021002

Event Details

Abstract:

During an NRC inspection, it was determined that the licensee (dba U.S. Inspection Services) failed to limit radiation levels in unrestricted areas to less than 0.02 mSv/hr (2 mrem/hr) during radiographic operations at a temporary job site in Indianapolis, Indiana. The radiographic operations, involving a 1.52 TBq (41 Ci) Ir-192 source, resulted in a radiation area external to the client's facility. This radiation area extended to the neighboring business property. During radiographic operations, the radiographer's assistant measured radiation levels of 0.2 to 0.25 mSv/hr (20 to 25 mrem/hr) exterior to the client's facility. The radiographer's assistant failed to control access to the un-posted radiation area once the radiation levels were determined (he left the surveillance area for approximately five minutes). An NRC inspection concluded that it was unlikely that a member of the public would have received a dose in excess of regulatory limits. This event was caused by the licensee's failure to properly verify boundary integrity because the radiographer's assistant thought that the radiation area was inaccessible. To prevent recurrence, the licensee implemented controls to ensure adequate surveillance of complex radiographic operations, assessed engineering controls at temporary job sites, and provided additional training on preventing unauthorized access to radiographic areas and posting radiological boundaries.

Event D 08/29/20		Discovery Date 09/03/2002	Report Date 09/03/2002
Licensee / Reporting Party Info Agreement State Regulated: License No: 34-0694 NRC Region Office: 3 Program Code: 03320 Docket: 030350	NO Reciprocity: 43-02 Licensee: City: State:	NONE DAYTON X-RAY COMPANY, DAYTON OH	INC. County:
Site of Event:			
Site Name: INDIANAPOLIS State: IN			
Additional Involved Party:			
License No: NA Name: NA		City: NA State: NA	County: MARION
Other Information:			
NRC Reportable Event: Agreement State Reportable E Atomic Energy Act Material: Consultant Hired:	Y Event: N Y N	Abnormal Occurrence: Investigation: NMED Record Complete: Event Closed by Region/State:	N Y Y Y
Event Class: OTH - OTHER Cause: RADIATION BOU	NDARY NOT SET UP OR V	PIOLATED	
Contributing Factors/Correctiv	e Actions Information:		

IMPROPERLY FOLLOWED PROCEDURES

PERSONNEL RECEIVED ADDITIONAL TRAINING

Source/Radioactive Material Information:

2

NOT REPORTED

PROCEDURE MODIFIED

Factor #:

OTH Factor #:

Contributing Factor:

Corrective Action:

Contributing Factor:

Corrective Action:

All

021002 09/10/2003

OTH

Source #:

SEALED SOURCE RADIOGRAPHY

CAMERA, RADIOGRAPHY

Radionuclide:

IR-192

Source/Material: Manufacturer:

NR

Activity (Curies):

41

Model Number: Serial Number:

Device Name:

NR NR

Leak Test Results (uCi): NR

Problem with Source:

Device/Associated Equipment Information:

OTH

Device #:

Model Number:

NR NR

NRC LETTER

Device/Equipment CAMERA, RADIOGRAPHY Manufacturer:

NR

Serial Number: Problem with

Reporting Requirements:

OTH

Mode Reported:

Reporting

20.2203(a)(2)(iv) - THE 30 DAY WRITTEN REPORT OF DOSES IN EXCESS OF THE LIMITS FOR AN

RLS

INDIVIDUAL MEMBER OF THE PUBLIC IN 20.1301

Keywords:

OTH

Keyword: CAMERA, RADIOGRAPHY

Keyword: EVENT CLOSED BY REGION/STATE

Keyword: RECORD COMPLETE

Keyword: SEALED SOURCE RADIOGRAPHY

02/06/200

02/06/2003

Reference Documents:

LTR030206

Reference #: Entry Date: Update Date: Retraction Date: Coder Initials: Description: INSPECTION REPORT ML022910478 11/04/200 02/06/2003 **RLS** 11/04/200 02/06/2003 **RLS NRC LETTER** ML022910478 **RLS** LICENSEE REPORT ML023220593 12/04/200 02/06/2003 ML023370691 NOTICE OF VIOLATION 12/12/200 02/06/2003 **RLS** ML023370691 12/12/200 02/06/2003 **RLS** NRC LETTER

020550 09/10/2003

Event Details

Abstract:

The licensee reported the loss and recovery of a Troxler moisture/density gauge (model 3430, serial #23264) that contained a 1.48 GBq (40 mCi) Am-Be source and a 0.3 GBq (8 mCi) Cs-137 source. The gauge was not properly secured in the bed of a pickup truck, which was driven non-stop from Niles, Michigan, to Laporte, Indiana. Upon arrival, it was discovered that the tailgate was open and the gauge was missing. An immediate search of the travel route was performed. The licensee's corporate office was notified that the gauge had been found by a private individual in Niles and was in the custody of the Dowagiac, Michigan, Police Department. The case was padlocked and uncompromised, as was the source rod. A leak test was performed on the gauge with negative results. This event was caused by the authorized user's failure to block and brace the case and lock the chain that secured the case to the truck. To prevent recurrence, the licensee reprimanded the authorized user, welded steel boxes to the licensee's trucks used to transport gauges, and sent a memo describing the event to all of their satellite offices.

Event Date Discovery Date Report Date 05/03/2002 05/03/2002 05/03/2002 Licensee / Reporting Party Information: Agreement State Regulated: NONE NO Reciprocity: License No: 13-18685-02 Licensee: ALT & WITZIG ENGINEERING, INC. NRC Region Office: 3 City: CARMEL **HAMILTON** County: Program Code: 03121 State: IN 03035111 Docket: Site of Event: Site Name: NILES State: MI Additional Involved Party: License No: NA City: NA County: Name: State: NA Other Information: NRC Reportable Event: Abnormal Occurrence: N Agreement State Reportable Event: N Investigation: Atomic Energy Act Material: NMED Record Complete: Consultant Hired: Ν Event Closed by Region/State: **Event Class:** LAS - LOST OR STOLEN Cause: PROCEDURE NOT FOLLOWED Contributing Factors/Corrective Actions Information: LAS Factor #: 1 Contributing Factor: **NOT REPORTED** Corrective Action: PERSONNEL REPRIMANDED LAS Factor #: 2 Contributing Factor: **NOT REPORTED** PERSONNEL RECEIVED ADDITIONAL TRAINING Corrective Action: LAS Factor #:

IMPROVE RADIOACTIVE MATERIAL LABELING AND HANDLING

Source/Radioactive Material Information:

NOT REPORTED

Contributing Factor:

Corrective Action:

020550 09/10/2003

LAS

Source #:

Source/Material: **SEALED SOURCE GAUGE** Radionuclide: Activity (Curies): AM-BE

Manufacturer:

NR

Leak Test Results (uCi):

0.04 <.005

Model Number:

NR NR Problem with Source:

Serial Number:

Device Name:

GAUGE PORTABLE

LAS

Source #: Source/Material:

SEALED SOURCE GAUGE NR

Radionuclide: Activity (Curies): CS-137 800.0

Manufacturer: Model Number:

NR

Leak Test Results (uCi):

<.005

Serial Number:

NR

Problem with Source:

GAUGE PORTABLE Device Name: Device/Associated Equipment Information:

LAS

Device #:

Device/Equipment GAUGE PORTABLE

Model Number:

3430

Manufacturer:

Serial Number:

23264

TROXLER

Problem with

Reporting Requirements:

LAS

Mode Reported:

Reporting

20.2201(b)(1) - THE 30 DAY WRITTEN REPORT FOLLOWING A 20.2201(a) TELEPHONE REPORT.

LAS

Mode Reported: T

Reporting

20.2201(a)(1)(i) - THE IMMEDIATE TELEPHONE REPORT OF ANY LOST, STOLEN, OR MISSING LICENSED MATERIAL IN A QUANTITY GREATER THAN OR EQUAL TO 1,000 TIMES THE APPENDIX C QUANTITIES

THAT COULD CAUSE AN EXPOSURE TO PERSONS IN UNRESTRICTED AREAS.

Keywords:

LAS

Keyword: EVENT CLOSED BY REGION/STATE

Keyword: FAILURE TO BLOCK AND BRACE EQUIPMENT

Keyword: GAUGE PORTABLE

Keyword: MATERIAL LOST AND FOUND Keyword: RECORD COMPLETE Keyword: SEALED SOURCE GAUGE

Reference Documents:

Reference #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
EN38952	06/03/200	12/17/2002		DCH .	EVENT NOTIFICATION
ML021860509	07/17 <i>/</i> 200	12/17/2002		RLS	INSPECTION REPORT
ML021860509	07/17/200	12/17/2002		RLS	NRC LETTER
ML022310273	09/04/200	12/17/2002		RLS	LICENSEE REPORT
ML022700209	10/09/200	12/17/2002		DCH	NOTICE OF VIOLATION
ML022700209	10/09/200	12/17/2002		DCH	NRC LETTER
ML022730157	10/09/200	12/17/2002		DCH	NRC NEWS ANNOUNCEMENT
ML022660539	10/31/200	12/17/2002		RLS	NOTIFICATION OF SIGNIFICANT ENFORCEMENT ACTION
LTR021211	12/17/200	12/17/2002		RLS	NRC LETTER

020295

Event Details

Abstract:

The licensee reported that a patient scheduled to receive 18.4 Gy (1840 rad) during a cardiac catheterization procedure using a Novoste Beta-Cath System (model A1732, serial #88746), only received approximately 1.8 Gy (180 rad). After inserting the catheter into the patient, the cardiologist attempted to send the Sr-90 sources (Bebig model SrO.SO3), containing approximately 1.44 GBq (39 mCi), to the treatment location. The distal marker was visualized under fluoroscopy, but the proximal marker was not. The authorized user attempted to return the sources to the safe position in the Beta-Cath unit, but was unsuccessful. The catheter was immediately removed from the patient and placed in the safety box. A visual inspection located six sources and the proximal marker in the source holding area of the Beta-Cath unit, and the remaining six sources and distal marker in the base of the catheter that fits into the Beta-Cath unit. A Novoste representative arrived and returned all of the sources to the safe location. Some type of material was observed in the source holding chamber, which apparently restricted movement of the sources out of the source holding chamber. The Beta-Cath unit was removed from service and returned to Novoste for evaluation, who determined that the material was a piece of the PC o-ring from the delivery catheter. The licensee determined that during the attempted treatment (20 seconds), six of the sources were positioned at the treatment site and the other six remained in the Beta-Cath unit. The patient and patient's physician were notified of the medical event. To prevent recurrence, the licensee performs a visual inspection of the sources in the source chamber prior to each use.

. Event Date	Discovery Date	Report Date
02/28/2002	02/28/2002	03/19/2002

Licensee / Reporting Party Information:

Agreement State Regulated: NO Reciprocity: NONE

License No: 13-02128-03 Licensee: SAINT FRANCIS HOSPITAL AND HEALTH CENTER NRC Region Office: 3 City: BEECH GROVE County: MARION

Program Code: 02230 State: 1N

Docket: 03009398

Site of Event:

Site Name: BEECH GROVE

State: IN

Additional Involved Party:

License No: NR City: NR County: MARION

Name: NOVOSTE State: NR

Other Information:

NRC Reportable Event: Y Abnormal Occurrence: N
Agreement State Reportable Event: N Investigation: Y
Atomic Energy Act Material: Y NMED Record Complete: Y
Consultant Hired: N Event Closed by Region/State: Y

Event Class:

EQP - EQUIPMENT

Cause: DEFECTIVE OR FAILED PARTS

MD2 - MEDICAL EVENT

Cause: DEFECTIVE OR FAILED PARTS

Contributing Factors/Corrective Actions Information:

EQP

Factor #:

Contributing Factor: NOT REPORTED

Corrective Action: EQUIPMENT RETURNED TO MANUFACTURER FOR REPAIR OR DISPOSAL

EQP

Factor #:

Contributing Factor: NOT REPORTED

Corrective Action: PROCEDURE MODIFIED

020295 09/10/2003

MD2

Factor #:

Contributing Factor:

NOT REPORTED

Corrective Action:

EQUIPMENT RETURNED TO MANUFACTURER FOR REPAIR OR DISPOSAL

MD2

Given:

Procedure:

Millicuries:

Factor #:

2

Contributing Factor: Corrective Action:

NOT REPORTED

PROCEDURE MODIFIED

Medical Event Information:

Patient Number: Patient Informed: % Overexposed: % Underexposed:

NA 90

Date Informed:

03/20/2002

Effect on Patient:

BRACHY, INTRAVASCULAR

Intended: Procedure: Dose in RAD:

BRACHY, INTRAVASCULAR

SR-90

0.039

SR-90

0.039

NR

NR

Dose in RAD: 180 **HEART** Organ: Study: NA Radiopharm.: NA Radionuclide:

SR-90 39

Organ: Study: Radiopharm.:

Millicuries:

HEART NA NA SR-90

39

1840

Administered By: Family Dose (REM): Newborn Dose (REM):

PHYSICIAN

Radionuclide:

Fetal Dose (REM):

Radionuclide:

Radionuclide:

Activity (Curies):

Activity (Curies):

Leak Test Results (uCi):

Leak Test Results (uCi):

Problem with Source:

Problem with Source:

Demographics:

Person ID No: Description: 1

NOT REPORTED

Source/Radioactive Material Information:

EQP

Source #:

Source/Material:

SEALED SOURCE BRACHYTHERAPY

Manufacturer: BEBIG

SR0.S03 Model Number:

Serial Number: NR INTRAVASCULAR BRACHY UNIT

Device Name:

MD2

Source #:

Source/Material: Manufacturer:

SEALED SOURCE BRACHYTHERAPY BEBIG Model Number: SR0.S03

Serial Number:

NR

Device Name:

INTRAVASCULAR BRACHY UNIT

Device/Associated Equipment Information:

EQP

Device #: Manufacturer:

Device/Equipment INTRAVASCULAR BRACHY UNIT

Model Number: Serial Number: Problem with

A1732 88746

A1732

88746

NOVOSTE

MD2

Device #:

Model Number: Serial Number:

Device/Equipment INTRAVASCULAR BRACHY UNIT Manufacturer: NOVOSTE Problem with

Reporting Requirements:

020295 09/10/2003

EQP

Mode Reported: W

Reporting

30.50(b)(2)(ii) - THE 24 HOUR REPORT OF AN EVENT WHERE REQUIRED EQUIPMENT IS DISABLED OR

FAILS TO FUNCTION AS DESIGNED WHEN THE EQUIPMENT IS REQUIRED TO BE AVAILABLE AND OPERABLE WHEN IT IS DISABLED OR FAILS TO FUNCTION.

MD2

Mode Reported:

Reporting

35.33(a)(2)-5F - (NO LONGER USED) WRITTEN RPT. <15 DAYS AFTER DISC. OF A BRACHY. RAD. DOSE WHEN THE CALC. ADMIN. DOSE DIFFERS FROM THE PRESC. DOSE BY MORE THAN 20% OF THE PRESC.

DOSE.

Keywords:

EQP

Keyword: EVENT CLOSED BY REGION/STATE Keyword: INTRAVASCULAR BRACHY UNIT

Keyword: RECORD COMPLETE

Keyword: SEALED SOURCE BRACHYTHERAPY

MD2

Keyword: BRACHY, INTRAVASCULAR

Keyword: EVENT CLOSED BY REGION/STATE

Keyword: HEART

Keyword: RECORD COMPLETE

Reference Documents:

Reference #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
ML020800070	03/25/200	12/17/2002		RLS	PRELIMINARY NOTIFICATION
PN302008	03/25/200	12/17/2002		DCH	PRELIMINARY NOTIFICATION
EN38783	03/25/200	12/17/2002		DCH	EVENT NOTIFICATION
ML020950586	04/23/200	12/17/2002		RLS	INSPECTION REPORT
ML020950586	04/23/200	12/17/2002		RLS	NRC LETTER
LTR020611	06/17/200	12/17/2002		DCH	NRC LETTER
ML021890533	07/24/200	12/17/2002		RLS	LICENSEE REPORT
ML021890533	07/24/200	12/17/2002		RLS	NRC LETTER
LTR021211	12/17/200	12/17/2002		RLS	NRC LETTER

NR

010965 09/10/2003

Event Details

Abstract:

The licensee reported the loss of a seed source containing 12.1 MBq (0.327 mCi) of I-125. The licensee ordered 107 seeds, four seeds more than required for the planned implant procedure. The seeds were ordered from Mentor. Upon receipt of the seeds, no count was made to determine the actual number of seeds received. Upon completion of the implant procedure, only three of the four extra seeds were present. The licensee conducted a thorough search for the missing seed, but could not locate the seed. Mentor was contacted to see if they might have shipped one seed less than ordered, but their seed inventory showed no discrepancies. To prevent recurrence, the licensee modified their procedures for verifying and handling seeds.

 Event Date
 Discovery Date
 Report Date

 08/29/2001
 08/29/2001
 08/29/2001

Licensee / Reporting Party Information:

Agreement State Regulated: NO Reciprocity: NONE

License No: 13-06009-01 Licensee: COMMUNITY HOSPITALS OF INDIANA

NRC Region Office: 3 City: INDIANAPOLIS County: MARION Program Code: 02230 State: IN

Program Code: 02230 State: 1

Docket: 03001625

Site of Event:

Site Name: INDIANAPOLIS

State: IN

Additional Involved Party:

License No: NR City: NR County: MARION

Name: MENTOR State: NR

Other Information:

NRC Reportable Event: Y Abnormal Occurrence: N
Agreement State Reportable Event: N Investigation: Y
Atomic Energy Act Material: Y NMED Record Complete: Y
Consultant Hired: N Event Closed by Region/State: Y

Event Class:

LAS - LOST OR STOLEN

Cause: INADEQUATE PROCEDURE

Contributing Factors/Corrective Actions Information:

LAS

Factor #: 1

Contributing Factor: LOSS OF ADMINISTRATIVE CONTROL

Corrective Action: PROCEDURE MODIFIED

Source/Radioactive Material Information:

LAS

Source/Material:

Source #: 1

1 Radionuclide: I-125
SEALED SOURCE BRACHYTHERAPY Activity (Cunes): 0.000327

Manufacturer: NORTH AMERICAN SCIEN Leak Test Results (uCi):

Model Number: NR Problem with Source:

Serial Number: NA
Device Name: NA

Reporting Requirements:

LAS

Mode Reported: W

Reporting 20.2201(b)(1) - THE 30 DAY WRITTEN REPORT FOLLOWING A 20.2201(a) TELEPHONE REPORT.

010965 09/10/2003

LAS

Mode Reported: T

Reporting

20.2201(a)(1)(ii) - THE 30 DAY TELEPHONE REPORT OF ANY LOST, STOLEN, OR MISSING LICENSED MATERIAL IN A QUANTITY GREATER THAN 10 TIMES THE APPENDIX C QUANTITIES.

Keywords:

LAS

Keyword: EVENT CLOSED BY REGION/STATE Keyword: MATERIAL LOST AND NOT FOUND

Keyword: RECORD COMPLETE
Keyword: SEALED SOURCE BRACHYTHERAPY

Reference Documents:

Reference #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
ML012820361	10/25/200	12/18/2002		RLS	LICENSEE REPORT
ML020560600	03/07/200	12/18/2002		RLS	LICENSEE REPORT
ML020560243	03/12/200	12/18/2002		RLS	INSPECTION REPORT
ML020560243	03/12/200	12/18/2002		RLS	NOTICE OF VIOLATION
ML020560243	03/12/200	12/18/2002		RLS	NRC LETTER
ML020840378	04/08/200	12/18/2002		RLS	LICENSEE REPORT
LTR021211	12/18/200	12/18/2002		RLS	NRC LETTER

000322

Event Details

Abstract:

Source #:

Source/Material:

Manufacturer:

Model Number:

Serial Number:

Device Name:

SEALED SOURCE GAUGE

GAUGE PORTABLE

NR

NR

NR

The licensee reported the loss and recovery of a Humboldt moisture/density gauge (model 5001C, serial #1966) containing 1.48 GBq (40 mCi) of Am-Be and 0.37 GBq (10 mCi) of Cs-137. The gauge was shipped from the licensee's facility in Raleigh, North Carolina, to a facility in Coplay, Pennsylvania, via their carrier (Roadway Express). After five days, the customer notified the licensee that they had not received the gauge. The licensee then contacted the carrier and found out that the gauge was missing in transit. A trace was put out by the carrier for the gauge and they believed it may have been transferred to the wrong truck in Winston-Salem, North Carolina, which was scheduled to go to Indianapolis, Indiana. The suspected truck was located in Indiana and was taken back to the carrier's hub in Indianapolis to unload. The gauge was recovered in Indianapolis at 2244 EDT on 5/12/2000 and was redirected to the original customer.

Event Date 05/01/2000	D	iscovery Date 05/05/2000	Report Date 05/12/2000		
Licensee / Reporting Party Information Agreement State Regulated: YS License No: NC-092-0750-1 NRC Region Office: 2 Program Code: NA Docket: NA	Reciprocity: Licensee: City: State:	NONE HUMBOLDT RALEIGH NC	County:		
Site of Event: Site Name: INDIANAPOLIS State: IN					
Additional Involved Party: License No: NON-LICENSEE Name: ROADWAY EXPRESS		City: INDIANAPOLIS State: IN	County: MARION		
Other Information:					
NRC Reportable Event: Agreement State Reportable Event: Atomic Energy Act Material: Consultant Hired:	Y Y Y N	Abnormal Occurrence: Investigation: NMED Record Complete: Event Closed by Region/State:	N Y N		
Event Class: LAS - LOST OR STOLEN Cause: LOSS OF ADMINISTRATIVE CONTROL					
Contributing Factors/Corrective Actions Information: LAS Factor #: 1 Contributing Factor: NOT REPORTED Corrective Action: NOT REPORTED					
Source/Radioactive Material Information	on:				

Radionuclide:

Activity (Curies):

Leak Test Results (uCi):

Problem with Source:

AM-BE

0.04

NR

000322 09/10/2003

LAS

Source #:

2

SEALED SOURCE GAUGE

Radionuclide:

Source/Material: Manufacturer:

NR

Activity (Curies):

CS-137 0.01 NR

Model Number: Serial Number:

Device Name:

NR NR

GAUGE PORTABLE

Problem with Source:

Leak Test Results (uCi):

Device/Associated Equipment Information:

LAS

Device #:

Model Number.

5001C

Device/Equipment GAUGE PORTABLE

Serial Number:

1966

Manufacturer:

HUMBOLDT SCIENTIFIC

Problem with

Reporting Requirements:

LAS

Mode Reported:

20.2201(b)(1) - THE 30 DAY WRITTEN REPORT FOLLOWING A 20.2201(a) TELEPHONE REPORT.

Reporting LAS

Mode Reported: T

Reporting

20.2201(a)(1)(i) - THE IMMEDIATE TELEPHONE REPORT OF ANY LOST, STOLEN, OR MISSING LICENSED MATERIAL IN A QUANTITY GREATER THAN OR EQUAL TO 1,000 TIMES THE APPENDIX C QUANTITIES

THAT COULD CAUSE AN EXPOSURE TO PERSONS IN UNRESTRICTED AREAS.

Keywords:

LAS

Keyword: GAUGE PORTABLE Keyword: SEALED SOURCE GAUGE

Reference Documents:

Reference #:

Entry Date: Update Date: Retraction Date: Coder Initials:

Description:

EN36997

05/16/200

09/13/2000

DCH

EVENT NOTIFICATION REPORTED FROM AN

AGREEMENT STATE

NC000015

09/13/200

09/13/2000

RLS

AGREEMENT STATE EVENT REPORT

NR

000328 09/10/2003

Event Details

Abstract:

The licensee reported the loss of one brachytherapy seed containing 18.5 MBq (0.5 mCi) of Ir-192. After removing the applicator and inventorying the seeds, it was determined that one of 64 seeds was missing. A survey of the patient and room did not locate the missing seed. The applicator was removed with the seeds intact. The seeds were contained within ribbons and the ribbons were retained in the applicator, making it unlikely that the seed would have been lost during the treatment. It may have been possible that the correct number of seeds were not placed in the ribbons. This event was retracted on 5/19/2000. The licensee reported that the seed was not missing. The initial count of seeds was erroneous. When the seeds were independently recounted, all seeds were present.

> **Event Date Discovery Date** Report Date 04/18/2000 05/17/2000

Licensee / Reporting Party Information:

Agreement State Regulated: NO Reciprocity: NONE

License No: 13-02752-03 Licensee: INDIANA UNIVERSITY MEDICAL CENTER

NRC Region Office: 3 City: **INDIANAPOLIS MARION**

Program Code: 02110 State: IN 03001609

Site of Event:

Site Name: **INDIANAPOLIS**

State: IN

Docket:

Additional Involved Party:

License No: NA County: MARION City: NA

Name: State: NA

Other Information:

NRC Reportable Event: Abnormal Occurrence: Ν Agreement State Reportable Event: N Investigation: N Atomic Energy Act Material: NMED Record Complete: Consultant Hired: Event Closed by Region/State:

Event Class:

LAS - LOST OR STOLEN NOT REPORTED Cause:

Contributing Factors/Corrective Actions Information:

LAS

Factor #:

Contributing Factor. **NOT REPORTED NOT REPORTED** Corrective Action:

Source/Radioactive Material Information:

LAS

Source #:

IR-192 Radionuclide: Source/Material: **SEALED SOURCE BRACHYTHERAPY** 0.0005 Activity (Curies):

Manufacturer. NR Leak Test Results (uCi): NR Problem with Source: Model Number:

Serial Number: NR Device Name: NA

Keywords: LAS

Keyword: EVENT CLOSED BY REGION/STATE Keyword: MATERIAL LOST AND FOUND

Keyword: RECORD COMPLETE

000328 09/10/2003

Keyword: SEALED SOURCE BRACHYTHERAPY

Reference Documents:

Reference #:

Entry Date: Update Date: Retraction Date: Coder Initials: Description: 05/18/200 12/23/2002 05/19/2000 DCH EVENT NOTIFICATION EN37009 LTR021218 12/23/200 12/23/2002 RLS NRC LETTER

020692 09/10/2003

Event Details

Abstract:

Manufacturer:

Model Number:

Serial Number:

Device Name:

NR

NA

NA

NA

The licensee reported that an annual audit revealed the loss of 348 MBq (9.4 mCi) of C-14. The material consisted of 167 mg of a research compound in dry powder form contained in a small vial (less than 20 ml in volume). The material was used for basic metabolic research purposes. The last accounting of the material was in December 1999. Despite a detailed search, the material could not be located. The licensee believes that the material was incinerated along with other radioactive waste, which would result in a maximum off-site dose of 0.27 uSv (0.027 mrem). To prevent recurrence, the licensee retrained department personnel, will perform more frequent inventories, and developed a standardized radioactive material tracking procedure.

			•		
	Event Date 12/01/1999	0	06/20/2002	Repor 07/19	
Licensee / Reporting Agreement State Re License No: NRC Region Office: Program Code: Docket:	egulated: NO 13-01133-02	Reciprocity: Licensee: City: State:	NONE ELI LILLY & CO. INDIANAPOLIS IN	County:	MARION
Site of Event:					
	NAPOLIS				
Additional Involved P	arty:				
License No: NA Name: NA			City: NA State: NA		County: MARION
Other Information:				-	
NRC Reportable Eve Agreement State Re Atomic Energy Act M Consultant Hired:	portable Event: N	!	Abnormal Occurrence: Investigation: NMED Record Comple Event Closed by Region	N te: Y	
Event Class: LAS - LOST OR STO Cause: LOSS O	DLEN DF ADMINISTRATIVE	CONTROL			
Contributing Factor. Corrective Action: LAS	1 NOT REPORTED PERSONNEL REC	CEIVED ADDITIC	ONAL TRAINING		
Source/Radioactive N	Material Information:				
Source #: Source/Material:	1 UNSEALED SOURCE	CE LAB	Radionuci Activity (C		C-14 D.0094

Leak Test Results (uCi):

Problem with Source:

NA

020692 09/10/2003

LAS

Mode Reported:

W

Reporting

20.2201(b)(1) - THE 30 DAY WRITTEN REPORT FOLLOWING A 20.2201(a) TELEPHONE REPORT.

LAS

Mode Reported: Т

Reporting

20.2201(a)(1)(ii) - THE 30 DAY TELEPHONE REPORT OF ANY LOST, STOLEN, OR MISSING LICENSED MATERIAL IN A QUANTITY GREATER THAN 10 TIMES THE APPENDIX C QUANTITIES.

Keywords:

LAS

Keyword: MATERIAL LOST AND NOT FOUND Keyword: RECORD COMPLETE

Keyword: UNSEALED SOURCE LAB

Reference Documents:

Reference #: EN39075

Entry Date: Update Date: Retraction Date: Coder Initials: Description:

ML022280443

09/05/200

07/22/200 09/05/2002 09/05/2002

DCH RLS

EVENT NOTIFICATION LICENSEE REPORT

AM-BE

0.05

NR

Radionuclide:

Activity (Curies):

Leak Test Results (uCi):

Problem with Source:

990208 09/10/2003

Event Details

Abstract:

Source #:

Source/Material:

Manufacturer:

Model Number:

Serial Number:

Device Name:

SEALED SOURCE GAUGE

GAUGE PORTABLE

NR

NR

NR

The licensee reported the theft of a Campbell Pacific Nuclear moisture/density gauge (model MC-1, serial #MD40401995) from the back of a company pickup truck. The gauge contains 1.85 GBq (50 mCi) of Am-Be and 0.37 GBq (10 mCi) of Cs-137. The pickup was parked at an employee's residence in South Bend, Indiana and the gauge was locked in the open bed of the truck. The gauge was in a triple lock position with the case being secured to the bed of the truck with a padlock and a lock was placed on the other half of the case. In addition, the handle was in its locked position. The employee discovered the gauge missing from the truck on the morning of 3/30/99. The gauge case was still in the back of the truck.

Event Date 03/29/1999	D	iscovery Date 03/30/1999	Report Date . 03/30/1999
Licensee / Reporting Party Information Agreement State Regulated: NO License No: 13-18685-01 NRC Region Office: 3 Program Code: 03121 Docket: 03014041	Reciprocity: Licensee: City: State:	NONE ALT & WITZIG ENGINEERING INDIANAPOLIS IN	G, INC. County: MARION
Site of Event: Site Name: SOUTH BEND State: IN			
Additional Involved Party: License No: NA Name: NA		City: NA State: NA	County:
Other Information:			
NRC Reportable Event: Agreement State Reportable Event: Atomic Energy Act Material: Consultant Hired:	Y N Y	Abnormal Occurrence: Investigation: NMED Record Complete: Event Closed by Region/State:	N N N Y
Event Class: LAS - LOST OR STOLEN Cause: STOLEN LICENSED MATI	ERIAL, SECURITY N	, MEASURES UNKNOWN	
Contributing Factors/Corrective Action LAS Factor #: 1 Contributing Factor: NOT REPORTS Corrective Action: NOT REPORTS	ED		
Source/Radioactive Material Information	on:		

CS-137

0.01

NR

990208 09/10/2003

LAS

Source #

Source/Material: **SEALED SOURCE GAUGE** NR

Manufacturer: Model Number:

NR NR

Serial Number: Device Name:

GAUGE PORTABLE

Device/Associated Equipment Information:

LAS

Device #:

Manufacturer:

Device/Equipment GAUGE PORTABLE

Model Number:

Serial Number:

MD40401995

MC-1

CAMPBELL PACIFIC NUC Problem with

Reporting Requirements:

LAS

Mode Reported:

Reporting

20.2201(b)(1) - THE 30 DAY WRITTEN REPORT FOLLOWING A 20.2201(a) TELEPHONE REPORT.

LAS

Mode Reported: Т

Reporting

20.2201(a)(1)(i) - THE IMMEDIATE TELEPHONE REPORT OF ANY LOST, STOLEN, OR MISSING LICENSED MATERIAL IN A QUANTITY GREATER THAN OR EQUAL TO 1,000 TIMES THE APPENDIX C QUANTITIES

Radionuclide:

Activity (Curies):

Leak Test Results (uCi):

Problem with Source:

THAT COULD CAUSE AN EXPOSURE TO PERSONS IN UNRESTRICTED AREAS.

Keywords:

LAS

Keyword: EVENT CLOSED BY REGION/STATE

Keyword: GAUGE PORTABLE

Keyword: MATERIAL STOLEN AND NOT RECOVERED

Keyword: SEALED SOURCE GAUGE

Reference Documents:

Entry Date: Update Date: Retraction Date: Coder Initials: Description: Reference #:

EN35527 03/31/199 03/20/2003 DCH **EVENT NOTIFICATION** PN399016 04/05/199 03/20/2003 DCH PRELIMINARY NOTIFICATION 9903310349 11/15/199 03/20/2003 PRELIMINARY NOTIFICATION **RLS**

03/20/200 LTR030317 03/20/2003 RLS NRC LETTER

Abstract:

The licensee reported the theft of a Loral Control Systems Xact Ray thickness gauge (model 5310, serial #48761-1), containing a 37 GBq (1 Ci) Am-241 sealed source (serial #2786LX). The gauge was properly labeled, secured to a pallet, and stored in an area designated for equipment being transferred to the licensee's Central Tubing Facility in Columbus, Indiana. However, when the truck carrying equipment to the Central Tubing Facility arrived, the gauge was not present. It appears that the gauge was inadvertently placed on a truck that was transporting material to a local scrap metal dealer (Kroot Salvage in Columbus, Indiana). However, when the truck arrived at the scrap yard, the gauge could not be found. The licensee has searched the local scrap yard with negative results. The licensee also searched the Kelpner Brothers scrap yard in Louisville, Kentucky, with negative results. The licensee contacted all other Arvin Exhaust facilities in North America and several outside purchasers of surplus process equipment with negative results. The licensee believes the gauge was stolen for its scrap value and contacted the Payne Firm for consultation concerning the device. The NRC concurred that the gauge was deliberately taken, although no specific person or organization could be identified as having taken the gauge. The gauge weighed approximately 200 pounds and was used to measure the thickness of rolled steel.

> **Event Date Discovery Date** Report Date 03/29/1999 04/09/1999 04/12/1999

Licensee / Reporting Party Information:

Agreement State Regulated: Reciprocity: NONE

ARVIN INDUSTRIES, INC. **GENERAL LICENS** Licensee: License No:

NRC Region Office: 3 City: GREENWOOD County: JOHNSON NR State: IN

Program Code: NA Docket:

990239 09/10/2003

Site of Event:

Site Name: **GREENWOOD**

State: IN

Additional Involved Party:

License No: NON-LICENSEE City: **COLUMBUS** County: JOHNSON

Name: **KROOT SALVAGE** State: IN

Other Information:

NRC Reportable Event: Abnormal Occurrence: N Agreement State Reportable Event: N Investigation: Atomic Energy Act Material: NMED Record Complete: Consultant Hired: Event Closed by Region/State:

Event Class:

LAS - LOST OR STOLEN

STOLEN LICENSED MATERIAL, SECURITY MEASURES DEFEATED Cause:

Contributing Factors/Corrective Actions Information:

LAS

Factor #:

Contributing Factor: **NOT REPORTED**

NO CORRECTIVE ACTION TAKEN Corrective Action:

Source/Radioactive Material Information:

LAS

Source #:

SEALED SOURCE GAUGE

Radionuclide:

AM-241

Source/Material: Manufacturer:

NR

Activity (Curies): Leak Test Results (uCi):

Problem with Source:

1 NR

Model Number: NR 2786LX

Serial Number: Device Name:

GAUGE FIXED

Device/Associated Equipment Information:

LAS

Device #:

Model Number:

5310 48761-1

Device/Equipment GAUGE FIXED Manufacturer: LORAL CONTROL SYS. Serial Number:

Problem with

Consultant Information:

Name:

Company: WOODY, DAN **PAYNE FIRM** Hired by:

Speciality:

LICENSEE NR

Reporting Requirements:

LAS

LAS

Mode Reported:

20.2201(b)(1) - THE 30 DAY WRITTEN REPORT FOLLOWING A 20.2201(a) TELEPHONE REPORT.

Reporting LAS

Mode Reported: Т

Reporting

20.2201(a)(1)(i) - THE IMMEDIATE TELEPHONE REPORT OF ANY LOST, STOLEN, OR MISSING LICENSED MATERIAL IN A QUANTITY GREATER THAN OR EQUAL TO 1,000 TIMES THE APPENDIX C QUANTITIES

THAT COULD CAUSE AN EXPOSURE TO PERSONS IN UNRESTRICTED AREAS.

Keywords:

LAS

Keyword: EVENT CLOSED BY REGION/STATE

Keyword: GAUGE FIXED

Keyword: MATERIAL STOLEN AND NOT RECOVERED

990239 09/10/2003

Keyword: RECORD COMPLETE
Keyword: SEALED SOURCE GAUGE

Reference Documents:

;

Reference #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
EN35577	04/13/199	03/20/2003		DCH	EVENT NOTIFICATION
PN399021	04/19/199	03/20/2003		DCH	PRELIMINARY NOTIFICATION
LTR990511	08/10/199	03/20/2003		DCH	CONSULTANT REPORT
9906070051	09/13/199	03/20/2003		RLS	INSPECTION REPORT
9906070049	09/13/199	03/20/2003		RLS	NRC LETTER
9904140320	11/16/199	03/20/2003		RLS	PRELIMINARY NOTIFICATION
ML010360334	02/13/200	03/20/2003		RLS	NRC LETTER
LTR030317	03/20/200	03/20/2003		RLS	NRC LETTER

981167 09/10/2003

Event Details

Medical Event Information:

Abstract:

The licensee reported a medical misadministration due to the reversal of the Y and Z coordinates when a patient was treated on the Elekta Instruments Leksell gamma knife. The plan called for three doses of radiation using the 4 mm helmet with a plug pattern. The prescribed dose to the treated volume was 1,100 cGy (rad) to the 58% isodose line. The first treatment was set up and delivered to the patient. When the coordinates for the second treatment were set, it was discovered that the Y and Z coordinates had been reversed on the first treatment. The correct coordinates were then set, and the patient was treated correctly. The remaining two treatments were also delivered to complete the treatment plan. The first treatment was simulated on the computer with the coordinates set as delivered to the patient, and the treatment site in the brain was determined. The treated site was fluid in the left ventricle of the brain. The initial calculated dose was 585 cGy (rad) to the 50% isodose volume of the 4 mm helmet, with a maximum point dose of 1,170 cGy (rad). The treated volume was small, approximately 0.96 mm3. It was determined that there would be no harmful effects to the patient. A later reconstruction utilizing the treatment planning software indicated that the dose to the ventricle wall was approximately 50 cGy (rad). The attending physician and patient's family were notified. While the root cause of this event appears to be human error during the setting of patient positioning parameters, other factors contributed to the cause of this event. Due to the patient's medical condition, variations in typical procedures as described above occurred. One variation was a reduction in the number of personnel typically involved in setting up the patient treatment from three to two individuals. Another variation was that the Z coordinate was set prior to attaching the Z bar to the stereotactic frame. For all gammaknife treatments in the future, a minimum of three individuals will be involved in setting up the patient treatment. Individuals involved in actually setting the coordinates on the stereotactic frame shall be allowed to set coordinates X, Y, and Z on one side of the patient only.

		Event Dat	e	Ε	iscovery Date	!	Report D	ate	
		12/01/199	В		12/01/1998		12/02/19	98	
Licensee / Rep Agreement S License No: NRC Region Program Coo Docket:	State Reg Office:	•	NO -08	Reciprocity: Licensee: City: State:	NONE INDIANA INDIANAI IN	UNIVERSITY SCH POLIS	OOL OF MEI County:		E RION
Site of Event: Site Name: State:	INDIAN IN	APOLIS							
Additional Inv	olved Pa	rty:							
License No: Name:	NA NA				City: State:	NA NA	Co	ounty:	MARION
Other Informa	tion:								
NRC Report Agreement S Atomic Ener Consultant H	State Rep gy Act Ma	ortable Eve	ent: I	Y N Y Y		**	N Y Y		
Event Class: MD2 - MEDIC Cause:		•	Y TREA	TMENT SITE					
Contributing F MD2 Factor #: Contributing Corrective Ad	1 Factor:	PERSO	NNEL EF						

981167 09/10/2003

Patient Number: % Overexposed: 100 Patient Informed: % Underexposed: NA Date Informed: 12/01/1998 Effect on Patient:

Given: Procedure:

GAMMA KNIFE

Intended: Procedure:

GAMMA KNIFE

Dose in RAD: **BRAIN** Organ: Study: NA Radiopharm.: NA Radionuclide: CO-60 Millicuries: NR

Dose in RAD: 50 Organ: **BRAIN** Study: NA Radiopharm.: NA Radionuclide: CO-60 Millicuries: NR

Administered By: Family Dose (REM): NR NA

Newborn Dose (REM): NA

Fetal Dose (REM):

Demographics:

Person ID No: Description: MALE 1

> 1A **TEEN (AGE 13-19)**

Source/Radioactive Material Information:

MD2

Source #:

Radionuclide:

CO-60

Source/Material: Manufacturer:

SEALED SOURCE GAMMA KNIFE NR

Activity (Curies): NR Leak Test Results (uCi): NR Problem with Source:

NR Model Number: NR

Serial Number:

Device Name: GAMMA KNIFE UNIT

Device/Associated Equipment Information:

MD2

Device #: Manufacturer:

Device/Equipment GAMMA KNIFE UNIT

Model Number: Serial Number:

NR NR

ELEKTA INSTRUMENTS Problem with

Consultant Information:

Name:

Company:

Hired by:

Speciality:

MD2

WHITTINGTON.

UNIVERSITY OF PENNSYLVANIA

NRC

MEDICAL, M.D.

Reporting Requirements:

MD2

Mode Reported:

Reporting

35.33(a)(1)-3B - (NO LONGER USED) PHONE RPT. NO LATER THAN THE NEXT CAL. DAY AFTER DISC. OF A

GAMMA STEREOTACTIC RADSURGERY RAD. DOSE INVOLV. THE WRONG TREATMENT SITE.

Keywords:

MD2

Keyword: BRAIN

Keyword: GAMMA KNIFE **Keyword: RECORD COMPLETE**

Reference Documents:

Reference #:

PN398056 12/17/199 EN35104 12/17/199 9812230187 01/19/199

04/01/1999 04/01/1999 01/20/199 04/01/1999

04/01/1999

Entry Date: Update Date: Retraction Date: Coder Initials:

DCH

DCH

DCH

Description:

PRELIMINARY NOTIFICATION **EVENT NOTIFICATION** LICENSEE REPORT

DCH PRELIMINARY NOTIFICATION

9812070014 DCH LICENSEE REPORT 03/02/199 04/01/1999 LTR981218

981167 09/10/2003

9901290291	03/11/199	04/01/1999	DCH	LICENSEE REPORT
9901280353	03/11/199	04/01/1999	DCH	CONSULTANT REPORT
9901210176	03/31/199	04/01/1999	DCH	INSPECTION REPORT
9901210171	03/31/199	04/01/1999	DCH	NRC LETTER

;

981105 09/10/2003

Event Details

Abstract:

The licensee reported the loss of three 13.9 MBq (376 uCi) I-125 brachytherapy seeds. Eight seeds were held as extra in a sterile steel container on the preparation table in the Operating Room (OR) during a prostate brachytherapy procedure. During the OR clean-up the closed container with the seeds was taken to the OR cleaning room and placed on a table. The OR technician placed the closed container into soapy water in a wash sink, opened it, washed it along with several other pieces of equipment, then drained the sink. The dosimetrist had recorded that there were eight seeds in the container, but he forgot to remove them from the pig prior to its rinsing by the OR technician. Five of the seeds were found in the sink's drain trap, but the other three seeds could not be traced or recovered. It is estimated that the radiation dose to the technician's hands was about 0.33 mGy (33 mrad).

> **Event Date Discovery Date** Report Date 11/03/1998 11/04/1998 11/04/1998

Licensee / Reporting Party Information:

Agreement State Regulated: NO Reciprocity: NONE

License No: 13-06009-01 Licensee: **COMMUNITY HOSPITALS OF INDIANA**

NRC Region Office: City: **INDIANAPOLIS** County: MARION

Program Code: 02230 State: IN

Docket: 03001625 Site of Event:

Site Name: **INDIANAPOLIS**

State: Additional Involved Party:

License No: NA City: NA County: MARION

Name: NA State: NA

Other Information:

Abnormal Occurrence: NRC Reportable Event: N Agreement State Reportable Event: Ν Investigation: Atomic Energy Act Material: NMED Record Complete: Event Closed by Region/State: Consultant Hired: N

Event Class:

LAS - LOST OR STOLEN

Cause: PROCEDURE NOT FOLLOWED

Contributing Factors/Corrective Actions Information:

LAS

Factor #:

Contributing Factor. **NOT REPORTED**

Corrective Action: PROCEDURE MODIFIED

NA

Source/Radioactive Material Information:

LAS

Device Name:

Source #:

Radionuclide: 1-125 SEALED SOURCE BRACHYTHERAPY Activity (Curies): 0.000376 Source/Material: Leak Test Results (uCi): NR

Manufacturer: NR Model Number: NR Problem with Source:

Serial Number: NR

981105 09/10/2003

LAS

Source #:

SEALED SOURCE BRACHYTHERAPY

Radionuclide:

1-125

Manufacturer:

Source/Material:

NR

Activity (Curies): Leak Test Results (uCi): Problem with Source:

0.000376 NR

Model Number:

NR Serial Number: NR Device Name: NA

LAS

Source #: Source/Material:

SEALED SOURCE BRACHYTHERAPY

Radionuclide: Activity (Curies): 1-125 0.000376 NR

Manufacturer: Model Number: NR

Serial Number: NR NA Device Name:

Leak Test Results (uCi):

Problem with Source:

Reporting Requirements:

LAS

Mode Reported: Reporting

20.2201(b)(1) - THE 30 DAY WRITTEN REPORT FOLLOWING A 20.2201(a) TELEPHONE REPORT.

LAS

Mode Reported:

Reporting

T

20.2201(a)(1)(i) - THE IMMEDIATE TELEPHONE REPORT OF ANY LOST, STOLEN, OR MISSING LICENSED MATERIAL IN A QUANTITY GREATER THAN OR EQUAL TO 1,000 TIMES THE APPENDIX C QUANTITIES

THAT COULD CAUSE AN EXPOSURE TO PERSONS IN UNRESTRICTED AREAS.

Keywords:

LAS

Keyword: RECORD COMPLETE

Keyword: SEALED SOURCE BRACHYTHERAPY

Reference Documents:

Reference #: Entry Date: Update Date: Retraction Date: Coder Initials: Description: PN398053 11/09/199 03/31/1999 DCH PRELIMINARY NOTIFICATION EN34996 11/09/199 03/31/1999 DCH **EVENT NOTIFICATION** 9811050359 01/06/199 03/31/1999 DCH PRELIMINARY NOTIFICATION 01/11/199 03/31/1999 DCH LICENSEE REPORT LTR981119 DCH 9811240043 01/14/199 03/31/1999 LICENSEE REPORT 9812090210 01/18/199 03/31/1999 DCH LICENSEE REPORT 9901190199 03/30/199 03/31/1999 DCH NOTICE OF VIOLATION 9901190197 03/30/199 03/31/1999 DCH NRC LETTER

Danart Data

990127 09/10/2003

Event Details

Cunnt Date

Contributing Factors/Corrective Actions Information:

VERBAL COMMUNICATION PROBLEM

PROCEDURE MODIFIED

1

Abstract:

MD2 Factor #:

Contributing Factor: Corrective Action:

The licensee reported a medical misadministration involving receipt of a brachytherapy dose which was a 24% underdose. A patient was being treated with a three-channel, low-dose-rate, brachytherapy device containing Cs-137 sources in the form of small pellets. At approximately 2030 CST on 10/29/98, following a routine interruption of the treatment by a nurse to attend the patient, a visual and audible warning occurred. The nurse attending the patient stated that the remote console outside the patient's room indicated that a "Pellet" error had occurred. The physicist instructed the nurse to implement the recovery procedures for a "Power" alarm. These procedures were taken and the treatment appeared to resume as normal. On the following morning (10/30/98 at 0800 CST), a resident physician noticed that only one of the three channels on the brachytherapy device was actually operating and that the sources in the other two channels were still in the shielded position. The problem was then determined to be the result of a pellet problem rather than a power problem and different recovery steps should have been followed. The prescribed dose was 2,500 cGy (rad), but the patient only received 1,900 cGy (rad). Treatment time could have been extended to compensate for time operating on only one channel, but the patient refused to stay for the additional time. The 24% underdose was made up a few days later utilizing external beam therapy (accelerator). The primary reason the event occurred was due to a miscommunication between the physicist and the nurse. A contributing factor to this event relates to the LDR itself. "Power" alarms occur relatively frequently with the LDR unit. This is due to power fluctuations related to the testing of the emergency hospital generators. This problem has been discussed in the past with the vendor, but no solution was found. Corrective actions taken by the licensee include: 1) Within one week following the event, it was decided that nursing staff would be allowed to independently recover from "Power" alarms only. Any other alarms require the nurse to press the "Stop" button, enter the room, perform the necessary survey, and press the "Reset" button on the LDR console. If pressing the "Reset" button does not eliminate the alarm condition, a physicist will be required to go to the LDR to resolve the problem. 2) The detailed error recovery procedures posted in the book at the LDR console were rewritten to be consistent with the nurses and physicians duties for alarm recovery. 3) A formal inservice for nursing staff who attend LDR patients was conducted on 11/27/98. The patient was not notified of this misadministration, because both referring physicians decided that such notification would do more harm than good.

Discovery Date

EV	ent Date	Discovery Date		oort Date	
10	/29/1998	10/30/1998	02	02/24/1999	
NRC Region Office: 3 Program Code: 02	ted: NO Rec			nty: MARION	
Site of Event: Site Name: INDIANAP State: IN	POLIS				
Additional Involved Party:	:				
License No: NA Name: NA		City: State:	NA NA	County: MARION	
Other Information:					
NRC Reportable Event: Agreement State Reporta Atomic Energy Act Mater Consultant Hired:		Abnormal Occ Investigation: NMED Record Event Closed	N		
Event Class: MD2 - MEDICAL EVENT Cause: PROCEDUR	RE NOT UNDERSTOOD				

990127 09/10/2003

MD₂

Factor #:

Contributing Factor.

NOT REPORTED

Corrective Action:

PERSONNEL RECEIVED ADDITIONAL TRAINING

Medical Event Information:

Patient Number: Patient Informed: % Overexposed:

NA % Underexposed: 24

Date Informed:

Effect on Patient:

Given:

Procedure:

1900

BRACHY, REMOTE AFTERLOADER, LDR

Intended: Procedure:

Dose in RAD:

Radionuclide:

BRACHY, REMOTE AFTERLOADER, LDR

Dose in RAD: Organ: Study: Radiopharm.:

NR NA NA Organ: Study: Radiopharm .:

NA NA CS-137

NR

Radionuclide: CS-137 Millicuries:

NR

Newborn Dose (REM):

Millicuries: NR

Administered By: • Family Dose (REM): **PHYSICIAN** NA

NA

Fetal Dose (REM):

NA

Demographics:

Person ID No: Description:

FEMALE 1

Source/Radioactive Material Information:

MD2

Source #:

Radionuclide:

CS-137

Source/Material: Manufacturer:

SEALED SOURCE BRACHYTHERAPY NR

·Activity (Curies): Leak Test Results (uCi): Problem with Source:

NR NR

Model Number: NR

Serial Number: Device Name:

NR REMOTE AFERLOADER LDR

Device/Associated Equipment Information:

MD2

Device #:

Device/Equipment REMOTE AFTERLOADER LDR

Model Number:

NR NR

Manufacturer:

Serial Number: Problem with

Reporting Requirements:

MD2

Mode Reported:

Reporting

35.33(a)(2)-5F - (NO LONGER USED) WRITTEN RPT. <15 DAYS AFTER DISC. OF A BRACHY, RAD. DOSE

WHEN THE CALC. ADMIN. DOSE DIFFERS FROM THE PRESC. DOSE BY MORE THAN 20% OF THE PRESC.

DOSE.

Keywords:

MD2

Keyword: BRACHY, REMOTE AFTERLOADER, LDR

Keyword: RECORD COMPLETE

Reference Documents:

Reference #: EN35404

PN399008

03/01/199 03/02/199

08/30/1999 08/30/1999 08/30/1999

Entry Date: Update Date: Retraction Date:

Coder Initials: DCH

DCH

DCH

Description:

EVENT NOTIFICATION PRELIMINARY NOTIFICATION PRELIMINARY NOTIFICATION

PN399008A 04/21/199 DCH 07/07/199 08/30/1999 9904070223

LICENSEE REPORT

990127 09/10/2003

LTR990305

;

08/26/199

08/30/1999

DCH

LICENSEE REPORT

000369 09/10/2003

Event Details

Abstract:

The licensee reported a misadministration involving a 640 cGy (rad) dose to an unintended treatment site during a manual brachytherapy procedure. The NRC determined that although the event was initiated by patient intervention, the event meets the technical definition of a misadministration based on the failure of the licensee staff to detect the movement of the implant in a timely manner. Approximately 8 hours passed before the movement of the implant was detected. The licensee will conduct inservice training for appropriate medical staff regarding the timely recognition of possible implant misplacement.

> **Event Date Discovery Date** Report Date 08/20/1998 06/04/1999

> > IN

NONE

INDIANAPOLIS

Licensee / Reporting Party Information:

Agreement State Regulated: NO

License No: 13-02752-03

NRC Region Office: 3 Program Code:

02110

03001609

Docket: Site of Event:

Site Name: INDIANAPOLIS

State: IN

Additional Involved Party:

License No: NA

Name: NA City: State:

NA NA

INDIANA UNIVERSITY MEDICAL CENTER

County:

N

Ν

County: MARION

MARION

Other Information:

NRC Reportable Event: Agreement State Reportable Event:

Atomic Energy Act Material: Consultant Hired:

Ν U Ν

Reciprocity:

Licensee:

City:

State:

Abnormal Occurrence: Investigation: NMED Record Complete:

Event Closed by Region/State:

Event Class:

MD2 - MEDICAL EVENT

Cause:

SOURCE NOT PROMPTLY REMOVED AFTER BEING DISLODGED RESULTING IN A DOSE TO AN INCORRECT

TREATMENT SITE

Contributing Factors/Corrective Actions Information:

MD2

Factor #:

Contributing Factor.

PATIENT

Corrective Action:

PERSONNEL RECEIVED ADDITIONAL TRAINING

Medical Event Information:

000369 09/10/2003

Patient Number: 1 % Overexposed: 100
Patient Informed: U % Underexposed: NA
Date Informed: Effect on Patient:

Given: Intended: BRACHY, MANUAL IMPLANT Procedure: Procedure: NA Dose in RAD: 640 Dose in RAD: NA Organ: NR Organ: NA Study: NA Study: NA Radiopharm.: NA Radiopharm.: NA NR Radionuclide: Radionuclide: NA Millicuries: NR Millicuries: NA

Administered By: Family Dose (REM): Newborn Dose (REM): Fetal Dose (REM): NA NA NA NA

Demographics:

Person ID No: Description:

NOT REPORTED

Source/Radioactive Material Information:

MD2

Source #: 1 Radionuclide: NR
Source/Material: SEALED SOURCE BRACHYTHERAPY Activity (Curies): NR
Manufacturer: NR
Model Number: NR
Problem with Source:

Serial Number: NR
Device Name: NA

Reporting Requirements:

MD2

Mode Reported: T

Reporting

35.33(a)(1)-5C - (NO LONGER USED) PHONE RPT. NO LATER THAN THE NEXT CAL. DAY AFTER DISC. OF A BRACHY. RAD. DOSE INVOLV. THE WRONG TREATMENT SITE (EXCLUDING FOR PERMANENT IMPLANTS SEEDS THAT WERE IMPLANTED IN THE CORRECT SITE BUT MIGRATED OUTSIDE THE TREATMENT

SITE).

Keywords: MD2

Keyword: BRACHY, MANUAL IMPLANT

Reference Documents:

Reference #: Entry Date: Update Date: Retraction Date: Coder Initials: Description:

ML003701271 06/05/200 06/05/2000 RLS INSPECTION REPORT

ML003701271 06/05/200 06/05/2000 RLS NRC LETTER ML003698803 06/05/200 06/05/2000 RLS NRC LETTER

981168 09/10/2003

Event Details

Abstract:

The licensee reported that a source was damaged during a molten steel spill. During casting operations, a steel spill occurred which dumped molten steel onto the casting floor. The steel penetrated the mold and jammed the shutter control of the Berthold gauge (model LB 300 ML) containing a 740 MBq (20 mCi) Co-60 source. The source was removed to a safe location and roped off. The service organization determined that the shutter was completely inoperable. The source was packaged and returned to the manufacturer, EG&G Berthold of Germany. There was no personnel exposure due to this incident.

> **Event Date Discovery Date** Report Date 08/01/1998 08/01/1998 12/02/1998

Licensee / Reporting Party Information:

Agreement State Regulated:

License No: 13-32086-01

NRC Region Office: 3

Program Code:

03120

Reciprocity: NONE Licensee: QUALITECH STEEL CORP.

City: **PITTSBORO** IN

State:

Docket: 03034723

Site of Event:

PITTSBORO Site Name:

State: IN

Additional Involved Party:

License No: NA

Name:

City: NA State: NA

HENDRICKS County:

HENDRICKS

County:

Other Information:

NRC Reportable Event: Abnormal Occurrence: Ν Agreement State Reportable Event: N Investigation: Atomic Energy Act Material: NMED Record Complete: Consultant Hired: Ν Event Closed by Region/State:

Event Class:

EQP - EQUIPMENT

Cause: **NOT REPORTED**

Contributing Factors/Corrective Actions Information:

EQP

Factor #:

Contributing Factor:

NOT REPORTED

Corrective Action:

EQUIPMENT RETURNED TO MANUFACTURER FOR REPAIR OR DISPOSAL

Source/Radioactive Material Information:

EQP

Source #:

Source/Material:

SEALED SOURCE GAUGE

Radionuclide: Activity (Curies):

CO-60 0.02 NR

Manufacturer: NR Model Number:

NR

Leak Test Results (uCi): Problem with Source:

Serial Number: NR Device Name: **GAUGE FIXED**

Device/Associated Equipment Information:

EQP

Device #:

Manufacturer:

Device/Equipment GAUGE FIXED **BERTHOLD**

Model Number: Serial Number:

LB-300-ML NR

Problem with

981168

09/10/2003

EQP

Device #:

Model Number: Serial Number:

NR NR

Manufacturer:

NR

Device/Equipment SHUTTER, GAUGE, OTHER

Problem with

Reporting Requirements:

EQP

Mode Reported:

Reporting

30.50(b)(2)(ii) - THE 24 HOUR REPORT OF AN EVENT WHERE REQUIRED EQUIPMENT IS DISABLED OR FAILS TO FUNCTION AS DESIGNED WHEN THE EQUIPMENT IS REQUIRED TO BE AVAILABLE AND OPERABLE WHEN IT IS DISABLED OR FAILS TO FUNCTION.

Keywords:

EQP

Keyword: GAUGE FIXED

Keyword: RECORD COMPLETE Keyword: SEALED SOURCE GAUGE Keyword: SHUTTER, GAUGE

Reference Documents:

Reference #:

12/03/199

03/02/1999

Entry Date: Update Date: Retraction Date: Coder Initials: Description:

DCH

EN35107 9812180083

01/20/199

03/02/1999

DCH

EVENT NOTIFICATION NOTICE OF VIOLATION

HENDRICKS

HENDRICKS

971080 09/10/2003

Event Details

Abstract:

The licensee reported the loss of an NRD, Inc. anti-static gun, Model P-2051 AB, Serial #88520. The device contained a nominal 555 MBq (15 mCi) of Po-210 as of July 1994. On or about September 1997, the source was discovered missing. Interviews with employees and search efforts to recover the missing source proved unsuccessful. The licensee believes that the gun is missing due to inadvertant disposal in ordinary waste or stolen from the company by a terminated employee.

