

SAFETY AND COMPLIANCE INSPECTION

<p>1. LICENSEE SOUTH JERSEY HOSPITAL MILLVILLE, BRIDGETON AND NEWCOMB 1000 NORTH HIGH STREET MILLVILLE, NJ 08332 REPORT NUMBER(S) 0001-001</p>	<p>2. REGIONAL OFFICE REGION I US NUCLEAR REGULATORY COMMISSION 475 ALLENDALE ROAD KING OF PRUSSIA PA 19406-1415</p>
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<p>3. DOCKET NUMBER(S) 036 02578</p>	<p>4. LICENSE NUMBER(S) 29-18911-01</p>	<p>5. DATE(S) OF INSPECTION 8-16+17-2001</p>
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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. 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, NUREG-1600, to exercise discretion, were satisfied. _____ non-cited violation(s) were discussed involving the following requirement(s): _____
- 3. During this inspection certain of your activities, as described below and/or attached, were in violation of NRC requirements and are being cited. This form is a NOTICE OF VIOLATION, which is required to be posted in accordance with 10 CFR 19.11.

10 CFR 35.75 REQUIRES THAT THE LICENSEE SHALL MAINTAIN A RECORD FOR 3 YEARS THAT INSTRUCTIONS WERE PROVIDED AND THE BASIS FOR RELEASING THE INDIVIDUAL

CONTRARY TO THE ABOVE YOU DID NOT MAINTAIN A RECORD OF THE BASIS FOR RELEASE OF AN INDIVIDUAL

THE LICENSEE STATED THEY WILL REVIEW ALL ADMINISTRATIONS IN ACCORDANCE WITH THE INSTRUCTIONS IN 10CFR GUIDE 2.39 AND WILL INSERT ALL INDIVIDUALS INVOLVED IN ADMINISTRATION

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	WAYNE SCHIFFMIR		8-17-01
NRC INSPECTOR	DAVID S EVERHART		8-17-01

**APPENDIX A
NUCLEAR MEDICINE INSPECTION RECORD (IP 87115)**

REGION I

Report # 2001-001 License # 29-13911-01 Docket # 030-02578

Licensee Name South Jersey Hospital System, Millville, Bridgeton and Newcomb

Street Address 1200 North High Street

City, State, Zip Millville, New Jersey 08332

Location (Authorized Site) Being Inspected
Bridgeton and Newcomb

Licensee Contact Name Paul Chase, DO, RSO. Phone # 856 825-3500

Priority 3 Program Code 2120 Description

Last Inspection: Sept. 27 & 28, 2000 This Inspection Aug. 16 & 17, 2001

Type of Insp. Announced Unannounced **XX**

Routine **XX** Special Initial

Next Insp. Date 8/2004 Normal **X** Reduced Extended

Justification for change in normal inspection frequency:

Summary of Findings and Actions

No violations, Clear 591 or letter issued Non-cited violations

Violation(s), 591 issued **X** Violation(s), letter issued

Follow up on previous violations: **None**

Inspector -Signature	/RA/	10/13/01
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- Printed Name **David B. Everhart** Date

Approved - Signature	/RA/	10/10/01
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- Printed Name **William H. Ruland** Date

PART I-LICENSE, INSPECTION, INCIDENT/EVENT, AND ENFORCEMENT HISTORY

1. AMENDMENTS AND PROGRAM CHANGES

License amendments issued since last inspection, or program changes noted in the license.

AMENDMENT #	DATE	SUBJECT
46	4/30/01	Relocate Nuclear Medicine
45	1/17/01	Add use and storage of Brachytherapy sources at Newcomb
44	10/4/2000	Add the use of Xenon133 at Bridgeton facility

2. INSPECTION AND ENFORCEMENT HISTORY

Unresolved issues; previous and repeat violations; Confirmatory Action Letters; and orders.

None

3. INCIDENT/EVENT HISTORY

List any incidents or events reported to NRC since the last inspection. Citing "None" indicates that regional event logs, event files, and the licensing file have no evidence of any incidents or events since the last inspection.

None

PART II (NUCLEAR MEDICINE- 87115) - INSPECTION DOCUMENTATION

NOTE: References that correspond to each inspection documentation topic are in Inspection Procedure 87115, Appendix B, "Nuclear Medicine Inspection References."

