

DEC. 14 1990

Docket No. 030-10026
CAL No. 1-90-019

License No. 31-02755-05

Veterans Administration Medical Center
ATTN: Fred Malphurs, Director
113 Holland Avenue
Albany, New York 12208

Gentlemen:

Subject: Confirmatory Action Letter No. 1-90-019, Supplement 1

On November 20-21, 1990, Mr. Christopher J. Eckert of this office conducted an inspection of NRC licensed activities at the above addressed facility. Several radiological safety weaknesses and apparent violations of NRC requirements were identified. The identified problems indicate an apparent lack of radiological safety program oversight at your facility.

As a result, a Confirmatory Action Letter was issued to the Veterans Administration Medical Center, Albany, New York on November 29, 1990, to confirm commitments made with the NRC in a November 28, 1990 telephone call. These commitments included, but were not limited to, retention of an independent consultant to perform a comprehensive evaluation (audit) of your radiation safety program, by December 31, 1990, as well as, review of the audit results and development of an improvement plan by January 31, 1991.

In addition, on December 13, 1990, an Enforcement Conference was held with you and members of your staff to discuss the radiological safety weaknesses and apparent violations identified during the November 20-21 inspection. The conference was also attended by your consultant, as well as other Veterans Administration personnel.

During the conference, you committed to (a) retain a consultant(s) to assist the existing RSO in the day-to-day implementation of the radiation safety program until such time as (1) a new RSO is hired, trained, and assigned responsibility for the program, and (2) a license amendment is obtained from the NRC which names that individual as the new RSO. You also indicated that you plan to hire a new Radiation Safety Officer (RSO) who would be responsible for implementation of the radiation safety program. Pursuant to a telephone call on December 14, 1990, between you and Ms. Jean Gresick-Schugsta, of this office, we understand that you have already retained the consultant to assist the RSO. You further committed to document your completion of this action in a letter to this office by December 21, 1990.

The responses directed by this letter are not subject to the clearance procedures of the Office of Management and Budget, as required by the Paperwork Reduction Act of 1980, Pub. L. 96-511. In accordance with 10 CFR 2.790(a), a copy of this letter will be placed in the NRC Public Document Room.

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XA

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~~ME~~

Veterans Administration Medical Center 2

Issuance of this Confirmatory Action Letter does not preclude the issuance of an Order formalizing the above commitments. If your understanding differs from that set forth above, please call me at (FTS) 346-5283 immediately.

Sincerely,

Malcolm R. Knapp *me*
mkc

Malcolm R. Knapp, Director
Division of Radiation Safety
and Safeguards

cc:
Public Document Room (PDR)
Nuclear Safety Information Center (NSIC)
State of New York

bcc:
Region I Docket Room (w/concurrences)
J. Lieberman, OE
J. Goldberg, OGC
R. Cunningham, NMSS
J. Glenn, NMSS
D. Holody, RI
M. Knapp, RI
R. Cooper, RI
R. Bellamy, RI
M. Shanbaky, RI
C. Eckert, RI

Docket No. 030-10026

License No. 31-02755-05

Veterans Administration Medical Center, Albany, New York

Inspection History

Inspection

90-001
(November 20 and 21, 1990)

Results

Violation - 10 CFR 20.207(a) - Failure to secure licensed material against unauthorized removal.

Violation - 10 CFR 35.315(c)(3) - Failure to perform bioassay on an individual who prepared an Iodine-131 therapy dose.

Violation - 10 CFR 35.22(b)(6) - Failure to conduct an annual review of the radiation safety program.

Violation - 10 CFR 35.21 - Failure to make surveys to demonstrate compliance with 10 CFR 20.103 and 20.106 in accordance with licensee's procedures.

Violation - 10 CFR 35.205(c) - Failure to calculate and post spilled gas clearance times.

Violation - 10 CFR 20.401 - Failure to maintain adequate records of disposals made under 10 CFR 20.303.

Violation - 10 CFR 35.70(d) - Failure to establish dose rate trigger levels for area surveys.

Violation - 10 CFR 35.59(b)(2) - Failure to perform sealed source leakage tests at the required frequency.

Violation - 10 CFR 35.205(e) - Failure to measure imaging room ventilation rates.

InspectionResults

90-001 (continued)

Violation - 10 CFR 35.50(e)(4) -
Failure to maintain adequate dose
calibrator geometry records.

89-001
(October 30, 1989)

Violation - 10 CFR 35.59(g) - Failure
to conduct sealed source inventories
at the required quarterly frequency.

88-001
(November 14 and 15, 1988)

Violation - 10 CFR 35.204(c) -
Molybdenum concentration records did
not contain the time of the measurement.

Form 591

86-001
(October 23 and 24, 1986)

Form 591

84-001
(September 26, 1984)

Clear Letter

80-001
(May 1 and 2, 1980)

Violation - 10 CFR 20.207 - Licensed
material not secured against
unauthorized removal and not under an
constant surveillance and immediate
control of the licensee.

Violation - License Condition 20 -
Failure to use syringe shields while
preparing and administering
radiopharmaceuticals.

Violation - 10 CFR 20.201(b) - Failure
to make such surveys as may be
necessary to comply with all sections
of Part 20. Specifically, failure to
assure compliance with 10 CFR 20.106,
"Concentrations in effluents to
unrestricted areas".