NONE

City:

State:

Investigation:

Abnormal Occurrence:

NMED Record Complete:

Event Closed by Region/State:

Radionuclide:

Activity (Curies):

Leak Test Results (uCi):

Problem with Source:

PLAINFIELD

ADESA AUTO AUCTIONS

NA

NA

County:

County:

PO-210

0.015

NR

Event Date Discovery Date Report Date 10/22/1997 10/22/1997 10/29/1997

Reciprocity:

Licensee:

City:

N

Υ

N

State:

Licensee / Reporting Party Information:

Agreement State Regulated: NO

License No: **GENERAL LICENS**

NRC Region Office: 3

Program Code: NR

Docket: NA

Site of Event: Site Name: PLAINFIELD

State:

Additional Involved Party:

License No: NA Name:

Other Information:

NRC Reportable Event: Agreement State Reportable Event: Atomic Energy Act Material: Consultant Hired:

Event Class: LAS - LOST OR STOLEN Cause: **NOT REPORTED**

Contributing Factors/Corrective Actions Information:

LAS

Factor #:

Contributing Factor: Corrective Action:

NOT REPORTED NOT REPORTED

Source/Radioactive Material Information:

LAS

Source #

Source/Material: Manufacturer:

Model Number: Serial Number:

Device Name:

SEALED SOURCE IONIZING NR

NR

NR STATIC ELIMINATOR

Device/Associated Equipment Information:

LAS

Device #:

Device/Equipment STATIC ELIMINATOR NRD, INC. Manufacturer:

Model Number: Serial Number: Problem with

P-2051 88520

Reporting Requirements:

971080 09/10/2003

LAS

Mode Reported:

W

Reporting

20.2201(b)(1) - THE 30 DAY WRITTEN REPORT FOLLOWING A 20.2201(a) TELEPHONE REPORT.

LAS

Mode Reported: Т

Reporting

20.2201(a)(1)(ii) - THE 30 DAY TELEPHONE REPORT OF ANY LOST, STOLEN, OR MISSING LICENSED

MATERIAL IN A QUANTITY GREATER THAN 10 TIMES THE APPENDIX C QUANTITIES.

Keywords:

LAS

Keyword: RECORD COMPLETE Keyword: SEALED SOURCE IONIZING Keyword: STATIC ELIMINATOR

Reference Documents:

Reference #:

Entry Date: Update Date: Retraction Date: Coder Initials: Description:

9711040090 03/05/199 9711280142 03/16/199 R3-971030 03/16/199

06/02/1998 06/02/1998 06/02/1998 DCH DCH DCH

LICENSEE REPORT

NOTICE OF VIOLATION **REGION REPORT**

970867 09/10/2003

Event Details

Abstract:

The licensee reported that a Troxler moisture/density gauge was damaged by a vehicle. The gauge (model 3440) contained 1.48 GBq (40 mCi) of Am-Be and 0.3 GBq (8 mCi) of Cs-137. The incident occurred on I-70 in a coned off area. After completing measurements with the gauge, the gauge technician was in the process of preparing for the next test when an automobile crossed the coned area at a high rate of speed and ran over the gauge. The automobile did not stop after the gauge was run over. The housing unit was damaged. The sources appeared to remain intact and shielded within the device. The licensee will perform a leak test and then return the gauge to the manufacturer for disposal.

> **Event Date Discovery Date** Report Date 08/27/1997 08/27/1997 09/03/1997

Licensee / Reporting Party Information:

Agreement State Regulated: NO Reciprocity: NONE

License No: 13-26341-01 Licensee: INDIANA DEPARTMENT OF TRANSPORTATION

NRC Region Office: City: **GREENFIELD** County: IN

Program Code: 03121 State: Docket: 03032463

Site of Event:

Site Name: **INDIANAPOLIS**

State: IN

Additional Involved Party:

License No: NA City: NΑ County: MARION

Name: State: NA

Other Information:

NRC Reportable Event: Abnormal Occurrence: N Agreement State Reportable Event: N Investigation: Atomic Energy Act Material: Υ NMED Record Complete: Consultant Hired: Event Closed by Region/State: N

Event Class:

EQP - EQUIPMENT

Cause: **NOT REPORTED**

Contributing Factors/Corrective Actions Information:

EQP

Factor #:

Contributing Factor. **NOT REPORTED**

Corrective Action: **EQUIPMENT RETURNED TO MANUFACTURER FOR REPAIR OR DISPOSAL**

Source/Radioactive Material Information:

FOP

Source #:

Source/Material: **SEALED SOURCE GAUGE** Manufacturer: NR

Model Number. NR Serial Number: NR

Device Name: **GAUGE PORTABLE**

AM-BE Radionuclide: Activity (Curies): 0.04

Leak Test Results (uCi): NR

Problem with Source:

970867 09/10/2003

EQP

Source #:

SEALED SOURCE GAUGE

Radionuclide:

CS-137

Manufacturer:

Source/Material:

NR

Activity (Curies): Leak Test Results (uCi): 800.0

Model Number: Device Name:

NR

NR

Serial Number:

NR **GAUGE PORTABLE** Problem with Source:

Device/Associated Equipment Information:

EQP

Device #:

Model Number:

3440

Device/Equipment GAUGE PORTABLE Manufacturer:

TROXLER

Serial Number: Problem with

NR

Reporting Requirements:

EQP

Mode Reported:

Reporting

30.50(b)(2)(ii) - THE 24 HOUR REPORT OF AN EVENT WHERE REQUIRED EQUIPMENT IS DISABLED OR

FAILS TO FUNCTION AS DESIGNED WHEN THE EQUIPMENT IS REQUIRED TO BE AVAILABLE AND

OPERABLE WHEN IT IS DISABLED OR FAILS TO FUNCTION.

Keywords:

EQP

Keyword: GAUGE PORTABLE Keyword: RECORD COMPLETE Keyword: SEALED SOURCE GAUGE

Reference Documents:

Reference #: Entry Date: Update Date: Retraction Date: Coder Initials: Description: MR3970091 09/03/199 03/03/1998 DCH MORNING REPORT 9709190071 11/19/199 03/03/1998 DCH NOTICE OF VIOLATION 9710220295 11/24/199 03/03/1998 DCH NOTICE OF VIOLATION 9710080247 03/03/199 03/03/1998 DCH LICENSEE REPORT

970678 09/10/2003

Event Details

Abstract:

The licensee reported that an Amersham, Model 660-B radiography camera containing 3.07 TBq (83 Ci) of Ir-192 was damaged when a 1200 pound pressure tank rolled over the camera. At the time of the incident the source was in the shielded position. Damage was noted to the carrying handle and the end-plate of the camera. Radiation surveys of the camera indicate that the source and camera shielding were not compromised. The licensee was directed to place the device into a provided DOT 20 WC-5 shipping container and return it to Amersham for evaluation and repair.

> **Event Date Discovery Date** Report Date 07/10/1997 07/10/1997 07/16/1997

Licensee / Reporting Party Information:

Agreement State Regulated: Reciprocity: NONE

License No: 13-06147-04 Licensee: INDUSTRIAL NDT SERVICES DIVISION

NRC Region Office: **INDIANAPOLIS** 3 City: County: MARION

Program Code: 03320 State: IN

Docket: 03012208 Site of Event:

State: NR

Additional Involved Party: License No: NA City: NA County:

Name: State: NA

Other Information:

Site Name:

NRC Reportable Event: Abnormal Occurrence: N Agreement State Reportable Event: N Investigation: N Atomic Energy Act Material: NMED Record Complete: Consultant Hired: N Event Closed by Region/State:

Event Class:

EQP - EQUIPMENT

Cause: **NOT REPORTED**

Contributing Factors/Corrective Actions Information:

EQP

Factor #:

Contributing Factor: NOT REPORTED

Corrective Action: EQUIPMENT RETURNED TO MANUFACTURER FOR REPAIR OR DISPOSAL

Source/Radioactive Material Information:

FOP

Source #: Radionuclide: IR-192

Source/Material: SEALED SOURCE RADIOGRAPHY Activity (Curies): 83 Manufacturer: NR Leak Test Results (uCi): NR Model Number: NR Problem with Source:

Serial Number: NR

Device Name: CAMERA, RADIOGRAPHY

Device/Associated Equipment Information:

EQP

Device #: Model Number: 660-B Device/Equipment CAMERA, RADIOGRAPHY Serial Number: NR

AMERSHAM Problem with Manufacturer:

970678 09/10/2003

Reporting Requirements:

EQP

į

Mode Reported: T

Reporting

30.50(b)(2)(ii) - THE 24 HOUR REPORT OF AN EVENT WHERE REQUIRED EQUIPMENT IS DISABLED OR FAILS TO FUNCTION AS DESIGNED WHEN THE EQUIPMENT IS REQUIRED TO BE AVAILABLE AND

OPERABLE WHEN IT IS DISABLED OR FAILS TO FUNCTION.

Keywords:

EQP

Keyword: CAMERA, RADIOGRAPHY Keyword: RECORD COMPLETE

Keyword: SEALED SOURCE RADIOGRAPHY

Reference Documents:

Reference #:

Entry Date: Update Date: Retraction Date: Coder Initials: Description:

MR3970079 9708060327 07/18/199

11/11/1997

DCH DCH

MORNING REPORT

11/11/199 11/11/1997 LICENSEE REPORT

970423 09/10/2003

Event Details

Abstract:

The licensee reported a medical misadministration. A patient undergoing a high dose rate Ir-192 treatment received a dose which was less than the prescribed dose because the diameter of the ovoid containing the treatment source was not included in the treatment planning process. The prescribed dose was 500 cGy (500 rad) based on a distance of 0.5 cm from the surface of the ovid, and the actual dose was determined to be 80 cGy (80 rad). The prescribed dose was based on a distance of 0.5 cm from the source rather than from the surface of the ovoid containing the source. The source was 0.276 TBq (7.45 Ci) of Ir-192, and it travels in the center line of a cylindrical ovid which has a radius of 1.25 cm. This event is under continuing NRC review to determine if it should be categorized as a misadministration. The NRC has determined that the event was not a misadministration because the physician authorized user reviewed and approved the treatment plan that was implemented.

Event Date 05/05/1997		Discovery Date 05/12/1997	Report Date 05/12/1997
Licensee / Reporting Party Information: Agreement State Regulated: NO License No: 13-06009-01 NRC Region Office: 3 Program Code: 02230 Docket: 03001625	Reciprocity: Licensee: City: State:	NONE COMMUNITY HOSPITALS O INDIANAPOLIS IN	F INDIANA County: MARION
Site of Event: Site Name: INDIANAPOLIS			
State: IN			
Additional Involved Party: License No: NA		O'h	0
Name: NA		City: NA State: NA	County: MARION
Other Information:			
NRC Reportable Event:	N	Abnormal Occurrence:	N
Agreement State Reportable Event:	N	Investigation:	y
Atomic Energy Act Material: Consultant Hired:	Y N	NMED Record Complete: Event Closed by Region/State:	Y
Event Class: MD2 - MEDICAL EVENT Cause: INATTENTION TO DETAIL			
Contributing Factors/Corrective Action MD2	s Information:		
Factor #: 1			
Contributing Factor: PLANNING DE	FICIENCY		

Medical Event Information:

NOT REPORTED

Corrective Action:

BRACHY, REMOTE AFTERLOADER.

970423 09/10/2003

Patient Number: % Overexposed: NA Patient Informed: % Underexposed: 84 Date Informed: Effect on Patient:

Given:

Intended: BRACHY, REMOTE AFTERLOADER. Procedure:

Procedure: Dose in RAD: Dose in RAD: NR Organ: Organ: Study: NA Study: Radiopharm .: NA Radiopharm.: Radionuclide: IR-192 Radionuclide: Millicuries: NA Millicuries:

Administered By: Family Dose (REM): NR NA

Newborn Dose (REM): NA

Fetal Dose (REM):

500

NR

NA

NA

NA

IR-192

Demographics:

Person ID No: Description: NOT REPORTED

Source/Radioactive Material Information:

MD2

Source #: Radionuclide: IR-192 Source/Material: SEALED SOURCE BRACHYTHERAPY Activity (Curies): 7,45 Manufacturer: NR Leak Test Results (uCi): NR Model Number. NR Problem with Source:

Serial Number: NR

Device Name: REMOTE AFTERLOADER HDR

Device/Associated Equipment Information:

MD2

Device #: Model Number: NR Device/Equipment REMOTE AFTERLOADER HDR Serial Number: NR Problem with

Manufacturer: NR

Keywords:

MD2

Keyword: BRACHY, REMOTE AFTERLOADER, HDR

Keyword: RECORD COMPLETE

Reference Documents:

Reference #: Entry Date: Update Date: Retraction Date: Coder Initials: Description: EN32315 05/13/199 11/13/1997 DCH **EVENT NOTIFICATION** PN397044 05/16/199 11/13/1997 DCH PRELIMINARY NOTIFICATION 9705150267 07/08/199 11/13/1997 DCH PRELIMINARY NOTIFICATION 9706260251 08/26/199 11/13/1997 DCH LICENSEE REPORT 9706260248 08/26/199 11/13/1997 DCH LICENSEE REPORT R3-970623 08/28/199 11/13/1997 DCH **REGION REPORT** 9708140111 11/12/199 11/13/1997 01/01/1901 DCH **INSPECTION REPORT** 9709030236 11/13/199 11/13/1997 DCH NRC LETTER

970899 09/10/2003

Event Details

Abstract:

During an inspection it was noted that a licensee gauge user transported a gauge to a job site without shipping papers in his possession. The gauge user apparently lost the shipping papers assigned to the gauge that he was using. This individual was immediately reprimanded and reinstructed concerning the requirement.

Event Date	Discovery Date	Report Date
03/19/1997	03/19/1997	03/19/1997

Licensee / Reporting Party Information:

Agreement State Regulated: NO

13-19983-01

License No: NRC Region Office: 3

Program Code:

03121 03019629 Reciprocity: NONE Licensee:

INDIANAPOLIS, CITY OF **INDIANAPOLIS** City: State:

IN

Docket: Site of Event:

> Site Name: **INDIANAPOLIS**

State: IN

Additional Involved Party:

License No: NA Name: NA

City: NA State: NA County:

MARION

County:

N

N

MARION

Other Information:

NRC Reportable Event: Agreement State Reportable Event: Atomic Energy Act Material: Consultant Hired:

Abnormal Occurrence: Investigation: **NMED Record Complete:** Event Closed by Region/State:

Event Class:

TRS - TRANSPORTATION

Cause:

PROCEDURE NOT FOLLOWED

Contributing Factors/Corrective Actions Information:

TRS

Factor #:

Contributing Factor:

IMPROPERLY FOLLOWED PROCEDURES

Corrective Action:

PERSONNEL REPRIMANDED

N

N

Y

N

Source/Radioactive Material Information:

TRS

Source #:

Source/Material: NR

SEALED SOURCE GAUGE

Radionuclide: Activity (Curies):

Leak Test Results (uCi):

Problem with Source:

NR NR NR

Manufacturer: NR

Model Number: Serial Number: NR

Device Name:

GAUGE PORTABLE

Device/Associated Equipment Information:

NR

TRS

Device #:

Device/Equipment GAUGE PORTABLE

Model Number: Serial Number: Problem with

NR NR

Manufacturer:

Keywords:

TRS

970899 09/10/2003

Keyword: GAUGE PORTABLE Keyword: RECORD COMPLETE Keyword: SEALED SOURCE GAUGE

Reference Documents:

Reference #: 9707100224

Entry Date: Update Date: Retraction Date: Coder Initials: Description: 09/12/199 09/12/1997 DCH LICENSEE RE

LICENSEE REPORT

010005 09/10/2003

Event Details

Abstract:

During a special NRC inspection to determine the disposition of three moisture/density gauges, the gauges were found in the home of one of the officers of the licensee. On 6/12/1995, the licensee's NRC license was terminated and a Confirmatory Order was issued to the licensee's officers prohibiting them from engaging in licensed activities for five years beginning 6/2/1995. In 1998, during a review of retired licenses, the NRC determined that the licensee's license contained inadequate documentation regarding the disposition of three moisture/density gauges containing Cs-137 and Am-Be sources. The NRC determined that one of the gauges was sold to a company that was licensed to possess the gauge. Due to uncertainty in the whereabouts of the other two gauges, the NRC conducted a special inspection on 1/5/1999 and found the gauges in the home of one of the licensee officers. The NRC determined that the licensee officer had possession of the gauges from 1/15/1997 to 5/14/1997 and from 6/16/1997 to 1/7/1999 without a valid license and contrary to the Confirmatory Order. The NRC verified that the gauges were transferred to a licensee authorized to possess the gauges on 1/8/1999. The NRC determined that the licensee officers deliberately possessed licensed material in violation of NRC requirements and the Confirmatory Order. In addition, the NRC determined that inaccurate information was deliberately provided to NRC staff regarding the location of the gauges. Another Confirmatory Order was issued on 11/28/2000 prohibiting the licensee officers from engaging in licensed activities for five years.

Event Date Discovery Date Report Date 01/05/1999 01/15/1997 01/05/1999 Licensee / Reporting Party Information: Agreement State Regulated: Reciprocity: NONE 13-24866-02 MIDWEST TESTING, INC. License No: Licensee: NRC Region Office: 3 City: **INDIANAPOLIS MARION** County: Program Code: 03121 State: IN Docket: 03032827 Site of Event: **INDIANAPOLIS** Site Name: State: IN Additional Involved Party: License No: NON-LICENSEE County: MARION City: NR PRIVATE INDIVIDUAL Name: State: NR Other Information: NRC Reportable Event: Abnormal Occurrence: Ν Agreement State Reportable Event: Investigation: NMED Record Complete: Atomic Energy Act Material: Consultant Hired: Event Closed by Region/State:

Event Class:

LAS - LOST OR STOLEN

INTENTIONAL VIOLATION

Contributing Factors/Corrective Actions Information:

LAS

Factor #:

Contributing Factor.

NOT REPORTED

Corrective Action:

NO CORRECTIVE ACTION TAKEN

SEALED SOURCE GAUGE

Source/Radioactive Material Information:

LAS

Source #:

Source/Material: Manufacturer:

Model Number: Senal Number:

Device Name:

NR

GAUGE PORTABLE

NR

Radionuclide:

Activity (Curies): Leak Test Results (uCi): CS-137 NR NR

Problem with Source:

AM-BE

CS-137

AM-BE

NR

NR

NR

NR

NR

010005 09/10/2003

LAS

Source #:

NR

NR

Source/Material:

Manufacturer:

Model Number: Serial Number:

Device Name:

LAS Source #:

Source/Material: Manufacturer:

NR Model Number. NR Serial Number: NR

Device Name:

GAUGE PORTABLE

LAS

Source #:

Source/Material:

Manufacturer:

Model Number:

Serial Number:

Device Name:

SEALED SOURCE GAUGE

SEALED SOURCE GAUGE

SEALED SOURCE GAUGE

GAUGE PORTABLE

NR NR

NR

GAUGE PORTABLE

Radionuclide:

Radionuclide:

Activity (Curies):

Leak Test Results (uCi):

Problem with Source:

Activity (Curies): Leak Test Results (uCi):

NR Problem with Source:

NR

NR

NR

NR

Radionuclide: Activity (Curies):

Leak Test Results (uCi):

Problem with Source:

Device/Associated Equipment Information:

LAS

Device #:

Device/Equipment GAUGE PORTABLE Manufacturer:

NR

LAS Device #:

Device/Equipment GAUGE PORTABLE

Model Number:

Serial Number:

20.2201(b)(1) - THE 30 DAY WRITTEN REPORT FOLLOWING A 20.2201(a) TELEPHONE REPORT.

Model Number:

Serial Number:

Problem with

Problem with

Reporting Requirements:

LAS

Mode Reported:

Manufacturer:

Reporting LAS

Mode Reported: Т

Reporting

20.2201(a)(1)(i) - THE IMMEDIATE TELEPHONE REPORT OF ANY LOST, STOLEN, OR MISSING LICENSED

MATERIAL IN A QUANTITY GREATER THAN OR EQUAL TO 1,000 TIMES THE APPENDIX C QUANTITIES THAT COULD CAUSE AN EXPOSURE TO PERSONS IN UNRESTRICTED AREAS.

Keywords:

LAS

Keyword: GAUGE PORTABLE Keyword: RECORD COMPLETE Keyword: SEALED SOURCE GAUGE

Reference Documents:

Reference #:

ML003772241

01/03/200

01/16/2001

Entry Date: Update Date: Retraction Date:

Coder Initials:

RLS

Description:

NOTIFICATION OF SIGNIFICANT **ENFORCEMENT ACTION**

ML003772230 01/03/200 01/16/2001 ML003772230 01/03/200 01/16/2001

RLS RLS OTHER NRC LETTER

960492 09/10/2003

Event Details

Abstract:

The licensee reported the loss of a moisture/density gauge. A Troxler, model 3400 moisture/density gauge containing 1.48 GBq (40 mCi) of Am-Be and 0.30 GBq (8 mCi) was stolen. The licensee reported that the gauge, within its transport case, was chained and locked to the open bed of a truck with the transport case and source locked. There was evidence that the chain securing the gauge transport case had been cut. The vehicle was parked in front of the residence of one of the licensee's employees at the time of the theft. The gauge was stolen some time during the night or early morning before 6:20 a.m. when the user was preparing to go to work.

> **Event Date Discovery Date** Report Date 08/29/1996 08/29/1996 08/29/1996

Licensee / Reporting Party Information:

Agreement State Regulated:

03121

Reciprocity:

License No: 13-18685-01 NRC Region Office:

Licensee: City:

State:

NONE

ALT & WITZIG ENGINEERING, INC. **INDIANAPOLIS**

County:

MARION

Program Code:

IN

Docket: 03014041

Site of Event:

Site Name: **INDIANAPOLIS**

State: IN

Additional Involved Party:

License No: NA

Name: NA

Consultant Hired:

City: NA NA State:

County: MARION

Other Information:

NRC Reportable Event: Agreement State Reportable Event: Atomic Energy Act Material:

N Υ N Abnormal Occurrence: Investigation: **NMED Record Complete:**

Ν Ν Event Closed by Region/State:

Event Class:

LAS - LOST OR STOLEN

STOLEN LICENSED MATERIAL, SECURITY MEASURES DEFEATED

Contributing Factors/Corrective Actions Information:

LAS

Factor#:

Contributing Factor:

LOSS OF ADMINISTRATIVE CONTROL

Corrective Action:

NOT REPORTED

Source/Radioactive Material Information:

LAS

Source #:

Source/Material:

SEALED SOURCE GAUGE NR

Radionuclide: Activity (Curies):

Leak Test Results (uCi):

Problem with Source:

AM-BE 0.04 NR

Manufacturer: Model Number: Serial Number:

NR NR

Device Name:

GAUGE PORTABLE

960492 09/10/2003

LAS

Source #:

SEALED SOURCE GAUGE

Radionuclide:

CS-137

Manufacturer:

Device Name:

Source/Material:

NR

Activity (Curies): Leak Test Results (uCi): Problem with Source:

0.008 NR

Model Number: Serial Number:

NR

NR

GAUGE PORTABLE

Device/Associated Equipment Information:

LAS

Device #:

Model Number:

3400

Device/Equipment GAUGE PORTABLE

Serial Number:

NR

Manufacturer:

TROXLER

Problem with

Reporting Requirements:

Mode Reported:

20.2201(b)(1) - THE 30 DAY WRITTEN REPORT FOLLOWING A 20.2201(a) TELEPHONE REPORT.

Reporting LAS

Mode Reported: T

Reporting

20.2201(a)(1)(i) - THE IMMEDIATE TELEPHONE REPORT OF ANY LOST, STOLEN, OR MISSING LICENSED MATERIAL IN A QUANTITY GREATER THAN OR EQUAL TO 1,000 TIMES THE APPENDIX C QUANTITIES

THAT COULD CAUSE AN EXPOSURE TO PERSONS IN UNRESTRICTED AREAS.

Keywords:

LAS

Keyword: RECORD COMPLETE Keyword: SEALED SOURCE GAUGE **Keyword: SEALED SOURCE GAUGE**

Reference Documents:

Reference #:

Entry Date: Update Date: Retraction Date: 12/10/1996

Coder Initials: DCH

Description:

PN396056 9609030121 09/04/199 10/29/199

12/10/1996

DCH

PRELIMINARY NOTIFICATION PRELIMINARY NOTIFICATION

9611010295 12/10/199 12/10/1996 DCH LICENSEE REPORT

Abstract:

The licensee reported the loss of a moisture/density gauge. A Campbell Pacific, model MC1-DR nuclear moisture/density gauge containing 1.85 GBq (50 mCi) of Am/Be and 0.37 GBq (10 mCi) of Cs-137 was stolen from the back of a pick-up truck. The source was locked in the retracted position, and the gauge was chained to the bed of the truck. The theft has been reported to local police, and the licensee will issue a press release.

Event Date

NO

Discovery Date

Report Date

08/29/1996

08/29/1996

08/29/1996

Licensee / Reporting Party Information:

Agreement State Regulated: License No:

13-18685-01 3

Reciprocity: Licensee:

NONE

ALT & WITZIG ENGINEERING, INC.

County:

MARION

NRC Region Office: Program Code:

03121

City: State: **INDIANAPOLIS**

IN

Docket:

03014041

Site of Event:

Site Name: **INDIANAPOLIS**

State:

IN

Additional Involved Party:

License No: NA Name:

City: State: NA NA County: MARION

AM-BE

CS-137

0.01

NR

NCI-DR

NR

0.05

NR

960491 09/10/2003

Other Information:

NRC Reportable Event: Abnormal Occurrence: N Agreement State Reportable Event: Investigation: Ν Y Atomic Energy Act Material: Y **NMED Record Complete:** Consultant Hired: Ν Event Closed by Region/State:

Event Class:

LAS - LOST OR STOLEN

Cause:

STOLEN LICENSED MATERIAL, SECURITY MEASURES DEFEATED

Contributing Factors/Corrective Actions Information:

LAS

Factor #:

Contributing Factor:

LOSS OF ADMINISTRATIVE CONTROL

Corrective Action:

NOT REPORTED

Source/Radioactive Material Information:

LAS

Source #

Source/Material:

Manufacturer:

Model Number:

NR Serial Number: NR

Device Name:

GAUGE PORTABLE

NR

LAS

Source #:

Source/Material:

SEALED SOURCE GAUGE

SEALED SOURCE GAUGE

NR

Manufacturer: Model Number: NR NR

Serial Number; Device Name:

GAUGE PORTABLE

Device/Associated Equipment Information:

LAS

Device #:

Device/Equipment GAUGE PORTABLE

Model Number: Serial Number:

Manufacturer: **BOART LONGYEAR CO.**

Reporting Requirements:

LAS

Mode Reported:

Reporting

20.2201(b)(1) - THE 30 DAY WRITTEN REPORT FOLLOWING A 20.2201(a) TELEPHONE REPORT.

LAS

Mode Reported:

Reporting

20.2201(a)(1)(i) - THE IMMEDIATE TELEPHONE REPORT OF ANY LOST, STOLEN, OR MISSING LICENSED MATERIAL IN A QUANTITY GREATER THAN OR EQUAL TO 1,000 TIMES THE APPENDIX C QUANTITIES

Radionuclide:

Radionuclide:

Activity (Curies):

Activity (Curies):

Leak Test Results (uCi):

Leak Test Results (uCi):

Problem with Source:

Problem with Source:

THAT COULD CAUSE AN EXPOSURE TO PERSONS IN UNRESTRICTED AREAS.

Problem with

Keywords:

LAS

Keyword: RECORD COMPLETE **Keyword: SEALED SOURCE GAUGE** Keyword: SEALED SOURCE GAUGE

т

Reference Documents:

Reference #: EN30936

Entry Date: Update Date: Retraction Date: Coder Initials: 09/04/199 03/14/2000

Description:

DCH

EVENT NOTIFICATION

960491 09/10/2003

LTR960913

;

11/12/199 03/14/2000

DCH

LICENSEE REPORT

970067 09/10/2003

Event Details

Abstract:

The licensee reported a radiography incident resulting in low dose exposures. The radiographers, contracted from NDT Services, Incorporated, failed to crank the source back into the camera and conduct a lockout survey prior to setting up the next exposure. One employee received 2.565 cSv (2.565 rem) and the second radiographer received 0.280 cSv (0.280 rem). The camera was manufactured by Amersham corp. Model 660-B. The source contained 2.294 TBq (62.0 Ci) of Ir-192 (senial #A8846).

Event Date 08/20/1996	D	Scovery Date 08/20/1996	Report Date 08/26/1996
Licensee / Reporting Party Information Agreement State Regulated: NO License No: NR NRC Region Office: 3 Program Code: NR Docket: NR	Reciprocity: Licensee: City: State:	NRCAS NDT SERVICES, INC INDIANAPOLIS IN	County: MARION
Site of Event: Site Name: DANVILLE State: IL Additional Involved Party: License No: NON-LICENSEE		City: DANVILLE	County: HENDRICKS
Name: HOLMES BROTHERS Other Information:		State: IL	·
NRC Reportable Event: Agreement State Reportable Event: Atomic Energy Act Material: Consultant Hired:	N Y Y	Abnormal Occurrence: Investigation: NMED Record Complete: Event Closed by Region/State:	N N Y
Event Class:			

EXP - OVEREXPOSURE

FAILED TO CONDUCT LOCKOUT SURVEY OF THE CAMERA AFTER THE SOURCE WAS RETRACTED

Contributing Factors/Corrective Actions Information:

EXP

Factor#:

Contributing Factor:

Corrective Action:

NOT REPORTED NOT REPORTED

Overexposure Information:

Person ID Number:	Radiation Exposure Source:	Exposure Dose (REM):	Type of Dose:	Effect of Exposure:
1	SEALED SOURCE RADIOGRAPHY	2.565	WHOLE BODY, OCCUPATIONAL	
2	SEALED SOURCE RADIOGRAPHY	0.290	WHOLE BODY, OCCUPATIONAL	

Demographics:

Person ID No: Description: MALE 1 2 MALE

Source/Radioactive Material Information:

970067 09/10/2003

EXP

Source #:

SEALED SOURCE RADIOGRAPHY Source/Material:

Radionuclide: Activity (Curies): IR-192

Manufacturer: Model Number: NR NR Leak Test Results (uCi): Problem with Source:

62 NR

Serial Number:

Device Name:

A8846

CAMERA, RADIOGRAPHY

Device/Associated Equipment Information:

EXP

Device #:

Device/Equipment CAMERA, RADIOGRAPHY

Model Number:

660-B B1022

Manufacturer:

AMERSHAM

Serial Number:

Problem with

Keywords: EXP

Keyword: RECORD COMPLETE

Keyword: SEALED SOURCE RADIOGRAPHY

Keyword: WHOLE BODY

Reference Documents:

Reference #:

Entry Date: Update Date: Retraction Date: Coder Initials: Description:

9612060233

01/27/199

01/10/2001

DCH

LICENSEE REPORT

960478 09/10/2003

Event Details

Abstract:

The medical licensee reported a brachytherapy misadministration where a patient was to receive 500 cGy (rad) for an esophageal tumor. A 208.68 GBq (5.64 Ci) Ir-192 source was inserted inside a catheter into a female patient's esophagus through her mouth during a high dose rate brachytherapy cancer treatment. The source was inserted 2.7 cm below the tumor volume. The licensee stated that there were no adverse medical effects on the patient. The patient's physician notified the patient of this misadministration. This event was caused by a treatment planning error. The licensee intends to revise their procedures to prevent recurrence of this event.

> **Event Date Discovery Date** Report Date 08/16/1996 08/16/1996 08/16/1996

Licensee / Reporting Party Information:

Agreement State Regulated:

License No: 13-06009-01

NRC Region Office: 3

Program Code:

02230

Reciprocity: NONE Licensee:

COMMUNITY HOSPITALS OF INDIANA IN

INDIANAPOLIS

County:

MARION

Docket: 03001625

Site of Event:

Site Name: **INDIANAPOLIS**

State:

Additional Involved Party:

License No: NA NA Name:

City: State: NA NA County: MARION

Other Information:

NRC Reportable Event: Abnormal Occurrence: Agreement State Reportable Event: Investigation: NMED Record Complete: Atomic Energy Act Material: Y Consultant Hired: N Event Closed by Region/State:

City:

State:

Event Class:

MD2 - MEDICAL EVENT

INCORRECT DATA USED IN THERAPY DOSE PLANNING

Contributing Factors/Corrective Actions Information:

MD2

Factor #:

Contributing Factor: Corrective Action:

PLANNING DEFICIENCY PROCEDURE MODIFIED

MD2

Factor #:

Contributing Factor:

INADEQUATE PROCEDURES

Corrective Action:

NOT REPORTED

Medical Event Information:

960478 09/10/2003

Patient Number: % Overexposed: 100 Patient Informed: % Underexposed: NA Date Informed: 08/16/1996 Effect on Patient:

Given: Procedure:

Intended:

BRACHY, REMOTE AFTERLOADER,

Procedure:

BRACHY, REMOTE AFTERLOADER,

Dose in RAD: Dose in RAD: **ESOPHAGUS**

Organ: Study: NA Radiopharm.: NA Radionuclide: IR-192

Organ: **ESOPHAGUS** Study: NA

Radiopharm.: NA Radionuclide: IR-192 Millicuries: NA Millicuries: NA Administered By: Family Dose (REM):

NR

NA

Newborn Dose (REM):

Fetal Dose (REM):

NA

Demographics:

Person ID No: Description: **FEMALE**

Source/Radioactive Material Information:

MD2

Source #: Source/Material:

Manufacturer:

SEALED SOURCE BRACHYTHERAPY

Radionuclide: Activity (Curies): Leak Test Results (uCi):

Problem with Source:

IR-192 5.64 NR

Model Number: NR

Serial Number: NR Device Name:

REMOTE AFTERLOADER HDR

Device/Associated Equipment Information:

NR

MD2

Device #:

Device/Equipment REMOTE AFTERLOADER HDR

Model Number: Serial Number:

DCH

NR NR

Manufacturer: Problem with

Entry Date: Update Date: Retraction Date:

12/09/1997

Reporting Requirements:

MD2

Mode Reported:

Reporting

35.33(a)(1)-5C - (NO LONGER USED) PHONE RPT. NO LATER THAN THE NEXT CAL. DAY AFTER DISC. OF A BRACHY. RAD. DOSE INVOLV. THE WRONG TREATMENT SITE (EXCLUDING FOR PERMANENT IMPLANTS SEEDS THAT WERE IMPLANTED IN THE CORRECT SITE BUT MIGRATED OUTSIDE THE TREATMENT

Keywords:

MD2

Keyword: BRACHY, REMOTE AFTERLOADER, HDR

Keyword: RECORD COMPLETE

Reference Documents:

Reference #:

PN396050 09/04/199 12/09/1997 IR960001 10/24/199 12/09/1997 9608260265 10/28/199 12/09/1997 11/12/199 12/09/1997 9609300111 9608190303 12/10/199 12/09/1997 9611060023 03/14/199 12/09/1997 9612160037 04/02/199 12/09/1997 96-8 05/06/199 12/09/1997 EN30881

05/06/199

Coder Initials: Description: DCH PRELIMINARY NOTIFICATION DCH LICENSEE REPORT

DCH **NRC LETTER** DCH LICENSEE REPORT DCH

PRELIMINARY NOTIFICATION INSPECTION REPORT NOTICE OF VIOLATION

DCH DCH ABNORMAL OCCURRENCE NUMBER

DCH **EVENT NOTIFICATION**

MARION

960538 09/10/2003

Event Details

Abstract:

Federal Express reported the loss of radioactive material due to a transportation event. A package containing a shipment of P-32 was struck by a package cart causing considerable damage. The package was discovered empty after being struck. A search of the area did not locate the material. Quantity of P-32 released was 26.7 MBq (721 uCi).

Event Date	Discovery Date	Report Date	
08/02/1996	08/02/1996	08/02/1996	

Licensee / Reporting Party Information:

Agreement State Regulated: License No:

NO **NON-LICENSEE**

NA

Reciprocity:

State:

NONE

Licensee: City:

FEDERAL EXPRESS

INDIANAPOLIS

IN

Docket: NA

NRC Region Office:

Site of Event:

Program Code:

Site Name: **INDIANAPOLIS**

State: IN

Additional Involved Party:

License No: NR

Name: **AMERSHAM** City: State:

ARLINGTON HEIGHTS County:

ΙL

County:

MARION

Other Information:

NRC Reportable Event: Abnormal Occurrence: N Agreement State Reportable Event: Ν Investigation: N Atomic Energy Act Material: Y **NMED Record Complete:** Consultant Hired: Ν Event Closed by Region/State:

Event Class:

LAS - LOST OR STOLEN

Cause: FAILURE TO PROPERLY SECURE PACKAGE

TRS - TRANSPORTATION

Cause: **EQUIPMENT DAMAGE DUE TO VEHICLE ACCIDENT**

Contributing Factors/Corrective Actions Information:

LAS

Factor #:

Contributing Factor. Corrective Action:

NOT REPORTED **NOT REPORTED**

TRS

Factor #:

Contributing Factor:

Corrective Action:

NOT REPORTED NOT REPORTED

Source/Radioactive Material Information:

1

LAS

Source #:

UNSEALED SOURCE RADIOPHARM

AMERSHAM

Manufacturer: Model Number: Serial Number: Device Name:

Source/Material:

NR

NR CONTAINER, SHIPPING Radionuclide: Activity (Curies): P-32 0.00072 NA

Leak Test Results (uCi): Problem with Source:

960538 09/10/2003

TRS

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Source #:

UNSEALED SOURCE RADIOPHARM

Radionuclide:

P-32

Manufacturer:

Source/Material:

AMERSHAM

Activity (Curies): Leak Test Results (uCi): Problem with Source:

0.00072 NA

Model Number:

NR

Serial Number: Device Name:

CONTAINER, SHIPPING

Device/Associated Equipment Information:

LAS

Device #:

Model Number:

NR

Device/Equipment CONTAINER, SHIPPING Manufacturer:

NR

Serial Number: Problem with

NR

TRS Device #:

Model Number:

NR NR

Manufacturer:

Device/Equipment CONTAINER, SHIPPING

Serial Number: Problem with

NR

Reporting Requirements:

LAS

Mode Reported:

Reporting

20.2201(b)(1) - THE 30 DAY WRITTEN REPORT FOLLOWING A 20.2201(a) TELEPHONE REPORT.

LAS

Mode Reported: τ

Reporting

20.2201(a)(1)(ii) - THE 30 DAY TELEPHONE REPORT OF ANY LOST, STOLEN, OR MISSING LICENSED MATERIAL IN A QUANTITY GREATER THAN 10 TIMES THE APPENDIX C QUANTITIES.

TRS

Mode Reported:

Reporting

71.5 - TRANSPORTATION OF LICENSED MATERIAL

Keywords:

LAS

Keyword: CONTAINER SHIPPING **Keyword: RECORD COMPLETE**

Keyword: UNSEALED SOURCE RADIOPHARM

TRS

Keyword: CONTAINER, SHIPPING **Keyword: RECORD COMPLETE**

Keyword: UNSEALED SOURCE RADIOPHARM

Reference Documents:

Reference #: EN30823

Entry Date: Update Date: Retraction Date:

Coder Initials:

Description:

9608070305 PN396047

09/19/199 12/12/199 12/12/199 10/30/1998 10/30/1998 10/30/1998

DCH DCH

DCH

PRELIMINARY NOTIFICATION PRELIMINARY NOTIFICATION

EVENT NOTIFICATION

960481 09/10/2003

Event Details

Abstract:

The licensee reported the loss of 18.5-22.2 MBq (500-600 uCi) of P-32. A custodian inadvertently disposed of the radioactive material. When the error was discovered on the evening of the same day, the licensee notified the waste hauler and the incineration facility that the trash contained radioactive waste but that the amount of P-32 did not represent a public health hazard. The waste hauler and incineration facility responded that if the facility's radiation detectors did not alarm when the trash passed it, the trash would no be segregated and returned to the licensee. No alarm was triggered and the trash containing P-32 was incinerated.

				_	
- -	vent Date 7/29/1996		covery Date 17/29/1996	Report D 08/21/19	
NRC Region Office: 3 Program Code: 0	ated: NO 3-00694-03	Reciprocity: Licensee: City: State:	NONE V.A. MEDICAL CEI INDIANAPOLIS IN	NTER County:	MARION
Site of Event: Site Name: INDIANAL State: IN	POLIS				
Additional Involved Party License No: NA Name: NA	/:		City: NA State: NA	Co	ounty: MARION
Other Information: NRC Reportable Event: Agreement State Report Atomic Energy Act Mate Consultant Hired:	table Event: N		Abnormal Occurrence Investigation: NMED Record Compl Event Closed by Regi	N ete: Y	
Event Class: LAS - LOST OR STOLE Cause: INATTENTI	N ON TO DETAIL				
Contributing Factors/Con LAS	rrective Actions In	formation:			

2

NOT REPORTED

NOT REPORTED

NOT REPORTED

NOT REPORTED

Source/Radioactive	Material Information:		
LAS			
Source #:	1	Radionuclide:	P-32
Source/Material:	UNSEALED SOURCE RADIOPHARM	Activity (Curies):	0.0006
Manufacturer:	NR	Leak Test Results (uCi):	NA
Model Number:	NR	Problem with Source:	
Serial Number:	NR		
Device Name:	NA		

Contributing Factor: Corrective Action:

Contributing Factor:

Corrective Action:

LAS Factor #:

960481 09/10/2003

LAS

Mode Reported: W

Reporting

20.2201(b)(1) - THE 30 DAY WRITTEN REPORT FOLLOWING A 20.2201(a) TELEPHONE REPORT.

LAS

Mode Reported: T

Reporting

20.2201(a)(1)(ii) - THE 30 DAY TELEPHONE REPORT OF ANY LOST, STOLEN, OR MISSING LICENSED MATERIAL IN A QUANTITY GREATER THAN 10 TIMES THE APPENDIX C QUANTITIES.

Keywords:

LAS

Keyword: RECORD COMPLETE

Keyword: UNSEALED SOURCE RADIOPHARM

Reference Documents:

Reference #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
PN396052	09/04/199	12/10/1996		DCH	PRELIMINARY NOTIFICATION
EN30906	09/04/199	12/10/1996		DCH	EVENT NOTIFICATION
LTR960913	11/12/199	12/10/1996		DCH	LICENSEE REPORT
9611010309	12/09/199	12/10/1996		DCH	LICENSEE REPORT
9608230188	12/10/199	12/10/1996		DCH	PRELIMINARY NOTIFICATION
9611260079	03/14/199	03/14/1997		DCH	NOTICE OF VIOLATION
9701140090	05/14/199	05/14/1997		DCH	NOTICE OF VIOLATION
9612170320	05/14/199	05/14/1997		DCH	LICENSEE REPORT

960299 09/10/2003

Event Details

Abstract:

A licensee reported the theft of a Troxler portable gauge containing licensed material. The licensee reported that moisture/density gauge was stolen from the back of a parked licensee vehicle. The truck's camper top had been broken into and the chain securing the gauge to the truck bed was cut. The gauge contained 370 MBq (10 mCi) Cs-137 and 1.48 GBq (40 mCi) Am-241:Be. The gauge was stored in its locked configuration. The gauge was recovered on June 28, 1996 by the police.

Event Date 06/25/1996

Discovery Date

Report Date

06/25/1996

06/26/1996

Licensee / Reporting Party Information:

Agreement State Regulated: License No:

NO 13-18685-01

Reciprocity: Licensee:

NONE

ALT & WITZIG ENGINEERING, INC.

County:

MARION

NRC Region Office: Program Code:

03121 03014041

3

City: State: **INDIANAPOLIS**

IN

Docket: Site of Event:

> Site Name: **BEECH GROOVE**

State:

Additional Involved Party:

License No: NA Name:

NA

City: State:

NA NA County: MARION

CS-137

800.0

AM-BE

0.04

NR

NR

Other Information:

NRC Reportable Event: Agreement State Reportable Event: Atomic Energy Act Material: Consultant Hired:

Υ N Abnormal Occurrence: Investigation: **NMED Record Complete:**

N Event Closed by Region/State:

Event Class:

LAS - LOST OR STOLEN

STOLEN LICENSED MATERIAL, SECURITY MEASURES DEFEATED

Source/Radioactive Material Information:

LAS

Source #:

Source/Material:

SEALED SOURCE GAUGE

TROXLER

Manufacturer: Model Number: 102112

Serial Number:

75-6346

Device Name:

GAUGE PORTABLE

LAS

Source #:

Source/Material: Manufacturer:

SEALED SOURCE GAUGE TROXLER

Model Number: 102451 Serial Number: 47-20387

Device Name:

GAUGE PORTABLE

Radionuclide: Activity (Curies): Leak Test Results (uCi):

Leak Test Results (uCi):

Problem with Source:

Problem with Source:

Radionuclide:

Activity (Curies):

Device/Associated Equipment Information:

LAS

Device #:

Device/Equipment GAUGE PORTABLE

Model Number: Serial Number:

3430 24321

Manufacturer: **TROXLER** Problem with

960299 09/10/2003

Reporting Requirements:

LAS

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W Mode Reported:

Reporting

20.2201(b)(1) - THE 30 DAY WRITTEN REPORT FOLLOWING A 20.2201(a) TELEPHONE REPORT.

LAS

Mode Reported: T

Reporting

20.2201(a)(1)(i) - THE IMMEDIATE TELEPHONE REPORT OF ANY LOST, STOLEN, OR MISSING LICENSED MATERIAL IN A QUANTITY GREATER THAN OR EQUAL TO 1,000 TIMES THE APPENDIX C QUANTITIES THAT COULD CAUSE AN EXPOSURE TO PERSONS IN UNRESTRICTED AREAS.

Keywords:

LAS

Keyword: RECORD COMPLETE Keyword: SEALED SOURCE GAUGE Keyword: SEALED SOURCE GAUGE

Reference Documents:

Reference #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
EN30681	07/15/199	12/12/1996		DRL	EVENT NOTIFICATION
PN396039	10/02/199	12/12/1996		DCH	PRELIMINARY NOTIFICATION
LTR960726	11/12/199	12/12/1996		DCH	LICENSEE REPORT
9606280004	12/09/199	12/12/1996		DCH	PRELIMINARY NOTIFICATION
9608020333	12/12/199	12/12/1996		DCH	LICENSEE REPORT
9608020341	12/12/199	12/12/1996		DCH	LICENSEE REPORT

960345 09/10/2003

Event Details

Abstract:

The licensee reported that a thickness gauge was damaged. The licensee reported that a gauge containing 37 GBq (1 Ci) Am-241, used to measure thickness of rolled brass received damage to its housing. The sealed source and lead shielding were not damaged and there was not leakage. The licensee plans to return the gauge to their supplier. No overexposures or contamination was reported. No information was provided on how the gauge was damaged.

Event Date

Discovery Date

Report Date

05/04/1996

05/04/1996

05/06/1996

Licensee / Reporting Party Information:

Agreement State Regulated: License No:

NO 13-26078-01

Reciprocity: Licensee:

City:

State:

NONE

OLIN BRASS CORP.

INDIANAPOLIS

County: **MARION**

NRC Region Office: Program Code:

03120

Docket: 03031370

3

Site of Event:

Site Name: INDIANAPOLIS

State:

IN

Additional Involved Party:

License No: NR

Name:

INTEGRATED INDUSTRIAL SYSTEMS

City: State: **YALESVILLE**

CT

MARION County:

Other Information:

NRC Reportable Event: Agreement State Reportable Event: Atomic Energy Act Material:

N Υ N Abnormal Occurrence: Investigation: NMED Record Complete:

N N Event Closed by Region/State:

Event Class:

EQP - EQUIPMENT

Consultant Hired:

Cause:

NOT REPORTED

Contributing Factors/Corrective Actions Information:

EQP

Factor #:

Contributing Factor:

NOT REPORTED

Corrective Action:

EQUIPMENT RETURNED TO MANUFACTURER FOR REPAIR OR DISPOSAL

Source/Radioactive Material Information:

EQP

Source #:

Source/Material:

SEALED SOURCE GAUGE

Radionuclide: Activity (Curies): AM-241

NR

NR

Leak Test Results (uCi):

Problem with Source:

Manufacturer: Model Number: Serial Number:

NR NR

Device Name:

GAUGE FIXED

Device/Associated Equipment Information:

NR

EQP

Device #:

Manufacturer:

Model Number:

NR NR

Device/Equipment GAUGE FIXED

Serial Number:

Problem with

Reporting Requirements:

960345 09/10/2003

EQP

Mode Reported: T

Reporting

30.50(b)(2)(ii) - THE 24 HOUR REPORT OF AN EVENT WHERE REQUIRED EQUIPMENT IS DISABLED OR FAILS TO FUNCTION AS DESIGNED WHEN THE EQUIPMENT IS REQUIRED TO BE AVAILABLE AND OPERABLE WHEN IT IS DISABLED OR FAILS TO FUNCTION.

Keywords:

EQP

Keyword: GAUGE FIXED
Keyword: RECORD COMPLETE Keyword: SEALED SOURCE GAUGE

Reference Documents:

Reference #:

Entry Date: Update Date: Retraction Date: Coder Initials: Description:

EN30422

07/29/199 07/29/1996

DRL

EVENT NOTIFICATION

960812 09/10/2003

Event Details

Abstract:

The licensee reported loosing two static eliminators containing Po-210. The devices contained approximately 370 MBq (10 mCi) each. The devices were manufactured by NRD, Incorporated (model P-2051, serial #74718 and 74723). The licensee believes the devices were lost during a move to a new facility.

 Event Date
 Discovery Date
 Report Date

 03/22/1996
 10/28/1996
 10/29/1996

Licensee / Reporting Party Information:

INDIANAPOLIS

Agreement State Regulated: NO Reciprocity: NONE

License No: GENERAL LICENS Licensee: UNITED MEDICAL MANUFACTURING CO.

NRC Region Office: 3 City: INDIANAPOLIS County: MARION

Program Code: NR State: IN Docket: NA

Site of Event: Site Name:

State: IN

Additional Involved Party:
License No: NA County: MARION

Name: NA State: NA

Other Information:

NRC Reportable Event: Y Abnormal Occurrence: N
Agreement State Reportable Event: N
Atomic Energy Act Material: Y NMED Record Complete: Y
Consultant Hired: N Event Closed by Region/State:

Event Class:

LAS

LAS - LOST OR STOLEN
Cause: NOT REPORTED

Contributing Factors/Corrective Actions Information: LAS

Factor #:

Contributing Factor: NOT REPORTED

Corrective Action: NOT REPORTED

Source/Radioactive Material Information:

Source #: 1

Source/Material: SEALED SOURCE IONIZING Activity (Curies): 0.02

Manufacturer: NR Leak Test Results (uCi): NR

Radionuclide:

PO-210

Model Number: NR Problem with Source:

Serial Number: NR
Device Name: STATIC ELIMINATOR

Device/Associated Equipment Information:

LAS

Device #: 1 Model Number: P-2051
Device/Equipment STATIC ELIMINATOR Serial Number: 74718

Manufacturer: NRD, INC. Problem with

960812 09/10/2003

LAS

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Device #:

Device/Equipment STATIC ELIMINATOR

Model Number: Serial Number:

P-2051 74723

Manufacturer:

NRD, INC.

Problem with

Reporting Requirements:

LAS

Mode Reported: W

Reporting

20.2201(b)(1) - THE 30 DAY WRITTEN REPORT FOLLOWING A 20.2201(a) TELEPHONE REPORT.

LAS

Mode Reported: Т

Reporting

20.2201(a)(1)(i) - THE IMMEDIATE TELEPHONE REPORT OF ANY LOST, STOLEN, OR MISSING LICENSED MATERIAL IN A QUANTITY GREATER THAN OR EQUAL TO 1,000 TIMES THE APPENDIX C QUANTITIES

THAT COULD CAUSE AN EXPOSURE TO PERSONS IN UNRESTRICTED AREAS.

Keywords:

LAS

Keyword: RECORD COMPLETE Keyword: SEALED SOURCE IONIZING Keyword: STATIC-ELIMINATOR

Reference Documents:

Reference #: LTR961127

Entry Date: Update Date: Retraction Date: Coder Initials: Description: 12/11/199 11/18/1998

NRC LETTER

9612260286

05/23/199

11/18/1998

DCH DCH

NOTICE OF VIOLATION

951207 09/10/2003

Event Details

Abstract:

As of August 17, 1995, the Licensee routinely transported nuclear moisture/density gauges outside the confines of its plant and the driver of the vehicle did not ensure that the shipping paper was readily available in the driver's compartment, as required. Specifically shipping papers were placed either in the glove compartment of the vehicle or in the nuclear gauge transport container located in the rear of the vehicle. Neither location was within immediate reach of the driver while he was restrained by the lap belt, nor were the shipping papers readily visible to a person entering the driver's compartment.

Event Date	Discovery Date	Report Date
08/17/1995	08/17/1995	08/17/1995

Licensee / Reporting Party Information:

Agreement State Regulated: NO Reciprocity: NONE

License No: 13-18685-01 Licensee: ALT & WITZIG ENGINEERING, INC.

NRC Region Office: 3 City: INDIANAPOLIS County: MARION

Program Code: 03121 State: IN

Docket: 03014041
Site of Event:

Site Name: INDIANAPOLIS
State: IN

Additional Involved Party:

License No: NA City: NA County: MARION

Name: NA State: NA

Other Information:

NRC Reportable Event:
Agreement State Reportable Event:
Atomic Energy Act Material:
V
Consultant Hired:
N
Abnormal Occurrence:
N
Investigation:
V
NMED Record Complete:
V
Event Closed by Region/State:

Event Class:

TRS - TRANSPORTATION

Cause: DOCUMENTATION OR PAPER WORK NOT AVAILABLE

Contributing Factors/Corrective Actions Information:

TRS

Factor #: 1

Contributing Factor: NOT REPORTED
Corrective Action: NOT REPORTED

Keywords:

TRS

Keyword: RECORD COMPLETE

Reference Documents:

Reference #: Entry Date: Update Date: Retraction Date: Coder Initials: Description:

9510020147 11/01/199 11/01/1995 DRL INSPECTION REPORT

MARION

950660 09/10/2003

Event Details

Abstract:

A shipment of 45.6 uCi of I-125 was reported lost by the courier. The package was lost while being shipped by U.S. Air airlines from Indianapolis, IN to New York City, NY. The intended destination of the radioactive material was the University of Plymouth in the United Kingdom. The Licensee suspects that the package has not left the country and may have been lost in New York City. The courier has expressed confidence that the package will be located. The I-125 was in a solid form. The potential hazard is considered minimal and is primarily an ingestion concern.

 Event Date
 Discovery Date
 Report Date

 05/15/1995
 05/15/1995
 05/19/1995

Licensee / Reporting Party Information:

Agreement State Regulated: NO Reciprocity: NONE

License No: 13-01133-02 Licensee: ELI LILLY & CO.
NRC Region Office: 3 City: INDIANAPOLIS C

NRC Region Office: 3 City: INDIANAPOLIS County:
Program Code: 03611 State: IN

Docket: 03004330

Site of Event:

Site Name: NEW YORK CITY

State: NY

Additional Involved Party:

License No: NON-LICENSEE City: NR County:

Name: WORLD COURIER State: NR

Other Information:

NRC Reportable Event: Y Abnormal Occurrence: N
Agreement State Reportable Event: N
Atomic Energy Act Material: Y NMED Record Complete: Y
Consultant Hired: N Event Closed by Region/State:

Event Class:

LAS - LOST OR STOLEN

Cause: LOSS OF ADMINISTRATIVE CONTROL

Contributing Factors/Corrective Actions Information:

LAS

Factor #: 1

Contributing Factor: LOSS OF ADMINISTRATIVE CONTROL

Corrective Action: NOT REPORTED

Source/Radioactive Material Information:

LAS

Source #: 1 Radionuclide: I-125
Source/Material: UNSEALED SOURCE LAB Activity (Curies): 0.0000456

Manufacturer: NR Leak Test Results (uCi): NA Model Number: NR Problem with Source:

Serial Number: NR

Device Name: CONTAINER, SHIPPING

Device/Associated Equipment Information:

LAS

Device #: 1 Model Number: NR
Device/Equipment CONTAINER, SHIPPING Serial Number: NR

Manufacturer: NR Problem with

950660 09/10/2003

Reporting Requirements:

LAS

Mode Reported:

Reporting

20.2201(b)(1) - THE 30 DAY WRITTEN REPORT FOLLOWING A 20.2201(a) TELEPHONE REPORT.

LAS Mode Reported: T

Reporting

20.2201(a)(1)(ii) - THE 30 DAY TELEPHONE REPORT OF ANY LOST, STOLEN, OR MISSING LICENSED MATERIAL IN A QUANTITY GREATER THAN 10 TIMES THE APPENDIX C QUANTITIES.

Keywords:

LAS

Keyword: RECORD COMPLETE Keyword: UNSEALED SOURCE LAB

Reference Documents:

Reference #: EN28834

05/22/199

05/26/1995

Entry Date: Update Date: Retraction Date: Coder Initials: Description:

NB

EVENT NOTIFICATION

PN395025 05/26/199 05/26/1995

NRB

PRELIMINARY NOTIFICATION

950464 09/10/2003

Event Details

Abstract:

Four bags of radioactively contaminated waste from research laboratories were inadvertently sent to the city incinerator for disposal. The bags contained disposable gloves, paper products, and other dry waste contaminated with approximately 533 uCi of P-32, 1.25 mCi of S-35, and 250 uCi of H-3. The city incinerator's remote radiation monitoring system was not triggered by the contaminated waste. Update: The Licensee submitted a written report of this event. To prevent this from happening in the future, a videotape which was developed by the Licensee, entitled "Radiation Protection for campus Facility Service", has been distributed to all environmental services departments for review by new employees. Update: The NRC issued a violation to the Licensee for this incident.

 Event Date
 Discovery Date
 Report Date

 04/07/1995
 04/07/1995
 04/12/1995

Licensee / Reporting Party Information:

Agreement State Regulated: NO Reciprocity: NONE

License No: 13-02752-03 Licensee: INDIANA UNIVERSITY AT INDIANAPOLIS

NRC Region Office: 3 City: INDIANAPOLIS County: MARION Program Code: 02110 State: IN

 Program Code:
 02110
 State:

 Docket:
 03001609

Site of Event:

Site Name: INDIANAPOLIS

State: IN

Additional Involved Party:

License No: NON-LICENSEE City: INDIANAPOLIS County: MARION

Name: BFI/CITY INCINERATOR State: IN

Other Information:

NRC Reportable Event: Y Abnormal Occurrence: N
Agreement State Reportable Event: N
Atomic Energy Act Material: Y NMED Record Complete: Y
Consultant Hired: N Event Closed by Region/State:

Event Class:

LAS - LOST OR STOLEN

Cause: LOSS OF ADMINISTRATIVE CONTROL

Contributing Factors/Corrective Actions Information:

LAS

Factor#: 1

Contributing Factor: INADEQUATE TRAINING

Corrective Action: PERSONNEL RECEIVE NEW TRAINING

Source/Radioactive Material Information:

LAS

Source #

Source/Material: UNSEALED SOURCE OTHER

Manufacturer: NR Model Number: NR

Serial Number: NR

Device Name: WASTE, RADIOACTIVE

Radionuclide: Activity (Curies): P-32 0.000533 NA

Leak Test Results (uCi): Problem with Source:

950464 09/10/2003

LAS

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Source #: Source/Material:

UNSEALED SOURCE OTHER

Radionuclide: Activity (Curies):

Manufacturer:

Model Number: NR

0.00125 Leak Test Results (uCi): NA

Problem with Source:

Serial Number: Device Name:

NR

WASTE, RADIOACTIVE

LAS

Source #:

Source/Material: Manufacturer:

UNSEALED SOURCE OTHER

Radionuclide: Activity (Curies): Leak Test Results (uCi):

Problem with Source:

H-3 0.00025 NA

S-35

NR NR

Model Number: Serial Number: Device Name:

NR

WASTE, RADIOACTIVE

Device/Associated Equipment Information:

LAS

Device #:

Device/Equipment WASTE, RADIOACTIVE

Model Number: Serial Number:

NA

Manufacturer:

Problem with

NA

Reporting Requirements: LAS

Mode Reported:

20.2201(b)(1) - THE 30 DAY WRITTEN REPORT FOLLOWING A 20.2201(a) TELEPHONE REPORT.

Reporting LAS

Mode Reported: Т

Reporting

20.2201(a)(1)(ii) - THE 30 DAY TELEPHONE REPORT OF ANY LOST, STOLEN, OR MISSING LICENSED

MATERIAL IN A QUANTITY GREATER THAN 10 TIMES THE APPENDIX C QUANTITIES.

