

1/6/97 EVENTS RIDS DIST
SPD 4

Event Reporting Handbook

EVENT REPORT COVER PAGE

AGREEMENT STATE: California

EVENT REPORT Closed During 3rd Quarter

Fourth Quarter 1996

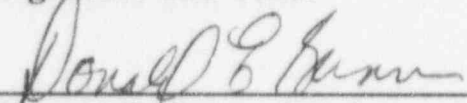
DATE: January 9, 1997

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:


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

300019

NRC FILE CENTER COPY

3/16/95

SP-E-9

Event Reporting Handbook

Used 10/96

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

General Information on the Event						
Original Item # (State/YR/Lo.)		Licensee #		Licensee		
		4375-23		Mendocino Coast Dist Hosp		
City		Street address		St.	Zip Code	
Fort Bragg		700 River Dr		C	95437	
Program Code		Description			Reg.	AGs
		Sr ⁹⁰ Source left in Patient for 40 years				
Other license #						
License# of Site		Site of Event			State	
4375-23		Mendocino Coast Dist Hosp			CA	
License# other party		Name of other party				
City other party		State	Reciprocity			
Event Date	Event Time	Time Zone	Report Date	Report Time	Time Zone	
1/4/50	-	-	8/28/96			
Discovery Date		Discovery Time			Time Zone	
1 July 1996						
Reportable event (NRC) (AS)		AEA	Investigation Pending		Consultant Hired	
(NRC) (AS)		-			NO	
Event type description			Cause description			
- Sr ⁹⁰ seed left in Patient for 40 years			-			
Contributing factor			Precipitating factor			
-						
Corrective action						
<p>Abstract a patient had 3 Sr⁹⁰ sources implanted in 1950-51 when he was 1 year old for treatment of strawberry birthmark. His family moved & implants forgotten.</p> <p>In July 1996 he went to a Dr & complained of problems. Dr took x-rays & found the foreign bodies. Implants were then removed in surgery.</p>						

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) <div style="font-size: 2em; margin-left: 10%; transform: rotate(-45deg);">N/A</div>				
System name				
Manufacturer	Model#	Manuf. date / /	Serial Number	
Equipment problem				
Equipment Information (Component Level) <div style="font-size: 1.5em; margin-left: 10%;">Unknown</div>				
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 <i>N/A</i>		Company				
Specialty		Contracted by				
Medical Misadministration Information						
Patient#		Patient Informed <i>yes</i>		Diagnostic/Therapy		
Proc. Organ Dose Isotp Study Chem Dosag	INTENDED <i>?</i>			GIVEN <i>To be calculated -</i>		
% Overtreatment <i>?</i>	% Undertreatment	Family Dose	Fetal	Dose Newborn	Dose	
Effect on patient <i>None</i>			Who administered			
Overexposure Information						
<i>N/A</i>						
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*N/A*

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

Release of Material (Containation) Information*N/A*

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 # N/A		Licensee N/A	
City N/A		Street address N/A		St. N/A	Zip Code N/A
Program Code	Description N/A			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 12/29/96	Event Time 2000	Time Zone PST	Report Date 12/30/96	Report Time 1000	Time Zone PST
Discovery Date / / N/A		Discovery Time N/A			Time Zone N/A
Reportable event (NRC) (AS)	AEA	Investigation Pending			Consultant Hired N/A
Event type description Erroneous information concerning radiation from smoke detectors		Cause description Discovery Channel Television Program			
Contributing factor Erroneous information		Precipitating factor N/A			
Corrective action Demonstrated to individual that there is no measurable radiation from the Am-241 source in the smoke detector.					

Abstract

Mr. John Sutherland contacted this office and indicated that he had watched a television program on the Discovery Channel on Sunday evening, December 29, 1996. One segment of the program dealt with smoke detectors and Mr. Sutherland was left with the impression that the smoke detector is a radiation hazard. He ask me if I would come by and make measurements in his home.

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

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 Dosage	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
-------	------	-------------

Release of Material (Containation) Information

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 # 4346-33		Licensee Westinghouse Electric Corporation	
City Banning		Street address 200 South Highland Springs Ave.		St. CA	Zip Code 92220*
Program Code	Description Nuclear reactor service company			Reg.	AGs
Other license # N/A					
License# of Site N/A		Site of Event		State	
License# other party Unknown		Name of other party Union Electric, Callaway Nuclear Station			
City other party Fulton		State Missouri	Reciprocity N/A		
Event Date 10/26 96	Event Time Unknown	Time Zone Unknown	Report Date 12/30/96	Report Time 09:00	Time Zone PST
Discovery Date 10/26 96		Discovery Time Unknown			Time Zone Unknown
Reportable event (NRC) (AS) NRC and AS	AEA unknown	Investigation Pending N/A			Consultant Hired N/A
Event type description Contamination		Cause description Lack of adequate survey			
Contributing factor N/A		Precipitating factor N/A			
Corrective action None listed					

Abstract

A nuclear reactor cooling pump was sent to the above facility and the shipping trunks were found to be contaminated.

