UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION III
2443 WARRENVILLE ROAD, SUITE 210
LISLE, ILLINOIS 60532-4352

June 16, 2022

Mr. Wright Alcorn, MHA, FACHE
Vice President Operations
Methodist Hospital of Gary, Inc.
8701 Broadway
Merrillville, IN 46410

SUBJECT: NRC ROUTINE INSPECTION REPORT NO. 03011234/2022001(DNMS) AND NOTICE OF VIOLATION – METHODIST HOSPITAL OF GARY, INC.

Dear Mr. Alcorn:

On February 28 through March 4, and on March 10, 2022, an inspector from the NRC conducted a routine inspection at your Merrillville, Indiana, and Gary, Indiana, locations, with continued in-office review through May 24, 2022. The purpose of the inspection was to review activities performed under your NRC license to ensure that activities were being performed in accordance with NRC requirements. The in-office review included a review of gamma stereotactic radiosurgery records that were made available after the onsite inspection and a review of your implementation of Title 10 of the *Code of Federal Regulations* (10 CFR) Part 37 requirements. Elizabeth Tindle-Engelmann of my staff conducted a virtual exit meeting with you and your staff on May 24, 2022, to discuss the inspection findings. This letter and its enclosures present the results of the inspection.

During this inspection, the NRC staff examined activities conducted under your license related to public health and safety. Additionally, the staff examined your compliance with the Commission's rules and regulations as well as the conditions of your license. Within these areas, the inspection consisted of selected examination of procedures and representative records, observations of activities, and interviews with personnel.

Based on the results of this inspection, the NRC has determined that six Severity Level IV violations of NRC requirements occurred. The violations were evaluated in accordance with the NRC Enforcement Policy. The current Enforcement Policy is included on the NRC's website at http://www.nrc.gov/about-nrc/regulatory/enforcement/enforce-pol.html. Three violations are of a safety-related nature. Details of the safety-related violations are available in the enclosed inspection report (Enclosure 3). The safety-related violations are cited in the enclosed Notice of Violation (Notice) (Enclosure 1). Three violations are of a security-related nature. Details of the security-related violations are available in the enclosed non-public Security Addendum

Enclosures 2 and 4 contain Sensitive Unclassified Non-Safeguards Information. When separated from Enclosures 2 and 4, this transmittal letter and Enclosures 1 and 3 are decontrolled.

(Enclosure 4). The security-related violations are cited in the enclosed non-public Notice (Enclosure 2). The NRC is citing the violations in the enclosed Notices because the inspector identified them.

You are required to respond to this letter and should follow the instructions specified in the enclosed Notices when preparing your response. The guidance in NRC Information Notice 96-28, "Suggested Guidance Relating to Development and Implementation of Corrective Action," may be useful in preparing your response. You can find the Information Notice on the NRC website at: http://www.nrc.gov/reading-rm/doc-collections/gen-comm/info-notices/1996/in96028.html. The NRC will use your response, in part, to determine whether further enforcement action is necessary to ensure compliance with regulatory requirements.

Because some of the issues involve security-related information, please submit two separate replies. In accordance with the NRC's "Rules of Practice" in 10 CFR 2.390, a copy of this letter, its public enclosures, and any safety-related response you provide will be made available electronically for public inspection in the NRC's Public Document Room or from the NRC's Agencywide Documents Access and Management System (ADAMS), accessible from the NRC's website at http://www.nrc.gov/reading-rm/adams.html. Your response containing security-related information will not be made available electronically for public inspection in the NRC's Public Document Room or from the NRC's Agencywide Document Access and Management System (ADAMS). Please mark the top of each page of your security-related response "Security-Related Information – Withhold Under 10 CFR 2.390." To the extent possible, your response should not include any personal privacy, proprietary, or safeguards information.

Please feel free to contact Elizabeth Tindle-Engelmann of my staff if you have any questions regarding this inspection. Elizabeth Tindle-Engelmann can be reached at 630-829-9681.

Sincerely,

Michael A. Kunowski Signed by Kunowski, Michael on 06/16/22

Michael A. Kunowski, Chief
Materials Inspection Branch
Division of Nuclear Materials Safety

Docket No. 030-11234
License No. 13-16558-01

Enclosures:
1. Notice of Violation
2. NRC Inspection Report 03011234/2022001

cc w/encl: Carmen R. Kmety-Stevenson, PhD, RSO
Laurel Valentino, DNP, Director of Neurosciences
State of Indiana

Letter to W. Alcorn from M. Kunowski dated 16, 2022.