Keywords:

LAS

Keyword: RADIOACTIVE MATERIAL AT INCINERATOR

Keyword: RECORD COMPLETE Keyword: UNSEALED SOURCE OTHER Keyword: WASTE, RADIOACTIVE

Reference Documents:

Reference #: Entry Date: Update Date: Retraction Date: Coder Initials: Description: MR3950059 04/13/199 09/01/1995 NB MORNING REPORT EN28669 04/13/199 09/01/1995 **EVENT NOTIFICATION** NB LTR950501 06/13/199 09/01/1995 NB LICENSEE REPORT 9508140003 09/01/199 09/01/1995 NB NOTICE OF VIOLATION 9508140002 09/01/199 09/01/1995 NB NRC LETTER

950303 09/10/2003

Event Details

Abstract:

Region III was informed by representatives of the State of Indiana that within the last two weeks, three trucks containing primarily residential waste caused the radiation monitoring system to alarm at the city incinerator on 03/07, 03/15, and 03/16/1995. The waste, which was hauled by trucks operated by BFI and the Indianapolis Department of Public Works (IDPW) was rejected by the incinerator staff and subsequently transported to a facility operated by the IDPW. The trucks are segregated and roped off. Maximum radiation levels near the surface of the trucks ranged from 250 uR/hr to 2 mR/hr. The contaminant has been identified as I-131. Since the waste has not been traced to a specific NRC licensee, Region III referred the State to the EPA.

Update: On 03/17/95, a health physicist of the State Radiation Control Program accompanied a Public Works Department driver on the garbage pick-up route where the contaminated waste was found. One 300 gallon waste container was found in a residential area containing diapers contaminated with I-131. The waste container was moved to the Public Works Department and segregated and was set aside for decay of the I-131.

Event Date	Discovery Date	Report Date
03/16/1995	03/16/1995	03/17/1995
Party Information:		

Licensee / Reporting F

Agreement State Regulated: NO Reciprocity: NONE

License No: **NON-LICENSEE** Licensee: OGDEN-MARTIN SYSTEMS, INC. NRC Region Office: 3 City: **INDIANAPOLIS MARION** County:

Program Code: State: NA

Docket: NA

Site of Event:

Site Name: **INDIANAPOLIS**

State:

Additional Involved Party:

License No: NON-LICENSEE City: **INDIANAPOLIS** County: MARION

INDIANAPOLIS PUBLIC WORKS Name: IN State:

Other Information:

Abnormal Occurrence: NRC Reportable Event: Ν Agreement State Reportable Event: N Investigation: Atomic Energy Act Material: Y NMED Record Complete: Consultant Hired: N Event Closed by Region/State:

Event Class:

LAS - LOST OR STOLEN

Cause: PROCEDURE NOT FOLLOWED

Contributing Factors/Corrective Actions Information:

LAS

Factor #:

Contributing Factor: **NOT REPORTED**

Corrective Action: NA

Source/Radioactive Material Information:

LAS

Source #: Radionuclide: Source/Material: **UNSEALED SOURCE RADIOPHARM** Activity (Curies): Manufacturer: NA Leak Test Results (uCi):

Model Number: NA Serial Number: NA

Device Name: WASTE, RADIOACTIVE

Device/Associated Equipment Information:

I-131

NR

NA

Problem with Source:

950303 09/10/2003

LAS

Device #:

Device/Equipment WASTE, RADIOACTIVE

Model Number:

NA NA

Manufacturer:

Serial Number: Problem with

Reporting Requirements:

LAS

Mode Reported: W

Reporting

20.2201(b)(1) - THE 30 DAY WRITTEN REPORT FOLLOWING A 20.2201(a) TELEPHONE REPORT.

LAS

Mode Reported: T

Reporting

20.2201(a)(1)(ii) - THE 30 DAY TELEPHONE REPORT OF ANY LOST, STOLEN, OR MISSING LICENSED MATERIAL IN A QUANTITY GREATER THAN 10 TIMES THE APPENDIX C QUANTITIES.

Keywords:

LAS

Keyword: RADIOACTIVE MATERIAL AT LANDFILL

Keyword: RECORD COMPLETE

Keyword: UNSEALED SOURCE RADIOPHARM

Keyword: WASTE; RADIOACTIVE

Reference Documents:

Reference #:

03/21/199

04/25/1995

Entry Date: Update Date: Retraction Date: Coder Initials: Description:

NB

MR3950037 MR3950039

MORNING REPORT

03/23/199 04/25/1995 MORNING REPORT NB

941800 09/10/2003

Event Details

Abstract:

The licensee reported the theft of a moisture/density gauge, containing 10 mCi of Cs-137 and 40 mCi of Am-241, from the back of an open bed pickup truck at a temporary job site. The operator had not secured the gauge from unauthorized removal. The RSO reported that the gauge had been found. The RSO believes that a construction worker had removed the gauge from the truck. There was no visible damage to the gauge and the source rod was locked in its shielded position. The gauge will be wipe tested for leakage and kept out of service until the results of the wipe test are received.

> **Event Date Discovery Date** Report Date 09/06/1994 09/06/1994 09/06/1994

Licensee / Reporting Party Information:

Agreement State Regulated: NONE NO Reciprocity:

License No: 13-18685-01 ALT & WITZIG ENGINEERING, INC. Licensee:

NRC Region Office: 3 City: **INDIANAPOLIS MARION** County:

Program Code: 03121 State: IN

03014041

Site of Event:

Docket:

Site Name: **FLORENCE**

State: KY

Additional Involved Party:

License No: NA City: NA County:

Name: State: NA

Other Information:

NRC Reportable Event: Abnormal Occurrence: Ν Agreement State Reportable Event: N Investigation: Atomic Energy Act Material: NMED Record Complete: Y Consultant Hired: N Event Closed by Region/State:

Event Class:

LAS - LOST OR STOLEN

STOLEN LICENSED MATERIAL, SECURITY MEASURES UNKNOWN Cause:

Contributing Factors/Corrective Actions Information:

LAS

Factor #:

Contributing Factor: **NOT REPORTED** Corrective Action: NOT REPORTED

Source/Radioactive Material Information:

LAS

Device Name:

Source #:

GAUGE PORTABLE

Radionuclide: Source/Material: **SEALED SOURCE GAUGE** Activity (Curies): Leak Test Results (uCi): Manufacturer: NR

Model Number: NR Problem with Source:

Serial Number:

69

CS-137

0.01

NR

941800 09/10/2003

LAS

;

Source #:

SEALED SOURCE GAUGE

Radionuclide:

AM-BE

Manufacturer:

Source/Material:

NR

Activity (Curies): Leak Test Results (uCi): Problem with Source:

0.04 NR

Model Number; Serial Number: Device Name:

NR

NR

GAUGE PORTABLE

Device/Associated Equipment Information:

LAS

Device #:

Model Number:

NR

Manufacturer:

Device/Equipment GAUGE PORTABLE BOART LONGYEAR CO. Serial Number: Problem with

NR

Reporting Requirements:

LAS

Mode Reported:

Reporting

20.2201(b)(1) - THE 30 DAY WRITTEN REPORT FOLLOWING A 20.2201(a) TELEPHONE REPORT.

LAS

Mode Reported: Т

Reporting

20.2201(a)(1)(i) - THE IMMEDIATE TELEPHONE REPORT OF ANY LOST, STOLEN, OR MISSING LICENSED MATERIAL IN A QUANTITY GREATER THAN OR EQUAL TO 1,000 TIMES THE APPENDIX C QUANTITIES

THAT COULD CAUSE AN EXPOSURE TO PERSONS IN UNRESTRICTED AREAS.

Keywords:

LAS

Keyword: RECORD COMPLETE Keyword: SEALED SOURCE GAUGE Keyword: SEALED SOURCE GAUGE

Reference Documents:

Reference #:

Entry Date: Update Date: Retraction Date: Coder Initials: Description:

MR3940159

09/09/199

02/21/1996

NB

MORNING REPORT

941769 09/10/2003

Event Details

Abstract:

The licsensee reported that a moisture/density gauge was stolen from a vehicle. The gauge contains 10 mCi of Cs-137 and 50 mCi of Am-241 and was stored in a transportation case inside a locked truck parked at an employee's home. The case was chained to the steering column of the truck. The thief broke into the truck and cut the chain. The RSO has notified the police. Area news media and refuse collectors have also been notified and given a description of the device. A reward is being offered for its return.

> **Event Date Discovery Date** Report Date 08/25/1994 08/26/1994 08/25/1994

Licensee / Reporting Party Information:

Agreement State Regulated: Reciprocity: NONE

License No: 13-18685-01 Licensee: ALT & WITZIG ENGINEERING, INC.

NRC Region Office: **INDIANAPOLIS** 3 City: County: **MARION** Program Code: 03121 State: IN

Docket: 03014041

Site of Event:

Site Name: MIDDLETOWN

State: ОН

Additional Involved Party:

License No: NA City: NA County:

Name: NA State: NA

Other Information:

NRC Reportable Event: Abnormal Occurrence: Agreement State Reportable Event: N Investigation: Atomic Energy Act Material: Υ NMED Record Complete: Consultant Hired: N Event Closed by Region/State:

Event Class:

LAS - LOST OR STOLEN

STOLEN LICENSED MATERIAL, SECURITY MEASURES DEFEATED

Contributing Factors/Corrective Actions Information:

LAS

Factor#:

LOSS OF ADMINISTRATIVE CONTROL Contributing Factor:

Corrective Action: NOT REPORTED

Source/Radioactive Material Information:

LAS Source #:

Radionuclide: CS-137 Source/Material: **SEALED SOURCE GAUGE** Activity (Curies): 0.01 Manufacturer: NR Leak Test Results (uCi): NR Problem with Source:

Model Number: NR Serial Number: NR

GAUGE PORTABLE Device Name:

LAS

Source #: Radionuclide:

Source/Material: **SEALED SOURCE GAUGE** Activity (Curies): 0.05 Manufacturer: NR Leak Test Results (uCi): NR Problem with Source: Model Number: NR

Serial Number:

Device Name: **GAUGE PORTABLE** AM-BE

941769 09/10/2003

Device/Associated Equipment Information:

LAS

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Device #:

Manufacturer:

Device/Equipment GAUGE PORTABLE BOART LONGYEAR CO. Model Number: Serial Number:

MC-1 NR

Problem with

Reporting Requirements:

LAS

Mode Reported:

Reporting LAS

20.2201(b)(1) - THE 30 DAY WRITTEN REPORT FOLLOWING A 20.2201(a) TELEPHONE REPORT.

Mode Reported: Т

Reporting

20.2201(a)(1)(i) - THE IMMEDIATE TELEPHONE REPORT OF ANY LOST, STOLEN, OR MISSING LICENSED MATERIAL IN A QUANTITY GREATER THAN OR EQUAL TO 1,000 TIMES THE APPENDIX C QUANTITIES

THAT COULD CAUSE AN EXPOSURE TO PERSONS IN UNRESTRICTED AREAS.

Keywords:

LAS

Keyword: RECORD COMPLETE Keyword: SEALED SOURCE GAUGE Keyword: SEALED SOURCE GAUGE

Reference Documents:

Reference #:

Entry Date: Update Date: Retraction Date: Coder Initials: Description:

NB

PN394071 09/01/199 9411080214

01/18/199

02/21/1996 01/18/1995

NB

PRELIMINARY NOTIFICATION LICENSEE REPORT

941726 09/10/2003

Event Details

Abstract:

A TRUCK CONTAINING RESIDENTIAL AND COMMERCIAL WASTE CAUSED THE RADIATION MONITORING SYSTEM TO ALARM AT THE CITY INCINERATOR-BFI. RADIATION LEVELS NEAR THE SURFACE OF THE TRUCK MEASURED 440 MICROR/HR ON 07/29/94. THE WASTE WAS REJECTED AND SUBSEQUENTLY TRANSPORTED TO ANOTHER BFI FACILITY. IT WAS DETERMINED THAT THE WASTE WAS CONTAMINATED WITH I-131. ON 08/04/94, A VIAL OF 9% SALINE SOLUTION CONTAMINATED WITH I-131 WAS DISCOVERED. THE RADIATION LEVELS MEASURED 4 MREM/HR FROM THE SURFACE OF THE VIAL. THE CONTAMINATED VIAL AND OTHER WASTE WAS TRACED TO PREMIER RADIOPHARMACY. A REPRESENTATIVE OF THE RADIOPHARMACY WILL RETRIEVE THE WASTE AND RETURN IT TO STORAGE AT THE RADIOPHARMACY.

	Event Date	1	Discovery Date	•	Report D	ate	
	07 <i>/</i> 28/1994		07/28/1994		07 <i>/</i> 28/19	94	
Licensee / Reporting Agreement State Re License No: NRC Region Office: Program Code: Docket:	egulated: NO NR	Reciprocity: Licensee: City: State:	NONE PREMIEF INDIANAI IN	RADIOPHARMACY POLIS	County:	MAI	RION
Site of Event: Site Name: INDIA State: IN	ANAPOLIS						
Additional Involved F License No: NON- Name: BFI	•		City: State:	INDIANAPOLIS IN	Co	unty:	MARION
Other Information:							
NRC Reportable Ev Agreement State Re	ent: Yeportable Event: N		Abnormal O Investigation		N		
Atomic Energy Act I Consultant Hired:	Material: Y N			ord Complete: d by Region/State:	N		
Event Class: LAS - LOST OR STO Cause: NOT R	OLEN EPORTED						
Contributing Factors	/Corrective Actions I	nformation:					
Factor #:	1						
Contributing Factor:	NOT REPORTED						
Corrective Action:	NOT REPORTED	1					
Source/Radioactive I	Material Information:						
Source #:	1			Radionuclide:	I-1	31	
Source/Material:	UNSEALED SOUR	CE RADIOPHAR	RM	Activity (Curies): Leak Test Results (uCi): Problem with Source:			
Manufacturer;	NA						
Model Number:	NA						
Serial Number:	NA						

Device/Associated Equipment Information:

VIAL

Device Name:

941726 09/10/2003

LAS

Device #:

Device/Equipment VIAL

Model Number: Serial Number:

NR NR

Manufacturer: NR

Problem with

Reporting Requirements:

ĽAS

Mode Reported:

W

Reporting LAS

20.2201(b)(1) - THE 30 DAY WRITTEN REPORT FOLLOWING A 20.2201(a) TELEPHONE REPORT.

Mode Reported:

Reporting

Т

20.2201(a)(1)(ii) - THE 30 DAY TELEPHONE REPORT OF ANY LOST, STOLEN, OR MISSING LICENSED MATERIAL IN A QUANTITY GREATER THAN 10 TIMES THE APPENDIX C QUANTITIES.

Keywords:

LAS

Keyword: RADIOACTIVE MATERIAL AT INCINERATOR

Keyword: UNSEALED SOURCE RADIOPHARM

Reference Documents:

Reference #: MR3940141

08/17/199

Entry Date: Update Date: Retraction Date: Coder Initials: Description:

08/17/1994 NB

MORNING REPORT

950647 09/10/2003

Event Details

Abstract:

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In July, 1994, the Licensee (PSI) identified a failed weld on the source cup/rod of a Troxler moisture/density gauge. PSI contacted the gauge manufacturer and requested that all (18) of PSI's Troxler Model 3430 gauges in the 21000 Series serial numbers be inspected. Upon completion of the evaluation of the gauges, Troxler notified PSI that the "weld joint on all inspected gauges have been found to be sound under visual inspection."

Event Date

Discovery Date 07/01/1994

IN

Report Date

07/01/1994

04/27/1995

Licensee / Reporting Party Information:

Agreement State Regulated:

13-15544-01

NONE Reciprocity: Licensee:

PSI ENERGY CO. **PLAINFIELD**

County:

HENDRICKS

NRC Region Office: Program Code:

03120

City: State:

3

Docket: 03009317

Site of Event:

License No:

Site Name: PLAINFIELD

State:

IN

Additional Involved Party:

License No: NA

City: State: NA

NA

County: **HENDRICKS**

Name: NA Other Information:

> NRC Reportable Event: Agreement State Reportable Event:

Atomic Energy Act Material: Consultant Hired:

Abnormal Occurrence: Investigation: NMED Record Complete: Ν Event Closed by Region/State:

Event Class:

EQP - EQUIPMENT

Cause:

DEFECTIVE OR FAILED PARTS

Contributing Factors/Corrective Actions Information:

EQP

Factor #:

Contributing Factor:

DEFECTIVE OR FAILED PARTS

Corrective Action:

NOT REPORTED

Source/Radioactive Material Information:

EQP

Source #:

Source/Material:

SEALED SOURCE GAUGE

Manufacturer: Model Number: **TROXLER**

Serial Number:

NR

NR

Device Name: **GAUGE PORTABLE**

Device/Associated Equipment Information:

EQP Device #:

Manufacturer:

Device/Equipment GAUGE PORTABLE TROXLER

Model Number: Serial Number:

Radionuclide:

Activity (Curies):

Leak Test Results (uCi):

Problem with Source:

3430

CS-137

0.008

NR

Problem with

21026

Reporting Requirements:

950647 09/10/2003

EQP

Mode Reported: W

Reporting

30.50(b)(2)(i) - THE 24 HOUR REPORT OF AN EVENT WHERE REQUIRED EQUIPMENT IS DISABLED OR FAILS TO FUNCTION AS DESIGNED TO PREVENT RELEASES EXCEEDING REG LIMITS, EXPOSURES TO RADIATION AND RAD MATERIAL EXCEEDING REG. LIMITS, OR TO MITIGATE CONSEQUENCES OF AN

ACCIDENT

Keywords:

EQP

Keyword: RECORD COMPLETE Keyword: SEALED SOURCE GAUGE

Reference Documents:

Reference #: 9505100118 9506200252

07/13/199

05/17/199 02/21/1996

Entry Date: Update Date: Retraction Date: Coder Initials:

Description:

07/18/1995

NB NRB LICENSEE REPORT LICENSEE REPORT

76

940263 09/10/2003

Event Details

Abstract:

An explosion and fire damaged the Licensee's facilities, including a portion of a building containing a 100 mCi Cs-137 gauge. The Licensee processes soybeans, using a petrochemical (hexane) to remove oil from the soybeans. The hexane is in both liquid and gaseous forms. The explosion occurred as a result of a hexane leak which was ignited by an automobile passing through the gaseous

The Cs-137 gauge was used for level measurement. A visual inspection by the Licensee and the State of Indiana Department of Health Representative, after the explosion, determined that the gauge appeared to be intact. A wipe survey performed by the State of Indiana on the gauge's source housing disclosed no removable contamination. Five persons were injured in the explosion and resulting fire. Nearby areas offsite were evacuated as a precaution. The fire was subsequently extinguished by the fire fighters.

Update: The Licensee submitted a written report of the incident.

Event Date 06/28/1994	Discovery 06/28/1		Report Date 06/28/1994
Licensee / Reporting Party Information Agreement State Regulated: NO License No: 13-18876-01 NRC Region Office: 3 Program Code: 03120 Docket: 03014296	Reciprocity: NOI Licensee: CER	NE NTRAL SOYA CO., INC. IANAPOLIS	County: MARION
Site of Event: Site Name: INDIANAPOLIS State: IN			
Additional Involved Party: License No: NA Name: NA	Cit Sta	•	County; MARION
Other Information:			
NRC Reportable Event: Agreement State Reportable Event: Atomic Energy Act Material: Consultant Hired:	N Invest Y NMED	mal Occurrence: igation:) Record Complete: Closed by Region/State:	N Y
Event Class: EQP - EQUIPMENT			

Cause: FIRE/EXPLOSION RESULTING IN INOPERABLE EQUIPMENT

Source/Radioactive Material Information:

EQP	Material Information:		
Source #:	1	Radionuclide:	CS-137
Source/Material:	SEALED SOURCE GAUGE	Activity (Curies):	0.1
Manufacturer:	NR	Leak Test Results (uCi):	NR
Model Number:	NR	Problem with Source:	
Serial Number:	NR		
Device Name:	GAUGE FIXED		

Device/Associated Equipment Information:

EQP Model Number: SR-1AFD-6 Device #: Device/Equipment GAUGE FIXED Serial Number: 65631 Manufacturer: OHMART CORP. Problem with

Reporting Requirements:

940263 09/10/2003

EQP

Mode Reported:

W

Reporting

30.50(a) - IMMEDIATE REPORT OF AN EVENT THAT PREVENTS IMMEDIATE PROTECTIVE ACTIONS NECESSARY TO AVOID EXPOSURES TO RADIATION OR RADIOACTIVE MATERIALS THAT COULD EXCEED REGULATORY LIMITS OR RELEASES OF MATERIAL THAT COULD EXCEED REGULATORY LIMITS

Keywords:

EQP

Keyword: GAUGE FIXED
Keyword: RECORD COMPLETE Keyword: SEALED SOURCE GAUGE

Reference Docume	ents:				
Reference #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
EN27468	07/06/199	10/24/1994		NB	EVENT NOTIFICATION
PN394050	07/06/199	02/21/1996		NB	PRELIMINARY NOTIFICATION
9408260025	09/15/199	10/24/1994		NB	NRC LETTER
LTR940718	10/24/199	10/24/1994		NB	LICENSEE REPORT

941071 09/10/2003

Event Details

Abstract:

THE LICENSEE REPORTED THAT A COMPANY VEHICLE WAS BROKEN INTO WHILE PARKED IN THE OFFICE PARKING LOT. THE PASSENGER SIDE WINDOW WAS BROKEN, AND A NUCLEAR GAUGE WAS STOLEN FROM THE CAB OF THE TRUCK. THE NUCLEAR GAUGE WAS LOCKED AND IN A LOCKED CASE THAT WAS SECURED WITH A THICK GAUGE CHAIN (THAT WAS LOCKED AROUND THE STEERING WHEEL OF THE COMPANY TRUCK). THE LICENSEE AND THE STATE OF INDIANA REPORTED THE RECOVERY OF THE GAUGE. THE GAUGE WAS FOUND IN A GARBAGE DUMPSTER OUTSIDE A DAIRY QUEEN LOCATED APPROXIMATELY ONE MILE FROM THE LICENSEE'S FACILITY. THE GAUGE WAS CONTAINED IN ITS SHIPPING CONTAINER, BUT THE LOCK ON THE CONTAINER HAD BEEN CUT OFF. THE SOURCES WERE SECURED INSIDE THE GAUGE WITH THE SOURCE ROD LOCKED. BOTH THE GAUGE AND THE SHIPPING CONTAINER APPEARED TO BE IN GOOD CONDITION. THE STATE OF INDIANA RADIATION CONTROL STAFF RESPONDED TO THE SCENE WITH SURVEY INSTRUMENTATION. THERE WAS NO INDICATION OF ABNORMAL RADIATION LEVELS OUTSIDE THE GAUGE OR OF SOURCE LEAKAGE. THE LICENSEE TRANSPORTED THE GAUGE TO ITS FACILITY WHERE IT WILL REMAIN UNTIL NEGATIVE LEAK TEST RESULTS HAVE BEEN CONFIRMED. THE GAUGE WAS FOUND AT APPROXIMATELY 4:00 P.M. ON 03/04/94.

Event Date Discovery Date Report Date 03/01/1994 03/01/1994 03/01/1994 Licensee / Reporting Party Information: Agreement State Regulated: Reciprocity: NONE 13-18685-01

IN

License No: NRC Region Office: 3

03121

Licensee: City: State:

ALT & WITZIG ENGINEERING, INC. **INDIANAPOLIS** County:

MARION

03014041 Docket:

Site of Event:

Program Code:

Site Name: INDIANAPOLIS

State:

IN

Additional Involved Party:

License No: NA Name: NA

NA City: State: NA County: MARION

Other Information:

NRC Reportable Event: Abnormal Occurrence: Ν Agreement State Reportable Event: Investigation: Atomic Energy Act Material: ٧ NMED Record Complete: Y Consultant Hired: Ν Event Closed by Region/State:

Event Class:

LAS - LOST OR STOLEN

STOLEN LICENSED MATERIAL, SECURITY MEASURES DEFEATED

Contributing Factors/Corrective Actions Information:

LAS

Factor #:

Contributing Factor: Corrective Action:

NOT REPORTED **NOT REPORTED**

Source/Radioactive Material Information:

LAS

Source #

Source/Material:

SEALED SOURCE GAUGE NR

Radionuclide: Activity (Curies): CS-137 0.01

NR

Manufacturer: Model Number: Serial Number:

NR NR

Device Name:

GAUGE PORTABLE

Leak Test Results (uCi): Problem with Source:

79

941071 09/10/2003

LAS

Source #:

SEALED SOURCE GAUGE

Radionuclide:

AM-BE

Source/Material: Manufacturer:

NR NR

Activity (Curies): Leak Test Results (uCi): Problem with Source:

0.05 NR

Model Number: Serial Number: Device Name:

NR

GAUGE PORTABLE

Device/Associated Equipment Information:

LAS

Device #:

Model Number:

NR

Device/Equipment GAUGE PORTABLE Manufacturer:

BOART LONGYEAR CO.

Serial Number: Problem with

NR

Reporting Requirements:

LAS

Mode Reported:

Reporting

20.2201(b)(1) - THE 30 DAY WRITTEN REPORT FOLLOWING A 20.2201(a) TELEPHONE REPORT.

LAS

Mode Reported:

Reporting

Т

20.2201(a)(1)(i) - THE IMMEDIATE TELEPHONE REPORT OF ANY LOST, STOLEN, OR MISSING LICENSED

MATERIAL IN A QUANTITY GREATER THAN OR EQUAL TO 1,000 TIMES THE APPENDIX C QUANTITIES

THAT COULD CAUSE AN EXPOSURE TO PERSONS IN UNRESTRICTED AREAS.

Keywords:

LAS

Keyword: RECORD COMPLETE Keyword: SEALED SOURCE GAUGE Keyword: SEALED SOURCE GAUGE

Reference Documents:

Reference #: Entry Date: Update Date: Retraction Date: Coder Initials:

9404060192

05/02/199

07/15/1994

Description:

MR3940054

05/02/199

MEH MEH LICENSEE REPORT MORNING REPORT

PN394012

07/15/199

02/21/1996 07/15/1994

NB

PRELIMINARY NOTIFICATION

940502 09/10/2003

Event Details

Abstract:

;

AN OUTGOING LOAD OF RED AND YELLOW BRASS SET OFF ALARM. INVESTIGATION REVEALED NUMEROUS YELLOW BRASS WASHERS TO BE CONTAMINATED WITH .003 MCI OF RA-226; SURFACE EXPOSURE RATES FOR JUST ONE WASHER EXCEEDED 50 MREM/HR. THERE ARE FIVE GAYLORD BOXES FULL OF YELLOW BRASS. THEY HAVE BEEN CORDONED OFF TO ALL EMPLOYEES AND SECURED. SCRAP WAS BROUGHT IN BY PEDDLERS. PEDDLER SCRAP WAS NOT REQUIRED TO PASS BY THE RADIATION ALARMS.

 Event Date
 Discovery Date
 Report Date

 12/07/1993
 12/07/1993
 12/08/1993

Licensee / Reporting Party Information:

Agreement State Regulated: NO Reciprocity: NONE

License No: 13-24645-01 Licensee: K&F INDUSTRIES, INC.

NRC Region Office: 3 City: INDIANAPOLIS County: MARION Program Code: 03122 State: IN

Docket: 03029050

Site of Event:

Site Name: INDIANAPOLIS
State: IN

Additional Involved Party:

License No: NA City: NA County: MARION

Name: NA State: NA

Other Information:

NRC Reportable Event:
Agreement State Reportable Event:
Atomic Energy Act Material:
Consultant Hired:

N Abnormal Occurrence:
N Investigation:
Y NMED Record Complete:
Y Event Closed by Region/State:

Event Class:

LAS - LOST OR STOLEN
Cause: NOT REPORTED

Contributing Factors/Corrective Actions Information:

LAS

Factor #: 1

Contributing Factor: NOT REPORTED
Corrective Action: NOT REPORTED

Keywords:

LAS

Keyword: RECORD COMPLETE

Reference Documents:

Reference #: Entry Date: Update Date: Retraction Date: Coder Initials: Description:

IN-93-011 03/10/199 09/23/1997 NB AGREEMENT STATE EVENT REPORT

940501 09/10/2003

Event Details

Abstract:

į

A RESIDENTIAL ONLY CITY TRASH TRUCK SET OFF RADIATION ALARM AT CITY INCINERATOR. INVESTIGATION SHOWED I-131 (UNKNOWN ACTIVITY) CONTAMINATION ON NORMAL TRASH ITEMS. CONTAMINATION WAS SPREAD TO SEVERAL PLASTIC BAGS OF TRASH. UPON ADVICE FROM THE NRC 3 OFFICE THE CITY HIRED A RADWASTE BROKER, AND THE CONTAMINATED TRASH WAS SEGREGATED AND PLACED IN 300 GAL. PLASTIC TRASH BINS BY A LOCAL HAZARDOUS WASTE BROKER WITH SUPERVISION. A RADWASTE BROKER PICKED UP THE CONTAMINATED TRASH ON 12/07/93.

 Event Date
 Discovery Date
 Report Date

 11/22/1993
 11/22/1993
 11/24/1993

Licensee / Reporting Party Information:

Agreement State Regulated: NO Reciprocity: NONE

License No: NON-LICENSEE Licensee: INDIANAPOLIS DEPARTMENT OF PUBLIC WORKS NRC Region Office: 3 City: INDIANAPOLIS County: MARION

Program Code: NA State: IN

Docket: NA

Site of Event:
Site Name: INDIANAPOLIS

State: IN

Additional Involved Party:

License No: NA City: NA County: MARION

Name: NA State: NA

Other Information:

NRC Reportable Event:
Agreement State Reportable Event:
Atomic Energy Act Material:
Consultant Hired:

N Abnormal Occurrence:
N Investigation:
NMED Record Complete:
Y Event Closed by Region/State:

Event Class:

LAS - LOST OR STOLEN
Cause: NOT REPORTED

Consultant Information:

Name: Company: Hired by: Speciality: LAS NR NR NR OTHER

Keywords:

LAS

Keyword: RECORD COMPLETE

Reference Documents:

Reference #: Entry Date: Update Date: Retraction Date: Coder Initials: Description:

IN-93-010 03/10/199 09/10/1997 NB AGREEMENT STATE EVENT REPORT

940500 09/10/2003

Event Details

Abstract:

BROWNING-FERRIS INDUSTRIES TRASH TRUCK SET OFF RADIATION ALARMS. THE LOAD WAS TRACKED BACK TO THE INDIANA UNIVERSITY MEDICAL CENTER AND WISHARD HOSPITAL. A 2 INCH NEEDLE WAS RECOVERED THAT CONTAIN TL-201 AND APPARENTLY HAD COME FROM THE WISHARD HOSPITAL NUCLEAR MEDICINE DEPT. (LIC #13-03341-03). A REPORT OF INCIDENT AND SUBSEQUENT CORRECTIVE ACTIONS HAVE BEEN FILED WITH INRHS.

Event Date Discovery Date Report Date 11/10/1993 11/10/1993 11/10/1993

Licensee / Reporting Party Information:

Agreement State Regulated: NO Reciprocity: NONE

License No: NON-LICENSEE Licensee: OGDEN-MARTIN SYSTEMS, INC.

NRC Region Office: 3 City: INDIANAPOLIS County: MARION Program Code: NA State: IN

Program Code: NA State:

Docket: NA

Site of Event:

Site Name: INDIANAPOLIS

State: IN

Additional Involved Party:

License No: NA City: NA County: MARION

Name: NA State: NA

Other Information:

NRC Reportable Event:
Agreement State Reportable Event:
Atomic Energy Act Material:
Consultant Hired:

N Abnormal Occurrence:
N Investigation:
N MMED Record Complete:
Y
Event Closed by Region/State:

Event Class:

LAS - LOST OR STOLEN

Cause: INATTENTION TO DETAIL

Keywords:

LAS

Keyword: RECORD COMPLETE

Reference Documents:

Reference #: Entry Date: Update Date: Retraction Date: Coder Initials: Description:

IN-93-009 03/10/199 09/10/1997 NB AGREEMENT STATE EVENT REPORT

AGREEMENT STATE EVENT REPORT

940493 09/10/2003

Event Details

Abstract:

Keywords: LAS

IN-93-001

Keyword: RECORD COMPLETE

03/10/199

09/23/1997

Reference Documents: Reference #:

AFTER HOURS CALL ALLEGING THE DUMPING OF BIOMEDICAL WASTE (RAW CULTURES, SHARPS, BLOOD COMPONENTS) INTO AN OPEN DUMPSTER, INCLUDING VIALS LABELED RAM, I-125. COMPLAINANT HAS BEEN COLLECTING "EVIDENCE" FOR TWO YEARS AND DISPLAYED EMPTY I-125 VIALS FROM RADIOIMMUNOASSAY KITS - <.005 MCI PER VIAL. THE ALLEGED DISCARDED VIALS AND RIA PACKAGING LABELS ARE INTACT. PER NRC, A GENERAL LICENSEE DOES NOT HAVE TO CONFORM TO 10CFR19,20,21. INVESTIGATION PENDING.

UPDATE 02/16/93: COUNTY HEALTH TO CITE INDIVIDUAL ON LOCAL HAZARDOUS WASTE ORDINANCE.

	t Date 1/1993	Discovery Date 10/14/1993	Report Date 01/20/1994
Agreement State Regulated License No: NR NRC Region Office: 3 Program Code: NR Docket: NR		T: NONE CASTLETON PET & VETER INDIANAPOLIS IN	RINARY CLINIC County: MARION
Site of Event: Site Name: INDIANAPOL State: IN	us	•	
Additional Involved Party: License No: NA Name: NA		City: NA State: NA	County: MARION
Other Information: NRC Reportable Event: Agreement State Reportable Atomic Energy Act Material: Consultant Hired:		Abnormal Occurrence: Investigation: NMED Record Complete: Event Closed by Region/State:	N Y
Event Class: LAS - LOST OR STOLEN Cause: NOT REPORTE	ED		

Entry Date: Update Date: Retraction Date: Coder Initials: Description:

NB

940015 09/10/2003

Event Details

Abstract:

THE LICENSEE REPORTED THAT A DENSITY GAUGE WAS TRIPLE LOCKED IN A COMPANY TRUCK, WHICH WAS STOLEN. THE TRUCK AND GAUGE WERE RECOVERED WITHIN TWO HOURS.

Event Date

Discovery Date

Report Date

09/22/1993

09/22/1993

IN

09/22/1993

Licensee / Reporting Party Information:

Agreement State Regulated:

NO

Reciprocity: Licensee:

NONE

NRC Region Office:

3 03121 City: State: ALT & WITZIG ENGINEERING, INC. **INDIANAPOLIS**

MARION

Program Code:

03014041

13-18685-01

Docket: Site of Event:

License No:

Site Name: KIRKLIN

State: IN

Additional Involved Party:

License No: NA

City:

NA NA

Name:

State:

County:

Other Information:

NRC Reportable Event:

N

Abnormal Occurrence:

Ν

Agreement State Reportable Event: Atomic Energy Act Material: Consultant Hired:

N

Investigation: **NMED Record Complete:** Event Closed by Region/State:

Y

Event Class:

LAS - LOST OR STOLEN

STOLEN LICENSED MATERIAL, SECURITY MEASURES DEFEATED

Contributing Factors/Corrective Actions Information:

LAS

Factor#:

Contributing Factor:

NOT REPORTED

Corrective Action:

NA

Source/Radioactive Material Information:

LAS

Source #:

SEALED SOURCE GAUGE

NR

NR

NR

Model Number: Serial Number: Device Name:

Source/Material:

Source/Material:

Manufacturer:

GAUGE PORTABLE

LAS

Source #:

SEALED SOURCE GAUGE

Radionuclide: Activity (Curies):

Radionuclide:

Activity (Curies):

Leak Test Results (uCi):

Leak Test Results (uCi):

Problem with Source:

Problem with Source:

CS-137 NR NR

AM-BE

NR

NR

Manufacturer: NR

Model Number:

NR

Serial Number: Device Name:

NR **GAUGE PORTABLE**

Device/Associated Equipment Information:

940015 09/10/2003

LAS

Device #:

1

Device/Equipment GAUGE PORTABLE

Model Number:

MC-1

BOART LONGYEAR CO. Manufacturer:

Serial Number: Problem with

M10039409

Reporting Requirements:

LAS

Mode Reported:

Reporting

20.0402(c) - (NO LONGER USED) ADDITIONAL FOLLOW-UP WRITTEN REPORTS ON ANY LOST OR STOLEN

MATERIAL

LAS

Mode Reported: W

Reporting

20.0402(b) - (NO LONGER USED) THE 30 DAY WRITTEN REPORT CONCERNING LOST OR STOLEN

MATERIAL.

LAS

Mode Reported:

Reporting

20.0402(a)(1) - (NO LONGER USED) IMMEDIATE TELEPHONE REPORT OF A LOSS OR THEFT OF LICENSED

MATERIAL THAT COULD RESULT IN A SUBSTANTIAL HAZARD TO PERSONS IN UNRESTRICTED AREAS.

Keywords:

LAS

Keyword: RECORD COMPLETE Keyword: SEALED SOURCE GAUGE Keyword: SEALED SOURCE GAUGE

Reference Documents:

Reference #:

Entry Date: Update Date: Retraction Date: Coder Initials: Description:

9312020082

02/04/199 02/21/1996

LLB

LICENSEE REPORT

940102 09/10/2003

Event Details

Abstract:

THE LICENSEE REPORTED, DURING A NRC INSPECTION, THAT THEIR TELETHERAPY MACHINE HAD EXPERIENCED A PROBLEM IN THAT THE SOURCE WOULD NOT RETRACT INTO ITS SHIELDED POSITION. THE LICENSEE FAILED TO NOTIFY THE NRC EARLIER BECAUSE OF A FAILURE TO REVIEW 10CFR30 REPORTING REQUIREMENTS.

> **Event Date Discovery Date** Report Date 07/02/1993 07/02/1993 07/26/1993

Licensee / Reporting Party Information:

Agreement State Regulated: NO Reciprocity: NONE

License No: SAINT FRANCIS HOSPITAL AND HEALTH CENTER 13-02128-02 Licensee: NRC Region Office: 3 City: **BEECH GROVE** County:

Program Code: 02300 State: IN

Docket: 03000196

Site of Event:

Site Name: **BEECH GROVE**

State: IN

Additional Involved Party:

License No: NA City: NA County: MARION Name: NA State: NA

Radionuclide:

Model Number:

Activity (Curies):

Leak Test Results (uCi):

Problem with Source:

CO-60

8400

NR

C-9

NR

Other Information:

NRC Reportable Event: Abnormal Occurrence: Ν Agreement State Reportable Event: N Investigation: Atomic Energy Act Material: Υ NMED Record Complete: Consultant Hired: Event Closed by Region/State: N

Event Class:

EQP - EQUIPMENT

DEFECTIVE OR FAILED PARTS

Contributing Factors/Corrective Actions Information:

EQP

Factor#;

Contributing Factor. NOT REPORTED Corrective Action: NOT REPORTED

Source/Radioactive Material Information:

EQP

Source #:

Source/Material: SEALED SOURCE TELETHERAPY

Manufacturer: NR

Model Number. NR Serial Number: NR

Device Name: **TELETHERAPY UNIT**

Device/Associated Equipment Information:

EQP Device #:

Device/Equipment TELETHERAPY UNIT Serial Number: Manufacturer:

PICKER Problem with

940102

09/10/2003

EQP

Device #:

Device/Equipment SOURCE RETRACTION MECHANISM

Model Number: Serial Number:

NR NR

Manufacturer: **PICKER** Problem with

Reporting Requirements:

EQP

Mode Reported:

Reporting

30.50(b)(2)(ii) - THE 24 HOUR REPORT OF AN EVENT WHERE REQUIRED EQUIPMENT IS DISABLED OR

FAILS TO FUNCTION AS DESIGNED WHEN THE EQUIPMENT IS REQUIRED TO BE AVAILABLE AND

OPERABLE WHEN IT IS DISABLED OR FAILS TO FUNCTION.

Keywords:

EQP

Keyword: RECORD COMPLETE

Keyword: SEALED SOURCE TELETHERAPY Keyword: SOURCE RETRACTION MECHANISM

Keyword: TELETHERAPY UNIT

Reference Documents:

Reference #:

Entry Date: Update Date: Retraction Date: Coder Initials: Description:

9309030143

02/10/199

02/10/1994

DRL

NOTICE OF VIOLATION

9310200051 02/10/199 02/10/1994 DRL NRC LETTER

940973

09/10/2003

Event Details

THE LICENSEE HAD PREVIOUSLY REPORTED AN INCIDENT THAT DAMAGED A GAUGE. THE NRC CONDUCTED AN INSPECTION AND CITED THE LICENSEE FOR THREE VIOLATIONS RELATED TO THE DAMAGED GAUGE.

> **Event Date Discovery Date** Report Date 06/15/1993 06/15/1993 07/05/1993

> > NONE

IN

City:

State:

INDIANAPOLIS

Licensee / Reporting Party Information:

Agreement State Regulated:

13-26078-01 License No:

NRC Region Office:

Program Code: 03120 Docket:

03031370

Site of Event:

Site Name: **INDIANAPOLIS**

State: IN

Additional Involved Party:

License No: NA Name: NA

Reciprocity:

Licensee:

City:

State:

NA NA

BRIDGEPORT BRASS CORP.

County: MARION

MARION

County:

Other Information:

NRC Reportable Event: Agreement State Reportable Event: Atomic Energy Act Material: Consultant Hired:

Abnormal Occurrence: Ν N Investigation: Y NMED Record Complete: Υ N Event Closed by Region/State:

Event Class:

EQP - EQUIPMENT

Cause: **NOT REPORTED**

Contributing Factors/Corrective Actions Information:

EQP

Factor#:

Contributing Factor: Corrective Action:

NOT REPORTED NOT REPORTED

Source/Radioactive Material Information:

EQP.

Source #:

Source/Material:

Manufacturer: Model Number:

SEALED SOURCE GAUGE

NR NR NR

Serial Number: Device Name:

GAUGE FIXED

Radionuclide: Activity (Curies):

AM-241 Leak Test Results (uCi): NR

Problem with Source:

Device/Associated Equipment Information:

EQP

Device #:

Device/Equipment GAUGE FIXED

Model Number: Serial Number:

NR NR

Problem with Manufacturer: NR

Reporting Requirements:

940973 09/10/2003

EQP

Mode Reported:

Reporting

30.50(b)(2)(ii) - THE 24 HOUR REPORT OF AN EVENT WHERE REQUIRED EQUIPMENT IS DISABLED OR FAILS TO FUNCTION AS DESIGNED WHEN THE EQUIPMENT IS REQUIRED TO BE AVAILABLE AND OPERABLE WHEN IT IS DISABLED OR FAILS TO FUNCTION.

Keywords: EQP

Keyword: GAUGE FIXED
Keyword: RECORD COMPLETE Keyword: SEALED SOURCE GAUGE

Reference Documents:

Reference #: 9310200117

Entry Date: Update Date: Retraction Date: Coder Initials: Description: 04/18/199 02/21/1996

DRL

NOTICE OF VIOLATION

921058 09/10/2003

Event Details

Corrective Action:

Abstract:

THE LICENSEE REPORTED A TELETHERAPY MISADMINISTRATION INVOLVING A DOSE GREATER THAN PRESCRIBED.

A 31 MONTH OLD PATIENT WAS PRESCRIBED TWO CO-60 TELETHERAPY TREATMENTS OF 150 RAD EACH EACH TO REDUCE SWELLING CAUSED BY A BRAIN TUMOR.

WHILE PLANNING THE TREATMENT, THE DOSIMETRIST CALCULATED THE TREATMENT TIME FOR 300 RAD/TREATMENT RATHER THAN THE INTENDED 150 RAD.

THE CALCULATIONS AND TREATMENT PLAN WERE REVIEWED BY THREE ADDITIONAL INDIVIDUALS PRIOR TO THE TREATMENT. ALL THREE FAILED TO RECOGNIZE THE ERROR SINCE 300 RAD PER TREATMENT FOR A BRAIN TUMOR IS CONSIDERED NORMAL FOR BRAIN TUMORS. THE ERROR WAS DISCOVERED BY A STUDENT THERAPY TECHNOLOGIST DURING A REVIEW OF THE TREATMENT PLAN.

THE PATIENT'S GUARDIAN WAS NOTIFIED.

A MEDICAL CONSULTANT REPORTED THAT:

THERE IS NO SET TREATMENT FOR THIS CONDITION, AND THE DOSE GIVEN WAS SATISFACTORY.

NO BIOLOGICAL EFFECTS ARE EXPECTED.

NO MEDICAL CARE IS REQUIRED DUE TO THE MISADMINISTRATION.

THE LICENSEE WAS ADVISED TO REVIEW ITS QUALITY MANAGEMENT PROGRAM.

		Event Date 11/13/1992			Discovery Date 12/02/1992	•	Report D 12/03/19		
Agreement S License No: NRC Region Program Coo Docket:	State Reg	Party Informatio gulated: NC 13-02752-08 3 02310 03009792		Reciprocity: Licensee: City: State:	NONE INDIANA INDIANAI IN	UNIVERSITY SCH POLIS	OOL OF MEI County:		E RION
Site of Event: Site Name: State:	INDIAN	NAPOLIS							
Additional Inv License No: Name:	NA NA	arty:			City: State:	NA NA	Co	ounty:	MARION
NRC Report	able Eve State Rep gy Act M	ortable Event:	Y N Y Y				Y Y Y		
Event Class: MD2 - MEDIO Cause:		NT NNG PHYSICIAN	I'S RE	EQUEST MISU	JNDERSTOOD				
Contributing F MD2 Factor #: Contributing	1	Corrective Action		formation:					

PERSONNEL RECEIVED ADDITIONAL TRAINING

921058 09/10/2003

MD2

Factor #:

Contributing Factor: **NOT REPORTED** Corrective Action:

NOT REPORTED

MD2

Factor #:

Contributing Factor. Corrective Action:

NOT REPORTED NOT REPORTED

Medical Event Information:

Patient Number. Patient Informed: % Overexposed: % Underexposed:

100 NA

Date Informed: Effect on Patient:

Given:

Procedure: **TELETHERAPY**

Intended: Procedure: Dose in RAD:

Dose in RAD: 600 Organ: **BRAIN** Study: NA Radiopharm .: NA Radionuclide: NA Millicuries: NA

Organ: **BRAIN** Study: NA Radiopharm.: NA Radionuclide: NA Millicuries: NA

Administered By: NA

Family Dose (REM): NA

Newborn Dose (REM): NA

Fetal Dose (REM):

NA

Demographics:

Person ID No: Description: **CHILD (AGE 1-12)**

Source/Radioactive Material Information:

MD2

Source #: Source/Material:

SEALED SOURCE TELETHERAPY

Radionuclide: Activity (Curies): CO-60 NR

Manufacturer: Model Number:

NR

Leak Test Results (uCi): NR Problem with Source:

Serial Number: NR

Device Name:

TELETHERAPY UNIT

Device/Associated Equipment Information:

MD2

Device #:

Device/Equipment TELETHERAPY UNIT

Model Number: Serial Number:

6296 NR

TELETHERAPY

300

Manufacturer: **PICKER** Problem with

Consultant Information:

Name:

FLYNN, D. F., MD

Company: MASSACHUSETTS GENERAL Hired by: NRC

Speciality: MEDICAL, M.D.

Reporting Requirements:

MD2

MD2

Mode Reported:

Reporting

35.33(a)(2)-4F - (NO LONGER USED) WRITTEN RPT. <15 DAYS AFTER DISC. OF A TELETHERAPY DOSE WHEN THE CALC. DOSE DIFFERS FROM THE TOTAL PRESC. DOSE BY MORE THAN 20% OF THE TOTAL

PRESC. DOSE.

Keywords: MD2

Keyword: BRAIN

921058 09/10/2003

Keyword: RECORD COMPLETE Keyword: TELETHERAPY

Reference Documents:

Reference #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
920012	03/30/199	08/24/1995		CDB	OLD ASSIGNED ITEM NUMBER
312001	03/30/199	08/24/1995		CDB	OLD REGIONAL LOG NUMBER AS SOURCE
9302030100	04/29/199	08/24/1995		NB	LICENSEE REPORT
9307070161	04/29/199	08/24/1995		NB	NRC LETTER
9302030078	04/29/199	08/24/1995		NB	NRC LETTER
9302030085	04/29/199	08/24/1995		NB	NOTICE OF VIOLATION
9302030089	04/29/199	08/24/1995		NB	INSPECTION REPORT
9307070172	04/29/199	08/24/1995		NB	CONSULTANT REPORT
9307070169	04/29/199	08/24/1995		NB	LICENSEE REPORT
9310200087	06/09/199	08/24/1995		NB	ENFORCEMENT ACTION
9306150022	06/09/199	08/24/1995		NB	NRC LETTER
9306010010	06/09/199	08/24/1995		NB	NRC LETTER
9306150028	06/09/199	08/24/1995		NB	ENFORCEMENT CONFERENCE
9310200083	06/09/199	08/24/1995		NB	NRC LETTER
9401240262	07/15/199	08/24/1995		NB	NRC LETTER
9401240272	07/15/199	08/24/1995		NB	OTHER
9310250091	07/15/199	08/24/1995		NB	NOTIFICATION OF SIGNIFICANT
					ENFORCEMENT ACTION
92-17	09/07/199	08/24/1995		NB	ABNORMAL OCCURRENCE NUMBER

920889 09/10/2003

Event Details

THE LICENSEE REPORTED A THEFT OF A CAMPBELL PACIFIC MOISTURE/DENSITY GAUGE FROM THEIR TRUCK. THE GAUGE INCLUDED TWO 10 mCi CS-137 SEALED SOURCES, TWO 50 mCi AM-BE SEALED SOURCES, AND ONE 100 mCi AM-BE SEALED SOURCE. A REWARD WAS OFFERED.

Event Date Discovery Date Report Date 09/22/1992 09/22/1992 10/09/1992 Licensee / Reporting Party Information: Agreement State Regulated: Reciprocity: NONE License No: 13-18685-01 ALT & WITZIG ENGINEERING, INC. Licensee: NRC Region Office: 3 City: **INDIANAPOLIS MARION** County: Program Code: 03121 State: IN Docket: 03014041 Site of Event: Site Name: **INDIANAPOLIS** State: IN Additional Involved Party: License No: NA NA County: MARION City: Name: NA State: NA Other Information: NRC Reportable Event: Abnormal Occurrence: N Agreement State Reportable Event: Investigation: Atomic Energy Act Material: NMED Record Complete: Y Υ Consultant Hired: N Event Closed by Region/State: **Event Class:**

LAS - LOST OR STOLEN

STOLEN LICENSED MATERIAL, SECURITY MEASURES DEFEATED

Contributing Factors/Corrective Actions Information:

LAS

Factor#:

Contributing Factor: Corrective Action:

NOT REPORTED NOT REPORTED

Source/Radioactive Material Information:

LAS

Source #:

Source/Material:

SEALED SOURCE GAUGE

Manufacturer: NR

Model Number: NR Serial Number: NR

Device Name:

GAUGE PORTABLE

LAS

Source #:

Source/Material: **SEALED SOURCE GAUGE**

Manufacturer: NR Model Number: NR

Serial Number: Device Name:

NR

GAUGE PORTABLE

Radionuclide: Activity (Curies):

Leak Test Results (uCi): Problem with Source:

Radionuclide: Activity (Curies): Leak Test Results (uCi): CS-137 0.01

CS-137

0.01

NR

Problem with Source:

920889 09/10/2003

LAS

Source #:

Source/Material: **SEALED SOURCE GAUGE** Radionuclide: Activity (Curies):

Radionuclide:

Activity (Curies):

Leak Test Results (uCi):

Problem with Source:

AM-BE 0.05 NR

AM-BE

0.05

NR

Manufacturer: Model Number:

NR NR Leak Test Results (uCi): Problem with Source:

Serial Number.

Device Name:

NR

GAUGE PORTABLE

LAS

Source #:

Source/Material: Manufacturer.

SEALED SOURCE GAUGE NR

Model Number: NR Serial Number: NR

Device Name: **GAUGE PORTABLE**

LAS

Source #:

Source/Material: Manufacturer:

SEALED SOURCE GAUGE NR

Model Number: Serial Number:

NR NR

Device Name: **GAUGE PORTABLE** Radionuclide:

AM-BE

Activity (Curies): Leak Test Results (uCi):

0.1 NR

Problem with Source:

Device/Associated Equipment Information:

LAS

Device #:

Device/Equipment GAUGE PORTABLE

Model Number: Serial Number:

NR NR

BOART LONGYEAR CO. Manufacturer:

Problem with

Reporting Requirements:

LAS

Mode Reported:

Reporting

20.0402(b) - (NO LONGER USED) THE 30 DAY WRITTEN REPORT CONCERNING LOST OR STOLEN

MATERIAL.

LAS

Mode Reported:

Reporting

20.0402(a)(1) - (NO LONGER USED) IMMEDIATE TELEPHONE REPORT OF A LOSS OR THEFT OF LICENSED MATERIAL THAT COULD RESULT IN A SUBSTANTIAL HAZARD TO PERSONS IN UNRESTRICTED AREAS.

Keywords:

LAS

Keyword: GAUGE PORTABLE Keyword: RECORD COMPLETE Keyword: SEALED SOURCE GAUGE

T

Reference Documents:

Reference #: 9210270099

920526

12/07/199

12/07/199

05/23/1995 02/21/1996

Entry Date: Update Date: Retraction Date: Coder Initials:

Description: **OLD ASSIGNED ITEM NUMBER**

CDB CDB

LICENSEE REPORT

920856 09/10/2003

Event Details

A SOURCE FAILED TO RETURN TO THE SHIELDED POSITION AFTER PATIENT TREATMENT. THE SOURCE RETURNED TO THE SHIELDED POSITION AFTER THE EMERGENCY OFF BUTTON WAS PUSHED. MACHINE USE WAS DISCONTINUED UNTIL THE MACHINE WAS EVALUATED; DURING THE EVALUATION, THE FAILURE WAS NOT REPEATED. AFTER THE MAINTENANCE, THE MACHINE WAS RETURNED TO SERVICE.

> **Event Date Discovery Date** Report Date 09/10/1992 09/10/1992 09/11/1992

Licensee / Reporting Party Information:

Agreement State Regulated: Reciprocity: NONE

License No: 13-02752-08 Licensee: INDIANA UNIVERSITY SCHOOL OF MEDICINE NRC Region Office: 3 City: **INDIANAPOLIS** County: MARION Program Code: 02310 IN

State: Docket: 03009792

Site of Event:

Site Name: **INDIANAPOLIS**

State: IN

Additional Involved Party:

License No: NA City: NA County: MARION Name: State: NA

Other Information:

NRC Reportable Event: Abnormal Occurrence: N Agreement State Reportable Event: Ν Investigation: Atomic Energy Act Material: NMED Record Complete: Υ Consultant Hired: N Event Closed by Region/State:

Event Class:

EQP - EQUIPMENT

DEFECTIVE OR FAILED PARTS Cause:

Contributing Factors/Corrective Actions Information:

EQP

Factor #:

Contributing Factor: NOT REPORTED

Corrective Action: REPAIRS MADE WITHOUT ENGINEERING CHANGE TO SYSTEM

Source/Radioactive Material Information:

EQP

Manufacturer:

Source #: Source/Material:

Radionuclide: CO-60 SEALED SOURCE BRACHYTHERAPY Activity (Curies): NR NR Leak Test Results (uCi): NR

Problem with Source:

Model Number: NR NR Serial Number:

Device Name: REMOTE AFTERLOADER HDR

Device/Associated Equipment Information:

EQP

Device #: Model Number: NR Device/Equipment REMOTE AFTERLOADER HDR Serial Number: NR

Manufacturer: THOMSON CGR MED./COT Problem with

920856

09/10/2003

EQP

;

Device #: Manufacturer:

Device/Equipment SOURCE RETRACTION MECHANISM

Model Number: Serial Number:

NR NR

Problem with

Reporting Requirements:

EQP

Mode Reported:

Reporting

30.50(b)(2)(i) - THE 24 HOUR REPORT OF AN EVENT WHERE REQUIRED EQUIPMENT IS DISABLED OR FAILS TO FUNCTION AS DESIGNED TO PREVENT RELEASES EXCEEDING REG LIMITS, EXPOSURES TO RADIATION AND RAD MATERIAL EXCEEDING REG. LIMITS, OR TO MITIGATE CONSEQUENCES OF AN

ACCIDENT

Keywords:

EQP

Keyword: RECORD COMPLETE

Keyword: REMOTE AFTERLOADER HDR

Keyword: SEALED SOURCE BRACHYTHERAPY Keyword: SOURCE RETRACTION MECHANISM

Reference Documents:

Reference #: 920276

12/07/199

01/16/1995

Entry Date: Update Date: Retraction Date: Coder Initials:

Description:

CDB

OLD ASSIGNED ITEM NUMBER

9209300168 12/07/199 01/16/1995 CDB

LICENSEE REPORT

920796 09/10/2003

Event Details

LICENSEE REPORTS THAT 2 GAUGES CONTAINING 200 MCI CS-137 EACH WERE REMOVED AND REPLACED BY EMPLOYEES. ONE WAS REMOVED AND REPLACED WITH THE SHUTTER OPEN. DOSE ESTIMATES GIVE A MAXIMUM EXPOSURE OF LESS THAN 16.5 MREM.

> Report Date **Event Date Discovery Date** 09/23/1992 08/19/1992 08/19/1992

Licensee / Reporting Party Information:

Agreement State Regulated: NO Reciprocity: NONE

13-17217-01 INDIANAPOLIS POWER & LIGHT CO. Licensee: License No:

MARION **INDIANAPOLIS** NRC Region Office: 3 City: IN

Program Code: 03121 State: 03012381 Docket:

Site of Event:

Site Name: **PETERSBURG**

State: IN

Additional Involved Party:

License No: NA City: NA County: State: NA

Name: NA

Other Information:

Abnormal Occurrence: Ν Ν NRC Reportable Event: Agreement State Reportable Event: Investigation: Ν Atomic Energy Act Material: NMED Record Complete: Event Closed by Region/State: Consultant Hired: Ν

Event Class: OTH - OTHER

Cause: NOT REPORTED

Contributing Factors/Corrective Actions Information:

OTH

Factor #:

Contributing Factor. NOT REPORTED

NOT REPORTED Corrective Action:

Source/Radioactive Material Information:

OTH Source #:

SEALED SOURCE GAUGE Activity (Curies): Source/Material:

0.2 Leak Test Results (uCi): NR Manufacturer: NR Problem with Source:

Radionuclide:

Radionuclide:

CS-137

CS-137

0.2

NR

Model Number: NR Serial Number: NR

GAUGE FIXED Device Name:

OTH

Source #:

Source/Material: **SEALED SOURCE GAUGE**

Activity (Curies): Leak Test Results (uCi): Manufacturer. NR Problem with Source: Model Number: NR

Serial Number: **GAUGE FIXED** Device Name:

920796 09/10/2003

Device/Associated Equipment Information:

OTH

OTH Device #:

Device #:

Device/Equipment GAUGE FIXED Manufacturer:

TN TECHNOLOGY

Model Number: Serial Number:

5190 NR

Problem with

Model Number:

Manufacturer:

Device/Equipment GAUGE FIXED TN TECHNOLOGY

Serial Number: Problem with

5190 NR

Keywords:

ŎТН

Keyword: RECORD COMPLETE

Reference Documents:

Reference #:

12/07/199

01/17/1995

Entry Date: Update Date: Retraction Date: Coder Initials: Description: CDB

920513 9210020226 12/07/199

02/21/1996

OLD ASSIGNED ITEM NUMBER CDB LICENSEE REPORT

99

920597 09/10/2003

Event Details

THE LICENSEE REPORTED THAT THEIR TROXLER MOISTURE/DENSITY GAUGE, MODEL 3440 CONTAINING 40 MCI OF AM-241 AND 8 MCI OF CS-137, WAS DAMAGED WHEN HEAVY CONSTRUCTION EQUIPMENT RAN OVER IT. NO RADIOACTIVE CONTAMINATION WAS FOUND. THE LICENSEE WAS CITED FOR 4 VIOLATIONS RELATED TO THE INCIDENT.