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

Reporting Requirements

Requirement designation (State/NRC)

State/NRC: 20.2202 and/or 20.2203

Regulation Code

22.2202 / 20.2203

Regulation Description

Notification of incident / concentrations exceeding limits

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 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
Unknown		
Release of Material (Containation) Information		
Type of Release		
Truons on a shipping container were found to be contaminated.		
Isotope	Activity (Ci)	
Fusion products: Co-57, Co-60, Cs-137		
Consequence		
None reported.		

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

General Information on the Event						
Original Item # (State/YR/No.) CA - 1996 - 100796		Licensee # 2493-19		Licensee DIAGNOSTIC PRODUCTS, INC.		
City LOS ANGELES		Street address 5700 WEST 96TH ST.			St. CA	Zip Code 90054
Program Code	Description			Reg.	AGs	
Other license # —						
License# of Site —		Site of Event BREA - OLINDA LANDFILL, ORANGE COUNTY, CA				State CA
License# other party —		Name of other party INTEGRATED WASTE MANAGEMENT				
City other party SANTA ANA		State CA	Reciprocity			
Event Date 11	Event Time	Time Zone	Report Date 11	Report Time	Time Zone	
Discovery Date 10/10/96		Discovery Time ~ 1200				Time Zone PDT
Reportable event (NRC) (AS)	AEA	Investigation Pending				Consultant Hired
Event type description LOSS OF LICENSED MAT'L		Cause description				
Contributing factor		Precipitating factor				
Corrective action REFERRED TO LA COUNTY FOR NOV & COMPLIANCE						
Abstract SOLID WASTE (TRASH) FROM THIS LABORATORY WAS TRANSFERRED TO AN LA COUNTY WASTE TRANSFER STATION. WASTE CONTAINED MILLICURIE QUANTITIES OF Co-57. (THE LICENSEE MANUFACTURES RIA KITS) WASTE WAS PICKED UP BY COMMERCIAL HAULERS AND RAM DETECTED IN VEHICLE BY SCINTILLATION DETECTORS IN GATED ENTRY.						

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

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	
	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

DISCARDED IN REGULAR TRASH

Type of Release

CONTAMINATED PAPERS; LAB TUBING; GLOVES HAD HIGHEST LEVELS

IsotopeCO⁵⁷**Activity (Ci)**

1-2 mCi

Consequence

COUNTY STAFF LOSS OF TIME AT LANDFILL INVESTIGATION.

NO DOSES TO WORKERS DETECTED.

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

General Information on the Event						
Original Item # (State/YR/No.) CA - 1996 - 081496		Licensee # 2187-30		Licensee PACIFICA HOSPITAL		
City HUNTINGTON BEACH		Street address 18800 DELAWARE ST.			St. CA	Zip Code 92648
Program Code		Description			Reg.	AGs
Other license #						
License# of Site		Site of Event				State
License# 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 8/14/96		Dr. / Time				Time Zone
Reportable event (NRC) (AS)		AEA	Investigation Pending			Consultant Hired
Event type description NO RSO + NO AUTHORIZED USERS			Cause description CHANGE RADIOLOGY CONTRACT			
Contributing factor			Precipitating factor			
Corrective action SUBMITTED NEW USERS TO LICENSE AGENCY + AMENDED LICENSE ACCORDINGLY						
Abstract HAD HOSPITAL RADIOLOGY CHANGED RADIOLOGY CONTRACT GROUP. RSO - GONE CHAIR OF RSC - GONE ALL PHYSICIAN USERS - GONE AGENCY ISSUED NOTICE OF VIOLATION AND REQUIRED HOSPITAL TO CORRECT IMMEDIATELY.						

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

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)

[illegible]

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		Licensee # 396-60		Licensee Summit Med Ctr	
City Oakland		Street address 350 Hawthorne Ave		St. -	Zip Code 94609
Program Code Nuc Med	Description -			Reg. -	AGs -
Other license #					
License# of Site		Site of Event			State
License# other party		Name of other party			
City other party		State	Reciprocity		
Event Date 11/21/96	Event Time -	Time Zone Pac	Report Date 11/21/96	Report Time -	Time Zone Pac
Discovery Date 1/1		Discovery Time			Time Zone
Reportable event (NRC) (AS)		AEA	Investigation Pending No		Consultant Hired No
Event type description Nuc Med Misad m			Cause description Tech error		
Contributing factor - Non English speaking patients			Precipitating factor		
Corrective action					

Abstract

Wrong patient injected with 99mTc HDP

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)
NA

System name

Manufacturer

Model#

Manuf. date
/ /

Serial Number

Equipment problem

Equipment Information (Component Level)
NA

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			
NA					
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			

Event Reporting Handbook**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

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	Licensee # 3557 -	Licensee Columbia Chino Valley Med Ctr			
City Chino	Street address 5751 Walnut Ave	St. 	Zip Code 91710		
Program Code Nuc Med	Description -	Reg. -	AGs -		
Other license # -					
License# of Site -	Site of Event -		State 		
License# other party -	Name of other party -				
City other party -	State -	Reciprocity 			
Event Date 12/9/96	Event Time -	Time Zone Pac D	Report Date 12/16/96	Report Time -	Time Zone Pac D
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					

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 site
/ /

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
-------	------	-------------