SUBJECT: NRC ROUTINE INSPECTION REPORT NO. 03011234/2022001(DNMS) AND NOTICE OF VIOLATION – METHODIST HOSPITAL OF GARY, INC.

DISTRIBUTION w/encl:
Jack Giessner
Mohammed Shuaibi
Kathryn M. Brock
Jared Heck
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MIB Inspectors

ML22164A795

OFFICE	RIII-DNMS		RIII-DNMS					
NAME	ETindle-Engelmann:brt		MKunowski					
DATE	06/14/22		06/16/22					

OFFICIAL RECORD COPY

NOTICE OF VIOLATION

Methodist Hospital of Gary, Inc.
Merrillville, Indiana

License No. 13-16558-01
Docket No. 030-11234

During a U.S. Nuclear Regulatory Commission inspection conducted onsite on February 28 through March 4, and on March 10, 2022, with continued in-office review through May 24, 2022, three violations of NRC requirements were identified. In accordance with the NRC Enforcement Policy, the violations are listed below:

A. Condition 15.J. of Amendment 78 of License Number 13-16558-01 requires, in part, that the licensee conduct its program in accordance with the statements, representations, and procedures contained in the letter dated June 4, 2018 (ML18158A233).

   The letter dated June 4, 2018, states, in part, that:

   1. approximately every 6 months the licensee will confirm that each sector on the gamma stereotactic radiosurgery unit moves correctly to each position within appropriate tolerance limits;
   2. approximately every 6 months the licensee will confirm that the vendor will verify that the location of the radiation focal point for the gamma stereotactic radiosurgery unit, with respect to the table position, is within the specifications using measurements conducted in an off-centered position; and
   3. on a monthly basis the licensee will confirm that the location of the gamma stereotactic radiosurgery unit table at a number of off-center positions is within the collision specifications provided by the manufacturer.

   Contrary to the above, the licensee failed to confirm that:

   1. each sector moved correctly to each position within appropriate tolerance limits from December 19, 2019, to February 24, 2021;
   2. the vendor verified that the location of the radiation focal point, with respect to the table position, was within the specifications using measurements conducted in an off-centered position from December 19, 2019, to February 24, 2021; and
   3. the location of the table at a number of off-center positions was within the collision specifications provided by the manufacturer prior to February 28, 2022.

   This is a Severity Level IV violation (NRC Enforcement Policy Section 6.3).

B. Title 10 of the *Code of Federal Regulations* (10 CFR) 35.635(a) states, in part, that a licensee authorized to use a gamma stereotactic radiosurgery unit for medical use shall perform full calibration measurements on each unit at intervals not to exceed 1 year.

   Title 10 CFR 35.635(b) states, in part, that to satisfy the requirements of paragraph (a) of this section full calibration measurements must include a determination of timer accuracy and linearity over the typical range of use.

Contrary to the above, prior to February 28, 2022, the licensee was authorized to use a gamma stereotactic radiosurgery unit for medical use and did not perform full calibration measurements that included a determination of timer accuracy and linearity over the typical range of use. Specifically, the timer accuracy and linearity measurements were performed from 0 minutes to 20 minutes; however, the typical range of use included shot times from 0 minutes to 45 minutes.

This is a Severity Level IV violation (NRC Enforcement Policy Section 6.3).

C. Title 10 CFR 35.633(a) states, in part, that a licensee authorized to use a remote afterloader unit for medical use shall perform full calibration measurements on each unit before medical use following replacement of the source.

Title 10 CFR 35.633(b) states, in part, that to satisfy the requirements of paragraph (a) of this section full calibration measurements must include a determination of timer accuracy and linearity over the typical range of use.

Contrary to the above, prior to February 28, 2022, the licensee was authorized to use a remote afterloader unit for medical use and replaced the source approximately every 4 months prior to February 28, 2022, but did not perform full calibration measurements that included a determination of timer accuracy and linearity over the typical range of use. Specifically, the timer accuracy and linearity measurements were performed from 0 seconds to 60 seconds; however, the typical range of use was from 0 seconds to 170 seconds.

This is a Severity Level IV violation (NRC Enforcement Policy Section 6.3).

