

10/9/96 to SP04
Events RIDS List.

Event Reporting Handbook

OSP

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EVENT REPORT COVER PAGE

AGREEMENT STATE: California

EVENT REPORT Closed During 3rd Quarter

Third Quarter 1996

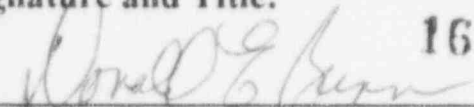
DATE: October 2, 1996

TO: Paul H. Lohaus
Deputy Director
Office of State Programs
Nuclear Regulatory Commission
Washington DC 20555

SUBJECT: Event Report Forms

STATE: California Department of Health Services
Radiologic Health Branch
601 North 7th Street
P.O. Box 942732
Sacramento, California 94234-7320

Signature and Title:

 160037

Donald E. Bunn, Chief
Compliance and Enforcement
Radiologic Health Branch

42

NRC FILE CENTER COPY

3/16/95

9610160336 961002
PDR STPRG ESGCA
PDR

SP-E-9

Used
7/96

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 1 of 4)

General Information on the Event						
Original Item # (State\YR\No.) NA		Licensee # 2873-60		Licensee allied Ecology Services		
City Fremont		Street address 47375 Fremont Blvd.		St. —	Zip Code 94538	
Program Code —		Description Error on Waste Disposal Manifest			Reg. —	AGs —
Other license # NA						
License# of Site —		Site of Event U.S. Ecology, Bentley Low-Level Radioactive Waste ↓				State Disposal Facility
License# other party 2105-		Name of other party Thomas Gray and Associates				
City other party Orange		State CA	Reciprocity NA			
Event Date 12/24/92	Event Time —	Time Zone P.T	Report Date 4/16/96	Report Time —	Time Zone —	
Discovery Date 1/1		Discovery Time —			Time Zone —	
Reportable event (NRC) (AS) NA		AEA	Investigation Pending 041696		Consultant Hired —	
Event type description Manifest Error on Waste Disposal			Cause description NA			
Contributing factor NA			Precipitating factor NA			
Corrective action New Waste Disposal Manifest issued						
Abstract Errors identified in Waste Disposal Manifests. New Manifests issued.						

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 2 of 4)

<h2 style="margin: 0;">Reporting Requirements</h2> <p style="font-size: 2em; margin: 5px 0;">NA</p>				
Requirement designation (State/NRC)				
Regulation Code	Regulation Description			
<h2 style="margin: 0;">Equipment Information (System level)</h2> <p style="font-size: 2em; margin: 5px 0;">NA</p>				
System name				
Manufacturer	Model#	Manuf. date / /	Serial Number	
Equipment problem				
<h2 style="margin: 0;">Equipment Information (Component Level)</h2>				
Component name <div style="text-align: center; font-size: 1.5em;">NA</div>				
Manufacturer <div style="text-align: center; font-size: 1.5em;">NA</div>	Model# <div style="text-align: center; font-size: 1.5em;">NA</div>	Manuf. date / / <div style="text-align: center; font-size: 1.5em;">NA</div>	Serial Number <div style="text-align: center; font-size: 1.5em;">NA</div>	
Isotope <div style="text-align: center;">Am-241 Cs-137</div>	Isotope activity (Ci) <div style="text-align: center;">0.898 0.100</div>	Assay Date / / <div style="text-align: center;">NA</div>	Leak test result (uCi) <div style="text-align: center;">NA</div>	Source change dte <div style="text-align: center;">NA</div>
Equipment problem				

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 4 of 4)

Perf#	Code	Description
Demographics Information NA		
Release of Material (Containation) Information NA		
Type of Release		
Isotope	Activity (Ci)	
Consequence		

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 3 of 4)

Consultant Information						
NA						
Consultant Name			Company			
Specialty			Contracted by			
Medical Misadministration Information						
NA						
Patient#		Patient Informed		Diagnostic/Therapy		
Proc. Organ Dose Isotp Study Chem Dosag	INTENDED			GIVEN		
% Overtreatment		% Undertreatment		Family Dose		Fetal
						Dose Newborn
						Dose
Effect on patient				Who administered		
Overexposure Information						
NA						
Person #						
Person #						
Person #						
Dose Received (Rem)			Radiation Source			
Type of exposure			Consequences of Exposure			

Jared 7/96

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 1 of 4)

General Information on the Event						
Original Item # (State\YR\No.)		Licensee #		Licensee		
		NA		San Francisco Dept. of Health		
City		Street address		St.	Zip Code	
San Francisco		101 Grove Street		—	94102	
Program Code		Description		Reg.	AGs	
		Object found "V.S. Radium Corp."		—	—	
Other license #						
License# of Site		Site of Event			State	
		Golden Gate Park, San Francisco, California				
License# other party		Name of other party				
City other party		State	Reciprocity			
Event Date	Event Time	Time Zone	Report Date	Report Time	Time Zone	
12/14/95	—	PT	12/14/95	—	PT	
Discovery Date		Discovery Time			Time Zone	
1/1						
Reportable event (NRC) (AS)		AEA	Investigation Pending		Consultant Hired	
NA		NA	121495		—	
Event type description			Cause description			
Object found			—			
Contributing factor			Precipitating factor			
—			—			
Corrective action						
Abstract						
Object labelled "V.S. Radium Corporation" found by police in Golden Gate Park. Identified as a "night light" for a naval vessel.						

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 2 of 4)

<h2 style="margin: 0;">Reporting Requirements</h2> <p style="font-size: 1.5em; margin: 5px 0;">NA</p>				
Requirement designation (State/NRC)				
Regulation Code	Regulation Description			
<h2 style="margin: 0;">Equipment Information (System level)</h2> <p style="font-size: 1.5em; margin: 5px 0;">NA</p>				
System name				
Manufacturer	Model#	Manuf. date / /	Serial Number	
Equipment problem				
<h2 style="margin: 0;">Equipment Information (Component Level)</h2> <p style="font-size: 1.5em; margin: 5px 0;">NA</p>				
Component name				
Manufacturer	Model#	Manuf. date / /	Serial Number	
Isotope	Isotope activity (Ci)	Assay Date / /	Leak test result (uCi)	Source change dte / /
Equipment problem				

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 3 of 4)

Consultant Information <i>NA</i>					
Consultant Name			Company		
Specialty			Contracted by		
Medical Misadministration Information <i>NA</i>					
Patient#		Patient Informed		Diagnostic/Therapy	
Proc. Organ Dose Isotp Study Chem Dosag	INTENDED		GIVEN		
% Overtreatment		% Undertreatment		Family Dose	Fetal
					Dose Newborn
					Dose
Effect on patient				Who administered	
Overexposure Information <i>NA</i>					
Person #					
Person #					
Person #					
Dose Received (Rem)		Radiation Source			
Type of exposure		Consequences of Exposure			

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 4 of 4)

Perf#	Code	Description
Demographics Information		
NA		
Release of Material (Containation) Information		
NA		
Type of Release		
Isotope		Activity (Ci)
Consequence		

Issued 7/86

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 1 of 4)

General Information on the Event						
Original Item # (State\YR\No.) _____		Licensee # NA		Licensee Pace Mid-Pacific Lab		
City Mountain View		Street address 625-B Clyde Avenue			St. —	Zip Code 94043
Program Code _____		Description _____			Reg. _____	AGs _____
Other license # _____						
License# of Site _____		Site of Event 625-B Clyde Avenue, Mountain View, CA				State CA
License# other party _____		Name of other party _____				
City other party _____		State _____		Reciprocity _____		
Event Date 8/17/95	Event Time NA	Time Zone PT	Report Date 9/5/95	Report Time NA	Time Zone PT	
Discovery Date 1/1 NA		Discovery Time NA			Time Zone A	
Reportable event (NRC) (AS)		AEA	Investigation Pending 082995-Pace			Consultant Hired _____
Event type description Leaking Ni-63 source			Cause description NA			
Contributing factor NA			Precipitating factor NA			
Corrective action ECD disposed via return to manufacturer						
Abstract Leaking 15 mCi Ni-63 source discovered in Hewlett-Packard ECD. Source (with detector) removed and returned to Hewlett-Packard for disposal.						

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 2 of 4)

Reporting Requirements

NA

Requirement designation (State\NRC)

Regulation Code

Regulation Description

Equipment Information (System level)

NA

System name

Manufacturer

Model#

Manuf. date

/ /

Serial Number

Equipment problem

Equipment Information (Component Level)

~~NA~~

Component name

Electron Capture Detector

Manufacturer

Model#

Manuf. date

/ /

Serial Number

Hewlett-Packard 19233

M1410

Isotope

Isotope activity (Ci)

Assay Date

Leak test result (uCi)

Source change dte

Nickel-63 15mCi

/ /

0.009

/ /

Equipment problem

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 3 of 4)

Consultant Information					
NA					
Consultant Name			Company		
Specialty			Contracted by		
Medical Misadministration Information					
NA					
Patient#		Patient Informed		Diagnostic/Therapy	
Proc. Organ Dose Isotp Study Chem Dosag	INTENDED			GIVEN	
% Overtreatment	% Undertreatment	Family Dose	Fetal	Dose Newborn	Dose
Effect on patient			Who administered		
Overexposure Information					
NA					
Person #					
Person #					
Person #					
Dose Received (Rem)		Radiation Source			
Type of exposure		Consequences of Exposure			

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 4 of 4)

Demographics Information NA		
Perf#	Code	Description
Release of Material (Containation) Information NA		
Type of Release		
Isotope	Activity (Ci)	
Consequence		

closed 7/96

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 1 of 4)

General Information on the Event						
Original Item # (State\YR\No.)		Licensee # 1025-43		Licensee Varian Associates, Inc.		
City Palo Alto		Street address 3045 Hanover Street		St. —	Zip Code 94304-1129	
Program Code —		Description Frayed Belt in HDR afterloader			Reg. —	AGs —
Other license # —						
License# of Site —		Site of Event Long Beach Memorial Medical Center, CA			State CA	
License# other party		Name of other party Long Beach Memorial Medical Center				
City other party Long Beach		State CA	Reciprocity NA			
Event Date 3/8/96	Event Time 15:15	Time Zone PT	Report Date 3/28/96	Report Time —	Time Zone —	
Discovery Date 1/1		Discovery Time —			Time Zone —	
Reportable event (NRC) (AS)	AEA	Investigation Pending 032996-Varian			Consultant Hired —	
Event type description Frayed Belt		Cause description —				
Contributing factor —		Precipitating factor —				
Corrective action New Belt Design						
Abstract Frayed Belt in wire drive mechanism of a High Dose Rate afterloader tripped error signal. Source successfully retracted. Investigation demonstrated faulty belts. New belt design implemented for all units world-wide.						