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/No.)	License #	Licensee			
	0165-70	Memorial Radiation Oncology Ctr			
City	Street address	St.	Zip Code		
Long Beach	2801 Atlantic Ave	CA	90801-1428		
Program Code	Description	Reg.	AGs		
Medical	Therapy Mod -				
Other license #					
License# of Site	Site of Event		State		
0165-70	Sant				
License# other party	Name of other party				
City other party	State	Reciprocity			
Event Date	Event Time	Time Zone	Report Date	Report Time	Time Zone
12/12/96			12/12/96		
Discovery Date	Discovery Time				Time Zone
1/1 Same					
Reportable event (NRC) (AS)	AEA	Investigation Pending			Consultant Hired
		NA			NA
Event type description		Cause description			
Wrong pharmaceutical		- Mis reading label			
Contributing factor		Precipitating factor			
Corrective action					
Discipline staff members					

Abstract

CRT injected patient mis 6a instead of
Lactic emptying solution of TC 99m

Event Reporting Handbook

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

Reporting Requirements

Requirement designation (State/NRC)

Regulation Code

Regulation Description

30322 ACrb

Mis Adm Rule

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	
		yes		Diag	
Proc. Organ Dose Isotp Study Chem Dosag	INTENDED Contrast Angiogram subcut - Ga ⁶⁷ - citrate 6A ¹⁷		GIVEN TC 90m S-C 1.2 Rem		
% Overreatment	% Undertreatment	Family Dose	Fetal	Dose Newborn	Dose
Effect on patient			Who administered		
Overexposure Information					
Person #					
Person #					
Person #					
Dose Received (Rem)		Radiation Source			
1.2 R		TC 90m			
Type of exposure		Consequences of Exposure			
Intracranial whole body		None			

Event Reporting Handbook**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

Event Reporting Handbook

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

General Information on the Event

Original Item # (State/YR/No.)	License #	Licensee			
	775 3-70	Verdugo Hills Hosp			
City	Street address		St.	Zip Code	
Glendale	1812 Verdugo Blvd		CA	91209-1431	
Program Code	Description		Reg.	AGs	
New Mod	-				
Other license #					
License# of Site	Site of Event		State		
License# other party	Name of other party				
City other party	State	Reciprocity			
Event Date	Event Time	Time Zone	Report Date	Report Time	Time Zone
11/18/96	-	Pac	12/15/96	-	Pac
Discovery Date	Discovery Time				Time Zone
11/18/1996					Pac
Reportable event (NRC) (AS)	AEA	Investigation Pending			Consultant Hired
		No			
Event type description		Cause description			
Wrong radiopharmaceutical		THIS understood Phys Reg			
Contributing factor		Precipitating factor			
		-			
Corrective action					

Abstract

Order for Bone Flow study req by Dr. Hussein
 Dr. M. Tul tried to verify order in Pat chart
 Physician's order unclear. Radiologist review chart &
 request 3 phase bone scan based on patient history.

Event Reporting Handbook

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

Reporting Requirements				
<div style="font-size: 1.5em; margin-left: 100px;">Stel CA -</div>				
Requirement designation (State/NRC)				
Regulation Code	Regulation Description			
30322	CA stel Reg on Mis Adm			
Equipment Information (System level)				
<div style="font-size: 1.5em; margin-left: 100px;">N/A</div>				
System name				
Manufacturer	Model#	Manuf. date	Serial Number	
		/ /		
Equipment problem				
Equipment Information (Component Level)				
<div style="font-size: 1.5em; margin-left: 100px;">N/A</div>				
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			
<p align="center">Medical Misadministration Information</p>						
Patient#		Patient Informed		Diagnostic/Therapy		
—		YES		Diag		
Proc.	INTENDED			GIVEN		
Organ	Bone scan (C.T.)			Bone Density - Sin		
Dose	Bone			Tc 99m		
Isotp	CT Procedure			MDP		
Study	20 MC			20 MC		
Chem						
Dosag						
% Overtreatment	% Undertreatment	Family Dose		Fetal	Dose Newborn	Dose
—		—		NA	NA	
Effect on patient				Who administered		
NONE				- CRT - John		
<p align="center">Overexposure Information</p>						
Person # - Patient						
Person #						
Person #						
Dose Received (Rem)		Radiation Source				
13 Rads		Tc 99m				
Type of exposure		Consequences of Exposure				
Int		— None				

Event Reporting Handbook

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

Event Reporting Handbook

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

General Information on the Event

Original Item # (State/YR/No.)	Licensee # 1335-70	Licensee UCLA -			
City Los Angeles	Street address EH4 Rad Safety 1000 Velman Ave		St. CA	Zip Code 90095-1765	
Program Code Brod	Description Brod Medical		Reg.	AG#	
Other license #					
License# of Site	Site of Event Same		State		
License# other party	Name of other party				
City other party	State	Reciprocity			
Event Date 12/14/96	Event Time -	Time Zone -	Report Date 12/17/96	Report Time -	Time Zone -
Discovery Date 12/14/96	Discovery Time -			Time Zone	
Reportable event (NRC) (AS)	AEA	Investigation Pending No		Consultant Hired No	
Event type description Montene		Cause description CRT Select wrong carrier			
Contributing factor		Precipitating factor Student CRTs			
Corrective action - Review procedure with learners & staff -					

