



DEPARTMENT OF VETERANS AFFAIRS  
Medical Center  
Albany NY 12208

May 15, 1991

In Reply Refer To: 500/11R

Mohamed M. Shanbaky, Chief  
Nuclear Materials Safety Section A  
Division of Radiation Safety and Safeguards  
Nuclear Regulatory Commission  
475 Allendale Road  
King of Prussia, PA 19406

RE: Docket No. 030-10026  
License No. 31-02755-05  
Inspection No. 030-10026/91-001

Dear Dr. Shanbaky:

This correspondence is forwarded in reply to your letter dated May 8, 1991, and Appendix A, "Notice of Violation".

VIOLATION 1

A. 10CFR 35.50(b)(1) requires, in part, that licensees check each dose calibrator for constancy with a dedicated check source at the beginning of each day of use.

Contrary to the above, on January 4, 1990, November 23, 1990, December 3, 1990, January 30, 1991, and February 11, 1991, a dose calibrator was used to measure patient doses of radiopharmaceuticals and was not checked for constancy the beginning of the day.

ACTION: On April 4, 1991 a letter was sent to the Chief of Nuclear Medicine, mandating that constancy checks be done on any day that patient doses are prepared.

The Nuclear Medicine staff have been more diligent in completing this obligation.

Compliance is being monitored by the Radiation Safety Office, on a weekly basis. Full compliance has been accomplished as of April 1, 1991.

SEE ATTACHMENT #1

VIOLATION 2

B. 10CFR 35.50(b)(3) requires that the dose calibrator linearity test be performed over the range of its use between the highest dosage that will be administered to a patient and 10 microcuries.

9109240170 910830  
REC-11030  
31-02755-05 PDR

Contrary to the above, as of March 29, 1991, dose calibrator linearity tests were not performed over the range of its use between the highest dosage that will be administered to a patient (150 millicuries) and 10 microcuries.

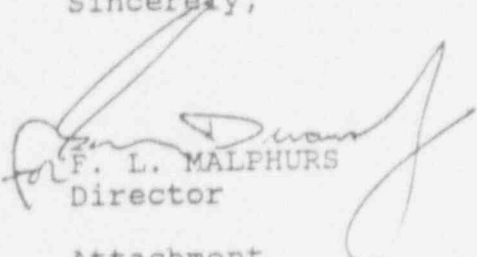
Specifically, linearity tests for both the CRC12 and CRC5R dose calibrators were performed only down to two millicuries.

ACTION: The adaptor kit for the Calicheck Dose Calibrator Activity Linearity Test Kit, previously ordered, was delivered to us on March 29, 1991. After appropriate checking and calibration, routine quarterly linearity checks were implemented, with the first being performed on May 6, 1991.

We are now in full compliance with this requirement.

Please communicate with us, if the above cited actions are not totally responsive to your specified requests.

Sincerely,



F. L. MALPHURS  
Director

Attachment



Veterans  
Administration

# Memorandum

Date: April 4, 1991  
From: Chief of Staff (11)  
Subject: NRC Inspection  
To: Chief, Nuclear Medicine (115)

1. On March 28-29, 1991, the Albany VA Medical Center was inspected by the Nuclear Regulatory Commission.

2. At the closeout conference attended by the NRC inspectors, the Director, Associate Director, and myself, the following deficiencies were cited, and actions mandated:

a. Contamination surveys performed in the Gamma Camera Rooms are not being recorded.

Action - record and log all such surveys.

b. Housekeeping (BMS) is collecting garbage from within the hot lab (Nursing Station).

Action - BMS is to be informed not to empty this container. The Plastic Bag should be removed by the Technologists, surveyed for contamination, and then placed in the hall for pickup.

c. The dose calibrator logs demonstrate that both dose calibrators are not within acceptable accuracy standards.

Action - One at a time, both Dose Calibrators are to be sent for repair. No delay by Bio-Med will be accepted, and I will intervene if there is any fiscal or supply delay with this process.

d. On review of the last six months data, of the Dose Calibrators, there were 5 days during which constancy checks were not recorded.

Action - Constancy checks must be recorded daily, regardless of patient load or staffing shortages.

e. The Xenon trap is not being surveyed monthly.

Action - The trap must be surveyed and logged monthly. It was recommended that the procedure provided by the manufacturer of the trap be used, and logged appropriately.

f. The Dose calibrator is not being checked and logged in the low uCi range, as currently required.

Action - Using the new dose calibrator adaptor kit received on 3/29/91, the new range will be added to the already existing procedure, and logged accordingly.

g. It was the inspectors opinion that the technologist staff did not fully understand the methods used to calculate the spilled gas clearance time for Xernon, in the Camera Rooms.

Action - Arrange for in-service education by the Radiation Safety Office and Engineering with the Clinical Nuclear Medicine Staff, on this subject.

h. The paperwork associated with the receipt of Tc generators was not fully completed on a daily basis.

Action - Proper documentation and paperwork must be fully completed for each generator received, without exception.

3. The NRC Inspector strongly suggested that you, as Chief of Nuclear Medicine, become fully familiar with Part 35 of the NRC Regulations, which pertain to radiation safety within Nuclear Medicine Service. As the Radiation Safety Officer is now external to your service, you will be the responsible official for insuring that all of the above deficiencies are corrected, and that all NRC rules and regulations are strictly adhered to at all times.



LAWRENCE H. FLESH, M.D.  
Chief of Staff



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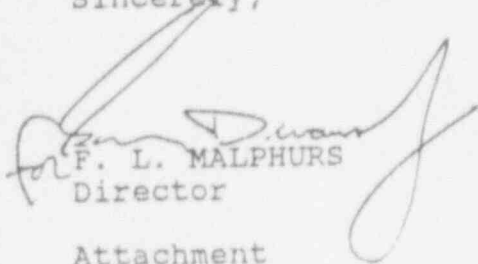
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Administration****Memorandum**

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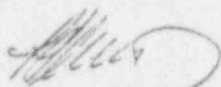
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LAWRENCE H. FLESH, M.D.  
Chief of Staff

# CONVERSATION RECORD

TIME

16:30

DATE

7/17/91

TYPE

☐ VISIT

☐ CONFERENCE

☒ TELEPHONE

☐ INCOMING

☐ OUTGOING

ROUTING

NAME/SYMBOL

INT

Location of Visit/Conference:

NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU

Dr. Fleish

ORGANIZATION (Office, dept., bureau, etc.)

UAMC - Albany

TELEPHONE NO.

518.462.3311

SUBJECT

June 13 correspondence

SUMMARY

Collected Dr. Fleish to request clarification on how sewer disposals will "be verified". Dr. Fleish indicated that verification would be performed by monthly visits to sites at which time logs of disposals kept on site will be compared to inventory forms submitted monthly by permittees. Dr. Fleish indicated that for the form submitted in the letter for use has been revised further to include "in" amounts/dates.

ACTION REQUIRED

NAME OF PERSON DOCUMENTING CONVERSATION

Mary Cahill

SIGNATURE

Mary Cahill

DATE

7/17/91

ACTION TAKEN

SIGNATURE

TITLE

DATE