Pursuant to the provisions of 10 CFR 2.201, Methodist Hospital of Gary, Inc. is hereby required to submit a written statement or explanation to the U.S. Nuclear Regulatory Commission, ATTN: Document Control Desk, Washington, DC 20555-0001, with a copy to the Regional Administrator, Region III, within 30 days of the date of the letter transmitting this Notice of Violation (Notice). This reply should be clearly marked as a “Reply to a Notice of Violation” and should include: (1) the reason for the violations, or, if contested, the basis for disputing the violations or their severity level, (2) the corrective steps that have been taken and the results achieved, (3) the corrective steps that will be taken, and (4) the date when full compliance will be achieved. Your response may reference or include previously docketed correspondence, if the correspondence adequately addresses the required response. If an adequate reply is not received within the time specified in this Notice, an order or a Demand for Information may be issued as to why the license should not be modified, suspended, or revoked, or why such other action as may be proper should not be taken. Where good cause is shown, consideration will be given to extending the response time.

Your response will be made available electronically for public inspection in the NRC Public Document Room or from the NRC Agencywide Documents Access and Management System (ADAMS), accessible from the NRC’s website at http://www.nrc.gov/reading-rm/adams.html. Therefore, to the extent possible, the response should not include any personal privacy, proprietary, or safeguards information so that it can be made available to the Public without redaction.

If you contest this enforcement action, you should also provide a copy of your response, with the basis for your denial, to the Director, Office of Enforcement, U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001.

In accordance with 10 CFR 19.11, you may be required to post this Notice within two working days of receipt.

Dated this 16th day of June 2022.

U.S. Nuclear Regulatory Commission
Region III

Docket No.	030-11234
License No.	13-16558-01
Report No.	03011234/2022001(DNMS)
Licensee:	Methodist Hospital of Gary, Inc.
Facilities:	8701 Broadway Merrillville, Indiana 46410 600 Grant Street Gary, IN 46402 200 East 86th Place Merrillville, IN 46410
Inspection Dates:	Onsite February 28 – March 4, and March 10, 2022; In-office review through May 24, 2022.
Exit Meeting Date:	May 24, 2022
Inspector:	Elizabeth D. Tindle-Engelmann, Health Physicist
Approved By:	Michael A. Kunowski, Chief Materials Inspection Branch Division of Nuclear Materials Safety

Enclosures 2 and 4 contain Sensitive Unclassified Non-Safeguards Information. When separated from Enclosures 2 and 4, this transmittal letter and Enclosures 1 and 3 are decontrolled.

Enclosure 3

EXECUTIVE SUMMARY

Methodist Hospital of Gary, Inc.
NRC Inspection Report 03011234/2022001(DNMS)

This was an announced routine inspection of a multi-site medical institution with one hospital and one outpatient clinic located Merrillville, Indiana, and one hospital located in Gary, Indiana. Methodist Hospital of Gary, Inc. (Methodist) was authorized under NRC License Number 13-16558-01 to possess and use diagnostic and therapeutic radiopharmaceuticals as well as various sealed sources and devices for brachytherapy and gamma stereotactic radiosurgery (GSR) for uses permitted by Title 10 of the *Code of Federal Regulations* (10 CFR) Part 35.

The scope of the inspection was to examine the activities conducted under the license and to confirm compliance with the NRC rules, regulations, and the conditions of the license. The inspection identified three safety-related violations regarding the licensee's failure to: (1) conduct their GSR program in accordance with the statements, representations, and procedures contained in their NRC License for sector function and tolerance testing, radiation focal point testing, and table locations collision testing; (2) perform full calibration measurements on the GSR unit that included timer accuracy and linearity over the typical range of use in accordance with 10 CFR 35.635; and (3) perform full calibration measurements on the high-dose remote afterloader (HDR) unit that included timer accuracy and linearity over the typical range of use in accordance with 10 CFR 35.633. As a corrective action for the safety-related violations, the licensee performed the required tests and measurements. All results were as expected and the NRC did not identify impacts to any patient treatments or public health and safety. Additionally, the inspector reviewed and closed a previously issued violation from NRC Inspection Report (IR) 03011234/2017001 regarding the licensee's failure to maintain a record of the basis for authorizing the release of an individual in accordance with 10 CFR 35.75.

