



Materials Inspection Report

1. Licensee/Location Inspected:

Ascension Macomb Oakland Hospital
11800 E. Twelve Mile Rd.
Warren, MI 48093

Report Number(s) 2022001

2. NRC/Regional Office

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

3. Docket Number(s)

030-02005

4. License Number(s)

21-01190-05

5. Date(s) of Inspection

June 21, 2022

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. During this inspection, certain of your activities, as described below and/or attached, were in violation of NRC requirements, and were assessed at Severity Level IV, in accordance with the NRC Enforcement Policy.

A. 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, corrective action was or is being taken, and the remaining criteria in the NRC Enforcement Policy were satisfied.

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

B. The following violation(s) is/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 AND DATE
LICENSEE'S REPRESENTATIVE		
NRC INSPECTOR	Luis Nieves	Luis A. Nieves Folch Digitally signed by Luis A. Nieves Folch Date: 2022.07.11 14:41:26 -05'00'
BRANCH CHIEF	Michael Kunowski	Michael A. Kunowski Digitally signed by Michael A. Kunowski Date: 2022.07.12 10:18:46 -05'00'

From: [Nieves Folch, Luis](#)
To: lsphysics@att.net
Subject: NRC 591 report Macomb
Date: Tuesday, July 12, 2022 1:09:00 PM
Attachments: [Macomb 591 signMK \(3\).pdf](#)

Dear Ms. Speer Smith

Attach is the clear 591 report for the inspection conducted on June 21, 2022. At this point there is no further actions on your part.

In accordance with Title 10 of the Code of Federal Regulations 2.390 of the NRC's "Rules of Practice," a copy of this message will be 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>. Please feel free to contact me if you have any questions regarding this correspondence.

Thank you,

Luis Nieves
Health Physicist
U.S. Nuclear Regulatory Commission
Division of Nuclear Materials Safety
Office: (630) 829-9571
Fax: (630) 515-1259



Materials Inspection Record

1. Licensee Name: Ascension Macomb Oakland Hospital		2. Docket Number(s): 030-02005		3. License Number(s) 21-01190-05	
4. Report Number(s): 2022001			5. Date(s) of Inspection: June 21, 2022		
6. Inspector(s): Luis Nieves		7. Program Code(s): 02230		8. Priority: 2	9. Inspection Guidance Used: 87131, 87132
10. Licensee Contact Name(s): Laura Speer Smith- RSO		11. Licensee E-mail Address: lsphysics@att.net		12. Licensee Telephone Number(s): 586-808-3058	
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 type="checkbox"/> Remote		15. Next Inspection Date (MM/DD/YYYY): June 21, 2025 <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Extended <input type="checkbox"/> Reduced <input type="checkbox"/> No change	

16. Scope and Observations:

This was an announced, routine inspection of a regional hospital authorized by its NRC license to use unsealed byproduct material for diagnostic procedures under 10 CFR 35.100, 200, 300, 400, 500, 600, and 1000. The hospital has two locations of use in their license. At the time of the inspection, the Madison Heights location has been closed since November 2020 due to renovations. The licensee expects to use that location again soon. At the main hospital, the licensee nuclear department has one hot lab and three full-time medicine technologists (NMTs), and two part-time. The licensee performs seven diagnostic procedures daily, eight Y-90 procedures per year, one HDR per month, and five brachytherapy procedures per year. The licensee only performs prostate treatments in their oncology department for HDRs and manual brachytherapy. The licensee only uses Iodine-125 seeds for their brachytherapy. They stopped using palladium and cesium seeds many years ago. The licensee used to administer Iodine-131. The prescribing doctor administer seven I-131 treatments before leaving in 2020.

Performance Observations

The inspector conducted a tour of the nuclear medicine hot lab and discussed with the NMT's package receipt, surveys, and instrument quality control checks. The inspector observed the preparation and administration of a heart rest test. The NMT demonstrated adequate knowledge of radiation safety principles and practices through interviews. The inspector reviewed audit reports, instruments calibration, inventory, surveys, wipes, leak tests, and training. The inspector also reviewed monthly dosimetry reports, which indicated annual whole-body and extremity doses were below regulatory limits. In the oncology department, the inspector reviewed written directives, HDR daily checks, HDR treatment plans, brachytherapy treatment plans, and HDR annual training.

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