

DESIGNATED ORIGINAL

SAFETY INSPECTION

Certified By: Brenda Platchek

Inspection No. 85-01

1. LICENSEE

New England Medical Center Hospitals
171 Harrison Avenue
Boston, Massachusetts 02111

2. REGIONAL OFFICE

U.S.N.R.C. Region I
631 Park Avenue
King of Prussia, PA 19406

3. DOCKET NUMBER(S)

030-01868/030-00240
030-15064

4. LICENSE NUMBER(S)

20-03857-06, 20-03857-07
20-03857-08

5. DATE OF INSPECTION

August 22 and 23, 1985

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's (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 checked below, were in violation of NRC requirements.
THIS 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. Containers located in _____ were not properly labeled to indicate the presence of radioactive material. 10 CFR 20.203(f)(1), or (f)(2).
- ☐ C. _____ of sealed sources were not performed at the proper frequencies. 10 CFR _____ License Condition Number _____
- ☐ D. Records of _____ REG 1 LIC30 8509190708 850823 20-03857-06 PDR were not properly maintained. 10 CFR _____ or License Condition Number _____
- ☐ E. Documents were not properly posted or otherwise made available. 10 CFR 19.11.
- ☐ F. Reports or notifications of _____ were not made in accordance with 10 CFR _____ or License Condition Number _____
- ☒ H. Radiation levels measured at 3 feet from the package surface and at the package surface as part of package opening procedures were not recorded as required by License Condition No. 27
- ☒ I. The results of thyroid monitoring for an individual attending thyroid therapy were not recorded as required by License Condition No. 27
- ☒ J. Leak tests performed on Cs-137 check source (222 μ Ci on 1/12/79) SINCE 1983 were inadequate as they did not detect 0.005 μ Ci per 10 CFR 35.14 and the instrument use to measure to wipes detected only 0.1 μ Ci
- ☐ K. was lower limit of detectability

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. No further response will be submitted unless required by the NRC.

Edward R. Cole 8/23/85 Jerry Johnson 8/23/85
SIGNATURE - LICENSEE DATE SIGNATURE - NRC INSPECTOR DATE

RETURN ORIGINAL TO
REGION I

1E:07 011