The inspection identified three security-related violations. The circumstances of these violations, as well as the corrective actions the licensee has since taken to restore compliance with security-related regulatory requirements and to address the potential for recurrence of similar violations, are discussed in the non-public Security Addendum to this IR.

REPORT DETAILS

1 Program Overview and Inspection History

1.1 Inspection Scope

The inspector reviewed the license application and supporting documents. Additional information was gathered through direct observation of licensed activities, interviews with the licensee's staff, a review of selected records, and a tour of the facilities.

1.2 Observations and Findings

Methodist was authorized under NRC License Number 13-16558-01 to possess and use diagnostic and therapeutic radiopharmaceuticals as well as various sealed sources and devices for brachytherapy and GSR. The licensee had three licensed facilities: Southlake Campus in Merrillville, Indiana; Northlake Campus in Gary, Indiana; and a cardiology clinic in Merrillville, Indiana.

The Southlake Campus hospital was authorized for medical uses of byproduct material as permitted by 10 CFR 35.100 - 500, 600 in an HDR unit, 1000 in a GSR unit, and 1000 in a GliaSite Radiation Therapy System. Additionally, the licensee was authorized to use depleted uranium as source material for an attenuation correction system and byproduct material for use in in-vitro studies permitted by 10 CFR 31.11. At this location, the licensee maintained an active nuclear medicine department that routinely performed diagnostic and therapeutic administrations of radiopharmaceuticals. Additionally, the Southlake Campus had a Radiation Oncology Department that performed HDR treatments for gynecological applications and a Neuroscience Department that performed GSR treatments for brain tumors and other neurologic disorders. All therapy procedures were performed on an outpatient basis.

At the Northlake Campus hospital, the use of byproduct material was authorized for medical uses as permitted by 10 CFR 35.100 - 400, 1000 in a GliaSite Radiation Therapy Systems, and byproduct material for use in in-vitro studies permitted by 10 CFR 31.11. At this location, the licensee routinely performed diagnostic administrations of radiopharmaceuticals and occasionally performed therapeutic administrations of radiopharmaceuticals. All therapy procedures were performed on an outpatient basis.

The cardiology clinic was authorized for the use of byproduct material for medical uses as permitted by 10 CFR 35.100 and 200. This location routinely performed diagnostic administrations of radiopharmaceuticals.

The licensee was not actively using manual brachytherapy sources for uses under 10 CFR 35.400, sealed sources for diagnosis under 10 CFR 35.500, GliaSite Radiation Therapy Systems for use under 10 CFR 35.1000, or byproduct material permitted by 10 CFR 31.11 for in-vitro studies at any of their facilities.

The licensee had a consultant Radiation Safety Officer (RSO) who provided radiation safety support and oversight. Medical physics services were provided by the same consulting group and one Authorized Medical Physicist was onsite daily. Additionally, the licensee maintained an active Radiation Safety Committee to provide oversight of licensed activities.

The last routine inspection of the licensee was in June of 2019 and no violations were identified. Prior to that, a routine inspection was conducted from July to September of 2017 and documented under IR 03011234/2017001. One violation of 10 CFR 35.2075(a) was identified for a failure to maintain records of the basis for authorizing the release of an individual in accordance with 10 CFR 35.75. During the June of 2019 inspection, this violation was not closed because the licensee had not performed any procedures that required such records to be maintained.

Additionally, the NRC performed a limited scope inspection on November 28, 2018, to observe the installation of the GSR unit and no violations were identified.

2 Inspection Findings

2.1 Inspection Scope

On February 28 through March 4 and on March 10, 2022, the inspector visited the Methodist facilities to review implementation of the licensee's radiation safety program. The scope of the inspection was to examine the activities conducted under the license and to confirm compliance with NRC rules, NRC regulations, and the conditions of the license. The inspector toured the facilities, observed licensed activities, conducted interviews, and reviewed selected records.

2.2 Observations and Findings

The inspector toured the Southlake Campus, the Northlake Campus, and the cardiology clinic. Throughout the various facilities, the inspector observed tasks including the following: dose calibrator quality control testing, GSR spot checks, HDR spot checks, preparation and administration of doses, receipt of radioactive material, sealed source inventories, surveys, and well counter quality assurance. Additionally, the inspector observed two HDR treatments and one GSR treatment.