> **Event Date Discovery Date** 06/19/1992 06/19/1992

Report Date 06/19/1992

Licensee / Reporting Party Information:

Agreement State Regulated: NO 13-23425-01 License No:

3

Reciprocity: Licensee:

NONE

HOWARD NEEDLES TAMMEN & BERGENDOFF

NRC Region Office: Program Code:

City:

INDIANAPOLIS

County: MARION

State:

IN

Docket:

03121 03031268

Site of Event:

Site Name: **INDIANAPOLIS**

State:

IN

Additional Involved Party:

License No: NA Name: NA

City: State:

County: MARION

AM-BE

0.04

NR

N

Other Information:

NRC Reportable Event: Agreement State Reportable Event: Atomic Energy Act Material: Consultant Hired:

Ν Y Ν Abnormal Occurrence: Investigation: **NMED Record Complete:** Event Closed by Region/State:

NA

NA

Event Class:

EOP - EQUIPMENT

EQUIPMENT IMPROPERLY CONTROLLED RESULTING IN THE EQUIPMENT BEING DAMAGED BY A VEHICLE

Contributing Factors/Corrective Actions Information:

EQP

Factor #:

Contributing Factor. Corrective Action:

NOT REPORTED NOT REPORTED

Source/Radioactive Material Information:

EQP

Source #:

Manufacturer:

Source/Material:

SEALED SOURCE GAUGE NR

Radionuclide: Activity (Curies): Leak Test Results (uCi): Problem with Source:

Model Number: NR

Serial Number: Device Name:

GAUGE PORTABLE

EQP

Source #:

Source/Material:

SEALED SOURCE GAUGE NR

CS-137 Radionuclide: Activity (Curies): 800.0 Leak Test Results (uCi): NR Problem with Source:

Model Number: NR Serial Number: NR

Device Name:

Manufacturer:

GAUGE PORTABLE

920597

09/10/2003

Device/Associated Equipment Information:

EQP

Device #:

Device/Equipment GAUGE PORTABLE

Model Number: Serial Number:

3440 NR

Manufacturer:

TROXLER

Problem with

Reporting Requirements:

EQP

Mode Reported:

Reporting

30.50(b)(2)(i) - THE 24 HOUR REPORT OF AN EVENT WHERE REQUIRED EQUIPMENT IS DISABLED OR FAILS TO FUNCTION AS DESIGNED TO PREVENT RELEASES EXCEEDING REG LIMITS, EXPOSURES TO RADIATION AND RAD MATERIAL EXCEEDING REG. LIMITS, OR TO MITIGATE CONSEQUENCES OF AN

ACCIDENT

Keywords:

EQP

Keyword: RECORD COMPLETE Keyword: SEALED SOURCE GAUGE Keyword: SEALED SOURCE GAUGE

Reference Documents:

Reference #:

12/07/199

05/24/1995

Entry Date: Update Date: Retraction Date: Coder Initials: Description:

CDB

OLD ASSIGNED ITEM NUMBER

920413 307002

12/07/199

02/21/1996

CDB

LICENSEE REPORT

920457 09/10/2003

Event Details

LICENSEE RESPONDED TO VIOLATIONS WHICH INCLUDED FAILURE TO DOCUMENT A POSSIBLE EXPOSURE AND FAILURE TO ADEQUATELY TRANSPORT RADIOACTIVE MATERIAL.

> **Event Date Discovery Date** Report Date 05/07/1992 05/07/1992 05/21/1992

Licensee / Reporting Party Information:

Agreement State Regulated: NO

13-26369-01

License No: NRC Region Office: 3

Program Code:

03111 03032577 Reciprocity:

State:

NONE Licensee: ATEC ASSOCIATES, INC. City:

INDIANAPOLIS

County:

MARION

Docket: Site of Event:

Site Name: NR State:

Additional Involved Party:

License No: NA Name:

City: State: NA NA County:

NR

NR

NR

NR

NR

Other Information:

NRC Reportable Event: Abnormal Occurrence: N Agreement State Reportable Event: N Investigation: Atomic Energy Act Material: NMED Record Complete: Consultant Hired: N Event Closed by Region/State:

Event Class:

TRS - TRANSPORTATION

Cause: LOSS OF ADMINISTRATIVE CONTROL

Contributing Factors/Corrective Actions Information:

TRS

Factor #:

Contributing Factor. Corrective Action:

NOT REPORTED

PROCEDURE MODIFIED

Source/Radioactive Material Information:

TRS

Source #: Source/Material:

Manufacturer:

Model Number:

Serial Number

SEALED SOURCE WELL LOGGING

Radionuclide: Activity (Curies): Leak Test Results (uCi): Problem with Source:

Device Name:

WELL LOGGING TOOL

Device/Associated Equipment Information:

NR

NR

NR

TRS

Device #:

Device/Equipment WELL LOGGING TOOL Manufacturer: NR

Serial Number: Problem with

Model Number:

Reporting Requirements:

920457 09/10/2003

TRS

Mode Reported: W

Reporting

71.5 - TRANSPORTATION OF LICENSED MATERIAL

Keywords:

TRS

Keyword: RECORD COMPLETE

Keyword: SEALED SOURCE WELL LOGGING

Keyword: WELL LOGGING TOOL

Reference Documents:

Reference #: 920309

Entry Date: Update Date: Retraction Date: Coder Initials: Description:

CDB

12/07/199 02/01/1995 9206010059 12/07/199 02/21/1996

CDB

OLD ASSIGNED ITEM NUMBER

LICENSEE REPORT

920355 09/10/2003

Event Details

THE NRC MET WITH THE LICENSEE TO DISCUSS AN EXPOSURE OF 2.14 REM IN A QUARTER TO AN EMPLOYEE. THE EMPLOYEE HAD STORED HIS DOSIMETER NEAR GAUGES, OFTEN FOR LONG PERIODS OF TIME. THE EXPOSURE WAS GIVEN TO THE BADGE, NOT THE EMPLOYEE.

> **Event Date Discovery Date** Report Date 04/07/1992 04/07/1992 04/21/1992

Licensee / Reporting Party Information:

Agreement State Regulated: Reciprocity: NO NONE

License No: 13-17732-01 Licensee: ATEC ASSOCIATES, INC.

NRC Region Office: 3 City: **INDIANAPOLIS** MARION County: IN

Program Code: 03121 State: Docket: 03013245

Site of Event:

Site Name: **INDIANAPOLIS**

State:

Additional Involved Party:

License No: NA City: NA County: MARION

Name: State: NA

Other Information:

NRC Reportable Event: Abnormal Occurrence: Ν Agreement State Reportable Event: N Y Investigation: Atomic Energy Act Material: **NMED Record Complete:** Consultant Hired: N Event Closed by Region/State:

Event Class:

EXP - OVEREXPOSURE

LOSS OF ADMINISTRATIVE CONTROL Cause:

Contributing Factors/Corrective Actions Information:

EXP

Factor #:

Contributing Factor: IMPROPERLY FOLLOWED PROCEDURES

Corrective Action: **NOT REPORTED**

Overexposure Information:

Person ID Radiation Exposure Source: Exposure Type of Dose: Effect of Exposure:

Number: Dose (REM):

SEALED SOURCE GAUGE 2.14 **BADGE ONLY**

Demographics:

Person ID No: Description:

MALE

Source/Radioactive Material Information:

EXP

Source #: Radionuclide: NR Source/Material: **SEALED SOURCE GAUGE** Activity (Curies): NR Manufacturer: Leak Test Results (uCi): NR NR

Problem with Source: Model Number: NR NR Serial Number:

Device Name: **GAUGE PORTABLE**

920355 09/10/2003

Device/Associated Equipment Information:

EXP

Device #:

Device/Equipment GAUGE PORTABLE

Model Number:

NR NR

Manufacturer:

NR

Serial Number: Problem with

Keywords: EXP

Keyword: RECORD COMPLETE Keyword: SEALED SOURCE GAUGE Keyword: WHOLE BODY

Reference Documents:

Reference #:

12/07/199

Entry Date: Update Date: Retraction Date: Coder Initials: Description:

920198 9205040115 12/07/199

03/31/1995 03/31/1995

CDB CDB **OLD ASSIGNED ITEM NUMBER**

INSPECTION REPORT

920258 09/10/2003

Event Details

Abstract:

THE LICENSEE REPORTED THE LOSS OF A NUCLECEL AIR GUN.

Event Date

Discovery Date

Report Date

03/13/1992

03/13/1992

03/13/1992

Licensee / Reporting Party Information:

Agreement State Regulated:

NONE

License No: NRC Region Office:

GENERAL LICENS 3

Licensee: City:

Reciprocity:

UNITED MEDICAL MANUFACTURING

MARION

Program Code:

NR

State:

INDIANAPOLIS IN

County:

Docket:

NR

Site of Event:

Site Name: **INDIANAPOLIS**

State:

Name:

IN

NA

Additional Involved Party:

License No: NA

City: State: NA NA County:

MARION

Other Information:

NRC Reportable Event: Agreement State Reportable Event:

Abnormal Occurrence: Investigation:

Ν

Atomic Energy Act Material: Consultant Hired:

Ν

NMED Record Complete:

Event Closed by Region/State:

Event Class:

LAS - LOST OR STOLEN

Cause:

LOSS OF ADMINISTRATIVE CONTROL

Contributing Factors/Corrective Actions Information:

LAS

Factor #:

Contributing Factor:

IMPROPERLY FOLLOWED PROCEDURES

Corrective Action:

NOT REPORTED

Source/Radioactive Material Information:

LAS

Source #:

Source/Material:

SEALED SOURCE IONIZING

Radionuclide: Activity (Curies): Leak Test Results (uCi): PO-210 NR NR

Manufacturer: Model Number:

NRD, INC. P-001

NRD, INC.

Problem with Source:

Serial Number:

Manufacturer.

Device Name:

STATIC ELIMINATOR

Device/Associated Equipment Information:

Device #: Device/Equipment STATIC ELIMINATOR Model Number:

P-2051 NR

Serial Number: Problem with

Reporting Requirements:

920258 09/10/2003

LAS

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Mode Reported: W

Reporting

20.0402(b) - (NO LONGER USED) THE 30 DAY WRITTEN REPORT CONCERNING LOST OR STOLEN

MATERIAL.

LAS

Mode Reported:

Reporting

20.0402(a)(1) - (NO LONGER USED) IMMEDIATE TELEPHONE REPORT OF A LOSS OR THEFT OF LICENSED MATERIAL THAT COULD RESULT IN A SUBSTANTIAL HAZARD TO PERSONS IN UNRESTRICTED AREAS.

Keywords:

LAS

Keyword: RECORD COMPLETE Keyword: SEALED SOURCE IONIZING Keyword: STATIC ELIMINATOR

T

Reference Documents:

Reference #:

Entry Date: Update Date: Retraction Date: Coder Initials: Description:

12/07/199 03/17/1995

CDB

920130 304004

12/07/199 03/17/1995

CDB

OLD ASSIGNED ITEM NUMBER LICENSEE REPORT

920204 09/10/2003

Event Details

THE LICENSEE REPORTED THAT A MOISTURE/DENSITY GAUGE, CONTAINING 10 mCi OF CS-137 AND 50 mCi OF AM-241, WAS STOLEN FROM A LICENSEE VEHICLE. THE GAUGE WAS IN THE SHIELDED, LOCKED POSITION AND WAS LOCKED IN THE TRUCK. THE POLICE AND THE NEWSPAPER WERE NOTIFIED. THE GAUGE WAS RECOVERED ON 03/04/92. NO LEAKAGE WAS DETECTED.

> **Event Date Discovery Date** Report Date 02/29/1992 02/29/1992 03/02/1992

Licensee / Reporting Party Information:

Agreement State Regulated: Reciprocity:

NONE License No: 13-17732-01 Licensee: ATEC ASSOCIATES, INC.

NRC Region Office: **INDIANAPOLIS** 3 City: MARION County:

Program Code: 03121 State: IN

Docket: 03013245

Site of Event:

Site Name: **NOBLESVILLE**

State:

Additional Involved Party:

License No: NA Citv: NA County: HAMILTON

Name: State: NA

Other Information:

NRC Reportable Event: Abnormal Occurrence: Agreement State Reportable Event: N Investigation: Atomic Energy Act Material: Y NMED Record Complete: Consultant Hired: N Event Closed by Region/State:

Event Class:

LAS - LOST OR STOLEN

STOLEN LICENSED MATERIAL, SECURITY MEASURES DEFEATED

Contributing Factors/Corrective Actions Information:

LAS

LAS

Factor #:

Contributing Factor: **NOT REPORTED**

NOT REPORTED Corrective Action:

Source/Radioactive Material Information:

Source #:

Radionuclide: AM-BE Source/Material: SEALED SOURCE GAUGE Activity (Curies): 0.05 Manufacturer: NR Leak Test Results (uCi): NR Problem with Source:

Model Number: NR

Serial Number: NR

GAUGE PORTABLE Device Name:

LAS

Source #:

Source/Material: **SEALED SOURCE GAUGE** Activity (Curies): 0.01 Manufacturer: Leak Test Results (uCi): NR NR

Radionuclide:

CS-137

Model Number: NR Problem with Source: Serial Number: NR

Device Name: **GAUGE PORTABLE**

920204 09/10/2003

Device/Associated Equipment Information:

LAS

Device #:

Device/Equipment GAUGE PORTABLE

Model Number:

NR NR

Manufacturer:

BOART LONGYEAR CO.

Serial Number: Problem with

Reporting Requirements:

LAS

Mode Reported:

Reporting

20.0402(b) - (NO LONGER USED) THE 30 DAY WRITTEN REPORT CONCERNING LOST OR STOLEN

MATERIAL.

LAS

Mode Reported:

Reporting

20.0402(a)(1) - (NO LONGER USED) IMMEDIATE TELEPHONE REPORT OF A LOSS OR THEFT OF LICENSED MATERIAL THAT COULD RESULT IN A SUBSTANTIAL HAZARD TO PERSONS IN UNRESTRICTED AREAS.

Keywords:

LAS

Keyword: RECORD COMPLETE Keyword: SEALED SOURCE GAUGE Keyword: SEALED SOURCE GAUGE

T

Reference Documents:

Reference #:

Entry Date: Update Date: Retraction Date: Coder Initials: Description:

03/10/1995

CDB

CDB

12/07/199 920252 920075 12/07/199

03/10/1995

OLD ASSIGNED ITEM NUMBER **OLD ASSIGNED ITEM NUMBER**

02/21/1996 9203110080 12/07/199 CDB LICENSEE REPORT

920195 09/10/2003

Event Details

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THE LICENSEE REPORTED THE THEFT AND RECOVERY OF A MOISTURE/DENSITY GAUGE CONTAINING 8.4 mCi OF CS-137 AND 40 mCi OF AM-241. THE GAUGE WAS IN A LICENSEE TRUCK THAT WAS STOLEN FROM A LICENSEE BUILDING. THE PROPERTY WAS RECOVERED. THERE WAS NO DAMAGE TO THE GAUGE.

Event Date Discovery Date Report Date 02/26/1992 02/26/1992 04/13/1992 Licensee / Reporting Party Information: Agreement State Regulated: Reciprocity: NONE NO License No: 13-18685-01 Licensee: ALT & WITZIG ENGINEERING, INC. NRC Region Office: 3 City: **INDIANAPOLIS MARION** County: IN Program Code: 03121 State: Docket: 03014041

Site of Event:

Site Name: INDIANAPOLIS

State: IN

Additional Involved Party:

License No: NA City: NA **MARION** County: Name: NA State: NA

Other Information:

NRC Reportable Event: Abnormal Occurrence: Ν Agreement State Reportable Event: Ν Investigation: Atomic Energy Act Material: NMED Record Complete: Y Consultant Hired: N Event Closed by Region/State:

Event Class:

LAS - LOST OR STOLEN

STOLEN LICENSED MATERIAL, SECURITY MEASURES DEFEATED Cause:

Contributing Factors/Corrective Actions Information:

LAS

Factor#:

Contributing Factor:

NOT REPORTED Corrective Action: NOT REPORTED

Source/Radioactive Material Information:

LAS Source #:

Source/Material:

SEALED SOURCE GAUGE

Manufacturer: NR Model Number: NR Serial Number: NR

Device Name:

GAUGE PORTABLE

LAS

Source #:

SEALED SOURCE GAUGE

Source/Material: Manufacturer: NR

Model Number: NR Serial Number:

Device Name:

GAUGE PORTABLE

AM-BE Radionuclide: Activity (Curies): 0.04 NR Leak Test Results (uCi):

Problem with Source:

Radionuclide: Activity (Curies): Leak Test Results (uCi):

CS-137 0.0084 • NR

Problem with Source:

920195

09/10/2003

Device/Associated Equipment Information:

LAS

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Device #:

Manufacturer:

Device/Equipment GAUGE PORTABLE

Model Number: Serial Number: 3401

TROXLER

Problem with

NR

Reporting Requirements:

LAS

Mode Reported:

Reporting

20.0402(b) - (NO LONGER USED) THE 30 DAY WRITTEN REPORT CONCERNING LOST OR STOLEN

MATERIAL.

LAS

Mode Reported:

T

Reporting

20.0402(a)(1) - (NO LONGER USED) IMMEDIATE TELEPHONE REPORT OF A LOSS OR THEFT OF LICENSED MATERIAL THAT COULD RESULT IN A SUBSTANTIAL HAZARD TO PERSONS IN UNRESTRICTED AREAS.

Keywords:

LAS

Keyword: RECORD COMPLETE Keyword: SEALED SOURCE GAUGE Keyword: SEALED SOURCE GAUGE

Reference Documents:

Reference #: 920152

12/07/199

03/09/1995 03/09/1995

Entry Date: Update Date: Retraction Date: Coder Initials:

CDB

Description: OLD ASSIGNED ITEM NUMBER

CDB

OLD ASSIGNED ITEM NUMBER

9204280420

920118

12/07/199 12/07/199

02/21/1996

CDB

LICENSEE REPORT

HENDRICKS

911304 09/10/2003

Event Details

DOCTOR SPOKE WITH NURSE AND ORDERED SERIES OF TESTS. NORMALLY CHART IS CHECKED BUT BECAUSE OF SPEAKING WITH NURSE AND SERIES OF TESTS IT WAS NOT IN THIS CASE. PATIENT'S CHART WILL NOW BE CHECKED REGARDLESS.

DANVILLE

Event Date Discovery Date Report Date 11/27/1991 11/27/1991 11/27/1991

IN

Licensee / Reporting Party Information:

Agreement State Regulated:

License No: 13-17082-01

NRC Region Office: 3

Program Code: 02120

Docket: 03012163

Site of Event:

Site Name: NR State:

Additional Involved Party:

License No: NA Name:

City: NA State: NA

HENDRICKS COMMUNITY HOSPITAL

County:

County:

Other Information:

NRC Reportable Event: Abnormal Occurrence: Ν Agreement State Reportable Event: N Investigation: Atomic Energy Act Material: NMED Record Complete: Y Consultant Hired: N Event Closed by Region/State:

Reciprocity:

Licensee:

City:

State:

Event Class:

MD2 - MEDICAL EVENT

Cause:

2

DIAGNOSTIC STUDY OR THERAPY REQUESTED FOR WRONG PATIENT

Contributing Factors/Corrective Actions Information:

MD2

Factor #:

Contributing Factor: PROCEDURE MODIFIED

PATIENT CHART NOT CHECKED

Corrective Action:

MD2

Factor #:

Contributing Factor. Corrective Action:

HEAVY WORKLOAD NOT REPORTED

Medical Event Information:

911304 09/10/2003

Patient Number: Patient Informed: % Overexposed: NR % Underexposed: NR

Date Informed:

Effect on Patient:

Given:

Intended: Procedure: RADIOPHARMACEUTICAL - D NR Procedure: Dose in RAD: Dose in RAD: NA Organ: NA Organ: NA Study: **BONE SCAN** Study: NR Radiopharm.: MDP/MEDRONATE/OSTEOLITE Radiopharm.: NR Radionuclide: TC-99M Radionuclide: NR Millicuries: 22.2 Millicuries: NR

Administered By:

Family Dose (REM):

Newborn Dose (REM):

NR

NR

NR

Fetal Dose (REM):

Leak Test Results (uCi):

Problem with Source:

NR

Source/Radioactive Material Information:

Source #: Source/Material:

UNSEALED SOURCE RADIOPHARM

Radionuclide: Activity (Curies): TC-99M 0.0222

NA

Manufacturer: Model Number. NR NA

Serial Number: Device Name:

NA

NA

Keywords:

MD2

Keyword: RADIOPHARMACEUTICAL - D

Keyword: RECORD COMPLETE

Reference Documents:

Reference #: 1 910386

Entry Date: Update Date: Retraction Date: Coder Initials:

Description:

9112160018

09/22/199 09/22/199 09/22/1994 09/22/1994 CDB CDB **OLD ASSIGNED ITEM NUMBER**

NOTICE OF VIOLATION

910116 09/10/2003

Event Details

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MAINTENANCE WORKER, UNAWARE THAT THE DEVICE CONTAINED RADIOACTIVE MATERIAL, REMOVED AN OHMART GAUGE CONTAINING 100 MCI CS-137 FROM A PROCESS PIPE WHILE REPAIRING A PUMP. WORST CASE; 59 MREM, MOST LIKELY 2-3 MREM.

> **Event Date Discovery Date** Report Date 10/30/1991 10/30/1991 10/30/1991

Licensee / Reporting Party Information:

Agreement State Regulated: NO

License No:

NRC Region Office:

GENERAL LICENS

NR

NR

Reciprocity: Licensee:

NONE

IN

City: State: BEVERIDGE PAPER CO. **INDIANAPOLIS**

County:

MARION

Docket: Site of Event:

Program Code:

Site Name: State: IN

Additional Involved Party:

License No: NA Name:

NA

City: State: NA NA County:

Other Information:

NRC Reportable Event: Agreement State Reportable Event: Atomic Energy Act Material: Consultant Hired:

Ν N N

Abnormal Occurrence: N Investigation: NMED Record Complete: Event Closed by Region/State:

Event Class:

OTH - OTHER

Cause:

LOSS OF ADMINISTRATIVE CONTROL

Keywords:

OTH

Keyword: RECORD COMPLETE

Reference Documents:

Reference #:

910239

09/22/199

Entry Date: Update Date: Retraction Date: Coder Initials: 04/13/1995

Description:

CDB

OLD ASSIGNED ITEM NUMBER

300000 09/22/199 04/13/1995

CDB

OLD REGIONAL LOG NUMBER AS SOURCE

911104 09/10/2003

Event Details

AN EMPLOYEE'S BADGE INDICATES 1420 MREM FOR THE THIRD QUARTER. THE LICENSEE CLAIMS THAT THE OVEREXPOSURE IS A RESULT OF HAVING STORED THE BADGE AT NIGHT WITHIN 2'-3' OF THE GAUGE. THE GAUGE PASSED THE LICENSEE LEAK TEST. SHIELDED AND UNSHIELDED READINGS ARE WITHIN NORMAL RANGES.

> **Event Date Discovery Date** Report Date 10/01/1991 10/01/1991 12/13/1991

Licensee / Reporting Party Information:

Agreement State Regulated: Reciprocity: NO NONE

ALT & WITZIG ENGINEERING, INC. License No: 13-18685-01 Licensee:

NRC Region Office: 3 City: **INDIANAPOLIS MARION** County: IN

Program Code: 03121 State:

Docket: 03014041

Site of Event:

Site Name: INDIANAPOLIS

State: IN

Additional Involved Party:

License No: NA City: NA County: MARION State: NA

Name:

Other Information:

NRC Reportable Event: U Abnormal Occurrence: N Agreement State Reportable Event: N Investigation: Atomic Energy Act Material: NMED Record Complete: N N Event Closed by Region/State:

Consultant Hired:

Event Class:

EXP - OVEREXPOSURE NOT REPORTED Cause:

Contributing Factors/Corrective Actions Information:

EXP

Factor #:

Contributing Factor. NOT REPORTED Corrective Action: **NOT REPORTED**

Overexposure Information:

Person ID Radiation Exposure Source: Exposure Type of Dose: Effect of Exposure:

Radionuclide:

NR

NR

NR

Dose (REM):

Number:

SEALED SOURCE GAUGE 1.42 WHOLE BODY, **OCCUPATIONAL**

Source/Radioactive Material Information:

EXP

1

Source #:

Source/Material: **SEALED SOURCE GAUGE** Activity (Curies): Manufacturer; NR Leak Test Results (uCi): Problem with Source:

Model Number. NR Serial Number: NR

Device Name: **GAUGE PORTABLE**

Device/Associated Equipment Information:

911104

09/10/2003

EXP

;

Device #:

Device/Equipment GAUGE PORTABLE

Model Number: Serial Number:

NR NR

Manufacturer:

NR

Problem with

Keywords: EXP

Keyword: SEALED SOURCE GAUGE

Keyword: WHOLE BODY

Reference Documents:

Reference #: 910454 9112260329

09/22/199 07/24/1995

09/22/199 07/24/1995

Entry Date: Update Date: Retraction Date: Coder Initials: Description:

CDB CDB

OLD ASSIGNED ITEM NUMBER LICENSEE REPORT

Event Details

THE TECHNOLOGIST MISTAKENLY PLACED THE MDP VIAL IN THE DTPA SHIELD AND THE DTPA VIAL IN THE MDP SHIELD. THE PATIENT RECEIVED DTPA INSTEAD OF THE INTENDED MDP. A DOUBLE-CHECK METHOD WAS INSTITUTED TO PREVENT THIS FROM REOCCURRING.

Event Date	Discovery Date	Report Date
08/08/1991	08/08/1991	08/20/1991

Licensee / Reporting Party Information:

Agreement State Regulated: NONE NO Reciprocity:

INDIANA UNIVERSITY AT INDIANAPOLIS License No: 13-02752-03 Licensee:

NRC Region Office: City: **INDIANAPOLIS** County: MARION

Program Code: 02110 State: IN

Docket: 03001609

Site of Event:

Site Name: **INDIANAPOLIS**

State: IN

Additional Involved Party:

License No: NA City: NA County: MARION

Name: NA State: NA

Other Information:

NRC Reportable Event: N Abnormal Occurrence: N Agreement State Reportable Event: N Investigation: Atomic Energy Act Material: Y NMED Record Complete: Consultant Hired: N Event Closed by Region/State:

Event Class:

MD2 - MEDICAL EVENT

VIALVIAL SHIELD MISLABELED

Contributing Factors/Corrective Actions Information:

MD2

Factor #:

Contributing Factor. NOT REPORTED

Corrective Action: IMPROVE RADIOACTIVE MATERIAL LABELING AND HANDLING

Medical Event Information:

Patient Number:

Patient Informed: % Underexposed: NA Date Informed: Effect on Patient:

Given: Intended:

Procedure: RADIOPHARMACEUTICAL - D Procedure: RADIOPHARMACEUTICAL - D

NA

% Overexposed:

Dose in RAD: NA Dose in RAD: NA Organ: Organ: NA

BONE DENSITY Study: NR Study:

DTPA (DIETHYLTRIAMINE-PENTAACE Radiopharm.: MDP/MEDRONATE/OSTEOLITE

Radiopharm.: Radionuclide: TC-99M Radionuclide: TC-99M Millicuries: NR Millicuries: NR

Administered By: Fetal Dose (REM): Family Dose (REM): Newborn Dose (REM):

TECHNICIAN NR NR NR

910910 09/10/2003

Source/Radioactive Material Information:

MD2

Source #:

UNSEALED SOURCE RADIOPHARM

Source/Material: Manufacturer. Model Number:

Device Name:

NR NA

Serial Number:

NA NA

Radionuclide:

TC-99M

Activity (Curies): Leak Test Results (uCi):

NR NA

Problem with Source:

Keywords:

MD2

Keyword: RADIOPHARMACEUTICAL - D

Keyword: RECORD COMPLETE

Reference Documents:

Reference #: 910207

910208

09/22/199

Entry Date: Update Date: Retraction Date: Coder Initials: Description:

06/30/1995 09/22/199 06/30/1995 CDB CDB OLD ASSIGNED ITEM NUMBER

OLD ASSIGNED ITEM NUMBER

Event Details

GAUGE WAS DAMAGED BY FRONT END LOADER. FOUND TO EMIT 0.3 MR; NO LEAKAGE OF SOURCE.

Event Date Discovery Date Report Date 06/06/1991 06/06/1991 07/24/1991

Licensee / Reporting Party Information:

NONE Agreement State Regulated: Reciprocity: NO

13-17732-01 Licensee: ATEC ASSOCIATES, INC. License No: NRC Region Office: 3 City: **INDIANAPOLIS** County: **MARION**

Program Code: 03121 State: IN

03013245 Docket:

Site of Event:

Site Name: NR IN State:

Additional Involved Party:

License No: NA City: NA County:

Name: NA State: NA

Other Information:

Abnormal Occurrence: NRC Reportable Event: N Agreement State Reportable Event: Investigation: Atomic Energy Act Material: **NMED Record Complete:** Consultant Hired: N Event Closed by Region/State:

Event Class:

EQP - EQUIPMENT

EQUIPMENT IMPROPERLY CONTROLLED RESULTING IN THE EQUIPMENT BEING DAMAGED BY A VEHICLE

Radionuclide:

Activity (Curies):

Leak Test Results (uCi):

Problem with Source:

CS-137

NR

NR

Contributing Factors/Corrective Actions Information:

EQP

Factor #:

NOT REPORTED Contributing Factor: NOT REPORTED Corrective Action:

Source/Radioactive Material Information:

EQP

AM-BE Source #: Radionuclide: Source/Material: **SEALED SOURCE GAUGE** Activity (Curies): NR Manufacturer: Leak Test Results (uCi): NR NR Problem with Source:

Model Number: NR Serial Number: NR

Device Name: **GAUGE PORTABLE**

EQP Source #:

Source/Material: **SEALED SOURCE GAUGE** NR Manufacturer:

Model Number. NR

Serial Number:

GAUGE PORTABLE Device Name:

Device/Associated Equipment Information:

910660

09/10/2003

EQP

Device #: Manufacturer:

Device/Equipment GAUGE PORTABLE CAMPBELL PACIFIC NUC

Model Number: Serial Number: MC-1 M19079008

Problem with

Reporting Requirements:

EQP

Mode Reported:

Reporting

30.50(b)(2)(ii) - THE 24 HOUR REPORT OF AN EVENT WHERE REQUIRED EQUIPMENT IS DISABLED OR FAILS TO FUNCTION AS DESIGNED WHEN THE EQUIPMENT IS REQUIRED TO BE AVAILABLE AND

OPERABLE WHEN IT IS DISABLED OR FAILS TO FUNCTION.

Keywords:

EQP

Keyword: RECORD COMPLETE Keyword: SEALED SOURCE GAUGE Keyword: SEALED SOURCE GAUGE

Reference Documents:

Reference #: 910176 9108050279

09/22/199

05/16/1995

Entry Date: Update Date: Retraction Date: Coder Initials: Description:

CDB

OLD ASSIGNED ITEM NUMBER

09/22/199 02/21/1996 CDB

LICENSEE REPORT

910628 09/10/2003

Event Details

Abstract:

PATIENT WAS GIVEN 46.28 MCI OF TC-99M PERT INSTEAD OF 20 MCI TC-99M MDP WHEN WRONG SYRINGE WAS SELECTED.

Event Date Discovery Date Report Date 05/30/1991 05/30/1991 06/10/1991

Licensee / Reporting Party Information:

Agreement State Regulated: NO Reciprocity: NONE

License No: 13-17082-01 Licensee: HENDRICKS COMMUNITY HOSPITAL

NRC Region Office: 3 City: DANVILLE County: **HENDRICKS** Program Code: 02120 State: IN

Docket: 03012163

Site of Event:

Site Name: NR State: IN

Additional Involved Party:

License No: NA City: NA County: State: NA

Name: NA

Other Information:

NRC Reportable Event: Abnormal Occurrence: N Y Agreement State Reportable Event: Ν Investigation: Atomic Energy Act Material: Υ NMED Record Complete: Consultant Hired: N Event Closed by Region/State:

Event Class:

MD2 - MEDICAL EVENT

WRONG SYRINGE SELECTED FROM DOSAGE CART

Contributing Factors/Corrective Actions Information:

MD2

Contributing Factor: **HEAVY WORKLOAD** Corrective Action: NOT REPORTED

Medical Event Information:

Patient Number: % Overexposed: NA Patient Informed: % Underexposed: NA

Date Informed: Effect on Patient:

Given: Intended:

Procedure: RADIOPHARMACEUTICAL - D Procedure: RADIOPHARMACEUTICAL - D Dose in RAD: NA Dose in RAD: NA

Organ: NA Organ: NA

Study: NR Study: BONE DENSITY

Radiopharm.: SPERT/PERT (SODIUM PERTECHNETA Radiopharm.: MDP/MEDRONATE/OSTEOLITE

Radionuclide: TC-99M Radionuclide: TC-99M Millicuries: 46.2 Millicuries: 20

Administered By: Family Dose (REM): Newborn Dose (REM): Fetal Dose (REM):

NR NR NR

Source/Radioactive Material Information:

910628 09/10/2003

MD2

Source #:

Source/Material:

UNSEALED SOURCE RADIOPHARM

Radionuclide: Activity (Curies): TC-99M 0.0462

NA

Manufacturer: Model Number:

NR NA

NA

Leak Test Results (uCi): Problem with Source:

Serial Number: Device Name: NA

Keywords: MD2

Keyword: RADIOPHARMACEUTICAL - D

Keyword: RECORD COMPLETE

Reference Documents:

Reference #:

Entry Date: Update Date: Retraction Date: Coder Initials: Description:

910138 9106180197 09/22/199 09/22/199 05/15/1995 05/15/1995 CDB CDB

OLD ASSIGNED ITEM NUMBER

NOTICE OF VIOLATION

910502 09/10/2003

Event Details

Abstract:

;

SELECTED WRONG UNIT DOSE SYRINGE. PATIENT GIVEN TC-99M MDP INSTEAD OF HIDA.

Event Date . Discovery Date Report Date 04/23/1991 04/23/1991 04/24/1991

Licensee / Reporting Party Information:

Agreement State Regulated: NO Reciprocity: NONE

License No: 13-00133-02 Licensee: SAINT VINCENT HOSPITAL & HEALTH CARE
NRC Region Office: 3 City: INDIANAPOLIS County: MARION
Program Code: 02230 State: IN

Docket: 03001579

Site of Event:

Site Name: INDIANAPOLIS

State: IN

Additional Involved Party:

License No: NA City: NA County: MARION

Name: NA State: NA

Other Information:

NRC Reportable Event:
Agreement State Reportable Event:
Atomic Energy Act Material:
Consultant Hired:

N
Abnormal Occurrence:
N
Investigation:
Y
NMED Record Complete:
Y
Event Closed by Region/State:

Event Class:

MD2 - MEDICAL EVENT

Cause: WRONG SYRINGE SELECTED FROM DOSAGE CART

Contributing Factors/Corrective Actions Information:

MD2

Factor #: 1

Contributing Factor. NOT REPORTED

Corrective Action: PERSONNEL RECEIVED ADDITIONAL TRAINING

MD2

Factor #:

Contributing Factor: NOT REPORTED

Corrective Action: PERSONNEL REPRIMANDED

Medical Event Information:

910502 09/10/2003

Patient Number: Patient Informed:

U

% Overexposed: % Underexposed: NA NA

Date Informed: Effect on Patient:

Given: Procedure:

RADIOPHARMACEUTICAL - D

Intended: Procedure: Dose in RAD:

RADIOPHARMACEUTICAL - D

Dose in RAD: Organ: Study:

NA **BONE SCAN** Organ:

NA

Study:

HEPATOBILIARY

Radiopharm.: Radionuclide: MDP/MEDRONATE/OSTEOLITE TC-99M

Radiopharm.: Radionuclide: HIDA (N-(2,6-DIETHYLACETANILID

Millicuries:

20

Millicuries:

TC-99M

Administered By:

Family Dose (REM): NR

Newborn Dose (REM): NR

Fetal Dose (REM):

NR

Source/Radioactive Material Information:

MD2

Source #:

Source/Material:

UNSEALED SOURCE RADIOPHARM

Radionuclide: Activity (Curies): TC-99M 0.02

NA

Manufacturer: Model Number: NR NA

Leak Test Results (uCi): Problem with Source:

Serial Number:

NA Device Name: NA

Keywords:

MD2

Keyword: RADIOPHARMACEUTICAL - D Keyword: RECORD COMPLETE

Reference Documents:

Reference #:

Entry Date: Update Date: Retraction Date: Coder Initials: Description:

910106 9105140361

09/22/199 09/22/199

05/05/1995 05/05/1995 CDB CDB

OLD ASSIGNED ITEM NUMBER NOTICE OF VIOLATION

910456 09/10/2003

Event Details

Abstract:

CLERK VERBALLY REPORTED ORDERS ON WRONG PATIENT.

Event Date 04/08/1991

Discovery Date 04/08/1991

Report Date 04/16/1991

Licensee / Reporting Party Information:

Agreement State Regulated: NO

License No: 13-00133-02 Reciprocity: Licensee:

NONE

SAINT VINCENT HOSPITAL & HEALTH CARE

NRC Region Office: 3 Program Code:

02230

City: **INDIANAPOLIS** State: IN

County: MARION

Docket: 03001579

Site of Event:

Site Name: INDIANAPOLIS

State:

IN

Additional Involved Party:

License No: NA Name:

City: State: NA

County: MARION

NA

N

Other Information:

NRC Reportable Event: Agreement State Reportable Event: Atomic Energy Act Material: Consultant Hired:

N Y N Abnormal Occurrence: Investigation: **NMED Record Complete:** Event Closed by Region/State:

Event Class:

MD2 - MEDICAL EVENT

DIAGNOSTIC STUDY OR THERAPY REQUESTED FOR WRONG PATIENT

Contributing Factors/Corrective Actions Information:

Factor #:

Contributing Factor: Corrective Action:

NOT REPORTED NOT REPORTED

MD2

Factor #:

Contributing Factor:

NOT REPORTED

Corrective Action:

PERSONNEL RECEIVED ADDITIONAL TRAINING

MD2

Factor #:

Contributing Factor: NOT REPORTED

Corrective Action:

PERSONNEL RECEIVE IMPROVED SUPERVISION

Medical Event Information:

NA

Fetal Dose (REM):

910456 09/10/2003

Patient Number: % Overexposed: NA % Underexposed: Patient Informed: NA υ

Date Informed: Effect on Patient:

Family Dose (REM):

Given: Intended: RADIOPHARMACEUTICAL - D Procedure: Procedure:

Dose in RAD: Dose in RAD: NA NA NA Organ: Organ: Study: NA Study: NA DTPA (DIETHYLTRIAMINE-PENTAACE Radiopharm.: Radiopharm.: NA Radionuclide: TC-99M Radionuclide: NA

Millicuries: Millicuries: NA

NR NR NR NR

Source/Radioactive Material Information:

MD2

Administered By:

Source #: Radionuclide: TC-99M **UNSEALED SOURCE RADIOPHARM** Activity (Curies): Source/Material: 0.0199 Manufacturer: NR Leak Test Results (uCi): NA Problem with Source:

Newborn Dose (REM):

Model Number: NA Serial Number: NA Device Name: NA

Keywords: MD2

Keyword: RADIOPHARMACEUTICAL - D

Keyword: RECORD COMPLETE

Reference Documents:

Entry Date: Update Date: Retraction Date: Coder Initials: Description: Reference #:

09/22/199 05/03/1995 CDB OLD ASSIGNED ITEM NUMBER 910101 9105090187 09/22/199 05/03/1995 CDB NOTICE OF VIOLATION

RADIOPHARMACEUTICAL - D

Event Details

IMAGING TECHNOLOGIST SELECTED WRONG VIAL AND ADMINISTERED DTPA INSTEAD OF MDP.

Event Date Discovery Date Report Date 04/02/1991 04/02/1991 04/09/1991

Licensee / Reporting Party Information:

Agreement State Regulated: Reciprocity: NONE 13-00694-03 License No: V.A. MEDICAL CENTER

Licensee: NRC Region Office: 3 City: **INDIANAPOLIS** County: MARION Program Code: 02110 State: IN

Docket: 03001583

Site of Event:

Site Name: **INDIANAPOLIS**

State: IN

Additional Involved Party:

License No: NA City: NA MARION County: Name: NA State: NA

Other Information:

NRC Reportable Event: Abnormal Occurrence: Agreement State Reportable Event: Investigation: Atomic Energy Act Material: Y NMED Record Complete: Consultant Hired: N Event Closed by Region/State:

Event Class:

MD2 - MEDICAL EVENT

Cause: WRONG VIAL SELECTED WHEN DRAWING DOSE

Contributing Factors/Corrective Actions Information:

MD2

Factor #:

Contributing Factor.

HEAVY WORKLOAD

Corrective Action: IMPROVE RADIOACTIVE MATERIAL LABELING AND HANDLING

Medical Event Information:

Patient Number:

Patient Informed:

Date Informed: Effect on Patient:

Given: Intended: RADIOPHARMACEUTICAL - D Procedure: Procedure:

Dose in RAD: Dose in RAD: NA NA Organ: NA Organ: NA

Study: NR Study: **BONE DENSITY**

Radiopharm .: DTPA (DIETHYLTRIAMINE-PENTAACE Radiopharm.: MDP/MEDRONATE/OSTEOLITE Radionuclide: TC-99M Radionuclide: TC-99M Millicuries: 20 Millicuries: 20

% Overexposed:

% Underexposed:

NA

NA

Administered By: Family Dose (REM): Newborn Dose (REM): Fetal Dose (REM):

NR NR NR

Source/Radioactive Material Information:

910428 09/10/2003

MD2

Source #:

Source/Material: **UNSEALED SOURCE RADIOPHARM** Manufacturer:

NR

Model Number: Serial Number:

NA NA

Device Name: NA Radionuclide:

TC-99M

Activity (Curies): Leak Test Results (uCi):

0.02 NA

Problem with Source:

Keywords:

MD2

Keyword: RADIOPHARMACEUTICAL - D

Keyword: RECORD COMPLETE

Reference Documents:

Reference #: 910087 9105090333

09/22/199 09/22/199

05/01/1995

05/01/1995

Entry Date: Update Date: Retraction Date: Coder Initials: Description:

CDB CDB

OLD ASSIGNED ITEM NUMBER

NOTICE OF VIOLATION

Event Details

Abstract:

PATIENT WAS GIVEN 67 MCI OF XE-133 INSTEAD OF 30 MCI OF XE-133. TECHNOLOGIST DID NOT RECOGNIZE INAPPROPRIATENESS OF HOT VIAL. EMPLOYEE WAS TERMINATED.

 Event Date
 Discovery Date
 Report Date

 03/08/1991
 03/08/1991
 04/08/1991

Licensee / Reporting Party Information:

Agreement State Regulated: NO Reciprocity: NONE

License No: 13-14817-01 Licensee: JOHNSON COUNTY MEMORIAL HOSPITAL NRC Region Office: 3 City: FRANKLIN County: JOHNSON

Program Code: 02120 State: IN

Docket: 03008553

Site of Event:

Site Name: FRANKLIN

State: IN

Additional Involved Party:

License No: NA County: JOHNSON

Name: NA State: NA

Other Information:

NRC Reportable Event:
Agreement State Reportable Event:
Atomic Energy Act Material:
Consultant Hired:

N
Abnormal Occurrence:
N
Investigation:
Y
NMED Record Complete:
Y
Event Closed by Region/State:

Event Class:

MD2 - MEDICAL EVENT
Cause: NOT REPORTED

Contributing Factors/Corrective Actions Information:

MD2

Factor #: 1

Patient Number:

Contributing Factor: PERSONNEL ERROR
Corrective Action: NOT REPORTED

Medical Event Information:

Patient Informed: U % Underexposed: NA
Date Informed: Effect on Patient:

Given: Intended: Procedure: RADIOPHARMACEUTICAL - D Procedure:

RADIOPHARMACEUTICAL - D Procedure: Dose in RAD: Dose in RAD: NA NA Organ: NA Organ: NA NR NR Study: Study: Radiopharm.: GAS Radiopharm.: **GAS** Radionuclide: Radionuclide: XE-133 XE-133 Millicuries: Millicuries: 30

% Overexposed:

123

Administered By: Family Dose (REM): Newborn Dose (REM): Fetal Dose (REM):

NR NR NR NR

Source/Radioactive Material Information:

910345 09/10/2003

MD2

Source #:

Source/Material:

NR

Manufacturer: Model Number: Serial Number: NA

NA

NA

UNSEALED SOURCE RADIOPHARM

Radionuclide: Activity (Curies): Leak Test Results (uCi): XE-133 0.067 NA

Problem with Source:

Keywords:

Device Name:

MD2

Keyword: RADIOPHARMACEUTICAL - D Keyword: RECORD COMPLETE

Reference Documents:

Reference #: 910088 9105030030

09/22/199 09/22/199

04/28/1995 04/28/1995

Entry Date: Update Date: Retraction Date: Coder Initials: Description:

CDB

CDB

OLD ASSIGNED ITEM NUMBER

NOTICE OF VIOLATION

910196 09/10/2003

Event Details

Abstract:

A RADIOPHARMACIST RECEIVED AN INTERNAL OVEREXPOSURE TO I-131 DURING ADMINISTRATION OF NAI THERAPY DOSE; I-131 INTAKE WAS CALCULATED AT 10 MICROCI, 2.2 TIMES THE LIMIT.

> **Event Date Discovery Date** Report Date 01/22/1991 01/22/1991 02/20/1991

Licensee / Reporting Party Information:

Agreement State Regulated: Reciprocity: NONE

13-02752-03 INDIANA UNIVERSITY AT INDIANAPOLIS License No: Licensee:

NRC Region Office: City: **INDIANAPOLIS** MARION 3 County:

Program Code: 02110 State: IN

Docket: 03001609 Site of Event:

Site Name: NR

State: IN

Additional Involved Party:

License No: NA City: NΑ County:

Name: State: NA

Other Information:

NRC Reportable Event: Abnormal Occurrence: N Agreement State Reportable Event: Investigation: Y **NMED Record Complete:** Atomic Energy Act Material: Consultant Hired: N Event Closed by Region/State:

Event Class:

EXP - OVEREXPOSURE NOT REPORTED Cause:

Contributing Factors/Corrective Actions Information:

EXP

Factor #:

Contributing Factor: **VIOLATION OF PROCEDURES**

Corrective Action: NOT REPORTED

Overexposure Information:

Person ID Radiation Exposure Source: Exposure Type of Dose: Effect of Exposure: Number: Dose (REM):

UNSEALED SOURCE NR INTERNAL (CEDE), **RADIOPHARM OCCUPATIONAL**

Source/Radioactive Material Information:

EXP

Source #:

Radionuclide: 1-131 Source/Material: **UNSEALED SOURCE RADIOPHARM** Activity (Curies): NR Manufacturer: NR Leak Test Results (uCi): NA

Model Number: Problem with Source: NR

Serial Number: NR Device Name: NA

Reporting Requirements:

910196 09/10/2003

EXP

Mode Reported:

W

Reporting

20.0405(a)(1)(iii) - (NO LONGER USED) THE 30 DAY WRITTEN REPORT OF LEVELS OF RADIATION OR CONCENTRATIONS OF RADIOACTIVE MATERIAL IN A RESTRICTED AREA IN EXCESS OF ANY OTHER APPLICABLE LIMIT IN THE LICENSE.

Keywords:

EXP

Keyword: INTERNAL (CEDE) Keyword: RECORD COMPLETE

Keyword: UNSEALED SOURCE RADIOPHARM

Reference Documents:

Reference #:

Entry Date: Update Date: Retraction Date: Coder Initials: Description:

910047 303001 09/22/199 09/22/199

09/04/1997 09/04/1997 CDB CDB

OLD ASSIGNED ITEM NUMBER

LICENSEE REPORT

910192 09/10/2003

Event Details

;

THE LICENSEE REPORTED THE THEFT OF A CAMPBELL PACIFIC NUCLEAR DENSITY GAUGE FROM LOCKED VEHICLE.

Event Date Discovery Date Report Date 01/20/1991 01/20/1991 01/22/1991

Licensee / Reporting Party Information:

Agreement State Regulated: NO Reciprocity: NONE

13-17732-01 ATEC ASSOCIATES, INC. License No: Licensee: NRC Region Office: 3 City: **INDIANAPOLIS** County: MARION

Program Code: 03121 State: IN

Docket: 03013245

Site of Event:

Site Name: **INDIANAPOLIS**

State:

Additional Involved Party:

License No: NA City: NA County: MARION

Name: State: NA

Other Information:

NRC Reportable Event: Abnormal Occurrence: N Agreement State Reportable Event: Investigation: Atomic Energy Act Material: Y **NMED Record Complete:** Consultant Hired: Ν Event Closed by Region/State:

Event Class:

LAS - LOST OR STOLEN

STOLEN LICENSED MATERIAL, SECURITY MEASURES DEFEATED

Contributing Factors/Corrective Actions Information:

LAS

Factor #:

NOT REPORTED Contributing Factor: **NOT REPORTED** Corrective Action:

Source/Radioactive Material Information:

LAS

Source #: Radionuclide: AM-BE Source/Material: **SEALED SOURCE GAUGE** Activity (Curies): NR Manufacturer: NR Leak Test Results (uCi): NR

Problem with Source:

CS-137

NR

NR

Radionuclide:

Activity (Curies):

Leak Test Results (uCi):

Problem with Source:

Model Number: NR Serial Number: NR

Device Name: **GAUGE PORTABLE**

Source #:

LAS

Source/Material: **SEALED SOURCE GAUGE** Manufacturer: NR Model Number: NR

Serial Number:

Device Name: **GAUGE PORTABLE**

Device/Associated Equipment Information:

910192 09/10/2003

LAS

;

Device #:

Device/Equipment GAUGE PORTABLE

Model Number: Serial Number:

NR NR

Manufacturer:

BOART LONGYEAR CO.

Problem with

Reporting Requirements:

LAS

Mode Reported:

Reporting

20.0402(b) - (NO LONGER USED) THE 30 DAY WRITTEN REPORT CONCERNING LOST OR STOLEN

MATERIAL.

LAS

Mode Reported: Т

Reporting

20.0402(a)(1) - (NO LONGER USED) IMMEDIATE TELEPHONE REPORT OF A LOSS OR THEFT OF LICENSED MATERIAL THAT COULD RESULT IN A SUBSTANTIAL HAZARD TO PERSONS IN UNRESTRICTED AREAS.

Keywords:

LAS

Keyword: RECORD COMPLETE Keyword: SEALED SOURCE GAUGE Keyword: SEALED SOURCE GAUGE

Reference Documents:

Reference #:

Entry Date: Update Date: Retraction Date: Coder Initials: Description:

09/22/199 04/13/1995

CDB

OLD ASSIGNED ITEM NUMBER

910011 303002

09/22/199

02/21/1996

CDB

LICENSEE REPORT

MARION

Event Details

Abstract:

 Event Date
 Discovery Date
 Report Date

 12/21/1990
 12/21/1990
 12/21/1990

Licensee / Reporting Party Information:

Agreement State Regulated: NO Reciprocity: NONE

License No: 13-06009-01 Licensee: COMMUNITY HOSPITALS OF INDIANA NRC Region Office: 3 City: INDIANAPOLIS County:

Program Code: 02230 State: IN

Docket: 03001625

Site Name: NR State: IN

Site of Event:

Additional Involved Party:

License No: NA City: NA County: Name: NA State: NA

Other Information:

NRC Reportable Event:
Agreement State Reportable Event:
Atomic Energy Act Material:
V
Consultant Hired:
N
Abnormal Occurrence:
N
Investigation:
V
NMED Record Complete:
Y
Event Closed by Region/State:

Event Class:

MD2 - MEDICAL EVENT

Cause: DIAGNOSTIC MISADMINISTRATION CAUSE NOT UPDATED.

Contributing Factors/Corrective Actions Information:

MD2

Factor #: 1

Contributing Factor: NOT REPORTED Corrective Action: NOT REPORTED

MD2

Factor #:

Contributing Factor: HEAVY WORKLOAD Corrective Action: NOT REPORTED

Medical Event Information:

900764 09/10/2003

Patient Number. Patient Informed: Date Informed:

% Overexposed: % Underexposed:

NA NA

Effect on Patient:

Given:

Procedure: Dose in RAD: RADIOPHARMACEUTICAL - D

Intended: Procedure: Dose in RAD:

RADIOPHARMACEUTICAL - D

Organ: Study:

NA LIVER

Organ: Study:

NA NA

SULFUR COLLOID TC-99M

MAA/PULMOLITE

Radiopharm.: Radionuclide: Millicuries:

6.9

Radiopharm.: Radionuclide: Millicuries:

TC-99M

LUNG AEROSOL

Administered By:

Newborn Dose (REM):

NR

Family Dose (REM):

Fetal Dose (REM):

NR

Source/Radioactive Material Information:

Source #:

Source/Material:

UNSEALED SOURCE RADIOPHARM

Radionuclide: Activity (Curies): Leak Test Results (uCi): TC-99M 0.0069 NA

Manufacturer: Model Number: Serial Number:

NR NA

Problem with Source:

Device Name:

NA NA

Keywords:

MD2

Keyword: RADIOPHARMACEUTICAL - D

Keyword: RECORD COMPLETE

Reference Documents:

Reference #: 910021 900346

9101140018

08/19/199

08/19/199

06/27/1995 08/19/199 06/27/1995

06/27/1995

Entry Date: Update Date: Retraction Date: Coder Initials:

CDB

Description:

CDB CDB

OLD ASSIGNED ITEM NUMBER OLD ASSIGNED ITEM NUMBER NOTICE OF VIOLATION

900761 09/10/2003

Event Details

Abstract:

FAILURE TO CHECK DOSE LABEL.

Event Date 12/20/1990 **Discovery Date** 12/20/1990

Report Date 12/26/1990

Licensee / Reporting Party Information:

Agreement State Regulated: License No: 13-00694-03 Reciprocity: Licensee:

NONE

IN

V.A. MEDICAL CENTER

City: State: **INDIANAPOLIS**

County:

MARION

Program Code: Docket:

NRC Region Office:

02110 03001583

3

Site of Event:

Site Name: NR State: IN

Additional Involved Party:

License No: NA Name:

City: State: NA NA

County:

Other Information:

NRC Reportable Event: Agreement State Reportable Event: Atomic Energy Act Material: Consultant Hired:

N Y N Abnormal Occurrence: Investigation: NMED Record Complete:

N Event Closed by Region/State:

Event Class:

MD2 - MEDICAL EVENT

DIAGNOSTIC MISADMINISTRATION CAUSE NOT UPDATED.

Contributing Factors/Corrective Actions Information:

MD2

Factor#:

Contributing Factor: Corrective Action:

HEAVY WORKLOAD NOT REPORTED

MD2

Factor#:

Contributing Factor: Corrective Action:

NOT REPORTED NOT REPORTED

Medical Event Information:

900761 09/10/2003

Patient Number: Patient Informed: U

NA % Overexposed: % Underexposed: NA

Effect on Patient:

Given:

RADIOPHARMACEUTICAL - D Procedure:

Intended: Procedure: Dose in RAD:

RADIOPHARMACEUTICAL - D

Dose in RAD: Organ:

Date Informed:

NA

Organ:

NA **BONE DENSITY**

Study: Radiopharm .: MUGA SCAN SPERT/PERT (SODIUM PERTECHNETA Study: Radiopharm.:

MDP/MEDRONATE/OSTEOLITE

Radionuclide:

TC-99M

Radionuclide:

Millicuries:

TC-99M

Millicuries:

Administered By:

Family Dose (REM):

Newborn Dose (REM):

Fetal Dose (REM):

NR

NR

NR

NR

Source/Radioactive Material Information:

Source #: Source/Material: Manufacturer:

UNSEALED SOURCE RADIOPHARM

Radionuclide: Activity (Curies): Leak Test Results (uCi): Problem with Source:

TC-99M 0.02 NA

Model Number: NA Serial Number:

NA Device Name: · NA

Keywords:

MD2

Keyword: RADIOPHARMACEUTICAL - D Keyword: RECORD COMPLETE

NR

Reference Documents:

Reference #: 910029 900344

9101110283

08/19/199 08/19/199

08/19/199

06/27/1995 06/27/1995 06/27/1995

Entry Date: Update Date: Retraction Date: Coder Initials:

Description: CDB OLD ASSIGNED ITEM NUMBER **OLD ASSIGNED ITEM NUMBER**

CDB CDB

NOTICE OF VIOLATION

900713 09/10/2003

Event Details

Abstract:

THE LICENSEE REPORTED AN EXPOSURE GREATER THAN 1.25 REM IN A CALENDAR QUARTER.

Event Date Discovery Date 12/01/1990 12/01/1990

Report Date 03/27/1992

Licensee / Reporting Party Information:

Agreement State Regulated: License No:

NO Reciprocity: 13-17732-01

NONE

ATEC ASSOCIATES, INC. Licensee: **INDIANAPOLIS**

IN

NRC Region Office: City: State:

Program Code: 03121

03013245

County: MARION

Docket: Site of Event:

> Site Name: **INDIANAPOLIS**

State: IN

Additional Involved Party: License No: NA

Name: NA City: NA State: NA County: **MARION**

Other Information:

NRC Reportable Event: Abnormal Occurrence: Ν Agreement State Reportable Event: N Investigation: Atomic Energy Act Material: NMED Record Complete: Consultant Hired: Ν Event Closed by Region/State:

Event Class:

EXP - OVEREXPOSURE

LOSS OF ADMINISTRATIVE CONTROL

Contributing Factors/Corrective Actions Information:

EXP

Factor #:

Contributing Factor.

IMPROPERLY FOLLOWED PROCEDURES

Corrective Action: **NOT REPORTED**

Overexposure Information:

Person ID Radiation Exposure Source: Number:

Exposure Dose (REM): Type of Dose:

Effect of Exposure:

NR

NR

NR

1

SEALED SOURCE OTHER

2.140

WHOLE BODY, **OCCUPATIONAL**

Demographics:

Person ID No: Description:

NOT REPORTED

NR

Source/Radioactive Material Information:

EXP

Source #:

Source/Material: Manufacturer: Model Number:

SEALED SOURCE OTHER

Radionuclide: Activity (Curies): Leak Test Results (uCi):

Problem with Source:

Serial Number: NR Device Name: NA

Reporting Requirements:

900713

09/10/2003

EXP

Mode Reported.

Reporting

20.0405(a)(1)(i) - (NO LONGER USED) THE 30 DAY WRITTEN REPORT OF EACH EXPOSURE OF AN INDIVIDUAL TO RADIATION IN EXCESS OF THE APPLICABLE LIMITS IN 20.101 OR 20.104(A) OR THE LICENSE.

Keywords: EXP

Keyword: RECORD COMPLETE Keyword: SEALED SOURCE OTHER Keyword: WHOLE BODY

Reference Documents:

Reference #:

Entry Date: Update Date: Retraction Date: Coder Initials: Description:

920122 9204070153 08/19/199 08/19/199

07/05/1995 07/05/1995

CDB CDB

OLD ASSIGNED ITEM NUMBER

INSPECTION REPORT

900700 09/10/2003

Event Details

THE LICENSEE REPORTED THAT A MOISTURE/DENSITY GAUGE WAS THROWN FROM A TRUCK DURING TRANSPORT. IT WAS RECOVERED WITH MINOR DAMAGE TO THE CASE BUT NO CONTAMINATION WAS DETECTED.

> **Event Date Discovery Date Report Date** 11/29/1990 11/29/1990 11/29/1990

Licensee / Reporting Party Information:

Agreement State Regulated: NO

License No: 13-17732-01 NRC Region Office: 3

Program Code:

03121

03013245

Reciprocity: Licensee:

City:

State:

NONE ATEC ASSOCIATES, INC.

INDIANAPOLIS

City:

State:

IN

County:

MARION

Docket: Site of Event:

> Site Name: **INDIANAPOLIS**

State: IN

Additional Involved Party:

License No: NA Name:

NA NA County:

MARION

Other Information:

NRC Reportable Event: Agreement State Reportable Event: Atomic Energy Act Material: Consultant Hired:

N Y N Abnormal Occurrence: Investigation: NMED Record Complete: Event Closed by Region/State:

N

Event Class:

EQP - EQUIPMENT

EQUIPMENT IMPROPERLY CONTROLLED RESULTING IN THE EQUIPMENT BEING DAMAGED BY A VEHICLE Cause:

TRS - TRANSPORTATION

Cause: LOSS OF ADMINISTRATIVE CONTROL

Contributing Factors/Corrective Actions Information:

TRS

Factor#:

Contributing Factor:

IMPROPERLY FOLLOWED PROCEDURES

Corrective Action:

NOT REPORTED

Source/Radioactive Material Information:

EQP

Source #: Source/Material: Manufacturer:

SEALED SOURCE GAUGE

Radionuclide: Activity (Curies): Leak Test Results (uCi):

Problem with Source:

AM-BE NR NR

Model Number. Serial Number: Device Name:

NR NR

NR

GAUGE PORTABLE

EQP

Source #:

Source/Material: **SEALED SOURCE GAUGE** Manufacturer:

NR NR

Model Number: Serial Number. NR

Device Name:

GAUGE PORTABLE

Radionuclide: Activity (Curies):

CS-137 NR NR

Leak Test Results (uCi): Problem with Source:

900700

09/10/2003

Device/Associated Equipment Information:

EQP

Device #:

Manufacturer:

Device/Equipment GAUGE PORTABLE

NR

Model Number: Serial Number:

NR NR

Problem with

Reporting Requirements:

EQP

Mode Reported:

Reporting

30.50(b)(2)(ii) - THE 24 HOUR REPORT OF AN EVENT WHERE REQUIRED EQUIPMENT IS DISABLED OR FAILS TO FUNCTION AS DESIGNED WHEN THE EQUIPMENT IS REQUIRED TO BE AVAILABLE AND OPERABLE WHEN IT IS DISABLED OR FAILS TO FUNCTION.