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 2 of 4)

Reporting Requirements				
NA				
Requirement designation (State/NRC)				
Regulation Code		Regulation Description		
Equipment Information (System level)				
System name		NA		
Manufacturer	Model#	Manuf. date / /	Serial Number	
Equipment problem				
Equipment Information (Component Level)				
Component name		/		
Belt in Wire Drive Mechanism				
Manufacturer	Model#	Manuf. date / /	Serial Number	
Varian	Varian 1+DR	/ /	SN 015	
Isotope	Isotope activity (Ci)	Assay Date / /	Leak test result (uCi)	Source change dte / /
IR-192	10	—	NA	NA
Equipment problem				

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 3 of 4)

Consultant Information					
NA					
Consultant Name		Company			
Specialty		Contracted by			
Medical Misadministration Information					
NA					
Patient#		Patient Informed		Diagnostic/Therapy	
Proc. Organ Dose Isotp Study Chem Dosag	INTENDED		GIVEN		
% Overtreatment	% Undertreatment	Family Dose	Fetal	Dose Newborn	Dose
Effect on patient			Who administered		
Overexposure Information					
NA					
Person #					
Person #					
Person #					
Dose Received (Rem)		Radiation Source			
Type of exposure		Consequences of Exposure			

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 4 of 4)

Perf#	Code	Description
Demographics Information		
NA		
Release of Material (Containation) Information		
NA		
Type of Release		
Isotope	Activity (Ci)	
Consequence		

Closed
7/96 P.02/05

Event Reporting Handbook

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 1 of 4)

General Information on the Event

Original Item # (State R/No.)	Licensee # 2183	Licensee TERRASEARCH
City DUBLIN	Street address 11840 DUBLIN BLVD	St. CA Zip Code 94568
Program Code	Description THEFT OF SOIL DENSITY GAUGE CONTAINING R.A.M.	Reg. AGs
Other license #	N/A	
License# of Site	Site of Event SHOPPING CENTER IN ANTIOCH	State CALIFORNIA
License# other party N/A	Name of other party	
City other party	State	Reciprocity
Event Date 4/29/95	Event Time 10:30 AM	Time Zone PAC
Report Date 5/1/95	Report Time	Time Zone PAC.
Discovery Date 4/29/95	Discovery Time 10:30 AM	Time Zone PAC
Reportable event (NRC) (AS)	AEA	Investigation Pending CLOSED
Consultant Hired N/A		
Event type description RAM/GAUGE THEFT	Cause description UNK.	
Contributing factor UNK	Precipitating factor UNK.	
Corrective action		

Abstract

SOILS / DENSITY GAUGE CONTAINING R.A.M.
STOLEN FROM LICENSEE'S TRUCK PARKED IN SUBURB-
AN SHOPPING CENTER (ANTIOCH). LATER, RECOVERED
WHEN INDIVIDUAL CONTACTED GAUGE MFR. TO
REPORT PICKING IT UP AND STORING IT
(IN ITS SHIPPING CONTAINER) FOR ONE MONTH
IN GARAGE. SEE INF. FILE FOR DETAILS.

Event Reporting Handbook

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 2 of 4)

Reporting Requirements				
Requirement designation (State/NRC) 230294?				
Regulation Code 10 CFR 20.2201		Regulation Description REPORT OF THEFT		
Equipment Information (System level)				
System name N/A				
Manufacturer —	Model# —	Manuf. date 11	Serial Number —	
Equipment problem —				
Equipment Information (Component Level)				
Component name CPN GAUGE SOILS MOISTURE/DENSITY				
Manufacturer CPN	Model# MC-1	Manuf. date 11	Serial Number M14025272	
Isotope C-137	Isotope activity (Ci) 10 mCi / 50 mCi	Assay Date 11 UNK	Leak test result (uCi) < .005 MC	Source charge date 11 UNK
Equipment problem THEFT, N/A				

Event Reporting Handbook

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 3 of 4)

Consultant Information

N/A

Consultant Name _____	Company _____
Specialty _____	Contracted by _____

Medical Misadministration Information

N/A

Patient# _____	Patient Informed _____	Diagnostic/Therapy _____			
Proc. Organ Dose Isotp Study Chem Dosag	INTENDED _____	GIVEN _____			
% Overtreatment	% Undertreatment	Family Dose	Fetal	Dose Newborn	Dose
Effect on patient _____			Who administered _____		

Overexposure Information

N/A

Person # _____	
Person # _____	
Person # _____	
Dose Received (Rem) _____	Radiation Source _____
Type of exposure _____	Consequences of Exposure _____

Event Reporting Handbook**TABLE 5. NMED EVENT REPORTING INFORMATION (p. 4 of 4)**

Perf#	Code	Description
Demographics Information		
Release of Material (Containation) Information		
<i>N/A</i>		
Type of Release		
Isotope		Activity (Ci)
Consequence		

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 1 of 4)

General Information on the Event						
Original Item # (State/YR/No.)		Licensee #		Licensee		
CA 1996		1451-70		N/DL Systems		
City		Street address		St.	Zip Code	
Irwindale		5314 N. Irwindale		CA	91706	
Program Code		Description		Reg.	AGs	
		High badge reading				
Other license #						
Licensee of Site		Site of Event			State	
Licensee of other party		Name of other party				
City other party		State	Reciprocity			
Event Date	Event Time	Time Zone	Report Date	Report Time	Time Zone	
7-10-95		PST	11			
Discovery Date		Discovery Time				Time Zone
11						
Reportable event (NRC) (AS)		AEA	Investigation Pending			Consultant Hired
Event type description		Cause description				
High badge reading						
Contributing factor		Precipitating factor				
Corrective action						
Abstract For monitoring period of 7-10-95 to 8-9-95 - office staff employee's badge recorded 1270 mR - no feta problem - not a radiation worker						

Event Reporting Handbook

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 2 of 4)

Reporting Requirements

Requirement designation (State/NRC)

Regulation Code	Regulation Description
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Equipment Information (System level)

System name

Manufacturer	Model#	Manuf. date / /	Serial Number
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Equipment problem

Equipment Information (Component Level)

Component name

Manufacturer	Model#	Manuf. date / /	Serial Number
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Isotope	Isotope activity (Ci)	Assay Date / /	Leak test result (uCi)	Source change dte / /
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Equipment problem

Error Reporting Handbook

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 3 of 4)

Consultant Information					
Consultant Name			Company		
Specialty			Contracted by		
Medical Misadministration Information					
Patient#		Patient Informed		Diagnostic/Therapy	
Proc. Organ Dose Isotp Study Chem Dosag	INTENDED		GIVEN		
	% Overtreatment	% Undertreatment	Family Dose	Fetal	Dose Newborn
Effect on patient			Who administered		
Overexposure Information					
Person #					
Person #					
Person #					
Dose Received (Rem)		Radiation Source			
Type of exposure		Consequences of Exposure			

Event Reporting Handbook

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 4 of 4)

Demographics Information

Perf#	Code	Description
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Release of Material (Containation) Information

Type of Release

Isotope

Activity (Ci)

Consequence

Closed 7/96

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 1 of 4)

General Information on the Event						
Original Item # (State/YR/No.)		Licensee # 0144-15		Licensee Schlumberger Technology Corp. dba: Schlumberger Well Services		
City VANNUA		Street address 1710 CALLENS ROAD		St. CA	Zip Code 93303	
Program Code	Description Well Logging Service			Reg.	AGs	
Other license # N/A						
License# of Site N/A		Site of Event			State	
License# other party N/A		Name of other party				
City other party		State	Reciprocity			
Event Date 6/28/96	Event Time Unknown	Time Zone PST	Report Date 7/19/96	Report Time 11:30	Time Zone PST	
Discovery Date 6/28/96		Discovery Time Unknown			Time Zone PST	
Reportable event (NRC) (AS)		AEA	Investigation Pending N/A		Consultant Hired NO	
Event type description Well Logging Tool lost down hole			Cause description Sucker got stuck			
Contributing factor N/A			Precipitating factor N/A			
Corrective action N/A						
Abstract While conducting well logging services, Schlumberger lost its tool at a depth of 8700 feet. After a two week period of trying to recover the tool, they decided to officially abandon the process.						

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 2 of 4)

Reporting Requirements				
Requirement designation (State/NRC) STATE				
Regulation Code 30350.3		Regulation Description NOTIFICATION OF ABANDONMENT / lost sources.		
Equipment Information (System level)				
System name N/A				
Manufacturer		Model#	Manuf. date / /	Serial Number
Equipment problem				
Equipment Information (Component Level)				
Component name N/A				
Manufacturer		Model#	Manuf. date / /	Serial Number
Isotope	Isotope activity (Ci)	Assay Date / /	Leak test result (uCi)	Source change dte / /
Equipment problem				

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 3 of 4)

Consultant Information						
Consultant Name <i>N/A</i>			Company			
Specialty			Contracted by			
Medical Misadministration Information						
Patient# <i>N/A</i>		Patient Informed		Diagnostic/Therapy		
Proc. Organ Dose Isotp Study Chem Dosag	INTENDED			GIVEN		
% Overtreatment		% Undertreatment		Family Dose		Fetal
						Dose Newborn
						Dose
Effect on patient				Who administered		
Overexposure Information						
Person # <i>N/A</i>						
Person #						
Person #						
Dose Received (Rem)			Radiation Source			
Type of exposure			Consequences of Exposure			

N/A.