The inspection documentation part is to be used by the inspector to assist with the performance of the inspection. Note that not all areas indicated in this part are required to be addressed during each inspection. However, for those areas not covered during the inspection, a notation ("Not Reviewed" or "Not Applicable") should be made in each section, where applicable. All areas covered during the inspection should be documented in sufficient detail to describe what activities and procedures were observed and/or demonstrated. In addition, the types of records that were reviewed and the time periods covered by those records should be noted. If the licensee demonstrated any practices at your request, describe those demonstrations. The observations and demonstrations you describe in this report, along with measurements and some records review, should substantiate your inspection findings. Attach copies of all licensee documents and records needed to support violations.

1. ORGANIZATION AND SCOPE OF PROGRAM

Management organization; authorities and responsibilities; authorized locations of use; type, quantity, and frequency of byproduct material use; staff size; mobile nuclear medicine service; limited distribution of pharmaceuticals; and research involving human subjects.

This inspection was conducted to review the effect of the addition of Newcomb Hospital as a place of use on their license and to make all the facilities inspection dates current. The license currently has a total of three locations of use, an increase from two locations of use since the last inspection. The last inspection of the Newcomb license was in 1998. The last inspection of the rest of the facilities on the license was in September, 2000. The inspection also evaluated any change in oversight due to the additional facility and a review of the move of the brachytherapy program to the Newcomb facility. The inspection included a limited review of the Nuclear Medicine program at the Bridgeton location of use.

The RSO reports directly to management for all radiation safety needs. Management is very responsive to the RSO for radiation safety needs. The RSO has appropriate authority and responsibility to fulfill the required responsibilities. The license lists three locations of use and these were noted during the inspection. The licensee performs routine nuclear medicine procedures including bone and cardiac studies and lung scans using Xenon and thyroid uptakes and scans and therapy for hyperthyroidism. The Newcomb facility has three full-time technologists with three cameras. The licensee does not provide mobile nuclear medicine services, limited distribution of radiopharmaceuticals nor do they perform research involving human subjects.

2. MANAGEMENT OVERSIGHT

Management support to radiation safety; Radiation Safety Committee; Radiation Safety Officer; and program audits, including as low as is reasonably achievable (ALARA) reviews.

Management is supportive of radiation safety. The RSO has good support from medical physics and administrative technologists in nuclear medicine. The inspector reviewed the RSC meetings since the last inspection and found proper representation

and good discussions of pertinent issues. The RSC also reviewed the ALARA review of the monthly dosimetry reports. Program audits were performed by a consultant health physicist and reviewed by the RSC.

3. FACILITIES

Facilities as described; uses; control of access; and engineering controls.

The facilities and uses were as described. Control of access to the hot lab at both the Bridgeton facility is accomplished by direct supervision and keypad locked doors. Control of access at the Newcomb facility is accomplished through keyed locks and direct oversight. Management discussed the feasibility of adding keypad locks to the Newcomb facility. Surveys of xenon trap effluent and room negative pressure tests were performed monthly.

4. EQUIPMENT AND INSTRUMENTATION

Dose calibrator; instrumentation for assaying alpha- emitting and beta-emitting radionuclides; generators; syringes and vials; survey instruments; 10 CFR Part 21 procedures; and special equipment and instrumentation.

The licensee possesses and uses an Capintec CRC-7 which has had linearity and accuracy performed as required from 1998 to the present. The licensee has not moved the dose calibrator and has not performed a geometry evaluation since the last inspection. The licensee does not use a generator but syringe and vial shields were noted and observed in use during the inspection. The inspector noted one operable and properly calibrated survey instrument. Records indicate the licensee obtains a replacement survey meter from the radiopharmacy when they send their survey instrument in for calibration. No Part 21 procedures implemented or required.

5. MATERIAL USE, CONTROL, AND TRANSFER

Materials and uses authorized; use of radiopharmaceuticals; security and control of licensed materials; and procedures for receipt and transfer of licensed material.

Materials noted in use through direct observation and records reviews were authorized. Control over licensed material was noted to be adequate throughout the inspection at all facilities. Interviews with individuals revealed an adequate understanding of requirements and good radiation safety practices, commensurate with their level of use.