78-001
(August 3 and 4, 1978)

Clear letter

APPENDIX B

NUCLEAR MEDICINE INSPECTION FIELD NOTES*
Region IInspection Report No. 91-001License No. 31-02755-05

Licensee (name and address)

Docket No. 030-10026VA medical Center113 Holland AveAlbany New York 12208Licensee Contact Lawrence Fish M.D. RSOTelephone No. 518-462-³³¹¹~~8311~~Last Amendment No. 18Date of Amendment 1-22-91

Priority :

Program Codes:

- | | |
|---|---|
| <input checked="" type="checkbox"/> 02110 - Broad Scope | <input type="checkbox"/> 02120 - Limited |
| <input type="checkbox"/> 02121 - Custom | <input type="checkbox"/> 02200 - Private Practice - Limited |
| <input type="checkbox"/> 02209 - In Vivo | <input type="checkbox"/> 02201 - Private Practice - Custom |
| <input type="checkbox"/> 02210 - Eye Applicator | <input type="checkbox"/> 02220 - Nuclear Medical Van |
| <input type="checkbox"/> 02400 - Veterinary | <input type="checkbox"/> 02410 - In Vitro |
| <input type="checkbox"/> 02500 - Pharmacy | <input type="checkbox"/> Other - 11200 SOURCE MATERIAL |

Date of Last Inspection 11-20 + 11/21/90Date of This Inspection 3/27 - 3/28/91

Type of Inspection: ☐ Announced ☒ Unannounced
☒ Routine ☐ Special
☐ Initial ☐ Reinspection

Next Inspection Date. 3/92 ☒ Normal ☐ Reduced ☐ Extended

Summary of Findings and Action:

- ☐ No violations, Clear 591 or letter issued
☐ Violations, 591 or letter issued
☒ Action on Previous Violations

Inspector: Christopher J. Ebert

(Signature)

Date 4/10/91Approved: J. G. S. for M. Shattuck

(Signature)

Date 4/25/91

* All areas indicated in field notes are not required to be addressed during each inspection.

Docket No. 030-10026

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Violation - 10 CFR 35.205(e) - Failure to measure imaging room ventilation rates.

Inspection

90-001 (continued)

Results

Violation - 10 CFR 35.315(a)(7) - Failure to assess limits of removable contamination before releasing a radiopharmaceutical therapy room for unrestricted use.

Violation - 10 CFR 19.12 - Failure to adequately instruct all occupationally exposed individuals in the health protection problems associated with exposure to radioactive materials.

Violations - 10 CFR 35.50(b)(2) - Failure to perform dose calibrator accuracy tests.

Violation - 10 CFR 35.25 - Evidence of eating and drinking in areas where radioactive materials are used or stored.

Violation - 10 CFR 35.25 - Failure to survey hands, shoes, body and clothing prior to leaving areas where radioactive materials are used.

Violation - 10 CFR 35.25 - Failure to notify Radiation Safety Officer of changes in laboratory personnel and location.

Violation - 10 CFR 35.25 - Failure to wear film badges.

Violation - 10 CFR 35.25 - Failure of authorized user to maintain records of waste disposal.

Violation - 10 CFR 35.13(e) - Failure to apply for and receive a license amendment before changing areas of radioactive material use.

Violation - 10 CFR 35.50(e)(3) - Failure to maintain adequate dose calibrator linearity records.

Violation - 10 CFR 35.50(e)(1) - Failure to maintain adequate dose calibrator constancy records.

InspectionResults

90-001 (continued)

Violation - 10 CFR 35.50(e)(4) -
Failure to maintain adequate dose
calibrator geometry records.

89-001
(October 30, 1989)

Violation - 10 CFR 35.59(g) - Failure
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of Part 20. Specifically, failure to
assure compliance with 10 CFR 20.106,
"Concentrations in effluents to
unrestricted areas".

78-001
(August 3 and 4, 1978)

Clear letter

Inspection

76-001
(September 13, 1976)

73-001
(August 15 and 17, 1973)

Results

Violation - 10 CFR 20.201(b) - Failure to make such surveys as may be needed to comply with all Sections of Part 20. Specifically, failure to make surveys to determine that persons handling significant quantities of iodine-125 were not exposed to airborne concentrations in excess of the limits in 10 CFR 20.103.

Violation - 10 CFR 20.201(b) - Failure to make such surveys as may be necessary to comply with all sections of Part 20. Specifically, failure to adequately evaluate hand exposures incurred by technologists administering 15 millicurie doses of 99m technetium.

APPENDIX B

NUCLEAR MEDICINE INSPECTION FIELD NOTES*

Region I

Inspection Report No. 91-001 License No. 31-02755-05

Licensee (name and address) Docket No. 030-10026

VA medical Center
113 Holland Ave
Albany New York 12208

Licensee Contact Lawrence Fish M.D. RSO Telephone No. 518-462-³³¹¹~~8311~~

Last Amendment No. 18 Date of Amendment 1-22-91

Priority :

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Summary of Findings and Action:

- ☐ No violations, Clear 591 or letter issued
☐ Violations, 591 or letter issued
☒ Action on Previous Violations

Inspector: Christopher J. Eubank
 (Signature)

Date 4/10/91

Approved: [Signature]
 (Signature)

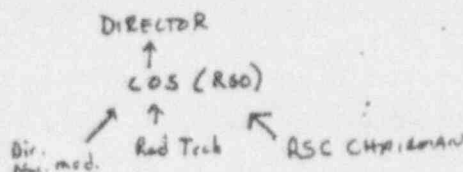
Date 4/25/91

* All areas indicated in field notes are not required to be addressed during each inspection.