Abstract

Student drew two different doses & left in lead line carriers in Hal Lab. - Student then took wrong dose & injected patient

Event Reporting Handbook

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

Reporting Requirements

Requirement designation (State/NRC)

Regulation Code

Regulation Description

303.22 CA-

Mis Admin

Equipment Information (System level)

NA

System name

Manufacturer

Model#

Manuf. date

/ /

Serial Number

Equipment problem

Equipment Information (Component Level)

NA

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				
<h3>Medical Misadministration Information</h3>						
Patient#		Patient Informed		Diagnostic/Therapy		
		yes		Diag		
Proc.	INTENDED			GIVEN		
Organ	bone			Myocardial perfusion		
Dose	25mc			Liver		
Isotp	Tc99m			TC 99m		
Study	Medronate			Thalas Chloride		
Chem						
Dosag	25m					
% Overtreatment	% Undertreatment	Family Dose		Fetal	Dose Newborn	Dose
—	—			NA	NA	1.69 mCi
Effect on patient				Who administered		
NONE				Student CRT		
<h3>Overexposure Information</h3>						
NA						
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

NA

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

Release of Material (Containation) Information

NA

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 96		2964-34		Sutter Community Hosp	
City		Street address		St.	Zip Code
Sutter		2801 L St.		CA	95816
Program Code	Description			Reg.	AGs
Med					
Other license #					
Licensee of Site		Site of Event		State	
		Same			
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
11/25/96			12/4/96		
Discovery Date		Discovery Time			Time Zone
11					
Reportable event (NRC) (AS)		AEA	Investigation Pending		Consultant Hired
			No		
Event type description		Cause description			
Nail Med		- mix up of chemicals			
Contributing factor		Precipitating factor			
- Wrong labels					
Corrective action					
Abstract					
Patient injected with Cardolite rather than pertechnetate					

Event Reporting Handbook

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

Reporting Requirements				
Calif				
Requirement designation (State/NRC)				
Regulation Code		Regulation Description		
N/A				
Equipment Information (System level)				
System name				
Manufacturer		Model#	Manuf. date / /	Serial Number
Equipment problem No				
Equipment Information (Component Level)				
N/A				
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	
Rpt 809913		yes		Diag	
Proc.	INTENDED		GIVEN		
Organ	upper Intest Heart		Upper Intest		
Dose	7000m		4.78		
Isotp	pertechnetate		Tc 99m		
Study			cardiolite		
Chem			26.5mCi		
Dosag	26.5mCi				
% Overtreatment	% Undertreatment	Family Dose	Fetal	Dose Newborn	Dose
0	—	—	NA	NA	
Effect on patient			Who administered		
Overexposure Information					
Patient					
Person #					
Person #					
Person #					
Dose Received (Rem)		Radiation Source			
4.788		Tc Radiopharm			
Type of exposure		Consequences of Exposure			
Snt		unknown			

Event Reporting Handbook

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

Demographics Information
N/A

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

N/A
Release of Material (Containation) Information

Type of Release

Isotope

Activity (Ci)

Consequence

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

Closed

General Information on the Event

Original Item # (State/YR/No.) CA 073096		Licensee # 2394-30		Licensee TUSTIN HOSPITAL MEDICAL CENTER	
City TUSTIN		Street address 14662 NEWPORT AVE		St. CA	Zip Code 92680
Program Code	Description			Reg.	AGs
Other license #					
License# of Site		Site of Event			State
License# 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 7/30/96		Discovery Time			Time Zone
Reportable event (NRC) (AS)	AEA	Investigation Pending			Consultant Hired
Event type description CLOSED HOSPITAL		Cause description			
Contributing factor		Precipitating factor			
Corrective action					

Abstract

HOSPITAL WENT OUT OF BUSINESS -CLOSED DOWN & LOCKED. RADIOACTIVE MATERIAL IN NUC MEDICINE WAS LEFT - CALIBRATION AND REFERENCE SOURCES. SECURITY GUARDS WERE IN ATTENDANCE 24⁰/DA.

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				

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			

03/16/95

closed

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

General Information on the Event						
Original Item # (State/YR/No.) ..		Licensee # 1946-30		Licensee CHAPMAN GENERAL HOSPITAL		
City ORANGE		Street address 2601 E. CHAPMAN AVE			St. CA	Zip Code 92669-3296
Program Code		Description			Reg.	AGs
Other license # 4619-30						
License# of Site BOTH 1946-30 4619-30		Site of Event SAME + 2929 E CHAPMAN AVE, ORANGE CA 92669				State
License# other party 4619-30		Name of other party CIGNA HEALTHCARE OF CALIFORNIA				
City other party ORANGE		State CA	Reciprocity			
Event Date 7/24/95	Event Time 1530	Time Zone PDT	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 EXPOSURE TO "PUBLIC"			Cause description PATIENT ELOPED WITH IMPLANTS			
Contributing factor			Precipitating factor			
Corrective action INSTALLED MONITORS, EMPHASIZE MEDICAL STAFF COUNSEL PTS						
Abstract PATIENT WITH IRIIDIUM-192 IMPLANTS ELOPES FROM HOSPITAL RM AND GROUNDS AND EXPOSES PERSONS IN AREA TO DOSES FROM HIS IMPLANTS. INVESTIGATION REVEALED APPROXIMATELY 12 PERSONS RECEIVED DOSES CALCULATED 0-100 MR.						