The inspector reviewed a sample of records including the following items: annual program reviews, decay in storage logs, dose calibrator calibrations, dosimetry results, GSR calibrations, HDR calibrations, instrument calibrations, patient release instructions and records, RSC meeting minutes, sealed source inventories and leak tests, shipping and receiving logs, surveys, training, and written directives.

Based on the observations, the inspector identified two violations of GSR requirements and one violation of HDR requirements. Additionally, the inspection closed the violation from IR 03011234/2017001.

GSR Requirements

The inspector determined that the licensee did not perform GSR calibrations in accordance with Condition 15.J. of Amendment 78 of License Number 13-16558-01 which requires, in part, that the licensee conduct its program in accordance with the statements, representations, and procedures contained in the letter dated June 4, 2018 (ML18158A233). The letter dated June 4, 2018, states, in part, that: (1) approximately every 6 months the licensee will confirm that each sector on the GSR unit moves correctly to each position within appropriate tolerance limits; (2) that approximately every 6 months the licensee will confirm that the vendor will verify that the location of the radiation focal point for the GSR unit, with respect to the table position, is within the specifications using measurements conducted in an off-centered position; and (3) that on a monthly basis the licensee will confirm that the location of the GSR unit table at a number of off-center positions is within the collision specifications provided by the manufacturer.

During a review of the GSR calibrations, the inspector observed that the licensee failed to have planned maintenance performed on the unit by the vendor approximately every 6 months which led to the licensee failure to perform the required tests. Specifically, from December 19, 2019, to February 24, 2021, a 14-month period, the licensee failed to: (1) confirm that each sector moved correctly to each position within appropriate tolerance limits and (2) confirm that the vendor verified that the location of the radiation focal point, with respect to the table position, was within the specifications using measurements conducted in an off-centered position. These failures represent two examples of a violation of NRC License Number 13-16558-01, Amendment 78, Condition 15.J. Upon identification of the lapse in planned maintenance, the licensee had the vendor perform planned maintenance on the GSR on February 24, 2021. The maintenance included the tests described above. While the licensee had the required tests performed, they did not identify that the tests had been missed and did not implement corrective actions to ensure that the required tests were performed in accordance with their license conditions. The inspector reviewed the vendor's service report and test results. The results were as expected. The inspector determined that there were no impacts to patient treatment or public health and safety.

Additionally, the inspector observed that the licensee did not confirm on a monthly basis that the location of the table at a number of off-center positions was within the collision specifications provided by the manufacturer. Specifically, the licensee stated they thought this was part of the vendor's planned maintenance but it was later determined that this test was not part of the planned maintenance. While the licensee performed alternate testing that provided similar assurances, they did not perform the test as described in the letter dated June 4, 2018, at any frequency prior to the inspection. This is a third example of a violation of NRC License Number 13-16558-01, Amendment 78, Condition 15.J. As a corrective action, on March 31, 2022, the licensee confirmed that the location of the table at a number of off-center positions was within the collision specifications provided by the manufacturer. The inspector reviewed the licensee's test results. The results were as expected. The inspector determined that there were no impacts to patient treatment or public health and safety.

Based on a review of the GSR full calibration records and interviews with licensee staff, the inspector determined that the licensee did not perform GSR full calibration measurements that included the determination of the timer accuracy and linearity over the typical range of use. Specifically, the licensee performed a timer accuracy and linearity from 0 minutes to 20 minutes; however, the typical range of use was from 0 minutes to 45 minutes. Furthermore, on March 10, 2022, the inspector reviewed a treatment plan for a case on that day that had a shot time of 23.4 minutes. This is a violation of 10 CFR 35.635 which requires, in part, that licensees authorized to use a GSR for medical use perform full calibration measurements on each unit at intervals not to exceed 1 year and that the full calibration measurements include determination of timer accuracy and linearity over the typical range of use. As a corrective action, on March 30, 2022, the licensee performed a determination of the timer accuracy and linearity from 0 minutes to 60 minutes. The inspector reviewed the licensee's test results. The results were as expected. The inspector determined that there were no impacts to patient treatment or public health and safety.