Perf#

Code

Description

N/A

Type of Release

Isotope

Activity (Ci)

Consequence

Event Reporting Handbook

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 1 of 4)

General Information on the Event

Original Item # (State/YR/No.)		Licensee #		Licensee	
CA 1996		2425-33		EISENHOWER MEDICAL CENTER	
City RANCHO MIRAGE		Street address 39000 BOB HOPE DRIVE		St. CA	Zip Code 92270
Program Code	Description High EXPOSURE READING			Reg.	AGs
Other license #					
Licensee of Site		Site of Event State			
Licensee of other party		Name of other party			
City other party		State	Reciprocity		
Event Date 4/16-5/96	Event Time PST	Time Zone PST	Report Date 111	Report Time	Time Zone
Discovery Date 6-20-96		Discovery Time			Time Zone
Reportable event (NRC) (AS)	AEA	Investigation Pending			Consultant Hired
Event type description High EXPOSURE READING		Cause description IMPROPERLY INSERTED FILM IN HOLDER			
Contributing factor LACK of KNOWLEDGE		Precipitating factor LACK of TRAINING			
Corrective action					

Abstract

High Reading of 19320 mR to Badge of K.T. SS# 418-04-2890
DOB 8-18-64 - NO FILTER PATTERNS

Event Reporting Handbook

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 2 of 4)

Reporting Requirements				
Requirement designation (State/NRC)				
10CFR 20.2203				
Regulation Code		Regulation Description		
		30 Day WRITTEN REPORT		
Equipment Information (System level)				
System name				
Manufacturer		Model#	Manuf. date / /	Serial Number
Equipment problem				
Equipment Information (Component Level)				
Component name				
Manufacturer		Model#	Manuf. date / /	Serial Number
Isotope	Isotope activity (Ci)	Assay Date / /	Leak test result (uCi)	Source change dte / /
Equipment problem				

Event Reporting Handbook

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 3 of 4)

Consultant Information					
Consultant Name			Company		
Specialty			Contracted by		
Medical Misadministration Information					
Patient#		Patient Informed		Diagnostic/Therapy	
Proc. Organ Dose Isotp Study Chem Dosing	INTENDED			GIVEN	
	% Overtreatment	% Undertreatment	Family Dose	Fetal	Dose Newborn
Effect on patient			Who administered		
Overexposure Information					
Person #					
Person #					
Person # <i>Kim Terry</i>					
Dose Received (Rem)		Radiation Source			
<i>19320 mR</i>		<i>X-ray</i>			
Type of exposure		Consequences of Exposure			
<i>DD/GYN / SHI High Energy</i>		<i>None</i>			

Event Reporting Handbook

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 4 of 4)

Demographics Information

Perf#	Code	Description
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Release of Material (Containation) Information

Type of Release

Isotope	Activity (Ci)
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Consequence

Closed 7/96

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 1 of 4)

General Information on the Event						
Original Item # (State\YR\No.)		Licensee #		Licensee		
		N/A		FEDERAL EXPRESS		
City		Street address			St.	Zip Code
Memphis		P.O. Box 727			TN	92374
Program Code		Description			Reg.	AGs
		CO-57 LEAD TASTER TRANS.				
Other license #						
N/A						
License# of Site		Site of Event			State	
N/A						
License# other party		Name of other party				
N/A						
City other party		State	Reciprocity			
N/A						
Event Date	Event Time	Time Zone	Report Date	Report Time	Time Zone	
6/2/96	11:00	PST	7/15/96	14:30	PST.	
Discovery Date		Discovery Time			Time Zone	
6/2/96		11:00			PST.	
Reportable event (NRC) (AS)		AEA	Investigation Pending		Consultant Hired	
(NRC) (AS)		N/A	N/A		N/A	
Event type description			Cause description			
TRANSFORMATION			ACCIDENT			
Contributing factor			Precipitating factor			
N/A			N/A			
Corrective action						
N/A						
Abstract						
<p>On June 2, 1996, at approx. 11:00, two trucks were in an accident, and one of them was carrying a SCITAC, model MAP 4 LEAD TASTER containing 7.97 lbs of CO-57. A fire destroyed the truck with the device and it could not be found in the debris.</p>						

TABLE 5. NMEP EVENT REPORTING INFORMATION (p. 2 of 4)

Reporting Requirements

Requirement designation (State/NRC)

Regulation Code

Regulation Description

10 CFR 2202

(possible) Release of Radioactive Material.

Equipment Information (System level)

System name

N/A

Manufacturer

Model#

Manuf. date

/ /

Serial Number

Equipment problem

Equipment Information (Component Level)

Component name

N/A

Manufacturer

Model#

Manuf. date

/ /

Serial Number

Isotope

Isotope activity (Ci)

Assay Date

/ /

Leak test result (uCi)

Source change date

/ /

Equipment problem

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 3 of 4)

Consultant Information						
Consultant Name <i>N/A</i>			Company			
Specialty			Contracted by			
Medical Misadministration Information						
Patient# <i>N/A</i>		Patient Informed		Diagnostic/Therapy		
Proc. Organ Dose Isotp Study Chem Dosag	INTENDED			GIVEN		
% Overtreatment		% Undertreatment		Family Dose		Fetal
						Dose Newborn
						Dose
Effect on patient				Who administered		
Overexposure Information						
Person # <i>N/A</i>						
Person #						
Person #						
Dose Received (Rem)		Radiation Source				
Type of exposure		Consequences of Exposure				

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 4 of 4)

Demographics Information		
Perf#	Code	Description
UNKNOWN		
Release of Material (Containation) Information		
UNKNOWN / NOT OBSERVED		
Type of Release		
Isotope	Activity (Ci)	
Consequence		

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 1 of 4)

General Information on the Event

Original Item # (Serial/No.) CA 85 112895		Licensee # 3890-30		Licensee STERIGENICS	
City TUSTIN CA		Street address 1401 MORGAN CIRCLE		St. CA	Zip Code 92680 6423
Program Code		Description			Reg. AGs
Other license #					
Licensee of Site		Site of Event SAME		State	
Licensee of other party		Name of other party			
City other party		State	Reciprocity		
Event Date 11	Event Time	Time Zone	Report Date 11	Report Time	Time Zone
Discovery Date 7/01/95 8/01/95		Discovery Time			Time Zone
Reportable event (NRC) (AS)		AEA	Investigation Pending		Consultant Hired
Event type description HIGH READINGS ON BADGES (NOT PERSONNEL)		Cause description HOLDE FOR FILM BADGES POPS OPEN, FILM EXPOSED			
Contributing factor		Precipitating factor			
Corrective action FINDING MORE DURABLE HOLDERS					
Abstract 3 PERSONNEL MONITORING DOSIMETERS RECEIVED EXCESSIVE DOSES LICENSEE INVESTIGATION INDICATED BADGES WERE LOST IN THE IRRADIATOR CELL. SENT IN FOR PROCESSING. DOSES DO NOT REFLECT EXPOSURES TO PERSONNEL. THEREFORE REQUESTED DELETING THOSE READINGS FROM THEIR PERMANENT RECORD.					

Event Reporting Handbook**TABLE 5. NMED EVENT REPORTING INFORMATION (p. 2 of 4)****Reporting Requirements**

Requirement designation (State/NRC)

Regulation Code

Regulation Description

Equipment Information (System level)

System name

Manufacturer

Model#

Manuf. date
/ /

Serial Number

Equipment problem

Equipment Information (Component Level)

Component name

Manufacturer

Model#

Manuf. date
/ /

Serial Number

Isotope

Isotope activity (Ci)

Assay Date
/ /

Leak test result (uCi)

Source change dte
/ /

Equipment problem

Event Reporting Handbook**TABLE 5. NMED EVENT REPORTING INFORMATION (p. 3 of 4)**

Consultant Information					
Consultant Name		Company			
Specialty		Contracted by			
Medical Misadministration Information					
Patient#		Patient Informed		Diagnostic/Therapy	
Proc. Organ Dose Isotp Study Chem Dosag	INTENDED		GIVEN		
% Overtreatment	% Undertreatment	Family Dose	Fetal	Dose Newborn	Dose
Effect on patient			Who administered		
Overexposure Information					
Person #					
Person # <i>N/A - EXPOSURE TO BADGE ONLY</i>					
Person #					
Dose Received (Rem)		Radiation Source			
Type of exposure		Consequences of Exposure			

Event Reporting Handbook**TABLE 5. NMED EVENT REPORTING INFORMATION (p. 4 of 4)****Demographics Information**

Perf#	Code	Description
-------	------	-------------

Release of Material (Containation) Information

Type of Release

Isotope	Activity (Ci)
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Consequence

Event Reporting Handbook

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 1 of 4)

General Information on the Event						
Original Item # (State/YR/No.) CA/96/0514		Licensee # 0714-70		Licensee Queens of Angels/ Hollywood Presby.		
City LA		Street address 1300 N. Vermont		LA	St. CA	Zip Code 90027
Program Code		Description			Reg.	AGs
Other license # NA						
Licensee of Site		Site of Event			State	
Licensee of other party NA		Name of other party				
City other party		State		Reciprocity		
Event Date 1/1/96	Event Time NA	Time Zone Pacific	Report Date 05/16/96	Report Time 12:45 pm	Time Zone Pacific	
Discovery Date 1/1/96		Discovery Time NA			Time Zone NA	
Reportable event (NRC) (AS) No		AEA No	Investigation Pending No		Consultant Hired No	
Event type description Complaint			Cause description Doctor using poor judgment			
Contributing factor Weak administration			Precipitating factor NA			
Corrective action Reinforced policies & procedures						
Abstract Urologist performing ^{OR} procedures immediately after diagnostic nuc med injections, w/o training for OR personnel or any regard for contamination. Doctor brings in many patients and \$, + administration reluctant to mandate he follow procedures.						

Error Reporting Handbook

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 3 of 4)

Consultant Information					
Consultant Name		Company			
Specialty		Contracted by			
<p align="center">Medical Misadministration Information</p> <p align="right">NA - *</p>					
Patient#		Patient Informed		Diagnostic/Therapy	
Proc. Organ Dose Isotp Study Chem Doseag	<p align="center">INTENDED</p> <p>In one case a patient was injected for a bone scan, but before the scan could be performed, the doctor took the patient to surgery. The injections had to be repeated. Apparently not a misadmis. because doctor did it deliberately.</p>		<p align="center">GIVEN</p>		
% Overtreatment	% Undertreatment	Family Dose	Fetal	Dose Newborn	Dose
Effect on patient			Who administered		
<p align="center">Overexposure Information - NA</p>					
Person #					
Person #					
Person #					
Dose Received (Rem)		Radiation Source			
Type of exposure		Consequences of Exposure			

Event Reporting Handbook

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 1 of 4)

General Information on the Event					
Original Item # (State/YR/No.)	Licensee #	Licensee			
CA 96	04141-30 4 1313-30 6L	Beckman Instruments Inc			
City	Street address	St.	Zip Code		
Fullerton	2500 Harbor Blvd	CA	92634		
Program Code	Description	Reg.	AGs		
	Leaking Source in Liquid Scintillation Device				
Other license #					
Licensee of Site	Site of Event		State		
Licensee of other party	Name of other party				
	University of Virginia				
City other party	State	Reciprocity			
Charlottesville	VA				
Event Date	Event Time	Time Zone	Report Date	Report Time	Time Zone
7/8/96	EST		11		
Discovery Date	Discovery Time				Time Zone
11					
Reportable event (NRC) (AS)	AEA	Investigation Pending		Consultant Hired	
Event type description		Cause description			
Leaking Source					
Contributing factor		Precipitating factor			
		Small leak			
Corrective action					
Source removed from device					
Abstract					