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

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
Release of Material (Containation) Information		
Type of Release		
Isotope	Activity (Ci)	
Consequence		

Closed 12/96

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

General Information on the Event						
Original Item # (State/YR/No.)		License #		Licensee		
CA 061595		2955-60		Hanza Engineering Co.		
City		Street address		St.	Zip Code	
Oakland		425 Roland Way		CA	94621	
Program Code		Description		Reg.	AGs	
		Theft of licensed soil gauge				
Other license #						
License# of Site		Site of Event			State	
		Bertely Ready mix 401 Embarcadero, Oakland			CA	
License# other party		Name of other party				
City other party		State	Reciprocity			
Event Date	Event Time	Time Zone	Report Date	Report Time	Time Zone	
06/15/95	~ 2:00 pm	PST	06/15/95	~ 4:30 pm	PST	
Discovery Date		Discovery Time			Time Zone	
06/15/95		2:30 pm			PST	
Reportable event (NRC) (AS)		AEA	Investigation Pending		Consultant Hired	
Event type description			Cause description			
Theft of licensed material			User not yet authorized			
Contributing factor			Precipitating factor			
Corrective action						
Licensee will insure proper bolt in place and						
Abstract						
Assure all users will be listed						
<p>User left his locked vehicle in a ready-mix plant to gather information about the mix. Upon his return user discovered the loss of the gauge. Police report, press release and offered reward has not yet produce the return of this gauge.</p>						

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
NUCLEAR
SOIL GAUGE

Manufacturer

Model

Manuf. date

Serial Number

Isotope

Isotope activity (Ci)

Assay Date

Leak test result (uCi)

Source change dte

Equipment problem

pages 3 + 4
21
N/A

03/16/95

C105PD 10/96

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

General Information on the Event						
Original Item # (State\YR\No.) 120695		Licensee # None		Licensee Metallurgical Laboratory/ SANDSTAR		
City Concord/ Dublin		Street address 1717 Solano Way; #39/ 7718 Fall Creek Road			St. CA	Zip Code 94520/ 94568
Program Code	Description				Reg.	AGs
Other license #						
License# of Site		Site of Event				State
License# other party		Name of other party				
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						

Abstract

Allegation of ore received containg 16% Uranium and 5% Thorium.
 Metallurgical Lab performed assessment for SANDSTAR to enhance precious metal ans remove U & Th. Ore originally sent from Fisher Ass., Gridley, CA.
 SRL analysis indicates ore containing 0.04% U and 0.385% Th (source material).
 Investigation closed. Further licensing action will be pursued under a separate cover.

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

Sheet 3 + 4 = N/A

Closed
12/96

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

General Information on the Event					
Original Item # (State/YR/No.)		Licensee # 5547-33		Licensee All American Asphalt	
City Corona		Street address 1776 All Amerian Way		St. CA	Zip Code 91718 "
Program Code	Description Moisture/Density Gauge			Reg.	AGs
Other license # N/A					
License# of Site N/A		Site of Event Gypsum Canyon Road offramp, 91 freeway, Corona, CA			
License# other party N/A		Name of other party N/A			
City other party N/A		State N/A	Reciprocity N/A		
Event Date 11/8/96	Event Time 21:50	Time Zone PST	Report Date 11/23/96	Report Time 12:00	Time Zone PST
Discovery Date 11/8/96		Discovery Time 21:50			Time Zone PST
Reportable event (NRC) (AS) Yes	AEA N/A	Investigation Pending N/A			Consultant Hired N/A
Event type description Gauge run over		Cause & action Operator error			
Contributing factor N/A		Precipitating factor N/A			
Corrective action Operator consuled and a reprimand placed in his personal file.					
Abstract On Friday, November 8, 1996, a Troxler, Model 340, moisture/density gauge was left on an asphalt roller vehicle out of its transportation box, not braced & blocked. When the vibrator on the roller was turned on, the gauge fell off and was destroyed under one of the drums of the roller. No sealed source leakage or contamination was detected.					

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

Reporting Requirements

Requirement designation (State/NRC)

State/NRC

Regulation Code

30253/10CFR20.2202

Regulation Description

Instrument run over with possible release of RAM

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# N/A	Code	Description
Release of Material (Containation) Information		
Type of Release N/A		
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.) CA 96		Licensee # 4796-56		Licensee IMATION CORPORATION	
City Camarillo		Street address 350 South Lewis Road		St. CA	Zip Code 93010
Program Code	Description LOST P-210 G/M R Source			Reg.	AGs
Other license #					
License# of Site 4796-56		Site of Event 350 South Lewis Road		State CA	
License# other party		Name of other party			
City other party		State	Reciprocity		
Event Date 8/26/96	Event Time PST	Time Zone	Report Date 8/26/96	Report Time	Time Zone
Discovery Date 11		Discovery Time			Time Zone
Reportable event (NRC) (AS)	AEA	Investigation Pending			Consultant Hired
Event type description LOST Source		Cause description			
Contributing factor		Precipitating factor			
Corrective action					
Abstract					

