this inspection, it appears that one of your activities was not conducted in full compliance with NRC requirements, as set forth in the Notice of Violation, enclosed herewith as Appendix A. This violation has been categorized by severity level in accordance with the NRC Enforcement Policy (10 CFR 2, Appendix C) published in the Federal Register Notice (47 FR 9987) dated March 9, 1982. You are required to respond to this letter and in preparing your response, you should follow the instructions in Appendix A.

Based on the December 20, 1983, telephone conversation, we understand that you will initiate inventory control and accountability procedures, including the maintenance of records for the use of licensed material in your medical research program. We further understand that records of use will be generated by the investigators and reviewed by the Department of Radiation Control. Please confirm this understanding in your written response to the letter.

In accordance with Section 2.790 of the NRC's "Rules of Practice," Part 2, Title 10, Code of Federal Regulations, a copy of this letter and your reply will be placed in the Public Document Room.

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01/09/84

1E:07

JAN 25 1984

The responses directed by this letter and the accompanying Notice are not subject to the clearance procedures of the Office of Management and Budget as required by the Paperwork Reduction Act of 1980, PL 96-511.

Your cooperation with us in this matter is appreciated.

Sincerely,

Original Signed By:
John D. Kinneman

for Thomas T. Martin, Director
Division of Engineering and
Technical Programs

Enclosure: Appendix A, Notice of Violation

cc w/encl:

Public Document Room (PDR)

Nuclear Safety Information Center (NSIC)

District of Columbia ✓

Warren W. Schadt, Ph. D., CHP, Director, Office of Radiation Control ✓

bcc w/encl:

Region I Docket Room (w/concurrences)

Senior Operations Officer (w/o encl) ✓

for *Kinneman*
RI:DETP

Nicolosi/slf

1/9/84

Kinneman
RI:DETP

Kinneman

1/21/84

16KINNEMAN1/9/84 - 0003.0.0
01/09/84

JUL 25 1984

APPENDIX A

NOTICE OF VIOLATION

Georgetown University Medical Center
Washington, D.C. 20007

Docket No. 30-01315
License No. 08-01709-04

As a result of the inspection conducted on November 15, 16, 17 and 23, 1983, and in accordance with the NRC Enforcement Policy (10 CFR 2, Appendix C), the following violations were identified:

- A. 10 CFR 20.201(b), "Surveys", requires that each licensee make such surveys as may be necessary to comply with all sections of Part 20. As defined in 10 CFR 20.201(a), "surveys" means an evaluation of the radiation hazards incident to the production, use, release, disposal or presence of radioactive materials or other sources of radiation under a specific set of conditions.

Contrary to the above, as of November 15, 1983, surveys were not made to assure compliance with that part of 10 CFR 20.101 that limits the radiation exposure to the extremities of individuals. Specifically, no evaluation was made of the radiation dose to the hands and fingers of a radiologist who does not always wear the assigned TLD finger badges during brachytherapy procedures.

This is a Severity Level IV violation. (Supplement IV)

Pursuant to the provisions of 10 CFR 2.201, Georgetown University Medical Center is hereby required to submit to this office within thirty days of the date of the letter which transmitted this Notice, a written statement or explanation in reply, including: (1) the corrective steps which have been taken and the results achieved; (2) corrective steps which will be taken to avoid further violations; and (3) the date when full compliance will be achieved. Where good cause is shown, consideration will be given to extending this response time.

~~8402780346~~

10pp

REGION I Form 198-C
(July 82)

LICENSE NO: 08-01709-04

DOCKET NO. (s) 30-00124 ⁰¹³¹⁵

PAGE _____ OF _____

ATTACHED

- ☐ Appendix A
☐ Appendix B
☐ Appendix C
☐ Memo

INSPECTION REPORT NO. 83-01

Georgetown University Medical Center
3800 Reservoir Rd NW
Washington DC 20007

LICENSEE CONTACT: Walter Schmitt PhD Director

Radiation Control

Telephone No: 202-625-2107

LICENSE NO: _____ CATEGORY G1 PRIORITY: II

_____ CATEGORY _____ PRIORITY: _____

_____ CATEGORY _____ PRIORITY: _____

INSPECTION DATE (s): 15, 16, 17, 23 1983

TYPE OF INSPECTION: ☐ SPECIAL ☐ ANNOUNCED
☒ ROUTINE ☒ UNANNOUNCED
☐ DAYSHIFT
☐ OTHER

SUMMARY OF FINDINGS AND ACTION

- ☐ NO NONCOMPLIANCE, CLEAR 591 ISSUED
☐ NO NONCOMPLIANCE, LETTER
☐ NONCOMPLIANCE, APPENDIX A

- ☐ ACTION ON PREVIOUS NONCOMPLIANCE, APPENDIX B
☐ NONCOMPLIANCE, 591 ISSUED
☐ SUPPLEMENTAL INFO, APPENDIX C

RECOMMENDATIONS
SEE BASIS IN APPENDIX C

- ☐ CHANGE CATEGORY TO: _____
☐ NEXT INSPECTION DATE: 11/85

☐ CHANGE PRIORITY TO: _____

PERSONS CONTACTED

→ Walter Schmitt - Director Rad Safety
John Gochoco - Chief Tech
→ Jim Grotton RSO →
Frank Goldstein - Nuc Med Physician
Tom Rogers - Rad Physicist
W. Dubinsky - RMT (Unit Chief)

- Sam Petty - Nurse Coordinator
- S. Kuski - Rad Physicist
- [unclear] - [unclear]
- [unclear] - [unclear]
- [unclear] - [unclear]
- [unclear] - [unclear]
- [unclear] - [unclear]

INSPECTOR: G. Nido

APPROVED: [Signature]

12/27/83

INSPECTION PLAN AND REPORT NUMBER _____ Page _____ of _____

Plan Approved: _____ Date: _____

Licensee: _____ License No. _____

Inspection Items	Scheduled for Inspection	Post Inspection Status	Module No.
Management Meeting - Entrance and Exit Interviews (Required)	—	—	30703B
Program Requirements, MC 2860 (Required)	—	—	78710B
Followup on Noncompliance and Deviations	—	—	92702B
Independent Inspection Effort (Required)	—	—	92706B
Transportation	—	—	86740B

AREAS INSPECTED AND FINDINGS

Licensee: _____ License No: _____ Amendment No: _____

INSPECTION ITEMS	CRITERIA	FINDING
1. <u>Organization</u>	Lic Cond _____	<u>C</u>
Structure of organization as described in requirements?	Director of Radiation Control reports to the Chancellor of Medical Center thru the Deputy of Fiscal Affairs	
Scope of Program? Patient load?	Radiation safety officer reports to Director of Radiation Control	
NOTES & REMARKS:	RSD responsible for performance of quality inspection of labs, waste control, day to day safety, specifications, dosimetry, bioassay, effluent monitoring	
	Research medical diagnosis, brachytherapy	med diag - 25-40 pts daily brachytherapy - 100-150 pts annual
2. <u>Licensee Internal Audits</u>	Lic Cond _____	<u>C</u>
Scope and frequency of audits as required? ^{ok}	ok	
Conducted by appropriate persons? ^{ok}	ok	
Records maintained? ^{yes}	yes	
Reviewed by management? ^{yes}	yes	
Deficiencies identified and corrected?	notification of deficiencies are sent to responsible person	
NOTES & REMARKS:	Audits reveal problem with some researchers still not submitted inventory, original records	
	Rad Safety Director brought in one researcher because of lack of control	
3. <u>Training and Qualification of Personnel</u>	Lic Cond _____	<u>C</u>
Training & retraining conducted as required?	- Training - 15 in course equivalent -	
Written & oral exams conducted?	Last two scheduled courses - no one attended	
Examination results reviewed by management?	- Information used - responsible for training	
Instructions to workers per 19.12?	19.12	
Authorized users? On license? Available	Lic Cond _____	
in emergency?	Rad Safety Director now conducts training on a one-on-one basis	
NOTES & REMARKS:		
4. <u>Radiation Protection Procedures</u>	Lic Cond _____	<u>C</u>
Procedures available and implemented?	ok	
Identify radiopharmaceutical and dose(s)?	ok	
Cover handling of patients receiving therapeutic doses? Cover handling of cadavers?	ok	
Close out Surveys on Patients receiving temporary implants?	35.14 (b)(5)(v)	
Emergency procedures for spills, etc?	ok	
Personnel understand procedures?	ok	
NOTES & REMARKS:		

AREAS INSPECTED AND FINDINGS

Licensee: _____ License No: _____ Amendment No: _____

INSPECTION ITEM	CRITERIA	FINDING
<u>5. Use of Materials</u>		
Procurement and use as required? Authorized form & route of administration?	35.14(b)	<u>C</u>
Special tests (moly breakthrough, leak tests, etc) required?	35.14(b)(4)	Ref. stds, brachytherapy sources etc tests ok.
Inventory of brachytherapy sources?	35.14(b)(5)	
Dose calibration checks performed?		
Posting & labeling as required?	20.203	
NOTES & REMARKS:		
<u>6. Storage of Materials</u>		
Material secured in both restricted and unrestricted areas? Adequately?	20.207	<u>C</u>
NOTES & REMARKS:		
<u>7. Facilities</u>		
As described in lic cond or application?	Lic Cond _____	<u>C</u>
Any changes made? Adequacy?		
NOTES & REMARKS:		
<u>8. Instruments</u>		
Survey meters & instruments adequate for program?	Lic Cond _____	<u>C</u>
Instruments & meters operable? Calibrated? Calibration adequate?		Quarterly in-house calibration - request. requesting relief from license condition. Separately on non critical instruments i.e. monitor for gross contamination of an extreme radiation levels - in house calibration
NOTES & REMARKS:		

AREAS INSPECTED AND FINDINGS

Licensee: _____ License No: _____ Amendment No: _____

INSPECTION ITEMS	CRITERIA	FINDING
<u>9. Receipt and Transfer of Material</u>		
Written procedures for pickup, receiving, opening packages?	20.205	
Survey of packages when received? <i>OK</i>	20.205(c)(1)	Not material in
Records of survey of packages? <i>OK</i>	20.401(b)	rec and received from
Transfer of materials proper? Transfer records maintained? <i>OK</i>	30.41, 30.51	Amcor -
Authorized containers used? Shipping papers & package labels proper for packages on hand? <i>OK</i>	71.5	
NOTES & REMARKS:	Some transfer of material to people at NIH - U.S. authorities	
<u>10. Personnel Protection - External</u>		
Personnel monitoring controls adequate? Exposures minimized? <i>OK</i>	20.101, 20.202	<i>OK</i> <i>work in brachytherapy dept</i>
Exposure records (NRC-4 or 5) maintained? Available for employee review? <i>OK</i>	20.102(b), 20.401(a)	Physicians deny brachytherapy exposure
Surveys conducted? Adequate?	20.201	do not wear assigned dosimetry
Records of monitoring, surveys?	20.401	
Levels in unrestricted areas within limits? (Particularly around nuclear med. hot lab rooms of brachytherapy patients)	20.1, 20.105	
NOTES & REMARKS:		
<u>11. Personnel Protection - Internal</u>		
Airborne concentrations in restricted areas? (Xe-133, patients treated with I-131) <i>OK</i>	20.103	Isolation hoods -
Exposures to minors?	20.104	have B/Z monitors (functional)
Posting of airborne radioactivity areas?	20.203(d)	
Survey, monitoring bioassay adequate for airborne radioactivity, surface contamination? Records maintained? <i>OK</i>	20.201 20.401	
Procedures for use of Xe-133 followed? <i>OK</i>		
NOTES & REMARKS:		

AREAS INSPECTED AND FINDINGS

Licensee: _____ License No: _____ Amendment No: _____

INSPECTION ITEM	CRITERIA	FINDING
-----------------	----------	---------

12. Effluent Controls, Waste Disposal CRelease of effluents controlled?
(particularly Xe-133, radioiodine
where used)

20.106, 20.33

Waste disposals controlled? *ye*

20.301, 20.303, 20.304, 20.305

Procedures, records maintained? *ye*

20.401, Lic Cond _____

Surveys made? Adequate? *ye*

20.401

NOTES & REMARKS:

*Not emphasis in program is waste management
due to large volume generated*

13. Notifications and Reports CTo individuals? *OK*

19.13

Overexposures, excessive levels & concentrations,
incidents? *none*

20.403, 20.405

Personnel exposures and monitoring, termination
reports? *OK*

20.407, 20.408

Theft or loss of licensed material? *None*

20.402

Misadministrations? *None since last inspection*

35.41-35.45

NOTES & REMARKS:

14. Posting of Notices CPart 20, license & documents, procedures,
notice of violations posted? *OK*

19.11(a)

NRC-3 posted? *OK*

19.11(c)

NOTES & REMARKS:

15. Other License Conditions

15-23

*OK**1/4/67*

AREAS INSPECTED AND FINDINGS

Licensee: _____ License No: _____ Amendment No: _____

INSPECTION ITEMS

CRITERIA

FINDING

16. Confirmatory MeasurementsC

1. hand contamination check - OK
2. lab survey contamination check OK
3. 2x. 105 check OK nuc used and removed lab.

NRC Instrument: _____

NRC Instrument 3

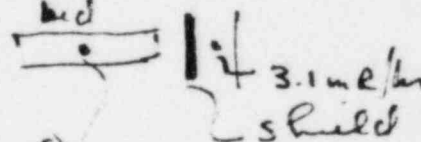
Calibration Due Date: _____

1/27/84

17. Independent Inspection EffortC

- ① thyroid bioassay calibration procedure - calibration OK
- ② brachytherapy +x- independent measurements OK

level in adj. room 3.1 mR/hr at wall but because
had placed a lead shield between wall and
resident's bed



- ④ air sampling system - iodine lab (functional) - 0.4 mR/hr.

18. Incidents and EventsC

Any incidents of misadministrations,
contamination, etc., not otherwise
covered by reports?

35.41 -35.45
20.402, 20.403, 20.405

none noted or reported

Type n/c

APPENDIX B - LICENSEE ACTION ON PREVIOUS INSPECTION FINDINGS

Licensee: _____

License No: _____

Identification and summary of action taken _____ Status _____

Report No: 82-01 Type n/c: SL IV Describe: 20.207

Action taken: Hm was observed to be under control of licensee OPEN
by inspector on day of inspection. Early morning hours CLOSED
doors of hot lab are locked

Report No: 82-01 Type n/c: SL IV Describe: 20.105 and 20.201 n/p 20.201

Action taken: licensee has amended ~~relief~~ license to obtain OPEN
relief from 20.105. will observe 500 mR/year CLOSED
licensee has developed tracking system for room and structure
adjacent to rooms where work is in progress. Records support tracking on 5-1

Report No: 82-01 Type n/c: SL IV Describe: Summary 20.201

Action taken: Record review and conversations indicate OPEN
that the required summaries are being performed CLOSED
- licensee has initiated an computer audit program to identify
these labs which have not submitted required summaries.

Report No: 82-01 Type n/c: SL IV Describe: Does Cal licensee

Action taken: Record review and conversation to have OPEN
need personnel indicates checks are now CLOSED
performed quarterly as required

Report No: 82-01 Type n/c: SL IV Describe: Food restriction area

Action taken: Check of Room 309 (Basic Science Bldg) OPEN
no food or drink allowed in lab CLOSED

Report No: 82-01 Type n/c: SL IV Describe: Quarterly audits and record

Action taken: Record review and conversation to OPEN
have personnel indicate audits done quarterly CLOSED
- Rad Safety department has designed a computer
audit program to identify timely submission of
required records for calibration

APPENDIX C - SUPPLEMENTARY INFORMATION

Licensee: _____ License No: _____

- | | |
|---|---|
| <input type="checkbox"/> Uncorrected/repeated noncompliance | <input type="checkbox"/> Unresolved items |
| <input type="checkbox"/> Unusual occurrence, conditions, etc | <input type="checkbox"/> Inspector's comments |
| <input type="checkbox"/> Basis for change of Category or Priority | |

Gamma Med II - "glaufract" radiography devices.
looks very much like T/O Co-60 ~~da~~ devices
on wheels.

- 82 authorized users
- 29 current rooms authorized in use E. 1st fl.
- 10 Active labs using radiation units of RTU.

inc med. 2nd fl.

25-40 ft. in - magnetic separation

Beach image

100 - 150 ft. in

0-10 ft. in

30 ft. in

understanding-inventory control at research lab levels.

25 APR 1984

Docket Nos. 30-01331
30-00129

License Nos. 08-08401-01 ✓
08-08401-02

Department of the Air Force
Malcolm Grow USAF Medical Center
ATTN: Brig. Gen. Vernon Chong, M.D., USAF, MC,
Commanding Officer
Andrews Air Force Base
Washington, D.C. 20331

Gentlemen:

Subject: Inspection No. 84-01

This refers to your letter dated March 30, 1984, in response to our letter dated March 26, 1984.

Thank you for informing us of the corrective and preventive actions documented in your letter. These actions will be examined during a future inspection of your licensed program.

Your cooperation with us is appreciated.

Sincerely,

original signed by
John D. Kinneman

Thomas T. Martin, Director,
Division of Engineering and
Technical Programs

cc:
Public Document Room (PDR)
Nuclear Safety Information Center (NSIC)
District of Columbia

bcc:
Region I Docket Room (w/concurrences)

[Signature]
RI-DETP
Nicolosi/lp
4/24/84

[Signature]
RI-DETP
Kinneman
4/24/84

RL30-01331/84-01 - 0001.0.0
04/17/84

8404270178

lp.

IE:07

51



DEPARTMENT OF THE AIR FORCE
MALCOLM GROW USAF MEDICAL CENTER (MAC)
ANDREWS AIR FORCE BASE, DC 20331

REPLY TO
ATTN OF

SGHRR/Capt Chughtai/4222

30 March 1984

SUBJECT:

NRC Inspection #84-01

TO:

Thomas T. Martin, Director
Div. of Engineering & Technical Programs
US NRC Region 1
631 Park Ave.
King of Prussia, PA 19406

In reference to your letter of notice of violation, Dockets #30-01331 and #30-00129 dated 26 March 1984, the following action has been taken to correct the violation to preclude recurrence.

In accordance with 10 CFR 2.201, the technician has been counseled and advised. All the personnel involved in the application of radioactive material have also been provided training in decontamination and radiation safety to avoid future violation.

GUL M. CHUGHTAI, CAPT, USAF, BSC
Radiation Safety Officer

Cy: Capt. Bollinger
AF MSC/SGPZ
Brooks AFB,
TX 78235

APPROVED:

VERNON CHONG, BRIGADIER GENERAL, USAF, MC
COMMANDER
MALCOLM GROW USAF MEDICAL CENTER

8404270182
1P.

26 MAR 1984

Docket Nos. 30-01331
30-00129

License Nos. 08-08401-01 ✓
08-08401-02

Department of the Air Force
Malcolm Grow USAF Medical Center
ATTN: Brig. Gen. Vernon Chong, M.D. USAF MC,
Commanding Officer
Andrews Air Force Base
Washington, D.C. 20331

Gentlemen:

Subject: Inspection No. 84-01

This refers to the routine safety inspection conducted by Mr. J. Nicolosi of this office on February 10, 1984, of activities authorized by NRC License Nos. 08-08401-01 and 08-08401-02 and to the discussions of our findings held by Mr. Nicolosi with yourself and staff at the conclusion of the inspection.

The inspection was an examination of activities conducted under your license as they relate to radiation safety and to compliance with the Commission's rules and regulations and the conditions of your license. The inspection consisted of selective examinations of procedures and representative records, interviews with personnel, measurements made by the inspector, and observations by the inspector.

Our inspectors verified the steps you have taken to correct the violation brought to your attention in the enclosure to our letter dated September 17, 1982. We have no further questions regarding this matter.

Based on the results of this inspection, it appears that one of your activities was not conducted in full compliance with NRC requirements, as set forth in the Notice of Violation, enclosed herewith as Appendix A. This violation has been categorized by severity level in accordance with the NRC Enforcement policy (10 CFR 2, Appendix C) published in the Federal Register Notice (47 FR 9987) dated March 9, 1982. You are required to respond to this letter and in preparing your response, you should follow the instructions in Appendix A.

At the conclusion of the inspection, the inspector expressed our concern that authorized users for your teletherapy program may not be submitting all of the required documentation to demonstrate their qualifications. In your reply to this letter please include your comments on this matter.

8403290223

2pp.

26 MAR 1984

Your cooperation with us in this matter is appreciated.

Sincerely,

Original Signed By:

~~James H. Joyner~~

Thomas T. Martin
Thomas T. Martin, Director
Division of Engineering and Technical
Programs

Enclosure: Appendix A, Notice of Violation

cc w/encl:

Public Document Room (PDR)

Nuclear Safety Information Center (NSIC)

State of Maryland

Capt. Gul Chugtai, Medical Physicist

Lt. Col. William Moyer, Executive Secretary

AMD/SG2

USAF Radioisotopes Committee

Brooks AFB, Texas 78235

bcc w/encl:

Region I Docket Room (with concurrences)

Chief, Operational Support Section (w/o encl)

Nicolosi
RI:DETP
Nicolosi/pja
3/15/84

Kinneman
RI:DETP
Kinneman

3/22/84

OFFICIAL RECORD COPY

30-01331/84-01 - 0002.0.0
02/28/84

APPENDIX A

NOTICE OF VIOLATION

Department of the Air Force
Malcolm Grow USAF Medical Center

Docket No. 30-01331
License No. 08-08401-01

As a result of the inspection conducted on February 10, 1984, and in accordance with the NRC Enforcement Policy (10 CFR 2, Appendix C), the following violation was identified:

Condition 10 of License No. 08-08401-01 requires that licensed material be possessed and used in accordance with statements, representations and procedures contained in an application dated April 16, 1979.