1. ORGANIZATION

- a. Organizational structure meets license requirements [L/C] (X) Y () N

Remarks.



When a new RSO is hired he will report directly to COS and not to Dir. of Nuc. Med.

- b. Use by authorized individuals [35.22(b)(2)] (X) Y () N

Remarks. All users of RAM for R&D must submit applications and amendments to their original authorization, to the RSC/R&D for approval. Inspector reviewed authorization records which are adequate.

- c. Radiation Safety Committee () N/A

- | | |
|--|-------------|
| (1) Membership as specified in [35.22(a)(1)] | (X) Y () N |
| (2) Meetings held quarterly [35.22(a)(2)] | (X) Y () N |
| (3) Quorums established per [35.22(a)(3)] | (X) Y () N |
| (4) Has sufficient authority per [35.23] | (X) Y () N |
| (5) Committee reviews conducted per [35.22(b)] | (X) Y () N |
| (6) Record of Committee meetings [35.22(a)(4)] | (X) Y () N |

Remarks. Inspector reviewed committee meeting minutes which are adequate for the program. The committee meets every other month instead of quarterly. The consultant ~~was~~ agreed to by CAC was released prior to this inspection. It appears to be in conflict with CAC.

- d. Radiation Safety Officer

- | | |
|--|-------------|
| (1) Appointed [35.21(a)] | (X) Y () N |
| (2) Fulfills duties per [35.21(b)] | (X) Y () N |
| (3) Has sufficient authority per [35.23] | (X) Y () N |

Remarks. The RSO is training a person (secretary) to act as a program assistant in rad. safety. The licensee has also appointed a part-time nuclear physician as assistant RSO. This physician performs rad. safety duties 2 days/week at a minimum and is actively re-organizing the program.

e. Visiting Authorized User

☒ N/A

- (1) Has written permission [35.27(a)(1)] ☐ Y ☐ N
- (2) Copy of visitor's license on file [35.27(a)(2)] ☐ Y ☐ N
- (3) Performs only those procedures authorized on visitor's license [35.27(a)(3)] ☐ Y ☐ N
- (4) Uses material under licensee's license for sixty days per year or less [35.27(b)] ☐ Y ☐ N
- (5) Records maintained 3 years after last visit [35.27(c)] ☐ Y ☐ N

Remarks.

f. Mobile Nuclear Medicine Service

☒ N/A

- (1) Licensee uses mobile nuclear medicine services [35.29] ☐ Y ☐ N
- (2) Licensee operates mobile nuclear medicine services [35.29, 35.80] ☐ Y ☐ N

Remarks.

2. INSPECTION HISTORY

☐ N/A - Initial inspection

- a. Last inspection conducted on 11-20-21 1990
- b. Violations or deviations were identified ☒ Y ☐ N
- c. Response letter or 591 dated Licensee response letter dated 2/16/91
- d. Violations from Previous Inspection

<u>Requirement</u>	<u>Violation</u>	<u>Corrective Action Taken (Y/N)</u>	<u>Status</u>
<u>See attached sheet</u>			

- e. Any previous violations not corrected

() Y ☒ N

Explain.

3. SCOPE OF PROGRAM

- a. License has multiple authorized locations of use () Y ☒ N
b. If so, list location(s) inspected () N/A

*Licensee has a small nuclear medicine program - 6-8 pt/day
Some therapies w/iodine (1-2/yr), x-ray use,
R-O R+D labs using microcurie amounts of isotopes*

- c. List those individuals contacted during inspection

* Dr. L. Firsh, RSO	Ken LaFleur, Police
Julie White, lab tech	Roy Lebrecht, Warehouse Clerk
Dr. Tean, Acos Research	Nancy Layden, RIA
Dr. Chu, Researcher	* Fred Malpheno, Director of Med. Center
Dr. Koolow	* Gary Devanok, Associate Director

*Indicates presence at exit meeting

- d. Briefly describe scope, including types of use involving byproduct material, frequency of use, staff size, etc.

See above

- e. Radiation safety program changes pursuant to [35.31]

- f. Records of changes maintained [35.31(b)]

() Y ☒ N () N/A
() Y ☒ N () N/A

Remarks.

4. INTERNAL AUDITS OR INSPECTIONS

a. Audits or inspections are conducted

☒ Y () N () N/A

(1) Audits conducted by ARSD RSD + consultant

(2) Frequency yearly 1990 audit in progress

b. Audits are required by license condition

() Y ☒ N
(☒ Y () N

c. Records maintained

Remarks.