6. RADIOPHARMACEUTICAL THERAPY

Safety precautions; surveys; and release criteria of patients and rooms.

No patients were hospitalized in compliance with 10 CFR 35.75. Three patients were given doses greater than 33 mCi of I¹³¹ and released with instructions in July of 2001. Patients were counseled and this was well documented. The authorized user was not aware of the need for performing a calculation to assure compliance with 35.75. Subsequent calculations revealed that the release of these patients met the release criteria in Regulatory Guide 8.39 which is used to show compliance with 10 CFR 35.75.

These administration had not been reviewed with the consultant physicist. The authorized user is now fully aware of the requirement and will train all other individuals of this requirement. All technologists involved in thyroid treatments will also be in-serviced in the requirement. This was an isolated incident and was not indicative of a breakdown in the overall radiation safety program. The corrective actions proposed were acceptable and the inspector cited the violation on the NRC Form 591.

7. QUALITY MANAGEMENT PROGRAM (QMP) AND MISADMINISTRATIONS

QMP - written directives, implementation, reviews, and records; misadministrations - identification, notifications, reports, and records.

The licensee performed a QMP audit in January of 2001. Individuals interviewed exhibited an adequate understanding of procedures, requirements and good safety practices. A review of 48 (100% of the administrations in 98 to 01) I¹³¹ therapy administrations in the Newcomb facility revealed no misadministrations and no recordable or reportable events. A review of 12 of the 29 administrations at the Bridgeton facility revealed no misadministrations and no recordable or reportable events.

8. AREA RADIATION SURVEYS AND CONTAMINATION CONTROL

Radiological surveys; air sampling; leak tests; inventories; handling of radioactive materials; records; and public doses.

Surveys were reviewed for both the Newcomb and the Bridgeton facilities. Surveys were performed as required and the results were documented, including minor spills with appropriate follow-up. Leak tests and inventories were performed and recorded as required. Observations and interviews with individuals revealed an adequate understanding and implementation of radiation safety requirements when handling radioactive materials. Public dose was not inspected.

9. TRAINING AND INSTRUCTIONS TO WORKERS

Interviews and observations of routine work; staff knowledge of all routine activities; 10 CFR Part 20 requirements; therapy training and postulated emergency situations; supervision by authorized users.

Interviews and observations revealed an adequate understanding of requirements and good safety practices commensurate with their level of use. Individuals revealed an adequate understanding of Part 20 requirements and normal and postulated emergency situations. Supervision of individuals by authorized users was adequate.

10. RADIATION PROTECTION

Radiation protection program with ALARA provisions; external and internal dosimetry; exposure evaluations; dose records; and patient release.

The licensee supplies monthly dosimetry. The RSO performs an ALARA review at each RSC meeting . A review of the dosimetry records from 1/98 to 6/01 revealed a maximum reading of:1680 mRem per year, extremity dose; and 280 mRem whole body TEDE dose per year. See Item 6 regarding patient release.

11. RADIOACTIVE WASTE MANAGEMENT

Disposal; effluent pathways and control; storage areas; transfer; packaging, control, and tracking procedures; equipment incinerators, hoods, vents and compactors; and records.

The licensee disposes of radioactive materials using decay-in-storage and disposal as hazardous waste.

12. DECOMMISSIONING

Records of radiological conditions; decommissioning plan/schedule; notification requirements; cost estimates; funding methods; financial assurance; and Timeliness Rule requirements.

Not inspected.

13. TRANSPORTATION

Quantities and types of licensed material shipped; packaging design requirements; hazardous materials (HAZMAT) communication procedures; unit dose return; return of sources; procedures for monitoring radiation and contamination levels of packages; HAZMAT training; and records and reports.

The licensee receives unit doses and returns used and unused doses to the radiopharmacy. Interviewed individuals exhibited an adequate understanding of proper receipt requirements and procedures as well as proper transfer procedures including limited quantity limits. HAZMAT training not inspected.

14. NOTIFICATIONS AND REPORTS

Theft; loss; incidents; overexposures; change in Radiation Safety Officer (RSO), authorized user, or nuclear pharmacist; and radiation exposure reports to individuals.

No theft, loss, incidents, overexposures or changes in RSO or authorized user.