Item 15 of this application requires that radioactive material be used in accordance with the attached procedures.

Items 3 and 13 of these procedures require that hands and clothing be monitored after each procedure or before leaving the area, and that gloves be worn at all times while handling radioactive materials.

Contrary to the above, on February 10, 1984, a technician in the Nuclear Medicine Department failed to wear gloves at all times while handling radioactive materials and failed to adequately monitor his hands and clothing after each procedure or before leaving the area. This item was identified when the inspector measured contamination levels of 2 millirem per hour on the hands of that technician.

This is a Severity Level IV violation (Supplement VI).

Pursuant to the provisions of 10 CFR 2.201, the Department of the Air Force, Malcolm Grow Medical Center, is hereby required to submit to this office within thirty days of the date of this Notice, a written statement or explanation in reply, including: (1) the corrective steps which have been taken and the results achieved; (2) corrective steps which will be taken to avoid further violations; and (3) the date when full compliance will be achieved. Where good cause is shown, consideration will be given to extending this response time.

8403290227
11pp

REGION I Form 198-C
(July 82)

LICENSE NO: 08-08401-01

DOCKET NO. (s) 30-01331

PAGE _____ OF _____

ATTACHED

- ☐ Appendix A
☐ Appendix B
☐ Appendix C
☐ Memo

INSPECTION REPORT NO. _____

Dept of the Air Force.
Malcolm Grow USAF Med Ctr.
Washington D.C. 20331

LICENSEE CONTACT: Col Ching-Han RSO

Telephone No: _____

LICENSE NO: _____

CATEGORY 6

PRIORITY: III

CATEGORY _____

PRIORITY: _____

CATEGORY _____

PRIORITY: _____

INSPECTION DATE (s): _____

TYPE OF INSPECTION:

- ☐ SPECIAL ☐ ANNOUNCED
☐ ROUTINE ☐ UNANNOUNCED
☐ DAYSHIFT
☐ OTHER

SUMMARY OF FINDINGS AND ACTION

- ☐ NO NONCOMPLIANCE, CLEAR 591 ISSUED
☐ NO NONCOMPLIANCE, LETTER
☒ NONCOMPLIANCE, APPENDIX A

- ☒ ACTION ON PREVIOUS NONCOMPLIANCE, APPENDIX B
☐ NONCOMPLIANCE, 591 ISSUED
☐ SUPPLEMENTAL INFO, APPENDIX C

RECOMMENDATIONS
SEE BASIS IN APPENDIX C

- ☐ CHANGE CATEGORY TO: _____
☒ NEXT INSPECTION DATE: 1/8/84

☐ CHANGE PRIORITY TO: _____

PERSONS CONTACTED

Frank Velias MD. Medical Physician
Bill Van Hieu Chief Tech.
Don Arthur NMT
Col Ching-Han RSO
William Cheng, Computer

INSPECTOR: J. H. Miller

APPROVED: [Signature]

2/24/84

INSPECTION PLAN AND REPORT NUMBER _____ Page _____ of _____

Plan Approved: _____ Date: _____

Licensee: _____ License No. _____

Inspection Items	Scheduled for Inspection	Post Inspection Status	Module No.
Management Meeting - Entrance and Exit Interviews (Required)	-	✓	30703B
Program Requirements, MC 2860 (Required)	✓	✓	78710B
Followup on Noncompliance and Deviations	✓	✓	92702B
Independent Inspection Effort (Required)	✓	✓	92706B
Transportation			86740B

INSPECTION REPORT NUMBER _____

Page ____ of ____

787108 - Medical

AREAS INSPECTED AND FINDINGS

Licensee: _____ License No: _____ Amendment No: _____

INSPECTION ITEMS	CRITERIA	FINDING
<u>Organization</u>	Lic Cond _____	<u>C</u>
Structure of organization as described in requirements?	<u>OK</u>	
Scope of Program? Patient load?	15 pt/daily	2-3 thyroid ca trc I-131
NOTES & REMARKS:		<u>C</u>

2. Licensee Internal Audits

Lic Cond _____

Scope and frequency of audits as required?
Conducted by appropriate persons?
Records maintained?
Reviewed by management?
Deficiencies identified and corrected?
NOTES & REMARKS:

Use of NRC Mock audit
done every six months
no formal requirement

3. Training and Qualification of Personnel

Lic Cond _____

Training & retraining conducted as required?
Written & oral exams conducted?
Examination results reviewed by management?
Instructions to workers per 19.12?
Authorized users? On license? Available
in emergency? yes
NOTES & REMARKS:

19.12

Lic Cond _____

4. Radiation Protection Procedures

Lic Cond _____

Procedures available and implemented?
Identify radiopharmaceutical and dose(s)?
Cover handling of patients receiving therapeutic doses? Cover handling of cadavers?
Close out Surveys on Patients receiving temporary implants?
Emergency procedures for spills, etc?
Personnel understand procedures?
NOTES & REMARKS:

35.14 (b)(5)(v)

nk
no image of hand
contamination a 2nd yr
in contact - use of gloves

AREAS INSPECTED AND FINDINGS

Licensee: _____ License No: _____ Amendment No: _____

INSPECTION ITEM	CRITERIA	FINDING
5. <u>Use of Materials</u>		
Procurement and use as required? Authorized form & route of administration?	35.14(b)	<i>no IND work</i>
Special tests (moly breakthrough, leak tests, etc) required?	35.14(b)(4)	
Inventory of brachytherapy sources?	35.14(b)(5)	<i>in - 220. only</i>
Dose calibration checks performed?		
Posting & labeling as required?	20.203	
NOTES & REMARKS:		
6. <u>Storage of Materials</u>		
Material secured in both restricted and unrestricted areas? Adequately?	20.207	
NOTES & REMARKS:		
7. <u>Facilities</u>		
As described in lic cond or application?	Lic Cond	
Any changes made? Adequacy?	<i>GK</i>	
NOTES & REMARKS:		
8. <u>Instruments</u>		
Survey meters & instruments adequate for program?	Lic Cond	
Instruments & meters operable? Calibrated?	<i>OK</i>	
Calibration adequate?	<i>if no</i>	
NOTES & REMARKS:		

AREAS INSPECTED AND FINDINGS




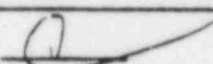

Licensee: _____ License No: _____ Amendment No: _____

INSPECTION ITEMS	CRITERIA	FINDING
<hr/>		
9. <u>Receipt and Transfer of Material</u>		<u>C</u>
Written procedures for pickup, receiving, opening packages?	20.205	
Survey of packages when received?	20.205(c)(1)	
Records of survey of packages?	20.401(b)	
Transfer of materials proper? Transfer records maintained?	30.41, 30.51	
Authorized containers used? Shipping papers & package labels proper for packages on hand?	71.5	
NOTES & REMARKS:		
<hr/>		
10. <u>Personnel Protection - External</u>		<u>C</u>
Personnel monitoring controls adequate? Exposures minimized?	20.101, 20.202	
Exposure records (NRC-4 or 5) maintained? Available for employee review?	20.102(b), 20.401(a)	
Surveys conducted? Adequate?	20.201	
Records of monitoring, surveys?	20.401	
Levels in unrestricted areas within limits? (Particularly around nuclear med. hot lab rooms of brachytherapy patients)	20.1, 20.105	
NOTES & REMARKS:		
<div>6/6 Sept 2, 1983 at Clinton 125m Ci of Iodine-131 as liquid - Unrestricted area surveilled - thyroid known positive J.C.</div>		
<hr/>		
11. <u>Personnel Protection - Internal</u>		
Airborne concentrations in restricted areas? (Xe-133, patients treated with I-131)	20.103	
Exposures to minors?	20.104	
Posting of airborne radioactivity areas?	20.203(d)	
Survey, monitoring bioassay adequate for airborne radioactivity, surface contamination? Records maintained?	20.201 20.401	
Procedures for use of Xe-133 followed?		
NOTES & REMARKS:		

Set 2. 1983 at administration
125m Ci of Iodine-131 as
liquid - unrestricted areas
packaged - thermal breakings
Bryon

AREAS INSPECTED AND FINDINGS

Licensee: _____ License No: _____ Amendment No: _____

INSPECTION ITEM	CRITERIA	FINDING
12. <u>Effluent Controls, Waste Disposal</u>		
Release of effluents controlled? (particularly Xe-133, radioiodine where used)	20.106, 20.33	
Waste disposals controlled?	20.301, 20.303, 20.304, 20.305	
Procedures, records maintained?	20.401, Lic Cond _____	
Surveys made? Adequate?	20.401	
NOTES & REMARKS:	<i>Held for decay</i>	
13. <u>Notifications and Reports</u>		
To individuals?	19.13	
Overexposures, excessive levels & concentrations, incidents?	20.403, 20.405	
Personnel exposures and monitoring, termination reports?	20.407, 20.408	
Theft or loss of licensed material?	20.402	
Misadministrations?	35.41-35.45	
NOTES & REMARKS:	<i>reports reviewed - concentration action appears adequate</i>	
14. <u>Posting of Notices</u>		
Part 20, license & documents, procedures, notice of violations posted?	19.11(a)	
NRC-3 posted?	19.11(c)	
NOTES & REMARKS:		
15. <u>Other License Conditions</u>		

AREAS INSPECTED AND FINDINGS

Licensee: _____ License No: _____ Amendment No: _____

INSPECTION ITEMS	CRITERIA	FINDING
16. <u>Confirmatory Measurements</u>		<u>C</u>
<i>g/m survey - unrestricted areas ok</i>		
NRC Instrument: <u>Kudlum Model 3</u>	Calibration Due Date: <u>2/27/84</u>	<u>C</u>
17. <u>Independent Inspection Effort</u>		<u>C</u>
<i>Hand contamination check - see #4</i>		
18. <u>Incidents and Events</u>		<u>C</u>
Any incidents of misadministrations, contamination, etc., not otherwise covered by reports?	35.41 -35.45 20.402, 20.403, 20.405	
<i>None noted or reported</i>		

INSPECTION REPORT NUMBER _____

Page _____ of _____

APPENDIX A - DOCUMENTATION OF NONCOMPLIANCE

Licensee: _____

License No: _____

Reference	Basis for noncompliance
-----------	-------------------------

Report item 18

10 CFR _____

Lic Cond _____

Type n/c SLID

*Gloves not used at all times
identified during independent measurement
check for hand contamination - ~ 2m 2/h*

Report item _____

10 CFR _____

Lic Cond _____

Type n/c _____

Report item _____

10 CFR _____

Lic Cond _____

Type n/c _____

Report item _____

10 CFR _____

Lic Cond _____

Type n/c _____

Report item _____

10 CFR _____

Lic Cond _____

Type n/c _____

Report item _____

10 CFR _____

Lic Cond _____

Type n/c _____

INSPECTION REPORT NUMBER _____

Page _____ of _____

APPENDIX B - LICENSEE ACTION ON PREVIOUS INSPECTION FINDINGS

Licensee: _____

License No: _____

Identification and summary of action taken			Status
Report No: <u>82-01</u>	Type n/c: <u>SLV</u>	Describe: <u>82-01 10 CFR 20.40(a)</u>	
Action taken: <u>Monthly records of exposure are maintained, records available and reviewed during inspection</u>			OPEN <u>CLOSED</u>
Report No: _____	Type n/c: _____	Describe: _____	
Action taken: _____			OPEN CLOSED
Report No: _____	Type n/c: _____	Describe: _____	
Action taken: _____			OPEN CLOSED
Report No: _____	Type n/c: _____	Describe: _____	
Action taken: _____			OPEN CLOSED
Report No: _____	Type n/c: _____	Describe: _____	
Action taken: _____			OPEN CLOSED
Report No: _____	Type n/c: _____	Describe: _____	
Action taken: _____			OPEN CLOSED

(July 82)

INSPECTION REPORT NUMBER _____

Page _____ of _____

APPENDIX C - SUPPLEMENTARY INFORMATION

Licensee: _____ License No: _____

- () Uncorrected/repeated noncompliance
() Unusual occurrence, conditions, etc
() Basis for change of Category or Priority

- () Unresolved items
(☒) Inspector's comments

Facts well managed program

OCT 26 1982

Docket No. 30-01331

License No. 08-08401-01

U. S. Department of the Air Force
Malcolm Grow USAF Medical Center
ATTN: Col. Vernon Chong, M.D. USAF MC
Commanding Officer
Andrews Air Force Base
Washington, D. C. 20331

Gentlemen:

Subject: Inspection 30-01331/82-01

This refers to your letter dated October 5, 1982, in response to our letter dated September 17, 1982.

Thank you for informing us of the corrective and preventive actions documented in your letter. These actions will be examined during a future inspection of your licensed program.

Your cooperation with us is appreciated.

Sincerely,
Original Signed By:
John D. Kinneman

for Thomas T. Martin, Director
Division of Engineering and Technical
Programs

cc:
Public Document Room (PDR)
Nuclear Safety Information Center (NSIC)
District of Columbia
Capt. Gul M. Chughtai, USAF BSC
Radiation Safety Officer

Lt. Col. William Moyer, Executive Secretary
AMD/SG2
USAF Radioisotopes Committee
Brooks AFB, Texas 78235

bcc:
Region I Docket Room (with concurrences)

for RI:DETP
Johansen/wb 10/18/82
for RI:DETP
Ladun 10/20/82
for RI:DETP
Kinneman 10/21/82

8211010254

lp.

1E:07



DEPARTMENT OF THE AIR FORCE
MALCOLM GROW USAF MEDICAL CENTER (MAC)
ANDREWS AIR FORCE BASE, DC 20331

5 October 1982

SGHRR/Capt Chughtai/4222

Nuclear Regulatory Commission Inspection No: 82-01

TO: Thomas T. Martin, Director
Division of Engineering and Technical Programs
US NRC, Region 1
631 Park Avenue
King of Prussia, Pennsylvania 19406

Reference your letter Notice of Violation, (Docket No. 30-01331) dated 17 September 1982: The following action has been taken to correct the violation and to preclude recurrence.

1. All responsible personnel have been counseled concerning the requirements of 10 CFR 20.401 (a) to maintain records showing radiation exposure of all personnel requiring monitoring.

2. Corrective action has been taken to bring the Occupational Radiation Exposure Records up-to-date and have them available for the NRC Inspection by December 1982. We were informed of this by Ltr of 4 Oct 82 from Maj Nelson, Chief OEHL/RZD, Brooks AFB, Texas.

G. M. Chughtai
GUL M. CHUGHTAI, CAPT, USAF, BSC Cy to:
Radiation Safety Officer

Capt Bollinger
AFMSC/SGPZ
Brooks AFB Tx 78235

Capt Hulse
OIC, Bioenvironmental Svcs
Andrews AFB Md 20331

APPROVED/DISAPPROVED

Vernon Chong
VERNON CHONG
Brigadier General, USAF, MC
Commander, Malcolm Grow USAF Medical Center

LtC Eugene C. Maso
Chairperson, Dept of Radiology

~~8211010256~~
1p

SEP 17 1982

Docket No. 30-01331

License No. 08-08401-01

Department of the Air Force
Malcolm Grow USAF Medical Center
ATTN: Col. Vernon Chong, M.D. USAF MC,
Commanding Officer
Andrews Air Force Base
Washington, D.C. 20331

Gentlemen:

Subject: Inspection No. 82-01

This refers to the routine safety inspection conducted by Ms. J. Johansen and Mr. R. Ladun of this office on August 24, 1982, of activities authorized by NRC License No. 08-08401-01 and to the discussions of our findings held by Ms. Johansen with yourself and Capt. Chughtai of your staff at the conclusion of the inspection.

The inspection was an examination of activities conducted under your license as they relate to radiation safety and to compliance with the Commission's rules and regulations and the conditions of your license. The inspection consisted of selective examinations of procedures and representative records, interviews with personnel, measurements made by the inspector, and observations by the inspector.

Our inspectors verified the steps you have taken to correct the violation brought to your attention in the enclosure to our letter dated September 15, 1980. In addition, our inspectors examined those activities conducted under your license relating to the subjects covered in your letters to USNRC Region I dated September 30, 1981, and December 16, 1981. We have no further questions regarding these matters.

Based on the results of this inspection, it appears that one of your activities was not conducted in full compliance with NRC requirements, as set forth in the Notice of Violation, enclosed herewith as Appendix A. This violation has been categorized by severity level in accordance with the NRC Enforcement policy (10 CFR 2, Appendix C) published in the Federal Register Notice (47 FR 9987) dated March 9, 1982. You are required to respond to this letter and in preparing your response, you should follow the instructions in Appendix A.

The responses directed by this letter and the accompanying Notice are not subject to the clearance procedures of the Office of Management and Budget as required by the Paperwork Reduction Act of 1980, PL 96-511.

In accordance with Section 2.790 of the NRC's "Rules of Practice," Part 2, Title 10, Code of Federal Regulations, a copy of this letter will be placed in the Public Document Room.

~~8210130374~~

2pp

1E:07

SEP 17 1982

Your cooperation with us in this matter is appreciated.

Sincerely,

Original Signed By:
John D. Kinneman

for

Thomas T. Martin, Director
Division of Engineering and Technical
Programs

Enclosure:
Appendix A, Notice of Violation

cc w/encl:
Public Document Room (PDR)
Nuclear Safety Information Center (NSIC)
State of Maryland
Capt. Gul Chughtai, Medical Physicist

Lt. Col. William Moyer, Executive Secretary
AMD/SG2
USAF Radioisotopes Committee
Brooks AFB, Texas 78235

bcc w/encl:
Region I Docket Room (with concurrences)
Chief, Operational Support Section (w/o encl)

RI:DETP

Johansen/lp
9/14/82

RI:DETP

Ladun

9/16/82

RI:DETP

Kinneman
G.D.C.

SEP 17 1982

APPENDIX A

NOTICE OF VIOLATION

Department of the Air Force
Malcolm Grow USAF Medical Center
Washington, D.C. 20331

Docket No. 30-01331
License No. 08-08401-01

As a result of the inspection conducted on August 24, 1982, and in accordance with the NRC Enforcement Policy (10 CFR 2, Appendix C), the following violation was identified:

10 CFR 20.401(a) requires that each licensee maintain records showing radiation exposures of all individuals for whom personnel monitoring is required under 10 CFR 20.202.

Contrary to the above, as of August 24, 1982, the film badge processor has not supplied individual monthly personnel exposure records since December 1981; therefore, the required records are not available.

This is a Severity Level V violation (Supplement IV).

Pursuant to the provisions of 10 CFR 2.201, Department of the Air Force is hereby required to submit to this office within thirty days of the date of this Notice, a written statement or explanation in reply, including: (1) the corrective steps which have been taken and the results achieved; (2) corrective steps which will be taken to avoid further violations; and (3) the date when full compliance will be achieved. Where good cause is shown, consideration will be given to extending this response time.

~~8210130397~~
11pp.

REGION I Form 198-C
(July 82)LICENSE NO: 08-08401-01DOCKET NO. (s) 30-01331

PAGE _____ OF _____

ATTACHED

- ☐ Appendix A
☐ Appendix B
☐ Appendix C
☐ Memo

INSPECTION REPORT NO. 82-01

Dept of Air Force
Malcolm Grow USAF Medical Center
Andrews AFB

WASHINGTON, DC 20331
 LICENSEE CONTACT: CAPT GUL Chughtai Telephone No: 8-202-981-4222

LICENSE NO: 08-08401-01 CATEGORY G PRIORITY: IV

CATEGORY _____ PRIORITY: _____

CATEGORY _____ PRIORITY: _____

INSPECTION DATE (s): Aug 24, 1982

TYPE OF INSPECTION: ☐ SPECIAL ☐ ANNOUNCED
☒ ROUTINE ☒ UNANNOUNCED
☐ DAYSHIFT
☐ OTHER

SUMMARY OF FINDINGS AND ACTION

- ☐ NO NONCOMPLIANCE, CLEAR 591 ISSUED
☐ NO NONCOMPLIANCE, LETTER
☐ NONCOMPLIANCE, APPENDIX A

- ☒ ACTION ON PREVIOUS NONCOMPLIANCE, APPENDIX B
☐ NONCOMPLIANCE, 591 ISSUED
☐ SUPPLEMENTAL INFO, APPENDIX C

RECOMMENDATIONS
SEE BASIS IN APPENDIX C

- ☐ CHANGE CATEGORY TO: _____
☐ NEXT INSPECTION DATE: 0885

☐ CHANGE PRIORITY TO: _____

PERSONS CONTACTED

(CO) Dr Vernon Chong, MC USAFCo Medical Center(CAPT) GUL M. CHUGHTAIMD RADIATION PHYSICIST(M.S.T) CHARLES LELINSENIOR TECHNICIANINSPECTOR: [Signature]APPROVED: [Signature]August 24, 19829/5/82

INSPECTION PLAN AND REPORT NUMBER _____ Page _____ of _____

Plan Approved: _____ Date: _____

Licensee: _____ License No. 08-0841-C

Inspection Items	Scheduled for Inspection	Post Inspection Status	Module No.
Management Meeting - Entrance and Exit Interviews (Required)	✓	✓	30703B
Program Requirements, MC 2860 (Required)	✓	✓	78710B
Followup on Noncompliance and Deviations	✓	✓	92702B
Independent Inspection Effort (Required)	✓	✓	92706B
Transportation			86740B

INSPECTION REPORT NUMBER _____

Page ____ of ____

787108 - Medical

AREAS INSPECTED AND FINDINGS

Licensee: _____ License No: _____ Amendment No: _____

INSPECTION ITEMS	CRITERIA	FINDING
<p>1. <u>Organization</u></p> <p>Structure of organization as described in requirements?</p> <p>Scope of Program? Patient load?</p> <p>NOTES & REMARKS:</p>	<p>Lic Cond _____</p> <p><i>DR Cheng</i></p> <p><i>The program is growing. The average patient work load is 15. CAPT. G. CHUGHAI has recently started an ALARA program.</i></p>	<p><u>C</u></p>
<p>2. <u>Licensee Internal Audits</u></p> <p>Scope and frequency of audits as required?</p> <p>Conducted by appropriate persons?</p> <p>Records maintained?</p> <p>Reviewed by management?</p> <p>Deficiencies identified and corrected?</p> <p>NOTES & REMARKS:</p>	<p>Lic Cond _____</p> <p><i>1/2 year audits</i></p> <p><i>CAPT. G. CHUGHAI conducts an audit of the program (unannounced) every (6) months.</i></p>	<p><u>C</u></p>
<p>3. <u>Training and Qualification of Personnel</u></p> <p>Training & retraining conducted as required?</p> <p>Written & oral exams conducted?</p> <p>Examination results reviewed by management?</p> <p>Instructions to workers per 19.12?</p> <p>Authorized users? On license? Available in emergency?</p> <p>NOTES & REMARKS:</p>	<p>Lic Cond _____</p> <p>19.12</p> <p>Lic Cond _____</p>	<p><u>C</u></p>
<p>4. <u>Radiation Protection Procedures</u></p> <p>Procedures available and implemented?</p> <p>Identify radiopharmaceutical and dose(s)?</p> <p>Cover handling of patients receiving therapeutic doses? Cover handling of cadavers?</p> <p>Close out Surveys on Patients receiving temporary implants?</p> <p>Emergency procedures for spills, etc?</p> <p>Personnel understand procedures?</p> <p>NOTES & REMARKS:</p>	<p>Lic Cond _____</p> <p>35.14 (b)(5)(v)</p> <p><i>OK</i></p> <p><i>The inspectors determined that the technicians were using syringe shields and gloves. also no food stuffs were found in hot lab. refrigerator.</i></p>	<p><u>C</u></p>

*Advised
Revised
A.L. with
by manager*

App K

App H

AREAS INSPECTED AND FINDINGS

Licensee: _____ License No: _____ Amendment No: _____

INSPECTION ITEM

CRITERIA

FINDING

5. Use of Materials

Procurement and use as required? Authorized form *OK* 35.14(b)
 & route of administration?
 Special tests (moly breakthrough, leak tests, etc) 35.14(b)(4)
 required?