5. TRAINING, RETRAINING, AND INSTRUCTIONS TO WORKERS

a. Instructions to workers per [10 CFR 19.12]

☒ Y () N

Remarks. Licensee committed in CAL to retrain all workers prior to Jan 1991. Licensee has accomplished this task and has maintained appropriate records.

b. Training program required [L/C]

☒ Y () N () N/A

- (1) Training program implemented
- (2) Retraining program required
- (3) Retraining program implemented
- (4) Records maintained

☒ Y () N
☒ Y () N
☒ Y () N
☒ Y () N

Remarks. The techs in Dr Jones lab are still unfamiliar with appropriate regulations + commitments. The lab is presently not using RAm. Dr Fresh agreed to provide more training to techs + Dr Jones before they are allowed to order any material.

c. Supervision of individuals by authorized user in accordance with [35.25]

☒ Y () N

Remarks.

6. FACILITIES AND EQUIPMENT

a. Facilities as described in license application ☒ Y () N

Remarks. Licensee has filed amendment to change x-ray use rooms.

Authorized users are now notifying RSC/RSD of all requests for room changes and the RSD is now aware of all active & inactive use areas.

b. Areas for storage and use of RAM

(1) Adequate method used to prevent an unauthorized individual from entering restricted area

☒ Y () N

(2) RAM is secured to prevent unauthorized removal from an unrestricted area [20.207]

☒ Y () N

Remarks. Licensee has established new receipt procedure to prevent the loss of another RAM shipment. All areas of use and storage were locked or material placed in locked refrigerators.

c. Dose calibrator

(1) Licensee possesses and uses dose calibrator(s) per [35.50(a)]

☒ Y () N () N/A

(2) Constancy checked per [35.50(b)(1)]

☒ Y () N

(3) Linearity tested per [35.50(b)(2)]

☒ Y () N

(4) Accuracy tested per [35.50(b)(3)]

☒ Y () N

(5) Geometry dependence tested per [35.50(b)(4)]

☒ Y () N

(6) Readings mathematically corrected if linearity error is greater than 10% [35.50(d)]

☒ Y () N

(7) Records maintained [35.50(e)]

☒ Y () N

(8) RSO signs linearity, accuracy and geometry dependence tests [35.50(e)]

☒ Y () N

Remarks. Next Inspection: Check to be sure linearity is due down to 10 uCi

- They are in process of having dose calibrator repaired since the dose prep room dose calibrator went out of linearity by $> \pm 10\%$ (CRC 12) on 11/19/90

The CRC 5R was out by $> \pm 5\%$ on 2/25/91

- The CRC 12 D.C. ~~was~~ had a broken dial on 11/30/91 and the tech's did not perform a constancy but did treat patients and measure doses. The calibrator was repaired the same day. Constancy not performed. Techs could have used hot lab D.C. but failed to do so.

d. Survey instruments

- (1) Appropriate operable survey instruments possessed per [35.120, 220, 320, 420] or available per [35.520] ☒ Y () N () N/A
- (2) Calibration performed as required in [35.51] ☒ Y () N
- (3) Records maintained [35.51(d)] ☒ Y () N
- (4) Proper operation checked with check source per [35.51(c)] () Y () N

Remarks. A minor problem with one of the meter calibration certificates was uncovered. Certificate indicated all values w/in $\pm 10\%$ but one ~~the~~ scale had ² data point readings outside $\pm 10\%$. Licensee drafted letter to NDL (calibration service) expressing concern and an explanation.

Gm E120 (12/12/90)

Gm E140 (12/12/90)

Keithley 3610D (12/12/90)

- e. Syringes containing RAM properly labeled and shielded unless contraindicated per [35.60] ☒ Y () N
- f. Vials containing RAM properly labeled and shielded per [35.61] ☒ Y () N

Remarks.

7. RADIOLOGICAL PROTECTION PROCEDURES

- a. Radioactive materials used in accordance with current procedures [L/C] ☒ Y () N

Remarks. ~~See attached~~

b. Individuals' understanding of current procedures is adequate

- (1) in general rules for safe use of RAM
(2) in emergency procedures

☒ Y () N
☒ Y () N

Remarks. RSD verbally committed to provide additional training to techs in Dr Jones lab, before they are allowed to order more material.

8. MATERIALS

a. Licensee uses unit doses

() Y ☒ N

b. Licensee uses generators

☒ Y () N

c. Licensee possesses sealed sources or brachytherapy sources per [35.59]

☒ Y () N

d. Isotope, chemical form, quantity and use as authorized [L/C, 31.11, 35.100, 200, 300, 400, 500]

☒ Y () N

Remarks. brachytherapy sources are in storage and no longer used.

e. Molybdenum-99 breakthrough

() N/A

(1) Test performed per [35.204(b)]

☒ Y () N

(2) Records maintained per [35.204(c)]

☒ Y () N

Remarks. Techs do mo breakthrough check as required and are familiar with the appropriate procedures and limits.

f. Leak tests and Inventory

- | | |
|---|---|
| (1) Leak tests performed on sealed sources and brachytherapy sources per [35.59(b)] | <input checked="" type="checkbox"/> Y () N |
| (2) Inventory of sealed sources and brachytherapy sources per [35.59(g)] | <input checked="" type="checkbox"/> Y () N |
| (3) Leak tests records in microcuries | <input checked="" type="checkbox"/> Y () N |
| (4) Leak test/inventory records signed by RSO | <input checked="" type="checkbox"/> Y () N |
| (5) Records maintained of leak tests and inventories for 5 years | <input checked="" type="checkbox"/> Y () N |

Remarks. Consultant established a new procedure and record forms for performing leak tests and inventories. Leak tests and inventories are now performed on a routine regular frequency.

