NRC FORM 591 PART 1
(7-91)
10 CFR 2.201

U.S. NUCLEAR REGULATORY COMMISSION

SAFETY INSPECTION

1. LICENSEE	2. REGIONAL OFFICE
Medical Center of Delaware P.O. Box 1668 Wilmington, Delaware 19899	REGION I U S NUCLEAR REGULATORY COMMISSION 475 ALLENDALE ROAD KING OF PRUSSIA PA 19406-1415

3. DOCKET NUMBER(S)	4. LICENSE NUMBER(S)	5. DATE OF INSPECTION
030-01303	07-12153-02	7/17-19/96

LICENSEE:
The inspection was an examination of the activities conducted under your license as they relate to radiation safety and to compliance with the Nuclear Regulatory Commission (NRC) rules and regulations and the conditions of your license. The inspection consisted of selective examinations of procedures and representative records, interviews with personnel, and observations by the inspector. The findings as a result of this inspection are as follows:

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

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

☒ 3. During this inspection certain of your activities, as described below or attached, were in violation of NRC requirements. This form is a **NOTICE OF VIOLATION**, which is required to be posted in accordance with 10 CFR 19.11.

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

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

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

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

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

☒ F. 1. 10 CFR 35.22(a-X3) Quorum requirements are not always met, i.e., 4/4/96, 2/2/95 & 8/4/94-No Management Representative & 6/1/95-RSO not present. Authorized users from each modality are not always present. 2. 10 CFR 35.50(b)(3) linearity does not always include range of activity between 30uCi and highest dose administered. On many occasions I-131 therapy doses exceeded highest activity used for linearity tests.

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I hereby state that, within 30 days, the actions described by me to the inspector will be taken to correct the violations identified in the items checked above. This statement of corrective actions is made in accordance with the requirements of 10 CFR 2.201, unless required by the NRC. Certified By: Rebecca J. Brown

DESIGNATED ORIGINAL

RETURN ORIGINAL TO REGION I IE:07

SIGNATURE – LICENSEE	DATE	SIGNATURE – NRC INSPECTOR	DATE
Edward Tank	7/19/96	Teresa Hall Dorsey	7/19/96

NRC FORM 591 PART 2
(7-91)
10 CFR 2.201

U.S. NUCLEAR REGULATORY COMMISSION

SAFETY INSPECTION

1. LICENSEE	2. REGIONAL OFFICE
Medical Center of Delaware	REGION I U S NUCLEAR REGULATORY COMMISSION 475 ALLENDALE ROAD KING OF PRUSSIA PA 19406-1415

3. DOCKET NUMBER(S)	4. LICENSE NUMBER(S)	5. DATE OF INSPECTION
030-01303	07-12153-02	July 17-19, 1996

3. (Continued)

[/] G. 3. 10 CFR 35.32 Failure to review and evaluate Quality Management program - procedures + implementation at least once every 12 months in Brachytherapy

[ ] H.

[ ] I.

[ ] 4. The violations listed below are not being cited because they were self-identified, and corrective action was or is being taken, and the remaining criteria in 10 CFR 2, App. C, to exercise discretion were satisfied.

[ ] A.

[ ] B.

[ ] C.

IE:07