Inventory of brachytherapy sources? *OK* 35.14(b)(5)

Dose calibration checks performed? *OK*

Posting & labeling as required? *OK*

20.203

NOTES & REMARKS:

6. Storage of Materials

Material secured in both restricted and
 unrestricted areas? Adequately?

20.207

NOTES & REMARKS:

7. Facilities

Lic Cond _____

As described in lic cond or application?

Any changes made? Adequacy?

NOTES & REMARKS:

8. Instruments

Lic Cond _____

Survey meters & instruments adequate for program? *OK*

Instruments & meters operable? Calibrated? *OK*
 Calibration adequate?

NOTES & REMARKS:

→ Use of ^{57Co} ^{137Cs}

10.8
 A.D.
 (1974)

Mamflon
 Curing
 add Lmura
 E-1-27
 GB-34

V. Thym II
 " 440
 " 444
 " 470

Calibrate
 Annually
 R.P. Advice

AREAS INSPECTED AND FINDINGS

Licensee: _____ License No: _____ Amendment No: _____

INSPECTION ITEMS	CRITERIA	FINDING
9. <u>Receipt and Transfer of Material</u>		<u>C</u>
Written procedures for pickup, receiving, opening packages? OK	20.205	
Survey of packages when received? OK	20.205(c)(1)	
Records of survey of packages? OK	20.401(b)	
Transfer of materials proper? Transfer records maintained? OK	30.41, 30.51	
Authorized containers used? Shipping papers & package labels proper for packages on hand? OK	71.5	

NOTES & REMARKS:

10. Personnel Protection - External

Personnel monitoring controls adequate? Exposures minimized? 20.101, 20.202

Exposure records (NRC-4 or 5) maintained? Available for employee review? 20.102(b), 20.401(a)

Surveys conducted? Adequate? 20.201

Records of monitoring, surveys? 20.401

Levels in unrestricted areas within limits? (Particularly around nuclear med. hot lab rooms of brachytherapy patients) 20.1, 20.105

NOTES & REMARKS:

11. Personnel Protection - Internal

Airborne concentrations in restricted areas? (Xe-133, patients treated with I-131) OK 20.103

Exposures to minors? OK 20.104

Posting of airborne radioactivity areas? N/A 20.203(d)

Survey, monitoring bioassay adequate for airborne radioactivity, surface contamination? Records maintained? OK 20.201 20.401

Procedures for use of Xe-133 followed? OK

NOTES & REMARKS:

10-8
App F
197910-8
App I
1979weekly
check of
trap & then
used?

Capt House - across base

Exposure records
not adequately maintainedCopy of -
Dec 1981

Dec 1981

No records
available

AREAS INSPECTED AND FINDINGS

Licensee: _____ License No: _____ Amendment No: _____

INSPECTION ITEM	CRITERIA	FINDING
12. <u>Effluent Controls, Waste Disposal</u>		<u>C</u>
Release of effluents controlled? (particularly Xe-133, radioiodine where used) OK	20.106, 20.33	
Waste disposals controlled? OK	20.301, 20.303, 20.304, 20.305	
Procedures, records maintained? OK	20.401, Lic Cond _____	
Surveys made? Adequate? OK	20.401	
NOTES & REMARKS:		

13. Notifications and Reports

To individuals?	19.13
Overexposures, excessive levels & concentrations, incidents?	20.403, 20.405
Personnel exposures and monitoring, termination reports?	20.407, 20.408
Theft or loss of licensed material?	20.402
Misadministrations? none since last report	35.41-35.45

NOTES & REMARKS:

and two incidents closed

14. Posting of Notices

Part 20, license & documents, procedures, notice of violations posted?	19.11(a)
NRC-3 posted?	19.11(c)

NOTES & REMARKS:

15. Other License Conditions

Observed use syringe shields, gloves, lab coats

 10.8
 App 6-
 1979

AREAS INSPECTED AND FINDINGS

Licensee: _____ License No: _____ Amendment No: _____

INSPECTION ITEMS	CRITERIA	FINDING
16. <u>Confirmatory Measurements</u>		<u>C</u>

NRC Instrument: _____ Calibration Due Date: _____

17. Independent Inspection EffortC18. Incidents and Events

Any incidents of misadministrations,
contamination, etc., not otherwise
covered by reports?

35.41 -35.45
20.402, 20.403, 20.405

none not covered by report.

INSPECTION REPORT NUMBER _____

Page _____ of _____

APPENDIX A - DOCUMENTATION OF NONCOMPLIANCE

Licensee: _____

License No: _____

Reference

Basis for noncompliance

Report item D

10 CFR 20.401(a)

Lic Cond _____

Type n/c I

10 CFR 20.401(a) requires that each licensee maintain records showing radiation exposures of all individuals for whom personnel monitoring is required. As of August 24, 1982 the licensee's film badge processor has not supplied individual monthly exposure records since December 1981.

Report item _____

10 CFR _____

Lic Cond _____

Type n/c _____

Report item _____

10 CFR _____

Lic Cond _____

Type n/c _____

Report item _____

10 CFR _____

Lic Cond _____

Type n/c _____

Report item _____

10 CFR _____

Lic Cond _____

Type n/c _____

Report item _____

10 CFR _____

Lic Cond _____

Type n/c _____

INSPECTION REPORT NUMBER _____

Page _____ of _____

APPENDIX B - LICENSEE ACTION ON PREVIOUS INSPECTION FINDINGS

Licensee: _____

License No: _____

Identification and summary of action taken _____ Status _____

Report No: 80-01 Type n/c: inf Describe: 20207

Action taken: unlocked RIA Lab OPEN

RIA lab locked or under surveillance CLOSED

Report No: 80-01 Type n/c: inf Describe: 4/C17

Action taken: Springfield not used OPEN

Observed being used. CLOSED

Report No: 80-01 Type n/c: inf Describe: 4/C17 E.D. S ck

Action taken: food storage refrigerator OPEN

No food found in refrigerator CLOSED

Report No: 80-01 Type n/c: inf Describe: 4/C17 No survey meter

Action taken: 3 survey meters all cal. brated OPEN

3 survey meters all cal. brated CLOSED

Report No: 80-01 Type n/c: inf Describe: 4/C17 No linearity

Action taken: quarterly dose cal. brate. OPEN

corrected and done Q on routine basis CLOSED

Report No: 80-01 Type n/c: inf Describe: 4/C17 No constancy

Action taken: on all settings used and checked OPEN

constancy is done on all measurements CLOSED
used chronometers

(July 82)

INSPECTION REPORT NUMBER _____

Page _____ of _____

APPENDIX C - SUPPLEMENTARY INFORMATION

Licensee: _____ License No: _____

-
- ☐ () Uncorrected/repeated noncompliance
 - ☐ () Unusual occurrence, conditions, etc
 - ☐ () Basis for change of Category or Priority

- ☐ () Unresolved items
- ☐ () Inspector's comments

27 APR 1984

Docket No. 030-19168

License No. 08-19733-01

Alfred L. Goldson, M.D.
Gisela F. Henschke, M.D.
J. Rae Nibhanupudy, M.D.
ATTN: Alfred L. Goldson, M.D.
Department of Radiotherapy
Howard University Hospital
Washington, D. C. 20060

Gentlemen:

Subject: Inspection No. 84-01

This refers to the routine safety inspection conducted by Ms. Nancy Dennis and Mr. James Nicolosi of this office on February 24, 1984 of activities authorized by NRC and to the discussions of our findings held by Ms. Dennis with yourself, Mr. J. Rao Nibhanupudy and Ms. Gwendolyn King at the conclusion of the inspection.

This inspection was limited to discussion of your plans for installing, testing and exchange of teletherapy sources in Janus type teletherapy unit. From these discussions we understand that you have not conducted any activities under this license, and that you will notify this office prior to installing or exchanging a teletherapy source.

Within the scope of this inspection, no violations were observed.

During the discussions with the inspectors, you inquired why this license was not inspected during the recent inspection of Howard University. It was not inspected at that time because Dr. Goldson, Dr. Henschke and Mr. Nibhanupudy are the licensee. Howard University has no legal responsibility for activities conducted under this license. If you desire, the license maybe amended to list Howard University as the responsible licensee. Such a request must be approved by University management and formally submitted to this office.

In accordance with Section 2.790 of the NRC's "Rules of Practice," Part 2, Title 10, Code of Federal Regulations, a copy of this letter will be placed in the Public Document Room.

No response to this letter is required. Your cooperation with us in this matter is appreciated.

Sincerely,

Original Signed By:
John D. Kinnaman

Thomas T. Martin, Director
Division of Engineering and
Technical Programs

~~8405040136~~

13pp.

52

030-19168/84-01 - 0001.0.0
04/24/84

IE:07

27 APR 1984

cc w/encl:

Public Document Room (PDR)

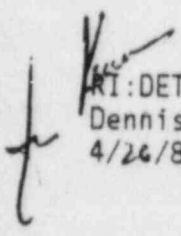
Nuclear Safety Information Center (NSIC)

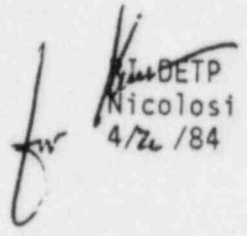
District of Columbia ✓

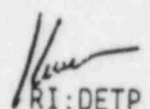
bcc w/encl:

Region I Docket Room (w/concurrences)

Senior Operations Officer (w/o encl) ✓

 RI:DETP
Dennis/djh
4/26/84

 RI:DETP
Nicolosi
4/26/84

 RI:DETP
Kinneman
4/26/84

030-19168/84-01 - 0001.2.0
04/24/84

REGION I Form 198-E
(July 82)LICENSE NO: 08-19733-01DOCKET NO. (s) 030-19168

PAGE _____ OF _____

ATTACHED

- ☐ Appendix A
☐ Appendix B
☐ Appendix C
☐ Memo

INSPECTION REPORT NO. 84-01

Alfred Z. Goldson, M.D., Chairman
Department of Radiotherapy
Howard University Hospital
Washington, D.C. 20060

LICENSEE CONTACT: Dr. Alfred Z. Goldson, M.D. Telephone No: 202-745-1421LICENSE NO: 08-19733-01CATEGORY G3PRIORITY: 5

CATEGORY _____

PRIORITY: _____

CATEGORY _____

PRIORITY: _____

INSPECTION DATE (s): February 24, 1984

TYPE OF INSPECTION:

- ☐ SPECIAL ☐ ANNOUNCED
☒ ROUTINE ☒ UNANNOUNCED
☒ DAYSHIFT
☐ OTHER

service license
for installing
sources in a
Gamma teletherapy
unit

SUMMARY OF FINDINGS AND ACTION

- ☐ NO NONCOMPLIANCE, CLEAR 591 ISSUED
☒ NO NONCOMPLIANCE, LETTER
☐ NONCOMPLIANCE, APPENDIX A

- ☐ ACTION ON PREVIOUS NONCOMPLIANCE,
APPENDIX B
☐ NONCOMPLIANCE, 591 ISSUED
☐ SUPPLEMENTAL INFO, APPENDIX C

RECOMMENDATIONS
SEE BASIS IN APPENDIX C

- ☐ CHANGE CATEGORY TO: _____
☐ NEXT INSPECTION DATE: 2/86

☐ CHANGE PRIORITY TO: _____

PERSONS CONTACTED

Alfred Z. Goldson, M.D. Chairman of Dept. of Radiotherapy
J. Rao Nibhanupudi, M.S. Radiation Physicist
Guendolyn King, Engineering Physicist

INSPECTOR: Larry DennisAPPROVED: J. King4/4/84

INSPECTION PLAN AND REPORT NUMBER _____ Page _____ of _____

Plan Approved: _____ Date: _____

Licensee: _____ License No. _____

Inspection Items	Scheduled for Inspection	Post Inspection Status	Module No.
Management Meeting - Entrance and Exit Interviews (Required)	-	1 x (2 inspectors)	30703B
Program Requirements, MC 2860 (Required)			78720B
Followup on Noncompliance and Deviations			92702B
Independent Inspection Effort (Required)			92706B
Transportation			86740B

INSPECTION REPORT _____

Page _____ of _____

787208 - Medical - Teletherapy

AREAS INSPECTED AND FINDINGS

Licensee: _____ License No: _____ Amendment No: _____

INSPECTION ITEM	CRITERIA	FINDING
-----------------	----------	---------

1. Organization

Lic Cond _____

C

Management organization?

as specified in license

Radiation protection organization?

Patient load?

NOTES & REMARKS:

2. Training and Instructions to Employees

Lic Cond _____

C

Training program, scope and frequency,
retraining?

Required tests administered, scores satis-
factory?

Instructions to workers? ☒

19.12

NOTES & REMARKS:

appeared adequate

3. Radiation Protection Procedures

Lic Cond _____

C

Operating and emergency procedures implemented;
interlock failure, handling malfunctions
during operations?

5-year maintenance?

Emergency Procedures posted?

Radiation room monitor mounted, operable?

Tested? Survey meter used when inoperable?

NOTES & REMARKS:

as specified in ^{12 and} *Items 15 of application dated*
4/21/81

Lic Cond 20

Lic Cond 16

Order

AREAS INSPECTED AND FINDINGS

Licensee: _____ License No: _____ Amendment No: _____

INSPECTION ITEM	CRITERIA	FINDING
-----------------	----------	---------

4. Materials, Facilities and Instruments

Teletherapy unit location, interlock system operational, required tests? (every 6 months, records) Lic Cond 10, 17, 19

Access controls, posting of areas & rooms? 20.203

Survey instruments & dosimeters operable, properly calibrated? Lic Cond _____

Patient viewing system? Lic Cond '3

NOTES & REMARKS:

did not review. This license for installation a new source into their "James" unit has not been utilized as they have not yet required a different source from what is currently being used in the James unit. The unit currently contains 12900 Ci Co-60 source.

5. Personnel Protection - External

Personnel monitoring control; minimize exposures, control of accumulated dose? 20.101, 20.102, 20.202

Surveys conducted following last source change? Sent to NRC? Adequate? 20.201 Lic Cond 18

Levels in unrestricted areas? 20.1, 20.104

Stops installed? Lic Cond 15

NOTES & REMARKS:

not required as I get in this license since they have not installed a source.

6. Leak Tests of Sources

Lic Cond 14

Performed by authorized persons & methods:

Performed at 6-month (or other) interval?

Records maintained; reports submitted of leaking sources; corrective action taken?

NOTES & REMARKS:

AREAS INSPECTED AND FINDINGS

Licensee: _____ License No: _____ Amendment No: _____

INSPECTION ITEM

CRITERIA

FINDING

7. Notifications and Reports

To individuals?	19.13	
Overexposures, excessive levels, incidents?	20.403, 20.405	
Personnel exposures and monitoring, termination reports?	20.407, 20.408	
Theft or loss of licensed material:	20.402	
Misadministrations?	35.41 - 35.45	

NOTES & REMARKS:

8. Annual Calibration

At required intervals?	35.21 (a)	
Include all required tests?	35.21 (b)	
Properly calibrated dosimetry system?	35.23 (a)	
Performed by a qualified expert?	35.21 (e), 35.24	
Decay corrections for interval not exceeding 1 month?	35.21 (d)	
Records available?	35.25	

NOTES & REMARKS:

9. Spot Check Measurements

At required intervals?	35.22 (a)	
Include all required tests?	35.22 (b)	
Performed by qualified expert or reviewed by qualified expert within 15 days?	35.22 (c), 35.24	
Properly calibrated dosimetry system?	35.23 (b)	
Records available?	35.25	

NOTES & REMARKS:

10. Posting of Notices

Part 20, license & documents, procedures, notice of violations?	19.11 (a)	
NRC-3?	19.11 (c)	

NOTES & REMARKS:

AREAS INSPECTED AND FINDINGS

Licensee: _____ License No: _____ Amendment No: _____

INSPECTION ITEM	CRITERIA	FINDING
11. <u>Other License Conditions</u>		_____

NOTES & REMARKS:

12. Confirmatory Measurements

Output check?

Confirmation of condition 18 survey?

NOTES & REMARKS:

NRC Instrument: _____ Calibration Due Date: _____

13. Independent Inspection Effort

NOTES & REMARKS:

INSPECTION REPORT NUMBER _____

Page _____ of _____

APPENDIX A - DOCUMENTATION OF NONCOMPLIANCE

Licensee: _____

License No: _____

Reference	Basis for noncompliance
Report item _____	
10 CFR _____	
Lic Cond _____	
Type n/c _____	
Report item _____	
10 CFR _____	
Lic Cond _____	
Type n/c _____	
Report item _____	
10 CFR _____	
Lic Cond _____	
Type n/c _____	
Report item _____	
10 CFR _____	
Lic Cond _____	
Type n/c _____	
Report item _____	
10 CFR _____	
Lic Cond _____	
Type n/c _____	

This was the initial inspection

INSPECTION REPORT NUMBER _____

Page _____ of _____

APPENDIX B - LICENSEE ACTION ON PREVIOUS INSPECTION FINDINGS

Licensee: _____

License No: _____

Identification and summary of action taken	Status
--	--------

Report No: _____ Type n/c: _____ Describe: _____

Action taken: _____
OPEN
CLOSED

Report No: _____ Type n/c: _____ Describe: _____

Action taken: _____
OPEN
CLOSED

Report No: _____ Type n/c: _____ Describe: _____

Action taken: _____
OPEN
CLOSED

Report No: _____ Type n/c: _____ Describe: _____

Action taken: _____
OPEN
CLOSED

Report No: _____ Type n/c: _____ Describe: _____

Action taken: _____
OPEN
CLOSED

Report No: _____ Type n/c: _____ Describe: _____

Action taken: _____
OPEN
CLOSED

(July 82)

INSPECTION REPORT NUMBER _____

APPENDIX C - SUPPLEMENTARY INFORMATION

Licensee: _____

License No: _____

- ☐ Uncorrected/repeated noncompliance
☐ Unusual occurrence, conditions, etc
☐ Basis for change of Category or Priority

- ☐ Unresolved items
☐ Inspector's comments

The licensee has not required the use of this
 license yet, as they have not needed to replace
 the source which is currently being used in the
 "Janus" unit. The licensee committed to informing
 us by telephone when they are ready to install
 a new source. They are currently considering
 whether or not to continue to use the Janus unit
 for patient treatment or to transfer it to the
 animal research clinical work or ^{what} to totally
 discontinue the use of this unit.

The licensee was most cooperative but upset
 that inspection was just conducted of all their
 other licenses and that this ^{inspection} was not conducted
 at the same time.

Dr. Alfred Goldson -
Have not

Source w/ 900 Curie at Howard

Clinic 18

10 men

Clinic 4

Cobalt - no capability of rotation -

Dr. Goldson -

1975 -

under license of Dr. Henske -

are using w/ a few patients -
Augusta, Ga. ^{of} using San Diego, X-ray 6000 - but

No source change -

it was installed in 1975 -

In Cancer center -

Animal study work -

Hole in wall to receive this type of equm

for animal research -
using one that is here or

Future hopes

18 men in cancer center

compare dif. RBE's

Hunter Rindfleisch AEC

C-303

Alfred Goldson, M.D.