9. RECEIPT AND TRANSFER OF RADIOACTIVE MATERIAL

- a. Describe how packages are received and by whom: () N/A

Received by shipping/receiving - transferred to Nuc med where RSO or designee survey and check in package - if authorized user material the user is notified to go to nuc med and accept package after it has been checked in.
- Techs reminded to ensure receipt records were properly completed for each package

- | | |
|---|---|
| b. Opening procedures established and followed [20.205(d)] | <input checked="" type="checkbox"/> Y () N |
| c. Incoming packages wiped per [20.205(b)] | <input checked="" type="checkbox"/> Y () N |
| d. Incoming packages surveyed per [20.205(c)] | <input checked="" type="checkbox"/> Y () N |
| e. Transfer(s) performed per [30.41] | <input checked="" type="checkbox"/> Y () N |
| f. Records of surveys and receipt/transfer maintained per [20.401(b) and 30.51] | <input checked="" type="checkbox"/> Y () N |

Remarks. Licensee adopted Reg Guide 10.8 Rev 2 procedure for package receipt and only wipe packages ~~possibly~~ possibly contaminated due to damage or leakage.

10. AREA SURVEYS

() N/A

- a. Ambient exposure rate surveys conducted per [35.70(a),(b),(c)] ☒ Y () N
- b. Contamination surveys conducted per [35.70(e),(f)] ☒ Y () N
- c. Trigger levels established [35.70(d), (g)] ☒ Y () N
- d. Exposure rate survey records in mR/hr ☒ Y () N
- e. Contamination survey records in dpm/100 cm² ☒ Y () N
- f. Records maintained per [35.70(h)] ☒ Y () N

Remarks. Licensee/techs reminded to add one imaging room to their survey form as doses are injected in the room and it is surveyed each day of use.

11. RADIOPHARMACEUTICAL THERAPY

() N/A

- a. Licensee provides safety instruction [35.310] and implements safety precautions [35.315] or equivalents [L/C] ☒ Y () N
- b. Patient room contamination surveys per [35.315] ☒ Y () N
- c. Release of patients containing radiopharmaceuticals meets [35.75] ☒ Y () N
- d. Thyroid burden measured on individuals involved in dose administrations [35.315(a)(8)] ☒ Y () N
- e. Records maintained ☒ Y () N

Remarks. Licensee has not performed any therapy procedures since last inspection. All staff have been informed of need for bioassays and the required frequency.

12. BRACHYTHERAPY☒ N/A

- a. Licensee provides safety instruction [35.410] and implements safety precautions [35.415] or equivalent [L/C] () Y () N
- b. Patient surveys performed per [35.406] () Y () N
- c. Release of patients containing permanent implants meets [35.75] () Y () N
- d. Release of patients treated with temporary implants meets [35.404] () Y () N

- e. Brachytherapy sources inventoried per [35.406] () Y () N
f. Brachytherapy source storage area surveyed quarterly and record signed by RSO [35.59(h)] ~~()~~ Y () N
g. Records maintained () Y () N

Remarks.

13. PERSONNEL RADIATION PROTECTION - EXTERNAL

- a. Film or TLD supplier Lanbauer Frequency monthly
- b. Supplier is NVLAP - approved ☒ Y () N
- c. Reports reviewed by RSC Frequency quarterly
- d. NRC inspector reviewed personnel monitoring records for
period 1/90 to 2/91
- e. NRC forms or equivalent
- | | | | |
|------------|---|-----------|---|
| (1) NRC-4: | <input checked="" type="checkbox"/> Y () N | Complete: | <input checked="" type="checkbox"/> Y () N () N/A |
| (2) NRC-5: | <input checked="" type="checkbox"/> Y () N | Complete: | <input checked="" type="checkbox"/> Y () N () N/A |
- [20.401(a)]
- f. List maximum exposures (millirem): 500 mrem whole body for person in cardiac cath
40 " " " " " " " " " " " " 40/90
- g. Licensee has implemented an ALARA program Ring badge used
[35.20] ☒ Y () N

Remarks.

14. PERSONNEL RADIATION PROTECTION - INTERNAL

() N/A

- a. Potential for exposure of individuals to airborne RAM exists ☒ Y ☒ N
- b. Monitoring for airborne radioactivity conducted [20.201(b) to meet 20.103, 35.90, and 35.205] ☒ Y ☐ N

- c. Records maintained [20.401, 35.205(d), and L/C] ☐ Y ☒ N
- d. Bioassay program implemented as described in correspondence with NRC ☒ Y ☐ N
- e. Radioactive gases
- (1) Clearance time and safety procedures are posted [35.205(d)] ☒ Y ☐ N
- (2) Reusable collection systems checked monthly ☐ Y ☒ N
- (3) Ventilation rates checked each six months for negative pressure [35.205(e)] ☒ Y ☐ N

Remarks. Spilled gas clearance time are calculated and posted. Room has been checked for negative pressure and system has been established to maintain check frequency. Techs were aware of procedure for checking trap saturation but thought frequency was every 6 months. Will begin doing monthly.