15. POSTING AND LABELING

Notices; license documents; regulations; bulletins and generic information; posting of radiation areas; and labeling of containers of licensed material.

Posting of radiation areas and labeling of containers was noted as required. Notices bulletins and generic information was received, reviewed and filed appropriately. Licensee documents were available as required.

16. INDEPENDENT AND CONFIRMATORY MEASUREMENTS

Areas surveyed; comparison of data with licensee's results and regulations; and instrument type and calibration date.

Surveys were performed with a Ludlum 14C with an end window probe. NRC number 033504, last calibrated January, 2001. Surveys of the brachytherapy patient room revealed 0.2 mR/hr at the door, 0.7 mR/Hr in the adjacent room and 0.4 mR/hr in the stairway. Background was measured at 0.04 mR/hr. Surveys of the outside adjacent areas of the brachytherapy room were equal to background. Surveys were also performed at Newcomb facility. Background was noted at 0.03 mR/hr. Readings of the hot lab, camera rooms stress rooms and adjacent areas revealed reading equal to background. Readings were compatible with readings noted on area surveys.

17. VIOLATIONS, NON-CITED VIOLATIONS (NCVs) AND OTHER SAFETY ISSUES

State requirement and how and when licensee violated the requirement. For NCVs, indicate why the violation was not cited. Attach copies of all licensee documents needed to support violations.

The licensee performed three I¹³¹thyroid therapy administrations in July of 2001, with greater than 33 mCi, the limit in Reg Guide 8.39, and failed to perform calculations to ensure that the dose to the individual likely to receive the highest dose was less than 500 mRem in accordance with 10 CFR 35.75. The licensee initially was not aware of the requirement to perform the calculation and the consultant physicist had not visited the site since the therapies and when the inspection occurred. The consultant physicist was aware of the requirement and subsequently performed the calculation which showed that the dose to the individual would be less than 500 mRem. The RSO is now aware of the requirement and will train all authorized users who might perform therapies and also train the technologists who might participate in the therapy to ensure this does not occur in the future. The inspector cited the violation on Form 591 since this was not a programmatic breakdown and corrective action proposed was adequate to resolve the violation and prevent recurrence. 10 CFR 35.75 requires that the licensee shall maintain a record for three years that instructions were provided and the basis for releasing the individuals. Contrary to the above the licensee did not maintain a record of the basis of the release of the individual.

18. PERSONNEL CONTACTED

Identify licensee personnel contacted during the inspection (including those individuals contacted by telephone).

Use # to indicate individual present at entrance meeting.

Use * to indicate individual present at exit meeting.

	Name	Title	Phone No.	In Person or By phone
*	Wayne Schiffner	Chief Operating Officer		Person
*	Paul V. Chase, DO	Radiation Safety Officer		Person

*	Maria Phillips	Admin Dir Radiology		Person
*	Mario Sergi	Dir, Rad Oncology		Person
*	Marcia Ostroff	Lead Nuc Med Tech		Person
	Sandy Gabriel	Physicist		Person
	Lester	Physicist		Person
	Chris Redington	Nuc Med Tech N		Person
	Teresa Pimpinella	Nuc Med Tech N		Person
	Luz Melendez	Nuc Med Tech N		Person
	Kathy Sinisacki	Contractor Tech N		Person
	Suzanne Ramsey	Contractor Tech B		Person
	Deepak Parikh	Nuc Med Tech B		Person

19. PERFORMANCE EVALUATION FACTORS

A.	Lack of senior management involvement with the radiation safety program and/or RSO oversight.		Y	<input type="checkbox"/>	N	<input checked="" type="checkbox"/>
B.	RSO too busy with other assignments.		Y	<input type="checkbox"/>	N	<input checked="" type="checkbox"/>
C.	Insufficient staffing.		Y	<input type="checkbox"/>	N	<input checked="" type="checkbox"/>
D.	RSC fails to meet or functions inadequately.	N/A	<input type="checkbox"/>	Y	<input type="checkbox"/>	<input checked="" type="checkbox"/>
E.	Inadequate consulting services or inadequate audits conducted.	N/A	<input type="checkbox"/>	Y	<input type="checkbox"/>	<input checked="" type="checkbox"/>

REMARKS: (Consider the above assessment and/or other pertinent Performance Evaluation Factors (PEFs) with regard to the licensee's oversight of the radiation safety program.)