Rao V. Krishnamoorthy, Radiation Physicist
Gwendolyn King, Engineer Physicist

understanding w/ call when ready to
install new source in your gamma unit

03 MAY 1984

Docket Nos. 030-01321
030-11063
030-19034

Howard University
ATTN: Dr. Angela Ferguson, M.D.
Assistant Vice President of
Health Affairs
2041 Georgia Avenue, N.W.
Washington, D.C. 20060

Gentlemen:

Subject: Inspection Nos. 30-01321, 30-11063 and 30-19034

This refers to your letter dated March 29, 1984, in response to our letter dated March 10, 1984.

Thank you for informing us of the corrective and preventive actions documented in your letter. These actions will be examined during a future inspection of your licensed program.

Your cooperation with us is appreciated.

Sincerely,

Original Signed By:
John D. Kinneman

Thomas T. Martin, Director,
Division of Engineering and
Technical Programs

cc:
Public Document Room (PDR)
Nuclear Safety Information Center (NSIC)
District of Columbia

bcc:
Region I Docket Room (w/concurrences)

f
K: DETP
Darden/mlb
4/24/84

K: DETP
Kinneman
4/24/84

RL30-01321/84-01 - 0001.0.0
04/18/84

~~8405140314~~
60,

53

TE:07

HOWARD UNIVERSITY
WASHINGTON, D. C. 20059

OFFICE OF THE ASSISTANT VICE PRESIDENT
FOR HEALTH AFFAIRS

March 29, 1984

Mr. Thomas T. Martin, Director
Division of Engineering and
Technical Programs
U.S. Nuclear Regulatory Commission
Region I
631 Park Avenue
King of Prussia, Pennsylvania 19406

RE: Docket Nos. 030-01321
030-11063
030-19034

Dear Mr. Martin:

This letter is in response to your Notice of Violation dated March 10, 1984 concerning License Number 08-03075-07 (Docket Number 030-01321). The following corrective steps have been taken to assure compliance.

- . An appropriate radiation monitor has been employed to identify areas where contamination was suspected. One such area was identified.
- . Decontamination procedures were conducted in this area to remove the contamination. After decontamination, the measured activity was 10 dpm per 100 square centimeters.
- . All areas where radioactive materials are used will be surveyed weekly to assure that contamination levels do not exceed allowable limits.

We believe that we are currently in full compliance with regulations of the Commission.

Sincerely yours,



Angella D. Ferguson, M.D.
Assistant Vice President for
Health Affairs

8405140316

ADF:mw

lp.

10 MAR 1984

Docket Nos. 030-01321 ✓
030-11063
030-19034

License Nos. 08-03075-07 ✓
08-00386-19
08-00386-20

Howard University
ATTN: Dr. Angela Ferguson, M.D.
Assistant Vice President of
Health Affairs
2041 Georgia Avenue, N.W.
Washington, D.C. 20060

Gentlemen:

Subject: Inspection No. 84-01

This refers to the routine safety inspection conducted by Mrs. Teresa Hall Darden and Ms. Jenny Johansen of this office on January 12, 13 and 25, 1984 of activities authorized by NRC License Nos. 08-03075-07, 08-00386-19, and 08-00386-20 and to the discussions of our findings held by Mrs. Darden with yourself and Dr. G. Ferguson and Mr. G. Tally at the conclusion of the inspection.

The inspection was an examination of activities conducted under your license as they relate to radiation safety and to compliance with the Commission's rules and regulations and the conditions of your licenses. The inspection consisted of selective examinations of procedures and representative records, interviews with personnel, measurements made by the inspector, and observations by the inspector.

Our inspector also verified the steps you have taken to correct the violations brought to your attention in the enclosure to our letter dated December 12, 1980. We have no further questions regarding your action at this time.

Based on the results of this inspection, it appears that one of your activities was not conducted in full compliance with NRC requirements, as set forth in the Notice of Violation, enclosed herewith as Appendix A. This violation has been categorized by severity level in accordance with the NRC Enforcement Policy (10 CFR 2, Appendix C) published in the Federal Register Notice (47 FR 9987) dated March 9, 1982. You are required to respond to this letter and in preparing your response, you should follow the instructions in Appendix A.

From the discussion conducted on January 13, 1984, we understand that you will obtain a probe for your Ludlum G.M. Survey meter that has the sensitivity to detect contamination caused by the radionuclides commonly used in the Nuclear Medicine Laboratory. We also understand that syringe shields will be used when preparing all radionuclides including the preparation of sources for the daily quality assurance flood tests. Further, we understand that the In Service Training for Nuclear Medicine Personnel will include "practice runs" of Emergency Procedures.

8403160159
2pp.

144DARDEN2/6/84 - 0001.0.0
03/08/84

10 MAR 1984

From the discussion conducted on January 25, 1984, we understand that you will assign ring badges to users of phosphorus-32 of less than one millicurie in order to evaluate whether the exception to 10 CFR 20.102 applies. We further understand that you will evaluate the security of the laboratories using radioactive materials located in the School of Medicine. These matters will be reviewed during the next inspection of your licensed activities.

In accordance with Section 2.790 of the NRC's "Rules of Practice," Part 2, Title 10, Code of Federal Regulations, a copy of this letter and your reply will be placed in the Public Document Room.

The responses directed by this letter and the accompanying Notice are not subject to the clearance procedures of the Office of Management and Budget as required by the Paperwork Reduction Act of 1980, PL 96-511.

Your cooperation with us in this matter is appreciated.

Sincerely,

~~Original Signed By:~~
~~John D. Kinneman~~

Thomas T. Martin, Director
Division of Engineering and
Technical Programs

Enclosure:
Appendix A

cc w/encl:
Public Document Room (PDR)
Nuclear Safety Information Center (NSIC)
District of Columbia
Dr. George Ferguson, Chairman, Radiation Safety Committee
Mr. Gregory Tally, RSO

Region I Docket Room (w/concurrences)
Senior Operations Officer (w/o encl)

RI:DETP
Garden/cop
3/8/84

RI:DETP
Johansen
3/8/84

RI:DETP
Kinneman
3/8/84

OFFICIAL RECORD COPY

144DARDEN2/6/84 - 0002.0.0
03/08/84

APPENDIX A
NOTICE OF VIOLATION

Howard University
Washington, DC 20060

Docket No. 030-01321
License No. 08-03075-07

As a result of the inspection conducted on January 12-13, and 25, 1984, and in accordance with the NRC Enforcement Policy (10 CFR 2, Appendix C), the following violation was identified:

Condition 10 of License No. 08-03075-07 requires that licensed material be possessed and used in accordance with the statements, representations and procedures contained in an application dated March 13, 1981 and various letters.

Block 17 of this application requires that the Area Survey Procedures contained in Appendix I of Regulatory Guide 10.8 be followed.

Appendix I requires that monthly wipe tests be performed on designated laboratory areas, and that the results be evaluated for contamination. In addition, corrective action is to be taken when results exceed 200 disintegrations per minute per 100 square centimeters.

Contrary to the above, as of January 12, 1984, corrective action was not taken when contamination levels exceeded 200 disintegrations per 100 square centimeters.

This is a Severity Level IV violation. (Supplement VI)

Pursuant to the provisions of 10 CFR 2.201, Howard University is hereby required to submit to this office within thirty days of the date of the letter which transmitted this Notice, a written statement or explanation in reply, including: (1) the corrective steps which have been taken and the results achieved; (2) corrective steps which will be taken to avoid further violations; and (3) the date when full compliance will be achieved. Where good cause is shown, consideration will be given to extending this response time.

~~8403160166~~
5pp.
OFFICIAL RECORD COPY

144DARDEN2/6/84 - 0003.0.0
03/08/84

REGION I Form 198-C
(July 82)

LICENSE NO: 08-03075-07

DOCKET NO. (s) 030-01321

PAGE _____ OF _____

ATTACHED

- ☐ Appendix A
☐ Appendix B
☐ Appendix C
☐ Memo

INSPECTION REPORT NO. 84-01
Howard University Hospital
3641 Georgia Avenue, NW
Washington, DC 20060

LICENSEE CONTACT: 6-11-84

LICENSE NO: 08-03075-07

Telephone No: _____

CATEGORY G PRIORITY: 3

CATEGORY _____ PRIORITY: _____

CATEGORY _____ PRIORITY: _____

INSPECTION DATE (s): January 12, 13, 1984

TYPE OF INSPECTION: ☐ SPECIAL ☐ ANNOUNCED
☒ ROUTINE ☒ UNANNOUNCED
☒ DAYSHIFT
☐ OTHER

SUMMARY OF FINDINGS AND ACTION

- ☐ NO NONCOMPLIANCE, CLEAR 591 ISSUED
☐ NO NONCOMPLIANCE, LETTER
☐ NONCOMPLIANCE, APPENDIX A

- ☐ ACTION ON PREVIOUS NONCOMPLIANCE, APPENDIX B
☐ NONCOMPLIANCE, 591 ISSUED
☐ SUPPLEMENTAL INFO, APPENDIX C

RECOMMENDATIONS
SEE BASIS IN APPENDIX C

- ☐ CHANGE CATEGORY TO: _____
☒ NEXT INSPECTION DATE: 1/84

☐ CHANGE PRIORITY TO: _____

PERSONS CONTACTED

Gregory Tally, RSD

Margaret Archie, NM Chief

Markus McKetty, MD, Physicist

Dr. Calvin Sinette, MD - Asst to UP of Health Affairs

* George A. Ferguson, PhD, Chf RSD
Assist. UP of Health Affairs
** Dr. Angela Ferguson, MD, of Health Affairs

INSPECTOR: J. N. Sanders, J. Ferguson 1/2/84

APPROVED: [Signature]

2/1/84

Page _____ of _____

INSPECTION PLAN AND REPORT NUMBER _____

Date: _____

Plan Approved: _____

License No. _____

Licensee: _____

Inspection Items	Scheduled for Inspection	Post Inspection Status	Module No.
Management Meeting - Entrance and Exit Interviews (Required)			30703B 1.0
Program Requirements, MC 2860 (Required)			78710B 6
Followup on Noncompliance and Deviations			92702B
Independent Inspection Effort (Required)			92706B 1.5
Transportation			86740B

AREAS INSPECTED AND FINDINGS

Licensee: _____ License No: _____ Amendment No: _____

INSPECTION ITEMS	CRITERIA	FINDING
1. <u>Organization</u>	Lic Cond _____	<u>C</u>
Structure of organization as described in requirements?		
Scope of Program? Patient load?		
NOTES & REMARKS:	<p>Yaps I, II, III ✓ 123 I - Gaps - 131 I - Hepperson All therapy handled by Rad Therapy Dept. ✓ 131 I - for tissue exam -</p>	
2. <u>Licensee Internal Audits</u>	Lic Cond _____	<u>C</u>
Scope and frequency of audits as required?		
Conducted by appropriate persons?		
Records maintained? ✓		
Reviewed by management? ✓		
Deficiencies identified and corrected? ✓		
NOTES & REMARKS:	<p>RSO + med. H.P. monitor program and train personnel</p>	
3. <u>Training and Qualification of Personnel</u>	Lic Cond _____	<u>C</u>
Training & retraining conducted as required?		
Written & oral exams conducted?		
Examination results reviewed by management?		
Instructions to workers per 19.12?	19.12	
Authorized users? On license? Available in emergency?	Lic Cond _____	
NOTES & REMARKS:	<p>250 + med. Health Department work with Technicians staff, and security Radiology nursing etc. Documented as good</p>	
4. <u>Radiation Protection Procedures</u>	Lic Cond _____	<u>C</u>
Procedures available and implemented?		
Identify radiopharmaceutical and dose(s)?		
Cover handling of patients receiving therapeutic doses? Cover handling of cadavers? ✓		
Close out Surveys on Patients receiving temporary implants? ✓	35.14 (b)(5)(v)	
Emergency procedures for spills, etc? Personnel understand procedures? ✓		
NOTES & REMARKS:	<p>good - Future in service will include Dry Run</p>	

AREAS INSPECTED AND FINDINGS

Licensee: _____ License No: _____ Amendment No: _____

INSPECTION ITEM	CRITERIA	FINDING
		<u>C</u>
5. <u>Use of Materials</u>		
Procurement and use as required? Authorized form & route of administration?	35.14(b)	
Special tests (moly breakthrough, leak tests, etc) required? <input checked="" type="checkbox"/>	35.14(b)(4)	
Inventory of brachytherapy sources? <input checked="" type="checkbox"/>	35.14(b)(5)	
Dose calibration checks performed? <input checked="" type="checkbox"/>		
Posting & labeling as required? <input checked="" type="checkbox"/>	20.203	
NOTES & REMARKS:		

6. Storage of Materials

Material secured in both restricted and unrestricted areas? Adequately?

20.207

NOTES & REMARKS:

*Left me a lock on this AM when inspectors arrived
all packages are delivered thru Safety Office*

7. Facilities

As described in lic cond or application? ☒

Any changes made? Adequacy? ☒

NOTES & REMARKS:

Lic Cond _____

8. Instruments

Survey meters & instruments adequate for program? -

Instruments & meters operable? Calibrated?

Calibration adequate?

NOTES & REMARKS:

Although survey meter has stated range, the side window probe is not sensitive enough to pick up contamination on the low energy end. B. Sie. will obtain end window probe.

19 FEB 1981

✓ Docket Nos. 30-00126
30-01321
30-11063

Howard University
ATTN: Dr. Carlton P. Alexis
Vice President for Health Affairs
2300 Sixth Street, N.W.
Washington, D. C. 20059

Gentlemen:

Subject: Combined Inspection 30-00126/80-02; 30-01321/80-02; 30-11063/80-02

This refers to your letter dated January 16, 1981, in response to our letter dated December 12, 1980.

Thank you for informing us of the corrective and preventive actions documented in your letter. These actions will be examined during a future inspection of your licensed program.

With regard to Item I of your letter, we agree the citation in our letter of December 12, 1980 was in error. 10 CFR 20.203(e) requiring a "Caution Radioactive Materials" sign should have been cited rather than 10 CFR 20.203(b). Posting of a "Caution Radioactive Materials" sign on the access door to your radioactive waste drum storage facility will fulfill this regulation. Your record has been corrected to reflect this change.

Your cooperation with us is appreciated.

Sincerely,

Boyce H. Grier
Director

bcc:
IE Mail & Files (For Appropriate Distribution)
Central Files
Public Document Room (PDR)
Nuclear Safety Information Center (NSIC)
REG:I Reading Room
District of Columbia

8103270806
IP.

OFFICE	FFMS	FFMS	FFMS	ATL	DEP DIR	DIRECTOR
SURNAME	McGinness/ Costello/skl	Kinneman	Smith	Snyder	Allen	Grier
	2/13/81	2/13/81	2/13/81	2/13/81	2/17/81	2/17/81

HOWARD UNIVERSITY
WASHINGTON, D. C. 20069

OFFICE OF THE VICE PRESIDENT
FOR HEALTH AFFAIRS

January 16, 1981

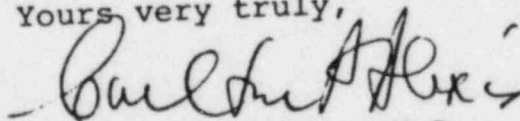
Mr. Boyce H. Grier
Director
U.S. Nuclear Regulatory Commission
631 Park Avenue
King of Prussia, Pennsylvania 19406

Dear Mr. Grier:

I have asked Dr. George A. Ferguson, who serves as Chairman of our Radiation Safety Committee, to prepare a response to your letter of December 12, 1980. I am enclosing his response to your request for information regarding the actions we have taken or planned to improve our radiation safety program.

If further information is required, I will provide it at your request.

Yours very truly,



Carlton P. Alexis, M.D.
Vice President for Health Affairs

CPA/vcr

Enclosure

81032708/2
6pp.

HOWARD UNIVERSITY

WASHINGTON, D.C. 20059

January 16, 1981

OFFICE OF THE VICE PRESIDENT
FOR HEALTH AFFAIRS
Radiation Safety Committee

Mr. Boyce H. Grier, Director
Region I
U.S. Nuclear Regulatory Commission
631 Park Avenue
King of Prussia, Pennsylvania 19406

Dear Mr. Grier:

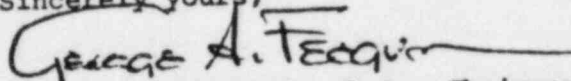
I am writing to you in response to your request (received on 23 December 1980) for information regarding procedures we have implemented to correct items of non-compliance identified in your inspection of our program on 23-24 September 1980. Our responses are contained in Attachment A. We take note of the fact that your Notice of Violation, illuminating our purported non-compliance, was received approximately 60 days after your findings and subsequent to our request for a report of your inspection (see Attachment B). In our opinion, this extensive time delay between findings and notification seems irregular, notwithstanding, the intervening enforcement conference, held on 15 October 1980, between representatives of your organization and our institution.

The enforcement conference, of 15 October 1980, ventilated several curious facts. In our attempts to clarify the concerns of your representatives to this conference, it was determined (a) that Howard University is not a large user of radioisotopes and (b) that the vast majority of authorized users of radioisotopes at Howard University are doing so in strict compliance with NRC Regulations. Furthermore, your inspectors, during their 23-24 September 1980 visit were impressed with the full understanding of our safety procedures demonstrated by many of our principal investigators, as well as, their supporting staff. This finding clearly does not support a broad assertion of weakness in the management of our radiation safety program. Nevertheless, your representatives assert that the radiation safety program at Howard University cannot operate effectively without a Radiation Safety Officer. While we are in full accord with the view that the Radiation Safety Officer performs a major responsibility in any program designed to protect the health and safety of personnel, we believe that such a program is effective only when all users of radiation sources understand and follow our regulations - not simply the presence of one person designated Radiation Safety Officer. Our files document intimate involvement of our Radiation Safety Committee (composed of eleven specialists)

with our program, further testifying to our commitment to safety. Your representatives, in vocalizing their concern for the purported lack of a Radiation Safety Officer at Howard University appeared to disregard the fact that there does exist an interim Radiation Safety Officer, as well as, an alternate Radiation Safety Officer both of whom have been sanctioned by the Commission (see Appendix C).

Notwithstanding all that has been said above, your representatives, during their 23-24 September 1980 inspection, identified items considered to be in non-compliance. We have already rectified or will quickly correct this state. This action is consistent with our actions for more than two decades in such matters. As asserted, during the 15 October 1980 enforcement conference, Howard University is committed to an effective radiation safety program and will name a permanent Radiation Safety Officer in the near future. The interim Radiation Safety Officer will ensure prompt implementation of corrective actions with regard to current items of non-compliance with particular focus on identified programs in Howard University Hospital.

Sincerely yours,

A handwritten signature in dark ink, appearing to read "George A. Ferguson". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

George A. Ferguson, Ph.D., Chairman
Howard University Radiation Safety
Committee

GAF:dmr

Attachments

RESPONSES TO NOTICE OF VIOLATION

Howard University
Washington, D.C.

License Numbers: 08-3075-06
08-3075-07
08-386-19

Docket Numbers: 30-00126
30-01321
30-11063

The following responses are provided to describe corrective steps which have been taken to achieve full compliance for the above listed licenses.

ITEM A.1 (L/N 08-3075-07) Failure to wear dosimetry to evaluate dose to the hands.

RESPONSE: All personnel have been instructed to wear proper personnel monitoring devices at all times when on duty. A specific individual in the Nuclear Medicine Division will assure that this directive is implemented. Personnel from the Radiation Safety Office will periodically check to ascertain compliance.

ITEM A.2 (L/N 08-3075-07) Failure to survey for licensed materials in trash cans.

RESPONSE: A single alcohol swab was found in the trash can because of an infrequent error of the technologist assigned to the room. Technologists have been instructed again in proper disposal techniques. Personnel from the Radiation Safety Office will periodically check to ascertain that proper procedures are being followed.

ITEM A.3 (L/N 08-3075-07) Failure to survey during administration of I-131.

RESPONSE: Personnel from the Radiation Safety Office will assist in surveys and evaluations of radiological hazards required during future preparation and administration of I-131 for therapy. Records of the surveys will be maintained in the Radiation Safety Office.

ITEM B (L/N 08-386-19) Failure to control receiving area.

RESPONSE: To comply with requirements of 10CFR 20.207(a), and (b), a lead lined wooden cabinet of dimensions adequate to accommodate all of the licensed materials routinely received in the early morning hours has been placed in our receiving area. This cabinet is equipped with

a lock which will be secured at all times. Only security and radiation safety personnel possess keys. Periodic checks are routinely conducted throughout the day to monitor mid-day receipt of materials. Our current policy instructs security personnel to immediately notify the Office of Radiation Safety of any licensed material received during the day.

ITEM C (L/N 08-3075-07) Failure to instruct nuclear medicine assistant.

RESPONSE: The identified assistant has now been properly instructed in this procedure and will be further trained in broader aspects of radiation safety. Further surveys will be conducted under the supervision of an experienced professional.

ITEM D (L/N 08-3075-06) Failure to perform annual calibration.

RESPONSE: This calibration was performed by a qualified expert during October 1980 and will be repeated periodically during intervals which do not exceed one year.

ITEM E (L/N 08-3075-06) Failure to determine accuracy of measuring devices.

RESPONSE: Future monthly spot checks of the Janus teletherapy unit will include a determination of the accuracy of the measuring device as well as a timer. Records will be maintained in the Radiation Safety Office.

ITEM F (L/N 08-3075-06) Failure to service Janus unit during five year period.

RESPONSE: The five year inspection and maintenance procedures were performed on the Janus teletherapy unit on 6-7 October 1980. These procedures will be repeated at intervals not exceeding five years.

