

MOUNT SINAI MEDICAL CENTER

December 10, 1985

30-83439

Mr. D.J. Sreniawski
United States Nuclear Regulatory Commission
Region III
799 Roosevelt Road
Glen Ellyn, Illinois 60137

Re: License No. 48-03280-01

Dear Mr. Sreniawski:

This is in reply to your letter of November 13, 1985, regarding the violations of byproduct material license conditions and regulations found at this institution during the safety inspection conducted by Ms. C.S. Casey between October 18-22, 1985. The following response to the NOTICE OF VIOLATION is submitted.

VIOLATION 1. " . . . a licensee representative stated that her TLD finger badge was worn only 1-2% of the time when handling licensed material or when in areas where licensed material is used or stored."

CORRECTIVE ACTION:

- a. All technologists in the department involved were reminded of their obligation to wear TLD finger badges when handling licensed material or when in areas where licensed material is used or stored. They were warned that failure to do so is cause for disciplinary action.
- b. The proper use of TLD finger badges by Nuclear Medicine Technologists will be formally verified at least twice a month in an unannounced inspection.
- c. As a final compliance check, the monthly film badge reports will be inspected to verify that the exposure readings of TLD finger badges are reasonable.

Corrective action a was taken by the supervisor of the Nuclear Medicine Department, and the others have been initiated by him.

Supervisor Responsible for Insuring Compliance: Mr. Marc Wojciechowski.

Named User Responsible for Insuring Compliance: Dr. Richard H. Christenson, M.D.

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VIOLATION 2: (No reply is required).

VIOLATION 3: "... a licensee representative stated that no wipe tests were being performed in your Nuclear Cardiology Department. Therefore, contaminated areas cannot be identified and cleaned."

CORRECTIVE ACTION:

- a. Wipe tests were performed immediately in areas where radionuclides are stored, handled, and used in the Nuclear Cardiology Department.
- b. The weekly schedule of wipe testing was re-established at once.
- c. The procedure was reviewed and additional sampling locations were designated for wipe testing.
- d. Counting and reporting procedures were reviewed. The counted detection efficiency was remeasured. Results are reported in dpm. Cleaning is performed as necessary and areas are retested.
- e. Data and results are now kept in a log book instead of on loose sheets as was done previously.

These corrective actions were taken by the supervisor of the Nuclear Cardiology Department.

Supervisor Responsible for Insuring Compliance: Mr. T. Garner.

Named User Responsible for Insuring Compliance: Dr. Donald H. Schmidt, M.D.

VIOLATION 4: "... a licensee representative stated that records of surveys performed on waste disposals and records of waste disposals were not maintained in your Nuclear Cardiology Department.

CORRECTIVE ACTION:

- a. A log book was started for recording survey results and disposal data.
- b. This log book is now current.
- c. Personnel in the department were reminded of the need to perform these surveys and record results and disposal data in order to maintain control over licensed material and comply with regulations.

These corrective actions were taken by the supervisor of the Nuclear Cardiology Department.

Supervisor Responsible for Insuring Compliance: Mr. T. Garner

Named User Responsible for Insuring Compliance: Dr. Donald H. Schmidt, M.D.

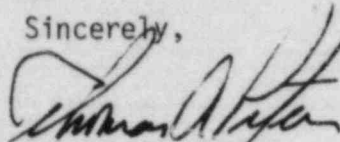
Mr. D.J. Sreniawski
December 10, 1985
Page Three

Corrective Action To Be Taken To Avoid Further Noncompliance: The effectiveness of the actions taken to correct the violations shall be monitored regularly by the Radiation Safety Officer, Mr. Robert E. Black. A monitoring schedule is now being developed by Mr. Black, and it will be in use by January 15, 1986.

The Date When Full Compliance Will Be Achieved: The corrective actions listed above are now in place: personnel dosimetry devices are being worn correctly; surveys and wipe tests are being performed properly and on schedule; and waste disposal and other required data are maintained in a permanent form. Therefore, the noted violations have now been corrected, and we conclude that this institution has achieved full compliance as of the date of this letter.

If you require additional information, please telephone me, or Mr. Black, the Radiation Safety Officer, at (414) 289-8005.

Sincerely,



Thomas A. Peters
Assistant Vice President

cc: R. Christenson, M.D.
D. Schmidt, M.D.