Event Reporting Handbook

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

Reporting Requirements

Requirement designation (State/NRC)

Regulation Code

20253

10 CFR 12 Subpart I

Regulation Description

Long of material

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 <i>MIKE COBIAN</i>			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
-------	------	-------------

Release of Material (Containation) Information

Lost Source

Type of Release	
<i>Po 210</i>	<i>61mCi Static Eliminator</i>
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 # 2518-51	Licensee Fremont Medical Center			
City Yuba City	Street address 970 Plumas St	St. CA	Zip Code 95991		
Program Code	Description Medical Lic	Reg.	AGs		
Other license # Alpha Omega Sen # 3925					
Licensee of Site -	Site of Event 970 Plumas		State CA		
Licensee of other party -	Name of other party				
City other party -	State -	Reciprocity -			
Event Date 10/25/96	Event Time -	Time Zone Pac D	Report Date 10/31/96	Report Time -	Time Zone Pac D
Discovery Date 10/25/96	Discovery Time -			Time Zone Pac D	
Reportable event (NRC) (AS)	AEA	Investigation Pending Done -		Consultant Hired	
Event type description Loss of Red Material		Cause description -			
Contributing factor unknown		Precipitating factor -			
Corrective action ?					

Abstract

Medical Facility reported possible loss of Ir¹⁹² Ribbon - Patient was treated, ribbon placed in storage container & shipped to Supplier. Supplier opened shipment & found ribbon missing - No cause of loss found.

Event Reporting Handbook

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

Reporting Requirements

20.2202 - CA

Requirement designation (State/NRC)

Regulation Code

40.60(b)

Regulation Description

Notif. of PI incidents

Equipment Information (System level)

System name

Alpha Omega

Manufacturer

Model#

Manuf. date

11

Serial Number

Equipment problem

NONE

Equipment Information (Component Level)

Component name

Manufacturer

Model#

Manuf. date

11

Serial Number

Isotope

Isotope activity (Ci)

Assay Date

Leak test result (uCi)

Source change date

Ir¹⁹²

64mCi

10/25/96

0

11

Equipment problem

NONE

Event Reporting Handbook

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

Consultant Information						
N/A						
Consultant Name			Company			
Specialty			Contracted by			
<p align="center">Medical Misadministration Information</p> <p align="center">N/A</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>						
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
-------	------	-------------

Release of Material (Containation) Information

- Loss of Ir ¹⁹² Ribbon

Type of Release

Isotope	Activity (Ci)
---------	---------------

Ir ¹⁹²

0.0064 Ci

Consequence

- None so far

Under 10/96

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

General Information on the Event						
Original Item # (State\YR\No.) 071495		Licensee # 0250-90		Licensee Calif Pacific Medical Ctr		
City San Francisco		Street address 2333 Buchanan St		St. CA	Zip Code 94120	
Program Code		Description			Reg.	AGs
Other license #						
License# of Site		Site of Event			State	
License# other party		Name of other party				
City other party		State	Reciprocity			
Event Date / /	Event Time	Time Zone	Report Date 07/14 '95	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 Medical waste from a hospital with Gallium 67 (Citrate) triggered the radiation alarm at a medical waste treatment facility. The cause was an improper survey by a nuclear medicine technologist. The licensee was issued a Notice of Violation in the matter. Licensee implemented corrective action to prevent recurrence. (No overexposure occurred.)</p>						

Cloned 10/22/96

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

General Information on the Event						
Original Item # (State/YR/No.)		Licensee #		Licensee		
		5805-80		NovoPharm Biotech		
City		Street address			St.	Zip Code
San Diego		6190 Corner Stone Court, Ste 106			CA	92121
Program Code	Description				Reg.	AGs
Other license #						
N/A						
Licensee of Site		Site of Event			State	
N/A		6555 Nancy Ridge Road, Suite 300			CA	
Licensee of other party		Name of other party				
N/A		N/A				
City other party		State	Reciprocity			
N/A		N/A	N/A			
Event Date	Event Time	Time Zone	Report Date	Report Time	Time Zone	
N/A	N/A	N/A	N/A	N/A	N/A	
Discovery Date		Discovery Time			Time Zone	
09 05 96		N/A			N/A	
Reportable event (NRC) (AS)		AEA	Investigation Pending			Consultant Hired
						N/A
Event type description			Cause description			
User moved						
Contributing factor			Precipitating factor			
Corrective action						
Abstract						
User moved to new location without notifying the Department and without requesting Amendment of the license.						