TRS

Mode Reported: W

Reporting

71.5 - TRANSPORTATION OF LICENSED MATERIAL

Keywords:

EQP

Keyword: GAUGE PORTABLE Keyword: RECORD COMPLETE Keyword: SEALED SOURCE GAUGE

TRS

Keyword: RECORD COMPLETE

Reference Documents:

Reference #: 900311

08/19/199 07/05/1995

Entry Date: Update Date: Retraction Date: Coder Initials:

Description:

CDB

OLD ASSIGNED ITEM NUMBER

NR

08/19/199

02/21/1996

CDB

DAILY REPORT

MARION

900619 09/10/2003

Event Details

Abstract:

THE TECHNICIAN DID NOT REVIEW THE CHART FOR PHYSICIAN'S ORDER; PATIENT B WAS MISTAKEN FOR PATIENT A. PATIENT B RECEIVED 2 REM TO THE BLADDER.

 Event Date
 Discovery Date
 Report Date

 10/19/1990
 10/19/1990
 10/30/1990

Licensee / Reporting Party Information:

Agreement State Regulated: NO Reciprocity: NONE

License No: 13-24359-01 Licensee: NORTHSIDE CARDIOLOGY, INC. NRC Region Office: 3 City: NORTHSIDE CARDIOLOGY, INC. INDIANAPOLIS County:

Program Code: 02201 State: IN

Docket: 03018523

Site of Event:

Site Name: INDIANAPOLIS

State: IN

Additional Involved Party:

License No: NA County: MARION Name: NA State: NA

Other Information:

Event Class:

MD2 - MEDICAL EVENT

Cause: WRONG PATIENT SELECTED

Contributing Factors/Corrective Actions Information:

MD2

Factor#; 1

Contributing Factor: PERSONNEL ERROR NOT REPORTED

MD2

Factor#: 2

Contributing Factor: PATIENT CHART NOT CHECKED

Corrective Action: NOT REPORTED

Medical Event Information:

900619 09/10/2003

Patient Number: 1 % Overexposed: NA
Patient Informed: U % Underexposed: NA
Date Informed: Effect on Patient:

Given: Intended: Procedure: RADIOPHARMACEUTICAL - D Procedure: NR Dose in RAD: NA Dose in RAD: NA Organ: NA Organ: NA Study: NR Study: NR Radiopharm.: DTPA (DIETHYLTRIAMINE-PENTAACE Radiopharm.: NR Radionuclide: TC-99M Radionuclide: NR Millicuries: 18.6 Millicuries: NR

Administered By: Family Dose (REM): Newborn Dose (REM): Fetal Dose (REM): NR

Source/Radioactive Material Information: MD2

Source #: Source/Material: Manufacturer: Model Number:

UNSEALED SOURCE RADIOPHARM

Radionuclide:
Activity (Curies):
Leak Test Results (uCi):
Problem with Source:

TC-99M 0.0186 NA

OLD ASSIGNED ITEM NUMBER

OLD ASSIGNED ITEM NUMBER

NOTICE OF VIOLATION

Description:

Model Number: NA Serial Number: NA Device Name: NA

Keywords: MD2

Keyword: BRAIN

Keyword: RADIOPHARMACEUTICAL - D

Keyword: RECORD COMPLETE

Reference Documents:

 Reference #:
 Entry Date:
 Update Date:
 Retraction Date:
 Coder Initials:

 900316
 08/19/199
 08/28/1995
 CDB

 900297
 08/19/199
 08/28/1995
 CDB

 9011190060
 08/19/199
 08/28/1995
 CDB

900565 09/10/2003

Event Details

THE LICENSEE REPORTED A THEFT, FROM A TRAILER, OF A TROXLER MOISTURE/DENSITY GAUGE THAT CONTAINS 40 mCi OF AM-BE AND 7.9 mCi OF CS-137. THE DEVICE WAS LATER RECOVERED.

> **Event Date Discovery Date** Report Date 09/26/1990 09/26/1990 09/26/1990

Licensee / Reporting Party Information:

Agreement State Regulated: NO Reciprocity: NONE

License No: 13-17732-01 Licensee: ATEC ASSOCIATES, INC.

NRC Region Office: 3 City: **INDIANAPOLIS** County: **MARION**

Program Code: 03121 State: IN

03013245

Docket: Site of Event:

> Site Name: INDIANAPOLIS

State: IN

Additional involved Party:

License No: NA City: NA County: MARION Name: State: NA

Other Information:

NRC Reportable Event: Abnormal Occurrence: N Agreement State Reportable Event: N Investigation: Atomic Energy Act Material: Y NMED Record Complete: Consultant Hired: Event Closed by Region/State: N

Event Class:

LAS - LOST OR STOLEN

Cause: STOLEN LICENSED MATERIAL, SECURITY MEASURES DEFEATED

Contributing Factors/Corrective Actions Information:

LAS

Factor #:

Contributing Factor: **NOT REPORTED** Corrective Action: **NOT REPORTED**

Source/Radioactive Material Information:

LAS

Source #: Radionuclide: AM-BE Source/Material: **SEALED SOURCE GAUGE** Activity (Curies): 0.04 Manufacturer: NR Leak Test Results (uCi): NR Problem with Source:

Model Number: NR

Serial Number: NR Device Name: **GAUGE PORTABLE**

LAS

Source #:

Radionuclide: CS-137 Source/Material: **SEALED SOURCE GAUGE** Activity (Curies): 0.0079 Manufacturer: NR Leak Test Results (uCi): NR Model Number: NR

Problem with Source: Serial Number: NR

Device Name: **GAUGE PORTABLE** Device/Associated Equipment Information:

900565 09/10/2003

LAS

Device #:

Device/Equipment GAUGE PORTABLE

Model Number: Serial Number: 3411-B NR

Manufacturer:

TROXLER

Problem with

Reporting Requirements:

LAS

Mode Reported:

Reporting

20.0402(b) - (NO LONGER USED) THE 30 DAY WRITTEN REPORT CONCERNING LOST OR STOLEN

MATERIAL.

LAS

Mode Reported: Т

Reporting

20.0402(a)(1) - (NO LONGER USED) IMMEDIATE TELEPHONE REPORT OF A LOSS OR THEFT OF LICENSED MATERIAL THAT COULD RESULT IN A SUBSTANTIAL HAZARD TO PERSONS IN UNRESTRICTED AREAS.

Keywords:

LAS

Keyword: GAUGE PORTABLE Keyword: RECORD COMPLETE Keyword: SEALED SOURCE GAUGE

Reference Documents:

Reference #:

Entry Date: Update Date: Retraction Date: Coder Initials: Description:

OLD ASSIGNED ITEM NUMBER

900218 9010300345 08/19/199 08/19/199 06/28/1995 02/21/1996

CDB CDB

LICENSEE REPORT

Event Details

Abstract:

THE LICENSEE REPORTED A RADIOGRAPHY OVEREXPOSURE. A RADIOGRAPHER DID NOT FULLY RETRACT THE SOURCE AND GRABBED THE SOURCE TUBE TO STEADY THE CAMERA. THE LICENSEE ESTIMATED THE EXPOSURE TO HIS HAND TO RANGE FROM 4.45 REM AT THE TOP OF THE HAND TO 111 REM AT THE FINGERS. HE HAD A WHOLE BODY DOSE OF 120 MREM. THE LICENSEE SUSPECTED THE EVENT WAS WORSE THAN IT SHOULD HAVE BEEN DUE TO THE WORKER'S FAILURE TO OBSERVE HIS POCKET DOSIMETER, SO CORRECTIVE ACTIONS FOCUSED ON ADDRESSING THIS ISSUE IN TRAINING.

 Event Date
 Discovery Date
 Report Date

 09/12/1990
 09/12/1990
 10/01/1990

Licensee / Reporting Party Information:

Agreement State Regulated: NO Reciprocity: NONE

License No: 13-06147-01 Licensee: INDUSTRIAL NDT SERVICES DIVISION

NRC Region Office: 3 City: INDIANAPOLIS County: MARION
Program Code: NR State: IN

Program Code: NR State:

Docket: 03012208

Site of Event:

Site Name: INDIANAPOLIS

State: IN

Additional Involved Party:

License No: NA City: NA County: MARION

Name: NA State: NA

Other Information:

NRC Reportable Event: Y Abnormal Occurrence: N
Agreement State Reportable Event: N
Atomic Energy Act Material: Y NMED Record Complete: Y
Consultant Hired: N Event Closed by Region/State:

Event Class:

EXP - OVEREXPOSURE

Cause: FAILED TO CONDUCT LOCKOUT SURVEY OF THE CAMERA AFTER THE SOURCE WAS RETRACTED

Contributing Factors/Corrective Actions Information:

EXP

Factor#:

Contributing Factor: IMPROPERLY FOLLOWED PROCEDURES

Corrective Action: NOT REPORTED

Overexposure Information:

Person ID Radiation Exposure Source: Exposure Type of Dose: Effect of Exposure: Number: Dose (REM):

1 SEALED SOURCE 111 EXTREMITY, RADIOGRAPHY OCCUPATIONAL

Demographics:

Person ID No: Description:

NOT REPORTED

1 MALE

Source/Radioactive Material Information:

900538 09/10/2003

EXP

Source #:

Serial Number:

Device Name:

Source/Material:

SEALED SOURCE RADIOGRAPHY

Radionuclide: Activity (Curies):

Leak Test Results (uCi):

Problem with Source:

IR-192 105 NR

Manufacturer: Model Number:

NR NR

NR

CAMERA, RADIOGRAPHY

Device/Associated Equipment Information:

EXP

Device #:

Device/Equipment CAMERA, RADIOGRAPHY

Model Number.

NR

Manufacturer: EXP

NR

Serial Number: Problem with

NR

Device #:

Device/Equipment SOURCE GUIDE TUBE, OTHER

Model Number: Serial Number: Problem with

NR NR

Manufacturer:

Reporting Requirements: EXP

Mode Reported:

Reporting

20.0403(b)(1) - (NO LONGER USED) THE 24 HOUR REPORT OF ANY EVENT THAT CAUSED OR THREATENS

TO CAUSE WHOLE BODY EXPOSURES OF 5 REM OR MORE; WHOLE BODY SKIN EXPOSURES OF 30 REM

OR MORE; OR FEET, ANKLES, HANDS, OR FOREARM EXPOSURES OF 75 REM OR MORE.

CDB

Keywords:

EXP

Keyword: EXTREMITY

Keyword: RECORD COMPLETE

Keyword: SEALED SOURCE RADIOGRAPHY

Reference Documents:

Reference #: 900320 9011010067

Entry Date: Update Date: Retraction Date: Coder Initials: 09/08/1997 08/19/199

Description:

OLD ASSIGNED ITEM NUMBER

08/19/199 09/08/1997 CDB LICENSEE REPORT

900530 09/10/2003

Event Details

Abstract:

Event Date Discovery Date Report Date 09/06/1990 09/06/1990 09/12/1990

Licensee / Reporting Party Information:

Agreement State Regulated: NO Reciprocity: NONE License No: 13-06009-01 Licensee: **COMMUNITY HOSPITALS OF INDIANA**

NRC Region Office: 3 City: **INDIANAPOLIS MARION** Program Code: 02230 State: IN

Docket: 03001625

Site of Event:

Site Name: NR State: IN

Additional Involved Party:

License No: NA City: NA County: Name: State: NA

Other Information:

NRC Reportable Event: Ν Abnormal Occurrence: N Agreement State Reportable Event: N Y Investigation: Atomic Energy Act Material: NMED Record Complete: Υ Consultant Hired: N Event Closed by Region/State:

Event Class:

MD2 - MEDICAL EVENT

DIAGNOSTIC MISADMINISTRATION CAUSE NOT UPDATED.

Contributing Factors/Corrective Actions Information:

MD2

Factor #:

Contributing Factor. **HEAVY WORKLOAD** Corrective Action: **NOT REPORTED**

MD2

Factor #:

Contributing Factor: NOT REPORTED

Corrective Action: IMPROVED PATIENT IDENTIFICATION VERIFICATION

Medical Event Information:

900530 09/10/2003

Patient Number: Patient Informed: Date Informed:

% Overexposed: NR % Underexposed: NR

Effect on Patient:

Given:

RADIOPHARMACEUTICAL - D Procedure: Dose in RAD: NA Organ:

BONE SCAN

Procedure: NR Dose in RAD: NA Organ: NA NR Study: Radiopharm.: NR Radionuclide: NR Millicuries: NR

Intended:

Radiopharm.: Radionuclide: Millicuries:

TC-99M 21.7

Newborn Dose (REM):

Fetal Dose (REM):

Administered By:

Family Dose (REM):

NR

Study:

NR

MDP/MEDRONATE/OSTEOLITE

NR

NR

Source/Radioactive Material Information:

MD2

Source #:

Source/Material:

UNSEALED SOURCE RADIOPHARM

Radionuclide: Activity (Curies): Leak Test Results (uCi): Problem with Source:

TC-99M 0.0217 NA

Model Number: NA

Serial Number: Device Name:

Manufacturer:

NA NA

NR

Keywords:

MD2

Keyword: RADIOPHARMACEUTICAL - D

Keyword: RECORD COMPLETE

Reference Documents:

Reference #:

08/19/199

06/22/1995

Entry Date: Update Date: Retraction Date: Coder Initials:

Description:

900202 9000270189

08/19/199

06/22/1995

CDB CDB **OLD ASSIGNED ITEM NUMBER** NOTICE OF VIOLATION

Event Details

Abstract:

Event Date Discovery Date Report Date 09/05/1990 09/05/1990 09/05/1990

Licensee / Reporting Party Information:

Agreement State Regulated: NO NONE Reciprocity:

License No: 13-00133-02 Licensee: SAINT VINCENT HOSPITAL & HEALTH CARE NRC Region Office: 3 City: **INDIANAPOLIS** County: MARION IN

Program Code: 02230 State: Docket: 03001579

Site of Event:

Site Name: NR State: IN

Additional Involved Party:

License No: NA City: NA County: Name: NA State: NA

Other Information:

NRC Reportable Event: N Abnormal Occurrence: N N Y Agreement State Reportable Event: Investigation: Atomic Energy Act Material: NMED Record Complete: Υ Consultant Hired: Ν Event Closed by Region/State:

Event Class:

MD2 - MEDICAL EVENT

DIAGNOSTIC MISADMINISTRATION CAUSE NOT UPDATED. Cause:

Contributing Factors/Corrective Actions Information:

MD2

Factor#:

Contributing Factor. ID BRACELET NOT CHECKED Corrective Action: PERSONNEL REPRIMANDED

Medical Event Information:

Patient Number: % Overexposed: NA Patient Informed: % Underexposed:

Date Informed: Effect on Patient:

Given: Intended: RADIOPHARMACEUTICAL - D Procedure: Procedure:

RADIOPHARMACEUTICAL - D Dose in RAD: NA Dose in RAD: NA Organ: NA Organ: NA

BONE SCAN BONE DENSITY Study: Study:

Radiopharm.: MDP/MEDRONATE/OSTEOLITE MDP/MEDRONATE/OSTEOLITE Radiopharm.:

Radionuclide: TC-99M Radionuclide: TC-99M Millicuries: 25 Millicuries: 25

Administered By: Family Dose (REM): Newborn Dose (REM): Fetal Dose (REM):

NR NR NR

Source/Radioactive Material Information:

900526 09/10/2003

MD2

Source #:

Source/Material:

Manufacturer:

NR

Model Number: NA Serial Number. NA

UNSEALED SOURCE RADIOPHARM

Radionuclide: Activity (Curies): TC-99M 0.025 NA

Leak Test Results (uCi): Problem with Source:

Device Name: NA

Keywords: MD2

Keyword: RADIOPHARMACEUTICAL - D Keyword: RECORD COMPLETE

Reference Documents:

Reference #: 900234 9009270176

08/19/199 08/19/199

06/22/1995 06/22/1995

Entry Date: Update Date: Retraction Date: Coder Initials: Description:

CDB

CDB

OLD ASSIGNED ITEM NUMBER

NOTICE OF VIOLATION

900524 09/10/2003

Event Details

NEW COMPUTER SYSTEM, REWORDED COMPUTER REQUISITION.

Event Date 08/31/1990 **Discovery Date** 08/31/1990

IN

Report Date 09/10/1990

Licensee / Reporting Party Information:

Agreement State Regulated:

NO 13-16286-01

Reciprocity: Licensee:

NONE RIVERVIEW HOSPITAL

License No: NRC Region Office: 3 Program Code: 02120

City: State: NOBLESVILLE

County: **HAMILTON**

Docket: 03010729

Site of Event:

Site Name: NR State:

Additional Involved Party:

License No: NA NA Name:

City: NA State: NA

County:

Other Information:

NRC Reportable Event: Agreement State Reportable Event: Atomic Energy Act Material: Consultant Hired:

Abnormal Occurrence: Investigation: **NMED Record Complete:**

N Event Closed by Region/State:

Event Class:

MD2 - MEDICAL EVENT

DIAGNOSTIC MISADMINISTRATION CAUSE NOT UPDATED.

Contributing Factors/Corrective Actions Information:

Factor#:

Contributing Factor. NOT REPORTED Corrective Action: NOT REPORTED

Medical Event Information:

Patient Number: Patient Informed: Date Informed:

% Overexposed: NA % Underexposed: NA Effect on Patient:

Given:

Procedure: Dose in RAD:

RADIOPHARMACEUTICAL - D

Intended: Procedure:

Dose in RAD:

RADIOPHARMACEUTICAL - D NA

Organ: Study:

NA NA **GALLBLADDER**

Organ: Study: Radiopharm.:

CARDIAC MUGA SPERT/PERT (SODIUM PERTECHNETA

Radiopharm.: Radionuclide: Millicuries:

MEBROFENIN/CHOLETECH TC-99M

Radionuclide: TC-99M Millicuries:

Administered By:

Family Dose (REM):

Newborn Dose (REM):

Fetal Dose (REM):

NA

NR

Source/Radioactive Material Information:

900524

09/10/2003

MD2

Source #:

Source/Material: Manufacturer:

NR

UNSEALED SOURCE RADIOPHARM

Radionuclide: Activity (Curies): TC-99M 0.008

Leak Test Results (uCi): NA

Serial Number:

Device Name:

Model Number:

NA NA NA

Problem with Source:

Keywords:

MD2

Keyword: RADIOPHARMACEUTICAL - D

Keyword: RECORD COMPLETE

Reference Documents:

Reference #:

Entry Date: Update Date: Retraction Date: Coder Initials: Description:

900225 9009280167

08/19/199 08/19/199

06/22/1995 06/22/1995 CDB CDB OLD ASSIGNED ITEM NUMBER

NOTICE OF VIOLATION

900443 09/10/2003

Event Details

Abstract:

Event Date Discovery Date Report Date 07/18/1990 07/18/1990 07/20/1990

Licensee / Reporting Party Information:

Agreement State Regulated: Reciprocity: NONE

13-02063-01 Licensee: METHODIST HOSPITAL OF INDIANA, INC. License No:

NRC Region Office: 3 City: **INDIANAPOLIS** County: MARION Program Code: 02110 State: IN

Docket: 03001603

Site of Event:

Site Name: NR State:

Additional Involved Party:

License No: NA City: NA County: NA Name: State: NA

Other Information:

NRC Reportable Event: Abnormal Occurrence: Ν Ν Agreement State Reportable Event: Investigation: Atomic Energy Act Material: Y NMED Record Complete: Consultant Hired: N Event Closed by Region/State:

Event Class:

MD2 - MEDICAL EVENT

Cause: DIAGNOSTIC MISADMINISTRATION CAUSE NOT UPDATED.

Contributing Factors/Corrective Actions Information:

MD2

Factor #:

Contributing Factor: NOT REPORTED Corrective Action: NOT REPORTED

MD2

Factor #:

Contributing Factor: **HEAVY WORKLOAD**

Corrective Action: PERSONNEL RECEIVED ADDITIONAL TRAINING

Medical Event Information:

900443 09/10/2003

Patient Number: Patient Informed: % Overexposed: % Underexposed:

Date Informed: Effect on Patient:

Given:

Intended: Procedure: RADIOPHARMACEUTICAL - D Procedure: NR Dose in RAD: NA Dose in RAD: NA Organ: NA Organ: NA Study: **BONE SCAN** Study: NR Radiopharm.: MDP/MEDRONATE/OSTEOLITE Radiopharm.: NR Radionuclide: TC-99M Radionuclide: NR Millicuries: 21.3 Millicuries: NR

Administered By:

Family Dose (REM):

Newborn Dose (REM):

NR

NR

NR

Fetal Dose (REM):

NR

NR

NR

Source/Radioactive Material Information:

MD2

Source #: Source/Material:

UNSEALED SOURCE RADIOPHARM

Radionuclide: Activity (Curies): Leak Test Results (uCi): Problem with Source:

TC-99M 0.0213 NA

Manufacturer: Model Number:

NR NA NA

Serial Number: Device Name: NA

Keywords:

MD2

Keyword: RADIOPHARMACEUTICAL - D

Keyword: RECORD COMPLETE

Reference Documents:

Reference #:

Entry Date: Update Date: Retraction Date: Coder Initials:

Description:

900274 9008100178

08/19/199 08/19/199

06/22/1995 06/22/1995

CDB CDB OLD ASSIGNED ITEM NUMBER

900418 09/10/2003

Event Details

Abstract:

DOSE LABEL NOT CHECKED.

Discovery Date Event Date Report Date 07/06/1990 07/06/1990 07/17/1990

Licensee / Reporting Party Information:

Agreement State Regulated: NO License No:

3

Reciprocity: NONE 13-00133-02 Licensee: City:

SAINT VINCENT HOSPITAL & HEALTH CARE **INDIANAPOLIS** County: MARION

Program Code: 02230 State: IN

Docket: 03001579

Site of Event:

Site Name: NR State: IN

NRC Region Office:

Additional Involved Party:

License No: NA City: NA County: Name: State: NA

Other Information:

NRC Reportable Event: Abnormal Occurrence: N Agreement State Reportable Event: N Investigation: Y Atomic Energy Act Material: NMED Record Complete: Υ Consultant Hired: N Event Closed by Region/State:

Event Class:

MD2 - MEDICAL EVENT

DIAGNOSTIC MISADMINISTRATION CAUSE NOT UPDATED.

Contributing Factors/Corrective Actions Information:

MD2

Factor #:

Contributing Factor:

NOT REPORTED

Corrective Action:

PERSONNEL REPRIMANDED

Medical Event Information:

Patient Number: % Overexposed: NA % Underexposed: Patient Informed: NA

Date Informed: Effect on Patient:

Given: Intended:

RADIOPHARMACEUTICAL - D Procedure: RADIOPHARMACEUTICAL - D Procedure: Dose in RAD: Dose in RAD: NA

NA Organ: Organ: NA

Study: NR Study: **BONE DENSITY**

DTPA (DIETHYLTRIAMINE-PENTAACE Radiopharm.: Radiopharm.: MDP/MEDRONATE/OSTEOLITE

TC-99M Radionuclide: TC-99M Radionuclide: Millicuries: Millicuries:

Fetal Dose (REM): Administered By: Family Dose (REM): Newborn Dose (REM): NR

NR NR

Source/Radioactive Material Information:

900418 09/10/2003

MD2

Source #: Source/Material:

UNSEALED SOURCE RADIOPHARM

Radionuclide: Activity (Curies): TC-99M 0.02

NA

Manufacturer: Model Number: NR NA

Leak Test Results (uCi): Problem with Source:

Device Name:

Serial Number: NA NA

Keywords: MD2

Keyword: RADIOPHARMACEUTICAL - D

Keyword: RECORD COMPLETE

Reference Documents:

Reference #: 900235

9009260062

08/19/199

08/19/199

06/22/1995 06/22/1995

Entry Date: Update Date: Retraction Date: Coder Initials: Description:

CDB

CDB

OLD ASSIGNED ITEM NUMBER NOTICE OF VIOLATION

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158

Event Details

Abstract:

CALL SYNCOR TO REPORT PROBLEM.

 Event Date
 Discovery Date
 Report Date

 06/29/1990
 06/29/1990
 07/03/1990

Licensee / Reporting Party Information:

Agreement State Regulated: NO Reciprocity: NONE

License No: 13-02128-03 Licensee: SAINT FRANCIS HOSPITAL AND HEALTH CENTER NRC Region Office: 3 City: BEECH GROVE County: MARION

Program Code: 02230 State: IN

Docket: 03009398
Site of Event:

Site Name: NR State: IN

Additional Involved Party:

License No: NA County:

Name: NA State: NA

Other Information:

NRC Reportable Event:
Agreement State Reportable Event:
Atomic Energy Act Material:
Consultant Hired:

N

Abnormal Occurrence:
N

Investigation:
Y

NMED Record Complete:
Y

Event Closed by Region/State:

Event Class:

MD2 - MEDICAL EVENT

Cause: DIAGNOSTIC MISADMINISTRATION CAUSE NOT UPDATED.

Contributing Factors/Corrective Actions Information:

MD2

Factor #: 1

Contributing Factor: NOT REPORTED
Corrective Action: NOT REPORTED

Medical Event Information:

Patient Number: 1 % Overexposed: NA Patient Informed: U. % Underexposed: NA

Date Informed: Effect on Patient:

Given: Intended:

Procedure: RADIOPHARMACEUTICAL - D Procedure: RADIOPHARMACEUTICAL - D

 Dose in RAD:
 NA
 Dose in RAD:
 NA

 Organ:
 NA
 Organ:
 NA

Study: NR Study: BONE DENSITY

Radiopharm.: NR Radiopharm.: MDP/MEDRONATE/OSTEOLITE

Radionuclide: TC-99M Radionuclide: TC-99M Millicuries: 21 Millicuries: 21

Administered By: Family Dose (REM): Newborn Dose (REM): Fetal Dose (REM):

NR NR NR NR

Source/Radioactive Material Information:

900404 09/10/2003

MD2

Source #:

UNSEALED SOURCE RADIOPHARM

Radionuclide: Activity (Curies):

TC-99M 0.021 NA

Manufacturer: Model Number:

Source/Material:

NR NA Leak Test Results (uCi): Problem with Source:

NA Serial Number: Device Name: NA

Keywords: MD2

Keyword: RADIOPHARMACEUTICAL - D Keyword: RECORD COMPLETE

Reference Documents:

Reference #:

Entry Date: Update Date: Retraction Date: Coder Initials:

Description:

900228 9007200022

08/19/199 08/19/199 06/21/1995 06/21/1995 CDB

OLD ASSIGNED ITEM NUMBER

CDB NOTICE OF VIOLATION

900399

Event Details

Abstract:

 Event Date
 Discovery Date
 Report Date

 06/27/1990
 06/27/1990
 07/06/1990

Licensee / Reporting Party Information:

Agreement State Regulated: NO Reciprocity: NONE

License No: 13-02752-03 Licensee: INDIANA UNIVERSITY AT INDIANAPOLIS

NRC Region Office: 3 City: INDIANAPOLIS County: MARION

 Program Code:
 02110
 State:
 IN

 Docket:
 03001609

Site of Event:

Site Name: NR State: IN

Additional Involved Party:

License No: NA City: NA County:

Name: NA State: NA

Other Information:

NRC Reportable Event:
Agreement State Reportable Event:
Atomic Energy Act Material:
V
Consultant Hired:
N
Abnormal Occurrence:
N
Investigation:
Y
NMED Record Complete:
Y
Event Closed by Region/State:

Event Class:

MD2 - MEDICAL EVENT

Cause: DIAGNOSTIC MISADMINISTRATION CAUSE NOT UPDATED.

Contributing Factors/Corrective Actions Information:

MD2

Factor #: 1

Contributing Factor: REQUISITION NOT CHECKED

Corrective Action: NOT REPORTED

MD2

Factor#:

Contributing Factor: HEAVY WORKLOAD

Corrective Action: PERSONNEL RECEIVED ADDITIONAL TRAINING

Medical Event Information:

900399 09/10/2003

Patient Number: Patient Informed: % Overexposed: 52 % Underexposed: NA

Effect on Patient:

Given:

Date Informed:

Procedure: RADIOPHARMACEUTICAL - D Intended: Procedure: Dose in RAD:

RADIOPHARMACEUTICAL - D

Dose in RAD: Organ:

NA NA

Organ:

NA

Study: **BONE SCAN** Study:

BONE DENSITY MDP/MEDRONATE/OSTEOLITE

Radiopharm.: Radionuclide: Millicuries:

MDP/MEDRONATE/OSTEOLITE TC-99M

Radiopharm.: Radionuclide: Millicuries:

TC-99M

Administered By:

30.3

Newborn Dose (REM):

Family Dose (REM):

Fetal Dose (REM):

NR

NR

NR

NR

Source/Radioactive Material Information:

MD2

Source #:

UNSEALED SOURCE RADIOPHARM

Radionuclide: Activity (Curies):

TC-99M 0.0303

NA

Source/Material: Manufacturer: Model Number.

NR NA Leak Test Results (uCi): Problem with Source:

Serial Number: NA Device Name: NA

Keywords:

MD2

Keyword: RADIOPHARMACEUTICAL - D Keyword: RECORD COMPLETE

Reference Documents:

Reference #:

08/19/199

Entry Date: Update Date: Retraction Date: Coder Initials:

Description:

900215 9007200044

08/19/199

06/21/1995 06/21/1995 CDB CDB **OLD ASSIGNED ITEM NUMBER**

NOTICE OF VIOLATION

900307 09/10/2003

Event Details

Abstract:

THE LICENSEE REPORTED A TELETHERAPY MISADMINISTRATION INVOLVING A DOSE LESS THAN PRESCRIBED.

THE MISCALCULATED PRESCRIBED DOSE WAS 50% LESS THAN THE NORMAL DOSE. NO FURTHER INFORMATION WAS AVAILABLE.

Event Date 05/07/1990	D	iscovery Date 05/07/1990	Report Date 05/14/1990		
Licensee / Reporting Party Information Agreement State Regulated: NO License No: 13-02752-08 NRC Region Office: 3 Program Code: 02310 Docket: 03009792		NONE INDIANA UNIVERSITY INDIANAPOLIS IN	ITY SCHOOL OF MEDICINE County: MARION		
Site of Event: Site Name: INDIANAPOLIS State: IN					
Additional Involved Party: License No: NA Name: NA		City: NA State: NA	County: MARION		
Other Information:		•			
NRC Reportable Event:	Y	Abnormal Occurrence:	N		

Investigation:

NMED Record Complete:

Event Closed by Region/State:

Event Class:

MD2 - MEDICAL EVENT

Consultant Hired:

Cause: INCORRECT DATA USED IN THERAPY DOSE PLANNING

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Contributing Factors/Corrective Actions Information:

MD2

Factor#: 1

Contributing Factor: NOT REPORTED

Agreement State Reportable Event: Atomic Energy Act Material:

Corrective Action: PERSONNEL RECEIVED ADDITIONAL TRAINING

MD2

Factor #:

Contributing Factor: ID BRACELET NOT CHECKED

Corrective Action: NOT REPORTED

2

MD2

Factor #:

Contributing Factor: NOT REPORTED

Corrective Action: NOT REPORTED

Medical Event Information:

900307 09/10/2003

Patient Number: % Overexposed: NA Patient Informed: IJ % Underexposed: 50 Date Informed: Effect on Patient:

Given:

Intended: Procedure: **TELETHERAPY** Procedure:

TELETHERAPY Dose in RAD: 2700 Dose in RAD: NR Organ: **BRAIN** Organ: NR Study: NA Study: NA Radiopharm.: NA Radiopharm.: NA Radionuclide: NA Radionuclide: NA Millicuries: NA Millicuries: NA

Administered By: Family Dose (REM):

Newborn Dose (REM): Fetal Dose (REM):

NA NA NA

Demographics:

Person ID No: Description: **NOT REPORTED** 1

Source/Radioactive Material Information:

MD2

Source #: Radionuclide: CO-60 Source/Material: **SEALED SOURCE TELETHERAPY** Activity (Curies): NR NR Leak Test Results (uCi): NR

Manufacturer: Model Number: NR Serial Number: NR

Device Name: **TELETHERAPY UNIT**

Device/Associated Equipment Information:

MD2

Device #: Model Number: NR Device/Equipment TELETHERAPY UNIT Serial Number: NR

Manufacturer: Problem with

Reporting Requirements:

MD2

Mode Reported:

Reporting

35.33(a)(1)-4F - (NO LONGER USED) PHONE RPT. NO LATER THAN THE NEXT CAL. DAY AFTER DISC. OF A

Problem with Source:

TELETHERAPY DOSE WHEN THE CALC. DOSE DIFFERS FROM THE TOTAL PRESC. DOSE BY >20% OF

THE TOTAL PRESC. DOSE.

Keywords:

MD2

Keyword: BRAIN

Keyword: RECORD COMPLETE Keyword: TELETHERAPY

Reference Documents:

Reference #: Entry Date: Update Date: Retraction Date: Coder Initials: Description:

900139 08/19/199 06/19/1995 CDB **OLD ASSIGNED ITEM NUMBER**

306001 08/19/199 06/19/1995 CDB LICENSEE REPORT

900021 09/10/2003

Event Details

THE LICENSEE REPORTED A MEDICAL MISADMINISTRATION INVOLVING A QUANTITY OF TC-99M LESS THAN 60 MCI (32 MCI) SO THE EVENT IS NOT REPORTABLE.

Event Date Discovery Date Report Date 01/03/1990 01/03/1990 01/05/1990 Licensee / Reporting Party Information: Agreement State Regulated: Reciprocity: NONE License No: 13-00694-03 Licensee: V.A. MEDICAL CENTER NRC Region Office: 3 City: INDIANAPOLIS County: MARION Program Code: 02110 State: IN Docket: 03001583 Site of Event: Site Name: INDIANAPOLIS State: Additional Involved Party: License No: NA City: NA County: MARION Name: NA State: NA Other Information: NRC Reportable Event: Abnormal Occurrence: Agreement State Reportable Event: Investigation: Atomic Energy Act Material: Y NMED Record Complete: Ý Consultant Hired: Ν Event Closed by Region/State:

Event Class:

MD2 - MEDICAL EVENT

DIAGNOSTIC MISADMINISTRATION CAUSE NOT UPDATED. Cause:

Contributing Factors/Corrective Actions Information:

MD2

Factor #:

Contributing Factor:

NOT REPORTED

Corrective Action:

PERSONNEL RECEIVED ADDITIONAL TRAINING

MD2

Factor #:

Contributing Factor:

NOT REPORTED

Corrective Action:

NOT REPORTED

Medical Event Information:

900021 09/10/2003

Patient Number: Patient Informed: Date Informed:

% Overexposed: % Underexposed:

Effect on Patient:

Given:

Organ:

Study:

Radiopharm.:

Procedure: RADIOPHARMACEUTICAL - D Dose in RAD:

NA NA

BRAIN SCAN SPERT/PERT (SODIUM PERTECHNETA

Radionuclide: TC-99M Millicuries: 32.4

Administered By:

Family Dose (REM):

Newborn Dose (REM):

NR

Source/Radioactive Material Information:

MD2

NR

Source #:

Source/Material:

UNSEALED SOURCE RADIOPHARM NR Manufacturer:

Model Number: NA

Serial Number: NA Device Name: NA

Keywords: MD2

> Keyword: RADIOPHARMACEUTICAL - D Keyword: RECORD COMPLETE

Reference Documents:

Reference #: 900052 9002160210

08/19/199

06/02/1995 08/19/199 06/02/1995 Dose in RAD: Organ:

Radiopharm.:

Radionuclide:

Millicuries:

NA

NA

Intended:

Procedure:

Study:

NA

RADIOPHARMACEUTICAL - D

NA **BRAIN**

32.4

HMPAO/CERETEC (HEXAMETHYL TC-99M

Fetal Dose (REM):

Radionuclide:

TC-99M Activity (Curies): 0.0324 Leak Test Results (uCi): NA

Problem with Source:

Entry Date: Update Date: Retraction Date: Coder Initials: Description:

CDB OLD ASSIGNED ITEM NUMBER CDB NOTICE OF VIOLATION

900016 09/10/2003

Event Details

Abstract:

THE LICENSEE REPORTED AN ANNUAL EXPOSURE OF 6.19 REM FOR 1989; AN EXPOSURE OF 1.4 REM FOR THE FIRST QUARTER OF 1990 WAS NOT INVESTIGATED BY LICENSEE BUT WAS ATTRIBUTED TO STORAGE OF A BADGE IN THE STORAGE CASE WITH A DEVICE.

	Event Date 01/01/1990		Discovery D 01/01/1990		Report Date 07/24/1992
Licensee / Reporting F Agreement State Reg License No: NRC Region Office: Program Code: Docket:		Reciprocit Licensee: City: State:	ATEC	ASSOCIATES, INC. NAPOLIS	County: MARION
Site of Event: Site Name: INDIAI State: IN	NAPOLIS				
Additional Involved Pa License No: NA Name: NA	arty:		City: State:	NA NA	County: MARION
Other Information:					
NRC Reportable Eve Agreement State Rep Atomic Energy Act M Consultant Hired:	portable Event: N		Investiga NMED R	l Occurrence: tion: ecord Complete: osed by Region/State:	N Y Y
Event Class: EXP - OVEREXPOST Cause: LOSS O	JRE F ADMINISTRATIVE (CONTROL			
Contributing Factors/6 EXP Factor #: 1 Contributing Factor: Corrective Action:			ROCEDURES		
Overexposure Information Person ID Radia Number:	ation: ation Exposure Source	: :	Exposure Dose (REM):	Type of Dose:	Effect of Exposure:
1 SEAI	LED SOURCE GAUGE	=	1.4	BADGE ONLY	
	scription: T REPORTED				
Source/Radioactive M	laterial Information:				
EXP Source #: Source/Material: Manufacturer: Model Number: Serial Number:	1 SEALED SOURCE O NR NR NR	BAUGE		Radionuclide: Activity (Curies): Leak Test Results Problem with Sou	

GAUGE PORTABLE

Device Name:

900016 09/10/2003

Device/Associated Equipment Information:

EXP

Device #:

Device/Equipment GAUGE PORTABLE

Model Number: Serial Number:

NR NR

Manufacturer:

Problem with

Keywords:

EXP

Keyword: RECORD COMPLETE Keyword: SEALED SOURCE OTHER

Keyword: WHOLE BODY

Reference Documents:

Reference #: 920474 9208040145

08/19/199

08/19/199 06/05/1995

02/21/1996

Entry Date: Update Date: Retraction Date: Coder Initials: Description:

CDB

CDB

OLD ASSIGNED ITEM NUMBER INSPECTION REPORT

021002 09/10/2003

Event Details

Abstract:

During an NRC inspection, it was determined that the licensee (dba U.S. Inspection Services) failed to limit radiation levels in unrestricted areas to less than 0.02 mSv/hr (2 mrem/hr) during radiographic operations at a temporary job site in Indianapolis, Indiana. The radiographic operations, involving a 1.52 TBq (41 Ci) Ir-192 source, resulted in a radiation area external to the client's facility. This radiation area extended to the neighboring business property. During radiographic operations, the radiographer's assistant measured radiation levels of 0.2 to 0.25 mSv/hr (20 to 25 mrem/hr) exterior to the client's facility. The radiographer's assistant failed to control access to the un-posted radiation area once the radiation levels were determined (he left the surveillance area for approximately five minutes). An NRC inspection concluded that it was unlikely that a member of the public would have received a dose in excess of regulatory limits. This event was caused by the licensee's failure to properly verify boundary integrity because the radiographer's assistant thought that the radiation area was inaccessible. To prevent recurrence, the licensee implemented controls to ensure adequate surveillance of complex radiographic operations, assessed engineering controls at temporary job sites, and provided additional training on preventing unauthorized access to radiographic areas and posting radiological boundaries.

	_	event Date 18/29/2002				overy Date /03/2002		•	ort Date 03/2002	
Licensee / Rep Agreement S License No: NRC Region Program Coo Docket:	tate Regu Office:	•		Reciprocity: Licensee: City: State:		NONE DAYTON DAYTON OH	X-RAY COMPANY,	INC. Count	y: ·	
Site of Event: Site Name: State: Additional Invo License No: Name:	INDIANA IN olved Part NA NA					City: State:	NA NA		County:	MARION
Other Informat	ion:									
NRC Reporta Agreement S Atomic Energ Consultant H	tate Repo	rtable Event:	Y N Y N		11			N Y Y Y		
Event Class: OTH - OTHER Cause: F	-	N BOUNDARY	/ NOT	SET UP OR	VIOLA	ATED				

Factor #:

Contributing Factors/Corrective Actions Information: OTH

Contributing Factor: Corrective Action:

IMPROPERLY FOLLOWED PROCEDURES PERSONNEL RECEIVED ADDITIONAL TRAINING

Factor #: 2

Contributing Factor. NOT REPORTED

1

PROCEDURE MODIFIED Corrective Action:

Source/Radioactive Material Information:

021002 09/10/2003

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Source #:

SEALED SOURCE RADIOGRAPHY

Radionuclide:

IR-192

Source/Material: Manufacturer:

NR

Activity (Curies): Leak Test Results (uCi): Problem with Source:

NR

Model Number: Serial Number: Device Name:

NR

NR

CAMERA, RADIOGRAPHY

Device/Associated Equipment Information:

OTH

Device #:

Device/Equipment CAMERA, RADIOGRAPHY

Model Number:

NR NR

Manufacturer:

NR

Serial Number: Problem with

Reporting Requirements:

OTH

Mode Reported: W

Reporting

20.2203(a)(2)(iv) - THE 30 DAY WRITTEN REPORT OF DOSES IN EXCESS OF THE LIMITS FOR AN

INDIVIDUAL MEMBER OF THE PUBLIC IN 20.1301

Keywords:

OTH

Keyword: CAMERA, RADIOGRAPHY

Keyword: EVENT CLOSED BY REGION/STATE

Keyword: RECORD COMPLETE

Keyword: SEALED SOURCE RADIOGRAPHY

Reference Documents:

Entry Date: Update Date: Retraction Date: Coder Initials: Description: Reference #: 02/06/2003 INSPECTION REPORT ML022910478 11/04/200 RLS ML022910478 11/04/200 02/06/2003 RLS NRC LETTER 12/04/200 02/06/2003 RLS ML023220593 LICENSEE REPORT ML023370691 12/12/200 02/06/2003 RLS NOTICE OF VIOLATION ML023370691 12/12/200 02/06/2003 RLS NRC LETTER LTR030206 02/06/200 02/06/2003 RLS NRC LETTER

020550 09/10/2003

Event Details

Abstract:

The licensee reported the loss and recovery of a Troxler moisture/density gauge (model 3430, serial #23264) that contained a 1.48 GBq (40 mCi) Am-Be source and a 0.3 GBq (8 mCi) Cs-137 source. The gauge was not properly secured in the bed of a pickup truck, which was driven non-stop from Niles, Michigan, to Laporte, Indiana. Upon arrival, it was discovered that the tailgate was open and the gauge was missing. An immediate search of the travel route was performed. The licensee's corporate office was notified that the gauge had been found by a private individual in Niles and was in the custody of the Dowagiac, Michigan, Police Department. The case was padlocked and uncompromised, as was the source rod. A leak test was performed on the gauge with negative results. This event was caused by the authorized user's failure to block and brace the case and lock the chain that secured the case to the truck. To prevent recurrence, the licensee reprimanded the authorized user, welded steel boxes to the licensee's trucks used to transport gauges, and sent a memo describing the event to all of their satellite offices.

Event Date Discovery Date Report Date 05/03/2002 05/03/2002 05/03/2002 Licensee / Reporting Party Information: Agreement State Regulated: Reciprocity: NONE License No: 13-18685-02 Licensee: ALT & WITZIG ENGINEERING, INC. NRC Region Office: 3 City: CARMEL County: **HAMILTON** Program Code: 03121 State: IN 03035111 Docket: Site of Event: Site Name: NILES MI State: Additional Involved Party: License No: NA City: NA County: Name: State: NA Other Information: NRC Reportable Event: Abnormal Occurrence: N Agreement State Reportable Event: Investigation: Atomic Energy Act Material: Υ **NMED Record Complete:** Consultant Hired: N Event Closed by Region/State: **Event Class:** LAS - LOST OR STOLEN PROCEDURE NOT FOLLOWED Contributing Factors/Corrective Actions Information: LAS Factor #: Contributing Factor: NOT REPORTED Corrective Action: PERSONNEL REPRIMANDED LAS Factor #: 2 Contributing Factor. NOT REPORTED PERSONNEL RECEIVED ADDITIONAL TRAINING Corrective Action:

IMPROVE RADIOACTIVE MATERIAL LABELING AND HANDLING

Source/Radioactive Material Information:

3

NOT REPORTED

LAS Factor#:

Contributing Factor:

Corrective Action:

020550 09/10/2003

LAS

Source #:

SEALED SOURCE GAUGE

Radionuclide: Activity (Curies): AM-BE

Source/Material: Manufacturer:

NR

Leak Test Results (uCi): Problem with Source:

0.04 <.005

Model Number: Device Name:

NR Serial Number.

NR

GAUGE PORTABLE

GAUGE PORTABLE

LAS

Source #: Source/Material:

SEALED SOURCE GAUGE

Radionuclide:

CS-137

Manufacturer:

Device Name:

NR NR Activity (Curies): 0.008 Leak Test Results (uCi): <.005

Model Number: Serial Number.

NR

Problem with Source:

Device/Associated Equipment Information:

LAS

Device #:

Device/Equipment GAUGE PORTABLE

Model Number:

3430

Serial Number:

23264

TROXLER Manufacturer:

Problem with

Reporting Requirements:

LAS

Mode Reported:

7

20.2201(b)(1) - THE 30 DAY WRITTEN REPORT FOLLOWING A 20.2201(a) TELEPHONE REPORT.

Reporting LAS

Mode Reported:

Reporting

20.2201(a)(1)(i) - THE IMMEDIATE TELEPHONE REPORT OF ANY LOST, STOLEN, OR MISSING LICENSED

MATERIAL IN A QUANTITY GREATER THAN OR EQUAL TO 1,000 TIMES THE APPENDIX C QUANTITIES

THAT COULD CAUSE AN EXPOSURE TO PERSONS IN UNRESTRICTED AREAS.

Keywords:

LAS

Keyword: EVENT CLOSED BY REGION/STATE

Keyword: FAILURE TO BLOCK AND BRACE EQUIPMENT

Keyword: GAUGE PORTABLE

Keyword: MATERIAL LOST AND FOUND Keyword: RECORD COMPLETE Keyword: SEALED SOURCE GAUGE

Reference Documents:

Reference #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
EN38952	06/03/200	12/17/2002		DCH	EVENT NOTIFICATION
ML021860509	07/17 <i>[</i> 200	12/17/2002		RLS	INSPECTION REPORT
ML021860509	07/17/200	12/17/2002		RLS	NRC LETTER
ML022310273	09/04/200	12/17/2002		RLS	LICENSEE REPORT
ML022700209	10/09/200	12/17/2002		DCH	NOTICE OF VIOLATION
ML022700209	10/09/200	12/17/2002		DCH	NRC LETTER
ML022730157	10/09/200	12/17/2002	•	DCH	NRC NEWS ANNOUNCEMENT
ML022660539	10/31/200	12/17/2002		RLS	NOTIFICATION OF SIGNIFICANT ENFORCEMENT ACTION
LTR021211	12/17/200	12/17/2002		RLS	NRC LETTER

020295 09/10/2003

Event Details

Abstract:

The licensee reported that a patient scheduled to receive 18.4 Gy (1840 rad) during a cardiac catheterization procedure using a Novoste Beta-Cath System (model A1732, serial #88746), only received approximately 1.8 Gy (180 rad). After inserting the catheter into the patient, the cardiologist attempted to send the Sr-90 sources (Bebig model SrO.SO3), containing approximately 1.44 GBq (39 mCi), to the treatment location. The distal marker was visualized under fluoroscopy, but the proximal marker was not. The authorized user attempted to return the sources to the safe position in the Beta-Cath unit, but was unsuccessful. The catheter was immediately removed from the patient and placed in the safety box. A visual inspection located six sources and the proximal marker in the source holding area of the Beta-Cath unit, and the remaining six sources and distal marker in the base of the catheter that fits into the Beta-Cath unit. A Novoste representative arrived and returned all of the sources to the safe location. Some type of material was observed in the source holding chamber, which apparently restricted movement of the sources out of the source holding chamber. The Beta-Cath unit was removed from service and returned to Novoste for evaluation, who determined that the material was a piece of the PC o-ring from the delivery catheter. The licensee determined that during the attempted treatment (20 seconds), six of the sources were positioned at the treatment site and the other six remained in the Beta-Cath unit. The patient and patient's physician were notified of the medical event. To prevent recurrence, the licensee performs a visual inspection of the sources in the source chamber prior to each use.

		Event Date			Disc	overy Date			Report	Date	
		02/28/2002		02/28/2002				03/19/2002			
Licensee / Rep Agreement S License No: NRC Region Program Coc Docket:	tate Reg Office:	rarty Information ulated: NO 13-02128-03 3 02230 03009398	:	Reciprocity: Licensee: City: State:		NONE SAINT FR BEECH G IN		OSPITAL .	AND HEAI County:		NTER RION
Site of Event:											
Site Name: State:	BEECH IN	I GROVE									
Additional Invo	olved Pa	rty:									
License No: Name:	NR NOVO	STE				City: State:	NR NR		C	County:	MARION
Other Informat	ion:					•					
NRC Reports	able Eve	nt:	Y		,	Abnormat O	ccurrence:		N		
		ortable Event:	N		1	nvestigation):		Y		
Atomic Energ	y Act M	aterial:	Υ			MED Reco			Y		
Consultant H	ired:		N		ı	Event Close	d by Regio	on/State:	Y		
Event Class: EQP - EQUIF Cause: [MD2 - MEDIC	DEFECT	IVE OR FAILED I	PART	rs							
Cause: [DEFECT	IVE OR FAILED!	PARI	rs							

Contributing Factors/Corrective Actions Information:

EQP

Factor #:

Contributing Factor.

NOT REPORTED

Corrective Action:

EQUIPMENT RETURNED TO MANUFACTURER FOR REPAIR OR DISPOSAL

EQP

Factor #: 2

Contributing Factor:

NOT REPORTED

Corrective Action:

PROCEDURE MODIFIED

020295 09/10/2003

MD2

Factor #:

Contributing Factor:

NOT REPORTED

Corrective Action:

EQUIPMENT RETURNED TO MANUFACTURER FOR REPAIR OR DISPOSAL

MD2

Factor #:

Contributing Factor:

NOT REPORTED

Corrective Action:

PROCEDURE MODIFIED

Medical Event Information:

Patient Number: Patient Informed:

% Overexposed: % Underexposed: NA 90

Date Informed:

03/20/2002

Effect on Patient:

Given:

Procedure:

BRACHY, INTRAVASCULAR

Intended: Procedure: Dose in RAD:

BRACHY, INTRAVASCULAR 1840

SR-90

0.039

SR-90

0.039

NR

NR

Dose in RAD: Organ: Study:

180 **HEART** NA NA SR-90

Organ: Study: Radiopharm.:

Radionuclide:

Millicuries:

NA NA **SR-90**

39

HEART

Radiopharm.: Radionuclide: Millicuries:

39

Newborn Dose (REM):

Fetal Dose (REM):

PHYSICIAN

Administered By:

Family Dose (REM): NA

NA

Radionuclide:

Radionuclide:

Activity (Curies):

Activity (Curies):

Leak Test Results (uCi):

Leak Test Results (uCi):

Problem with Source:

Problem with Source:

Demographics:

Person ID No:

Description: **NOT REPORTED**

Source/Radioactive Material Information:

EQP

Source #:

Source/Material:

SEALED SOURCE BRACHYTHERAPY

BEBIG

SR0.S03

Manufacturer: Model Number: Serial Number:

NR

Device Name:

INTRAVASCULAR BRACHY UNIT

MD2

Source #:

Source/Material: SEALED SOURCE BRACHYTHERAPY Manufacturer: BEBIG Model Number.

Serial Number:

SR0.S03 NR

NOVOSTE

Device Name:

INTRAVASCULAR BRACHY UNIT

Device/Associated Equipment Information:

EQP

Device #: Manufacturer:

Device/Equipment INTRAVASCULAR BRACHY UNIT NOVOSTE

Model Number: Serial Number:

A1732 88746

A1732

88746

Problem with

MD2

Device #:

Manufacturer:

Model Number: Device/Equipment INTRAVASCULAR BRACHY UNIT Serial Number:

Problem with

Reporting Requirements:

020295 09/10/2003

EQP

Mode Reported:

Reporting

30.50(b)(2)(ii) - THE 24 HOUR REPORT OF AN EVENT WHERE REQUIRED EQUIPMENT IS DISABLED OR FAILS TO FUNCTION AS DESIGNED WHEN THE EQUIPMENT IS REQUIRED TO BE AVAILABLE AND

OPERABLE WHEN IT IS DISABLED OR FAILS TO FUNCTION.

MD2

Mode Reported:

Reporting

35.33(a)(2)-5F - (NO LONGER USED) WRITTEN RPT. <15 DAYS AFTER DISC. OF A BRACHY, RAD. DOSE WHEN THE CALC. ADMIN. DOSE DIFFERS FROM THE PRESC. DOSE BY MORE THAN 20% OF THE PRESC.

DOSE.

Keywords:

EQP

Keyword: EVENT CLOSED BY REGION/STATE Keyword: INTRAVASCULAR BRACHY UNIT

Keyword: RECORD COMPLETE

Keyword: SEALED SOURCE BRACHYTHERAPY

Keyword: BRACHY, INTRAVASCULAR

Keyword: EVENT CLOSED BY REGION/STATE

Keyword: HEART

Keyword: RECORD COMPLETE

Reference Documents:

Reference #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
ML020800070	03/25/200	12/17/2002		RLS	PRELIMINARY NOTIFICATION
PN302008	03/25/200	12/17/2002		DCH	PRELIMINARY NOTIFICATION
EN38783	03/25/200	12/17/2002		DCH	EVENT NOTIFICATION
ML020950586	04/23/200	12/17/2002		RLS	INSPECTION REPORT
ML020950586	04/23/200	12/17/2002		RLS	NRC LETTER
LTR020611	06/17/200	12/17/2002		DCH	NRC LETTER
ML021890533	07 <i>1</i> 24 <i>1</i> 200	12/17/2002		RLS	LICENSEE REPORT
ML021890533	07 <i>1</i> 24 <i>1</i> 200	12/17/2002		RLS	NRC LETTER
LTR021211	12/17/200	12/17/2002		RLS	NRC LETTER

010965 09/10/2003

Event Details

Abstract:

The licensee reported the loss of a seed source containing 12.1 MBq (0.327 mCi) of I-125. The licensee ordered 107 seeds, four seeds more than required for the planned implant procedure. The seeds were ordered from Mentor. Upon receipt of the seeds, no count was made to determine the actual number of seeds received. Upon completion of the implant procedure, only three of the four extra seeds were present. The licensee conducted a thorough search for the missing seed, but could not locate the seed. Mentor was contacted to see if they might have shipped one seed less than ordered, but their seed inventory showed no discrepancies. To prevent recurrence, the licensee modified their procedures for verifying and handling seeds.

> **Event Date Discovery Date** Report Date 08/29/2001 08/29/2001 08/29/2001

Licensee / Reporting Party Information:

Agreement State Regulated: NO

License No: 13-06009-01

NRC Region Office: 02230 Program Code:

03001625

NONE Reciprocity: Licensee:

COMMUNITY HOSPITALS OF INDIANA

INDIANAPOLIS IN

County:

MARION

Docket: Site of Event:

> Site Name: **INDIANAPOLIS**

State:

Additional Involved Party:

License No: NR **MENTOR** Name:

City: NR State: NR

County: MARION

Other Information:

Abnormal Occurrence: NRC Reportable Event: N Agreement State Reportable Event: N Investigation: Atomic Energy Act Material: NMED Record Complete: Consultant Hired: Event Closed by Region/State:

City:

State:

Event Class:

LAS - LOST OR STOLEN

INADEQUATE PROCEDURE Cause:

Contributing Factors/Corrective Actions Information:

LAS

Factor #:

Contributing Factor:

LOSS OF ADMINISTRATIVE CONTROL

Corrective Action:

PROCEDURE MODIFIED

Source/Radioactive Material Information:

LAS

Source #: Source/Material:

Manufacturer:

SEALED SOURCE BRACHYTHERAPY NORTH AMERICAN SCIEN

Radionuclide: Activity (Curies): Leak Test Results (uCi): I-125 0.000327

Model Number: Serial Number.

NA Device Name: NA

Reporting Requirements:

LAS

Mode Reported:

Reporting

20.2201(b)(1) - THE 30 DAY WRITTEN REPORT FOLLOWING A 20.2201(a) TELEPHONE REPORT.

Problem with Source:

010965 09/10/2003

LAS

Mode Reported:

Reporting

20.2201(a)(1)(ii) - THE 30 DAY TELEPHONE REPORT OF ANY LOST, STOLEN, OR MISSING LICENSED MATERIAL IN A QUANTITY GREATER THAN 10 TIMES THE APPENDIX C QUANTITIES.

Keywords:

LAS

Keyword: EVENT CLOSED BY REGION/STATE Keyword: MATERIAL LOST AND NOT FOUND

Keyword: RECORD COMPLETE

Keyword: SEALED SOURCE BRACHYTHERAPY

Reference Documents:

EPORT
_, _,,,
EPORT
REPORT
/IOLATION
}
EPORT
t

000322 09/10/2003

Event Details

Abstract:

The licensee reported the loss and recovery of a Humboldt moisture/density gauge (model 5001C, serial #1966) containing 1.48 GBq (40 mCi) of Am-Be and 0.37 GBq (10 mCi) of Cs-137. The gauge was shipped from the licensee's facility in Raleigh, North Carolina, to a facility in Coplay, Pennsylvania, via their carrier (Roadway Express). After five days, the customer notified the licensee that they had not received the gauge. The licensee then contacted the carrier and found out that the gauge was missing in transit. A trace was put out by the carrier for the gauge and they believed it may have been transferred to the wrong truck in Winston-Salem, North Carolina, which was scheduled to go to Indianapolis, Indiana. The suspected truck was located in Indiana and was taken back to the carrier's hub in Indianapolis to unload. The gauge was recovered in Indianapolis at 2244 EDT on 5/12/2000 and was redirected to the original customer.

> **Event Date Discovery Date** Report Date 05/01/2000 05/05/2000 05/12/2000

Licensee / Reporting Party Information:

Agreement State Regulated: NC-092-0750-1 License No:

NRC Region Office: 2 Program Code:

NA NA Reciprocity: Licensee: City:

State:

NONE HUMBOLDT **RALEIGH** NC

County:

Docket: Site of Event:

> Site Name: INDIANAPOLIS

State:

Additional Involved Party:

License No: NON-LICENSEE Name: **ROADWAY EXPRESS**

City:

INDIANAPOLIS

County: MARION

State: IN

Other Information:

NRC Reportable Event: Abnormal Occurrence: Agreement State Reportable Event: Investigation: NMED Record Complete: N Atomic Energy Act Material: Consultant Hired: Event Closed by Region/State:

Event Class:

LAS - LOST OR STOLEN

LOSS OF ADMINISTRATIVE CONTROL

Contributing Factors/Corrective Actions Information:

LAS

Factor#

Contributing Factor: Corrective Action:

NOT REPORTED NOT REPORTED

Source/Radioactive Material Information:

LAS

Source #: Source/Material: Manufacturer:

NR

GAUGE PORTABLE

Model Number: Serial Number;

Device Name:

SEALED SOURCE GAUGE NR NR

Radionuclide: Activity (Curies): Leak Test Results (uCi):

AM-BE 0.04 NR

Problem with Source:

000322

09/10/2003

LAS

Source #:

Source/Material:

SEALED SOURCE GAUGE

Radionuclide: Activity (Curies): CS-137

Manufacturer:

NR NR Leak Test Results (uCi): Problem with Source:

0.01 NR

Model Number: Serial Number: NR

Device Name:

GAUGE PORTABLE

Device/Associated Equipment Information:

LAS

Device #:

Model Number.