Event Reporting Handbook

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 2 of 4)

Reporting Requirements

Requirement designation (State/NRC)

California

Regulation Code

30275(k)(6)

Regulation Description

Leaking Source - Withdrawn from use

Equipment Information (System level)

System name

Manufacturer

Model#

Manuf. date

/ /

Serial Number

Equipment problem

Equipment Information (Component Level)

Component name

Manufacturer

Model#

Manuf. date

/ /

Serial Number

Isotope

Isotope activity (Ci)

Assay Date

/ /

Leak test result (uCi)

Source change dte

/ /

Equipment problem

Event Reporting Handbook**TABLE 5. NMED EVENT REPORTING INFORMATION (p. 3 of 4)**

Consultant Information					
Consultant Name			Company		
Specialty			Contracted by		
Medical Misadministration Information					
Patient#		Patient Informed		Diagnostic/Therapy	
Proc. Organ Dose Isotp Study Chem Dosag	INTENDED			GIVEN	
% Overtreatment		% Undertreatment		Family Dose	Fetal
					Dose Newborn
					Dose
Effect on patient				Who administered	
Overexposure Information					
Person #					
Person #					
Person #					
Dose Received (Rem)		Radiation Source			
Type of exposure		Consequences of Exposure			

Event Reporting Handbook

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 4 of 4)

Demographics Information

Perf#	Code	Description
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Release of Material (Containation) Information

Type of Release

Isotope

Activity (Ci)

Consequence

Event Reporting Handbook

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 1 of 4)

General Information on the Event

Original Item # (Serial/YN/No.)	Licensee # 2917-70	Licensee Diagnostic Products Co.			
City Los Angeles	Street address 5700 W. 96th St.	St. CA	Zip Code 90045		
Program Code	Description RIA Distributor	Reg.	AGs		
Other license # 2493-70 (Possession license)					
Licensee of Site 2917-70 2493-70	Site of Event same as above		State		
Licensee of other party 2917-70	Name of other party Diamond Reference LABs				
City other party Diamond Bar	State CA	Reciprocity N/A			
Event Date 1/1 see below	Event Time	Time Zone	Report Date 1/1	Report Time	Time Zone
Discovery Date 06/07/96	Discovery Time During inspection				Time Zone
Reportable event (NRC) (AS)	AEA	Investigation Pending No		Consultant Hired No	
Event type description Unauthorized Distribution of G.L. items;		Cause description "C.O.D." accounts did not undergo verification of activity going out the way credit accounts did.			
Contributing factor		Precipitating factor			
Corrective action DPC revised their "C.O.D." accounts verification process to include an activity review					

Abstract

(DPC)

Diagnostic Prods Co. distributed more than 200pci/day (RIA kits) to Diamond Ref. Labs (DRL) prior to DRL obtaining a specific license. It is likely DPC distributed to other G.L. facilities more than 200pci/shipment as well.

Error Reporting Handbook

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 3 of 4)

Consultant Information						
Consultant Name N/A			Company			
Specialty			Contracted by			
Medical Misadministration Information						
Patient# N/A		Patient Informed		Diagnostic/Therapy		
Proc. Organ Dose Isotp Study Chem Dosing	INTENDED			GIVEN		
% Overtreatment		% Undertreatment		Family Dose		
				Fetal		Dose Newborn
						Dose
Effect on patient				Who administered		
Overexposure Information						
Person #						
Person # N/A						
Person #						
Dose Received (Rem)		Radiation Source				
Type of exposure		Consequences of Exposure				

Event Reporting Handbook

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 1 of 4)

General Information on the Event

Original Item # (State YR No.)	Licensee #	Licensee			
	TMA/ThermoAnalytical	4826-70			
City Monrovia/Santa Ana	Street address 160 W. Taylor St., Monrovia 1970 S. Dewe St., Santa Ana		St. CA	Zip Code 91016 92705	
Program Code	Description Industrial		Reg.	AGs	
Other license # n/a					
Licensee of Site n/a	Site of Event 160 W. Taylor St., Monrovia, CA			State 91016	
Licensee of other party n/a	Name of other party n/a				
City other party n/a	State n/a	Reciprocity n/a			
Event Date 05/21/96	Event Time n/a	Time Zone n/a	Report Date 05/21/96	Report Time n/a	Time Zone n/a
Discovery Date 05/21/96	Discovery Time n/a			Time Zone n/a	
Reportable event (NRC) (AS)	AEA	Investigation Pending No		Consultant Hired Yes	
Event type description see abstract		Cause description			
Contributing factor		Precipitating factor			
Corrective action waste packaged & disposed through licensed rad-waste broker					

Abstract

After vacating Monrovia facility, a report was received indicating there was still rad on-site.

~~Two~~ Two 15 gal. drums & one 30 gallon drum containing waste oil & flammable liquids contaminated with trace amounts of radioactivity were ultimately removed & transferred to rad waste broker

Event Reporting Handbook

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 2 of 4)

Reporting Requirements

Requirement designation (State/NRC)

Regulation Code	Regulation Description
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Equipment Information (System level)

System name

Manufacturer	Model#	Manuf. date / /	Serial Number
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Equipment problem

Equipment Information (Component Level)

Component name

Manufacturer	Model#	Manuf. date / /	Serial Number
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Isotope	Isotope activity (Ci)	Assay Date / /	Leak test result (uCi)	Source change dte / /
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Equipment problem

Event Reporting Handbook

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 3 of 4)

Consultant Information						
Consultant Name Robert Mazurek			Company Independent			
Specialty Hazardous Waste Mgmt			Contracted by TMA/ThermoAnalytical			
Medical Misadministration Information						
Patient#		Patient Informed		Diagnostic/Therapy		
Proc. Organ Dose Isotp Study Chem Dosag	INTENDED			GIVEN		
	n/a			n/a		
% Overtreatment	% Undertreatment	Family Dose	Fetal	Dose Newborn	Dose	
Effect on patient			Who administered			
Overexposure Information						
Person #						
Person #						
Person #						
Dose Received (Rem)		Radiation Source				
Type of exposure		Consequences of Exposure				

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 1 of 4)

Closed 8/96

General Information on the Event

Original Item # (Sum/YR/No.)	Licensee # <i>600000</i>	Licensee <i>Antheus Ranch</i>			
City <i>Van Nuys</i>	Street address <i>15500 Resaca Bl</i>	St. <i>CA</i>	Zip Code <i>91406</i>		
Program Code	Description <i>General license - H-3 exit signs</i>	Reg.	AGs		
Other license # <i>N/A</i>					
Licensee of Site <i>N/A</i>	Site of Event <i>15500 Resaca Bl Van Nuys</i>		State <i>CA 91406</i>		
Licensee of other party <i>N/A</i>	Name of other party <i>N/A</i>				
City other party <i>N/A</i>	State	Reciprocity			
Event Date <i>06/07/96</i>	Event Time <i>unknown</i>	Time Zone <i>PDT</i>	Report Date <i>07/07/96</i>	Report Time <i>not recorded</i>	Time Zone <i>PDT</i>
Discovery Date <i>06/07/96</i>	Discovery Time <i>unknown</i>				Time Zone <i>PDT</i>
Reportable event (NRC) (AS)	AEA	Investigation Pending <i>NO</i>			Consultant Hired <i>NO</i>
Event type description <i>lost 3 H-3 exit signs</i>		Cause description			
Contributing factor <i>construction on site</i>		Precipitating factor			
Corrective action <i>Re-write procedures for H-3 sign handling, provided ariel training</i>					
Abstract <i>2 H-3 exit signs were missing after construction was performed at site. Each sign was ~ 15 ft.</i>					

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 3 of 4)

Consultant Information					
Consultant Name		Company			
Specialty		Contracted by			
Medical Misadministration Information					
Patient#		Patient Informed		Diagnostic/Therapy	
Proc. Organ Dose Isotp Study Chem Dosag	INTENDED		GIVEN		
% Overtreatment		% Undertreatment		Family Dose	Fetal
					Dose Newborn
					Dose
Effect on patient				Who administered	
Overexposure Information					
Person #					
Person #					
Person #					
Dose Received (Rem)		Radiation Source			
Type of exposure		Consequences of Exposure			

TABLE 5. NEEDED EVENT REPORTING INFORMATION (p. 1 of 4)

U0520

General Information on the Event						
Original Item # (Date/YR/No.)		Licensee #		Licensee - PRIVATE CITIZEN COMPLAINT		
City		Street address			St.	Zip Code
Program Code	Description				Reg.	AGs
Other license #						
Licensee of Site		Site of Event			State	
Licensee other party UNK		Name of other party DOCTORS DATA WEST CHICAGO IL				
City other party		State	Reciprocity			
Event Date / /	Event Time	Time Zone	Report Date / /	Report Time	Time Zone	
Discovery Date / /		Discovery Time				Time Zone
Reportable event (NRC) (AS)		AEA	Investigation Pending			Consultant Hired
Event type description			Cause description			
Contributing factor			Precipitating factor			
Corrective action						
<p>Abstract</p> <p>TWO INDIVIDUALS HAD HAIR ANALYSES DONE BY "DOCTORS DATA, 170 W. ROOSEVELT RD, WEST CHICAGO, IL 60185" THEY REPORTED RESULTS OF "HIGH LEVELS OF URANIUM" FOUND IN THEIR HAIR (AS WELL AS OTHER TRACE METALS WHICH WERE ALSO ELEVATED.) REQUESTED ASSISTANCE FROM AGENCY. INSPECTORS SURVEYED HOME AND PROPERTY FOR EVIDENCE OF ANY CONTAMINATION. NONE FOUND. ATTEMPTS TO CALL LAB IN ILLINOIS DIDNT PROVIDE ANY INDICATION OF THEIR LAB EXPERIENCE IN URANIUM UPTAKE OR POSSIBLE CONTAMINATION.</p>						

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 3 of 4)

Consultant Information						
Consultant Name			Company			
Specialty			Contracted by			
Medical Misadministration Information						
Patient#		Patient Informed		Diagnostic/Therapy		
Proc. Organ Dose Isotp Study Chem Dosag	INTENDED			GIVEN		
	% Overtreatment	% Undertreatment	Family Dose	Fetal	Dose Newborn	Dose
Effect on patient				Who administered		
Overexposure Information						
Person #						
Person #						
Person #						
Dose Received (Rem)		Radiation Source				
Type of exposure		Consequences of Exposure				

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 4 of 4)

Demographics Information		
Perff	Code	Description
Release of Material (Containation) Information		
Type of Release		
Isotope	Activity (Ci)	
Consequence		