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

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				

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

Closed 10/22/96 - [Signature]

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

General Information on the Event						
Original Item # (Date/YR/No.)		Licensee #		Licensee		
		5796-80		MEDI-PHYSICS, INC.		
City		Street address			St.	Zip Code
SAN DIEGO		4877 Mercury Street			CA	92111
Program Code	Description				Reg.	AGs
Other license #						
N/A						
Licensee of Site		Site of Event				State
5796-80		4877 Mercury Street, San Diego, CA				92117
Licensee of other party		Name of other party				
N/A		N/A				
City other party		State	Reciprocity			
N/A		N/A	N/A			
Event Date	Event Time	Time Zone	Report Date	Report Time	Time Zone	
01 / 20 / 96	0730	PDST	11 / 24 / 96	N/C	N/A	
Discovery Date		Discovery Time				Time Zone
01 / 20 / 96		1330				PDST
Reportable event (NRC) (AS)	AEA	Investigation Pending				Consultant Hired
Event type description		Cause description				
Contamination		Failure to monitor box and self.				
Contributing factor		Precipitating factor				
N/A		N/A				
Corrective action						
User Cited, monitoring training.						
Abstract						
User's representative picked up box containing lead "pigs" at El Centro Hospital and transported the box to Medi-Physics facility. Box later found to be contaminated and User's representative failed to perform mandatory self monitoring at end of shift.						

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

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			

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

Demographics Information

Perf#	Code	Description
<h2 style="margin: 0;">Release of Material (Containation) Information</h2>		
Type of Release		
Isotope		Activity (Ci)
Consequence		

Closed 10/22/96

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

General Information on the Event						
Original Item # (State/YR/No.)		Licensee #		Licensee		
		5463-80		RADON TESTING SERVICES - SAN DIEGO		
City		Street address			St.	Zip Code
SAN DIEGO		4115 Cleveland Avenue			CA	92103
Program Code	Description				Reg.	AGs
Other License #						
License# of Site		Site of Event				State
N/A		4034 Florida Street, San Diego, CA				92104
License# other party		Name of other party				
N/A		N/A				
City other party		State	Reciprocity			
N/A		N/A	N/A			
Event Date	Event Time	Time Zone	Report Date	Report Time	Time Zone	
07/04/96	1515		07/04/96	1600	PDST	
Discovery Date		Discovery Time				Time Zone
07/04/96		1515				PDST
Reportable event (NRC) (AS)		AEA	Investigation Pending			Consultant Hired
No			N/A			N/A
Event type description			Cause description			
Improper disposal of radioactive material			Communications			
Contributing factor			Precipitating factor			
Purchased at UCSD surplus sale			Individual moving			
Corrective action						
See Investigation Report						
Abstract						
Two lead shields containing Cesium-137 in liquid scintillation counter left in alley.						

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

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			

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

Demographics Information

Part#	Code	Description
<h2>Release of Material (Containation) Information</h2>		
Type of Release		
Isotope	Activity (Ci)	
Consequence		

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

General Information on the Event					
Original Item # (Show YR/No.)	Licensee #	Licensee Radcliff Inspections			
City Long Beach	Street address			St. CA	Zip Code -
Program Code	Description Radiography			Reg.	AGs
Other license # N/A					
License# of Site N/A	Site of Event Intersection of Alameda & Alonza,			State Compton, CA	
License# other party N/A	Name of other party N/A				
City other party N/A	State ---	Reciprocity -----			
Event Date / / 10/10/96	Event Time 16:00	Time Zone PST	Report Date / / 10/12/96	Report Time 08:00	Time Zone PST
Discovery Date / / 10/10/96		Discovery Time 16:00			Time Zone PST
Reportable event (NRC) (AS)	AEA N/A	Investigation Pending N/A			Consultant Hired N/A
Event type description loss of control		Cause description possible theft			
Contributing factor inadequate door lock		Precipitating factor N/A			
Corrective action A better door (security) lock is to be added.					
Abstract An Inc, Model Ir-100, gamma camera was reported missing at 16:00 on Thursday, October 10, 1996. The device contained 17 Ci of Ir-192 and was lost somewhere between a compnay in Gardena and one in Downey, CA. The camera was found within one hour of its reported loss. It was found on the street at the intersection of Alameda and Alonza in the city of Compton, CA. It was found by two Compton city employees, Department of Public Works.					

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

Reporting Requirements

Requirement designation (State/NRC)

State/NRC: 10CFR20.2201(a)(1)(i)

Regulation Code

Regulation Description

10CFR20.2201(a)(1)(i) 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 dte

/ /

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	
Effect on patient			Who administered		
Overexposure Information					
Person #					
Person # N/A					
Person #					
Dose Received (Rem)		Radiation Source			
Type of exposure		Consequences of Exposure			

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

General Information on the Event						
Original Item # (State/YR/No.) CA- 96-0731		Licensee # 2753-70		Licensee Verdugo Hills Hospital		
City Glendale		Street address 1812 Verdugo Boulevard			St. CA	Zip Code 91209
Program Code	Description Hospital			Reg.	AGs	
Other license # NA						
Licensee of Site NA		Site of Event Same			State	
Licensee of other party NA		Name of other party NA				
City other party		State	Reciprocity			
Event Date 7/29/96	Event Time 11:15 AM	Time Zone Pacific	Report Date 7/29/96	Report Time 4:00 PM	Time Zone Pacific	
Discovery Date 7/29/96		Discovery Time 11:15 AM			Time Zone Pacific	
Reportable event (NRC) (AS) NO	AEA	Investigation Pending NO			Consultant Hired NO	
Event type description loss of control		Cause description				
Contributing factor		Precipitating factor Contaminated ammo box leaving Verdugo Hills Hospital				
Corrective action Procedure changed at Verdugo Hills Hospital.						
Abstract Medi-Physics courier was identified as having contaminated hands after transporting ammo box containers from Verdugo Hills Hospital to Medi-Physics Pharmacy. Te ^{99m} contamination was found on the vehicle door handle and steering wheel, and probably was the result of an ammo box handle being contaminated. Notification came from Medi-Physics.						