PART III - POST- INSPECTION ACTIVITIES	
1.	REGIONAL FOLLOWUP ON PEFs
None	

2.	DEBRIEF WITH REGIONAL STAFF
Post-inspection communication with supervisor, regional licensing staff, Agreement State Officer; and/or State Liaison Officer.	

Reviewed with Branch Chief

PART I-LICENSE, INSPECTION, INCIDENT/EVENT, AND ENFORCEMENT HISTORY

1. AMENDMENTS AND PROGRAM CHANGES

License amendments issued since last inspection, or program changes noted in the license.

AMENDMENT #	DATE	SUBJECT
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See Nuc Med Inspection Record

2. INSPECTION AND ENFORCEMENT HISTORY

Unresolved issues; previous and repeat violations; Confirmatory Action Letters; and orders.

See Nuc Med Inspection Record

3. INCIDENT/EVENT HISTORY

List any incidents or events reported to NRC since the last inspection. Citing "None" indicates that regional event logs, event files, and the licensing file have no evidence of any incidents or events since the last inspection.

See Nuc Med Inspection Record

PART II (BRACHYTHERAPY - 87118) - INSPECTION DOCUMENTATION

NOTE: References that correspond to each inspection documentation topic are in Inspection Procedure (IP) 87118, Appendix B, "Brachytherapy Inspection References."

The inspection documentation part is to be used by the inspector to assist with the performance of the inspection. Note that not all areas indicated in this part are required to be addressed during each inspection. However, for those areas not covered during the inspection, a notation ("Not Reviewed" or "Not Applicable") should be made in each section, where applicable.

All areas covered during the inspection should be documented in sufficient detail to describe what activities and procedures were observed and/or demonstrated. In addition, the types of records that were reviewed and the time periods covered by those records should be noted. If the licensee demonstrated any practices at your request, describe those demonstrations. The observations and demonstrations you describe in this report, along with measurements and some records review, should substantiate your inspection findings. Attach copies of all licensee documents and records needed to support violations.

1. ORGANIZATION AND SCOPE OF PROGRAM

Management organizational structure; Radiation Safety Officer (RSO) and chairman of Radiation Safety Committee (RSC); authorized locations of use; type, quantity, and frequency of byproduct material use.

The main purpose of this inspection was to review the administrative oversight changes since the actual change of control occurred which included the Newcomb facility on the license and including the move of the brachytherapy program to the Newcomb facility. See the Nuclear Medicine Inspection Record for more information.

2. MANAGEMENT OVERSIGHT

Management support to radiation safety; RSC; RSO; program audits or inspections; as low as reasonably achievable (ALARA) reviews; control and supervision by authorized users.

See Nuclear Medicine Inspection Record

3. FACILITIES

Facilities as described; uses; control of access; engineering controls; shielding; maintenance by authorized persons; remote afterloader facilities; pulsed-dose-rate afterloader facilities; low-dose-rate afterloader facilities; interlocks; patient monitoring; approved locations of use.

The inspector reviewed the new storage location for brachytherapy sources including surveys performed in the storage room and surrounding locations. The licensee was also performing a brachytherapy procedure the inspection and the inspector performed surveys and compared the results with the surveys performed by the licensee.

4. EQUIPMENT AND INSTRUMENTATION

Operable and calibrated survey instruments and dosimetry; procedures; 10 CFR Part 21 procedures; calibration records; fixed radiation monitors; backup power supplies for monitors and afterloaders; equipment inspected as scheduled; emergency equipment; calibration and maintenance by authorized persons.

See Nuclear Medicine Inspection Record

5. MATERIAL USE, CONTROL, AND TRANSFER

Materials and uses authorized; afterloader sources approved; security and control of licensed materials; procedures for receipt and transfer of licensed material; source installation and replacement by authorized persons; patient surveys and release.

See Nuclear Medicine Inspection Record

6. AREA RADIATION SURVEYS AND CONTAMINATION CONTROL

Radiological survey locations and frequencies; leak tests; inventories; handling of radioactive materials; records and reports; public doses; unrestricted area surveys; use of protective clothing; proper waste disposal; shielding.