Reporting Form

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 1 of 4)

General Information on the Event

Original Item # (State/YR/No.)		Licensee #	Licensee		
CA 96		3924-80	Geocon Environmental Consultants		
City		Street address		St.	Zip Code
San Diego		6960 Flanders Drive		CA	92121-2974
Program Code	Description			Reg.	AGs
Other license #					
Licensee of Site		Site of Event		State	
		Steel Company Reynolds Construction		Janu 1, CA	
Licensee of other party		Name of other party			
		Reynolds Construction			
City other party		State	Reciprocity		
Janu 1		CA			
Event Date	Event Time	Time Zone	Report Date	Report Time	Time Zone
3-31-96	2:11 PM	PST	4/4/96	2:10am	PST
Discovery Date		Discovery Time			Time Zone
1 1					
Reportable event (NRC) (AS)		AEA	Investigation Pending		Consultant Hired
Event type description		Cause description			
Lost gauge		gauge stolen from job site			
Contributing factor		Precipitating factor			
Vandalism					
Corrective action					

Abstract

Trailer at temporary job site broken into and nuclear gauge among items taken

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 2 of 4)

Reporting Requirements

Requirement designation (State/NRC)

Dev Bu - R&S Sacramento

Regulation Code

Regulation Description

Equipment Information (System level)

System name

Manufacturer

Model#

Manuf. date

/ /

Serial Number

Equipment problem

Equipment Information (Component Level)

Component name

Manufacturer

Model#

Manuf. date

/ /

Serial Number

*Troxler**3440**18010*

Isotope

Isotope activity (Ci)

Assay Date

/ /

Leak test result (uCi)

Source change dte

*/ /**CS-137 2-11*

Equipment problem

Reporting Handbook

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 4 of 4)

Demographics Information

Perf#	Code	Description
-------	------	-------------

Release of Material (Containation) Information

Type of Release

Isotope

Activity (Ci)

Consequence

DBUNN --HW1

EBAILLEY --HW1

PBALDENW--HW1

ROBEAR --HW1

GEUTNER --HW1

DHONEY --HW1

Ed Bailey

Date and time

04/04/96 11:40:50

BLEW --HW1

Bill Lew

RFUNDER1--HW1

GWONG1 --HW1

FROM: Don Bunn

Subject: Stolen Gauge

Geo Con license # 3924-80 had one of their soil/moister gauges stolen from a locked trailer that was parked at a construction site in San Diego Sunday evening March 31. The company never notified the inspection agency, RHB/LA, and I just found out this AM when Frank Bold phoned to say a notice was in the San Diego newspaper and broadcast over the radio today. Kathleen Henner phoned the RSO and he said he left a VM message on Gary Butner's phone on Monday? The gauge missing is a Troxler model 3440, ser# 18010. A police report has been filed and Kathleen said she would instruct the licensee to offer a reward and also notify Troxler. A 5010 has been opened and a report will follow.

Event Reporting Header**TABLE 5. NMED EVEN. REPORTING INFORMATION (p. 3 of 4)**

Consultant Information					
Consultant Name			Company		
Specialty			Contracted by		
Medical Misadministration Information					
Patient#		Patient Informed		Diagnostic/Therapy	
Proc. Organ Dose Isotp Study Chem Dosag	INTENDED		GIVEN		
% Overtreatment	% Undertreatment	Family Dose	Fetal	Dose Newborn	Dose
Effect on patient			Who administered		
Overexposure Information					
Person #					
Person #					
Person #					
Dose Received (Rem)		Radiation Source			
Type of exposure		Consequences of Exposure			

Used 8/96

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 1 of 4)

General Information on the Event						
Original Item # (State\YR\No.)		Licensee #		Licensee		
		3205-15		PAUL YOUNG'S AGRICULTURAL SERVICE		
City		Street address		St.	Zip Code	
WASCO		2315 CAMELIA STREET		CA	93280	
Program Code		Description			Reg.	AGs
Other license #						
N/A						
License# of Site		Site of Event			State	
N/A		TH & BROADWAY, WASCO			CA	
License# other party		Name of other party				
N/A						
City other party		State	Reciprocity			
N/A						
Event Date	Event Time	Time Zone	Report Date	Report Time	Time Zone	
05/07/96	PM	PST	06/11/96	12:20	PST	
Discovery Date		Discovery Time			Time Zone	
05/07/96		PM			PST	
Reportable event (NRC) (AS)		AEA	Investigation Pending		Consultant Hired	
(NRC) (AS)			YES		N/A	
Event type description			Cause description			
Stolen Ram Davia			TH Ram Davia was uninsured			
Contributing factor			Precipitating factor			
N/A						
Corrective action						
LICENSEE WAS CITED AND THEY HAVE PROMISED TO						
Abstract						
A CAMPBELL PACIFIC MODEL Hydroprobe 503, MOISTURE gauge WAS STOLEN OFF A pick-up TRUCK.						

The licensee is the driver of the vehicle in the event.

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 2 of 4)

Reporting Requirements

Requirement designation (State/NRC)

STATE: 30253 NRC: 10CFR20.1802

Regulation Code

Regulation Description

10CFR20.1802

RAM NOT SECURED

Equipment Information (System level)

System name

N/A

Manufacturer

Model#

Manuf. date

1/1

Serial Number

Equipment problem

Equipment Information (Component Level)

Component name

N/A

Manufacturer

Model#

Manuf. date

1/1

Serial Number

Isotope

Isotope activity (Ci)

Assay Date

1/1

Leak test result (uCi)

Source change dte

1/1

Equipment problem

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 3 of 4)

Consultant Information							
Consultant Name <i>N/A</i>			Company _____				
Specialty _____			Contracted by _____				
Medical Misadministration Information							
Patient# <i>N/A</i>		Patient Informed _____		Diagnostic/Therapy _____			
Proc. Organ Dose Isotp Study Chem Dosag	INTENDED			GIVEN			
	_____			_____			
	_____			_____			
	_____			_____			
	_____			_____			
% Overtreatment _____		% Undertreatment _____		Family Dose _____		Fetal _____	
				Dose Newborn _____		Dose _____	
Effect on patient _____				Who administered _____			
Overexposure Information							
Person # <i>N/A</i>							
Person # _____							
Person # _____							
Dose Received (Rem) _____			Radiation Source _____				
Type of exposure _____			Consequences of Exposure _____				

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 4 of 4)

Demographics Information		
Perf#	Code	Description
N/A		
Release of Material (Containation) Information		
Type of Release		
N/A		
Isotope		Activity (Ci)
Consequence		

Used 8/96

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 1 of 4)

General Information on the Event						
Original Item # (State\YR\No.)		Licensee # 1339-80		Licensee UNIVERSITY OF CALIFORNIA, SAN DIEGO		
City SAN DIEGO		Street address 9500 GILMAN DRIVE			St. CA	Zip Code 92093-0007
Program Code		Description			Reg.	AGs
Other license # N/A						
License# of Site N/A		Site of Event 4034 FLORIDA STREET, SAN DIEGO, CA 92104				State CA
License# other party N/A		Name of other party EMMY PALMIERI				
City other party SAN DIEGO		State CA	Reciprocity N/A			
Event Date 07/04/96	Event Time Unknown	Time Zone —	Report Date 09/05/96	Report Time 06:30	Time Zone PST.	
Discovery Date 07/04/96		Discovery Time Unknown			Time Zone —	
Reportable event (NRC) (AS)		AEA	Investigation Pending N/A		Consultant Hired N/A	
Event type description DISPLACED SOURCES			Cause description Careless Handling.			
Contributing factor			Precipitating factor			
Corrective action UNIVERSITY REQUIRED TO PROVIDE NAME OF G.L.						
Abstract DEVICE RECEIVED.						
TWO LIQUID SCINTILLATION COUNTERS WITH THEIR TWO CA-37 SOURCES WERE SOLD THROUGH UCSD'S SURPLUS SALES WHICH IS UNAUTHORIZED; A GENERALLY LICENSED MATERIAL CAN NOT BE SOLD TO AN INDIVIDUAL WITHOUT A SPECIFIC LICENSE.						

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 2 of 4)

Reporting Requirements				
Requirement designation (State\NRC)				
STATE				
Regulation Code		Regulation Description		
30192(6)(2)		THE LICENSEE SOLD A G.L. DEVICE TO AN INDIVIDUAL WITHOUT A SPECIFIC LICENSE.		
Equipment Information (System level)				
System name				
N/A				
Manufacturer	Model#	Manuf. date	Serial Number	
		/ /		
Equipment problem				
Equipment Information (Component Level)				
Component name				
N/A				
Manufacturer	Model#	Manuf. date	Serial Number	
		/ /		
Isotope	Isotope activity (Ci)	Assay Date	Leak test result (uCi)	Source change dte
		/ /		/ /
Equipment problem				

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 3 of 4)

Consultant Information						
Consultant Name <i>N/A</i>			Company			
Specialty			Contracted by			
Medical Misadministration Information						
Patient# <i>N/A</i>		Patient Informed		Diagnostic/Therapy		
Proc. Organ Dose Isotp Study Chem Dosag	INTENDED			GIVEN		
% Overtreatment		% Undertreatment		Family Dose		Fetal
						Dose Newborn
						Dose
Effect on patient					Who administered	
Overexposure Information						
Person # <i>N/A</i>						
Person #						
Person #						
Dose Received (Rem)			Radiation Source			
Type of exposure			Consequences of Exposure			

Unknown

Perf#	Code	Description
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Type of Release

a/A

Isotope

Activity (Ci)

Consequence

Reporting Handbook

closed 8/96

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 1 of 4)

General Information on the Event

Original Item # (State/YR/No.)		Licensee # 3109-30		Licensee Leighton & Associates	
City San Diego		Street address 3934 Murphy Canyon Road, Suite B205		St. CA	Zip Code 92123
Program Code N/A	Description Transporting soil moisture/density gauge in back of pick-up truck outside of transport container.			Reg.	AGs
Other license # N/A					
Licensee of Site N/A	Site of Event N/A		State N/A		
Licensee of other party N/A	Name of other party N/A				
City other party N/A	State N/A	Reciprocity N/A			
Event Date 7/22/96	Event Time afternoon	Time Zone Pacific	Report Date 8/5/96	Report Time 0645	Time Zone Pacific
Discovery Date 8/5/96		Discovery Time 0645			Time Zone Pacific
Reportable event (NRC) (AS) No	AEA N/A	Investigation Pending N/A			Consultant Hired N/A
Event type description N/A		Cause description N/A			
Contributing factor N/A		Precipitating factor N/A			
Corrective action					

Abstract

See above and attached Report of Investigation.

