

## SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

## 1. LICENSEE/LOCATION INSPECTED:

Genesys Hurley Cancer Institute  
302 Kensington Avenue  
Suite 114  
Flint, MI 48503

REPORT NUMBER(S) 202101

## 2. NRC/REGIONAL OFFICE

Region III  
U. S. Nuclear Regulatory Commission  
2443 Warrenville Road, Suite 210  
Lisle, IL 60532-4352

## 3. DOCKET NUMBER(S)

030-36106

## 4. LICENSE NUMBER(S)

21-32322-01

## 5. DATE(S) OF INSPECTION

February 4, 2021

## 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 inspection findings are as follows:

- ☒ 1. Based on the inspection findings, no violations were identified.
- ☒ 2. Previous violation(s) closed.
- ☐ 3. The violation(s), specifically described to you by the inspector as non-cited violations, are not being cited because they were self-identified, non-repetitive, and corrective action was or is being taken, and the remaining criteria in the NRC Enforcement Policy, to exercise discretion, were satisfied.

Non-cited violation(s) were discussed involving the following requirement(s):

- ☐ 4. During this inspection, certain of your activities, as described below and/or attached, were in violation of NRC requirements and are being cited in accordance with NRC Enforcement Policy. This form is a NOTICE OF VIOLATION, which may be subject to posting in accordance with 10 CFR 19.11.  
(Violations and Corrective Actions)

## Statement of Corrective Actions

I hereby state that, within 30 days, the actions described by me to the Inspector will be taken to correct the violations identified. This statement of corrective actions is made in accordance with the requirements of 10 CFR 2.201 (corrective steps already taken, corrective steps which will be taken, date when full compliance will be achieved). I understand that no further written response to NRC will be required, unless specifically requested.

TITLE	PRINTED NAME	SIGNATURE	DATE
LICENSEE'S REPRESENTATIVE			
NRC INSPECTOR	Luis Nieves Folch	Luis A. Nieves Folch <small>Digitally signed by Luis A. Nieves Folch Date: 2021.02.08 16:19:56 -06'00'</small>	
BRANCH CHIEF	Michael Kunowski	Michael A. Kunowski <small>Digitally signed by Michael A. Kunowski Date: 2021.02.09 05:42:07 -06'00'</small>	



## Materials Inspection Record

1. Licensee Name: Genesys Hurley Cancer Institute		2. Docket Number(s): 030-36106		3. License Number(s) 21-32322-01	
4. Report Number(s): 2021001			5. Date(s) of Inspection: February 4, 2021		
6. Inspector(s): Luis Nieves		7. Program Code(s): 02230		8. Priority: 2	9. Inspection Guidance Used: 87131, 87132
10. Licensee Contact Name(s): Ibrahim Abdulhay, Ph.D., RSO		11. Licensee E-mail Address: IAbdulhay@ghci.org		12. Licensee Telephone Number(s): 810-762-8153	
13. Inspection Type: <input checked="" type="checkbox"/> Routine <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Non-Routine <input type="checkbox"/> Unannounced		14. Locations Inspected: <input checked="" type="checkbox"/> Main Office <input type="checkbox"/> Field Office <input type="checkbox"/> Temporary Job Site <input checked="" type="checkbox"/> Remote		15. Next Inspection Date (MM/DD/YYYY): February 4, 2023 <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Extended <input type="checkbox"/> Reduced <input type="checkbox"/> No change	

## 16. Scope and Observations:

This was an announced, routine inspection of a cancer center authorized by its NRC license to use unsealed byproduct material for therapeutic procedures under 10 CFR 35.300 (I-131, Xofigo, Zevalin), and 600 (HDR). The licensee performs a wide variety of HDR treatments including GYN, Skin, Breast, Prostate, Lungs and Esophagus. They perform an average of two procedures weekly for both 35.300 and 35.600. In accordance with current agency policy during the Covid-19 public health emergency, this inspection was announced, and performed through telephonic interviews with the licensee's Radiation Safety Officer (RSO), observations by the inspector via pictures, and review of requested documentation provided by the licensee via secured email.

## PERFORMANCE OBSERVATIONS

The inspector reviewed via pictures and interviews, material security for the hot lab and the HDR vault. The inspector reviewed quarterly audit reports, radiation safety committee minutes, HDR calibration, daily QC for the HDR, written directives, and training. The inspector also reviewed monthly dosimetry reports which indicated annual whole-body and extremity doses were below regulatory limits.

During the last inspection, one violation was identified for failure perform timer accuracy checks on its HDR prior to patient treatment. The inspector reviewed the corrective actions by reviewing daily QC checks and verifying that timer accuracy checks where been perform prior to patient treatment. This violation is closed.

No violations of NRC requirements were identified as a result of this inspection.