See Nuclear Medicine Inspection Record

7. TRAINING AND INSTRUCTIONS TO WORKERS

Training and retraining requirements for authorized users and operators; documentation; interviews and observations of routine work; staff knowledge of all routine activities; 10 CFR Parts 19 and 20 requirements; emergency response and training for operators, physicians, nurses, and medical physicists; use and supervision by authorized users.

See Nuclear Medicine Inspection Record

8. OPERATING AND EMERGENCY PROCEDURES FOR REMOTE AFTERLOADERS

Operating and emergency procedures posted; procedures approved; required persons present during afterloader use; surveys in unrestricted areas; leak testing; inventories.

Not applicable

9. RADIATION PROTECTION

Radiation protection program with ALARA provisions; access control; dosimetry; exposure evaluations; dose and survey records and reports; annual notifications to workers; bulletins and other generic communications.

See Nuclear Medicine Inspection Record

10. QUALITY MANAGEMENT (QM) PROGRAM, MISADMINISTRATIONS, AND REPORTABLE EVENTS

Verify QM program administration and records and reports of misadministrations and events.

See Nuclear Medicine Inspection Record

11. RADIOACTIVE WASTE MANAGEMENT

Disposal; effluent pathways and control; storage areas; transfer; packaging, control, and tracking procedures; equipment; incinerators, hoods, vents and compactors; license conditions for special disposal methods.

See Nuclear Medicine Inspection Record

12. DECOMMISSIONING

Records relevant to decommissioning; decommissioning plan/schedule; notification requirements; cost estimates; funding methods; financial assurance; and Timeliness Rule requirements; changes in radiological conditions since decommissioning plan was submitted.

See Nuclear Medicine Inspection Record

13. TRANSPORTATION

Quantities and types of licensed material shipped; packaging design requirements; shipping papers; hazardous materials HAZMAT communication procedures; return of sources; procedures for monitoring radiation and contamination levels of packages; HAZMAT training; and records and reports.

See Nuclear Medicine Inspection Record

14. NOTIFICATIONS AND REPORTS

Overexposure and misadministration reports; administrative changes in RSO, authorized users, and physicist; reports to individuals.

See Nuclear Medicine Inspection Record

15. POSTING AND LABELING

Notices; license documents; regulations; bulletins and generic information; area postings; and labeling of containers of licensed material.

See Nuclear Medicine Inspection Record

16. INDEPENDENT AND CONFIRMATORY MEASUREMENTS

Areas, both restricted and unrestricted, surveyed, and comparison of data with licensee's results and regulations; and instrument type and calibration date.

See Nuclear Medicine Inspection Record

17. VIOLATIONS, NCVs, AND OTHER SAFETY ISSUES

State requirement and how and when licensee violated the requirement. For NCVs, indicate why the violation was not cited. Attach copies of all licensee documents needed to support violations.

See Nuclear Medicine Inspection Record

18. PERSONNEL CONTACTED

Identify licensee personnel contacted during the inspection (including those individuals contacted by telephone).

Use # to indicate individual present at entrance meeting.

Use * to indicate individual present at exit meeting.

Name	Title	Phone No.	In Person or By phone
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See Nuclear Medicine Inspection Record

18. PERFORMANCE EVALUATION FACTORS (PEFs)

- A. Lack of senior management involvement with the radiation safety program and/or RSO oversight
- B. RSO too busy with other assignments
- C. Insufficient staffing
- D. Radiation Safety Committee fails to meet or functions inadequately
- E. Inadequate consulting services or inadequate audits conducted

		Y	<input type="checkbox"/>	N	<input type="checkbox"/>
		Y	<input type="checkbox"/>	N	<input type="checkbox"/>
		Y	<input type="checkbox"/>	N	<input type="checkbox"/>
N/A	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
N/A	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>

REMARKS: (Consider the above assessment and/or other pertinent PEFs with regard to the licensee's oversight of the radiation safety program.)

PART III - POST- INSPECTION ACTIVITIES

1. REGIONAL FOLLOWUP ON PEFs

None

2. DEBRIEF WITH REGIONAL STAFF

Post-inspection communication with supervisor, regional licensing staff, Agreement State Officer; and/or State Liaison Officer.

See Nuclear Medicine Inspection Record