 96 AUG 19 PM 1:15
 LOS ANGELES
 02116106

Event Reporting Handbook**TABLE 5. NMED EVENT REPORTING INFORMATION (p. 2 of 4)****Reporting Requirements**

Requirement designation (State/NRC)

Regulation Code

Regulation Description

Equipment Information (System level)

System name

Manufacturer

Model#

Manuf. date
/ /

Serial Number

Equipment problem

Equipment Information (Component Level)

Component name

Manufacturer

Model#

Manuf. date
/ /

Serial Number

Isotope

Isotope activity (Ci)

Assay Date
/ /

Leak test result (uCi)

Source change date
/ /

Equipment problem

Event Reporting Handbook**TABLE 5. NMED EVENT REPORTING INFORMATION (p. 3 of 4)**

Consultant Information					
Consultant Name		Company			
Specialty		Contracted by			
Medical Misadministration Information					
Patient#		Patient informed		Diagnostic/Therapy	
Proc. Organ Dose Isotp Study Chem Dosag	INTENDED		GIVEN		
% Overtreatment	% Undertreatment	Family Dose	Fetal	Dose Newborn	Dose
Effect on patient			Who administered		
Overexposure Information					
Person #					
Person #					
Person #					
Dose Received (Rem)		Radiation Source			
Type of exposure		Consequences of Exposure			

Event Reporting Handbook**TABLE 5. NMED EVENT REPORTING INFORMATION (p. 4 of 4)****Demographics Information**

Perf#	Code	Description
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Release of Material (Containation) Information

Type of Release

Isotope

Activity (Ci)

Consequence

Closed 9/96

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 1 of 4)

General Information on the Event						
Original Item # (Serial/No.) 12-25-95		License # 0379-30 + Reg # 010054		Licensee ST. JOSEPH HOSPITAL		
City ORANGE		Street address 1100 W. STEWART DR.			St. CA	Zip Code 92668
Program Code	Description				Reg.	AGs
Other license #						
Licensee of Site		Site of Event				State
Licensee of other party		Name of other party				
City other party		State	Reciprocity			
Event Date 8/1/96 +9	Event Time	Time Zone	Report Date 1/1	Report Time	Time Zone	
Discovery Date 1/1		Discovery Time				Time Zone
Reportable event (NRC) (AS)		AEA	Investigation Pending			Consultant Hired
Event type description			Cause description			
Contributing factor			Precipitating factor			
Corrective action						
Abstract TWO HOSPITAL STAFF RECEIVED DOSES TO BADGES (≤ 850mrem) THAT WERE NOT OCCUPATIONAL DOSES RSO INVESTIGATED AND REQUESTED THOSE DOSES BE EXPUNGED FROM THE RECORDS. ONE WORKER HAD I ¹³¹ THERAPY + WORE HER BADGE FOR 2 MONTHS; OTHER WORKER LEFT BADGE IN THERAPY ROOM.						

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 3 of 4)

Consultant Information						
Consultant Name			Company			
Specialty			Contracted by			
Medical Misadministration Information						
Patient#		Patient Informed		Diagnostic/Therapy		
Proc. Organ Dose Isotp Study Chem Dosag	INTENDED			GIVEN		
% Overtreatment	% Undertreatment	Family Dose	Fetal	Dose Newborn	Dose	
Effect on patient			Who administered			
Overexposure Information						
Person #						
Person #						
Person #						
Dose Received (Rem)		Radiation Source				
Type of exposure		Consequences of Exposure				

Closed 2/96

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 1 of 4)

General Information on the Event						
Original Item # (State/YR/No.) 1996 CA-070196-		Licensee # 3164-30		Licensee ORANGE COUNTY SHERIFF		
City SANTA ANA		Street address 320 NO. FLOWER			St. CA	Zip Code 92705
Program Code	Description			Reg.	ACs	
Other license #						
Licensee of Site		Site of Event			State	
Licensee of other party		Name of other party				
City other party		State	Reciprocity			
Event Date 8/18/96 ?	Event Time	Time Zone	Report Date 1/1	Report Time	Time Zone	
Discovery Date 7/1/96		Discovery Time			Time Zone	
Reportable event (NRC) (AS) NO		AEA	Investigation Pending		Consultant Hired	
Event type description LOSS OF CONTROL		Cause description WASTE HANDLER VIOLATED PROCEDURES				
Contributing factor		Precipitating factor				
Corrective action RELABEL CONTAINER, REITERATE TRAINING, QUIT USING ISOTOPE						
<p>Abstract</p> <p>A LAB AIDE PICKED UP A CONTAINER OF DECAYED P³² WASTE AND TRANSFERRED TO A BIOHAZARDOUS WASTE DISPOSAL/PROCESSING COMPANY. THE MATERIAL HAD DECAYED TO <100uCi AND NOT REQUIRE REPORT. LICENSEE SUPPLIED REPORT, GAVE NOTIFICATION. NO DOSE CONSEQUENCES OR CONTAMINATION WERE FOUND. RSO - FACILITY SUPERVISOR OF THE LAB STAFF DECIDED THAT THEY NEED TO RE-EMPHASIZE TRAINING</p>						

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 2 of 4)

Reporting Requirements

Requirement designation (State/NRC)

Regulation Code	Regulation Description
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Equipment Information (System level)

System name

Manufacturer	Model#	Manuf. date / /	Serial Number
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Equipment problem

Equipment Information (Component Level)

Component name

Manufacturer	Model#	Manuf. date / /	Serial Number
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Isotope	Isotope activity (Ci)	Assay Date / /	Leak test result (uCi)	Source change date / /
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Equipment problem

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 3 of 4)

Consultant Information					
Consultant Name			Company		
Specialty			Contracted by		
Medical Misadministration Information					
Patient#		Patient Informed		Diagnostic/Therapy	
Proc. Organ Dose Isotp Study Chem Dosag	INTENDED		GIVEN		
	% Overreatment	% Undertreatment	Family Dose	Fetal	Dose Newborn
Effect on patient			Who administered		
Overexposure Information					
Person #					
Person #					
Person #					
Dose Received (Rem)		Radiation Source			
Type of exposure		Consequences of Exposure			

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 4 of 4)

Demographics Information		
Perf#	Code	Description
Release of Material (Containation) Information		
Type of Release		
Isotope	Activity (Ci)	
Consequence		

Event Reporting Handbook

Closed 9/95

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 1 of 4)

General Information on the Event

Original Item # (State/YR/No.)	Licensee #	Licensee			
CA 96	3924-80	J. Soccon Environmental Consultants			
City	Street address	St.	Zip Code		
San Diego	6960 Flanders Drive	CA	92121-2974		
Program Code	Description	Reg.	AGs		
Other license #					
Licensee of Site	Site of Event		State		
	Steel Canyon Reynolds Construction		Januel, CA		
Licensee of other party	Name of other party				
	Reynolds Construction				
City other party	State	Reciprocity			
Januel	CA				
Event Date	Event Time	Time Zone	Report Date	Report Time	Time Zone
3-31-96	2:11 PM	PST	4/14/96	2:10am	PST
Discovery Date	Discovery Time				Time Zone
1/1					
Reportable event (NRC) (AS)	AEA	Investigation Pending			Consultant Hired
Event type description		Cause description			
Lost gauge		gauge stolen from job site			
Contributing factor		Precipitating factor			
Vandalism					
Corrective action					

Abstract

Trailer at temporary job site broken into and
nuclear gauge among items taken

Reporting Handbook

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 2 of 4)

Reporting Requirements

Requirement designation (State/NRC)

DWR Bure - R43 Sacramento

Regulation Code

Regulation Description

Equipment Information (System level)

System name

Manufacturer

Model#

Manuf. date

Serial Number

/ /

Equipment problem

Equipment Information (Component Level)

Component name

Manufacturer

Model#

Manuf. date

Serial Number

/ /

Isotope

Isotope activity (Ci)

Assay Date

Leak test result (uCi)

Source change dte

/ /

/ /

Equipment problem

Event Reporting Handbook**TABLE 5. NMED EVENT REPORTING INFORMATION (p. 3 of 4)**

Consultant Information					
Consultant Name			Company		
Specialty			Contracted by		
Medical Misadministration Information					
Patient#		Patient Informed		Diagnostic/Therapy	
Proc. Organ Dose Isotp Study Chem Dosag	INTENDED		GIVEN		
% Overtreatment		% Undertreatment		Family Dose	Fetal
					Dose Newborn
					Dose
Effect on patient				Who administered	
Overexposure Information					
Person #					
Person #					
Person #					
Dose Received (Rem)		Radiation Source			
Type of exposure		Consequences of Exposure			

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 4 of 4)

Demographics Information

Perf#	Code	Description
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Release of Material (Containation) Information

Type of Release

Isotope

Activity (Ci)

Consequence

Used 9/26

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 1 of 4)

General Information on the Event						
Original Item # (State/YR/No.)		Licensee # 0319-70		Licensee CALIFORNIA STATE UNIVERSITY, NORTH RIDGE		
City NORTH RIDGE		Street address 18111 Norshott Street		St. CA	Zip Code 91330-8284	
Program Code		Description			Reg.	AGs
Other license # N/A						
License# of Site SAME AS ABOVE		Site of Event SAME AS ABOVE			State	
License# other party N/A		Name of other party N/A				
City other party N/A		State —	Reciprocity —			
Event Date 01/17/94	Event Time 04:30	Time Zone PST	Report Date 02/22/96	Report Time UNKNOWN	Time Zone —	
Discovery Date UNKNOWN		Discovery Time —			Time Zone —	
Reportable event (NRC) (AS)		AEA —	Investigation Pending NO		Consultant Hired N/A	
Event type description LOSS OF CONTROL CONTAMINATION		Cause description EARTHQUAKE				
Contributing factor N/A		Precipitating factor —				
Corrective action NONE						
Abstract DURING THE JANUARY 17, 1994 NORTH RIDGE EARTHQUAKE, A TOTAL OF SIX H-3 AIRS EXIT SITES FALL DOWN AND BLOWN. THE TOTAL ESCAPE ACTIVITY WAS 45.43 CURIES AS OF 02/22/96. MOST OF THE H-3 DISCHARGED INTO THE AIR BUT THERE WAS SOME RESIDUE CONTAMINATION.						