15. RADIOACTIVE EFFLUENT AND WASTE DISPOSAL

- a. RAM in effluents to unrestricted areas ☒ Y ☐ N
- b. Release in accordance with regulatory limits [20.106(a)] ☒ Y ☐ N

Remarks. Sewer dispoal done for microgram amounts of H-3, C-14
p.32 Records are maintained and reviewed by ARSO + RSO

- c. Describe waste disposal method(s) - solid and liquid:
Liquid is digested to sludge or vendor
solid is DIO or transferred to vendor
- d. If LLW is stored because access to a burial site has been denied, answer (1), (2), and (3) below:
- (1) Adequate control of waste in storage is maintained ☐ Y ☐ N
- (2) Package is labeled and package integrity is adequately maintained ☐ Y ☐ N
- (3) Adequate records of surveys and material accountability are maintained ☐ Y ☐ N
- e. Disposal of waste in accordance with regulatory requirements [20.301 and 35.92] ☒ Y ☐ N
- f. Decay-in-storage waste disposed per [35.92] ☒ Y ☐ N
- g. Records maintained [20.401(b) and 35.92(b)] ☒ Y ☐ N

Remarks.

16. NOTIFICATION AND R. JRTS

- | | |
|--|--|
| a. Licensee in compliance with [19.13]
(reports to individuals) | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| b. Licensee in compliance with [20.402]
(theft or loss) | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> None |
| c. Licensee in compliance with [20.403]
(incidents) | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> None |
| d. Licensee in compliance with [20.405]
(overexposures) | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> None |

Remarks.

17. MISADMINISTRATIONS

- | | |
|--|--|
| a. Misadministrations have occurred | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |
| (1) Diagnostic | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |
| (2) Therapeutic | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |
| b. Licensee in compliance with reporting
therapeutic misadministrations
[35.33(a),(b)] | <input type="checkbox"/> Y <input type="checkbox"/> N N/A |
| c. Licensee in compliance with reporting
diagnostic misadministrations, if required
[35.33(c)] | <input type="checkbox"/> Y <input type="checkbox"/> N N/A |
| d. Appropriate action taken to prevent recurrence | <input type="checkbox"/> Y <input type="checkbox"/> N N/A |
| e. Records maintained [35.33(d)] | <input type="checkbox"/> Y <input type="checkbox"/> N N/A |

Remarks.

18. POSTING AND LABELING

- a. WRC-3 "Notice to Workers" posted
b. Other posting and labeling per [20.203]

☒ Y () N
☒ Y () N

Remarks.

19. TRANSPORTATION (10 CFR 71.5(a) and 49 CFR 171-189)

- a. Licensee makes shipments of RAM
b. If so, describe shipment content and method:

☒ Y () N

*Returns generators to manufacturer.
- generators held for 2 wks, then surveyed and
returned.*

- c. Licensee is aware of 10 CFR 61 requirements
d. Licensee classifies and characterizes waste
e. Shipments

() Y () N ☒ N/A

() Y () N ☒ N/A

- (1) Authorized packages used [173.415, 416]
(2) Package type used cardboard box
(3) For DOT-7A packages, performance test record on file [173.415(a)]
(4) For special form sources, performance test record on file [173.476(a)]
(5) Packages properly labeled [172.403, 173.441]
(6) Packages properly marked [173.200]
(7) Proper shipping papers prepared and used [172.200-204]

☒ Y () N () N/A

() Y () N () N/A

() Y () N ☒ N/A

☒ Y () N () N/A

☒ Y () N () N/A

() Y () N () N/A *NI*

Remarks.

f. Licensee makes return shipments of radiopharmacy doses

() Y ~~()~~ N ~~()~~ N/A

(1) If YES, licensee assumes responsibility of all shipper requirements

() Y () N

(2) If NO, describe arrangements made between licensee and radiopharmacy as to performance of shipper responsibilities:

20. RECORDKEEPING FOR DECOMMISSIONING

- a. Records of information important to the safe and effective decommissioning of the facility maintained in an independent and identifiable location until license termination [30.35(g)]
- b. Records include all information outlined in [30.35(g)]

NI
() Y () N

() Y () N

Remarks.

21. INDEPENDENT MEASUREMENTS

a. Survey instrument used E120

b. NRC Serial No. 1920

c. Last date of calibration July 90

d. Inspector's measurements were compared to licensee's

~~()~~ Y () N

e. Describe the type and results of measurements:

Survey measurements indicated bkgd levels in all areas except the generator hot lab where slightly increased levels were noted, these readings compared to licensee's measurements

22. BULLETINS AND INFORMATION NOTICES

- a. Bulletins, Information Notices, etc., received by the licensee ☒ Y () N
- b. Licensee took appropriate action in response to Bulletins, INs, etc. ☒ Y () N

Remarks. *Supplied licensee w/ list of IN's
since last inspection.*

23. CONTINUATION OF REPORT ITEMS - USE BACK OF PAGE IF NECESSARY

24. LIST OF VIOLATIONS

- Failure to perform dose calibrator constancy on one occasion
- Failure to ~~test~~ measure dose calibrator lin emitters down to 10 uCi

25. PERFORMANCE EVALUATION FACTORS

Licensee WA Medical Ctr
(name & 113 Holland Ave
location) Albany Ny

Inspector C. ECKERT / P. VESSEN

Inspection Date 3/28 + 3/29/91

- a. Lack of senior management involvement with the radiation safety program and/or Radiation Safety Officer (RSO) oversight () Y ☒ N
- b. RSO too busy with other assignments () Y ☒ N
- c. Insufficient staffing ☒ Y () N
- d. Radiation Safety Committee fails to meet or functions inadequately () Y ☒ N
- e. Inadequate consulting services or inadequate audits () Y ☒ N

Remarks (consider above assessment and/or other pertinent PEFs):

May need to hire 1 additional Rad Tech to assist in reorganizing program.