ITEM G (L/N 08-3075-07) Failure to perform surveys on weekends.

RESPONSE: Surveys will be performed daily during all periods when procedures are being carried out in our Nuclear Medicine Division as required.

ITEM H (L/N 08-386-19) Failure to perform monthly laboratory surveys.

RESPONSE: All laboratories where radioisotopes are handled or stored will be surveyed at least twice annually by the Radiation Safety Officer. The frequency of such surveys may be increased depending upon the activity within the laboratory, viz., where frequent use of large quantities of isotopes is present, the survey interval

will be reduced. Authorized users are required to make surveys of all working areas following each use of isotopes as well as monthly. The results are reported quarterly to the Radiation Safety Office.

ITEM I (L/N 08-386-19)

Failure to post sign.

RESPONSE:

10CFR 203(b) requires that each "Radiation Area" shall be conspicuously posted with a sign, or signs, bearing the radiation caution symbol and the words "Caution Radiation Area". 10CFR 20.202(b)(2) defines "Radiation Area" as any area accessible to personnel in which there exists radiation originating in whole, or in part, from licensed material at such levels that a major portion of the body could receive, in any one hour, a dose in excess of 5 mR (or in any five consecutive days a dose in excess of 100 mR). Measurements taken of our radioactive waste drum storage facility, with an Eberline Model E-120 Geiger Counter equipped with the Hand Probe Model HP-270, revealed no readings above 0.1 mR/hr. within the confines of any drum. The results of this survey support our position, discussed with the inspectors that the radioactive waste drum storage facility does not meet the definition of a "Radiation Area" and therefore, in our opinion 10CFR 203(b) does not apply. Out of abundant caution however, we will post a caution sign.

SAFETY INSPECTION

1 LICENSEE The Fairfax Hospital 3300 Gallows Road Falls Church, VA 22046		2 REGIONAL OFFICE U.S. Nuclear Regulatory Commission Suite 2900 101 Marietta St., NW Atlanta, GA 30323	
3 DOCKET NUMBER(S) 030-12235	4 LICENSE NUMBER(S) 45-17128-01	5 DATE OF INSPECTION 6-27-84	

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's (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 findings as a result of this inspection are as follows:

- ☒ 1. Within the scope of this inspection, no violations were observed.
- ☐ 2. The inspector also verified the steps you have taken to correct the violations identified during the last inspection. We have no further questions on those actions at this time.
- ☐ 3. During this inspection certain of your activities, as checked below, were in violation of NRC requirements.
THIS IS A NOTICE OF VIOLATION which is required to be posted in accordance with 10 CFR 19.11.
 - ☐ A. _____ was not properly posted to indicate the presence of a _____ 10 CFR 20.203(b), (c), (d), (e) or 34.42.
 - ☐ B. Containers located in _____ were not properly labeled to indicate the presence of radioactive material. 10 CFR 20.203(f)(1), or (f)(2).
 - ☐ C. _____ of sealed sources were not performed at the proper frequencies. 10 CFR _____ License Condition Number _____
 - ☐ D. Records of _____ were not properly maintained. 10 CFR _____ or License Condition Number _____
 - ☐ E. Documents were not properly posted or otherwise made available. 10 CFR 19.11.
 - ☐ F. Reports or notifications of _____ were not made in accordance with 10 CFR _____ or License Condition Number _____
 - ☐ H. _____
 - ☐ I. _____
 - ☐ J. _____
 - ☐ K. _____

I hereby state that within 30 days the actions described by me to the Inspector will be taken to correct the violations identified in the items checked above. This statement of corrective actions is made in accordance with the requirements of 10 CFR 2.201. No further response will be submitted unless required by the NRC.

840727043TIP

[Signature]

54

6-27-84

SIGNATURE - LICENSEE

DATE

SIGNATURE - NRC INSPECTOR

DATE

MATERIALS INSPECTION
FIELD NOTES

Page 1 of

INSPECTION REPORT NO. 84-01

Attached

Licensee: THE FAIRFAX HOSPITAL
Street: 3300 GALLOWAY ROAD
City, State: FALLS CHURCH, VA

() Appendix A
() Appendix B
() Appendix C
() Memo *

Licensee contact: Dominion & Walsh

Telephone No.:

License No.: 45-17128-01

Last amendment and date:

Category: G, and Priority: 3, as of last amendment.

Inspection date(s): 6/27/84 Type of inspection: ROUTINE UNANNOUNCED

SUMMARY OF FINDINGS AND ACTION

(☒) No noncompliance, clear 591 issued () Noncompliance 591 issued
() Noncompliance, Appendix A* () Regional action action
() Action on previous noncompliance, () Supplemental info, Appendix C***
Appendix B**

RECOMMENDATIONS

See Basis in Appendix C or attached memo.

() Change Category: () Change Priority to:

(☒) Next inspection date: 6/87

PERSONS CONTACTED

Daniel Garrison, Supv. Nuc. Med.
Eileen Walsh, Rad. Safety Tech.
Andrea Dilbert, Asst. Admin.

Inspector: L. G. Franklin

6/27/84

Approved: Butler

7/10/84

*Use current ROI 0915. Standard Forms

**Use for actions not documented in a prior licensee response

***Use for inspector evaluation or recommendations

INSPECTION PLAN AND REPORT NUMBER: 84-01Page 2 of Licensee: The Sanford HospitalLicense No.: 45-17128-01

Inspection Items	Scheduled for Inspection	Post-inspection status	Module No.	766 Time Info
Management meeting - Entrance and Exit Interviews (Required)			30703B	0.5
Initial Management Meeting				
Program requirements, MC 28 (Required)			78710 B	3.0
Licensee Event Followup			92700B	
Followup on Inspector-identified problems			92701B	
Followup on Noncompliance and Deviations			92703B	
IE Bulletin/Immediate Action Letter Followup			92703B	
Followup on Headquarters Requests			92704B	
Followup on Regional Requests			92705B	
Independent Inspection Effort (Required)			92706 B	0.5
Inspector Dispatched to Site			93700B	
Followup on Significant Event Occurring During Inspection			93701B	

AREAS INSPECTED AND FINDINGS

Licensee: The Mercy Hospital License No.: 45-17128-01 Amendment No.:

INSPECTION ITEM	CRITERIA	FINDING
1. <u>Organization</u>		<u>OK</u>
Structure of organization as described in license requirements	Lic Cond <u> </u>	

NOTES:

Only chg. is Chf tech, now Daniel Emerson

2. <u>Licensee internal audits</u>	Lic Cond <u> </u>	<u>OK</u>
------------------------------------	----------------------	-----------

Scope and frequency of audits as required

ALARA Program YESConducted by appropriate persons, records maintained, reviewed by management YESDeficiencies identified & corrected YES

NOTES:

Radiation Safety Committee *Minutes were examined for 1983 and 1st quarter 1984. Content appear good and meetings well timely.*

Medical Physicist RSO: *Not available this date, unable to audit these records*

AREAS INSPECTED AND FINDINGS

Licensee: The Lincolnton Hospital License No.: 45-17128-01 Amendment No.:

INSPECTION ITEM	CRITERIA	FINDING
3. <u>Training and qualification of personnel</u>	Lic Cond <u> </u>	<u>OK</u>

* Training & retraining conducted as required? yesInstructions to workers per 19.12? OK

\$19.12

R.G. 8.13

Visiting Physician qualifications and
authorizations None

R.G. 8.26

R.G. 8.29

NOTES & REMARKS:

* Same problem as most hospitals, Nursing staff shortages
Make attendance difficult, however records are adequate.

4. <u>Radiation protection procedures</u>	Lic Cond <u> </u>	<u>OK</u>
---	------------------------	-----------

Procedures available and implemented, identify
handling of patients receiving therapeutic
doses, cover handling of cadavers NO * OKEmergency procedures for spills, yes
Staff familiarity with procedures yesNOTES & REMARKS: * Although written procedures are not in placethen hospital is in the process of writing procedures related to Nuclear
isotopes and the handling of pit etc. They committed to the Inspector that this was

5. <u>Use of materials</u>	Lic Cond <u> </u>	<u>OK</u>
----------------------------	------------------------	-----------

Procurement and use as required? yesSpecial tests (moly breakthrough, leak tests,
etc) required? yes - OK

\$35.14(b)

Dose calibration checks performed? yes

Posting & labeling as required?

\$20.203

Dose Calibrator (Constancy, Linearity, all OK
Calibration)

Vendors:

Inventories: Examined 1/84 source inventory record,
Therapy procedures, Group V & VIExamine records for daily constancy checks of dose calibrator and, most recent
monthly sensitivity check of dose calibrator. The yearly calibration check was
performed Jan 1984OK found
reference in
Ref. Safety Manual
which will now
be added to.Page
Three
Pages
to the
Ref. Lin
Manual

AREAS INSPECTED AND FINDINGS

Licensee: The Sanford Hospital License No.: 45-17128-01 Amendment No.:

INSPECTION ITEM	CRITERIA	FINDING
6. <u>Storage of materials</u>		<u>OK</u>

Material secured in both restricted and unrestricted areas YES §20.207Waste storage area: YES - OK

NOTES:

External storage area for implant sources in Oncology Dept.
 X-ray test records and inventory records in good order

7. <u>Facilities</u>	Lic Cond <u> </u>	<u>OK</u>
----------------------	------------------------	-----------

Described in lic cond or application, YESChanges made, ^{NO} adequacy OKFume hood OK

NOTES:

Use of Xe ^{133} now only 2 to 3 patient/ μCi for 1983 & 1st quarter
 of 1984 and this use is essentially discontinued @ this time.

8. <u>Instruments</u>	Lic Cond <u> </u>	<u> </u>
-----------------------	------------------------	---------------

Adequacy of survey meters & instruments OK - one Victoreen 740 F (ion chamber) High Range

Operable instruments & meters, properly calibrated, calibration performed by? OK - Calibration performed by Radiation Service
 " TA 471 " " Low Range
 " " 541-2 " "

NOTES & REMARKS:

External CMI² records for Counters (Thyroid & Breast)

P.O. Box 419
 Laurel, N.C.

AREAS INSPECTED AND FINDINGS

Licensee: The Fairfax Hospital License No.: 45-17128-01 Amendment No.:

INSPECTION ITEM	CRITERIA	FINDING
9. <u>Receipt and transfer of material</u>		<u>OK</u>
Written procedures for pickup, receiving, opening packages	<u>yes</u> §20.205	
Survey of packages when received	<u>yes</u> §20.205(c)(1) or R. G. 10.8	
Records of survey of packages	<u>yes</u> §20.401(b)	
Proper transfer of materials, Transfer records maintained	<u>yes</u> §30.41, 30.51	
Authorized containers used, Shipping papers & package labels proper for packages on hand?	<u>yes</u> §71.5	
<u>External surveys are incoming materials</u>		
10. <u>Personnel protection - external</u>		<u>OK</u>
Personnel monitoring controls adequate	Exposures minimized <u>yes</u> §20.201, §20.202	
Exposure records (NRC-4 or -5) maintained Available for employee review	<u>yes</u> §20.102(b), §20.401(a)	
Surveys conducted?	<u>yes</u> Adequate <u>yes</u> §20.201	
Records of monitoring, surveys	<u>yes</u> <u>OK</u> §20.401	
Levels in unrestricted areas within limits	<u>OK</u> §20.1, §20.105	
Syringe Shields	<u>yes</u> , observed patient injection including use of streaming TLDs.	
ALARA Program	<u>yes</u> , approved.	

NOTES:

Grossed records of daily and monthly surveys, all appear to be in good order.

Noted one procedure as excellent, the Thyroid test for tech administration I¹³¹. All personnel & all negative.

One implant patient now undergoing treatment this Sat (8/12/84).

Survey info good and 2 mAs/hr line is being observed.

AREAS INSPECTED AND FINDINGS

Licensee: The Fairley Hospital License No.: 45-17128-01 Amendment No.:

INSPECTION ITEM	CRITERIA	FINDING
11. <u>Personnel protection - internal</u>		<u>OK</u>
Airborne concentrations in restricted areas	<u>None</u> §20.103	
Posting of airborne radioactivity areas	<u>↑</u> §20.203(d)	
Survey, monitoring adequate for airborne radio-activity, surface contamination, Records maintained	§20.201 §20.401 <u>YES AND RECORDS ARE MAINTAINED.</u>	
Ventilation measurements	<u>OK</u>	
NOTES & REMARKS:		

12. <u>Effluent controls, waste disposal</u>		<u>OK</u>
Release of effluents controlled? <u>YES</u> Wet Labs? <u>NO</u>	§20.106, §20.303	
Waste disposals controlled? <u>YES</u>	§20.301, §20.303, §20.304, §20.305	
Procedures, records maintained? <u>YES</u>	§20.401, Lic Cond <u> </u>	
Surveys made? Adequate? <u>YES</u>	§20.401	
NOTES:		

Examined waste storage areas. All postings
are correct and proper.

AREAS INSPECTED AND FINDINGS

Licensee: The Sanford Hospital License No.: 45-1712E-01 Amendment No.:

INSPECTION ITEM	CRITERIA	FINDING
13. <u>Notifications and reports</u>		<u>OK</u>
To individuals. <u>OK</u>	\$19.13	
Overexposures, excessive levels & concentrations, incidents <u>NONE</u>	\$20.403, \$20.405	
Personnel exposures and monitoring, termination reports <u>YES</u>	\$20.407, \$20.408	
Theft or loss of licensed material	\$20.402	
NOTES: <u>NONE</u>		

Exposure guidelines for personnel as described in RG 10.8 are carefully followed.

14. <u>Posting of notices</u>		<u>OK</u>
Part 20, license & documents, procedures notice of violations posted? <u>OK</u>	\$19.11(a)	
Form NRC-3 posted? <u>YES</u>	\$19.11(c)	
NOTES:		

*Postings OK in Oncology and Nuc Medicine
Departments*

15. <u>Other license conditions</u>	Lic Cond <u> </u>	<u>OK</u>
-------------------------------------	------------------------	-----------

NONE

AREAS INSPECTED AND FINDINGS

Licensee: The Fairfax Hospital License No.: 45-17128-01 Amendment No.:

INSPECTION ITEM	CRITERIA	FINDING
16. <u>Confirmatory measurements</u>		<u>OK</u>

NA

17. <u>Independent inspection effort</u>		<u>OK</u>
--	--	-----------

Made rad survey of Hot Lab in Nuc Med Dept
No exposure rate in excess of 0.1 mR/hr
Waste storage areas are OK & < 0.1 mR/hr

Excesses Dept source storage area is properly shielded
and monitoring in excess of 0.1 mR/hr

18. <u>Incidents and events</u>		<u>OK</u>
---------------------------------	--	-----------

Incidents of misadministrations,
contamination, etc. not otherwise
covered by reports

One mis administration which has been reported
to the Commission

2/15/12

Elmer Welch
Cadaver procedure - None
Source inv. & OK
wipe test.
Triming

U.S. NUCLEAR REGULATORY COMMISSION
OFFICE OF INSPECTION AND ENFORCEMENT

INSPECTION FINDINGS AND LICENSEE ACKNOWLEDGMENT

1. LICENSEE Center for Southeast Comm. Hosp. 1316 Southern Avenue, SE Washington, D.C. 20032		2. REGIONAL OFFICE United States Nuclear Regulatory Commission 631 Rock Ave. King of Prussia, Pa. 19106	
3. DOCKET NUMBER(S) D30-D1334	4. LICENSE NUMBER(S) 08-11182-01	5. DATE OF INSPECTION July 17, 1984	

6. INSPECTION FINDINGS

The inspection was an examination of the activities conducted under your license as they relate to radiation safety and to compliance with the Commission's 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 findings as a result of this inspection are as follows:

☒ No items of noncompliance or unsafe conditions were found.

The following items of noncompliance related to records, signs, and labels were found:

- ☐ A. Rooms or areas were not properly posted to indicate the presence of a RADIATION AREA. 10 CFR 20.203(b) or 34.42
- ☐ B. Rooms or areas were not properly posted to indicate the presence of a HIGH RADIATION AREA. 10 CFR 20.203(c) (1) or 34.42
- ☐ C. Rooms or areas were not properly posted to indicate the presence of an AIRBORNE RADIOACTIVITY AREA. 10 CFR 20.203(d)
- ☐ D. Rooms or areas were not properly posted to indicate the presence of RADIOACTIVE MATERIAL. 10 CFR 20.203(e)
- ☐ E. Containers were not properly labeled to indicate the presence of RADIOACTIVE MATERIAL. 10 CFR 20.203(f) (1) or (f) (2)
- ☐ F. A current copy of 10 CFR 20, a copy of the license, or a copy of the operating procedures was not properly posted or made available. 10 CFR 20.206(b)
- ☐ G. Form NRC-3 was not properly posted. 10 CFR 20.206(c)
- ☐ H. Records of the radiation exposure of individuals were not properly maintained. 10 CFR 20.401(a) or 34.33(b)
- ☐ I. Records of surveys or disposals were not properly maintained. 10 CFR 20.401(b) or 34.43(d)
- ☐ J. Records of receipt, transfer, disposal, export or inventory of licensed material were not properly maintained. 10 CFR 30.51, 40.61 or 70.51
- ☐ K. Records of leak tests were not maintained as prescribed in your license, or 10 CFR 34.25(c)
- ☐ L. Records of inventories were not maintained. 10 CFR 34.26
- ☐ M. Utilization logs were not maintained. 10 CFR 34.27
- ☐ N. Records of radiation survey instrument calibration were not maintained. 10 CFR 34.24
- ☐ O. Records of teletherapy electrical interlock tests were not maintained as prescribed in your license.
- ☐ P. Other _____

Teresa Hall Darden - Red

 (NRC Inspector)

7. The NRC Inspector has explained and I understand the items of noncompliance listed above. The items of noncompliance will be corrected within the next 30 days.

July 17, 1984

 (Date)

Carl W. Strait, Radiology Consultant

 (Licensee Representative - Title or Position)

55

ORIGINAL TO LICENSEE

~~84092410476~~
 11/84

LICENSE NO: _____

DOCKET NO. (s) 030-D1334

PAGE _____ OF _____

ATTACHED

- ☐ Appendix A
☐ Appendix B
☐ Appendix C
☐ Memo

INSPECTION REPORT NO. 84-02

Greater Southeast Community Hosp.
1310 Southern Avenue, SE
Washington, D.C. 20002

LICENSEE CONTACT: _____ Telephone No: _____

LICENSE NO: _____ CATEGORY _____ PRIORITY: _____

_____ CATEGORY _____ PRIORITY: _____

_____ CATEGORY _____ PRIORITY: _____

INSPECTION DATE (s): 7/17/84 TYPE OF INSPECTION: ☐ SPECIAL ☐ ANNOUNCED
☐ ROUTINE ☐ UNANNOUNCED
☐ DAYSHIFT
☐ OTHER

A. Pacemaker License - obtain - Raye Caldwell
follow up info - obtain - 574-6631
by phone - Pt. Dates of Jan Pt. Records

SUMMARY OF FINDINGS AND ACTION

- ☐ NO NONCOMPLIANCE, CLEAR 591 ISSUED
☐ NO NONCOMPLIANCE, LETTER
☐ NONCOMPLIANCE, APPENDIX A

- ☐ ACTION ON PREVIOUS NONCOMPLIANCE, APPENDIX B
☐ NONCOMPLIANCE, 591 ISSUED
☐ SUPPLEMENTAL INFO, APPENDIX C

RECOMMENDATIONS
SEE BASIS IN APPENDIX C

☐ CHANGE CATEGORY TO: _____
☒ NEXT INSPECTION DATE: 7/87

☐ CHANGE PRIORITY TO: _____

PERSONS CONTACTED

Bobbie Mayes, NMT
Elizabeth Lyndall, NMT
Robert White, NMT
Achilles Peria, Chief NMT

INSPECTOR: J. H. Darden 7/17/84

APPROVED: [Signature]

9/8/84

INSPECTION PLAN AND REPORT NUMBER _____ Page _____ of _____

Plan Approved: _____ Date: _____

Licensee: _____ License No. _____

Inspection Items	Scheduled for Inspection	Post Inspection Status	Module No.
Management Meeting - Entrance and Exit Interviews (Required)			30703B
Program Requirements, MC 2860 (Required)			78710B
Followup on Noncompliance and Deviations			92702B
Independent Inspection Effort (Required)			92706B
Transportation			86740B

(July 82)

INSPECTION REPORT NUMBER _____

Page ____ of ____

787108 - Medical

AREAS INSPECTED AND FINDINGS

Licensee: _____ License No: _____ Amendment No: _____

INSPECTION ITEMS	CRITERIA	FINDING
1. <u>Organization</u>	Lic Cond _____	_____
Structure of organization as described in requirements?		
Scope of Program? Patient load?		Any P.Y. issued - 13 to 15 P.Ys/daily
NOTES & REMARKS:		Steps I, II, III occasionally when 'inpatient supply' is not adequate
2. <u>Licensee Internal Audits</u>	Lic Cond _____	_____
Scope and frequency of audits as required?		
Conducted by appropriate persons?		
Records maintained?		
Reviewed by management?		
Deficiencies identified and corrected?		
NOTES & REMARKS:		1/4 by & more often if necessary audits by Consultant 1/4 RSC meetings where problems & ideas are discussed & resolved.
3. <u>Training and Qualification of Personnel</u>	Lic Cond _____	_____
Training & retraining conducted as required?		
Written & oral exams conducted?		
Examination results reviewed by management?		
Instructions to workers per 19.12?	19.12	
Authorized users? On license? Available in emergency?	Lic Cond _____	
NOTES & REMARKS:		
4. <u>Radiation Protection Procedures</u>	Lic Cond _____	_____
Procedures available and implemented?		
Identify radiopharmaceutical and dose's?		
Cover handling of patients receiving therapeutic doses? Cover handling of caskets?		
Close out Surveys on Patients receiving temporary implants?	35.14 (b)(5)(v)	
Emergency procedures for spills, etc?		
Personnel understand procedures?		
NOTES & REMARKS:		

AREAS INSPECTED AND FINDINGS

Licensee: _____ License No: _____ Amendment No: _____

INSPECTION ITEM	CRITERIA	FINDING
<u>5. Use of Materials</u>		
Procurement and use as required? Authorized form & route of administration?	35.14(b)	<u>C</u>
Special tests (moly breakthrough, leak tests, etc) required? ✓	35.14(b)(4)	
Inventory of brachytherapy sources?	35.14(b)(5)	
Dose calibration checks performed? ✓		
Posting & labeling as required? ✓	20.203	
NOTES & REMARKS:		
<u>6. Storage of Materials</u>		
Material secured in both restricted and unrestricted areas? Adequately?	20.207	<u>C</u>
NOTES & REMARKS:		
<u>7. Facilities</u>		
As described in lic cond or application?	Lic Cond _____	<u>C</u>
Any changes made? Adequacy?		
NOTES & REMARKS:		
<u>8. Instruments</u>		
Survey meters & instruments adequate for program?	Lic Cond _____	<u>C</u>
Instruments & meters operable? Calibrated?		
Calibration adequate? ✓		
NOTES & REMARKS:		

OK - 1/4ly Calibrations
by Consultants.