5001C

Device/Equipment GAUGE PORTABLE

Serial Number:

1966

Manufacturer:

HUMBOLDT SCIENTIFIC

Problem with

Reporting Requirements:

LAS

Mode Reported:

T

20.2201(b)(1) - THE 30 DAY WRITTEN REPORT FOLLOWING A 20.2201(a) TELEPHONE REPORT.

Reporting LAS

Mode Reported:

Reporting

20.2201(a)(1)(i) - THE IMMEDIATE TELEPHONE REPORT OF ANY LOST, STOLEN, OR MISSING LICENSED MATERIAL IN A QUANTITY GREATER THAN OR EQUAL TO 1,000 TIMES THE APPENDIX C QUANTITIES

THAT COULD CAUSE AN EXPOSURE TO PERSONS IN UNRESTRICTED AREAS.

Keywords:

LAS

Keyword: GAUGE PORTABLE Keyword: SEALED SOURCE GAUGE

Reference Documents:

Reference #:

Entry Date: Update Date: Retraction Date: Coder Initials: Description: EN36997

05/16/200 09/13/2000 DCH

EVENT NOTIFICATION REPORTED FROM AN

AGREEMENT STATE

NC000015

09/13/200

09/13/2000

RLS

AGREEMENT STATE EVENT REPORT

000328 09/10/2003

Event Details

Abstract:

The licensee reported the loss of one brachytherapy seed containing 18.5 MBq (0.5 mCi) of Ir-192. After removing the applicator and inventorying the seeds, it was determined that one of 64 seeds was missing. A survey of the patient and room did not locate the missing seed. The applicator was removed with the seeds intact. The seeds were contained within ribbons and the ribbons were retained in the applicator, making it unlikely that the seed would have been lost during the treatment. It may have been possible that the correct number of seeds were not placed in the ribbons. This event was retracted on 5/19/2000. The licensee reported that the seed was not missing. The initial count of seeds was erroneous. When the seeds were independently recounted, all seeds were present.

> **Event Date Discovery Date** Report Date 04/18/2000 05/17/2000

> > NONE

IN

Reciprocity:

Licensee:

City:

State:

Licensee / Reporting Party Information:

Agreement State Regulated: NO

License No: 13-02752-03

NRC Region Office:

Program Code: 02110

03001609 Docket:

Site of Event:

Site Name: 'INDIANAPOLIS

State: IN

Additional Involved Party:

License No: NA Name: NA City: NA State: NA

Abnormal Occurrence:

INDIANAPOLIS

INDIANA UNIVERSITY MEDICAL CENTER

County:

N

N

MARION County:

MARION

Other Information:

NRC Reportable Event: Agreement State Reportable Event: Ν Atomic Energy Act Material: Consultant Hired:

Investigation: **NMED Record Complete:** Event Closed by Region/State:

Event Class:

LAS - LOST OR STOLEN Cause: NOT REPORTED

Contributing Factors/Corrective Actions Information:

LAS

Factor #:

Contributing Factor: Corrective Action:

NOT REPORTED NOT REPORTED

Source/Radioactive Material Information:

LAS

Source #: Source/Material: Manufacturer:

SEALED SOURCE BRACHYTHERAPY

Radionuclide: IR-192 Activity (Curies): 0.0005 Leak Test Results (uCi): Problem with Source:

Model Number: NR Serial Number: NR Device Name: NA

Keywords:

LAS

Keyword: EVENT CLOSED BY REGION/STATE Keyword: MATERIAL LOST AND FOUND

Keyword: RECORD COMPLETE

000328 09/10/2003

Keyword: SEALED SOURCE BRACHYTHERAPY

Reference Documents:

Reference #: EN37009 LTR021218

12/23/200

Entry Date: Update Date: Retraction Date: Coder Initials: Description: 05/18/200 12/23/2002 05/19/2000 DCH EVENT NOTIFICATION 12/23/2002

RLS

NRC LETTER

020692 09/10/2003

Event Details

Model Number:

Serial Number.

Device Name:

Reporting Requirements:

NA

NA

NA

Abstract:

The licensee reported that an annual audit revealed the loss of 348 MBq (9.4 mCi) of C-14. The material consisted of 167 mg of a research compound in dry powder form contained in a small vial (less than 20 ml in volume). The material was used for basic metabolic research purposes. The last accounting of the material was in December 1999. Despite a detailed search, the material could not be located. The licensee believes that the material was incinerated along with other radioactive waste, which would result in a maximum off-site dose of 0.27 uSv (0.027 mrem). To prevent recurrence, the licensee retrained department personnel, will perform more frequent inventories, and developed a standardized radioactive material tracking procedure.

	Event Date 12/01/1999	ľ	Discovery Date 06/20/2002		eport Date 07/19/2002	
Licensee / Reporting Agreement State Re License No: NRC Region Office: Program Code: Docket:	gulated: NO 13-01133-02	Reciprocity: Licensee: City: State:	NONE ELI LILLY & C INDIANAPOLI IN		unty: MA	RION
Site of Event: Site Name: INDIA State: IN	NAPOLIS					
Additional Involved P License No: NA Name: NA	arty:		City: NA State: N	Ą IA	County:	MARION
Other Information:						
NRC Reportable Eve Agreement State Re Atomic Energy Act & Consultant Hired: Event Class:	portable Event: Naterial: Y	ļ	Abnormal Occuri Investigation: NMED Record C Event Closed by	N complete: Y		
LAS - LOST OR STO Cause: LOSS C	OLEN OF ADMINISTRATIVE	CONTROL				
Contributing Factor: Corrective Action: LAS	Corrective Actions I NOT REPORTED PERSONNEL RE NOT REPORTED PROCEDURE MO	CEIVED ADDITIO	ONAL TRAINING			
Source/Radioactive N	Material Information:					
LAS Source #: Source/Material: Manufacturer:	1 UNSEALED SOUR	CE LAB	Acti Lea	dionuclide: ivity (Curies): k Test Results (uCi):	C-14 0.0094 : NA	

Problem with Source:

020692 09/10/2003

LAS

Mode Reported:

W

Reporting

20.2201(b)(1) - THE 30 DAY WRITTEN REPORT FOLLOWING A 20.2201(a) TELEPHONE REPORT.

LAS

Mode Reported:

Т Reporting

20.2201(a)(1)(ii) - THE 30 DAY TELEPHONE REPORT OF ANY LOST, STOLEN, OR MISSING LICENSED

MATERIAL IN A QUANTITY GREATER THAN 10 TIMES THE APPENDIX C QUANTITIES.

Keywords:

LAS

Keyword: MATERIAL LOST AND NOT FOUND

Keyword: RECORD COMPLETE Keyword: UNSEALED SOURCE LAB

Reference Documents:

Reference #:

Entry Date: Update Date: Retraction Date: Coder Initials: Description:

07*1*22*1*200 EN39075 ML022280443

09/05/2002 09/05/200 09/05/2002

DCH RLS

EVENT NOTIFICATION

LICENSEE REPORT

990208 09/10/2003

Event Details

Abstract:

The licensee reported the theft of a Campbell Pacific Nuclear moisture/density gauge (model MC-1, serial #MD40401995) from the back of a company pickup truck. The gauge contains 1.85 GBq (50 mCi) of Am-Be and 0.37 GBq (10 mCi) of Cs-137. The pickup was parked at an employee's residence in South Bend, Indiana and the gauge was locked in the open bed of the truck. The gauge was in a triple lock position with the case being secured to the bed of the truck with a padlock and a lock was placed on the other half of the case. In addition, the handle was in its locked position. The employee discovered the gauge missing from the truck on the morning of 3/30/99. The gauge case was still in the back of the truck.

	_	vent Date 3/29/1999				very Date 30/1999		Report Da 03/30/199	
Licensee / Repo Agreement Sta License No: NRC Region C Program Code Docket:	ate Regul Office: :	-	:	Reciprocity: Licensee: City: State:		NONE ALT & WI INDIANAR IN	TZIG ENGINEERIN POLIS	IG, INC. County:	MARION
	SOUTH I	BEND							
Additional Invol- License No: Name:		y:				City: State:	NA NA	Сог	unty:
Other Information	on:								
NRC Reportab Agreement Sta Atomic Energy Consultant Hin	ate Repo	rtable Event:	Y N Y N		In N			N N N Y	
Event Class: LAS - LOST OF Cause: ST		EN ICENSED MATE	ERIA	L, SECURITY	MEA	SURES UI	IKNOWN		
Contributing Fa	ctors/Co	rrective Action	s Inf	ormation:					

Source/Radioactive Material Information:

LAS

Source #:

Factor #:

Source/Material: Manufacturer:

Contributing Factor: Corrective Action:

Model Number: NR

Serial Number: Device Name:

NR

SEALED SOURCE GAUGE

NOT REPORTED

NOT REPORTED

NR

GAUGE PORTABLE

Radionuclide: Activity (Curies):

AM-BE 0.05 Leak Test Results (uCi): NR

Problem with Source:

990208 09/10/2003

LAS

Source #

SEALED SOURCE GAUGE

Radionuclide: Activity (Curies): CS-137

Source/Material: Manufacturer:

Device Name:

NR

0.01 NR

Model Number: Serial Number:

NR NR Leak Test Results (uCi):

Problem with Source:

Device/Associated Equipment Information:

LAS

Device #:

Model Number:

MC-1

Device/Equipment GAUGE PORTABLE

GAUGE PORTABLE

Serial Number:

MD40401995

Manufacturer: CAMPBELL PACIFIC NUC Problem with

Reporting Requirements:

LAS Reporting

Mode Reported:

W

Т

20.2201(b)(1) - THE 30 DAY WRITTEN REPORT FOLLOWING A 20.2201(a) TELEPHONE REPORT.

LAS

Mode Reported:

Reporting

20.2201(a)(1)(i) - THE IMMEDIATE TELEPHONE REPORT OF ANY LOST, STOLEN, OR MISSING LICENSED MATERIAL IN A QUANTITY GREATER THAN OR EQUAL TO 1,000 TIMES THE APPENDIX C QUANTITIES

THAT COULD CAUSE AN EXPOSURE TO PERSONS IN UNRESTRICTED AREAS.

Keywords:

LAS

Keyword: EVENT CLOSED BY REGION/STATE

Keyword: GAUGE PORTABLE

Keyword: MATERIAL STOLEN AND NOT RECOVERED

Keyword: SEALED SOURCE GAUGE

Reference Documents:

Reference #:

Entry Date: Update Date: Retraction Date: Coder Initials: Description: 03/20/2003

EN35527 03/31/199 PN399016 04/05/199 9903310349

03/20/2003 11/15/199 03/20/2003 03/20/200 03/20/2003

DCH DCH **RLS**

EVENT NOTIFICATION PRELIMINARY NOTIFICATION PRELIMINARY NOTIFICATION

NRC LETTER RLS

LTR030317

The licensee reported the theft of a Loral Control Systems Xact Ray thickness gauge (model 5310, serial #48761-1), containing a 37 GBq (1 Ci) Am-241 sealed source (serial #2786LX). The gauge was properly labeled, secured to a pallet, and stored in an area designated for equipment being transferred to the licensee's Central Tubing Facility in Columbus, Indiana. However, when the truck carrying equipment to the Central Tubing Facility arrived, the gauge was not present. It appears that the gauge was inadvertently placed on a truck that was transporting material to a local scrap metal dealer (Kroot Salvage in Columbus, Indiana). However, when the truck arrived at the scrap yard, the gauge could not be found. The licensee has searched the local scrap yard with negative results. The licensee also searched the Kelpner Brothers scrap yard in Louisville, Kentucky, with negative results. The licensee contacted all other Arvin Exhaust facilities in North America and several outside purchasers of surplus process equipment with negative results. The licensee believes the gauge was stolen for its scrap value and contacted the Payne Firm for consultation concerning the device. The NRC concurred that the gauge was deliberately taken, although no specific person or organization could be identified as having taken the gauge. The gauge weighed approximately 200 pounds and was used to measure the thickness of rolled steel.

> **Event Date** 03/29/1999

Discovery Date 04/09/1999

Report Date 04/12/1999

Licensee / Reporting Party Information:

Agreement State Regulated:

NO Reciprocity:

NONE

ARVIN INDUSTRIES, INC.

License No: NRC Region Office: **GENERAL LICENS**

Licensee: City:

State:

GREENWOOD

County:

JOHNSON

Program Code:

NR

IN

Docket:

NA

17

990239

09/10/2003

Site of Event:

Site Name: **GREENWOOD**

State:

IN

Additional Involved Party:

License No: NON-LICENSEE **KROOT SALVAGE** Name:

City:

COLUMBUS

County: **JOHNSON**

State: IN

Other Information:

NRC Reportable Event: Agreement State Reportable Event:

N

Abnormal Occurrence: Investigation:

N Y

Atomic Energy Act Material: Consultant Hired:

NMED Record Complete: Event Closed by Region/State:

Event Class:

LAS - LOST OR STOLEN

STOLEN LICENSED MATERIAL, SECURITY MEASURES DEFEATED

Contributing Factors/Corrective Actions Information:

LAS

Factor #:

Contributing Factor:

NOT REPORTED

Corrective Action:

NO CORRECTIVE ACTION TAKEN

Source/Radioactive Material Information:

LAS

Source #:

SEALED SOURCE GAUGE

Radionuclide:

AM-241

NR

Source/Material: Manufacturer:

NR

Activity (Curies): Leak Test Results (uCi):

Problem with Source:

Model Number: NR 2786LX

Serial Number:

Device Name:

GAUGE FIXED

Device/Associated Equipment Information:

LAS

Device #:

Т

Model Number:

5310

Device/Equipment GAUGE FIXED Manufacturer:

LORAL CONTROL SYS.

Serial Number: Problem with

48761-1

Consultant Information:

Name:

Company:

Hired by:

Speciality:

LAS

WOODY, DAN

PAYNE FIRM

LICENSEE

NR

Reporting Requirements:

LAS

Mode Reported:

W

Reporting

20.2201(b)(1) - THE 30 DAY WRITTEN REPORT FOLLOWING A 20.2201(a) TELEPHONE REPORT.

LAS

Mode Reported:

Reporting

20.2201(a)(1)(i) - THE IMMEDIATE TELEPHONE REPORT OF ANY LOST, STOLEN, OR MISSING LICENSED MATERIAL IN A QUANTITY GREATER THAN OR EQUAL TO 1,000 TIMES THE APPENDIX C QUANTITIES

THAT COULD CAUSE AN EXPOSURE TO PERSONS IN UNRESTRICTED AREAS.

Keywords:

LAS

Keyword: EVENT CLOSED BY REGION/STATE

Keyword: GAUGE FIXED

Keyword: MATERIAL STOLEN AND NOT RECOVERED

990239 09/10/2003

Keyword: RECORD COMPLETE Keyword: SEALED SOURCE GAUGE

Reference Documents:

Reference #: EN35577 PN399021 LTR990511 9906070051 9906070049 9904140320 ML010360334	Entry Date: 04/13/199 04/19/199 08/10/199 09/13/199 09/13/199 11/16/199 02/13/200	03/20/2003 03/20/2003 03/20/2003 03/20/2003 03/20/2003 03/20/2003 03/20/2003	Retraction Date:	Coder Initials: DCH DCH DCH RLS RLS RLS	Description: EVENT NOTIFICATION PRELIMINARY NOTIFICATION CONSULTANT REPORT INSPECTION REPORT NRC LETTER PRELIMINARY NOTIFICATION NRC LETTER	•
ML010360334 LTR030317	02/13/200 03/20/200	03/20/2003		RLS	NRC LETTER	

Event Details

Abstract:

The licensee reported a medical misadministration due to the reversal of the Y and Z coordinates when a patient was treated on the Elekta Instruments Leksell gamma knife. The plan called for three doses of radiation using the 4 mm helmet with a plug pattern. The prescribed dose to the treated volume was 1,100 cGy (rad) to the 58% isodose line. The first treatment was set up and delivered to the patient. When the coordinates for the second treatment were set, it was discovered that the Y and Z coordinates had been reversed on the first treatment. The correct coordinates were then set, and the patient was treated correctly. The remaining two treatments were also delivered to complete the treatment plan. The first treatment was simulated on the computer with the coordinates set as delivered to the patient, and the treatment site in the brain was determined. The treated site was fluid in the left ventricle of the brain. The initial calculated dose was 585 cGy (rad) to the 50% isodose volume of the 4 mm helmet, with a maximum point dose of 1,170 cGy (rad). The treated volume was small, approximately 0.96 mm3. It was determined that there would be no harmful effects to the patient. A later reconstruction utilizing the treatment planning software indicated that the dose to the ventricle wall was approximately 50 cGy (rad). The attending physician and patient's family were notified. While the root cause of this event appears to be human error during the setting of patient positioning parameters, other factors contributed to the cause of this event. Due to the patient's medical condition, variations in typical procedures as described above occurred. One variation was a reduction in the number of personnel typically involved in setting up the patient treatment from three to two individuals. Another variation was that the Z coordinate was set prior to attaching the Z bar to the stereotactic frame. For all gammaknife treatments in the future, a minimum of three individuals will be involved in setting up the patient treatment. Individuals involved in actually setting the coordinates on the stereotactic frame shall be allowed to set coordinates X, Y, and Z on one side of the patient only.

	Eve	nt Date		Discovery Date 12/01/1998		Report Date 12/02/1998	
	12/0	1/1998					
Licensee / Rep Agreement S License No: NRC Region Program Coo Docket:	State Regulate 13-4 Office: 3 de: 023	ed: NO 02752-08	Reciprocity: Licensee: City: State:	NONE INDIANA INDIANAI IN	UNIVERSITY SCH POLIS	OOL OF ME County:	DICINE MARION
Site of Event: Site Name: State: Additional Invi- License No: Name:	-	olis		City: State:	NA NA	Co	ounty: MARION
Other Informati	•			Olate.	NO.		
NRC Report	able Event: State Reportat gy Act Materia		Y N Y Y			N Y Y	
Event Class: MD2 - MEDIO Cause:		VERIFY TRE	ATMENT SITE				
Contributing F MD2 Factor #: Contributing	1	ctive Action					

PROCEDURE MODIFIED

Corrective Action: PF
Medical Event Information:

981167 09/10/2003

Patient Number: Patient Informed: % Overexposed: % Underexposed:

100 NA

Date Informed:

12/01/1998

Effect on Patient:

Given:

Study:

NR

GAMMA KNIFE

Intended: Procedure:

GAMMA KNIFE

Procedure: Dose in RAD: Organ:

Radiopharm.:

Radionuclide:

BRAIN NA NA CO-60

Dose in RAD: Organ: Study:

Radiopharm.:

Radionuclide:

Millicuries:

BRAIN NA NA CO-60

NR

50

Millicuries: Administered By:

Family Dose (REM):

Newborn Dose (REM):

NA

Fetal Dose (REM):

NA

Demographics:

Person ID No: Description:

MALE 1

TEEN (AGE 13-19) 1A

NR

NA

Source/Radioactive Material Information:

MD2

Source #: Source/Material: Manufacturer:

SEALED SOURCE GAMMA KNIFE

Radionuclide: Activity (Curies): Leak Test Results (uCi):

Problem with Source:

NR

CO-60

NR

Model Number: NR Serial Number:

NR

NR

Device Name: **GAMMA KNIFE UNIT**

Device/Associated Equipment Information:

MD2

Device #:

Device/Equipment GAMMA KNIFE UNIT

Model Number: Serial Number:

NR NR

Manufacturer: **ELEKTA INSTRUMENTS** Problem with

Consultant Information:

Name:

Company:

Hired by:

Speciality:

MD2 WHITTINGTON.

UNIVERSITY OF PENNSYLVANIA

NRC

MEDICAL, M.D.

Reporting Requirements:

MD2

Mode Reported:

Reporting

35.33(a)(1)-3B - (NO LONGER USED) PHONE RPT. NO LATER THAN THE NEXT CAL. DAY AFTER DISC. OF A

GAMMA STEREOTACTIC RADSURGERY RAD. DOSE INVOLV. THE WRONG TREATMENT SITE.

Keywords:

MD2

Keyword: BRAIN

Keyword: GAMMA KNIFE Keyword: RECORD COMPLETE

Reference Documents:

Reference #: 04/01/1999 PN398056 12/17/199 EN35104 12/17/199 9812230187 01/19/199

9812070014 01/20/199 LTR981218 03/02/199

04/01/1999 04/01/1999 04/01/1999 04/01/1999

Entry Date: Update Date: Retraction Date: Coder Initials:

DCH DCH DCH DCH

DCH

Description: PRELIMINARY NOTIFICATION

EVENT NOTIFICATION LICENSEE REPORT PRELIMINARY NOTIFICATION

LICENSEE REPORT

981167 09/10/2003

981105 09/10/2003

Event Details

Serial Number:

Device Name:

NR

NA

Abstract:

The licensee reported the loss of three 13.9 MBq (376 uCi) I-125 brachytherapy seeds. Eight seeds were held as extra in a sterile steel container on the preparation table in the Operating Room (OR) during a prostate brachytherapy procedure. During the OR clean-up the closed container with the seeds was taken to the OR cleaning room and placed on a table. The OR technician placed the closed container into soapy water in a wash sink, opened it, washed it along with several other pieces of equipment, then drained the sink. The dosimetrist had recorded that there were eight seeds in the container, but he forgot to remove them from the pig prior to its rinsing by the OR technician. Five of the seeds were found in the sink's drain trap, but the other three seeds could not be traced or recovered. It is estimated that the radiation dose to the technician's hands was about 0.33 mGy (33 mrad).

	Event Date 11/03/1998			•	Report Date 11/04/1998		
Licensee / Report Agreement State License No: NRC Region Off Program Code: Docket:	13-06009-01		NONE COMMUI INDIANA IN	NITY HOSPITALS O POLIS	F INDIAI		RION
Site of Event: Site Name: IN State: IN	DIANAPOLIS						
Additional Involve License No: N Name: N	A		City: State:	NA NA		County:	MARION
Other Information	:						
NRC Reportable Agreement State Atomic Energy A Consultant Hired	Reportable Event: Act Material:	Y N Y			N Y Y		
Event Class: LAS - LOST OR Cause: PRO	STOLEN OCEDURE NOT FOLL	OWED					
Contributing Fact LAS Factor #: Contributing Fac Corrective Action		TED					
Source/Radioacti	ve Material Informati	ion:					
Source #: Source/Material: Manufacturer: Model Number:	1 SEALED SOUR NR NR	CE BRACHYTHER	APY	Radionuclide: Activity (Curies): Leak Test Results (Problem with Source		I-125 0.000376 NR	

981105 09/10/2003

LAS

Source #:

Source/Material:

SEALED SOURCE BRACHYTHERAPY

Radionuclide: Activity (Curies): Leak Test Results (uCi):

Problem with Source:

I-125 0.000376

NR

Manufacturer:

Model Number:

NR NR

Serial Number: Device Name:

NA

LAS

Source #: Source/Material:

SEALED SOURCE BRACHYTHERAPY

Radionuclide: Activity (Curies): 1-125 0.000376

NR

Manufacturer: Model Number: Serial Number:

Device Name:

NR NR NR

NA

Leak Test Results (uCi):

Problem with Source:

Reporting Requirements:

LAS

Mode Reported:

Reporting

20.2201(b)(1) - THE 30 DAY WRITTEN REPORT FOLLOWING A 20.2201(a) TELEPHONE REPORT.

LAS

T Mode Reported:

Reporting

20.2201(a)(1)(i) - THE IMMEDIATE TELEPHONE REPORT OF ANY LOST, STOLEN, OR MISSING LICENSED MATERIAL IN A QUANTITY GREATER THAN OR EQUAL TO 1,000 TIMES THE APPENDIX C QUANTITIES

THAT COULD CAUSE AN EXPOSURE TO PERSONS IN UNRESTRICTED AREAS.

Keywords:

LAS

Keyword: RECORD COMPLETE

Keyword: SEALED SOURCE BRACHYTHERAPY

Reference Documents:

Reference #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
PN398053	11/09/199	03/31/1999		DCH	PRELIMINARY NOTIFICATION
EN34996	11/09/199	03/31/1999		DCH	EVENT NOTIFICATION
9811050359	01/06/199	03/31/1999		DCH	PRELIMINARY NOTIFICATION
LTR981119	01/11/199	03/31/1999		DCH	LICENSEE REPORT
9811240043	01/14/199	03/31/1999		DCH	LICENSEE REPORT
9812090210	01/18/199	03/31/1999		DCH	LICENSEE REPORT
9901190199	03/30/199	03/31/1999		DCH	NOTICE OF VIOLATION
9901190197	03/30/199	03/31/1999		DCH	NRC LETTER

990127 09/10/2003

Event Details

Abstract:

MD2 Factor #:

Contributing Factor:

Corrective Action:

The licensee reported a medical misadministration involving receipt of a brachytherapy dose which was a 24% underdose. A patient was being treated with a three-channel, low-dose-rate, brachytherapy device containing Cs-137 sources in the form of small pellets. At approximately 2030 CST on 10/29/98, following a routine interruption of the treatment by a nurse to attend the patient, a visual and audible warning occurred. The nurse attending the patient stated that the remote console outside the patient's room indicated that a "Pellet" error had occurred. The physicist instructed the nurse to implement the recovery procedures for a "Power" alarm. These procedures were taken and the treatment appeared to resume as normal. On the following morning (10/30/98 at 0800 CST), a resident physician noticed that only one of the three channels on the brachytherapy device was actually operating and that the sources in the other two channels were still in the shielded position. The problem was then determined to be the result of a pellet problem rather than a power problem and different recovery steps should have been followed. The prescribed dose was 2,500 cGy (rad), but the patient only received 1,900 cGy (rad). Treatment time could have been extended to compensate for time operating on only one channel, but the patient refused to stay for the additional time. The 24% underdose was made up a few days later utilizing external beam therapy (accelerator). The primary reason the event occurred was due to a miscommunication between the physicist and the nurse. A contributing factor to this event relates to the LDR itself. "Power" alarms occur relatively frequently with the LDR unit. This is due to power fluctuations related to the testing of the emergency hospital generators. This problem has been discussed in the past with the vendor, but no solution was found. Corrective actions taken by the licensee include: 1) Within one week following the event, it was decided that nursing staff would be allowed to independently recover from "Power" alarms only. Any other alarms require the nurse to press the "Stop" button, enter the room, perform the necessary survey, and press the "Reset" button on the LDR console. If pressing the "Reset" button does not eliminate the alarm condition, a physicist will be required to go to the LDR to resolve the problem. 2) The detailed error recovery procedures posted in the book at the LDR console were rewritten to be consistent with the nurses and physicians duties for alarm recovery. 3) A formal inservice for nursing staff who attend LDR patients was conducted on 11/27/98. The patient was not notified of this misadministration, because both referring physicians decided that such notification would do more harm than good.

Event Date 10/29/1998		scovery Date 10/30/1998	Report Date 02/24/1999	
Licensee / Reporting Party Information Agreement State Regulated: NO License No: 13-02752-03 NRC Region Office: 3 Program Code: 02110 Docket: 03001609	Reciprocity: Licensee: City: State:	NONE INDIANA UNIVERSITY INDIANAPOLIS IN	County: MARION	
Site of Event: Site Name: INDIANAPOLIS State: IN				
Additional Involved Party: License No: NA Name: NA		City: NA State: NA	County: MARION	
Other Information:				
NRC Reportable Event: Agreement State Reportable Event: Atomic Energy Act Material: Consultant Hired:	Y N Y N	Abnormal Occurrence: Investigation: NMED Record Complete: Event Closed by Region/State:	N N Y	
Event Class: MD2 - MEDICAL EVENT Cause: PROCEDURE NOT UNDE	ERSTOOD			
Contributing Factors/Corrective Action	ns Information:			

VERBAL COMMUNICATION PROBLEM

PROCEDURE MODIFIED

990127 09/10/2003

MD2

Factor #:

Contributing Factor.

NOT REPORTED

Corrective Action:

PERSONNEL RECEIVED ADDITIONAL TRAINING

Medical Event Information:

Patient Number: Patient Informed: % Overexposed:

NA % Underexposed: 24

Date Informed:

Effect on Patient:

Given: Procedure:

BRACHY, REMOTE AFTERLOADER, LDR 1900

Intended: Procedure: Dose in RAD:

BRACHY, REMOTE AFTERLOADER, LDR

Dose in RAD: Organ: Study: Radiopharm.:

Radionuclide:

NR NA NA CS-137

2

Organ: Study: Radiopharm.:

Radionuclide:

Millicuries:

NA NA CS-137 NR

2500

NR

Millicuries: NR Administered By:

Family Dose (REM):

Newborn Dose (REM):

Fetal Dose (REM):

NA

NA

PHYSICIAN

Demographics:

Person ID No:

Description: **FEMALE**

Source/Radioactive Material Information:

MD2

Source #:

Radionuclide:

CS-137

Source/Material: Manufacturer:

SEALED SOURCE BRACHYTHERAPY NR

Activity (Curies): Leak Test Results (uCi):

Problem with Source:

NR NR

Model Number: Serial Number: NR NR

Device Name:

REMOTE AFERLOADER LDR

Device/Associated Equipment Information:

MD2

Device #:

Device/Equipment REMOTE AFTERLOADER LDR

Model Number:

NR NR

Manufacturer:

NR

Serial Number: Problem with

Reporting Requirements:

MD2

Mode Reported:

Reporting

35.33(a)(2)-5F - (NO LONGER USED) WRITTEN RPT. <15 DAYS AFTER DISC. OF A BRACHY. RAD. DOSE WHEN THE CALC. ADMIN. DOSE DIFFERS FROM THE PRESC. DOSE BY MORE THAN 20% OF THE PRESC.

DOSE.

Keywords:

MD2

Keyword: BRACHY, REMOTE AFTERLOADER, LDR

Keyword: RECORD COMPLETE

Reference Documents:

Reference #: EN35404 PN399008

03/01/199 03/02/199

08/30/1999 08/30/1999

Entry Date: Update Date: Retraction Date: Coder Initials:

DCH DCH Description: **EVENT NOTIFICATION** PRELIMINARY NOTIFICATION

PN399008A 9904070223 04/21/199

08/30/1999

DCH

PRELIMINARY NOTIFICATION LICENSEE REPORT

07/07/199 08/30/1999 DCH

26

990127 09/10/2003

LTR990305

08/26/199 08/30/1999

DCH

LICENSEE REPORT

000369

Event Details

Abstract:

The licensee reported a misadministration involving a 640 cGy (rad) dose to an unintended treatment site during a manual brachytherapy procedure. The NRC determined that although the event was initiated by patient intervention, the event meets the technical definition of a misadministration based on the failure of the licensee staff to detect the movement of the implant in a timely manner. Approximately 8 hours passed before the movement of the implant was detected. The licensee will conduct inservice training for appropriate medical staff regarding the timely recognition of possible implant misplacement.

 Event Date
 Discovery Date
 Report Date

 08/20/1998
 06/04/1999

Licensee / Reporting Party Information:

Agreement State Regulated: NO Reciprocity: NONE

License No: 13-02752-03 Licensee: INDIANA UNIVERSITY MEDICAL CENTER

NRC Region Office: 3 City: INDIANAPOLIS County: MARION

Program Code: 02110 State: IN

Docket: 03001609

Site of Event:

Site Name: INDIANAPOLIS

State: IN

Additional Involved Party:

License No: NA County: MARION

Name: NA State: NA

Other Information:

NRC Reportable Event: Y Abnormal Occurrence: N
Agreement State Reportable Event: N
Atomic Energy Act Material: U NMED Record Complete: N
Consultant Hired: N Event Closed by Region/State:

Event Class:

MD2 - MEDICAL EVENT

Cause: SOURCE NOT PROMPTLY REMOVED AFTER BEING DISLODGED RESULTING IN A DOSE TO AN INCORRECT

TREATMENT SITE

Contributing Factors/Corrective Actions Information:

MD2

Factor #:

Contributing Factor:

PATIENT

Corrective Action: Pl

PERSONNEL RECEIVED ADDITIONAL TRAINING

Medical Event Information:

000369 09/10/2003

Patient Number: % Overexposed: 100 Patient Informed: % Underexposed: U NA Date Informed: Effect on Patient:

Given: Intended: BRACHY, MANUAL IMPLANT Procedure: NA Procedure: Dose in RAD: Dose in RAD: NA NR NA Organ: Organ: Study: NA Study: NA Radiopharm.: NA Radiopharm.: NA Radionuclide: NR Radionuclide: NA Millicuries: NR Millicuries: NA

Administered By: Family Dose (REM): Newborn Dose (REM): Fetal Dose (REM):

Demographics:

Person ID No: Description: NOT REPORTED 1

Source/Radioactive Material Information:

MD2

Radionuclide: NR Source # Source/Material: **SEALED SOURCE BRACHYTHERAPY** Activity (Curies): NR Manufacturer: Leak Test Results (uCi): NR NR Problem with Source:

Model Number: NR Serial Number. NR Device Name: NA

Reporting Requirements:

MD2

Mode Reported:

Reporting

35.33(a)(1)-5C - (NO LONGER USED) PHONE RPT. NO LATER THAN THE NEXT CAL. DAY AFTER DISC. OF A BRACHY, RAD. DOSE INVOLV. THE WRONG TREATMENT SITE (EXCLUDING FOR PERMANENT IMPLANTS SEEDS THAT WERE IMPLANTED IN THE CORRECT SITE BUT MIGRATED OUTSIDE THE TREATMENT SITE).

Keywords:

MD2

Keyword: BRACHY, MANUAL IMPLANT

Reference Documents:

Entry Date: Update Date: Retraction Date: Coder Initials: Description: Reference #: 06/05/2000 ML003701271 06/05/200 **RLS** INSPECTION REPORT

06/05/200 06/05/2000 **RLS NRC LETTER** ML003701271 ML003698803 06/05/200 06/05/2000 **RLS NRC LETTER**

981168 09/10/2003

Event Details

Abstract:

The licensee reported that a source was damaged during a molten steel spill. During casting operations, a steel spill occurred which dumped molten steel onto the casting floor. The steel penetrated the mold and jammed the shutter control of the Berthold gauge (model LB 300 ML) containing a 740 MBq (20 mCi) Co-60 source. The source was removed to a safe location and roped off. The service organization determined that the shutter was completely inoperable. The source was packaged and returned to the manufacturer, EG&G Berthold of Germany. There was no personnel exposure due to this incident.

> **Event Date Discovery Date** Report Date 08/01/1998 08/01/1998 12/02/1998

Licensee / Reporting Party Information:

Agreement State Regulated: Reciprocity:

NONE License No: 13-32086-01 Licensee: QUALITECH STEEL CORP.

NRC Region Office: 3 City: **PITTSBORO** County: **HENDRICKS**

Program Code: 03120 State: IN

Docket: 03034723

Site of Event:

PITTSBORO Site Name:

State: IN

Additional Involved Party:

License No: NA City: NA County: **HENDRICKS**

Name: NA State: NA

Other Information:

Abnormal Occurrence: N NRC Reportable Event: Agreement State Reportable Event: N Investigation: Atomic Energy Act Material: **NMED Record Complete:**

Consultant Hired: N Event Closed by Region/State:

Event Class:

EQP - EQUIPMENT

NOT REPORTED Cause:

Contributing Factors/Corrective Actions Information:

EQP

Factor #:

Contributing Factor: NOT REPORTED

Corrective Action: **EQUIPMENT RETURNED TO MANUFACTURER FOR REPAIR OR DISPOSAL**

Source/Radioactive Material Information:

EQP

Radionuclide: CO-60 Source #: Source/Material: **SEALED SOURCE GAUGE** Activity (Curies): 0.02 Manufacturer, Leak Test Results (uCi): NR NR Problem with Source:

Model Number: NR Serial Number: NR

GAUGE FIXED Device Name:

Device/Associated Equipment Information:

EQP

Model Number: **LB-300-ML** Device #: Device/Equipment GAUGE FIXED Serial Number: NR

Problem with Manufacturer: **BERTHOLD**

981168 09/10/2003

EQP

Device #:

Device/Equipment SHUTTER, GAUGE, OTHER

Model Number: Serial Number:

NR NR

Manufacturer:

NR

Problem with

Reporting Requirements:

EQP

Mode Reported:

Reporting

30.50(b)(2)(ii) - THE 24 HOUR REPORT OF AN EVENT WHERE REQUIRED EQUIPMENT IS DISABLED OR FAILS TO FUNCTION AS DESIGNED WHEN THE EQUIPMENT IS REQUIRED TO BE AVAILABLE AND OPERABLE WHEN IT IS DISABLED OR FAILS TO FUNCTION.

Keywords:

EQP

Keyword: GAUGE FIXED Keyword: RECORD COMPLETE Keyword: SEALED SOURCE GAUGE Keyword: SHUTTER, GAUGE

Reference Documents:

Reference #:

12/03/199 03/02/1999

Entry Date: Update Date: Retraction Date: Coder Initials:

Description:

EN35107 9812180083

01/20/199

03/02/1999

DCH DCH **EVENT NOTIFICATION** NOTICE OF VIOLATION

HENDRICKS

County:

PO-210

0.015

NR

971080 09/10/2003

Event Details

Abstract:

The licensee reported the loss of an NRD, Inc. anti-static gun, Model P-2051 AB, Serial #88520. The device contained a nominal 555 MBq (15 mCi) of Po-210 as of July 1994. On or about September 1997, the source was discovered missing. Interviews with employees and search efforts to recover the missing source proved unsuccessful. The licensee believes that the gun is missing due to inadvertant disposal in ordinary waste or stolen from the company by a terminated employee.

> **Event Date Discovery Date** Report Date 10/22/1997 10/22/1997 10/29/1997

> > NONE

Licensee / Reporting Party Information:

Agreement State Regulated:

License No: **GENERAL LICENS** Licensee: ADESA AUTO AUCTIONS NRC Region Office: 3 **PLAINFIELD** City:

Reciprocity:

Program Code: NR State: IN

Docket: NA

Site of Event:

Site Name: PLAINFIELD

State:

Additional Involved Party:

License No: NA City: NA HENDRICKS County:

Radionuclide:

Activity (Curies):

Leak Test Results (uCi):

Problem with Source:

Name: State: NA

Other Information:

NRC Reportable Event: Abnormal Occurrence: Ν Agreement State Reportable Event: N Investigation: N Ÿ Y Atomic Energy Act Material: NMED Record Complete: Consultant Hired: N Event Closed by Region/State:

Event Class:

LAS - LOST OR STOLEN **NOT REPORTED** Cause:

Contributing Factors/Corrective Actions Information:

LAS

Factor #: 1

Contributing Factor: NOT REPORTED Corrective Action: NOT REPORTED

Source/Radioactive Material Information:

LAS

Source #:

Source/Material: SEALED SOURCE IONIZING Manufacturer: NR

NR Model Number. Serial Number: NR

Device Name: STATIC ELIMINATOR

Device/Associated Equipment Information:

LAS

Device #: Model Number: P-2051 Device/Equipment STATIC ELIMINATOR Serial Number: 88520

NRD, INC. Problem with Manufacturer:

Reporting Requirements:

971080 09/10/2003

LAS

Mode Reported:

W

Т

Reporting

20.2201(b)(1) - THE 30 DAY WRITTEN REPORT FOLLOWING A 20.2201(a) TELEPHONE REPORT.

LAS

Mode Reported:

Reporting

20.2201(a)(1)(ii) - THE 30 DAY TELEPHONE REPORT OF ANY LOST, STOLEN, OR MISSING LICENSED MATERIAL IN A QUANTITY GREATER THAN 10 TIMES THE APPENDIX C QUANTITIES.

Keywords:

LAS

Keyword: RECORD COMPLETE Keyword: SEALED SOURCE IONIZING Keyword: STATIC ELIMINATOR

Reference Documents:

Reference #: Entry Date: Update Date: Retraction Date: Coder Initials: Description:

03/16/199

9711040090 9711280142 R3-971030

03/05/199 03/16/199

06/02/1998 06/02/1998 06/02/1998 DCH

LICENSEE REPORT NOTICE OF VIOLATION

DCH DCH

REGION REPORT

970867 09/10/2003

Event Details

Abstract:

The licensee reported that a Troxler moisture/density gauge was damaged by a vehicle. The gauge (model 3440) contained 1.48 GBq (40 mCi) of Am-Be and 0.3 GBq (8 mCi) of Cs-137. The incident occurred on I-70 in a coned off area. After completing measurements with the gauge, the gauge technician was in the process of preparing for the next test when an automobile crossed the coned area at a high rate of speed and ran over the gauge. The automobile did not stop after the gauge was run over. The housing unit was damaged. The sources appeared to remain intact and shielded within the device. The licensee will perform a leak test and then return the gauge to the manufacturer for disposal.

Event Date	Discovery Date	Report Date
08/27/1997	08/27/1997	09/03/1997

Licensee / Reporting Party Information:

Agreement State Regulated: NO Reciprocity: NONE

License No: 13-26341-01 Licensee: INDIANA DEPARTMENT OF TRANSPORTATION

NRC Region Office: **GREENFIELD** 3 City: County:

Program Code: 03121 State: ΙN Docket: 03032463

Site of Event:

Site Name: INDIANAPOLIS IN

Additional Involved Party:

License No: NA City: NA County: MARION State: NA

Name: NA

Other Information: NRC Reportable Event: Abnormal Occurrence: N Agreement State Reportable Event: Investigation: Ν Ν

Atomic Energy Act Material: NMED Record Complete: Consultant Hired: Ν Event Closed by Region/State:

Event Class:

State:

EQP - EQUIPMENT

Cause: **NOT REPORTED**

Contributing Factors/Corrective Actions Information:

EQP

Factor #:

Contributing Factor: NOT REPORTED

Corrective Action: EQUIPMENT RETURNED TO MANUFACTURER FOR REPAIR OR DISPOSAL

Source/Radioactive Material Information:

EQP

Source #: Radionuclide: AM-BE **SEALED SOURCE GAUGE** Source/Material: Activity (Curies): 0.04 Manufacturer: Leak Test Results (uCi): NR NR Problem with Source:

Model Number: NR Serial Number: NR

Device Name: **GAUGE PORTABLE**

970867 09/10/2003

EQP

Source #:

Source/Material:

SEALED SOURCE GAUGE

GAUGE PORTABLE

Radionuclide: Activity (Curies): CS-137

Manufacturer: Model Number:

Serial Number:

Device Name:

NR

NR

NR

0.008 NR

Leak Test Results (uCi): Problem with Source:

Device/Associated Equipment Information:

EQP

Device #:

Model Number:

3440

Device/Equipment GAUGE PORTABLE Manufacturer:

Serial Number:

NR

TROXLER

Problem with

Reporting Requirements:

EQP

Mode Reported:

Reporting

30.50(b)(2)(ii) - THE 24 HOUR REPORT OF AN EVENT WHERE REQUIRED EQUIPMENT IS DISABLED OR FAILS TO FUNCTION AS DESIGNED WHEN THE EQUIPMENT IS REQUIRED TO BE AVAILABLE AND

OPERABLE WHEN IT IS DISABLED OR FAILS TO FUNCTION.

Keywords:

EQP

Keyword: GAUGE PORTABLE Keyword: RECORD COMPLETE Keyword: SEALED SOURCE GAUGE

Reference Documents:

Reference #: Entry Date: Update Date: Retraction Date: Coder Initials: Description: MR3970091 03/03/1998 09/03/199 DCH MORNING REPORT 9709190071 11/19/199 03/03/1998 DCH NOTICE OF VIOLATION 11/24/199 03/03/1998 NOTICE OF VIOLATION 9710220295 DCH 9710080247 03/03/199 03/03/1998 DCH LICENSEE REPORT

970678 09/10/2003

Event Details

Abstract:

The licensee reported that an Amersham, Model 660-B radiography camera containing 3.07 TBq (83 Ci) of Ir-192 was damaged when a 1200 pound pressure tank rolled over the camera. At the time of the incident the source was in the shielded position. Damage was noted to the carrying handle and the end-plate of the camera. Radiation surveys of the camera indicate that the source and camera shielding were not compromised. The licensee was directed to place the device into a provided DOT 20 WC-5 shipping container and return it to Amersham for evaluation and repair.

Event Date	Discovery Date	Report Date
07/10/1997	07/10/1997	07/16/1997
Party Information:		

Licensee / Reporting Party Information:

Agreement State Regulated: NO Reciprocity: NONE

License No: 13-06147-04 Licensee: INDUSTRIAL NDT SERVICES DIVISION

NRC Region Office: 3 City: INDIANAPOLIS County: MARION Program Code: 03320 State: IN

Docket: 03012208

State: NR
Additional Involved Party:

License No: NA City: NA County:

Name: NA State: NA

Other Information:

Site of Event: Site Name:

NRC Reportable Event: Y Abnormal Occurrence: N
Agreement State Reportable Event: N
Atomic Energy Act Material: Y NMED Record Complete: Y
Consultant Hired: N Event Closed by Region/State:

Event Class:

EQP - EQUIPMENT

Cause: NOT REPORTED

Contributing Factors/Corrective Actions Information:

EQP

Factor#: 1

Contributing Factor: NOT REPORTED

Corrective Action: EQUIPMENT RETURNED TO MANUFACTURER FOR REPAIR OR DISPOSAL

Source/Radioactive Material Information:

EQP

Source #: 1 Radionuclide: IR-192
Source // Material: SEALED SOURCE RADIOGRAPHY Activity (Curies): 83
Manufacturer: NR Leak Test Results (uCi): NR

Model Number: NR Problem with Source:

Serial Number: NR
Device Name: CAMERA, RADIOGRAPHY

Device/Associated Equipment Information:

EQP

Device #: 1 Model Number: 660-B
Device/Equipment CAMERA, RADIOGRAPHY Serial Number: NR

Manufacturer: AMERSHAM Problem with

970678 09/10/2003

Reporting Requirements:

EQP

Mode Reported: T

Reporting

30.50(b)(2)(ii) - THE 24 HOUR REPORT OF AN EVENT WHERE REQUIRED EQUIPMENT IS DISABLED OR FAILS TO FUNCTION AS DESIGNED WHEN THE EQUIPMENT IS REQUIRED TO BE AVAILABLE AND OPERABLE WHEN IT IS DISABLED OR FAILS TO FUNCTION.

Keywords:

EQP

Keyword: CAMERA, RADIOGRAPHY Keyword: RECORD COMPLETE

Keyword: SEALED SOURCE RADIOGRAPHY

Reference Documents:

Reference #:

Entry Date: Update Date: Retraction Date: Coder Initials: Description:

MR3970079 9708060327 07/18/199 11/11/199

11/11/1997 11/11/1997

DCH DCH

MORNING REPORT LICENSEE REPORT

970423 09/10/2003

Event Details

Abstract:

The licensee reported a medical misadministration. A patient undergoing a high dose rate Ir-192 treatment received a dose which was less than the prescribed dose because the diameter of the ovoid containing the treatment source was not included in the treatment planning process. The prescribed dose was 500 cGy (500 rad) based on a distance of 0.5 cm from the surface of the ovid, and the actual dose was determined to be 80 cGy (80 rad). The prescribed dose was based on a distance of 0.5 cm from the source rather than from the surface of the ovoid containing the source. The source was 0.276 TBq (7.45 Ci) of Ir-192, and it travels in the center line of a cylindrical ovid which has a radius of 1.25 cm. This event is under continuing NRC review to determine if it should be categorized as a misadministration. The NRC has determined that the event was not a misadministration because the physician authorized user reviewed and approved the treatment plan that was implemented.

Event Date	1	Discovery Date	Report Date
05/05/1997		05/12/1997	05/12/1997
Licensee / Reporting Party Informatio Agreement State Regulated: NC License No: 13-06009-01 NRC Region Office: 3 Program Code: 02230 Docket: 03001625		NONE COMMUNITY HOSPITALS O INDIANAPOLIS IN	F INDIANA County: MARION
Site of Event: Site Name: INDIANAPOLIS State: IN			
Additional Involved Party:			
License No: NA Name: NA		City: NA State: NA	County: MARION
Other Information:			
NRC Reportable Event: Agreement State Reportable Event: Atomic Energy Act Material: Consultant Hired:	N N Y N	Abnormal Occurrence: Investigation: NMED Record Complete: Event Closed by Region/State:	N Y Y
Event Class: MD2 - MEDICAL EVENT Cause: INATTENTION TO DETA	IL		
Contributing Factors/Corrective Action	ns Information:		

Medical Event Information:

PLANNING DEFICIENCY

NOT REPORTED

Contributing Factor:

Corrective Action:

MD2 Factor #:

970423 09/10/2003

Patient Number: Patient Informed: Date Informed:	1 N	% Overexposed: % Underexposed: Effect on Patient:	NA 84			
Given: Procedure: Dose in RAD: Organ: Study: Radiopharm.: Radionuclide: Millicuries:	BRACHY, REMOTE AFTER 80 NR NA NA IR-192 NA	RLOADER,	Organ Study: Radior	dure: n RAD; : pharm.; nuclide:	BRACHY, RI 500 NR NA NA IR-192 NA	EMOTE AFTERLOADER,
Administered By: NR	Family Dose (REM): NA	Newborn Dose (RI	EM):	Fetal Dose	(REM):	
	Description: NOT REPORTED					
MD2 Source #; Source/Material; Manufacturer: Model Number; Serial Number; Device Name;	Material Information: 1 SEALED SOURCE BRAC NR NR NR NR REMOTE AFTERLOADE		Ļ	Radionuclide: Activity (Curie Leak Test Res Problem with	es): sults (uCi):	IR-192 7.45 NR
MD2	Equipment Information:					

Model Number:

Serial Number:

Problem with

NR

NR

Keywords: MD2

Device #:

Manufacturer:

Keyword: BRACHY, REMOTE AFTERLOADER, HDR Keyword: RECORD COMPLETE

Device/Equipment REMOTE AFTERLOADER HDR

NR

Reference Documents:

Reference #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
EN32315	05/13/199	11/13/1997		DCH	EVENT NOTIFICATION
PN397044	05/16/199	11/13/1997		DCH	PRELIMINARY NOTIFICATION
9705150267	07/08/199	11/13/1997		DCH	PRELIMINARY NOTIFICATION
9706260251	08/26/199	11/13/1997		DCH	LICENSEE REPORT
9706260248	08/26/199	11/13/1997		DCH	LICENSEE REPORT
R3-970623	08/28/199	11/13/1997		DCH	REGION REPORT
9708140111	11/12/199	11/13/1997	01/01/1901	DCH	INSPECTION REPORT
9709030236	11/13/199	11/13/1997		DCH	NRC LETTER

970899 09/10/2003

Event Details

Abstract:

During an inspection it was noted that a licensee gauge user transported a gauge to a job site without shipping papers in his possession. The gauge user apparently lost the shipping papers assigned to the gauge that he was using. This individual was immediately reprimanded and reinstructed concerning the requirement.

	Event Date 03/19/1997	Di	scovery Date 03/19/1997	Report Date 03/19/1997	
Licensee / Reporting Party Information: Agreement State Regulated: NO License No: 13-19983-01 NRC Region Office: 3 Program Code: 03121 Docket: 03019629		Reciprocity: Licensee: City: State:	NONE INDIANAPOLIS, CITY OF INDIANAPOLIS IN	County: MARION	
Site of Event: Site Name: INDIA State: IN	NAPOLIS				
Additional Involved F License No: NA Name: NA	Party:		City: NA State: NA	County: MARION	
Other Information: NRC Reportable Ev	ent: N	!	Abnormal Occurrence:	N	

Investigation:

NMED Record Complete:

Event Closed by Region/State:

Consultant Hired: **Event Class:**

TRS - TRANSPORTATION

Atomic Energy Act Material:

Agreement State Reportable Event:

Cause: PROCEDURE NOT FOLLOWED

Contributing Factors/Corrective Actions Information:

TRS

Factor #:

Contributing Factor:

IMPROPERLY FOLLOWED PROCEDURES

N

Ν

Corrective Action: PERSONNEL REPRIMANDED

Source/Radioactive Material Information:

TRS

Source #:

Source/Material:

SEALED SOURCE GAUGE

Radionuclide:

NR NR

Manufacturer: Model Number: NR

Activity (Curies): Leak Test Results (uCi): Problem with Source:

NR

Serial Number:

NR NR

Device Name:

GAUGE PORTABLE

Device/Associated Equipment Information:

TRS

Device #:

Device/Equipment GAUGE PORTABLE

Model Number: Serial Number:

NR NR

Ν

Manufacturer:

Problem with

Keywords:

TRS

970899

09/10/2003

Keyword: GAUGE PORTABLE Keyword: RECORD COMPLETE Keyword: SEALED SOURCE GAUGE

Reference Documents:
Reference #:

9707100224

Entry Date: Update Date: Retraction Date: Coder Initials: Description: 09/12/199 09/12/1997 DCH LICENSEE REPORT

010005 09/10/2003

Event Details

Abstract:

During a special NRC inspection to determine the disposition of three moisture/density gauges, the gauges were found in the home of one of the officers of the licensee. On 6/12/1995, the licensee's NRC license was terminated and a Confirmatory Order was issued to the licensee's officers prohibiting them from engaging in licensed activities for five years beginning 6/2/1995. In 1998, during a review of retired licenses, the NRC determined that the licensee's license contained inadequate documentation regarding the disposition of three moisture/density gauges containing Cs-137 and Am-Be sources. The NRC determined that one of the gauges was sold to a company that was licensed to possess the gauge. Due to uncertainty in the whereabouts of the other two gauges, the NRC conducted a special inspection on 1/5/1999 and found the gauges in the home of one of the licensee officers. The NRC determined that the licensee officer had possession of the gauges from 1/15/1997 to 5/14/1997 and from 6/16/1997 to 1/7/1999 without a valid license and contrary to the Confirmatory Order. The NRC verified that the gauges were transferred to a licensee authorized to possess the gauges on 1/8/1999. The NRC determined that the licensee officers deliberately possessed licensed material in violation of NRC requirements and the Confirmatory Order. In addition, the NRC determined that inaccurate information was deliberately provided to NRC staff regarding the location of the gauges. Another Confirmatory Order was issued on 11/28/2000 prohibiting the licensee officers from engaging in licensed activities for five years.

Event Date Discovery Date Report Date 01/15/1997 01/05/1999 01/05/1999 Licensee / Reporting Party Information: Agreement State Regulated: Reciprocity: NONE License No: 13-24866-02 Licensee: MIDWEST TESTING, INC. NRC Region Office: 3 City: **INDIANAPOLIS** MARION County: Program Code: 03121 State: 03032827 Docket: Site of Event: Site Name: **INDIANAPOLIS** State: IN Additional Involved Party: License No: NON-LICENSEE NR City: County: MARION PRIVATE INDIVIDUAL State: NR Other Information: NRC Reportable Event: Abnormal Occurrence: Agreement State Reportable Event: Υ Investigation: Y Atomic Energy Act Material: NMED Record Complete: Consultant Hired: N Event Closed by Region/State: **Event Class:** LAS - LOST OR STOLEN INTENTIONAL VIOLATION Cause: **Contributing Factors/Corrective Actions Information:** LAS Factor #:

Source/Radioactive Material Information:

NOT REPORTED

SEALED SOURCE GAUGE

NO CORRECTIVE ACTION TAKEN

LAS

Source #:

Contributing Factor:

Corrective Action:

Source/Material:

Manufacturer:

Model Number: NR Serial Number: NR

GAUGE PORTABLE Device Name:

Radionuclide: Activity (Curies):

CS-137 NR

NR

Leak Test Results (uCi):

Problem with Source:

010005 09/10/2003

LAS

Source #: Source/Material: Manufacturer:

2

NR

SEALED SOURCE GAUGE

Radionuclide: Activity (Curies): Leak Test Results (uCi):

Problem with Source:

AM-BE NR NR

Model Number: NR Serial Number: NR

Device Name:

GAUGE PORTABLE

LAS

Source #:

Source/Material:

SEALED SOURCE GAUGE

Manufacturer: NR Model Number: NR Serial Number: NR

Device Name:

GAUGE PORTABLE

LAS

Source #:

Source/Material: Manufacturer:

SEALED SOURCE GAUGE

NR Model Number: NR NR

Serial Number:

Device Name: **GAUGE PORTABLE**

Radionuclide:

Activity (Curies): Leak Test Results (uCi):

NR NR

CS-137

Problem with Source:

Radionuclide:

AM-BE Activity (Curies): NR Leak Test Results (uCi): NR

Problem with Source:

Device/Associated Equipment Information:

LAS

Device #:

Device/Equipment GAUGE PORTABLE Manufacturer: NR

Model Number: Serial Number:

NR NR

Problem with

LAS

Device #:

Device/Equipment GAUGE PORTABLE

Model Number: Serial Number:

NR NR

Problem with

Reporting Requirements:

LAS

Mode Reported:

Reporting

20.2201(b)(1) - THE 30 DAY WRITTEN REPORT FOLLOWING A 20.2201(a) TELEPHONE REPORT.

LAS

Mode Reported:

Manufacturer:

Reporting

20.2201(a)(1)(i) - THE IMMEDIATE TELEPHONE REPORT OF ANY LOST, STOLEN, OR MISSING LICENSED MATERIAL IN A QUANTITY GREATER THAN OR EQUAL TO 1,000 TIMES THE APPENDIX C QUANTITIES

THAT COULD CAUSE AN EXPOSURE TO PERSONS IN UNRESTRICTED AREAS.

Keywords:

LAS

Keyword: GAUGE PORTABLE Keyword: RECORD COMPLETE Keyword: SEALED SOURCE GAUGE

T

Reference Documents:

Reference #: ML003772241

01/03/200

01/16/2001

Entry Date: Update Date: Retraction Date:

Coder Initials: RLS

Description: NOTIFICATION OF SIGNIFICANT

ENFORCEMENT ACTION

ML003772230 ML003772230 01/03/200 01/03/200 01/16/2001 01/16/2001

RLS RLS OTHER NRC LETTER

AM-BE

960492 09/10/2003

Event Details

Abstract:

The licensee reported the loss of a moisture/density gauge. A Troxler, model 3400 moisture/density gauge containing 1.48 GBq (40 mCi) of Am-Be and 0.30 GBq (8 mCi) was stolen. The licensee reported that the gauge, within its transport case, was chained and locked to the open bed of a truck with the transport case and source locked. There was evidence that the chain securing the gauge transport case had been cut. The vehicle was parked in front of the residence of one of the licensee's employees at the time of the theft. The gauge was stolen some time during the night or early morning before 6:20 a.m. when the user was preparing to go to work.

Event Date	Discovery Date	Report Date
08/29/1996	08/29/1996	08/29/1996

Licensee / Reporting Party Information:

Agreement State Regulated: NO Reciprocity:

NONE 13-18685-01 License No: Licensee: ALT & WITZIG ENGINEERING, INC.

NRC Region Office: City: **INDIANAPOLIS** County: **MARION** Program Code: IN 03121 State:

Docket: 03014041 Site of Event:

Site Name: INDIANAPOLIS

State: IN

Additional Involved Party:

License No: NA City: NA County: MARION

NA Name: State: NA

Other Information:

NRC Reportable Event: Abnormal Occurrence: N Agreement State Reportable Event: Investigation: NMED Record Complete: Atomic Energy Act Material: Event Closed by Region/State: Consultant Hired: N

Event Class:

LAS - LOST OR STOLEN

Cause: STOLEN LICENSED MATERIAL, SECURITY MEASURES DEFEATED

Contributing Factors/Corrective Actions Information:

LAS

Factor #:

LOSS OF ADMINISTRATIVE CONTROL Contributing Factor:

Corrective Action: NOT REPORTED

Source/Radioactive Material Information:

LAS

Radionuclide: Source #: Source/Material: **SEALED SOURCE GAUGE** Activity (Curies):

0.04 Manufacturer: NR Leak Test Results (uCi): NR Model Number: NR Problem with Source: Serial Number:

GAUGE PORTABLE Device Name:

960492 09/10/2003

LAS

Source #: Source/Material:

SEALED SOURCE GAUGE

Radionuclide:

CS-137

Manufacturer:

NR NR Activity (Curies): Leak Test Results (uCi): Problem with Source:

0.008 NR

Model Number: Serial Number: Device Name:

NR

GAUGE PORTABLE

Device/Associated Equipment Information:

LAS

Device #:

Model Number:

3400

Device/Equipment GAUGE PORTABLE

Serial Number:

NR

Manufacturer:

TROXLER

Problem with

Reporting Requirements:

LAS

Mode Reported:

Reporting

20.2201(b)(1) - THE 30 DAY WRITTEN REPORT FOLLOWING A 20.2201(a) TELEPHONE REPORT.