Regional follow-up on above PEFs citations:

4/10/91

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U.S. NUCLEAR REGULATORY COMMISSION
REGION 1
OPEN ITEMS TRACKING SYSTEM

DOCKET NUMBER: 30-10024

REPORT NUMBER	STATUS	DATE OPEN	DATE CLOSED	REVIEWER NAME	CLOSING OPTION REFER
1 90-001	OPEN	11/20/90	/ /	ECKERT	VIOL
ITEM: FAILURE TO SECURE LICENSED MATERIAL					
2 90-001	OPEN	11/20/90	/ /	ECKERT	VIOL
ITEM: FAILURE TO PERFORM THYROID BIOASSAYS					
3 90-001	OPEN	11/20/90	/ /	ECKERT	VIOL
ITEM: FAILURE TO PERFORM ANNUAL RADIATION SAFETY PROGRAM AUDIT					
4 90-001	OPEN	11/20/90	/ /	ECKERT	VIOL
ITEM: FAILURE TO CALCULATE SPILLED GAS CLEARANCE TIMES					
5 90-001	OPEN	11/20/90	/ /	ECKERT	VIOL
ITEM: FAILURE TO ESTABLISH AREA SURVEY TRIGGER LEVELS					
6 90-001	OPEN	11/20/90	/ /	ECKERT	VIOL
ITEM: FAILURE TO PERFORM SEALED SOURCE LEAK TESTS AT THE REQUIRED FREQUENCY					
7 90-001	OPEN	11/20/90	/ /	ECKERT	VIOL
ITEM: FAILURE TO MEASURE XENON ROOM VENTILATION RATES					
8 90-001	OPEN	11/20/90	/ /	ECKERT	VIOL
ITEM: FAILURE TO PERFORM CONTAMINATION WIPES OF A THERAPY ROOM					
9 90-001	OPEN	11/20/90	/ /	ECKERT	VIOL
ITEM: FAILURE TO ADEQUATELY INSTRUCT WORKERS IN ACCORDANCE WITH 10 CFR 19.12					
10 90-001	OPEN	11/20/90	/ /	ECKERT	VIOL
ITEM: EVIDENCE OF FOOD AND BEVERAGE CONSUMPTION IN LABORATORIES					
11 90-001	OPEN	11/20/90	/ /	ECKERT	VIOL
ITEM: FAILURE OF USERS TO NOTIFY RSO OF CHANGES IN LABORATORY LOCATIONS AND OF NEW WORKERS IN LABS					
12 90-001	OPEN	11/20/90	/ /	ECKERT	VIOL
ITEM: FAILURE TO DEMONSTRATE COMPLIANCE WITH 10 CFR 20.103 AND 106 FOR THE XENON ROOM					
13 90-001	OPEN	11/20/90	/ /	ECKERT	VIOL
ITEM: FAILURE TO OBTAIN LICENSE AMENDMENT PRIOR TO CHANGING XENON ROOMS					

*all are
used*

04.10/91

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U.S. NUCLEAR REGULATORY COMMISSION
REGION I
OPEN ITEMS TRACKING SYSTEM

DOCKET NUMBER: 30-10026

REPORT NUMBER	STATUS	DATE OPEN	DATE CLOSED	REVIEWER NAME	CLOSING OPTION REFER
14 90-001	OPEN	11/20/90	/ /	ECKER	VIOL
ITEM: INADEQUATE DOSE CALIBRATOR LINEARITY RECORDS					
15 90-001	OPEN	11/20/90	/ /	ECKERT	VIOL
ITEM: INADEQUATE DOSE CALIBRATOR GEOMETRY RECORDS					
16 90-001	OPEN	11/20/90	/ /	ECKERT	VIOL
ITEM:					

10/16/91

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U.S. NUCLEAR REGULATORY COMMISSION
REGION 1
OPEN ITEMS TRACKING SYSTEM

DOCKET NUMBER: 89-10026

REPORT NUMBER	STATUS	DATE OPEN	DATE CLOSED	REVIEWER NAME	CLOSING OPTION	REFER
4 10-001	CLOSED	11/21/90	12/25/91	BOBERT	VIOL	
ITEM: INADEQUATE DOSE CALIBRATOR LINEARITY RECORDS						
5 10-001	CLOSED	11/21/90	12/25/91	BOBERT	VIOL	
ITEM: INADEQUATE DOSE CALIBRATOR SECRETAIR RECORDS						
6	OPEN					
ITEM:						
7 10-001	OPEN	12/21/91		BOBERT/NEESER	VIOL	
ITEM: FAILURE TO PERFORM DOSE CALIBRATOR CONSTANT EACH DAY						
8 10-001	OPEN	12/21/91		BOBERT/NEESER	VIOL	
ITEM: FAILURE TO PERFORM DOSE CALIBRATOR LINEARITIES DOWN TO 10 MICROCURIES						
9 10-001	OPEN	12/21/91		BOBERT	VIOL	
ITEM: FAILURE TO DO DOSE-RATE DOWN TO 10 MICROCURIES						
10 10-001	OPEN	12/21/91		BOBERT	VIOL	
ITEM: FAILURE TO PERFORM LINEARITIES DOWN TO 10 MICROCURIES						