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

Reporting Requirements

Requirement designation (State/NRC)

State

Regulation Code

30253/20.2203

Regulation Description

Report of Contamination > 10 times license limit

Equipment Information (System level)

System name

NA

Manufacturer

Model#

Manuf. date

/ /

Serial Number

Equipment problem

Equipment Information (Component Level)

Component name

NA

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 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
<p style="text-align: center;">Release of Material (Containation) Information</p> <p>Contamination to courier's hands, vehicle door handle & steering wheel & ammo box</p>		
Type of Release	TC 99m	Unknown
Isotope	Activity (Ci)	
Consequence	Spread of contamination until contamination identified - procedures changed to stop this type of incident from occurring in the future.	

Used 10/96

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

General Information on the Event

Original Item # (Serial/YN/No.)	License # 1949-19	Licensee USC/HSC			
City Los Angeles	Street address 1540 Alcazar St, HSCB#107	St. CA	Zip Code 90033		
Program Code	Description Broad Scope Academic	Reg.	AGs		
Other license #					
License of Site As above	Site of Event As above		State		
License of other party N/A	Name of other party N/A				
City other party N/A	State	Reciprocity			
Event Date unknown	Event Time unknown	Time Zone	Report Date 09/17/96	Report Time 11:00 am	Time Zone PDT
Discovery Date unknown	Discovery Time unknown				Time Zone
Reportable event (NRC) (AS)	AEA	Investigation Pending No			Consultant Hired No
Event type description Allegation of lack of dosimetry & illegal rad waste disposal		Cause description No violations found			
Contributing factor N/A		Precipitating factor N/A			
Corrective action N/A					

Abstract

On 9/17/96 LACDHS received a complaint forwarded from the CA DOSH office alleging that a USC lab was not using proper dosimetry or protective shielding & was dumping rad waste in a vacant lot. LACDHS investigation was unable to substantiate any of the complaints - no dosimetry is required in lab in question (low activity user 1-125, C-14 & H-3). It appeared all was legally disposed.

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

Reporting Requirements

Requirement designation (State/NRC)

n/a

Regulation Code

Regulation Description

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 Doseag	INTENDED			GIVEN	
% Overtreatment		% Undertreatment		Fetal	Dose Newborn
Effect on patient				Who administered	
Overexposure Information					
Person #					
Person #					
Person # n/a					
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	n/a
Isotope	Activity (Ci)
Consequence	

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

General Information on the Event						
Original Item # (State\YR\No.) 031596		Licensee # 3345-41		Licensee Genantech		
City San Francisco		Street address 460 Point San Bruno Ave.			St. CA	Zip Code 94080-4990
Program Code		Description			Reg.	AGs
Other license #						
License# of Site		Site of Event same as above				State
License# other party		Name of other party Complainant requests confidentiality				
City other party		State		Reciprocity		
Event Date 1/1/92, 6	Event Time	Time Zone		Report Date 9/26/96	Report Time	Time Zone
Discovery Date 1/1/92, 6		Discovery Time				Time Zone
Reportable event (NRC) (AS)		AEA	Investigation Pending			Consultant Hired
Event type description alleged removable contamination			Cause description failure to perform laboratory wipe tests			
Contributing factor			Precipitating factor			
Corrective action required wipe test program implemented.						
Abstract Complainant alleges removable contamination identified in labs in 1992, and failure of licensee to perform lab wipe surveys. Failure to perform weekly wipe surveys by lab personnel identified as item of non compliance. See NOV dated 8-29-96. No individual exposure identified.						

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				

Remaining two sheets

not attached/not applic.

Event Reporting Handbook

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

General Information on the Event

Original Item # (State/YR/No.) 091891		Licensee # 3546-50		Licensee EMC	
City Lubbock		Street address 3106 S. Faith Holme Rd		St. -	Zip Code 95380
Program Code -	Description			Reg.	AGs
Other license #					
License# of Site		Site of Event EMC & Sacto Airport		State Sacto CA	
License# other party -		Name of other party - FEDERAL EXPRESS			
City other party		State	Reciprocity		
Event Date 9/18/96	Event Time 1:00pm	Time Zone P	Report Date 9/18/96	Report Time -	Time Zone P
Discovery Date 11		Discovery Time			Time Zone
Reportable event (NRC) (AS) NO	AEA	Investigation Pending No			Consultant Hired No
Event type description Ra - shipment		Cause description - Improper packaging			
Contributing factor -		Precipitating factor - Damage to drum			
Corrective action - Review packing Procedures					
Abstract 5gal Drum with 98mc Ra arrived at EMC - dent in drum, Radiation levels > 24/hr surface Investigation found improper packaging -					

Event Reporting Handbook

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

Reporting Requirements				
California				
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				
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			
<p align="center">Medical Misadministration Information</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>					
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

NA

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

Release of Material (Containation) Information

NA

Type of Release

Isotope

Activity (Ci)

Consequence