LAS

Mode Reported: T

Reporting

20.2201(a)(1)(i) - THE IMMEDIATE TELEPHONE REPORT OF ANY LOST, STOLEN, OR MISSING LICENSED

MATERIAL IN A QUANTITY GREATER THAN OR EQUAL TO 1,000 TIMES THE APPENDIX C QUANTITIES

THAT COULD CAUSE AN EXPOSURE TO PERSONS IN UNRESTRICTED AREAS.

Keywords:

LAS

Keyword: RECORD COMPLETE Keyword: SEALED SOURCE GAUGE Keyword: SEALED SOURCE GAUGE

Reference Documents:

Reference #: PN396056

09/04/199 12/10/1996

12/10/1996

Entry Date: Update Date: Retraction Date: Coder Initials: Description:

DCH PRELIMINARY NOTIFICATION DCH PRELIMINARY NOTIFICATION

9609030121 9611010295 10/29/199 12/10/199

12/10/1996

DCH

LICENSEE REPORT

Abstract:

The licensee reported the loss of a moisture/density gauge. A Campbell Pacific, model MC1-DR nuclear moisture/density gauge containing 1.85 GBq (50 mCi) of Am/Be and 0.37 GBq (10 mCi) of Cs-137 was stolen from the back of a pick-up truck. The source was locked in the retracted position, and the gauge was chained to the bed of the truck. The theft has been reported to local police, and the licensee will issue a press release.

> **Event Date** 08/29/1996

Discovery Date 08/29/1996

Report Date 08/29/1996

Licensee / Reporting Party Information:

Agreement State Regulated: License No:

NRC Region Office:

NO 13-18685-01

Reciprocity:

State:

NONE

Licensee: City:

ALT & WITZIG ENGINEERING, INC.

INDIANAPOLIS IN

County:

MARION

Program Code: Docket:

03121 03014041

Site of Event:

Site Name: **INDIANAPOLIS**

State:

IN

Additional Involved Party:

License No: NA Name:

NA

City: State: NA

County: MARION

NA

AM-BE

CS-137

0.01

NR

NCI-DR

NR

0.05

NR

960491 09/10/2003

Other Information:

NRC Reportable Event: Abnormal Occurrence: N Agreement State Reportable Event: Investigation: N Atomic Energy Act Material: NMED Record Complete: Consultant Hired: Ν Event Closed by Region/State:

Event Class:

LAS - LOST OR STOLEN

STOLEN LICENSED MATERIAL, SECURITY MEASURES DEFEATED Cause:

Contributing Factors/Corrective Actions Information:

LAS

Factor #:

LOSS OF ADMINISTRATIVE CONTROL Contributing Factor:

Corrective Action: **NOT REPORTED**

Source/Radioactive Material Information:

LAS

Source #:

Source/Material: **SEALED SOURCE GAUGE** Manufacturer:

NR

Model Number:

NR NR

Serial Number:

Device Name:

GAUGE PORTABLE

LAS

Source #:

Source/Material:

Manufacturer:

Model Number:

Serial Number:

Device Name:

SEALED SOURCE GAUGE

NR

NR NR

GAUGE PORTABLE

Device/Associated Equipment Information: 1

LAS

Device #:

Device/Equipment GAUGE PORTABLE Manufacturer:

BOART LONGYEAR CO.

Model Number: Serial Number:

Radionuclide:

Radionuclide:

Activity (Curies):

Activity (Curies):

Leak Test Results (uCi):

Leak Test Results (uCi):

Problem with Source:

Problem with Source:

Problem with

Reporting Requirements:

LAS

Mode Reported:

Reporting

20.2201(b)(1) - THE 30 DAY WRITTEN REPORT FOLLOWING A 20.2201(a) TELEPHONE REPORT.

LAS Mode Reported: T

Reporting

20.2201(a)(1)(i) - THE IMMEDIATE TELEPHONE REPORT OF ANY LOST, STOLEN, OR MISSING LICENSED MATERIAL IN A QUANTITY GREATER THAN OR EQUAL TO 1,000 TIMES THE APPENDIX C QUANTITIES THAT COULD CAUSE AN EXPOSURE TO PERSONS IN UNRESTRICTED AREAS.

Keywords:

Keyword: RECORD COMPLETE Keyword: SEALED SOURCE GAUGE Keyword: SEALED SOURCE GAUGE

Reference Documents:

Reference #: EN30936

09/04/199 03/14/2000

Entry Date: Update Date: Retraction Date: Coder Initials:

DCH

EVENT NOTIFICATION

960491 09/10/2003

LTR960913

;

11/12/199

03/14/2000

DCH

LICENSEE REPORT

47

970067 09/10/2003

Event Details

Abstract:

The licensee reported a radiography incident resulting in low dose exposures. The radiographers, contracted from NDT Services, Incorporated, failed to crank the source back into the camera and conduct a lockout survey prior to setting up the next exposure. One employee received 2.565 cSv (2.565 rem) and the second radiographer received 0.280 cSv (0.280 rem). The camera was manufactured by Amersham corp. Model 660-B. The source contained 2.294 TBq (62.0 Ci) of Ir-192 (serial #A8846).

Event Date 08/20/1996		:	Discovery Date 08/20/1996			Report Date 08/26/1996	
		}					
		NO R	eciprocity: censee: ity: tate:	NRCAS NDT SE INDIANA IN	RVICES, INC APOLIS	County:	MARION
Site of Event: Site Name: State:	DANVILLE IL						
Additional Invo License No: Name:	-	ERS		City: State:	DANVILLE IL	Cour	nty: HENDRICKS
Other Informat	ion:						
NRC Reportable Event: Agreement State Reportable Event: Atomic Energy Act Material: Consultant Hired:		nt: Y Y N		Abnormal Occurrence: Investigation: NMED Record Complete: Event Closed by Region/State:		N N Y	
Event Class: EXP - OVERI Cause:		CT LOCKOUT	r survey of	THE CAME	RA AFTER THE SO	URCE WAS RI	ETRACTED
Contributing F EXP Factor #: Contributing I Corrective Ac		PORTED	mation:				
Overexposure Person ID Number:	Information: Radiation Exposu	re Source:		osure e (REM):	Type of Dose:	Effect of I	Exposure:
1	SEALED SOURCE RADIOGRAPHY	Ε	2.56		WHOLE BODY, OCCUPATIONAL		
2	SEALED SOURCE RADIOGRAPHY		0.29		WHOLE BODY, OCCUPATIONAL		
Demographics	: Beerletter						

Source/Radioactive Material Information:

MALE

Description: MALE

Person ID No:

1 ·

IR-192

62

NR

970067 09/10/2003

EXP

Source #:

Source/Material: SEALED SOURCE RADIOGRAPHY

NR

Manufacturer: Model Number: NR Serial Number: A8846

Device Name: CAMERA, RADIOGRAPHY

Device/Associated Equipment Information:

EXP

Device #:

Device/Equipment CAMERA, RADIOGRAPHY **AMERSHAM** Manufacturer:

Model Number: Serial Number:

660-B B1022

Problem with

Radionuclide:

Activity (Curies):

Leak Test Results (uCi):

Problem with Source:

Keywords:

EXP

Keyword: RECORD COMPLETE

Keyword: SEALED SOURCE RADIOGRAPHY

Keyword: WHOLE BODY

Reference Documents:

Reference #: 9612060233

01/27/199 01/10/2001

Entry Date: Update Date: Retraction Date: Coder Initials:

DCH

Description:

LICENSEE REPORT

960478 09/10/2003

Event Details

Abstract:

The medical licensee reported a brachytherapy misadministration where a patient was to receive 500 cGy (rad) for an esophageal tumor. A 208.68 GBq (5.64 Ci) Ir-192 source was inserted inside a catheter into a female patient's esophagus through her mouth during a high dose rate brachytherapy cancer treatment. The source was inserted 2.7 cm below the tumor volume. The licensee stated that there were no adverse medical effects on the patient. The patient's physician notified the patient of this misadministration. This event was caused by a treatment planning error. The licensee intends to revise their procedures to prevent recurrence of this event.

	Event Date 08/16/1996		Discovery Date 08/16/1996	Report Date 08/16/1996
•	13-06009-01 Office: 3	lon: IO Reciprocit Licensee: City: State:	•	OF INDIANA County: MARION
Site of Event: Site Name: State:	INDIANAPOLIS IN			
Additional Invo License No: Name:	olved Party: NA NA		City: NA State: NA	County: MARION
Other Information	tion:			
	itate Reportable Event: gy Act Material:	Y N Y N	Abnormal Occurrence: Investigation: NMED Record Complete: Event Closed by Region/State:	Y Y Y
Event Class: MD2 - MEDIC Cause:	CAL EVENT NCORRECT DATA US	ED IN THERAPY [DOSE PLANNING	
Contributing F MD2 Factor #: Contributing	actors/Corrective Ac 1 Factor: PLANNING	ions information:		

Medical Event Information:

2

PROCEDURE MODIFIED

NOT REPORTED

INADEQUATE PROCEDURES

Corrective Action:

Contributing Factor:

Corrective Action:

MD2 Factor #:

960478 09/10/2003

Patient Number: Patient Informed: % Overexposed: % Underexposed: 100 NA

Date Informed:

08/16/1996

Effect on Patient:

Given:

Procedure:

BRACHY, REMOTE AFTERLOADER,

Intended: Procedure: Dose in RAD:

BRACHY, REMOTE AFTERLOADER,

Dose in RAD: Organ:

ESOPHAGUS

Organ:

Study:

NA NA IR-192

Study: Radiopharm.: **ESOPHAGUS** NA

Radiopharm.: Radionuclide: Millicuries: NA

Radionuclide: Millicuries:

NA IR-192 NA

Administered By:

Family Dose (REM):

Newborn Dose (REM):

Fetal Dose (REM):

Demographics:

Person ID No: 1

Description: **FEMALE**

Source/Radioactive Material Information:

MD2

Source #:

Radionuclide:

IR-192

Source/Material: Manufacturer:

Device Name:

SEALED SOURCE BRACHYTHERAPY NR

Activity (Curies): Leak Test Results (uCi): Problem with Source:

5.64 NR

Model Number: Serial Number:

NR

NR

REMOTE AFTERLOADER HDR

Device/Associated Equipment Information:

MD2

Device #:

Model Number:

NR NR

Device/Equipment REMOTE AFTERLOADER HDR Manufacturer:

Serial Number: Problem with

Reporting Requirements:

MD2

Mode Reported:

Reporting

35.33(a)(1)-5C - (NO LONGER USED) PHONE RPT. NO LATER THAN THE NEXT CAL. DAY AFTER DISC. OF A BRACHY. RAD. DOSE INVOLV. THE WRONG TREATMENT SITE (EXCLUDING FOR PERMANENT IMPLANTS SEEDS THAT WERE IMPLANTED IN THE CORRECT SITE BUT MIGRATED OUTSIDE THE TREATMENT

SITE).

Keywords:

MD2

Keyword: BRACHY, REMOTE AFTERLOADER, HDR

Keyword: RECORD COMPLETE

Reference Documents:

Reference #: Entry Date: Update Date: Retraction Date: Coder Initials: Description: PN396050 09/04/199 12/09/1997 PRELIMINARY NOTIFICATION DCH IR960001 10/24/199 12/09/1997 DCH LICENSEE REPORT 9608260265 10/28/199 12/09/1997 DCH **NRC LETTER** 9609300111 11/12/199 12/09/1997 DCH LICENSEE REPORT 9608190303 12/10/199 12/09/1997 DCH PRELIMINARY NOTIFICATION 9611060023 03/14/199 12/09/1997 DCH INSPECTION REPORT 9612160037 04/02/199 12/09/1997 DCH NOTICE OF VIOLATION 05/06/199 12/09/1997 DCH ABNORMAL OCCURRENCE NUMBER 96-8 EN30881 05/06/199 12/09/1997 DCH **EVENT NOTIFICATION**

MARION

960538 09/10/2003

Event Details

Abstract:

;

Federal Express reported the loss of radioactive material due to a transportation event. A package containing a shipment of P-32 was struck by a package cart causing considerable damage. The package was discovered empty after being struck. A search of the area did not locate the material. Quantity of P-32 released was 26.7 MBq (721 uCi).

NONE

FEDERAL EXPRESS

INDIANAPOLIS

Event Date Discovery Date Report Date 08/02/1996 08/02/1996 08/02/1996

Licensee / Reporting Party Information:

Agreement State Regulated:

NON-LICENSEE License No: NRC Region Office: 3

Program Code: NA Docket: NA

Site of Event:

Site Name: INDIANAPOLIS

State:

Additional Involved Party:

License No: NR

Name: **AMERSHAM** City: State:

ARLINGTON HEIGHTS 1L

County:

County:

MARION

Other Information:

NRC Reportable Event: Abnormal Occurrence: N Agreement State Reportable Event: Investigation: N Υ NMED Record Complete: Atomic Energy Act Material: Consultant Hired: N Event Closed by Region/State:

Reciprocity:

Licensee:

City:

State:

Event Class:

LAS - LOST OR STOLEN

Cause: **FAILURE TO PROPERLY SECURE PACKAGE**

TRS-TRANSPORTATION

EQUIPMENT DAMAGE DUE TO VEHICLE ACCIDENT Cause:

Contributing Factors/Corrective Actions Information:

LAS

Factor #:

Contributing Factor. Corrective Action:

NOT REPORTED NOT REPORTED

TRS

Factor #:

Contributing Factor: Corrective Action:

NOT REPORTED **NOT REPORTED**

Source/Radioactive Material Information:

1

LAS

Source #:

Source/Material:

UNSEALED SOURCE RADIOPHARM

Manufacturer: **AMERSHAM** Model Number: NR

Serial Number: Device Name:

CONTAINER, SHIPPING

Radionuclide: Activity (Curies): Leak Test Results (uCi):

P-32 0.00072 NA

Problem with Source:

960538 09/10/2003

TRS

Source #: Source/Material: Manufacturer:

Device Name:

UNSEALED SOURCE RADIOPHARM

Radionuclide: Activity (Curies): Leak Test Results (uCi):

Problem with Source:

P-32 0.00072 NA

Model Number: Serial Number:

NR

NR

CONTAINER, SHIPPING

Device/Associated Equipment Information:

LAS

TRS Device #:

Device #:

Device/Equipment CONTAINER, SHIPPING Manufacturer:

NR

AMERSHAM

Model Number: Serial Number: Problem with

NR NR

Model Number:

NR NR

Manufacturer:

NR

Device/Equipment CONTAINER, SHIPPING

Problem with

Serial Number:

Reporting Requirements:

LAS

Mode Reported:

Reporting LAS

20.2201(b)(1) - THE 30 DAY WRITTEN REPORT FOLLOWING A 20.2201(a) TELEPHONE REPORT.

Mode Reported: T

Reporting

20.2201(a)(1)(ii) - THE 30 DAY TELEPHONE REPORT OF ANY LOST, STOLEN, OR MISSING LICENSED

MATERIAL IN A QUANTITY GREATER THAN 10 TIMES THE APPENDIX C QUANTITIES.

TRS

Mode Reported:

Reporting

71.5 - TRANSPORTATION OF LICENSED MATERIAL

Keywords:

LAS

Keyword: CONTAINER, SHIPPING Keyword: RECORD COMPLETE

Keyword: UNSEALED SOURCE RADIOPHARM

Keyword: CONTAINER, SHIPPING Keyword: RECORD COMPLETE

Keyword: UNSEALED SOURCE RADIOPHARM

Reference Documents:

Reference #: EN30823 9608070305

PN396047

09/19/199

10/30/1998

Entry Date: Update Date: Retraction Date: Coder Initials:

DCH

Description: **EVENT NOTIFICATION**

12/12/199 10/30/1998 12/12/199 10/30/1998 DCH DCH PRELIMINARY NOTIFICATION PRELIMINARY NOTIFICATION

960481 09/10/2003

Event Details

Model Number:

Serial Number:

Device Name:

Reporting Requirements:

NR

NR

NA

Abstract:

The licensee reported the toss of 18.5-22.2 MBq (500-600 uCi) of P-32. A custodian inadvertently disposed of the radioactive material. When the error was discovered on the evening of the same day, the licensee notified the waste hauler and the incineration facility that the trash contained radioactive waste but that the amount of P-32 did not represent a public health hazard. The waste hauler and incineration facility responded that if the facility's radiation detectors did not alarm when the trash passed it, the trash would no be segregated and returned to the licensee. No alarm was triggered and the trash containing P-32 was incinerated.

	Event Date 07/29/1996	t	Discovery Date 07/29/1996	•	ort Date 21/1996	
Licensee / Reporting Agreement State Re License No: NRC Region Office: Program Code: Docket:	gulated: NO 13-00694-03	Reciprocity: Licensee: City: State:	NONE V.A. MEDICAL CENTER INDIANAPOLIS IN	Coun	ty: MA	RION
Site of Event:						
Site Name: INDIA State: IN	NAPOLIS					
Additional Involved P	arty:					
License No: NA Name: NA	-		City: NA State: NA		County:	MARION
Other Information:						
NRC Reportable Eve Agreement State Re Atomic Energy Act M Consultant Hired:	portable Event:	Y N Y N	Abnormal Occurrence: Investigation: NMED Record Complete: Event Closed by Region/State:	N N Y		
Event Class: LAS - LOST OR STO Cause: INATTE	DLEN NTION TO DETAIL					
Contributing Factor: Corrective Action: LAS	Corrective Actions NOT REPORTE NOT REPORTE NOT REPORTE NOT REPORTE NOT REPORTE	:D :D				
Source/Radioactive N	faterial Information	n:				
LAS Source #: Source/Material: Manufacturer:	1 UNSEALED SOU	RCE RADIOPHAR	Radionuclide: M Activity (Curies): Leak Test Results	(uCi):	P-32 0.0006 NA	

Problem with Source:

960481 09/10/2003

LAS

Mode Reported:

W

Reporting

20.2201(b)(1) - THE 30 DAY WRITTEN REPORT FOLLOWING A 20.2201(a) TELEPHONE REPORT.

LAS

Mode Reported: T

Reporting

20.2201(a)(1)(ii) - THE 30 DAY TELEPHONE REPORT OF ANY LOST, STOLEN, OR MISSING LICENSED MATERIAL IN A QUANTITY GREATER THAN 10 TIMES THE APPENDIX C QUANTITIES.

Keywords:

LAS

Keyword: RECORD COMPLETE

Keyword: UNSEALED SOURCE RADIOPHARM

Reference Documents:

Reference #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
PN396052	09/04/199	12/10/1996		DCH	PRELIMINARY NOTIFICATION
EN30906	09/04/199	12/10/1996		DCH	EVENT NOTIFICATION
LTR960913	11/12/199	12/10/1996		DCH	LICENSEE REPORT
9611010309	12/09/199	12/10/1996		DCH	LICENSEE REPORT
9608230188	12/10/199	12/10/1996		DCH	PRELIMINARY NOTIFICATION
9611260079	03/14/199	03/14/1997		DCH	NOTICE OF VIOLATION
9701140090	05/14/199	05/14/1997		DCH	NOTICE OF VIOLATION
9612170320	05/14/199	05/14/1997		DCH	LICENSEE REPORT

Event Details

A licensee reported the theft of a Troxler portable gauge containing licensed material. The licensee reported that moisture/density gauge was stolen from the back of a parked licensee vehicle. The truck's camper top had been broken into and the chain securing the gauge to the truck bed was cut. The gauge contained 370 MBq (10 mCi) Cs-137 and 1.48 GBq (40 mCi) Am-241;Be. The gauge was stored in its locked configuration. The gauge was recovered on June 28, 1996 by the police.

Event Date	Discovery Date	Report Date
06/25/1996	06/25/1996	06/26/1996

Licensee / Reporting Party Information:

Agreement State Regulated: Reciprocity: NONE

13-18685-01 License No: Licensee: ALT & WITZIG ENGINEERING, INC.

NRC Region Office: 3 City: INDIANAPOLIS County: MARION IN

Program Code: 03121 State: 03014041 Docket:

Site of Event:

Site Name: **BEECH GROOVE**

State:

Additional Involved Party:

License No: NA City: NA County: MARION

Name: NA State: NA

Other Information:

NRC Reportable Event: Abnormal Occurrence: Ν Agreement State Reportable Event: Investigation: Atomic Energy Act Material: Y NMED Record Complete: Consultant Hired: N Event Closed by Region/State:

Event Class:

LAS - LOST OR STOLEN

Cause: STOLEN LICENSED MATERIAL, SECURITY MEASURES DEFEATED

Source/Radioactive Material Information:

LAS

Source # Radionuclide: CS-137 Source/Material: **SEALED SOURCE GAUGE** Activity (Curies): 0.008 NR

Manufacturer: **TROXLER** Leak Test Results (uCi): Model Number: 102112 Problem with Source:

Serial Number: 75-6346 **GAUGE PORTABLE**

Device Name:

LAS

Source #:

Radionuclide: AM-BE Source/Material: **SEALED SOURCE GAUGE** Activity (Curies): 0.04 Manufacturer: **TROXLER** Leak Test Results (uCi): NR

Problem with Source:

Model Number: 102451 47-20387 Serial Number:

Device Name: **GAUGE PORTABLE**

Device/Associated Equipment Information:

LAS

Device #: Model Number: 3430 Device/Equipment GAUGE PORTABLE Serial Number: 24321

Manufacturer: TROXLER Problem with

960299 09/10/2003

Reporting Requirements:

LAS

Mode Reported:

Reporting

20.2201(b)(1) - THE 30 DAY WRITTEN REPORT FOLLOWING A 20.2201(a) TELEPHONE REPORT.

LAS

Mode Reported: Т

Reporting

20.2201(a)(1)(i) - THE IMMEDIATE TELEPHONE REPORT OF ANY LOST, STOLEN, OR MISSING LICENSED MATERIAL IN A QUANTITY GREATER THAN OR EQUAL TO 1,000 TIMES THE APPENDIX C QUANTITIES THAT COULD CAUSE AN EXPOSURE TO PERSONS IN UNRESTRICTED AREAS.

Keywords:

LAS

Keyword: RECORD COMPLETE Keyword: SEALED SOURCE GAUGE Keyword: SEALED SOURCE GAUGE

Reference Documents:

Reference #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
EN30681	07/15/199	12/12/1996		DRL	EVENT NOTIFICATION
PN396039	10/02/199	12/12/1996		DCH	PRELIMINARY NOTIFICATION
LTR960726	11/12/199	12/12/1996		DCH	LICENSEE REPORT
9606280004	12/09/199	12/12/1996		DCH	PRELIMINARY NOTIFICATION
9608020333	12/12/199	12/12/1996		DCH	LICENSEE REPORT
9608020341	12/12/199	12/12/1996		DCH	LICENSEE REPORT
LTR960726 9606280004 9608020333	11/12/199 12/09/199 12/12/199	12/12/1996 12/12/1996 12/12/1996		DCH DCH DCH	PRELIMINARY NOTIFICATION LICENSEE REPORT PRELIMINARY NOTIFICATION LICENSEE REPORT

960345 09/10/2003

Event Details

The licensee reported that a thickness gauge was damaged. The licensee reported that a gauge containing 37 GBq (1 Ci) Am-241, used to measure thickness of rolled brass received damage to its housing. The sealed source and lead shielding were not damaged and there was not leakage. The licensee plans to return the gauge to their supplier. No overexposures or contamination was reported. No information was provided on how the gauge was damaged.

> **Event Date Discovery Date** Report Date 05/04/1996 05/04/1996 05/06/1996

Licensee / Reporting Party Information:

Agreement State Regulated: NONE Reciprocity:

License No: 13-26078-01 Licensee: OLIN BRASS CORP.

NRC Region Office: 3 City: **INDIANAPOLIS** County: MARION IN

03120 State: Program Code:

03031370 Site of Event:

Site Name: **INDIANAPOLIS**

State:

Docket:

Additional Involved Party:

License No: NR **YALESVILLE** City: County: MARION

Name: INTEGRATED INDUSTRIAL SYSTEMS State: CT

Other Information:

NRC Reportable Event: Abnormal Occurrence: N Agreement State Reportable Event: Investigation: N N Atomic Energy Act Material: NMED Record Complete: Consultant Hired: Event Closed by Region/State: N

Event Class:

EQP - EQUIPMENT

NOT REPORTED

Contributing Factors/Corrective Actions Information:

EQP

Factor #:

Contributing Factor: NOT REPORTED

Corrective Action: EQUIPMENT RETURNED TO MANUFACTURER FOR REPAIR OR DISPOSAL

Source/Radioactive Material Information:

EQP

Source #: Radionuclide: AM-241 Source/Material: **SEALED SOURCE GAUGE** Activity (Curies): Manufacturer: NR Leak Test Results (uCi): NR

Problem with Source:

Model Number: NR Serial Number: NR

GAUGE FIXED Device Name:

Device/Associated Equipment Information:

EQP

Model Number: NR Device #: Device/Equipment GAUGE FIXED Serial Number: NR

Problem with Manufacturer: NR

Reporting Requirements:

960345

09/10/2003

EQP

Mode Reported:

Reporting

30.50(b)(2)(ii) - THE 24 HOUR REPORT OF AN EVENT WHERE REQUIRED EQUIPMENT IS DISABLED OR FAILS TO FUNCTION AS DESIGNED WHEN THE EQUIPMENT IS REQUIRED TO BE AVAILABLE AND OPERABLE WHEN IT IS DISABLED OR FAILS TO FUNCTION.

Keywords:

EQP

Keyword: GAUGE FIXED Keyword: RECORD COMPLETE Keyword: SEALED SOURCE GAUGE

Reference Documents:

Reference #: EN30422

Entry Date: Update Date: Retraction Date: Coder Initials: Description: 07/29/199 07/29/1996 DRL EVENT NOTIFICATION

960812 09/10/2003

Event Details

Abstract:

The licensee reported loosing two static eliminators containing Po-210. The devices contained approximately 370 MBq (10 mCi) each. The devices were manufactured by NRD, Incorporated (model P-2051, serial #74718 and 74723). The licensee believes the devices were lost during a move to a new facility.

 Event Date
 Discovery Date
 Report Date

 03/22/1996
 10/28/1996
 10/29/1996

Licensee / Reporting Party Information:

Agreement State Regulated: NO Reciprocity: NONE

License No: GENERAL LICENS Licensee: UNITED MEDICAL MANUFACTURING CO. NRC Region Office: 3 UNITED MEDICAL MANUFACTURING CO. INDIANAPOLIS County:

NRC Region Office: 3 City: INDIANAPOLIS County: MARION Program Code: NR State: IN

Docket: NA

Site of Event:

Site Name: INDIANAPOLIS

State: IN

Additional Involved Party:

License No: NA City: NA County: MARION

Name: NA State: NA

Other Information:

NRC Reportable Event:

Agreement State Reportable Event:
Atomic Energy Act Material:

Consultant Hired:

Y

Abnormal Occurrence:
N

Investigation:
N

NMED Record Complete:
Y

Consultant Hired:
N

Event Closed by Region/State:

Event Class:

LAS - LOST OR STOLEN
Cause: NOT REPORTED

Contributing Factors/Corrective Actions Information:

LAS

Factor #: 1

Contributing Factor: NOT REPORTED

Corrective Action: NOT REPORTED

Source/Radioactive Material Information:

LAS

Source #: 1 Radionuclide: PO-210
Source/Material: SEALED SOURCE IONIZING Activity (Curies): 0.02

Source/Material: SEALED SOURCE IONIZING Activity (Curies): 0.02

Manufacturer: NR Leak Test Results (uCi): NR

Model Number: NR Problem with Source:

Model Number: NR Serial Number: NR

Device Name: STATIC ELIMINATOR

Device/Associated Equipment Information:

LAS

Device #: 1 Model Number: P-2051
Device/Equipment STATIC ELIMINATOR Serial Number: 74718

Manufacturer: NRD, INC. Problem with

960812

09/10/2003

LAS

Device #:

Device/Equipment STATIC ELIMINATOR

Model Number: Serial Number:

P-2051 74723

Manufacturer: NRD, INC. Problem with

Reporting Requirements:

LAS

Mode Reported:

Reporting

20.2201(b)(1) - THE 30 DAY WRITTEN REPORT FOLLOWING A 20.2201(a) TELEPHONE REPORT.

LAS

Mode Reported: Ţ

Reporting

20.2201(a)(1)(i) - THE IMMEDIATE TELEPHONE REPORT OF ANY LOST, STOLEN, OR MISSING LICENSED MATERIAL IN A QUANTITY GREATER THAN OR EQUAL TO 1,000 TIMES THE APPENDIX C QUANTITIES

THAT COULD CAUSE AN EXPOSURE TO PERSONS IN UNRESTRICTED AREAS.

Keywords:

LAS

Keyword: RECORD COMPLETE Keyword: SEALED SOURCE IONIZING Keyword: STATIC ELIMINATOR

Reference Documents:

Reference #:

Entry Date: Update Date: Retraction Date: Coder Initials: Description:

LTR961127

12/11/199

11/18/1998

DCH

NRC LETTER NOTICE OF VIOLATION

9612260286 05/23/199 11/18/1998 DCH

951207 09/10/2003

Event Details

Abstract:

;

As of August 17, 1995, the Licensee routinely transported nuclear moisture/density gauges outside the confines of its plant and the driver of the vehicle did not ensure that the shipping paper was readily available in the driver's compartment, as required. Specifically shipping papers were placed either in the glove compartment of the vehicle or in the nuclear gauge transport container located in the rear of the vehicle. Neither location was within immediate reach of the driver while he was restrained by the lap belt, nor were the shipping papers readily visible to a person entering the driver's compartment.

Event Date	Discovery Date	Report Date
08/17/1995	08/17/1995	08/17/1995

Licensee / Reporting Party Information:

Agreement State Regulated: NO Reciprocity: NONE

License No: 13-18685-01 Licensee: ALT & WITZIG ENGINEERING, INC.

NRC Region Office: 3 City: INDIANAPOLIS County: MARION

03121 Program Code: State: IN

Docket: 03014041

Site of Event:

Site Name: INDIANAPOLIS

State: IN

Additional Involved Party:

License No: NA City: NA County: MARION

Name: NΔ NA State:

Other Information:

NRC Reportable Event: Abnormal Occurrence: Ν Agreement State Reportable Event: Investigation: Atomic Energy Act Material: NMED Record Complete: Consultant Hired: Event Closed by Region/State: N

Event Class:

TRS - TRANSPORTATION

Cause: DOCUMENTATION OR PAPER WORK NOT AVAILABLE

Contributing Factors/Corrective Actions Information:

TRS

Factor #:

NOT REPORTED Contributing Factor. Corrective Action: NOT REPORTED

Keywords:

TRS

Keyword: RECORD COMPLETE

Reference Documents:

Entry Date: Update Date: Retraction Date: Coder Initials: Description: Reference #:

9510020147 11/01/199 11/01/1995 DRL INSPECTION REPORT

950660 09/10/2003

Event Details

Abstract:

A shipment of 45.6 uCi of I-125 was reported lost by the courier. The package was lost while being shipped by U.S. Air airlines from Indianapolis, IN to New York City, NY. The intended destination of the radioactive material was the University of Plymouth in the United Kingdom. The Licensee suspects that the package has not left the country and may have been lost in New York City. The courier has expressed confidence that the package will be located. The I-125 was in a solid form. The potential hazard is considered minimal and is primarily an ingestion concern.

	Event Date 05/15/1995	ı	Discovery Date 05/15/1995	Report D 05/19/19	
Licensee / Reporti Agreement State License No: NRC Region Offi Program Code: Docket:	ing Party Information Regulated: NO 13-01133-02		NONE ELI LILLY & CO. INDIANAPOLIS IN	County:	MARION
Site of Event: Site Name: NE State: N Additional Involve License No: NO	d Party:		City: NR	Co	unty:
Name: W	ORLD COURIER		State: NR		•
NRC Reportable Agreement State Atomic Energy A Consultant Hired	Reportable Event: ct Material;	Y N Y	Abnormal Occurrence: Investigation: NMED Record Complete: Event Closed by Region/State:	N N Y	
Event Class: LAS - LOST OR S Cause: LOS	STOLEN S OF ADMINISTRATI	VE CONTROL			

Contributing Factors/Corrective Actions Information:

Source/Radioactive	Material	Information:
LAS		

LAS Factor #:

Source #:

Contributing Factor:

Corrective Action:

Source/Material: Manufacturer: Model Number: NR

NOT REPORTED

UNSEALED SOURCE LAB

LOSS OF ADMINISTRATIVE CONTROL

NR

Serial Number: NR Device Name: CONTAINER, SHIPPING

Device/Associated Equipment Information:

LAS

Device #: Device/Equipment CONTAINER, SHIPPING Manufacturer:

Model Number: Serial Number:

Radionuclide:

Activity (Curies):

Leak Test Results (uCi):

Problem with Source:

NR NR I-125

NA

0.0000456

Problem with

950660

09/10/2003

Reporting Requirements:

LAS

Mode Reported:

Reporting

20.2201(b)(1) - THE 30 DAY WRITTEN REPORT FOLLOWING A 20.2201(a) TELEPHONE REPORT.

LAS

T Mode Reported:

Reporting

20.2201(a)(1)(ii) - THE 30 DAY TELEPHONE REPORT OF ANY LOST, STOLEN, OR MISSING LICENSED MATERIAL IN A QUANTITY GREATER THAN 10 TIMES THE APPENDIX C QUANTITIES.

Keywords:

LAS

Keyword: RECORD COMPLETE Keyword: UNSEALED SOURCE LAB

Reference Documents:

Reference #: EN28834 PN395025

Entry Date: Update Date: Retraction Date: Coder Initials: Description:

05/22/199 05/26/1995 05/26/199 05/26/1995 NB NRB **EVENT NOTIFICATION** PRELIMINARY NOTIFICATION

950464 09/10/2003

Event Details

Four bags of radioactively contaminated waste from research laboratories were inadvertently sent to the city incinerator for disposal. The bags contained disposable gloves, paper products, and other dry waste contaminated with approximately 533 uCi of P-32, 1.25 mCi of S-35, and 250 uCi of H-3. The city incinerator's remote radiation monitoring system was not triggered by the contaminated waste. Update: The Licensee submitted a written report of this event. To prevent this from happening in the future, a videotape which was developed by the Licensee, entitled "Radiation Protection for campus Facility Service", has been distributed to all environmental services departments for review by new employees. Update: The NRC issued a violation to the Licensee for this incident.

> **Event Date Discovery Date** Report Date 04/07/1995 04/07/1995 04/12/1995

> > NONE

INDIANAPOLIS

Licensee / Reporting Party Information:

Agreement State Regulated: NO

License No: 13-02752-03

NRC Region Office: 3

Program Code: 02110

03001609 Docket:

Site of Event:

INDIANAPOLIS Site Name:

IN State:

Additional Involved Party:

License No: NON-LICENSEE

BFI/CITY INCINERATOR

City: State: **INDIANAPOLIS**

INDIANA UNIVERSITY AT INDIANAPOLIS

County:

County: MARION

MARION

Other Information:

Abnormal Occurrence: NRC Reportable Event: Ν Agreement State Reportable Event: Investigation: Ν Atomic Energy Act Material: NMED Record Complete: Event Closed by Region/State: Consultant Hired: N

Reciprocity:

Licensee:

City:

State:

Event Class:

LAS - LOST OR STOLEN

Cause: LOSS OF ADMINISTRATIVE CONTROL

Contributing Factors/Corrective Actions Information:

LAS

Factor #:

Contributing Factor:

INADEQUATE TRAINING

Corrective Action:

PERSONNEL RECEIVE NEW TRAINING

Source/Radioactive Material Information:

LAS

Source #:

Source/Material:

Manufacturer: Model Number: Serial Number:

Device Name:

UNSEALED SOURCE OTHER NR

NR

NR WASTE, RADIOACTIVE Radionuclide:

Activity (Curies): Leak Test Results (uCi): Problem with Source:

P-32 0.000533

NA

950464 09/10/2003

LAS

Source #: Source/Material:

UNSEALED SOURCE OTHER

Radionuclide:

Manufacturer:

NR

Activity (Curies):

S-35 0.00125 NA

Model Number:

NR

Leak Test Results (uCi): Problem with Source:

Serial Number:

NR Device Name:

WASTE, RADIOACTIVE

LAS

Source #:

Source/Material:

Device Name:

UNSEALED SOURCE OTHER

WASTE, RADIOACTIVE

Radionuclide: Activity (Curies): Leak Test Results (uCi): H-3 0.00025 NA

Manufacturer: NR Model Number:

NR Serial Number: NR

Problem with Source:

Device/Associated Equipment Information:

LAS

Device #:

Model Number:

NA

Device/Equipment WASTE, RADIOACTIVE

Serial Number:

NA

Manufacturer:

Problem with

Reporting Requirements:

LAS

Mode Reported: W

Reporting

20.2201(b)(1) - THE 30 DAY WRITTEN REPORT FOLLOWING A 20.2201(a) TELEPHONE REPORT.

LAS

Mode Reported: Т

Reporting

20.2201(a)(1)(ii) - THE 30 DAY TELEPHONE REPORT OF ANY LOST, STOLEN, OR MISSING LICENSED

MATERIAL IN A QUANTITY GREATER THAN 10 TIMES THE APPENDIX C QUANTITIES.

Keywords:

LAS

Keyword: RADIOACTIVE MATERIAL AT INCINERATOR

Keyword: RECORD COMPLETE Keyword: UNSEALED SOURCE OTHER Keyword: WASTE, RADIOACTIVE

Reference Documents:

Reference #: Entry Date: Update Date: Retraction Date: Coder Initials: Description: MR3950059 04/13/199 09/01/1995 NB MORNING REPORT EN28669 04/13/199 09/01/1995 NB **EVENT NOTIFICATION** LTR950501 06/13/199 09/01/1995 NB LICENSEE REPORT 9508140003 09/01/199 09/01/1995 NB NOTICE OF VIOLATION 9508140002 09/01/199 NB 09/01/1995 NRC LETTER

950303 09/10/2003

Event Details

Abstract:

Region III was informed by representatives of the State of Indiana that within the last two weeks, three trucks containing primarily residential waste caused the radiation monitoring system to alarm at the city incinerator on 03/07, 03/15, and 03/16/1995. The waste, which was hauled by trucks operated by BFI and the Indianapolis Department of Public Works (IDPW) was rejected by the incinerator staff and subsequently transported to a facility operated by the IDPW. The trucks are segregated and roped off. Maximum radiation levels near the surface of the trucks ranged from 250 uR/hr to 2 mR/hr. The contaminant has been identified as I-131. Since the waste has not been traced to a specific NRC licensee, Region III referred the State to the EPA.

Update: On 03/17/95, a health physicist of the State Radiation Control Program accompanied a Public Works Department driver on the garbage pick-up route where the contaminated waste was found. One 300 gallon waste container was found in a residential area containing diapers contaminated with I-131. The waste container was moved to the Public Works Department and segregated and was set aside for decay of the I-131.

> **Event Date Discovery Date** Report Date 03/16/1995 03/16/1995 03/17/1995

Licensee / Reporting Party Information:

Agreement State Regulated: NO

NON-LICENSEE License No:

NRC Region Office: 3

Program Code: NA

NONE

OGDEN-MARTIN SYSTEMS, INC. **INDIANAPOLIS** County:

1N

NA Docket:

Site of Event:

Site Name: **INDIANAPOLIS**

State:

Additional Involved Party:

License No: NON-LICENSEE

Name:

INDIANAPOLIS PUBLIC WORKS

City: State:

INDIANAPOLIS IN

County:

MARION

MARION

Other Information:

NRC Reportable Event: Abnormal Occurrence: Y Ν Agreement State Reportable Event: N Investigation: N Atomic Energy Act Material: NMED Record Complete: Consultant Hired: N Event Closed by Region/State:

Reciprocity:

Licensee:

City:

State:

Event Class:

LAS - LOST OR STOLEN

Cause:

PROCEDURE NOT FOLLOWED

Contributing Factors/Corrective Actions Information:

LAS

Factor#

Contributing Factor:

NOT REPORTED

Corrective Action:

NA

Source/Radioactive Material Information:

LAS

Source #:

Source/Material:

UNSEALED SOURCE RADIOPHARM

Radionuclide: Activity (Curies): Leak Test Results (uCi):

Problem with Source:

1-131 NR NA

Manufacturer: NA

Model Number: NA

Serial Number: NA

Device Name:

WASTE, RADIOACTIVE

Device/Associated Equipment Information:

950303

09/10/2003

LAS

Device #:

Device/Equipment WASTE, RADIOACTIVE

Model Number: Serial Number:

NA NA

Manufacturer:

Problem with

Reporting Requirements:

LAS

Mode Reported:

Reporting

20.2201(b)(1) - THE 30 DAY WRITTEN REPORT FOLLOWING A 20.2201(a) TELEPHONE REPORT.

LAS

Mode Reported: τ

Reporting

20.2201(a)(1)(ii) - THE 30 DAY TELEPHONE REPORT OF ANY LOST, STOLEN, OR MISSING LICENSED

MATERIAL IN A QUANTITY GREATER THAN 10 TIMES THE APPENDIX C QUANTITIES.

Keywords:

LAS

Keyword: RADIOACTIVE MATERIAL AT LANDFILL

Keyword: RECORD COMPLETE

Keyword: UNSEALED SOURCE RADIOPHARM

Keyword: WASTE, RADIOACTIVE

Reference Documents:

Reference #:

03/21/199

Entry Date: Update Date: Retraction Date: Coder Initials: Description:

MR3950037 MR3950039

03/23/199

04/25/1995 04/25/1995

NB NB

MORNING REPORT MORNING REPORT

MARION

County:

941800 09/10/2003

Event Details

Abstract:

The licensee reported the theft of a moisture/density gauge, containing 10 mCi of Cs-137 and 40 mCi of Am-241, from the back of an open bed pickup truck at a temporary job site. The operator had not secured the gauge from unauthorized removal. The RSO reported that the gauge had been found. The RSO believes that a construction worker had removed the gauge from the truck. There was no visible damage to the gauge and the source rod was locked in its shielded position. The gauge will be wipe tested for leakage and kept out of service until the results of the wipe test are received.

> **Event Date Discovery Date** Report Date 09/06/1994 09/06/1994 09/06/1994

> > NONE

INDIANAPOLIS

ALT & WITZIG ENGINEERING, INC.

Licensee / Reporting Party Information:

Agreement State Regulated:

13-18685-01

License No: NRC Region Office: 3 Program Code: 03121

03014041 Docket:

Site of Event:

FLORENCE Site Name:

State: KY

Additional Involved Party:

License No: NA City: NA County: NA

Reciprocity:

Licensee:

City:

State:

Name: NA State:

Other Information:

NRC Reportable Event: Abnormal Occurrence: Agreement State Reportable Event: Investigation: Atomic Energy Act Material: NMED Record Complete: Consultant Hired: Event Closed by Region/State: N

Event Class:

LAS - LOST OR STOLEN

STOLEN LICENSED MATERIAL, SECURITY MEASURES UNKNOWN Cause:

Contributing Factors/Corrective Actions Information:

LAS

Factor #:

Contributing Factor: NOT REPORTED NOT REPORTED Corrective Action:

Source/Radioactive Material Information:

LAS

Source #: **SEALED SOURCE GAUGE**

Source/Material: Manufacturer: NR Model Number. NR Serial Number: NR

Device Name: **GAUGE PORTABLE** Radionuclide: CS-137 Activity (Curies): 0.01 Leak Test Results (uCi): NR Problem with Source:

941800 09/10/2003

LAS

Source #:

SEALED SOURCE GAUGE

Radionuclide: Activity (Curies): AM-BE

Source/Material: Manufacturer:

NR NR Leak Test Results (uCi): Problem with Source:

0.04 NR

Model Number: Serial Number: Device Name:

NR

GAUGE PORTABLE

Device/Associated Equipment Information:

LAS

Device #:

Model Number:

NR NR

Manufacturer:

Device/Equipment GAUGE PORTABLE BOART LONGYEAR CO. Serial Number:

Problem with

Reporting Requirements:

LAS

Mode Reported:

W

Reporting

20.2201(b)(1) - THE 30 DAY WRITTEN REPORT FOLLOWING A 20.2201(a) TELEPHONE REPORT.

LAS

Mode Reported: -T

Reporting

20.2201(a)(1)(i) - THE IMMEDIATE TELEPHONE REPORT OF ANY LOST, STOLEN, OR MISSING LICENSED MATERIAL IN A QUANTITY GREATER THAN OR EQUAL TO 1,000 TIMES THE APPENDIX C QUANTITIES

THAT COULD CAUSE AN EXPOSURE TO PERSONS IN UNRESTRICTED AREAS.

Keywords:

LAS

Keyword: RECORD COMPLETE Keyword: SEALED SOURCE GAUGE Keyword: SEALED SOURCE GAUGE

Reference Documents:

Reference #: MR3940159

Entry Date: Update Date: Retraction Date: Coder Initials: Description: 09/09/199 02/21/1996

NB

MORNING REPORT

941769 09/10/2003

Event Details

Abstract:

The licsensee reported that a moisture/density gauge was stolen from a vehicle. The gauge contains 10 mCi of Cs-137 and 50 mCi of Am-241 and was stored in a transportation case inside a locked truck parked at an employee's home. The case was chained to the steering column of the truck. The thief broke into the truck and cut the chain. The RSO has notified the police. Area news media and refuse collectors have also been notified and given a description of the device. A reward is being offered for its return.

Event Date	Discovery Date	Report Date
08/25/1994	08 <i>1</i> 25/1994	08/26/1994

NONE

ALT & WITZIG ENGINEERING, INC.

Licensee / Reporting Party Information:

Agreement State Regulated: Reciprocity: NO

License No: 13-18685-01 Licensee:

NRC Region Office: City: 3 **INDIANAPOLIS** County: MARION

Program Code: 03121 State:

Docket: 03014041

Site of Event:

Site Name: MIDDLETOWN

State: OH

Additional Involved Party:

License No: NA City: NA County: State: NA

Name:

Other Information:

NRC Reportable Event: Abnormal Occurrence: Agreement State Reportable Event: Investigation: Ν N Atomic Energy Act Material: **NMED Record Complete:** Consultant Hired: Ν Event Closed by Region/State:

Event Class:

LAS - LOST OR STOLEN

STOLEN LICENSED MATERIAL, SECURITY MEASURES DEFEATED

Contributing Factors/Corrective Actions Information:

LAS

Factor #:

LOSS OF ADMINISTRATIVE CONTROL Contributing Factor:

Corrective Action: **NOT REPORTED**

Source/Radioactive Material Information:

LAS

Source #: Radionuclide: CS-137 Source/Material: **SEALED SOURCE GAUGE** Activity (Curies): 0.01 Manufacturer: NR Leak Test Results (uCi): NR Problem with Source: Model Number: NR

NR Serial Number:

Device Name: **GAUGE PORTABLE**

LAS

Source #:

Radionuclide: AM-BE Source/Material: **SEALED SOURCE GAUGE** Activity (Curies): 0.05 Manufacturer: NR Leak Test Results (uCi): NR Problem with Source:

Model Number: NR Serial Number: NR

GAUGE PORTABLE Device Name:

941769 09/10/2003

Device/Associated Equipment Information:

LAS

Device #:

Device/Equipment GAUGE PORTABLE

Model Number: Serial Number: MC-1 NR

BOART LONGYEAR CO. Manufacturer:

Problem with

Reporting Requirements:

LAS

Mode Reported:

Reporting

20.2201(b)(1) - THE 30 DAY WRITTEN REPORT FOLLOWING A 20.2201(a) TELEPHONE REPORT.

LAS Mode Reported:

T

Reporting

20.2201(a)(1)(i) - THE IMMEDIATE TELEPHONE REPORT OF ANY LOST, STOLEN, OR MISSING LICENSED MATERIAL IN A QUANTITY GREATER THAN OR EQUAL TO 1,000 TIMES THE APPENDIX C QUANTITIES THAT COULD CAUSE AN EXPOSURE TO PERSONS IN UNRESTRICTED AREAS.

Keywords:

LAS

Keyword: RECORD COMPLETE Keyword: SEALED SOURCE GAUGE Keyword: SEALED SOURCE GAUGE

Reference Documents:

Reference #:

Entry Date: Update Date: Retraction Date:

Coder Initials: Description:

PN394071 02/21/1996 09/01/199

NB

PRELIMINARY NOTIFICATION

9411080214

01/18/199 01/18/1995 NB

LICENSEE REPORT

941726 09/10/2003

Event Details

Abstract:

A TRUCK CONTAINING RESIDENTIAL AND COMMERCIAL WASTE CAUSED THE RADIATION MONITORING SYSTEM TO ALARM AT THE CITY INCINERATOR-BFI. RADIATION LEVELS NEAR THE SURFACE OF THE TRUCK MEASURED 440 MICROR/HR ON 07/29/94. THE WASTE WAS REJECTED AND SUBSEQUENTLY TRANSPORTED TO ANOTHER BFI FACILITY. IT WAS DETERMINED THAT THE WASTE WAS CONTAMINATED WITH I-131. ON 08/04/94, A VIAL OF 9% SALINE SOLUTION CONTAMINATED WITH I-131 WAS DISCOVERED. THE RADIATION LEVELS MEASURED 4 MREM/HR FROM THE SURFACE OF THE VIAL. THE CONTAMINATED VIAL AND OTHER WASTE WAS TRACED TO PREMIER RADIOPHARMACY. A REPRESENTATIVE OF THE RADIOPHARMACY WILL RETRIEVE THE WASTE AND RETURN IT TO STORAGE AT THE RADIOPHARMACY.

	Event Date 07/28/1994		Discovery Date 07/28/1994	Repor 07/28		
Licensee / Reporti Agreement State License No: NRC Region Offi Program Code: Docket:	NR	Reciprocity: Licensee: City: State:	NONE PREMIER RADIOPHARMAC INDIANAPOLIS IN	Y County:	: MAF	RION
Site of Event:						
Site Name: IN State: IN	DIANAPOLIS					
Additional Involve	d Party:					
License No: NO Name: BF			City: INDIANAPOLIS State: IN	1	County:	MARION
Other Information	:					
NRC Reportable Agreement State Atomic Energy A Consultant Hired	Reportable Event: ct Material:	Y N Y	Abnormal Occurrence: Investigation: NMED Record Complete: Event Closed by Region/State:	N N		
Event Class: LAS - LOST OR S Cause: NOT	STOLEN REPORTED					
Contributing Factor LAS Factor #: Contributing Factor Corrective Action		ED				
Source/Radioactiv	ve Material Informatio	on:				
Source #: Source/Material: Manufacturer: Model Number: Serial Number: Device Name:	1 UNSEALED SOI NA NA NA VIAL	JRCE RADIOPHA	Radionuclide: RM Activity (Curies): Leak Test Results Problem with Sour	(uCi):	I-131 NR NA	

941726 09/10/2003

LAS

Device #:

Device/Equipment VIAL

Manufacturer:

Model Number: Serial Number:

NR NR

Problem with

Reporting Requirements:

LAS

Mode Reported:

Reporting

20.2201(b)(1) - THE 30 DAY WRITTEN REPORT FOLLOWING A 20.2201(a) TELEPHONE REPORT.

LAS

Mode Reported:

Reporting

20.2201(a)(1)(ii) - THE 30 DAY TELEPHONE REPORT OF ANY LOST, STOLEN, OR MISSING LICENSED MATERIAL IN A QUANTITY GREATER THAN 10 TIMES THE APPENDIX C QUANTITIES.

Keywords:

LAS

Keyword: RADIOACTIVE MATERIAL AT INCINERATOR

Keyword: UNSEALED SOURCE RADIOPHARM

T

Reference Documents:

Reference #: MR3940141

08/17/199 08/17/1994

Entry Date: Update Date: Retraction Date: Coder Initials: Description:

MORNING REPORT

950647 09/10/2003

Event Details

In July, 1994, the Licensee (PSI) identified a failed weld on the source cup/rod of a Troxler moisture/density gauge. PSI contacted the gauge manufacturer and requested that all (18) of PSI's Troxler Model 3430 gauges in the 21000 Series serial numbers be inspected. Upon completion of the evaluation of the gauges, Troxler notified PSI that the "weld joint on all inspected gauges have been found to be sound under visual inspection."

> **Event Date Discovery Date** Report Date 07/01/1994 04/27/1995 07/01/1994

Licensee / Reporting Party Information:

Agreement State Regulated: License No: 13-15544-01

NRC Region Office:

Program Code: 03120 Docket:

03009317

Reciprocity: NONE

State:

Licensee: PSI ENERGY CO. City: **PLAINFIELD**

County:

N

Ν

HENDRICKS

Site of Event:

Site Name: **PLAINFIELD**

State: Additional Involved Party:

License No: NA Name:

City: State: NA NA County: HENDRICKS

CS-137

0.008

Other Information:

NRC Reportable Event: Agreement State Reportable Event:

Atomic Energy Act Material: Consultant Hired:

Abnormal Occurrence: Investigation: NMED Record Complete: Event Closed by Region/State:

Event Class:

EQP - EQUIPMENT

DEFECTIVE OR FAILED PARTS Cause:

Contributing Factors/Corrective Actions Information:

EQP

Factor #:

Contributing Factor.

DEFECTIVE OR FAILED PARTS

Corrective Action:

NOT REPORTED

Source/Radioactive Material Information:

EQP

Source #: Source/Material:

SEALED SOURCE GAUGE

Manufacturer: TROXLER Model Number: NR

Device Name:

Serial Number: NR

GAUGE PORTABLE

Device/Associated Equipment Information:

EQP

Device #:

Manufacturer:

Device/Equipment GAUGE PORTABLE **TROXLER**

Model Number. Serial Number: 3430 21026

Problem with

Radionuclide:

Activity (Curies):

Leak Test Results (uCi): Problem with Source:

Reporting Requirements:

950647 09/10/2003

EQP

Mode Reported:

W

Reporting

30.50(b)(2)(i) - THE 24 HOUR REPORT OF AN EVENT WHERE REQUIRED EQUIPMENT IS DISABLED OR FAILS TO FUNCTION AS DESIGNED TO PREVENT RELEASES EXCEEDING REG LIMITS, EXPOSURES TO RADIATION AND RAD MATERIAL EXCEEDING REG. LIMITS, OR TO MITIGATE CONSEQUENCES OF AN

ACCIDENT

Keywords:

EQP

Keyword: RECORD COMPLETE Keyword: SEALED SOURCE GAUGE

Reference Documents:

Reference #:

9505100118 9506200252 05/17/199 07/13/199

02/21/1996 07/18/1995

Entry Date: Update Date: Retraction Date: Coder Initials: Description:

NB NRB LICENSEE REPORT

LICENSEE REPORT

940263 09/10/2003

Event Details

An explosion and fire damaged the Licensee's facilities, including a portion of a building containing a 100 mCi Cs-137 gauge. The Licensee processes soybeans, using a petrochemical (hexane) to remove oil from the soybeans. The hexane is in both liquid and gaseous forms. The explosion occurred as a result of a hexane leak which was ignited by an automobile passing through the gaseous

The Cs-137 gauge was used for level measurement. A visual inspection by the Licensee and the State of Indiana Department of Health Representative, after the explosion, determined that the gauge appeared to be intact. A wipe survey performed by the State of Indiana on the gauge's source housing disclosed no removable contamination. Five persons were injured in the explosion and resulting fire. Nearby areas offsite were evacuated as a precaution. The fire was subsequently extinguished by the fire fighters.

Update: The Licensee submitted a written report of the incident.

Event Date 06/28/1994		Discovery Date 06/28/1994	Report Date 06/28/1994	
Licensee / Reporting Party Informal Agreement State Regulated: License No: 13-18876-0 NRC Region Office: 3 Program Code: 03120 Docket: 03014296	NO Reciprocity:	NONE CENTRAL SOYA CO., INC. INDIANAPOLIS IN	County: MARION	
Site of Event: Site Name: INDIANAPOLIS State: IN				
Additional Involved Party: License No: NA Name: NA		City: NA State: NA	County: MARION	
Other Information:				
NRC Reportable Event: Agreement State Reportable Ever Atomic Energy Act Material: Consultant Hired:	Y at: N Y N	Abnormal Occurrence: Investigation: NMED Record Complete; Event Closed by Region/State:	N Y	
Event Class:				

EQP - EQUIPMENT

Cause: FIRE/EXPLOSION RESULTING IN INOPERABLE EQUIPMENT

Source/Radioactive Material Information:

EQP

Source #: Radionuclide: **CS-137 SEALED SOURCE GAUGE** Activity (Curies): Source/Material: 0.1 Leak Test Results (uCi): Manufacturer: NR NR Model Number: NR Problem with Source: Serial Number. NR

Device/Associated Equipment Information:

GAUGE FIXED

EQP

Device Name:

Model Number: SR-1AFD-6 Device #: Device/Equipment GAUGE FIXED Serial Number: 65631 Problem with Manufacturer: OHMART CORP.

Reporting Requirements:

940263 09/10/2003

EQP

Mode Reported:

W

Reporting

30.50(a) - IMMEDIATE REPORT OF AN EVENT THAT PREVENTS IMMEDIATE PROTECTIVE ACTIONS NECESSARY TO AVOID EXPOSURES TO RADIATION OR RADIOACTIVE MATERIALS THAT COULD EXCEED REGULATORY LIMITS OR RELEASES OF MATERIAL THAT COULD EXCEED REGULATORY LIMITS

Keywords:

EQP

Keyword: GAUGE FIXED
Keyword: RECORD COMPLETE Keyword: SEALED SOURCE GAUGE

Reference Documents:

Reference #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
EN27468	07/06/199	10/24/1994		NB	EVENT NOTIFICATION
PN394050	07/06/199	02/21/1996		NB	PRELIMINARY NOTIFICATION
9408260025	09/15/199	10/24/1994		NB	NRC LETTER
LTR940718	10/24/199	10/24/1994		NB	LICENSEE REPORT

941071 09/10/2003

Event Details

Abstract:

THE LICENSEE REPORTED THAT A COMPANY VEHICLE WAS BROKEN INTO WHILE PARKED IN THE OFFICE PARKING LOT. THE PASSENGER SIDE WINDOW WAS BROKEN, AND A NUCLEAR GAUGE WAS STOLEN FROM THE CAB OF THE TRUCK. THE NUCLEAR GAUGE WAS LOCKED AND IN A LOCKED CASE THAT WAS SECURED WITH A THICK GAUGE CHAIN (THAT WAS LOCKED AROUND THE STEERING WHEEL OF THE COMPANY TRUCK). THE LICENSEE AND THE STATE OF INDIANA REPORTED THE RECOVERY OF THE GAUGE. THE GAUGE WAS FOUND IN A GARBAGE DUMPSTER OUTSIDE A DAIRY QUEEN LOCATED APPROXIMATELY ONE MILE FROM THE LICENSEE'S FACILITY. THE GAUGE WAS CONTAINED IN ITS SHIPPING CONTAINER, BUT THE LOCK ON THE CONTAINER HAD BEEN CUT OFF. THE SOURCES WERE SECURED INSIDE THE GAUGE WITH THE SOURCE ROD LOCKED. BOTH THE GAUGE AND THE SHIPPING CONTAINER APPEARED TO BE IN GOOD CONDITION. THE STATE OF INDIANA RADIATION CONTROL STAFF RESPONDED TO THE SCENE WITH SURVEY INSTRUMENTATION. THERE WAS NO INDICATION OF ABNORMAL RADIATION LEVELS OUTSIDE THE GAUGE OR OF SOURCE LEAKAGE. THE LICENSEE TRANSPORTED THE GAUGE TO ITS FACILITY WHERE IT WILL REMAIN UNTIL NEGATIVE LEAK TEST RESULTS HAVE BEEN CONFIRMED. THE GAUGE WAS FOUND AT APPROXIMATELY 4:00 P.M. ON 03/04/94.

Discovery Date Event Date Report Date 03/01/1994 03/01/1994 03/01/1994 Licensee / Reporting Party Information: Agreement State Regulated: NONE Reciprocity: 13-18685-01 ALT & WITZIG ENGINEERING, INC. License No: Licensee: NRC Region Office: 3 City: **INDIANAPOLIS** County: MARION Program Code: 03121 State: IN Docket: 03014041 Site of Event: Site Name: INDIANAPOLIS State: IN Additional Involved Party: License No: NA City: NA County: MARION Name: NA State: NA Other Information: NRC Reportable Event: Abnormal Occurrence: N Agreement State Reportable Event: N Investigation: Atomic Energy Act Material: NMED Record Complete: Consultant Hired: N Event Closed by Region/State: **Event Class:** LAS - LOST OR STOLEN STOLEN LICENSED MATERIAL, SECURITY MEASURES DEFEATED Contributing Factors/Corrective Actions Information: LAS Factor #: Contributing Factor: NOT REPORTED Corrective Action: **NOT REPORTED** Source/Radioactive Material Information:

NR

LAS

Source #

Source/Material:

Manufacturer.