AREAS INSPECTED AND FINDINGS

Licensee: _____ License No: _____ Amendment No _____

INSPECTION ITEMS	CRITERIA	FINDING
<hr/>		
9. <u>Receipt and Transfer of Material</u>		<u>C</u>
Written procedures for pickup, receiving, opening packages?	20.205	
Survey of packages when received?	20.205(c)(1)	
Records of survey of packages?	20.401(b)	
Transfer of materials proper? Transfer records maintained?	30.41, 30.51	
Authorized containers used? Shipping papers & package labels proper for packages on hand?	71.5	
NOTES & REMARKS:		
<hr/>		
10. <u>Personnel Protection - External</u>		<u>C</u>
Personnel monitoring controls adequate? Exposures minimized?	20.101, 20.202	
Exposure records (NRC-4 or 5) maintained? Available for employee review?	20.102(b), 20.401(a)	
Surveys conducted? Adequate?	20.201	
Records of monitoring, surveys?	20.401	
Levels in unrestricted areas within limits? (Particularly around nuclear med. hot lab rooms of brachytherapy patients)	20.1, 20.105	
NOTES & REMARKS:		
<hr/>		
11. <u>Personnel Protection - Internal</u>		<u>C</u>
Airborne concentrations in restricted areas? (Xe-133, patients treated with I-131)	20.103	
Exposures to minors?	20.104	
Posting of airborne radioactivity areas?	20.203(d)	
Survey, monitoring bioassay adequate for airborne radioactivity, surface contamination? Records maintained?	20.201 20.401	
Procedures for use of Xe-133 followed?		
NOTES & REMARKS:		

AREAS INSPECTED AND FINDINGS

Licensee: _____ License No: _____ Amendment No: _____

INSPECTION ITEM	CRITERIA	FINDING
12. <u>Effluent Controls, Waste Disposal</u>		<u>C</u>
Release of effluents controlled? (particularly Xe-133, radioiodine where used)	20.106, 20.33	
Waste disposals controlled?	20.301, 20.303, 20.304, 20.305	
Procedures, records maintained?	20.401, Lic Cond _____	
Surveys made? Adequate?	20.401	
NOTES & REMARKS:		

13. <u>Notifications and Reports</u>		<u>C</u>
To individuals?	19.13	
Overexposures, excessive levels & concentrations, incidents?	20.403, 20.405	
Personnel exposures and monitoring, termination reports?	20.407, 20.408	
Theft or loss of licensed material?	20.402	
Misadministrations?	35.41-35.45	
NOTES & REMARKS:		

14. <u>Posting of Notices</u>		<u>C</u>
Part 20, license & documents, procedures, notice of violations posted?	19.11(a)	
NRC-3 posted?	19.11(c)	
NOTES & REMARKS:		

15. Other License Conditions

AREAS INSPECTED AND FINDINGS

Licensee: _____ License No: _____ Amendment No: _____

INSPECTION ITEMS	CRITERIA	FINDING
------------------	----------	---------

16. Confirmatory Measurements

NRC Instrument: _____ Calibration Due Date: _____

17. Independent Inspection Effort18. Incidents and EventsAny incidents of misadministrations,
contamination, etc., not otherwise
covered by reports?35.41 -35.45
20.402, 20.403, 20.405

INSPECTION REPORT NUMBER _____

Page _____ of _____

APPENDIX A - DOCUMENTATION OF NONCOMPLIANCE

Licensee: _____

License No: _____

Reference

Basis for noncompliance

Report item _____

10 CFR _____

Lic Cond _____

Type n/c _____

Report item _____

10 CFR _____

L1c Cond _____

Type n/c _____

Report item _____

10 CFR _____

L1c Cond _____

Type n/c _____

Report item _____

10 CFR _____

Lic Cond _____

Type n/c _____

Report item _____

10 CFR _____

L1c Cond _____

Type n/c _____

Report item _____

10 CFR _____

L1c Cond _____

Type n/c_____

INSPECTION REPORT NUMBER _____

Page _____ of _____

APPENDIX B - LICENSEE ACTION ON PREVIOUS INSPECTION FINDINGS

Licensee: _____

License No: _____

Identification and summary of action taken	Status
--	--------

Report No: _____ Type n/c: _____ Describe: _____

Action taken:

Spring Shields now in use

OPEN

CLOSED 84-01

Report No: _____ Type n/c: _____ Describe: _____

Action taken:

Ring Badges are worn properly

OPEN

CLOSED 84-01

Report No: _____ Type n/c: _____ Describe: _____

Action taken:

OPEN

CLOSED

Report No: _____ Type n/c: _____ Describe: _____

Action taken:

OPEN

CLOSED

Report No: _____ Type n/c: _____ Describe: _____

Action taken:

OPEN

CLOSED

Report No: _____ Type n/c: _____ Describe: _____

Action taken:

OPEN

CLOSED

(July 82)

INSPECTION REPORT NUMBER _____

Page _____ of _____

APPENDIX C - SUPPLEMENTARY INFORMATION

Licensee: _____ License No: _____

- ☐ () Uncorrected/repeated noncompliance
- ☐ () Unusual occurrence, conditions, etc
- ☐ () Basis for change of Category or Priority

- ☐ () Unresolved items
- ☒ (X) Inspector's comments

All prior H/C in N.M. Dept. is now corrected,
program appears to be well run. Former NM Chief
is now Departmental Consultant.

MAY 16 1983

Docket No. 030-01334

License No. 08-11182-01

Greater Southeast Community Hospital
ATTN: Mr. David Brown
1310 Southern Avenue, S.E.
Washington, D.C. 20032

Gentlemen:

Subject: Inspection No. 30-01334/83-01

This refers to your letter dated April 27, 1983, in response to our letter dated April 6, 1983.

Thank you for informing us of the corrective and preventive actions documented in your letter. These actions will be examined during a future inspection of your licensed program.

Your cooperation with us is appreciated.

Sincerely,

Original signed by
J. Kinnear

for
Thomas T. Martin, Director,
Division of Engineering and
Technical Programs

cc:
Public Document Room (PDR)
Nuclear Safety Information Center (NSIC)
District of Columbia

bcc:
Region I Docket Room (w/concurrences)

JB
RI:DETP
Jones/nm
5/9/83

RI:DETP
Glenn

5/12/83

8305200409

12

1E07



Greater Southeast Community Hospital
1310 Southern Avenue Southeast
Washington, D.C. 20032
(202) 574-6000

April 27, 1983

U.S. Nuclear Regulatory Commission
Region I
631 Park Avenue
King of Prussia, PA 19405

Re: License # 08-11182-01
Inspection # 83-01

Gentlemen:

With respect to the inspection of our Nuclear Medicine facility on March 10, 1983 by Mr. S. Jones, the following response is submitted:

A. "Technologist not using syringe shields on March 10, 1983."


1. The technologist responsible was reprimanded and given instruction regarding the advantages of using a syringe shield.
2. The department supervisor, the radiation safety officer and health physics consultant will closely and regularly monitor the use of syringe shields.
3. Full compliance was achieved on March 11, 1983.

B. "Technologist wearing ring badge on wrong hand."

1. The technologist was instructed in the proper use of ring badge.
2. The department supervisor, the radiation safety officer and health physics consultant will closely and regularly monitor the use of ring badges.
3. Full compliance was achieved on March 11, 1983.

I believe this reply will satisfy your requirements.

Sincerely,


David Brown
Vice President,
Professional Services

8305200413

lp.

APR 6 1983

Docket No. 030-01334

License No. 08-11182-01

Greater Southeast Community Hospital
ATTN: Mr. David Brown
1310 Southern Avenue, S.E.
Washington, D.C. 20032

Gentlemen:

Subject: Inspection No. 83-01

This refers to the routine safety inspection conducted by Mr. S. Jones of this office on March 10, 1983, of activities authorized by NRC License No. 08-11182-01 and to the discussions of our findings held by Mr. Jones with Michael Usher, M.D., of your staff at the conclusion of the inspection, and to a subsequent telephone discussion between Mr. Jones and yourself on March 24, 1983.

The inspection was an examination of activities conducted under your license as they relate to radiation safety and to compliance with the Commission's rules and regulations and the conditions of your license. The inspection consisted of selective examinations of procedures and representative records, interviews with personnel, measurements made by the inspector, and observations by the inspector.

Our inspector also verified the steps you have taken to correct the violation brought to your attention in a letter dated March 31, 1980. With regard to this violation, this item was not corrected since it has recurred.

Based on the results of this inspection, it appears that certain of your activities were not conducted in full compliance with NRC requirements, as set forth in the Notice of Violation, enclosed herewith as Appendix A. These violations have been categorized by severity level in accordance with the NRC Enforcement policy (10 CFR 2, Appendix C) published in the Federal Register Notice (47 FR 9987) dated March 9, 1982. You are required to respond to this letter and in preparing your response, you should follow the instructions in Appendix A.

Item A in the Notice of Violation enclosed with this letter was identified during a previous inspection of your licensed activities on March 12, 1980, and was documented in the enclosure to our letter dated March 31, 1980. Your letter to this office dated July 10, 1980, stated that all technical personnel were instructed to use syringe shields in the preparation of patient doses of millicurie quantities at all times. From our March 10, 1983, inspection it appears that the stated corrective actions were not effective since this item

OFFICE	8304220503									
SURNAME	2pp.									
DATE										

APR 6 1983

Greater Southeast Community Hospital 2

has recurred. Recurrent and uncorrected violations are given additional weight in the consideration and selection of appropriate enforcement action. Therefore, in your response to this letter, you should give particular attention to those actions taken or planned to ensure that identified items of noncompliance will be completely corrected and will not recur.

The responses directed by this letter and the accompanying Notice are not subject to the clearance procedures of the Office of Management and Budget as required by the Paperwork Reduction Act of 1980, PL 96-511.

In accordance with Section 2.790 of the NRC's "Rules of Practice," Part 2, Title 10, Code of Federal Regulations, a copy of this letter and your reply will be placed in the Public Document Room.

Your cooperation with us in this matter is appreciated.

Sincerely,

Original Signed By
John E. Glenn, Ph.D.

Thomas T. Martin, Director
Division of Engineering and
Technical Programs

Enclosure:
Appendix A, Notice of Violation

cc w/encl:
Michael Usher, M.D. (Radiology) ✓
Public Document Room (PDR)
Nuclear Safety Information Center (NSIC)
District of Columbia ✓

bcc w/encl:
Region I Docket Room (w/concurrences)
Senior Operations Officer (w/o encl) ✓

RI:DETP Jones/lp	RI:DETP Glenn						
DATE 3/24/83	4/4/83						

APR 6 1983

APPENDIX A

NOTICE OF VIOLATION

Greater Southeast Community Hospital
Washington, D.C. 20032

Docket No. 030-01334
License No. 08-11182-01

As a result of the inspection conducted on March 10, 1983, and in accordance with the NRC Enforcement Policy (10 CFR 2, Appendix C), the following violations were identified:

- A. Condition 16. of License Number 08-11182-01 requires that licensed material be possessed and used in accordance with the statements, representations, and procedures contained in the application dated August 30, 1977.

Item 16 of the "Radioisotope Laboratory Routine Safety Procedures," on page 8 of Appendix F of this application requires that syringe shields be used for preparation and administration of radioactive materials in millicurie quantities.

Contrary to the above, on March 10, 1983, a technologist prepared patient doses in millicurie quantities without using syringe shields.

This is a Severity Level IV violation (Supplement IV).

- B. 10 CFR 20.201(b) requires that each licensee make such surveys as may be necessary to comply with all sections of Part 20. As defined in 10 CFR 20.201(a), "survey" means an evaluation of the radiation hazards incident to the production, use, release, disposal, or presence of radioactive materials or other sources of radiation under a specific set of conditions.

Contrary to the above, as of March 10, 1983, inadequate surveys were made to assure compliance with 10 CFR 20.101 that limits the radiation exposure to the extremities. Specifically, one technologist routinely wore the assigned ring badge on the left hand but routinely handled and injected radioactive material with the right hand.

This is a Severity Level IV violation (Supplement IV).

Pursuant to the provisions of 10 CFR 2.201, Greater Southeast Community Hospital is hereby required to submit to this office within thirty days of the date of the letter which transmitted this Notice, a written statement or explanation in reply, including: (1) the corrective steps which have been taken and the results achieved; (2) corrective steps which will be taken to avoid further violations; and (3) the date when full compliance will be achieved. Where good cause is shown, consideration will be given to extending this response time.

8304220532
10pp

LICENSE NO: 08-11182-01

DOCKET NO. (s) 080-01334

PAGE _____ OF _____

ATTACHED

- ☒ Appendix A
☒ Appendix B
☒ Appendix C
☐ Memo

INSPECTION REPORT NO. 83-01

Greene Southeast Community Hospital
Dept. of Nuclear Medicine
1310 Southern Ave. Wash., D.C.

LICENSEE CONTACT: Michael Dshen, M.D. - Radiology (RSU) Telephone No: 202-574-6581

LICENSE NO: 08-11182-01

CATEGORY G

PRIORITY: 4

CATEGORY _____

PRIORITY: _____

CATEGORY _____

PRIORITY: _____

INSPECTION DATE (s): 3-10-83

TYPE OF INSPECTION:

- ☐ SPECIAL ☐ ANNOUNCED
☒ ROUTINE ☒ UNANNOUNCED
☐ DAYSHIFT
☐ OTHER

SUMMARY OF FINDINGS AND ACTION

- ☐ NO NONCOMPLIANCE, CLEAR 591 ISSUED
☐ NO NONCOMPLIANCE, LETTER
☒ NONCOMPLIANCE, APPENDIX A

- ☐ ACTION ON PREVIOUS NONCOMPLIANCE, APPENDIX B
☐ NONCOMPLIANCE, 591 ISSUED
☐ SUPPLEMENTAL INFO, APPENDIX C

RECOMMENDATIONS
SEE BASIS IN APPENDIX C

- ☐ CHANGE CATEGORY TO: _____
☒ NEXT INSPECTION DATE: 3-84

☐ CHANGE PRIORITY TO: _____

PERSONS CONTACTED

Achilles Meria (Chief Technologist)
Michael Dshen, M.D. (Radiology)
Roberta Wiste (Technologist)
Robert Mungen (Technologist)
Lisa Carr (Technologist)

INSPECTOR: S. Jones 3/21/83

APPROVED: Lawrence F. Friedman

3/23/83

INSPECTION PLAN AND REPORT NUMBER _____

Page _____ of _____

Plan Approved: _____

Date: _____

License No. _____

Licensee: _____

Inspection Items	Scheduled for Inspection	Post Inspection Status	Module No.
Management Meeting - Entrance and Exit Interviews (Required)	✓	✓	30703B
Program Requirements, MC 2860 (Required)	✓	✓	78710B
Followup on Noncompliance and Deviations			92702B
Independent Inspection Effort (Required)	✓	✓	92706B
Transportation			86740B

INSPECTION REPORT NUMBER _____

Page ____ of ____

787108 - Medical

AREAS INSPECTED AND FINDINGS

Licensee: _____ License No: _____ Amendment No: _____

INSPECTION ITEMS	CRITERIA	FINDING
1. <u>Organization</u>	Lic Cond _____	C
Structure of organization as described in requirements? ✓	David Brown (Hosp. Administration)	Louis Wern M.D. (Chairman Radiology)
Scope of Program? Patient load? ~520 x-rays 75 PIS/WK	Caroline Street (Radiology Admin)	Michael Usan M.D. (Rad-nuclear medicine)
NOTES & REMARKS:		Achilles Maria (Chief Technologist)
2. <u>Licensee Internal Audits</u>	Lic Cond _____	C
Scope and frequency of audits as required? ✓		
Conducted by appropriate persons? ✓		Department is audited by the hospital's consultant (Health Physics Services, Inc. Potomac, Md.).
Records maintained? ✓		Consultant visits hospital approximately every three weeks to perform area surveys, review records, etc.
Reviewed by management? ✓		
Deficiencies identified and corrected? ✓		
NOTES & REMARKS:		
3. <u>Training and Qualification of Personnel</u>	Lic Cond _____	C
Training & retraining conducted as required? ✓		Training is provided by consultant (H.P.S.). Consultant presents a lecture series addressing radiation safety, etc.
Written & oral exams conducted? 100% →		
Examination results reviewed by management?		
Instructions to workers per 19.12? ✓	19.12	
Authorized users? ✓ On license? ✓ Available in emergency?	Lic Cond _____	
NOTES & REMARKS:		
4. <u>Radiation Protection Procedures</u>	Lic Cond _____	C
Procedures available and implemented? ✓		
Identify radiopharmaceutical and dose(s)? ✓		
Cover handling of patients receiving therapeutic doses? ✓ Cover handling of cadavers?		
Close out Surveys on Patients receiving temporary implants? N/A	35.14 (b)(5)(v)	
Emergency procedures for spills, etc? ✓		
Personnel understand procedures? ✓		
NOTES & REMARKS:		

AREAS INSPECTED AND FINDINGS

Licensee: _____ License No: _____ Amendment No: _____

INSPECTION ITEM	CRITERIA	FINDING
5. <u>Use of Materials</u>		<u>C</u>
Procurement and use as required? Authorized form & route of administration? ✓	35.14(b)	Generator are only used for emergency procedures. Radiopharmaceuticals are procured from Pharmacia for routine studies.
Special tests (moly breakthrough, leak tests, etc) required? ✓	35.14(b)(4)	
Inventory of brachytherapy sources? N/A	35.14(b)(5)	
Dose calibration checks performed? ✓		
Posting & labeling as required? ✓	20.203	
NOTES & REMARKS:		

6. <u>Storage of Materials</u>		<u>C</u>
Material secured in both restricted and unrestricted areas? Adequately?	20.207	
NOTES & REMARKS:		

7. <u>Facilities</u>	Lic Cond _____	<u>C</u>
As described in lic cond or application?		
Any changes made? Adequacy?		
NOTES & REMARKS:		

8. <u>Instruments</u>	Lic Cond _____	<u>C</u>
Survey meters & instruments adequate for program? ✓		
Instruments & meters operable? ✓ Calibrated? ✓		
Calibration adequate? ✓		
NOTES & REMARKS:		

AREAS INSPECTED AND FINDINGS

Licensee: _____ License No: _____ Amendment No _____

INSPECTION ITEMS	CRITERIA	FINDING
		<u>C</u>
9. <u>Receipt and Transfer of Material</u>		
Written procedures for pickup, receiving, opening packages? ✓	20.205	
Survey of packages when received? ✓	20.205(c)(1)	
Records of survey of packages? ✓	20.401(b)	
Transfer of materials proper? Transfer records maintained? N/A	30.41, 30.51	
Authorized containers used? ✓ Shipping papers & package labels proper for packages on hand? ✓	71.5	
NOTES & REMARKS:		

10. Personnel Protection - External

Personnel monitoring controls adequate? Exposures minimized?	20.101, 20.202
Exposure records (NRC-4 or 5) maintained? Available for employee review?	20.102(b), 20.401(a)
Surveys conducted? ✓ Adequate? ✓	20.201
Records of monitoring, surveys? ✓	20.401
Levels in unrestricted areas within limits? (Particularly around nuclear med. Not lab rooms of brachytherapy patients)	20.1, 20.105

NOTES & REMARKS:

11. Personnel Protection - Internal

Airborne concentrations in restricted areas? (Xe-133, patients treated with I-131)	20.103
Exposures to minors?	20.104
Posting of airborne radioactivity areas?	20.203(d)
Survey, monitoring bioassay adequate for airborne radioactivity, surface contamination? Records maintained?	20.201 20.401
Procedures for use of Xe-133 followed?	