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 2 of 4)

Reporting Requirements

Requirement designation (State/NRC)

① STATE : 30253 ; ② NRC : 20.2201

Regulation Code

① 30253

② 20.2201(a)(i)

Regulation Description

loss of control

Equipment Information (System level)

System name

N/A

Manufacturer

Model#

Manuf. date

/ /

Serial Number

Equipment problem

Equipment Information (Component Level)

Component name

N/A

Manufacturer

Model#

Manuf. date

/ /

Serial Number

Isotope

Isotope activity (Ci)

Assay Date

/ /

Leak test result (uCi)

Source change date

/ /

Equipment problem

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 3 of 4)

Consultant Information						
Consultant Name <i>N/A</i>			Company			
Specialty			Contracted by			
Medical Misadministration Information						
Patient# <i>N/A</i>		Patient Informed		Diagnostic/Therapy		
Proc. Organ Dose Isotp Study Chem Dosag	INTENDED			GIVEN		
% Overtreatment		% Undertreatment		Family Dose	Fetal	Dose Newborn
						Dose
Effect on patient				Who administered		
Overexposure Information						
Person # <i>N/A</i>						
Person #						
Person #						
Dose Received (Rem)		Radiation Source				
Type of exposure		Consequences of Exposure				

Perf#	Code	Description
-------	------	-------------

Type of Release

Exit signs full and broke open

Isotope

Activity (Ci)

Transition

probably < 1 millivolt

Consequence

Richard: All was cleaned up

5. NMED EVENT REPORTING INFORMATION (p. 1 of 4)

General Information on the Event

Original Item # (State\YR\No.)		Licensee # 5774-41	Licensee Tularik, Inc.		
City South San Francisco		Street address Two Corporate Drive		St. —	Zip Code 94080
Program Code —	Description —			Reg. —	AGs —
Other license # —					
License# of Site —		Site of Event 270 East Grand Avenue		State CA	
License# other party —		Name of other party —			
City other party —		State —	Reciprocity —		
Event Date 4/4/96	Event Time —	Time Zone PT	Report Date 4/8/96	Report Time —	Time Zone PT
Discovery Date 4/5/96		Discovery Time —			Time Zone PT
Reportable event (NRC) (AS) NA	AEA NA	Investigation Pending 040896-Tularik			Consultant Hired —
Event type description Spill		Cause description —			
Contributing factor —		Precipitating factor —			
Corrective action Area Decontaminated					
Abstract Container of P-33 dropped spilling liquid onto floor. No label on container. Event happened during move to new facility. Old facility decontaminated. Radioisotope identified as P-33.					

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 2 of 4)

Reporting Requirements

NA

Requirement designation (State/NRC)

Regulation Code

Regulation Description

Equipment Information (System level)

NA

System name

Manufacturer

Model#

Manuf. date

/ /

Serial Number

Equipment problem

Equipment Information (Component Level)

Component name

Manufacturer

Model#

Manuf. date

/ /

Serial Number

Isotope

Isotope activity (Ci)

Assay Date

Leak test result (uCi)

Source change dte

P-33

0050

/ /

/ /

/ /

Equipment problem

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 3 of 4)

Consultant Information					
Consultant Name		Company			
Specialty		Contracted by			
<p align="center">Medical Misadministration Information</p> <p align="center">NA</p>					
Patient#		Patient Informed		Diagnostic/Therapy	
Proc. Organ Dose Isotp Study Chem Dosag	INTENDED		GIVEN		
% Overtreatment	% Undertreatment	Family Dose	Fetal	Dose Newborn	Dose
Effect on patient			Who administered		
<p align="center">Overexposure Information</p> <p align="center">NA</p>					
Person #					
Person #					
Person #					
Dose Received (Rem)		Radiation Source			
Type of exposure		Consequences of Exposure			

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 4 of 4)

Perf#	Code	Description
Demographics Information		
NA		
Release of Material (Containation) Information		
NA		
Type of Release		
Isotope	Activity (Ci)	
Consequence		

Reporting Handbook

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 1 of 4)

General Information on the Event

Original Item # (Sum/YR/No.) 01-16 96	License # 0165-70	Licensee Long Beach Memorial Med Ctr (LBMMC)			
City Long Beach	Street address 2801 Atlantic Ave	St. CA	Zip Code 90801		
Program Code	Description	Rag.	AGs		
Other license # NA					
Licensee of Site NA	Site of Event 2801 Atlantic Ave		State CA		
Licensee of other party NA	Name of other party NA				
City other party NA	State NA	Reciprocity NA			
Event Date 12/30/95	Event Time ~ 4:00 p.m.	Time Zone PAC	Report Date 01/12/96 12	Report Time ~ 10:00 AM	Time Zone PAC
Discovery Date 01/11/96 11	Discovery Time ~ 3:00 p.m.				Time Zone PAC
Reportable event (NRC) (AS)	AEA	Investigation Pending Completed			Consultant Hired NO
Event type description		Cause description			
Contributing factor		Precipitating factor			
Corrective action One employee terminated, others received add'l training					

Abstract

Disposal site alarm activated in Orange County. Other waste indicated waste came from LBMMC. It was subsequently determined that RAM was a ribbon containing ~ 0.002 Ci Ir-192, that had fallen off a transport cart within the hospital, & been vacuumed. It had activated the hospital's alarm, but hospital personnel decided that the alarm was malfunctioning & waste allowed waste to be released.

Event Reporting Handbook

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 3 of 4)

Consultant Information

NA

Consultant Name	Company
Specialty	Contracted by

Medical Misadministration Information

NA

Patient#		Patient Informed		Diagnostic/Therapy	
Proc. Organ Dose Isotp Study Chem Dosag	INTENDED			GIVEN	
% Overtreatment	% Undertreatment	Family Dose	Fetal	Dose Newborn	Dose
Effect on patient			Who administered		

Overexposure Information

NA

Person #	
Person #	
Person #	
Dose Received (Rem)	Radiation Source
Type of exposure	Consequences of Exposure

Reporting Handbook

TABLE 5. UNMED EVENT REPORTING INFORMATION (p. 1 of 4)

General Information on the Event

Original Item # (State/YR/No.)		Licensee #		Licensee	
CA 96		1451-70		NDC SYSTEMS	
City		Street address		St.	Zip Code
IRVINDALE		5314 N. IRVINDALE AVENUE		CA	91706
Program Code	Description			Reg.	AGs
Other license #					
Licensee of Site		Site of Event		State	
		DANE			
Licensee of other party		Name of other party			
City other party		State	Reciprocity		
Event Date	Event Time	Time Zone	Report Date	Report Time	Time Zone
2/5/96		PST	11		
Discovery Date		Discovery Time		Time Zone	
2/5/96		2/1/96		PST	
Reportable event (NRC) (AS)	AEA	Investigation Pending			Consultant Hired
					DAN GOLLINICK
Event type description		Cause description			
Leaking Source					
Contributing factor		Precipitating factor			
Corrective action					

Abstract Am 241 225m G source found to be leaking during facility's routine leak testing run

ATTACHMENT # 4

Reporting Handbook

LEAKED EVENT REPORTING INFORMATION (p. 2 of 4)

Reporting Requirements

Requirement designation (State/NRC)

CCR title 17

Regulation Code

30275(c)(4)

Regulation Description

Leaking Source

Equipment Information (System level)

System name

Manufacturer

Model#

Manuf. date

/ /

Serial Number

Equipment problem

Equipment Information (Component Level)

Component name

Manufacturer

Model#

Manuf. date

/ /

Serial Number

Isotope

Isotope activity (Ci)

Assay Date

/ /

Leak test result (uCi)

Source change date

/ /

Equipment problem

Event Reporting Handbook

TABLE 2. MEDICAL EVENT REPORTING INFORMATION (p. 3 of 4)

Consultant Information

Consultant Name <i>DANIEL GULNICK</i>	Company <i>PACIFIC RADIATION CORP</i>
Specialty <i>HEALTH PHYSICIST</i>	Contracted by <i>NDC SYSTEMS</i>

Medical Misadministration Information

Patient#	Patient Informed	Diagnostic/Therapy			
Proc. Organ Dose Isotp Study Chem Dosag	INTENDED	GIVEN			
% Overtreatment	% Undertreatment	Family Dose	Fetal	Dose Newborn	Dose
Effect on patient			Who administered		

Overexposure Information

Person #	
Person #	
Person #	
Dose Received (Rem)	Radiation Source
Type of exposure	Consequences of Exposure

Event Reporting Handbook

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 1 of 4)

General Information on the Event

Original Item # (State/YR/No.)		Licensee # 2815-80		Licensee VILLA VIEW COMMUNITY HOSPITAL	
City San Diego		Street address 5550 University Avenue		St. CA	Zip Code 92105 *
Program Code	Description Misadministration			Reg. N/A	AGs N/A
Other license # N/A					
License# of Site Same		Site of Event Same		State Same	
License# other party N/A		Name of other party N/A			
City other party N/A		State N/A	Reciprocity N/A		
Event Date 11/2/95	Event Time N/A	Time Zone PST	Report Date 11/13/96	Report Time N/A	Time Zone N/A
Discovery Date 11/4/96		Discovery Time N/A			Time Zone N/A
Reportable event (NRC) (AS) N/A		AEA N/A	Investigation Pending N/A		Consultant Hired N/A
Event type description Misadministration			Cause description Language barrier		
Contributing factor Requisition not readily available			Precipitating factor Language barrier and failure to provide requisition for identification.		
Corrective action Requisitions will be available for patient identification.					

Abstract

Due to language barrier and lack of requisition dose of 181.8 microcuries of I-123 administered to wrong patient.