HDR Requirements

The licensee's staff demonstrated elements from the HDR full calibration measurements. Based on a review of the HDR full calibration records and the demonstration, the inspector determined that the licensee did not perform HDR full calibration measurements that included the determination of the timer accuracy and linearity over the typical range of use. Specifically, the HDR source had been replaced approximately every 4 months since the previous NRC inspection in 2019 and the licensee performed a timer accuracy and linearity from 0 seconds to 60 seconds; however, the typical range of use during this time was from 0 seconds to 170 seconds. Furthermore, the inspector reviewed a treatment plan for three cases from calendar year 2022 that had dwell times between 162 seconds and 176 seconds. This is a violation of 10 CFR 35.633 which requires, in part, that licensees authorized to use a remote afterloader unit for medical use perform full calibration measurements on each unit before medical use following replacement of the source and that to satisfy the full calibration requirements, the full calibration measurements must include determination of timer accuracy and linearity over the typical range of use. As a corrective action, on March 9, 2022, the licensee performed a determination of the timer accuracy and linearity from zero to 300 seconds. The inspector reviewed the licensee's test results. The results were as expected. The inspector determined that there were no impacts to patient treatment or public health and safety.

IR 03011234/2017001

As an outcome of the 2017 routine inspection, the licensee received a Severity Level IV violation, as described in NRC IR 03011234/2017001, for a failure to maintain a record required by 10 CFR 35.2075(a) for the basis for authorizing the release of an individual in accordance with 10 CFR 35.75. During the 2019 inspection, this violation was not closed because the licensee had not performed any procedures that required such records to be maintained. From June of 2019 through March of 2022, however, the licensee did perform one iodine-131 administration greater than 33 millicuries. During the current inspection, the inspector reviewed the written directive, patient instructions, and release calculations for this procedure. The inspector determined that the licensee performed the administration in accordance with NRC requirements and maintained a record for the basis for authorizing the release of an individual in accordance with

10 CFR 35.75 pursuant to 10 CFR 35.2075(a). Based on this review, the violation from IR 03011234/2017001 was closed.

2.3 Conclusions

Overall, the inspector determined that licensed material was safely being handle, licensed material was kept secure, required postings were present, and required procedures were available. However, the inspector identified three safety-related violations regarding the licensee's failure to: (1) conduct their GSR program in accordance with the statements, representations, and procedures contained their NRC License for sector function and tolerance testing, radiation focal point testing, and table locations collision testing; (2) perform full calibration measurements on the GSR unit that included timer accuracy and linearity over the typical range of use in accordance with 10 CFR 35.635; and (3) perform full calibration measurements on the HDR unit that included timer accuracy and linearity over the typical range of use in accordance with 10 CFR 35.633. Additionally, the inspector closed a violation from IR 3011234/2017001.

3 Independent Radiation Measurements

Independent radiation surveys were conducted at the inspected facilities. The survey results were consistent with the licensee's postings, the licensee's survey results, and applicable regulatory limits.

Instrumentation: Model: RadEye G
Serial Number: 30650
Calibration Expiration: June 28, 2022

4 Exit Meeting Summary

The NRC inspector presented preliminary inspection findings during a virtual inspection briefing on April 28, 2022. Upon completion of in-office review, a virtual exit meeting was held on May 24, 2022, with the licensee. On both occasions, the licensee acknowledged the findings and presented their perspectives on the violations. The licensee did not identify any documents or processes reviewed by the inspectors as proprietary.

PARTIAL LIST OF PERSONNEL CONTACTED

^*# Wright Alcorn, MHA, FACHE, Vice President Operations
^ Sarah Baran, Manager Neurosciences
Sharon Hamilton, Supervisor Nuclear Medicine
^*# Carmen Kmety-Stevenson, PhD, RSO
Ram Narayan, MD
^*# Laurel Valentino, DNP, Director of Neurosciences
Robert Woodburn, MD

\# Present at entrance meeting on February 28, 2022
* Present at inspection briefing on April 28, 2022
^ Present at exit meeting on May 24, 2022

INSPECTION PROCEDURES USED

87131: Nuclear Medicine Programs, Written Directive Required
87132: Brachytherapy Programs
87133: Medical Gamma Stereotactic Radiosurgery and Teletherapy Programs

LIST OF ACRONYMS AND ABBREVIATIONS USED

GSR:	Gamma Stereotactic Radiosurgery
HDR:	High Dose Rate remote afterloader
IR:	NRC Inspection Report
Methodist:	Methodist Hospital of Gary, Inc.
RSO:	Radiation Safety Officer
10 CFR:	Title 10 of the *Code of Federal Regulations*