NOTES & REMARKS:

AREAS INSPECTED AND FINDINGS

Licensee: _____ License No: _____ Amendment No: _____

INSPECTION ITEM	CRITERIA	FINDING
<u>12. Effluent Controls, Waste Disposal</u>		
Release of effluents controlled? (particularly Xe-133, radioiodine where used)	20.106, 20.33	<u>C</u>
Waste disposals controlled? ✓	20.301, 20.303, 20.304, 20.305	
Procedures, records maintained? ✓	20.401, Lic Cond _____	
Surveys made? ✓ Adequate? ✓	20.401	
NOTES & REMARKS:		
<u>13. Notifications and Reports</u>		
To individuals? ✓	19.13	
Overexposures, excessive levels & concentrations, incidents?	20.403, 20.405	
* Personnel exposures and monitoring, termination reports?	20.407, 20.408	A technologist was observed drawing radiopharmaceuticals directly without using a syringe shield.
Theft or loss of licensed material? none	20.402	
Misadministrations? ✓ none	35.41-35.45	
NOTES & REMARKS:		
* A technologist, who is right handed, wore his TLD ring badge on his left hand. This is an inadequate survey of extremity exposure.		
<u>14. Posting of Notices</u>		
Part 20, license & documents, procedures, notice of violations posted? ✓	19.11(a)	<u>C</u>
NRC-3 posted? ✓	19.11(c)	
NOTES & REMARKS:		
<u>15. Other License Conditions</u>		

AREAS INSPECTED AND FINDINGS

Licensee: _____ License No: _____ Amendment No: _____

INSPECTION ITEMS	CRITERIA	FINDING
16. <u>Confirmatory Measurements</u>		

NRC Instrument: _____ Calibration Due Date: _____

17. Independent Inspection Effort

A review of film badge and TLD ring badge reports demonstrated consistently higher exposures on the film badges as compared to the TLD ring badge.

18. Incidents and Events

Any incidents of misadministrations, contamination, etc., not otherwise covered by reports? -

35.41 - 35.45
20.402, 20.403, 20.405

C

INSPECTION REPORT NUMBER _____

Page _____ of _____

APPENDIX A - DOCUMENTATION OF NONCOMPLIANCE

Licensee: _____

License No: _____

Reference	Basis for noncompliance
Report item <u>A</u>	Nuclear medicine technologist with direct radiopharmaceuticals without using a syringe shield. The licensee has committed to the use of syringe shield in patient dose preparation in Appendix F of their application.
10 CFR _____	
Lic Cond <u>16</u>	
Type n/c <u>II</u>	
Report item <u>B</u>	Observed technologist wearing TLD on left hand. Technologist stated he uses right hand to prepare and inject radiopharmaceuticals.
10 CFR <u>20.201 (e. 20.101)</u>	
Lic Cond _____	
Type n/c _____	
Report item _____	
10 CFR _____	
Lic Cond _____	
Type n/c _____	
Report item _____	
10 CFR _____	
Lic Cond _____	
Type n/c _____	
Report item _____	
10 CFR _____	
Lic Cond _____	
Type n/c _____	

INSPECTION REPORT NUMBER _____

Page _____ of _____

APPENDIX B - LICENSEE ACTION ON PREVIOUS INSPECTION FINDINGS

Licensee: _____

License No: _____

Identification and summary of action taken	Status
Report No: <u>80-01</u> Type n/c: <u>(inf.)</u> Describe: <u>Syringe should not used</u>	
Action taken: <u>This item was <u>not</u> discarded</u>	<u>OPEN</u>

Report No: _____	Type n/c: _____	Describe: _____
Action taken:		
OPEN		
CLOSED		

Report No: _____	Type n/c: _____	Describe: _____
Action taken:		
OPEN		
CLOSED		

Report No: _____	Type n/c: _____	Describe: _____
Action taken:		
OPEN		
CLOSED		

Report No: _____	Type n/c: _____	Describe: _____
Action taken:		
OPEN		
CLOSED		

Report No: _____	Type n/c: _____	Describe: _____
Action taken:		
OPEN		
CLOSED		

(July 82)

INSPECTION REPORT NUMBER _____

Page _____ of _____

APPENDIX C - SUPPLEMENTARY INFORMATION

Licensee: _____ License No: _____

- | | |
|---|--|
| <input type="checkbox"/> Uncorrected/repeated noncompliance | <input type="checkbox"/> Unresolved items |
| <input type="checkbox"/> Unusual occurrence, conditions, etc | <input checked="" type="checkbox"/> Inspector's comments |
| <input type="checkbox"/> Basis for change of Category or Priority | |

The facility is using Siemens for whole body + extremity dose evaluation. During the months of 1/83, 12/82 and 11/82 the whole body dose results were significantly higher than previous reporting periods. The licensee stated that there was no significant change in work activities.

In an NRC memo dated 3/15/83, Siemens stated that they were experiencing quality assurance problem which resulted in high exposures by some customers. Next inspection should review whole body vs TLD ratios.

SAFETY INSPECTION

Inspection 84-01

1. LICENSEE

AMERICAN Red Cross
Washington Regional Red Cross Blood
2025 E STREET, N.W.
Washington, D.C. 20006

2. REGIONAL OFFICE

US Nuclear Regulatory Commission
Region I
639 Park Ave
King of Prussia, PA 19406

3. DOCKET NUMBER(S)

030-9080

4. LICENSE NUMBER(S)

08-15417-01

5. DATE OF INSPECTION

August 17, 1984

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's (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 findings as a result of this inspection are as follows:

- ☒ 1. Within the scope of this inspection, no violations were observed.
- ☐ 2. The inspector also verified the steps you have taken to correct the violations identified during the last inspection. We have no further questions on those actions at this time.
- ☐ 3. During this inspection certain of your activities, as checked below, were in violation of NRC requirements.
- THIS IS A NOTICE OF VIOLATION which is required to be posted in accordance with 10 CFR 19.11.
- ☐ A. _____ was not properly posted to indicate the presence of a _____. 10 CFR 20.203(b), (c), (d), (e) or 34.42.
- ☐ B. Containers located in _____ were not properly labeled to indicate the presence of radioactive material. 10 CFR 20.203(f)(1), or (f)(2).
- ☐ C. _____ of sealed sources were not performed at the proper frequencies. 10 CFR _____ License Condition Number _____.
- ☐ D. Records of _____ were not properly maintained. 10 CFR _____ or License Condition Number _____.
- ☐ E. Documents were not properly posted or otherwise made available. 10 CFR 19.11.
- ☐ F. Reports or notifications of _____ were not made in accordance with 10 CFR _____ or License Condition Number _____.
- ☐ H. _____
- ☐ I. _____
- ☐ J. _____
- ☐ K. _____

I hereby state that within 30 days the actions described by me to the inspector will be taken to correct the violations identified in the items checked above. This statement of corrective actions is made in accordance with the requirements of 10 CFR 2.201. No further response will be submitted unless required by the NRC.

8408310046 11PP
SIGNATURE - LICENSEE

DATE

Marlene J. Taylor
SIGNATURE NRC INSPECTOR56
8-17-84
DATE

LICENSE NO: 08 - 15417-01

DOCKET NO. (s) 030-09080

PAGE _____ OF _____

ATTACHED

- ☐ Appendix A
☐ Appendix B
☐ Appendix C
☐ Memo

INSPECTION REPORT NO. 84-01

AMERICAN Red Cross, Washington Regional Red Cross Blood Ctr.
8025 E Street, N.W.
Washington, D.C. 20006

LICENSEE CONTACT: Dr Paul McCurdy

Telephone No: (202) 857-3692

LICENSE NO: 08-15417-01

CATEGORY G

PRIORITY: 3

CATEGORY _____

PRIORITY: _____

CATEGORY _____

PRIORITY: _____

INSPECTION DATE (s): 8 Aug. 17, 1984

TYPE OF INSPECTION:

- ☐ SPECIAL ☐ ANNOUNCED
☒ ROUTINE ☒ UNANNOUNCED
☒ DAYSHIFT
☐ OTHER

SUMMARY OF FINDINGS AND ACTION

- ☒ NO NONCOMPLIANCE, CLEAR 591 ISSUED
☐ NO NONCOMPLIANCE, LETTER
☐ NONCOMPLIANCE, APPENDIX A

- ☐ ACTION ON PREVIOUS NONCOMPLIANCE, APPENDIX B
☐ NONCOMPLIANCE, 591 ISSUED
☐ SUPPLEMENTAL INFO, APPENDIX C

RECOMMENDATIONS
SEE BASIS IN APPENDIX C

- ☐ CHANGE CATEGORY TO: _____
☒ NEXT INSPECTION DATE: 8/87

☐ CHANGE PRIORITY TO: _____

PERSONS CONTACTED

Dr Paul McCurdy
Barbara Zimmerman
Mr. Eric Long

INSPECTOR: Marlene J. Taylor

APPROVED: John D. Kenner

Charles A. Kaut
8/27/84

INSPECTION PLAN AND REPORT NUMBER _____ Page _____ of _____
 Plan Approved: _____ Date: _____
 Licensee: _____ License No. _____

Inspection Items	Scheduled for Inspection	Post Inspection Status	Module No.
Management Meeting - Entrance and Exit Interviews (Required)	✓	✓	30703B
Program Requirements, MC 2860 (Required)	✓	✓	78710B
Followup on Noncompliance and Deviations			92702B
Independent Inspection Effort (Required)	✓	✓	92706B
Transportation			86740B

AREAS INSPECTED AND FINDINGS

Licensee: _____ License No: _____ Amendment No: _____

INSPECTION ITEMS	CRITERIA	FINDING
1. <u>Organization</u>	Lic Cond <u>13</u>	<u>C</u>
Structure of organization as described in requirements?		
Scope of Program? Patient load?		
NOTES & REMARKS: Dr. McCurdy is the Executive Director of the operation. LA Warr, who reports to Dr. McCurdy is the supervisor of Research. There is presently only one user according to Dr. McCurdy that is Gino Wang. Dr. McCurdy told the inspectors that they have a very small program that they are presently for		
2. <u>Licensee Internal Audits</u>	Lic Cond <u>13</u>	<u>C</u>
Scope and frequency of audits as required?		
Conducted by appropriate persons?		
Records maintained?		
Reviewed by management?		
Deficiencies identified and corrected?		
NOTES & REMARKS: Mr. Wang told the inspectors that their consultant, Mr. Hugh O'Neil comes in monthly and checks their program (what they've used), instructs and conducts surveys. Mr. Wang showed the inspector a record of Mr. O'Neil reports which they reviewed.		
3. <u>Training and Qualification of Personnel</u>	Lic Cond <u>13</u>	<u>C</u>
Training & retraining conducted as required?		
Written & oral exams conducted?		
Examination results reviewed by management?		
Instructions to workers per 19.12?	19.12	
Authorized users? On license? Available in emergency?	Lic Cond <u>6</u>	
NOTES & REMARKS: Ms. Zimmerman said that Mr. Wang is the only user, and he use the material under Dr. McCurdy's supervision. She also said that the workers are instructed when they start working there.		
4. <u>Radiation Protection Procedures</u>	Lic Cond <u>13</u>	<u>C</u>
Procedures available and implemented?		
Identify radiopharmaceutical and dose(s)?		
Cover handling of patients receiving therapeutic doses? Cover handling of cadavers?		
Close out Surveys on Patients receiving temporary implants?	35.14 (b)(5)(v)	
Emergency procedures for spills, etc?		
Personnel understand procedures?		
NOTES & REMARKS: The inspector saw Emergency procedures posted on the wall of laboratory in which the material was used.		

AREAS INSPECTED AND FINDINGS

Licensee: _____ License No: _____ Amendment No: _____

INSPECTION ITEM	CRITERIA	FINDING
5. Use of Materials		
Procurement and use as required? Authorized form & route of administration?	35.14(b)	<u>C</u>
Special tests (moly breakthrough, leak tests, etc) required?	35.14(b)(4)	
Inventory of brachytherapy sources?	35.14(b)(5)	
Dose calibration checks performed?		
Posting & labeling as required?	20.203	
NOTES & REMARKS: Mr. Wang said that they use Cr-51 but that it is done under their headquarters' license. He said the last time that Cr-51 was used was in February. Mr. Wang said the amount they normally use is 10 μ Ci. Mr. Wang said that they do not use I-125, H-3, or C-14. He said the material is used for <u>in vitro</u> studies, using RBCs.		
6. Storage of Materials		
Material secured in both restricted and unrestricted areas? Adequately?	20.207	<u>C</u>
NOTES & REMARKS: The material is only used in the one laboratory in which Mr. Wang always works. The lab can be secured when no one is there.		
7. Facilities		
As described in lic cond or application?	Lic Cond <u>1C</u>	<u>C</u>
Any changes made? Adequacy?		
NOTES & REMARKS: The material is used in a basement laboratory at 2025 E Street, N.W. The lab is fairly small and has a door which can be locked if no one is in the lab.		
8. Instruments		
Survey meters & instruments adequate for program?	Lic Cond <u>1B</u>	<u>C</u>
Instruments & meters operable? Calibrated?		
Calibration adequate?		
NOTES & REMARKS: Mr. Wang showed the inspectors the instrument that is kept in the lab. The instrument was an Eberline model E-120. It was calibrated in 6/84 and due for calibration in 9/84. The battery check was also satisfactory.		

AREAS INSPECTED AND FINDINGS

Licensee: _____ License No: _____ Amendment No: _____

INSPECTION ITEMS	CRITERIA	FINDING
9. <u>Receipt and Transfer of Material</u>		<u>C</u>
Written procedures for pickup, receiving, opening packages?	20.205	
Survey of packages when received?	20.205(c)(1)	
Records of survey of packages?	20.401(b)	
Transfer of materials proper? Transfer records maintained?	30.41, 30.51	
Authorized containers used? Shipping papers & package labels proper for packages on hand?	71.5	
NOTES & REMARKS: Mr. Wang showed the inspectors a log of all their incoming material. He said that they do not receive the Cr-51 but get it from their Bethesda office. Mr. Wang said that any waste is transferred back to their Bethesda office.		

10. Personnel Protection - External

Personnel monitoring controls adequate? Exposures minimized?	20.101, 20.202	<u>C</u>
Exposure records (NRC-4 or 5) maintained? Available for employee review?	20.102(b), 20.401(a)	
Surveys conducted? Adequate?	20.201	
Records of monitoring, surveys?	20.401	
Levels in unrestricted areas within limits? (Particularly around nuclear med. hot lab rooms of brachytherapy patients)	20.1, 20.105	

NOTES & REMARKS: Mr. Wang told the inspectors that he performs weekly surveys of the laboratory. He then showed the inspectors the record of these surveys. The results of these surveys were slightly above background. ~~Mr~~ Mr Wang also has a film badge. In reviewing the ~~Expos~~ ^{110m}

11. Personnel Protection - Internal

Airborne concentrations in restricted areas? (Xe-133, patients treated with I-131)	20.103	<u>C</u>
Exposures to minors?	20.104	
Posting of airborne radioactivity areas?	20.203(d)	
Survey, monitoring bioassay adequate for airborne radioactivity, surface contamination? Records maintained?	20.201 20.401	

Procedures for use of Xe-133 followed? Mr Wang said that he conducts surveys

NOTES & REMARKS: EVERY WEEK for contamination, he said that he has had no problems. Records of these results are kept for review

AREAS INSPECTED AND FINDINGS

Licensee: _____ License No: _____ Amendment No: _____

INSPECTION ITEM	CRITERIA	FINDING
-----------------	----------	---------

12. Effluent Controls, Waste DisposalCRelease of effluents controlled?
(particularly Xe-133, radioiodine
where used)

20.106, 20.33

Waste disposals controlled?

20.301, 20.303, 20.304, 20.305

Procedures, records maintained?

20.401, Lic Cond _____

Surveys made? Adequate?

20.401

NOTES & REMARKS: The worker said that if they did have any waste, then their
Puerto Rico office would handle it.

13. Notifications and ReportsN/A

To individuals?

19.13

Overexposures, excessive levels & concentrations,
incidents?

20.403, 20.405

All exposures were zero

Personnel exposures and monitoring, termination
reports?

20.407, 20.408

Theft or loss of licensed material?

20.402

Misadministrations?

35.41-35.45

NOTES & REMARKS:

14. Posting of NoticesCPart 20, license & documents, procedures,
notice of violations posted?

19.11(a)

NRC-3 posted?

19.11(c)

NOTES & REMARKS: Form 3, ~~was~~ ^{was posted} in the laboratory and other material was
made readily accessible.

15. Other License Conditions

AREAS INSPECTED AND FINDINGS

Licensee: _____ License No: _____ Amendment No: _____

INSPECTION ITEMS	CRITERIA	FINDING
16. <u>Confirmatory Measurements</u>		_____

MRC Instrument: _____ Calibration Due Date: _____

17. Independent Inspection Effort

the log
The inspectors checked ^{the log} to see when their last shipment of material was and see if it correlated with what Mr. Wang had said. The inspectors also reviewed the consultant's reports to see if he found any problems with the program.

18. Incidents and Events

Any incidents of misadministrations, contamination, etc., not otherwise covered by reports?

35.41 - 35.45
20.402, 20.403, 20.405

N/A

(July 82)

INSPECTION REPORT NUMBER _____

Page _____ of _____

APPENDIX A - DOCUMENTATION OF NONCOMPLIANCE

Licensee: _____

License No: _____

Reference	Basis for noncompliance
Report item _____	
10 CFR _____	
Lic Cond _____	
Type n/c _____	
Report item _____	
10 CFR _____	
Lic Cond _____	
Type n/c _____	
Report item _____	
10 CFR _____	
Lic Cond _____	
Type n/c _____	
Report item _____	
10 CFR _____	
Lic Cond _____	
Type n/c _____	
Report item _____	
10 CFR _____	
Lic Cond _____	
Type n/c _____	

(July 82)

INSPECTION REPORT NUMBER _____

Page _____ of _____

APPENDIX B - LICENSEE ACTION ON PREVIOUS INSPECTION FINDINGS

Licensee: _____

License No: _____

Identification and summary of action taken	Status
--	--------

Report No: _____	Type n/c: _____	Describe: _____
Action taken:		
<div>OPEN</div> <div>CLOSED</div>		

Report No: _____	Type n/c: _____	Describe: _____
Action taken:		
<div>OPEN</div> <div>CLOSED</div>		

Report No: _____	Type n/c: _____	Describe: _____
Action taken:		
<div>OPEN</div> <div>CLOSED</div>		

Report No: _____	Type n/c: _____	Describe: _____
Action taken:		
<div>OPEN</div> <div>CLOSED</div>		

Report No: _____	Type n/c: _____	Describe: _____
Action taken:		
<div>OPEN</div> <div>CLOSED</div>		

Report No: _____	Type n/c: _____	Describe: _____
Action taken:		
<div>OPEN</div> <div>CLOSED</div>		

(July 82)

INSPECTION REPORT NUMBER _____

Page _____ of _____

APPENDIX C - SUPPLEMENTARY INFORMATION

Licensee: _____

License No: _____

- ☐ Uncorrected/repeated noncompliance
- ☐ Unusual occurrence, conditions, etc
- ☐ Basis for change of Category or Priority

- ☐ Unresolved items
- ☐ Inspector's comments

SAFETY INSPECTION

1. LICENSEE Northern Virginia Radiology and Nuclear Medicine, Inc. 7 Corners Professional Building 6319 Castle Place Falls Church, Virginia 22044		2. REGIONAL OFFICE U. S. NUCLEAR REGULATORY COMMISSION 101 Marietta Street, Suite 2900 Atlanta, Georgia 30303
3. DOCKET NUMBER(S)	4. LICENSE NUMBER(S) 45-08482-01	5. DATE OF INSPECTION 10/10/84

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's (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 findings as a result of this inspection are as follows:

- ☒ 1. Within the scope of this inspection, no violations were observed.
- ☐ 2. The Inspector also verified the steps you have taken to correct the violations identified during the last inspection. We have no further questions on those actions at this time.
- ☐ 3. During this inspection certain of your activities, as checked below, were in violation of NRC requirements.
THIS IS A NOTICE OF VIOLATION which is required to be posted in accordance with 10 CFR 19.11.
- ☐ A. _____ was not properly posted to indicate the presence of a _____, 10 CFR 20.203(b), (c), (d), (e) or 34.42.
- ☐ B. Containers located in _____ were not properly labeled to indicate the presence of radioactive material. 10 CFR 20.203(f)(1), or (f)(2).
- ☐ C. _____ of sealed sources were not performed at the proper frequencies. 10 CFR _____ License Condition Number _____.
- ☐ D. Records of _____ were not properly maintained. 10 CFR _____ or License Condition Number _____.
- ☐ E. Documents were not properly posted or otherwise made available. 10 CFR 19.11.
- ☐ F. Reports or notifications of _____ were not made in accordance with 10 CFR _____ or License Condition Number _____.
- ☐ H. _____
- ☐ I. _____
- ☐ J. _____
- ☐ K. _____

I hereby state that within 30 days the actions described by me to the Inspector will be taken to correct the violations identified in the items checked above. This statement of corrective actions is made in accordance with the requirements of 10 CFR 2.201. No further response will be submitted unless required by the NRC.

8412280293

1 APR

L. C. Franklin

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Volokh

USNRC, Region II
Atlanta, GA

MATERIALS INSPECTION
FIELD NOTES

Page 1 of

INSPECTION REPORT NO. 84-01

Attached

Licensee: Northern Virginia Radiology Nuclear Medicine
Street: 7 Corners Industrial Park, 6705 Sasser Place
City, State: Falls Church, VA 22041

- () Appendix A
() Appendix B
() Appendix C
() Memo

Licensee contact: D. Koutoumelis

Telephone No.:

License No.: 45-07452-0

Last amendment and date:

Category: G, and Priority: III, as of last amendment.

Inspection date(s): 10/10/84 Type of inspection: Initial -
re-insured

SUMMARY OF FINDINGS AND ACTION

- (☒) No noncompliance, clear 591 issued () Noncompliance 591 issued
() Noncompliance, Appendix A* () Regional action action
() Action on previous noncompliance, () Supplemental info, Appendix C***
Appendix B**

RECOMMENDATIONS

See Basis in Appendix C or attached memo.