Done 10/1/96

Event Reporting Handbook**TABLE 5. NMED EVENT REPORTING INFORMATION (p. 2 of 4)**

Reporting Requirements				
Requirement designation (State/NRC)				
Regulation Code	Regulation Description			
Equipment Information (System level)				
System name				
Manufacturer	Model#	Manuf. date / /	Serial Number	
Equipment problem				
Equipment Information (Component Level)				
Component name				
Manufacturer	Model#	Manuf. date / /	Serial Number	
Isotope	Isotope activity (Ci)	Assay Date / /	Leak test result (uCi)	Source change dte / /
Equipment problem				

Event Reporting Handbook**TABLE 5. NMED EVENT REPORTING INFORMATION (p. 3 of 4)**

Consultant Information						
Consultant Name			Company			
Specialty			Contracted by			
Medical Misadministration Information						
Patient#		Patient Informed		Diagnostic/Therapy		
N/A		Yes		Diagnostic		
Proc.	INTENDED			GIVEN		
Organ	Thyroid uptake scan			Intended dose given to wrong patient		
Dose	Thyroid					
Isotp	1.358 Rad					
Study	I-123 (Capsule)					
Chem	Thyroid					
Dosag						
% Overtreatment		% Undertreatment		Fetal		Dose Newborn
N/A		N/A		N/A		N/A
Effect on patient				Who administered		
No effect				Certified Nuclear Medicine Technologist		
Overexposure Information						
Person #						
Person #						
Person #						
Dose Received (Rem)			Radiation Source			
Type of exposure			Consequences of Exposure			

closed 10/06

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 1 of 4)

General Information on the Event						
Original Item # (State/YR/Vol.)		License # 5952-70		Licensee C.Q.C. Testing & Inspection Services		
City Lancaster		Street address 42156 10th Street West, Suite E			St. CA	Zip Code 93534
Program Code	Description Moisture/density gauge testing			Reg.	AGs	
Other license # N/A						
License# of Site N/A		Site of Event N/A			State	
License# other party N/A		Name of other party N/A				
City other party N/A		State	Reciprocity			
Event Date / / N/A	Event Time N/A	Time Zone	Report Date 09/21/96	Report Time 08:00	Time Zone PST	
Discovery Date / / N/A		Discovery Time N/A			Time Zone	
Reportable event (NRC) (AS)		AEA	Investigation Pending			Consultant Hired
Event type description loss of material			Cause description			
Contributing factor N/A			Precipitating factor			
Corrective action						
Abstract The licensee moved without notifying the Department. We cannot locate the RSO or the one moisture/density gauge they possessed.						

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 2 of 4)

Reporting Requirements

Requirement designation (State/NRC)

State: 30253 NRC: 10CFR20.2201

Regulation Code

See above

Regulation Description

Loss of material

Equipment Information (System level)

System name

N/A

Manufacturer

Model#

Manuf. date

/ /

Serial Number

Equipment problem

Equipment Information (Component Level)

Component name

N/a

Manufacturer

Model#

Manuf. date

/ /

Serial Number

Isotope

Isotope activity (Ci)

Assay Date

/ /

Leak test result (uCi)

Source change date

/ /

Equipment problem

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 3 of 4)

Consultant Information					
Consultant Name N/A			Company		
Specialty			Contracted by		
Medical Misadministration Information					
Patient/ N/A		Patient Informed		Diagnostic/Therapy	
Proc. Organ Dose Isotp Study Chem Dosag	INTENDED			GIVEN	
% Overtreatment	% Undertreatment	Family Dose	Fetal	Dose Newborn	Dose
Effect on patient			Who administered		
Overexposure Information					
Person # N/A					
Person #					
Person #					
Dose Received (Rem)		Radiation Source			
Type of exposure		Consequences of Exposure			

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 4 of 4)

Demographics Information

Perf#	Code	Description
N/A		

Release of Material (Containation) Information

Type of Release
N/A

Isotope	Activity (Ci)
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Consequence

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 1 of 4)

Closed
10/96

General Information on the Event

Original Item # (State/YR/No.)	Licensee #	Licensee			
CA 96	04141-30 d 1313-306L	Beckman Instruments Inc			
City	Street address	St.	Zip Code		
Fullerton	2500 Harbor Blvd	CA	92634		
Program Code	Description	Reg.	AGs		
	Leaking Source in Liquid Scintillation Device				
Other license #					
License# of Site	Site of Event	State			
License# other party	Name of other party				
	University of Virginia				
City other party	State	Reciprocity			
Charlottesville	VA				
Event Date	Event Time	Time Zone	Report Date	Report Time	Time Zone
7/8/96	EST		11		
Discovery Date	Discovery Time				Time Zone
11					
Reportable event (NRC) (AS)	AEA	Investigation Pending		Consultant Hired	
Event type description	Cause description				
Leaking Source					
Contributing factor	Precipitating factor				
	small leak				
Corrective action	Source removed from device				
Abstract					

Event Reporting Handbook

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 2 of 4)

Reporting Requirements

Requirement designation (State/NRC)

California

Regulation Code

30275(K)61

Regulation Description

Leaking Source - Withdrawn from use

Equipment Information (System level)

System name

Manufacturer

Model#

Manuf. date

/ /

Serial Number

Equipment problem

Equipment Information (Component Level)

Component name

Manufacturer

Model#

Manuf. date

/ /

Serial Number

Isotope

Isotope activity (Ci)

Assay Date

/ /

Leak test result (uCi)

Source change dte

/ /

Equipment problem

Error Reporting Handbook

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 3 of 4)

Consultant Information					
Consultant Name			Company		
Specialty			Contracted by		
Medical Misadministration Information					
Patient#		Patient Informed		Diagnostic/Therapy	
Proc. Organ Dose Isotp Study Chem Dosag	INTENDED		GIVEN		
% Overtreatment		% Undertreatment		Family Dose	Fetal
					Dose Newborn
					Dose
Effect on patient				Who administered	
Overexposure Information					
Person #					
Person #					
Person #					
Dose Received (Rem)		Radiation Source			
Type of exposure		Consequences of Exposure			

Event Reporting Handbook

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 4 of 4)

Demographics Information

Perf#	Code	Description
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Release of Material (Containation) Information

Type of Release

Isotope

Activity (Ci)

Consequence

Used 10/96

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 1 of 4)

General Information on the Event						
Original Item # (State\YR\No.)		Licensee # 1339-80		Licensee UNIVERSITY OF CALIFORNIA, SAN DIEGO		
City SAN DIEGO		Street address 9500 GILMAN DRIVE		St. CA	Zip Code 92093-0007	
Program Code		Description			Reg.	AGs
Other license # N/A						
License# of Site N/A		Site of Event 4034 FLORIDA STREET, SAN DIEGO, CA 92104			State CA	
License# other party N/A		Name of other party GARY PALMIERI				
City other party SAN DIEGO		State CA	Reciprocity N/A			
Event Date 07/04/96	Event Time Unknown	Time Zone —	Report Date 09/03/96	Report Time 06:30	Time Zone PST	
Discovery Date 07/04/96		Discovery Time Unknown			Time Zone —	
Reportable event (NRC) (AS)		AEA	Investigation Pending N/A		Consultant Hired N/A	
Event type description Displaced Sources			Cause description Careless Handling			
Contributing factor			Precipitating factor			
Corrective action UNIVERSITY REQUESTED TO PROVIDE NAME OF G.L.						
Abstract DEVICE RECEIVED.						
TWO LIQUID SCINTILLATION COUNTERS WITH THEIR TWO CA-137 SOURCES WERE SOLD THROUGH UCSD'S SURPLUS SALES WHICH IS UNAUTHORIZED. A GENERALLY LICENSED MATERIAL CANNOT BE SOLD TO AN INDIVIDUAL WITHOUT A SPECIFIC LICENSE.						

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 2 of 4)

Reporting Requirements				
Requirement designation (State/NRC) <i>STATE</i>				
Regulation Code <i>30192(b)(2)</i>	Regulation Description <i>THE LICENSEE SOLD A G. L. DEVICE TO AN INDIVIDUAL WITHOUT A SPECIFIC LICENSE.</i>			
Equipment Information (System level)				
System name <i>N/A</i>				
Manufacturer	Model#	Manuf. date / /	Serial Number	
Equipment problem				
Equipment Information (Component Level)				
Component name <i>N/A</i>				
Manufacturer	Model#	Manuf. date / /	Serial Number	
Isotope	Isotope activity (Ci)	Assay Date / /	Leak test result (uCi)	Source change dte / /
Equipment problem				

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 3 of 4)

Consultant Information						
Consultant Name <i>N/A</i>			Company			
Specialty			Contracted by			
Medical Misadministration Information						
Patient# <i>N/A</i>		Patient Informed		Diagnostic/Therapy		
Proc. Organ Dose Isotp Study Chem Dosag	INTENDED			GIVEN		
% Overtreatment		% Undertreatment		Family Dose		
				Fetal		Dose Newborn
						Dose
Effect on patient				Who administered		
Overexposure Information						
Person # <i>N/A</i>						
Person #						
Person #						
Dose Received (Rem)		Radiation Source				
Type of exposure		Consequences of Exposure				

Unknown

Perf#

Code

Description

Release of Material (Containation) Information

Type of Release

r/a

Isotope

Activity (Ci)

Consequence

Reporting Handbook

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 1 of 4)

General Information on the Event						
Original Item # (State YR No.)		Licensee # <i>None</i>		Licensee <i>Unocal Oil Refinery</i>		
City <i>Rodeo</i>		Street address <i>Northern Calif Refinery</i>		St. <i>CA</i>	Zip Code <i>94512</i>	
Program Code		Description			Reg.	AGs
Other license #						
License# of Site		Site of Event <i>East Carbonale Development Corp, Utah</i>			State	
License# other party		Name of other party				
City other party		State	Reciprocity			
Event Date <i>8/13/96</i>	Event Time	Time Zone	Report Date <i>8/13/96</i>	Report Time	Time Zone	
Discovery Date <i>11</i>		Discovery Time				Time Zone
Reportable event (NRC) (AS)		AEA	Investigation Pending			Consultant Hired
Event type description			Cause description			
Contributing factor			Precipitating factor			
Corrective action						
<p>Abstract <i>Waste material from an oil refinery tripped a radiation detector at the disposal. Waste consisted of materials like oily rags & sand blasting grit. Initial concern was a gauge containing a radioactive source being in the waste. Radiation was not from a gauge but from NORM. Matter being followed up by environmental radiation unit.</i></p>						

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 2 of 4)

Reporting Requirements

Requirement designation. (State/NRC)

Regulation Code	Regulation Description
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Equipment Information (System level)

System name

Manufacturer	Model#	Manuf. date / /	Serial Number
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Equipment problem

Equipment Information (Component Level)

Component name

Manufacturer	Model#	Manuf. date / /	Serial Number
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Isotope	Isotope activity (Ci)	Assay Date / /	Leak test result (uCi)	Source change dte / /
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Equipment problem

Event Reporting Handbook

TABLE 5. NMED EVENT REPORTING INFORMATION (p. 3 of 4)

Consultant Information						
Consultant Name <i>Edd Johnson</i>			Company <i>Rocky Mt Health Physics</i>			
Specialty <i>Health Physics</i>			Contracted by <i>Unocal Oil Company</i>			
Medical Misadministration Information						
Patient#		Patient Informed		Diagnostic/Therapy		
Proc. Organ Dose Isotp Study Chem Dosag	INTENDED			GIVEN		
% Overtreatment		% Undertreatment		Family Dose		
				Fetal		Dose Newborn
						Dose
Effect on patient				Who administered		
Overexposure Information						
Person #						
Person #						
Person #						
Dose Received (Rem)		Radiation Source				
Type of exposure		Consequences of Exposure				