NEWARK REGULATORY COMMISSION
 REGION 1
 DATA ITEMS TRACKING SYSTEM

TICKET NUMBERS: 71-10024

REPORT NUMBER	STATUS	DATE OPEN	DATE CLOSED	REVIEWER NAME	CLOSING OPTION	REFER
71-10024	CLOSED	11/21/71	12/28/71	EDBERT	100	
ITEM: FAILURE TO SECURE LICENSED MATERIAL						
71-10025	CLOSED	11/21/71	12/28/71	EDBERT	100	
ITEM: FAILURE TO PERFORM TRAILER DISCHARGE						
71-10026	CLOSED	11/21/71	12/28/71	EDBERT	100	
ITEM: FAILURE TO PERFORM WASH, RINSE, AND DRY PROGRAM						
71-10027	CLOSED	11/21/71	12/28/71	EDBERT	100	
ITEM: FAILURE TO CALCULATE SPILLAGE AND DISCHARGE TIMES						
71-10028	CLOSED	11/21/71	12/28/71	EDBERT	100	
ITEM: FAILURE TO ESTIMATE AND RECORD TRUCKER LEVELS						
71-10029	CLOSED	11/21/71	12/28/71	EDBERT	100	
ITEM: FAILURE TO PERFORM DAILY CHECKS ON TRUCKS AT THE PLANT FREQUENCY						
71-10030	CLOSED	11/21/71	12/28/71	EDBERT	100	
ITEM: FAILURE TO PERFORM DAILY CHECKS ON TRUCKS AT THE PLANT FREQUENCY						
71-10031	CLOSED	11/21/71	12/28/71	EDBERT	100	
ITEM: FAILURE TO PERFORM DAILY CHECKS ON TRUCKS AT THE PLANT FREQUENCY						
71-10032	CLOSED	11/21/71	12/28/71	EDBERT	100	
ITEM: FAILURE TO PERFORM DAILY CHECKS ON TRUCKS AT THE PLANT FREQUENCY						
71-10033	CLOSED	11/21/71	12/28/71	EDBERT	100	
ITEM: FAILURE TO PERFORM DAILY CHECKS ON TRUCKS AT THE PLANT FREQUENCY						
71-10034	CLOSED	11/21/71	12/28/71	EDBERT	100	
ITEM: FAILURE TO PERFORM DAILY CHECKS ON TRUCKS AT THE PLANT FREQUENCY						
71-10035	CLOSED	11/21/71	12/28/71	EDBERT	100	
ITEM: FAILURE TO PERFORM DAILY CHECKS ON TRUCKS AT THE PLANT FREQUENCY						
71-10036	CLOSED	11/21/71	12/28/71	EDBERT	100	
ITEM: FAILURE TO PERFORM DAILY CHECKS ON TRUCKS AT THE PLANT FREQUENCY						
71-10037	CLOSED	11/21/71	12/28/71	EDBERT	100	
ITEM: FAILURE TO PERFORM DAILY CHECKS ON TRUCKS AT THE PLANT FREQUENCY						
71-10038	CLOSED	11/21/71	12/28/71	EDBERT	100	
ITEM: FAILURE TO PERFORM DAILY CHECKS ON TRUCKS AT THE PLANT FREQUENCY						
71-10039	CLOSED	11/21/71	12/28/71	EDBERT	100	
ITEM: FAILURE TO PERFORM DAILY CHECKS ON TRUCKS AT THE PLANT FREQUENCY						
71-10040	CLOSED	11/21/71	12/28/71	EDBERT	100	
ITEM: FAILURE TO PERFORM DAILY CHECKS ON TRUCKS AT THE PLANT FREQUENCY						

U.S. NUCLEAR REGULATORY COMMISSION
REGION I
OPEN ITEMS TRACKING SYSTEM

SECRET NUMBER 20-10024

REPORT NUMBER	STATUS	DATE OPEN	DATE CLOSED	REVIEWER NAME	CLOSING REASON
10-101	CLOSED	11/27/80	12/28/80	SCHEP	101
ITEM: INADEQUATE CASE CALIBRATOR LINEARITY RECORDS					
10-102	CLOSED	11/27/80	12/28/80	SCHEP	102
ITEM: INADEQUATE CASE CALIBRATOR GEOMETRY RECORDS					
10-103	OPEN	11/27/80		SCHEP/NESEN	103
ITEM: FAILURE TO REPAIR CASE CALIBRATOR CONSTANTLY S-C- DAY					
10-104	OPEN	11/27/80		SCHEP/NESEN	104
ITEM: FAILURE TO REPAIR CASE CALIBRATOR LINEARITIES S-C- TO 10 MICROCURIES					