- () Change Category: () Change Priority to:
(☒) Next inspection date: 11/87

PERSONS CONTACTED

PAROS G. KOUTOUMELIS, M.D.
MS. SANTASH CHOPRA, TECH.

Inspector: [Signature]

Approved: [Signature]

10/10/84
10/17/84

- *Use current ROI 0915. Standard Forms
**Use for actions not documented in a prior licensee response
***Use for inspector evaluation or recommendations

INSPECTION PLAN AND REPORT NUMBER: 28-01Page 2 of Licensee: No. Va Rad. & Env. Prot.License No.: 45-08482-01

Inspection Items	Scheduled for Inspection	Post-inspection status	Module No.	766 Time Info
Management meeting - Entrance and Exit Interviews (Required)	✓		30703B	0.5
Initial Management Meeting				
Program requirements, MC 28 (Required)	✓		78710B	2.5
Licensee Event Followup			92700B	
Followup on Inspector-identified problems			92701B	
Followup on Noncompliance and Deviations			92703B	
IE Bulletin/Immediate Action Letter Followup			92703B	
Followup on Headquarters Requests			92704B	
Followup on Regional Requests			92705B	
Independent Inspection Effort (Required)	✓		92706B	0.5
Inspector Dispatched to Site			93700B	
Followup on Significant Event Occurring During Inspection			93701B	

AREAS INSPECTED AND FINDINGS

Licensee: No. Va Rad & Nuc Med License No.: 45 0848201 Amendment No.: _____

INSPECTION ITEM	CRITERIA	FINDING
1. <u>Organization</u>		<u>OK</u>

Structure of organization as described in
license requirements

Lic Cond _____

NOTES:

No change since last inspection

2. <u>Licensee internal audits</u>	Lic Cond _____	<u>OK</u>
------------------------------------	----------------	-----------

Scope and frequency of audits as required
ALARA Program*OK*Conducted by appropriate persons, records
maintained, reviewed by management *yes*Deficiencies identified & corrected *yes*

NOTES:

*Audits performed by
Dr. Paros Consultant on a
monthly basis. Quarterly
reports are maintained.*

Radiation Safety Committee

*NA*Medical Physicist RSO: *DR. PARAS*

AREAS INSPECTED AND FINDINGS

Licensee: No Va Rad. Ther. Inst. License No.: US 0847701 Amendment No.: _____

INSPECTION ITEM	CRITERIA	FINDING
3. <u>Training and qualification of personnel</u>	Lic Cond _____	<u>OK</u>
Training & retraining conducted as required?	<i>yes, by consultant, Dr. Loran</i>	
Instructions to workers per 19.12?	<i>OK</i> §19.12	
Visiting Physician qualifications and authorizations	<i>OK</i> R.G. 8.13 R.G. 8.26 R.G. 8.29	

NOTES & REMARKS:

In some cases a visiting physician may practice but only with physician named in license in attendance.

4. <u>Radiation protection procedures</u>	Lic Cond _____	<u>OK</u>
Procedures available and implemented, identify handling of patients receiving therapeutic doses, cover handling of cadavers	<i>OK</i>	
Emergency procedures for spills, Staff familiarity with procedures	<i>OK</i>	

NOTES & REMARKS: *procedures cover all emergencies.*

5. <u>Use of materials</u>	Lic Cond _____	<u>OK</u>
Procurement and use as required?	<i>OK</i>	
Special tests (moly breakthrough, leak tests, etc) required?	§35.14(b) <i>1 mCi record for moly breakthrough</i>	
Dose calibration checks performed?	<i>yes</i>	
Posting & labeling as required?	<i>YES</i> §20.203	
Dose Calibrator (Constancy, Linearity, Calibration)	<i>1 mCi record for daily constancy. Checks, quarterly linearity checks and geometry check. The latter two performed in August. This was a personal violation. (1980 unper)</i>	
Vendors:	<i>Mellonbrodt & McLaughlin</i>	
Inventories:	<i>NA</i>	
Therapy procedures, Group V & VI		

*patient load averages approximately 22/month
Primarily lower & bone scans with some I¹³¹ uptake studies*

AREAS INSPECTED AND FINDINGS

Licensee: No. Vo Rals Hu Ved License No.: 45-08482-01 Amendment No.:

INSPECTION ITEM	CRITERIA	FINDING
6. <u>Storage of materials</u>		<u>OK</u>
Material secured in both restricted and unrestricted areas	<u>YES</u> \$20.207	
Waste storage area:	<u>OK</u>	
NOTES:		
<u>Waste is segregated and held properly for decay & disposal.</u>		
7. <u>Facilities</u>	Lic Cond <u> </u>	<u>OK</u>
Described in lic cond or application,	<u>YES</u>	
Changes made, adequacy	<u>OK</u>	
Fume hood	<u>NA</u>	
NOTES:		
8. <u>Instruments</u>	Lic Cond <u> </u>	<u>OK</u>
Adequacy of survey meters & instruments	<u>OK</u>	
Operable instruments & meters, properly calibrated, calibration performed by?	<u>DR. PARAS, CONSULTANT</u>	
NOTES & REMARKS:		
<u>EXAMINED CALIBRATION RECORDS FOR PORTABLE INST. LAST CALIBRATED MAY 84</u>		

AREAS INSPECTED AND FINDINGS

Licensee: Th. Va. Rad. Th. Med. License No.: 45-08487-1 Amendment No.: _____

INSPECTION ITEM	CRITERIA	FINDING
9. <u>Receipt and transfer of material</u>		<u>OK</u>
Written procedures for pickup, receiving, opening packages <u>YES</u>	\$20.205	
Survey of packages when received <u>YES</u>	\$20.205(c)(1) or R. G. 10.8	
Records of survey of packages <u>YES</u>	\$20.401(b)	
Proper transfer of materials, Transfer records maintained <u>OK</u>	\$30.41, 30.51	
Authorized containers used, Shipping papers & package labels proper for packages on hand?	\$71.5	
<u>Exposure records of receipt & shipment etc. Records kept in file</u>		
10. <u>Personnel protection - external</u>		<u>OK</u>
Personnel monitoring controls adequate Exposures minimized <u>YES</u>	\$20.201, \$20.202	
Exposure records (NRC-4 or -5) maintained Available for employee review <u>YES</u>	\$20.102(b), \$20.401(a)	
Surveys conducted? <u>YES</u> Adequate <u>YES</u>	\$20.201	
Records of monitoring, surveys <u>YES</u>	\$20.401	
Levels in unrestricted areas within limits <u>YES</u>	\$20.1, \$20.105	
Syringe Shields <u>YES</u>		
ALARA Program <u>YES</u>		

NOTES:

Exposure records of daily lab airways

ALARA Program adhered to

AVG. EXPOSURE FOR Nuc. MED PRACTICE IS
< 20 mrem/mo.

AREAS INSPECTED AND FINDINGS

Licensee: No. Va. Pub. Hlth. Lab. License No.: 45-081182-01 Amendment No.:

INSPECTION ITEM	CRITERIA	FINDING
11. <u>Personnel protection - internal</u>		<u>OK</u>
Airborne concentrations in restricted areas	\$20.103	
Posting of airborne radioactivity areas	\$20.203(d)	
Survey, monitoring adequate for airborne radioactivity, surface contamination, Records maintained	\$20.201 \$20.401	
Ventilation measurements		
NOTES & REMARKS:		
<i>Survey records indicate that airborne problems are negated by housekeeping practices.</i>		
12. <u>Effluent controls, waste disposal</u>		<u>OK</u>
Release of effluents controlled? <i>YES</i> Wet Labs?	\$20.106, \$20.303	
Waste disposals controlled? <i>YES</i> - <i>Concentrate returned to Metaphysics. Other waste held for 10 + 1/2 yrs</i>	\$20.301, \$20.303, \$20.304, \$20.305	
Procedures, records maintained? <i>YES</i>	\$20.401, Lic Cond <u> </u>	
Surveys made? <i>YES</i> Adequate? <i>OK</i>	\$20.401	

NOTES:

Very little waste generated at this facility.

AREAS INSPECTED AND FINDINGS

Licensee: No. Va. Rad. & Nuc. MedLicense No.: 45-05985-01Amendment No.:

INSPECTION ITEM	CRITERIA	FINDING
13. <u>Notifications and reports</u>		<u>OK</u>
To individuals. <u>OK</u>	\$19.13	
Overexposures, excessive levels & concentrations, incidents <u>NO</u>	\$20.403, \$20.405	
Personnel exposures and monitoring, termination reports <u>OK</u>	\$20.407, \$20.408	
Theft or loss of licensed material <u>NONE</u>	\$20.402	
NOTES:		

No terminations

14. <u>Posting of notices</u>		<u>OK</u>
Part 20, license & documents, procedures, notice of violations posted? <u>YES</u>	\$19.11(a)	
Form NRC-3 posted? <u>yes</u>	\$19.11(c)	
NOTES:		

provided updated NRC-3

15. <u>Other license conditions</u>	Lic Cond <u> </u>	<u>OK</u>
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none

AREAS INSPECTED AND FINDINGS

Licensee: No. Va Rad. & Ther. MedLicense No.: 715 08457-0

Amendment No.: _____

INSPECTION ITEM	CRITERIA	FINDING
16. <u>Confirmatory measurements</u>		<u>OK</u>
<i>17A</i> <i>see 17.</i>		
17. <u>Independent inspection effort</u>		<u>OK</u>
<i>SURVEY OF TREATMENT AREA IS NORMAL BK9.</i> <i>MAXIMUM NOTED IN WHITE STAIN IS @</i> <i>GEN. STG. 4 MA/HR @ CONTACT OF SWEEDING.</i>		
18. <u>Incidents and events</u>		<u>OK</u>
Incidents of misadministrations, contamination, etc. not otherwise covered by reports <i>NONE</i>		

SAFETY INSPECTION

1. LICENSEE

Circle Terrace Hospital
904 Circle Terrace
Alexandria, VA 22302

2. REGIONAL OFFICE

U. S. Nuclear Regulatory Commission
101 Marietta Street, N.W.
Suite 2900
Atlanta, GA 30323

3. DOCKET NUMBER(S)

030-13617

4. LICENSE NUMBER(S)

45-17898001

5. DATE OF INSPECTION

10/11/84

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's (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 findings as a result of this inspection are as follows:

- ☒ 1. Within the scope of this inspection, no violations were observed.
- ☐ 2. The inspector also verified the steps you have taken to correct the violations identified during the last inspection. We have no further questions on those actions at this time.
- ☐ 3. During this inspection certain of your activities, as checked below, were in violation of NRC requirements.
THIS IS A NOTICE OF VIOLATION which is required to be posted in accordance with 10 CFR 19.11.
- ☐ A. _____ was not properly posted to indicate the presence of a _____ 10 CFR 20.203(b), (c), (d), (e) or 34.42.
- ☐ B. Containers located in _____ were not properly labeled to indicate the presence of radioactive material. 10 CFR 20.203(f)(1), or (f)(2).
- ☐ C. _____ of sealed sources were not performed at the proper frequencies. 10 CFR _____ License Condition Number _____.
- ☐ D. Records of _____ were not properly maintained. 10 CFR _____ or License Condition Number _____.
- ☐ E. Documents were not properly posted or otherwise made available. 10 CFR 19.11.
- ☐ F. Reports or notifications of _____ were not made in accordance with 10 CFR _____ or License Condition Number _____.
- ☐ H. _____
- ☐ I. _____
- ☐ J. _____
- ☐ K. _____

I hereby state that within 30 days the actions described by me to the inspector will be taken to correct the violations identified in the items checked above. This statement of corrective actions is made in accordance with the requirements of 10 CFR 2.201. No further response will be submitted unless required by the NRC.

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10pp.1

L. Franklin

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10/11/84

() Appendix A
() Appendix B
() Appendix C
() Memo

Telephone No.: _____

Last amendment and date: _____

Inspection date(s): 10/11/84 Type of inspection: Routine - unannounced

(☒) No noncompliance, clear 591 issued () Noncompliance 591 issued
() Noncompliance, Appendix A* () Regional action _____ action
() Action on previous noncompliance, () Supplemental info, Appendix C***
Appendix B**

See Basis in Appendix C or attached memo.

(✓) Next inspection date: 11/87

Bruce Sobu, Asst. RSO, Tech. Dir. of Radiology
Clare Schwan, Administrator

10/11/84

10/17/85

***Use for inspector evaluation or recommendations

INSPECTION PLAN AND REPORT NUMBER: 84-01Page 2 of Licensee: Circle Terrace HospitalLicense No.: 45-17898-01

Inspection Items	Scheduled for Inspection	Post-inspection status	Module No.	766 Time Info
Management meeting - Entrance and Exit Interviews (Required)			30703B	0.5
Initial Management Meeting				
Program requirements, MC 28 (Required)			7870B	3.0
Licensee Event Followup			92700B	
Followup on Inspector-identified problems			92701B	
Followup on Noncompliance and Deviations			92703B	
IE Bulletin/Immediate Action Letter Followup			92703B	
Followup on Headquarters Requests			92704B	
Followup on Regional Requests			92705B	
Independent Inspection Effort (Required)			92706B	0.5
Inspector Dispatched to Site			93700B	
Followup on Significant Event Occurring During Inspection			93701B	

AREAS INSPECTED AND FINDINGS

Licensee: Cure Tanawee Hospital License No.: 45-17898-01 Amendment No.:

INSPECTION ITEM	CRITERIA	FINDING
1. <u>Organization</u>		<u>OK</u>

Structure of organization as described in license requirements yesLic Cond

NOTES:

No change since last inspection with the exception of the change to Dr Garcia as RSO. This was handled with an license amendment thru Region II.

2. <u>Licensee internal audits</u>	Lic Cond <u> </u>	<u>OK</u>
------------------------------------	----------------------	-----------

Scope and frequency of audits as required ALARA Program yesConducted by appropriate persons, records maintained, reviewed by management yesDeficiencies identified & corrected yes

NOTES:

Expanded Minutes of quarterly RSC meetings. Meetings are timely and content is good. This was an improvement as this was the source of an NOV during the last inspection (1980).

Radiation Safety Committee

Dr. W. Skelly

N. Belagumekar, Asst. Admin.

R. Carlson, R.N. Dir. of Nursing

J. Kozmin, R.N. QA Dir.

J. McCabe, Hospital Safety Officer

Bruce Scobie Tech Dir. of Radiology

Dr. Garcia RSO

Medical Physicist RSO:

Dr. Garcia plus Richard C. Marka, Radiological Physicist, Silver Spring, Md.

AREAS INSPECTED AND FINDINGS

Licensee: Circle Therapy Hospital License No.: 45-17998-01 Amendment No.:

INSPECTION ITEM	CRITERIA	FINDING
3. <u>Training and qualification of personnel</u>	Lic Cond <u> </u>	<u>OK</u>
Training & retraining conducted as required?	<u>YES</u>	
Instructions to workers per 19.12?	<u>YES</u>	
Visiting Physician qualifications and authorizations	<u>NA</u>	
	\$19.12 R.G. 8.13 R.G. 8.26 R.G. 8.29	
NOTES & REMARKS: <u>Examined training records, all in good order.</u>		
4. <u>Radiation protection procedures</u>	Lic Cond <u> </u>	<u>OK</u>
Procedures available and implemented, identify handling of patients receiving therapeutic doses, cover handling of cadavers	<u>YES</u>	
Emergency procedures for spills,	<u>YES</u>	
Staff familiarity with procedures	<u>YES</u>	
NOTES & REMARKS: <u>All procedures readily available to all personnel</u>		
5. <u>Use of materials</u>	Lic Cond <u> </u>	<u>OK</u>
Procurement and use as required?	<u>YES</u>	
Special tests (moly breakthrough, leak tests, etc) required?	<u>YES records examined. OK</u>	
Dose calibration checks performed?	<u>YES - examined records</u>	
Posting & labeling as required?	<u>YES - all OK</u>	
Dose Calibrator (Constancy, Linearity, Calibration)	<u>records examined and are OK.</u>	
Vendors:	<u>Syncon</u>	
Inventories:		
Therapy procedures, Group V & VI	<u>NA</u>	

patient load ~ 25/month. Tc 99 almost exclusively.
Rare ¹³³Xe lung imaging performed.

AREAS INSPECTED AND FINDINGS

Licensee: Circle Terrace Hospital License No.: 45-17898-01 Amendment No.:

INSPECTION ITEM	CRITERIA	FINDING
-----------------	----------	---------

6. Storage of materialsOKMaterial secured in both restricted and unrestricted areas YES §20.207Waste storage area: OK

NOTES:

Waste is minimal due to TC99 only. Held properly & disposed of through clean waste.

7. FacilitiesLic Cond OK

Described in lic cond or application,

Changes made, adequacy

Fume hood

used in De 133 Imaging

NOTES:

Records & Inst. Studies maintained including survey info.

8. InstrumentsLic Cond OKAdequacy of survey meters & instruments OKOperable instruments & meters, properly calibrated, calibration performed by? YES

NOTES & REMARKS:

Inst Calibration performed through HP Consultant and actually performed by Radiation Service Organization in Maryland.

AREAS INSPECTED AND FINDINGS

Licensee: Circle Terrace Hospital License No.: 45-17896-01 Amendment No.:

INSPECTION ITEM	CRITERIA	FINDING
9. <u>Receipt and transfer of material</u>		<u>OK</u>
Written procedures for pickup, receiving, opening packages <u>yes</u>	\$20.205	
Survey of packages when received <u>yes</u>	\$20.205(c)(1) or R. G. 10.8	
Records of survey of packages <u>yes</u>	\$20.401(b)	
Proper transfer of materials, Transfer records maintained <u>yes</u>	\$30.41, 30.51	
Authorized containers used, Shipping papers & package labels proper for packages on hand? <u>OK</u>	\$71.5	
<u>External shipment & waste survey records. All in good order.</u>		
10. <u>Personnel protection - external</u>		<u>OK</u>
Personnel monitoring controls adequate Exposures minimized <u>YES</u>	\$20.201, \$20.202	
Exposure records (NRC-4 or -5) maintained Available for employee review <u>YES</u>	\$20.102(b), \$20.401(a)	
Surveys conducted? Adequate <u>YES</u>	\$20.201	
Records of monitoring, surveys <u>YES</u>	\$20.401	
Levels in unrestricted areas within limits <u>YES</u>	\$20.1, \$20.105	
Syringe Shields <u>YES</u>		
ALARA Program <u>YES</u>		
NOTES:		

External survey records. All in good orderExposure records indicate avg. monthly exposure for Nuclear Med. personnel is < 20 mrem/mo.Siemens was supplier of TLDs until March '83. Hospital switched to Landauer at that time. Records are complete.

AREAS INSPECTED AND FINDINGS

Licensee: Circle Tower Hospital License No.: 45-17898-01 Amendment No.:

INSPECTION ITEM	CRITERIA	FINDING
11. <u>Personnel protection - internal</u>		<u>OK</u>
* Airborne concentrations in restricted areas	\$20.103	
* Posting of airborne radioactivity areas	\$20.203(d)	
* Survey, monitoring adequate for airborne radioactivity, surface contamination, Records maintained	\$20.201 \$20.401	

Ventilation measurements

performed by consultant.

NOTES & REMARKS:

Adequate sample surveys are performed to preclude airborne with the possible exception of a spill which has not occurred.

12. <u>Effluent controls, waste disposal</u>		<u>OK</u>
Release of effluents controlled? <i>YES</i> Wet Labs? <i>No</i>	\$20.106, \$20.303	
Waste disposals controlled? <i>YES</i>	\$20.301, \$20.303, \$20.304, \$20.305	
Procedures, records maintained? <i>OK</i>	\$20.401, Lic Cond <u> </u>	
Surveys made? Adequate? <i>YES</i>	\$20.401	

NOTES:

*99.9% of all waste is returned to Syncor Inc.
Balance is segregated and held for 10 T/2's.*

AREAS INSPECTED AND FINDINGS

Licensee: Circle Terrace Hospital License No.: 45-17896-01 Amendment No.:

INSPECTION ITEM	CRITERIA	FINDING
13. <u>Notifications and reports</u>		<u>OK</u>
To individuals. <u>K</u>	\$19.13	
Overexposures, excessive levels & concentrations, incidents <u>OK</u>	\$20.403, \$20.405	
Personnel exposures and monitoring, termination reports <u>OK</u>	\$20.407, \$20.408	
Theft or loss of licensed material	\$20.402	
NOTES:	<u>NONE</u>	
<u>Exposure is watched closely by Scobie (asst. RSO). In one instance, a badge was lost and 400 mrem was assigned to that person. This proved to be very conservative as badge was found and only read out 30 mrem.</u>		
14. <u>Posting of notices</u>		<u>OK</u>
Part 20, license & documents, procedures, notice of violations posted? <u>YES</u>	\$19.11(a)	
Form NRC-3 posted? <u>YES</u>	\$19.11(c)	
NOTES:		
<u>All postings are OK.</u>		
15. <u>Other license conditions</u> <u>NONE</u>	Lic Cond <u> </u>	<u> </u>

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AREAS INSPECTED AND FINDINGS

Licensee Cuba Terrace Hospital License No.: 45-1789E-01 Amendment No.:

INSPECTION ITEM	CRITERIA	FINDING
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Confirmatory measurements

see 17

OK

Independent inspection effort

Surgeoned Not lab. & Waste Storage Areas. Waste Storage maximum was 0.4 mrem @ Contact with waste. All other areas show normal bkg.

OK

8. Incidents and events

Incidents of misadministrations, contamination, etc. not otherwise covered by reports *None*

OK