Model Number: NR

NR Serial Number:

Device Name:

GAUGE PORTABLE

SEALED SOURCE GAUGE

Radionuclide: Activity (Curies):

CS-137 0.01

NR

Leak Test Results (uCi): Problem with Source:

941071 09/10/2003

LAS

Source #: Source/Material:

SEALED SOURCE GAUGE

Radionuclide: Activity (Curies): AM-BE 0.05

NR

Manufacturer: Model Number. Serial Number:

Device Name:

NR

NR NR

GAUGE PORTABLE

Leak Test Results (uCi): Problem with Source:

Device/Associated Equipment Information:

LAS

Device #:

Device/Equipment GAUGE PORTABLE

Model Number:

NR

Serial Number:

NR

Manufacturer.

BOART LONGYEAR CO.

Problem with

Reporting Requirements:

LAS

Mode Reported:

W

Т

Reporting

20.2201(b)(1) - THE 30 DAY WRITTEN REPORT FOLLOWING A 20.2201(a) TELEPHONE REPORT.

LAS

Mode Reported:

Reporting

20.2201(a)(1)(i) - THE IMMEDIATE TELEPHONE REPORT OF ANY LOST, STOLEN, OR MISSING LICENSED

MATERIAL IN A QUANTITY GREATER THAN OR EQUAL TO 1,000 TIMES THE APPENDIX C QUANTITIES

THAT COULD CAUSE AN EXPOSURE TO PERSONS IN UNRESTRICTED AREAS.

Keywords:

LAS

Keyword: RECORD COMPLETE Keyword: SEALED SOURCE GAUGE Keyword: SEALED SOURCE GAUGE

Reference Documents:

Reference #: 9404060192

05/02/199

07/15/1994

Entry Date: Update Date: Retraction Date: Coder Initials:

Description:

LICENSEE REPORT MEH MEH MORNING REPORT

MR3940054 PN394012

05/02/199 07/15/199

02/21/1996 07/15/1994

NВ

PRELIMINARY NOTIFICATION

940502 09/10/2003

Event Details

Abstract:

AN OUTGOING LOAD OF RED AND YELLOW BRASS SET OFF ALARM. INVESTIGATION REVEALED NUMEROUS YELLOW BRASS WASHERS TO BE CONTAMINATED WITH .003 MCI OF RA-226; SURFACE EXPOSURE RATES FOR JUST ONE WASHER EXCEEDED 50 MREM/HR. THERE ARE FIVE GAYLORD BOXES FULL OF YELLOW BRASS. THEY HAVE BEEN CORDONED OFF TO ALL EMPLOYEES AND SECURED. SCRAP WAS BROUGHT IN BY PEDDLERS. PEDDLER SCRAP WAS NOT REQUIRED TO PASS BY THE RADIATION ALARMS.

> **Event Date Discovery Date** Report Date 12/07/1993 12/07/1993 12/08/1993

> > NONE

Licensee / Reporting Party Information:

Agreement State Regulated: Reciprocity:

License No: 13-24645-01 NRC Region Office: 3 Program Code: 03122

03029050 Docket:

Site of Event:

Site Name: INDIANAPOLIS State: IN

Additional Involved Party:

License No: NA

Name: NA City: State: NA NA

K&F INDUSTRIES, INC.

INDIANAPOLIS

County: MARION

MARION

County:

Other Information:

NRC Reportable Event: Abnormal Occurrence: N Agreement State Reportable Event: Investigation: Ν Ϋ Atomic Energy Act Material: NMED Record Complete: Y Consultant Hired: Event Closed by Region/State: N

Licensee:

City:

State:

Event Class:

LAS - LOST OR STOLEN NOT REPORTED Cause:

Contributing Factors/Corrective Actions Information:

LAS

Factor #: 1

Contributing Factor: **NOT REPORTED** Corrective Action: NOT REPORTED

Keywords:

LAS

Keyword: RECORD COMPLETE

Reference Documents:

Reference #:

IN-93-011

09/23/1997 03/10/199

Entry Date: Update Date: Retraction Date: Coder Initials: Description:

NB

AGREEMENT STATE EVENT REPORT

AGREEMENT STATE EVENT REPORT

940501

Event Details

03/10/199

IN-93-010

09/10/1997

Abstract:

A RESIDENTIAL ONLY CITY TRASH TRUCK SET OFF RADIATION ALARM AT CITY INCINERATOR. INVESTIGATION SHOWED I-131 (UNKNOWN ACTIVITY) CONTAMINATION ON NORMAL TRASH ITEMS. CONTAMINATION WAS SPREAD TO SEVERAL PLASTIC BAGS OF TRASH. UPON ADVICE FROM THE NRC 3 OFFICE THE CITY HIRED A RADWASTE BROKER, AND THE CONTAMINATED TRASH WAS SEGREGATED AND PLACED IN 300 GAL. PLASTIC TRASH BINS BY A LOCAL HAZARDOUS WASTE BROKER WITH SUPERVISION. A RADWASTE BROKER PICKED UP THE CONTAMINATED TRASH ON 12/07/93.

Discovery Date Report Date **Event Date** 11/24/1993 11/22/1993 11/22/1993 Licensee / Reporting Party Information: Reciprocity: NONE Agreement State Regulated: NO Licensee: INDIANAPOLIS DEPARTMENT OF PUBLIC WORKS License No: NON-LICENSEE MARION **INDIANAPOLIS** County: NRC Region Office: City: State: IN Program Code: NA Docket: NA Site of Event: Site Name: **INDIANAPOLIS** State: IN Additional Involved Party: County: MARION City: NA License No: NA State: NA Name: Other Information: Abnormal Occurrence: N NRC Reportable Event: Ν Investigation: Agreement State Reportable Event: N Y NMED Record Complete: Atomic Energy Act Material: Event Closed by Region/State: Y Consultant Hired: **Event Class:** LAS - LOST OR STOLEN **NOT REPORTED** Cause: Consultant Information: Speciality: Hired by: Name: Company: OTHER NR LAS NR NR Keywords: LAS Keyword: RECORD COMPLETE **Reference Documents:** Entry Date: Update Date: Retraction Date: Coder Initials: Description: Reference #:

NB

940500 09/10/2003

Event Details

Abstract:

BROWNING-FERRIS INDUSTRIES TRASH TRUCK SET OFF RADIATION ALARMS. THE LOAD WAS TRACKED BACK TO THE INDIANA UNIVERSITY MEDICAL CENTER AND WISHARD HOSPITAL. A 2 INCH NEEDLE WAS RECOVERED THAT CONTAIN TL-201 AND APPARENTLY HAD COME FROM THE WISHARD HOSPITAL NUCLEAR MEDICINE DEPT. (LIC #13-03341-03). A REPORT OF INCIDENT AND SUBSEQUENT CORRECTIVE ACTIONS HAVE BEEN FILED WITH INRHS.

 Event Date
 Discovery Date
 Report Date

 11/10/1993
 11/10/1993
 11/10/1993

Licensee / Reporting Party Information:

Agreement State Regulated: NO Reciprocity: NONE

License No: NON-LICENSEE Licensee: OGDEN-MARTIN SYSTEMS, INC.

NRC Region Office: 3 City: INDIANAPOLIS County: MARION Program Code: NA State: IN

Docket: NA

Site of Event:

Site Name: INDIANAPOLIS

State: IN

Additional Involved Party:

License No: NA City: NA County: MARION

Name: NA State: NA

Other Information:

NRC Reportable Event:
Agreement State Reportable Event:
Atomic Energy Act Material:
Consultant Hired:

N

Abnormal Occurrence:
N

Investigation:
Y

NMED Record Complete:
Y

Event Closed by Region/State:

Event Class:

LAS - LOST OR STOLEN

Cause: INATTENTION TO DETAIL

Keywords:

LAS

Keyword: RECORD COMPLETE

Reference Documents:

Reference #: Entry Date: Update Date: Retraction Date: Coder Initials: Description:

IN-93-009 03/10/199 09/10/1997 NB AGREEMENT STATE EVENT REPORT

AGREEMENT STATE EVENT REPORT

940493 09/10/2003

Event Details

Reference Documents:

03/10/199

09/23/1997

Reference #: IN-93-001

Abstract:

AFTER HOURS CALL ALLEGING THE DUMPING OF BIOMEDICAL WASTE (RAW CULTURES, SHARPS, BLOOD COMPONENTS) INTO AN OPEN DUMPSTER, INCLUDING VIALS LABELED RAM, I-125. COMPLAINANT HAS BEEN COLLECTING "EVIDENCE" FOR TWO YEARS AND DISPLAYED EMPTY I-125 VIALS FROM RADIOIMMUNOASSAY KITS - <,005 MCI PER VIAL. THE ALLEGED DISCARDED VIALS AND RIA PACKAGING LABELS ARE INTACT. PER NRC, A GENERAL LICENSEE DOES NOT HAVE TO CONFORM TO 10CFR19,20,21. INVESTIGATION PENDING.

UPDATE 02/16/93: COUNTY HEALTH TO CITE INDIVIDUAL ON LOCAL HAZARDOUS WASTE ORDINANCE.

	Event Date 10/14/1993		Discovery Date 10/14/1993	Report Date 01/20/1994
Licensee / Reporti Agreement State License No: NRC Region Offic Program Code: Docket:	NR	Reciprocit Licensee: City: State:	•	RINARY CLINIC County: MARION
Site of Event: Site Name: INI State: IN	DIANAPOLIS		•	
Additional Involve License No: NA Name: NA	\		City: NA State: NA	County: MARION
Other Information:	:			
NRC Reportable Event: Agreement State Reportable Event:		N N	Abnormal Occurrence: Investigation:	N
Atomic Energy A Consultant Hired	ct Material:	Y N	NMED Record Complete: Event Closed by Region/State:	Y
Event Class: LAS - LOST OR S Cause: NOT	STOLEN REPORTED			
Keywords: LAS Keyword: REC	ORD COMPLETE			

Entry Date: Update Date: Retraction Date: Coder Initials: Description:

NB

MARION

AM-BE

CS-137

NR

NR

NR

NR

940015 09/10/2003

Event Details

Abstract:

THE LICENSEE REPORTED THAT A DENSITY GAUGE WAS TRIPLE LOCKED IN A COMPANY TRUCK, WHICH WAS STOLEN. THE TRUCK AND GAUGE WERE RECOVERED WITHIN TWO HOURS.

 Event Date
 Discovery Date
 Report Date

 09/22/1993
 09/22/1993
 09/22/1993

Licensee / Reporting Party Information:

Agreement State Regulated: NO Reciprocity: NONE
License No: 13-18685-01 Licensee: ALT & WITZIG ENGINEERING, INC.
NRC Region Office: 3 City: INDIANAPOLIS County:

Program Code: 03121 State: IN

Docket. 03014041

Docket.
Site of Event:

Site Name: KIRKLIN State: IN

Additional Involved Party:

License No: NA County: Name: NA State: NA

Other Information:

NRC Reportable Event: Y Abnormal Occurrence: N
Agreement State Reportable Event: N Investigation:
Atomic Energy Act Material: Y NMED Record Complete: Y
Consultant Hired: N Event Closed by Region/State:

Event Class:

LAS - LOST OR STOLEN

Cause: STOLEN LICENSED MATERIAL, SECURITY MEASURES DEFEATED

Contributing Factors/Corrective Actions Information:

LAS

LAS

Factor #:

Contributing Factor: NOT REPORTED

Corrective Action: NA

Source/Radioactive Material Information:

Source #: 1

Source/Material: SEALED SOURCE GAUGE
Manufacturer: NR
Model Number: NR
Serial Number: NR

Device Name: GAUGE PORTABLE

Device Marri

LAS

Source #:

Source/Material: SEALED SOURCE GAUGE

Manufacturer: NR Model Number: NR Serial Number: NR

Device Name: GAUGE PORTABLE

Device/Associated Equipment Information:

Leak Test Results (uCi): Problem with Source:

Radionuclide:

Radionuclide:

Activity (Curies):

Activity (Curies):

Leak Test Results (uCi):

Problem with Source:

940015

09/10/2003

LAS

Device #:

Device/Equipment GAUGE PORTABLE BOART LONGYEAR CO. Model Number:

MC-1

M10039409

Serial Number: Problem with

Manufacturer: Reporting Requirements:

LAS

Mode Reported:

Reporting

20.0402(c) - (NO LONGER USED) ADDITIONAL FOLLOW-UP WRITTEN REPORTS ON ANY LOST OR STOLEN

MATERIAL

LAS

Mode Reported:

W

Reporting

20.0402(b) - (NO LONGER USED) THE 30 DAY WRITTEN REPORT CONCERNING LOST OR STOLEN

MATERIAL.

LAS

Mode Reported:

Reporting

20.0402(a)(1) - (NO LONGER USED) IMMEDIATE TELEPHONE REPORT OF A LOSS OR THEFT OF LICENSED MATERIAL THAT COULD RESULT IN A SUBSTANTIAL HAZARD TO PERSONS IN UNRESTRICTED AREAS.

Keywords:

LAS

Keyword: RECORD COMPLETE Keyword: SEALED SOURCE GAUGE Keyword: SEALED SOURCE GAUGE

Т

Reference Documents:

Reference #:

9312020082 02/04/199

02/21/1996

Entry Date: Update Date: Retraction Date: Coder Initials: Description:

LLB

LICENSEE REPORT

940102 09/10/2003

Event Details

THE LICENSEE REPORTED, DURING A NRC INSPECTION, THAT THEIR TELETHERAPY MACHINE HAD EXPERIENCED A PROBLEM IN THAT THE SOURCE WOULD NOT RETRACT INTO ITS SHIELDED POSITION. THE LICENSEE FAILED TO NOTIFY THE NRC EARLIER BECAUSE OF A FAILURE TO REVIEW 10CFR30 REPORTING REQUIREMENTS.

> Report Date **Discovery Date Event Date** 07/26/1993 07/02/1993 07/02/1993

Licensee / Reporting Party Information:

Agreement State Regulated: NO

13-02128-02 License No: NRC Region Office:

3 02300 03000196 NONE

SAINT FRANCIS HOSPITAL AND HEALTH CENTER MARION **BEECH GROVE** County:

IN

Docket: Site of Event:

> Site Name: **BEECH GROVE**

State:

Program Code:

Additional Involved Party:

License No: NA Name:

City: NA State:

MARION County:

Other Information:

Abnormal Occurrence: N NRC Reportable Event: Investigation: Agreement State Reportable Event: NMED Record Complete: Υ Atomic Energy Act Material: Event Closed by Region/State: N Consultant Hired:

Reciprocity:

Licensee:

City:

State:

Event Class:

EOP - EQUIPMENT

DEFECTIVE OR FAILED PARTS

Contributing Factors/Corrective Actions Information:

EQP

Factor #:

Contributing Factor: Corrective Action:

NOT REPORTED NOT REPORTED

Source/Radioactive Material Information:

EQP

Source #:

Source/Material:

SEALED SOURCE TELETHERAPY

Radionuclide: Activity (Curies):

Leak Test Results (uCi):

Problem with Source:

CO-60 8400 NR

Manufacturer: Model Number: NR NR

Serial Number:

Device Name:

TELETHERAPY UNIT

Device/Associated Equipment Information:

NR

EQP

Device #:

Device/Equipment TELETHERAPY UNIT

Manufacturer: PICKER Model Number: Serial Number:

C-9 NR

Problem with

940102

09/10/2003

EQP

Device #:

Device/Equipment SOURCE RETRACTION MECHANISM

Model Number: Serial Number:

NR NR

Manufacturer: PICKER Problem with

Reporting Requirements:

EQP

Mode Reported:

Reporting

30.50(b)(2)(ii) - THE 24 HOUR REPORT OF AN EVENT WHERE REQUIRED EQUIPMENT IS DISABLED OR FAILS TO FUNCTION AS DESIGNED WHEN THE EQUIPMENT IS REQUIRED TO BE AVAILABLE AND

OPERABLE WHEN IT IS DISABLED OR FAILS TO FUNCTION.

Keywords:

EQP

Keyword: RECORD COMPLETE

Keyword: SEALED SOURCE TELETHERAPY Keyword: SOURCE RETRACTION MECHANISM

Keyword: TELETHERAPY UNIT

Reference Documents:

Reference #:

Entry Date: Update Date: Retraction Date: Coder Initials: Description:

9309030143 02/10/199 9310200051 02/10/199

02/10/1994 02/10/1994

DRL DRL

NOTICE OF VIOLATION NRC LETTER

88

940973 09/10/2003

Event Details

Abstract:

THE LICENSEE HAD PREVIOUSLY REPORTED AN INCIDENT THAT DAMAGED A GAUGE. THE NRC CONDUCTED AN INSPECTION AND CITED THE LICENSEE FOR THREE VIOLATIONS RELATED TO THE DAMAGED GAUGE.

Event Date

Discovery Date

Report Date

06/15/1993

06/15/1993

07/05/1993

Licensee / Reporting Party Information:

Agreement State Regulated:

Reciprocity:

NONE

License No: NRC Region Office:

13-26078-01 3

Licensee: City:

BRIDGEPORT BRASS CORP. **INDIANAPOLIS**

County:

MARION

Program Code: Docket:

03120 03031370

State:

IN

Site of Event:

Site Name:

INDIANAPOLIS

State:

Additional Involved Party:

License No: NA Name:

City: State: NA NA County: MARION

Other Information:

NRC Reportable Event:

Agreement State Reportable Event: Atomic Energy Act Material: Consultant Hired:

Ν

Abnormal Occurrence: Investigation: NMED Record Complete:

N Event Closed by Region/State:

Event Class:

EQP - EQUIPMENT

Cause:

NOT REPORTED

Contributing Factors/Corrective Actions Information:

EQP

Factor #: 1

Contributing Factor. Corrective Action:

NOT REPORTED NOT REPORTED

Source/Radioactive Material Information:

EQP

Source #: Source/Material:

SEALED SOURCE GAUGE

Manufacturer: NR NR Model Number: NR Serial Number:

Device Name:

GAUGE FIXED

Radionuclide: Activity (Curies): AM-241 NR

Leak Test Results (uCi): Problem with Source:

Device/Associated Equipment Information:

EQP

Device #:

Device/Equipment GAUGE FIXED

Manufacturer: Reporting Requirements: Model Number: Serial Number:

NR NR

Problem with

940973

09/10/2003

EQP

Mode Reported:

Reporting

30.50(b)(2)(ii) - THE 24 HOUR REPORT OF AN EVENT WHERE REQUIRED EQUIPMENT IS DISABLED OR FAILS TO FUNCTION AS DESIGNED WHEN THE EQUIPMENT IS REQUIRED TO BE AVAILABLE AND OPERABLE WHEN IT IS DISABLED OR FAILS TO FUNCTION.

Keywords: EQP

Keyword: GAUGE FIXED

Keyword: RECORD COMPLETE Keyword: SEALED SOURCE GAUGE

Reference Documents:

Reference #:

Entry Date: Update Date: Retraction Date: Coder Initials: Description:

DRL

9310200117 04/18/199 02/21/1996

NOTICE OF VIOLATION

921058 09/10/2003

Event Details

Abstract:

THE LICENSEE REPORTED A TELETHERAPY MISADMINISTRATION INVOLVING A DOSE GREATER THAN PRESCRIBED.

A 31 MONTH OLD PATIENT WAS PRESCRIBED TWO CO-60 TELETHERAPY TREATMENTS OF 150 RAD EACH EACH TO REDUCE SWELLING CAUSED BY A BRAIN TUMOR.

WHILE PLANNING THE TREATMENT, THE DOSIMETRIST CALCULATED THE TREATMENT TIME FOR 300 RAD/TREATMENT RATHER THAN THE INTENDED 150 RAD.

THE CALCULATIONS AND TREATMENT PLAN WERE REVIEWED BY THREE ADDITIONAL INDIVIDUALS PRIOR TO THE TREATMENT. ALL THREE FAILED TO RECOGNIZE THE ERROR SINCE 300 RAD PER TREATMENT FOR A BRAIN TUMOR IS CONSIDERED NORMAL FOR BRAIN TUMORS. THE ERROR WAS DISCOVERED BY A STUDENT THERAPY TECHNOLOGIST DURING A REVIEW OF THE TREATMENT PLAN.

THE PATIENT'S GUARDIAN WAS NOTIFIED.

A MEDICAL CONSULTANT REPORTED THAT:

THERE IS NO SET TREATMENT FOR THIS CONDITION, AND THE DOSE GIVEN WAS SATISFACTORY.

NO BIOLOGICAL EFFECTS ARE EXPECTED.

NO MEDICAL CARE IS REQUIRED DUE TO THE MISADMINISTRATION.

THE LICENSEE WAS ADVISED TO REVIEW ITS QUALITY MANAGEMENT PROGRAM.

	Event Date 11/13/1992		Discovery Date)	Report Date 12/03/1992			
				12/02/1992					
Licensee / Reporting Party Information Agreement State Regulated: NO License No: 13-02752-08 NRC Region Office: 3 Program Code: 02310 Docket: 03009792			Reciprocity: Licensee: City: State:		INDIANA UNIVERSITY SCHOOL OF MEDICINI INDIANAPOLIS County: MA		E RION		
Site of Event:									
Site Name: State:	INDIAN IN	IAPOLIS							
Additional Invo	lved Pa	rty:							
License No: Name:	NA NA				City: State:	NA NA	Co	unty:	MARION
Other Informat	ion:								
NRC Reportable Event: Agreement State Reportable Event:		Y N		Abnormal C		Y Y			

NMED Record Complete:

Event Closed by Region/State:

Consultant Hired: Event Class:

MD2 - MEDICAL EVENT

Atomic Energy Act Material:

Cause: REFERRING PHYSICIAN'S REQUEST MISUNDERSTOOD

Contributing Factors/Corrective Actions Information:

MD2

Factor #:

Contributing Factor: NOT REPORTED

Corrective Action: PERSONNEL RECEIVED ADDITIONAL TRAINING

921058 09/10/2003

MD2

Factor #:

Contributing Factor: NOT REPORTED

2

Corrective Action:

NOT REPORTED

MD2

Factor #:

Contributing Factor:

NOT REPORTED

Corrective Action:

NOT REPORTED

Medical Event Information:

Patient Number: Patient Informed: % Overexposed: % Underexposed: Effect on Patient:

100 NA

Date Informed:

Given:

TELETHERAPY

Intended:

TELETHERAPY

Procedure: Dose in RAD: Organ: Study:

Radiopharm.:

Radionuclide:

Millicuries:

600 **BRAIN** NA NA NA

Procedure: Dose in RAD: Organ: Study:

Radiopharm .:

Radionuclide:

Millicuries:

BRAIN NA NA NA NA

300

Administered By:

Family Dose (REM): NA

Newborn Dose (REM):

Fetal Dose (REM):

Demographics:

Person ID No: Description:

CHILD (AGE 1-12)

NA

Source/Radioactive Material Information:

MD2

NA

Source #:

SEALED SOURCE TELETHERAPY

Radionuclide:

CO-60

Source/Material: Manufacturer:

NR

Activity (Curies): NR Leak Test Results (uCi): NR Problem with Source:

Model Number. NR NR

Serial Number: Device Name:

TELETHERAPY UNIT

Device/Associated Equipment Information:

MD2

Device #:

Model Number:

6296 NR

Device/Equipment TELETHERAPY UNIT Manufacturer:

Serial Number: Problem with

PICKER

Consultant Information:

Name: MD2 FLYNN, D. F., MD Company: MASSACHUSETTS GENERAL Hired by: NRC

Speciality: MEDICAL, M.D.

Reporting Requirements:

MD2

Mode Reported:

Reporting

35.33(a)(2)-4F - (NO LONGER USED) WRITTEN RPT. <15 DAYS AFTER DISC. OF A TELETHERAPY DOSE WHEN THE CALC. DOSE DIFFERS FROM THE TOTAL PRESC. DOSE BY MORE THAN 20% OF THE TOTAL

PRESC. DOSE.

Keywords: MD2

Keyword: BRAIN

921058

09/10/2003

Keyword: RECORD COMPLETE Keyword: TELETHERAPY

Reference Documents:

Reference #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
920012	03/30/199	08/24/1995		CDB	OLD ASSIGNED ITEM NUMBER
312001	03/30/199	08/24/1995		CDB	OLD REGIONAL LOG NUMBER AS SOURCE
9302030100	04/29/199	08/24/1995		NB	LICENSEE REPORT
9307070161	04/29/199	08/24/1995		NB	NRC LETTER
9302030078	04/29/199	08/24/1995		NB	NRC LETTER
9302030085	04/29/199	08/24/1995		NB	NOTICE OF VIOLATION
9302030089	04/29/199	08/24/1995		NB	INSPECTION REPORT
9307070172	04/29/199	08/24/1995		NB	CONSULTANT REPORT
9307070169	04/29/199	08/24/1995		NB	LICENSEE REPORT
9310200087	06/09/199	08/24/1995		NB	ENFORCEMENT ACTION
9306150022	06/09/199	08/24/1995		NB	NRC LETTER
9306010010	06/09/199	08/24/1995		NB	NRC LETTER
9306150028	06/09/199	08/24/1995		NB	ENFORCEMENT CONFERENCE
9310200083	06/09/199	08/24/1995		NB	NRC LETTER
9401240262	07/15/199	08/24/1995		NB	NRC LETTER
9401240272	07/15/199	08/24/1995		NB	OTHER
9310250091	07/15/199	08/24/1995		NB	NOTIFICATION OF SIGNIFICANT ENFORCEMENT ACTION
92-17	09/07/199	08/24/1995		NB	ABNORMAL OCCURRENCE NUMBER

CS-137

0.01

NR

920889 09/10/2003

Event Details

THE LICENSEE REPORTED A THEFT OF A CAMPBELL PACIFIC MOISTURE/DENSITY GAUGE FROM THEIR TRUCK. THE GAUGE INCLUDED TWO 10 mCi CS-137 SEALED SOURCES, TWO 50 mCi AM-BE SEALED SOURCES, AND ONE 100 mCi AM-BE SEALED SOURCE. A REWARD WAS OFFERED.

> **Event Date Discovery Date** Report Date 09/22/1992 09/22/1992 10/09/1992

Licensee / Reporting Party Information:

Agreement State Regulated: Reciprocity: NONE NO

License No: 13-18685-01 Licensee: ALT & WITZIG ENGINEERING, INC.

NRC Region Office: 3 City: **INDIANAPOLIS MARION** Program Code: 03121 State: IN

Docket: 03014041

Site of Event:

Site Name: **INDIANAPOLIS**

State: IN

Additional Involved Party:

License No: NA City: NA County: MARION Name: State: NA

Other Information:

Abnormal Occurrence: NRC Reportable Event: Y N Agreement State Reportable Event: Investigation: Atomic Energy Act Material: NMED Record Complete: Consultant Hired: N Event Closed by Region/State:

Event Class:

LAS - LOST OR STOLEN

STOLEN LICENSED MATERIAL, SECURITY MEASURES DEFEATED

Contributing Factors/Corrective Actions Information:

LAS

Factor#:

Contributing Factor: **NOT REPORTED** NOT REPORTED Corrective Action:

Source/Radioactive Material Information:

LAS Source #:

Radionuclide: Source/Material: **SEALED SOURCE GAUGE** Activity (Curies):

Manufacturer: Leak Test Results (uCi): NR Model Number: Problem with Source: NR

Serial Number: NR

Device Name: **GAUGE PORTABLE**

LAS

Source #:

CS-137 Radionuclide: Source/Material: **SEALED SOURCE GAUGE** Activity (Curies): 0.01 Leak Test Results (uCi): Manufacturer: NR NR Model Number: NR Problem with Source:

Serial Number:

GAUGE PORTABLE Device Name:

920889

09/10/2003

LAS

Source #:

SEALED SOURCE GAUGE

Radionuclide: Activity (Curies): AM-BE 0.05

Source/Material: Manufacturer:

NR NR

Leak Test Results (uCi): NR

Model Number: Serial Number.

Problem with Source:

Device Name:

NR

GAUGE PORTABLE

LAS

Source #:

Source/Material: Manufacturer:

SEALED SOURCE GAUGE NR

Radionuclide: Activity (Curies): Leak Test Results (uCi):

Problem with Source:

AM-BE 0.05 NR

Model Number: Serial Number:

NR **GAUGE PORTABLE**

Device Name: LAS

Source #:

Source/Material: Manufacturer:

Model Number.

SEALED SOURCE GAUGE

NR

NR

NR . NR

Serial Number: Device Name:

GAUGE PORTABLE

Radionuclide:

AM-BE 0.1 NR

Activity (Curies): Leak Test Results (uCi):

Problem with Source:

Device/Associated Equipment Information:

LAS

Device #:

Device/Equipment GAUGE PORTABLE

Model Number:

NR NR

Manufacturer: BOART LONGYEAR CO. Serial Number: Problem with

Reporting Requirements:

LAS

Mode Reported:

W

Reporting

20.0402(b) - (NO LONGER USED) THE 30 DAY WRITTEN REPORT CONCERNING LOST OR STOLEN

MATERIAL.

LAS

Mode Reported:

Reporting

20.0402(a)(1) - (NO LONGER USED) IMMEDIATE TELEPHONE REPORT OF A LOSS OR THEFT OF LICENSED MATERIAL THAT COULD RESULT IN A SUBSTANTIAL HAZARD TO PERSONS IN UNRESTRICTED AREAS.

Keywords:

LAS

Keyword: GAUGE PORTABLE Keyword: RECORD COMPLETE Keyword: SEALED SOURCE GAUGE

T

Reference Documents:

Reference #: 920526

12/07/199

05/23/1995

Entry Date: Update Date: Retraction Date: Coder Initials:

CDB

Description: **OLD ASSIGNED ITEM NUMBER**

9210270099 12/07/199 02/21/1996 CDB

LICENSEE REPORT

920856 09/10/2003

Event Details

Abstract:

A SOURCE FAILED TO RETURN TO THE SHIELDED POSITION AFTER PATIENT TREATMENT. THE SOURCE RETURNED TO THE SHIELDED POSITION AFTER THE EMERGENCY OFF BUTTON WAS PUSHED. MACHINE USE WAS DISCONTINUED UNTIL THE MACHINE WAS EVALUATED; DURING THE EVALUATION, THE FAILURE WAS NOT REPEATED. AFTER THE MAINTENANCE, THE MACHINE WAS RETURNED TO SERVICE.

> **Event Date Discovery Date** Report Date 09/10/1992 09/10/1992 09/11/1992

Licensee / Reporting Party Information:

Agreement State Regulated: Reciprocity: NONE

INDIANA UNIVERSITY SCHOOL OF MEDICINE License No: 13-02752-08 Licensee: **INDIANAPOLIS** NRC Region Office: County: 3 City: MARION

State: Program Code: 02310 03009792

Site of Event:

Docket:

Site Name: **INDIANAPOLIS**

State:

Additional Involved Party: License No: NA City: NA County: MARION

State: NA Name:

Other Information:

NRC Reportable Event: Abnormal Occurrence: N Agreement State Reportable Event: Investigation: N Atomic Energy Act Material: NMED Record Complete: Consultant Hired: N Event Closed by Region/State:

Event Class:

EQP - EQUIPMENT

DEFECTIVE OR FAILED PARTS Cause:

Contributing Factors/Corrective Actions Information:

EQP

Factor #:

Contributing Factor: **NOT REPORTED**

REPAIRS MADE WITHOUT ENGINEERING CHANGE TO SYSTEM Corrective Action:

Source/Radioactive Material Information:

EOP

Source #: Radionuclide: CO-60 SEALED SOURCE BRACHYTHERAPY Activity (Curies): Source/Material: NR Manufacturer: Leak Test Results (uCi): NR NR Problem with Source:

Model Number. NR Serial Number: NR

REMOTE AFTERLOADER HDR Device Name:

Device/Associated Equipment Information:

EQP

Device #: Model Number: NR Device/Equipment REMOTE AFTERLOADER HDR Serial Number: NR THOMSON CGR MED./COT Problem with Manufacturer:

920856

09/10/2003

EQP

Device #:

Device/Equipment SOURCE RETRACTION MECHANISM

Model Number: Serial Number:

NR NR

Manufacturer:

Problem with

Reporting Requirements:

EQP

Mode Reported:

Reporting

30.50(b)(2)(i) - THE 24 HOUR REPORT OF AN EVENT WHERE REQUIRED EQUIPMENT IS DISABLED OR FAILS TO FUNCTION AS DESIGNED TO PREVENT RELEASES EXCEEDING REG LIMITS, EXPOSURES TO RADIATION AND RAD MATERIAL EXCEEDING REG. LIMITS, OR TO MITIGATE CONSEQUENCES OF AN

ACCIDENT

Keywords:

EQP

Keyword: RECORD COMPLETE

Keyword: REMOTE AFTERLOADER HDR Keyword: SEALED SOURCE BRACHYTHERAPY Keyword: SOURCE RETRACTION MECHANISM

Reference Documents:

Reference #:

12/07/199

01/16/1995

Entry Date: Update Date: Retraction Date: Coder Initials: Description:

CDB

OLD ASSIGNED ITEM NUMBER

920276 9209300168

12/07/199

01/16/1995

CDB .

LICENSEE REPORT

920796 09/10/2003

Event Details

LICENSEE REPORTS THAT 2 GAUGES CONTAINING 200 MCI CS-137 EACH WERE REMOVED AND REPLACED BY EMPLOYEES. ONE WAS REMOVED AND REPLACED WITH THE SHUTTER OPEN. DOSE ESTIMATES GIVE A MAXIMUM EXPOSURE OF LESS THAN 16.5 MREM.

Event Date

Discovery Date

Report Date

08/19/1992

08/19/1992

09/23/1992

Licensee / Reporting Party Information:

Agreement State Regulated: License No:

13-17217-01

Reciprocity:

NONE

IN

INDIANAPOLIS POWER & LIGHT CO.

NRC Region Office:

3 03121 Licensee: City: State:

INDIANAPOLIS

County:

MARION

Program Code:

03012381

Docket: Site of Event:

> Site Name: **PETERSBURG**

State:

Additional Involved Party:

License No: NA Name:

NA

City: State: NA

County:

Other Information:

NRC Reportable Event: Agreement State Reportable Event:

Atomic Energy Act Material: Consultant Hired:

Ν N

Abnormal Occurrence: Investigation: NMED Record Complete:

N Υ Event Closed by Region/State:

Event Class:

OTH - OTHER

Cause:

NOT REPORTED

Contributing Factors/Corrective Actions Information:

OTH

Factor #:

Contributing Factor. Corrective Action:

NOT REPORTED NOT REPORTED

Source/Radioactive Material Information:

OTH

Source #:

Source/Material:

SEALED SOURCE GAUGE NR

Manufacturer: Model Number: Serial Number.

NR NR

Device Name:

GAUGE FIXED

OTH

Source #:

Source/Material:

SEALED SOURCE GAUGE

Manufacturer: Model Number: Serial Number:

NR

NR

Device Name:

NR **GAUGE FIXED** Radionuclide:

Radionuclide:

Activity (Curies): Leak Test Results (uCi): Problem with Source:

0.2 NR

CS-137

CS-137

Activity (Curies): 0.2 Leak Test Results (uCi): NR

Problem with Source:

920796 09/10/2003

Device/Associated Equipment Information:

ОТН

OTH Device #:

Device #:

Device/Equipment GAUGE FIXED Manufacturer:

TN TECHNOLOGY

2 Device/Equipment GAUGE FIXED

TN TECHNOLOGY

Model Number: Serial Number:

Problem with

Model Number: Serial Number:

Problem with

5190 NR

5190

NR

Keywords: OTH

Keyword: RECORD COMPLETE

Reference Documents:

Reference #: 920513 9210020226

Manufacturer:

12/07/199 12/07/199

01/17/1995 02/21/1996

Entry Date: Update Date: Retraction Date: Coder Initials: Description:

CDB

OLD ASSIGNED ITEM NUMBER

CDB

LICENSEE REPORT

99

920597 09/10/2003

Event Details

THE LICENSEE REPORTED THAT THEIR TROXLER MOISTURE/DENSITY GAUGE, MODEL 3440 CONTAINING 40 MCI OF AM-241 AND 8 MCI OF CS-137, WAS DAMAGED WHEN HEAVY CONSTRUCTION EQUIPMENT RAN OVER IT. NO RADIOACTIVE CONTAMINATION WAS FOUND. THE LICENSEE WAS CITED FOR 4 VIOLATIONS RELATED TO THE INCIDENT.

> **Discovery Date** Report Date **Event Date** 06/19/1992 06/19/1992 06/19/1992

Licensee / Reporting Party Information:

Agreement State Regulated: NO

03121

03031268

License No: 13-23425-01 NRC Region Office: 3

NONE Reciprocity: Licensee: **HOWARD NEEDLES TAMMEN & BERGENDOFF**

INDIANAPOLIS IN

County:

MARION

Docket: Site of Event:

Program Code:

INDIANAPOLIS Site Name:

State: IN

Additional involved Party:

License No: NA NA Name:

City: NA State: NA County: MARION

Other Information:

Abnormal Occurrence: NRC Reportable Event: N Agreement State Reportable Event: Investigation: Atomic Energy Act Material: NMED Record Complete: Y Event Closed by Region/State: Consultant Hired: N

City:

State:

Event Class:

EOP - EQUIPMENT

EQUIPMENT IMPROPERLY CONTROLLED RESULTING IN THE EQUIPMENT BEING DAMAGED BY A VEHICLE

Contributing Factors/Corrective Actions Information:

EQP

Factor #:

Contributing Factor: Corrective Action:

NOT REPORTED **NOT REPORTED**

Source/Radioactive Material Information:

EQP

Source #:

Source/Material: Manufacturer: Model Number:

SEALED SOURCE GAUGE

NR NR NR

Serial Number: Device Name:

GAUGE PORTABLE

EQP

Source #:

Source/Material:

SEALED SOURCE GAUGE

Manufacturer: Model Number: Serial Number:

Device Name:

NR NR NR

GAUGE PORTABLE

Radionuclide:

Activity (Curies): Leak Test Results (uCi): Problem with Source:

Radionuclide: Activity (Curies): Leak Test Results (uCi): CS-137 0.008 NR

AM-BE

0.04

NR

Problem with Source:

920597 09/10/2003

Device/Associated Equipment Information:

EQP

Device #:

Device/Equipment GAUGE PORTABLE

Model Number: Serial Number:

3440 NR

Manufacturer:

TROXLER .

Problem with

Reporting Requirements:

EQP

Mode Reported:

Reporting

30.50(b)(2)(i) - THE 24 HOUR REPORT OF AN EVENT WHERE REQUIRED EQUIPMENT IS DISABLED OR FAILS TO FUNCTION AS DESIGNED TO PREVENT RELEASES EXCEEDING REG LIMITS, EXPOSURES TO RADIATION AND RAD MATERIAL EXCEEDING REG. LIMITS, OR TO MITIGATE CONSEQUENCES OF AN

ACCIDENT

Keywords:

EQP

Keyword: RECORD COMPLETE Keyword: SEALED SOURCE GAUGE Keyword: SEALED SOURCE GAUGE

Reference Documents:

Reference #:

920413

12/07/199

05/24/1995

Entry Date: Update Date: Retraction Date: Coder Initials: Description:

OLD ASSIGNED ITEM NUMBER

307002 12/07/199

02/21/1996

CDB CDB

LICENSEE REPORT

NR

Radionuclide:

920457 09/10/2003

Event Details

Abstract:

LICENSEE RESPONDED TO VIOLATIONS WHICH INCLUDED FAILURE TO DOCUMENT A POSSIBLE EXPOSURE AND FAILURE TO ADEQUATELY TRANSPORT RADIOACTIVE MATERIAL.

 Event Date
 Discovery Date
 Report Date

 05/07/1992
 05/07/1992
 05/21/1992

Licensee / Reporting Party Information:

Agreement State Regulated: NO Reciprocity: NONE

License No: 13-26369-01 Licensee: ATEC ASSOCIATES, INC.

NRC Region Office: 3 City: INDIANAPOLIS County: MARION
Program Code: 03111 State: IN

 Program Code:
 03111
 State:

 Docket:
 03032577

Site of Event:

Site Name: NR State: IN

Additional Involved Party:

License No: NA City: NA County: Name: NA State: NA

Other Information:

NRC Reportable Event:
Agreement State Reportable Event:
Alomic Energy Act Material:
Consultant Hired:

Y
Abnormal Occurrence:
N
Investigation:
Y
NMED Record Complete:
Y
Event Closed by Region/State:

Event Class:

TRS - TRANSPORTATION

Cause: LOSS OF ADMINISTRATIVE CONTROL

Contributing Factors/Corrective Actions Information:

TRS

TRS

Factor #:

Contributing Factor: NOT REPORTED

Corrective Action: PROCEDURE MODIFIED

Source/Radioactive Material Information:

Source #: 1

Source/Material: SEALED SOURCE WELL LOGGING Activity (Curies): NR
Manufacturer: NR
Model Number: NR
Problem with Source:

Model Number: NR Serial Number: NR

Device Name: WELL LOGGING TOOL

Device/Associated Equipment Information:

TRS

Device #: 1 Model Number: NR
Device/Equipment WELL LOGGING TOOL Serial Number: NR

Manufacturer: NR Problem with

Reporting Requirements:

920457 09/10/2003

TRS

Mode Reported: W

Reporting

71.5 - TRANSPORTATION OF LICENSED MATERIAL

Keywords:

TRS

Keyword: RECORD COMPLETE
Keyword: SEALED SOURCE WELL LOGGING
Keyword: WELL LOGGING TOOL

Reference Documents:

Reference #: 920309 9206010059

12/07/199 02/01/1995

12/07/199 02/21/1996

Entry Date: Update Date: Retraction Date: Coder Initials: Description: CDB

CDB

OLD ASSIGNED ITEM NUMBER

LICENSEE REPORT

920355 09/10/2003

Event Details

THE NRC MET WITH THE LICENSEE TO DISCUSS AN EXPOSURE OF 2.14 REM IN A QUARTER TO AN EMPLOYEE. THE EMPLOYEE HAD STORED HIS DOSIMETER NEAR GAUGES, OFTEN FOR LONG PERIODS OF TIME. THE EXPOSURE WAS GIVEN TO THE BADGE, NOT THE EMPLOYEE.

> **Event Date Discovery Date** Report Date 04/07/1992 04/07/1992 04/21/1992

Licensee / Reporting Party Information:

Agreement State Regulated: NO Reciprocity: NONE

License No: 13-17732-01 Licensee: ATEC ASSOCIATES, INC.

NRC Region Office: **INDIANAPOLIS** 3 City: **MARION** County: IN

Program Code: 03121 State: 03013245 Docket:

Site of Event:

Site Name: **INDIANAPOLIS**

State:

Additional Involved Party:

License No: NA City: NA County: MARION

Name: NA State: NA

Other Information:

NRC Reportable Event: N Abnormal Occurrence: N Agreement State Reportable Event: Investigation: N Atomic Energy Act Material: Y **NMED Record Complete:** Y Consultant Hired: N Event Closed by Region/State:

Event Class:

EXP - OVEREXPOSURE

Cause: LOSS OF ADMINISTRATIVE CONTROL

Contributing Factors/Corrective Actions Information:

EXP

Factor #:

IMPROPERLY FOLLOWED PROCEDURES Contributing Factor.

NOT REPORTED Corrective Action:

Overexposure Information:

Person ID Radiation Exposure Source: Exposure Type of Dose: Effect of Exposure:

Number: Dose (REM):

GAUGE PORTABLE

SEALED SOURCE GAUGE 2.14 **BADGE ONLY**

Demographics:

Device Name:

Person ID No: Description:

MALE

Source/Radioactive Material Information:

EXP

Source #:

NR Radionuclide: Source/Material: **SEALED SOURCE GAUGE** Activity (Curies): NR Manufacturer: Leak Test Results (uCi): NR

Problem with Source: Model Number: NR

Serial Number: NR

920355

09/10/2003

Device/Associated Equipment Information:

EXP

Device #:

Device/Equipment GAUGE PORTABLE

Model Number: Serial Number:

NR NR

Manufacturer:

NR

Problem with

Keywords: EXP

Keyword: RECORD COMPLETE Keyword: SEALED SOURCE GAUGE Keyword: WHOLE BODY

Reference Documents:

Reference #:

Entry Date: Update Date: Retraction Date: Coder Initials: Description: 12/07/199 03/31/1995 CDB OLD ASSIGN 920198 9205040115 12/07/199 03/31/1995

CDB

OLD ASSIGNED ITEM NUMBER

INSPECTION REPORT

920258 09/10/2003

Event Details

Abstract:

THE LICENSEE REPORTED THE LOSS OF A NUCLECEL AIR GUN.

Event Date

Discovery Date

Report Date

03/13/1992

03/13/1992

03/13/1992

Licensee / Reporting Party Information:

Agreement State Regulated:

NO **GENERAL LICENS** Licensee: NONE

UNITED MEDICAL MANUFACTURING

License No: NRC Region Office:

3

City:

INDIANAPOLIS

County:

Ν

MARION

Program Code:

NR

State:

Reciprocity:

IN

Docket: Site of Event:

Site Name: INDIANAPOLIS

State:

Additional Involved Party:

License No: NA Name: NA

City: State:

NA NA County:

MARION

Other Information:

NRC Reportable Event: Agreement State Reportable Event:

Y Atomic Energy Act Material: Consultant Hired: N Abnormal Occurrence: Investigation:

NMED Record Complete: Event Closed by Region/State:

Event Class:

LAS - LOST OR STOLEN

Cause: LOSS OF ADMINISTRATIVE CONTROL

Contributing Factors/Corrective Actions Information:

LAS

Factor #:

Contributing Factor:

IMPROPERLY FOLLOWED PROCEDURES

Corrective Action:

NOT REPORTED

Source/Radioactive Material Information:

LAS

Source #:

Source/Material: Manufacturer:

SEALED SOURCE IONIZING NRD, INC.

Radionuclide: Activity (Curies): Leak Test Results (uCi): Problem with Source:

P-001 Model Number: Serial Number:

Device Name:

STATIC ELIMINATOR

Device/Associated Equipment Information:

LAS

Device #:

Device/Equipment STATIC ELIMINATOR

Model Number: Serial Number: P-2051 NR

PO-210

NR

NR

Manufacturer. NRD, INC. Problem with

Reporting Requirements:

920258 09/10/2003

LAS

Mode Reported:

W

T

Reporting

20.0402(b) - (NO LONGER USED) THE 30 DAY WRITTEN REPORT CONCERNING LOST OR STOLEN MATERIAL.

LAS

Mode Reported:

Reporting

20.0402(a)(1) - (NO LONGER USED) IMMEDIATE TELEPHONE REPORT OF A LOSS OR THEFT OF LICENSED MATERIAL THAT COULD RESULT IN A SUBSTANTIAL HAZARD TO PERSONS IN UNRESTRICTED AREAS.

Keywords:

LAS

Keyword: RECORD COMPLETE Keyword: SEALED SOURCE IONIZING Keyword: STATIC ELIMINATOR

Reference Documents:

Reference #: 920130

12/07/199

03/17/1995

Entry Date: Update Date: Retraction Date: Coder Initials: Description:

CDB

03/17/1995 304004 12/07/199

CDB

OLD ASSIGNED ITEM NUMBER LICENSEE REPORT

920204 09/10/2003

Event Details

Abstract:

LAS

Source #:

Source/Material:

Manufacturer:

Model Number:

Serial Number:

Device Name:

SEALED SOURCE GAUGE

GAUGE PORTABLE

NR

NR

NR

THE LICENSEE REPORTED THAT A MOISTURE/DENSITY GAUGE, CONTAINING 10 mCi OF CS-137 AND 50 mCi OF AM-241, WAS STOLEN FROM A LICENSEE VEHICLE. THE GAUGE WAS IN THE SHIELDED, LOCKED POSITION AND WAS LOCKED IN THE TRUCK. THE POLICE AND THE NEWSPAPER WERE NOTIFIED. THE GAUGE WAS RECOVERED ON 03/04/92. NO LEAKAGE WAS DETECTED.

	Event Date 02/29/1992	D	02/29/1992		Report Da 03/02/199	
Licensee / Reporting R Agreement State Reg License No: NRC Region Office: Program Code: Docket:	•	Reciprocity: Licensee: City: State:	NONE ATEC AS: INDIANAF IN	SOCIATES, INC. POLIS	County:	MARION
Site of Event: Site Name: NOBL' State: IN	ESVILLE					
Additional Involved Pa License No: NA Name: NA	arty:		City: State:	NA NA	Cou	inty: HAMILTON
Other Information:						
NRC Reportable Eve Agreement State Re Atomic Energy Act M Consultant Hired:	portable Event: N	! ,			N Y Y	
Event Class: LAS - LOST OR STO Cause: STOLEN	DLEN I LICENSED MATER	IAL, SECURITY I	MEASURES DI	EFEATED		
Contributing Factors/ LAS Factor #: Contributing Factor. Corrective Action:	Corrective Actions I NOT REPORTED NOT REPORTED)				
Source/Radioactive N	laterial Information:					
Source #: Source/Material: Manufacturer: Model Number: Serial Number: Device Name:	1 SEALED SOURCE NR NR NR GAUGE PORTABL			Radionuclide: Activity (Curies): Leak Test Results Problem with Source	• •	5

Radionuclide:

Activity (Curies):

Leak Test Results (uCi):

Problem with Source:

CS-137

0.01

NR

920204

09/10/2003

Device/Associated Equipment Information:

LAS

Device #:

Manufacturer:

Device/Equipment GAUGE PORTABLE BOART LONGYEAR CO. Model Number; Serial Number:

NR NR

Problem with

Reporting Requirements:

LAS

Mode Reported:

Reporting

20.0402(b) - (NO LONGER USED) THE 30 DAY WRITTEN REPORT CONCERNING LOST OR STOLEN MATERIAL.

LAS

Mode Reported:

Reporting

T

20.0402(a)(1) - (NO LONGER USED) IMMEDIATE TELEPHONE REPORT OF A LOSS OR THEFT OF LICENSED MATERIAL THAT COULD RESULT IN A SUBSTANTIAL HAZARD TO PERSONS IN UNRESTRICTED AREAS.

Keywords:

LAS

Keyword: RECORD COMPLETE Keyword: SEALED'SOURCE GAUGE Keyword: SEALED SOURCE GAUGE

Reference Documents:

Reference #:

12/07/199

Entry Date: Update Date: Retraction Date: Coder Initials: Description:

CDB

03/10/1995 03/10/1995

CDB

OLD ASSIGNED ITEM NUMBER OLD ASSIGNED ITEM NUMBER

9203110080

920252

920075

12/07/199 12/07/199

02/21/1996

CDB

LICENSEE REPORT

CS-137

0.0084

NR

Problem with Source:

Event Details

Abstract:

THE LICENSEE REPORTED THE THEFT AND RECOVERY OF A MOISTURE/DENSITY GAUGE CONTAINING 8.4 mCi OF CS-137 AND 40 mCi OF AM-241. THE GAUGE WAS IN A LICENSEE TRUCK THAT WAS STOLEN FROM A LICENSEE BUILDING. THE PROPERTY WAS RECOVERED. THERE WAS NO DAMAGE TO THE GAUGE.

> **Event Date Discovery Date** Report Date 02/26/1992 02/26/1992 04/13/1992

Licensee / Reporting Party Information:

Agreement State Regulated: NONE NO Reciprocity:

License No: 13-18685-01 Licensee: ALT & WITZIG ENGINEERING, INC.

NRC Region Office: 3 City: **INDIANAPOLIS** MARION County: Program Code: 03121 State: IN

03014041 Docket:

Site of Event:

Site Name: **INDIANAPOLIS** State: IN

Additional Involved Party:

License No: NA City: NA County: MARION State: NA

Name:

Other Information:

NRC Reportable Event: Abnormal Occurrence: Agreement State Reportable Event: N Investigation: Atomic Energy Act Material: NMED Record Complete: Consultant Hired: Ν Event Closed by Region/State:

Event Class:

LAS - LOST OR STOLEN

STOLEN LICENSED MATERIAL, SECURITY MEASURES DEFEATED Cause:

Contributing Factors/Corrective Actions Information:

LAS

Factor #:

Contributing Factor. **NOT REPORTED** Corrective Action: **NOT REPORTED**

Source/Radioactive Material Information:

LAS

Source #: Radionuclide: AM-BE Source/Material: **SEALED SOURCE GAUGE** Activity (Curies): 0.04 Manufacturer: NR Leak Test Results (uCi): NR Problem with Source:

Model Number: NR Serial Number: NR

GAUGE PORTABLE Device Name:

LAS

Source #:

Radionuclide: Source/Material: **SEALED SOURCE GAUGE** Activity (Curies): Manufacturer: Leak Test Results (uCi): NR

Model Number: NR Serial Number:

GAUGE PORTABLE Device Name:

920195

09/10/2003

Device/Associated Equipment Information:

LAS

;

Device #:

Device/Equipment GAUGE PORTABLE

Model Number: Serial Number:

3401 NR

Manufacturer:

TROXLER

Problem with

Reporting Requirements:

LAS

Mode Reported:

Reporting

20.0402(b) - (NO LONGER USED) THE 30 DAY WRITTEN REPORT CONCERNING LOST OR STOLEN

MATERIAL.

LAS

Mode Reported:

Т Reporting

20.0402(a)(1) - (NO LONGER USED) IMMEDIATE TELEPHONE REPORT OF A LOSS OR THEFT OF LICENSED

MATERIAL THAT COULD RESULT IN A SUBSTANTIAL HAZARD TO PERSONS IN UNRESTRICTED AREAS.

Keywords:

LAS

Keyword: RECORD COMPLETE Keyword: SEALED SOURCE GAUGE Keyword: SEALED SOURCE GAUGE

Reference Documents:

Entry Date: Update Date: Retraction Date: Coder Initials: Description: Reference #:

920152 12/07/199 03/09/1995 OLD ASSIGNED ITEM NUMBER CDB 920118 12/07/199 03/09/1995 CDB OLD ASSIGNED ITEM NUMBER

9204280420 12/07/199 02/21/1996 CDB LICENSEE REPORT

911304 09/10/2003

Event Details

Abstract:

DOCTOR SPOKE WITH NURSE AND ORDERED SERIES OF TESTS. NORMALLY CHART IS CHECKED BUT BECAUSE OF SPEAKING WITH NURSE AND SERIES OF TESTS IT WAS NOT IN THIS CASE. PATIENT'S CHART WILL NOW BE CHECKED REGARDLESS.

> **Event Date Discovery Date** Report Date 11/27/1991 11/27/1991 11/27/1991

Licensee / Reporting Party Information:

Agreement State Regulated: NO Reciprocity: NONE

License No: 13-17082-01 Licensee: HENDRICKS COMMUNITY HOSPITAL

NRC Region Office: 3 City: DANVILLE County: **HENDRICKS**

Program Code: 02120 State: IN

03012163

Site of Event:

Docket:

Site Name: State: IN

Additional Involved Party:

License No: NA City: NA County:

Name: State: NA

Other Information:

NRC Reportable Event: N Abnormal Occurrence: N Agreement State Reportable Event: N Investigation: Atomic Energy Act Material: Υ NMED Record Complete: Υ Consultant Hired: N Event Closed by Region/State:

Event Class:

MD2 - MEDICAL EVENT

DIAGNOSTIC STUDY OR THERAPY REQUESTED FOR WRONG PATIENT Cause:

Contributing Factors/Corrective Actions Information:

MD2

Factor #:

Contributing Factor. PATIENT CHART NOT CHECKED

Corrective Action: PROCEDURE MODIFIED

MD2

Factor #: 2

Contributing Factor: **HEAVY WORKLOAD** Corrective Action: NOT REPORTED

Medical Event Information:

911304 09/10/2003

Patient Number: Patient Informed:

NR % Overexposed: % Underexposed: NR

Date Informed: Effect on Patient:

Given:

Intended: RADIOPHARMACEUTICAL - D Procedure: Procedure: NR Dose in RAD: NA Dose in RAD: NA NA Organ: Organ: NA **BONE SCAN** Study: Study: NR Radiopharm.: MDP/MEDRONATE/OSTEOLITE Radiopharm.: NR Radionuclide: TC-99M Radionuclide: NR 22.2 Millicuries: NR

Millicuries:

Family Dose (REM):

Newborn Dose (REM):

Fetal Dose (REM):

Administered By:

NR

NR

Source/Radioactive Material Information:

MD2

Source #:

UNSEALED SOURCE RADIOPHARM

Radionuclide: Activity (Curies):

TC-99M

Source/Material: Manufacturer: Model Number:

NR NA

Leak Test Results (uCi):

0.0222 NA

Serial Number:

NA Device Name: NA

Problem with Source:

Keywords:

MD2

Keyword: RADIOPHARMACEUTICAL - D

Keyword: RECORD COMPLETE

Reference Documents:

Reference #:

Entry Date: Update Date: Retraction Date: Coder Initials:

Description:

910386 9112160018 09/22/199 09/22/199 09/22/1994 09/22/1994 CDB

OLD ASSIGNED ITEM NUMBER

CDB NOTICE OF VIOLATION

910116

09/10/2003

Event Details

MAINTENANCE WORKER, UNAWARE THAT THE DEVICE CONTAINED RADIOACTIVE MATERIAL, REMOVED AN OHMART GAUGE CONTAINING 100 MCI CS-137 FROM A PROCESS PIPE WHILE REPAIRING A PUMP. WORST CASE; 59 MREM, MOST LIKELY 2-3 MREM.

> **Event Date Discovery Date Report Date** 10/30/1991 10/30/1991 10/30/1991

Licensee / Reporting Party Information:

Agreement State Regulated: NO Reciprocity: NONE

License No: **GENERAL LICENS** Licensee: BEVERIDGE PAPER CO.

NRC Region Office: 3 City: **INDIANAPOLIS** County: MARION Program Code: NR State: IN

Docket: NR

Site of Event:

Site Name: NR State: IN

Additional Involved Party:

License No: NA City: NA County:

Name: State: NA

Other Information:

NRC Reportable Event: Abnormal Occurrence: Ν N Agreement State Reportable Event: N Investigation: Atomic Energy Act Material: NMED Record Complete: Consultant Hired: Event Closed by Region/State: N

Event Class: OTH - OTHER

LOSS OF ADMINISTRATIVE CONTROL Cause:

Keywords:

OTH

Keyword: RECORD COMPLETE

Reference Documents:

Reference #: Entry Date: Update Date: Retraction Date: Coder Initials: Description:

910239 09/22/199 04/13/1995 CDB **OLD ASSIGNED ITEM NUMBER**

300000 09/22/199 04/13/1995 CDB OLD REGIONAL LOG NUMBER AS SOURCE

911104 09/10/2003

Event Details

Abstract:

AN EMPLOYEE'S BADGE INDICATES 1420 MREM FOR THE THIRD QUARTER. THE LICENSEE CLAIMS THAT THE OVEREXPOSURE IS A RESULT OF HAVING STORED THE BADGE AT NIGHT WITHIN 2'-3' OF THE GAUGE. THE GAUGE PASSED THE LICENSEE LEAK TEST. SHIELDED AND UNSHIELDED READINGS ARE WITHIN NORMAL RANGES.

 Event Date
 Discovery Date
 Report Date

 10/01/1991
 10/01/1991
 12/13/1991

Licensee / Reporting Party Information:

Agreement State Regulated: NO Reciprocity: NONE

License No: 13-18685-01 Licensee: ALT & WITZIG ENGINEERING, INC.

NRC Region Office: 3 City: INDIANAPOLIS County: MARION Program Code: 03121 State: IN

 Program Code:
 03121
 State:
 1

 Docket:
 03014041

Site of Event:

Site Name: INDIANAPOLIS

State: IN

Additional Involved Party:

License No: NA City: NA County: MARION

Name: NA State: NA

Other Information:

NRC Reportable Event:
Agreement State Reportable Event:
Atomic Energy Act Material:
Consultant Hired:

U
Abnormal Occurrence:
N
Investigation:
Y
NMED Record Complete:
N
Event Closed by Region/State:

Event Class:

EXP - OVEREXPOSURE
Cause: NOT REPORTED

Contributing Factors/Corrective Actions Information:

EXP

Factor #:

Contributing Factor: NOT REPORTED
Corrective Action: NOT REPORTED

Overexposure Information:

Person ID Radiation Exposure Source: Exposure Type of Dose: Effect of Exposure: Number: Dose (REM):

SEALED SOURCE GAUGE 1.42 WHOLE BODY,

Source/Radioactive Material Information:

EXP

Source #:

1

Source/Material: SEALED SOURCE GAUGE
Manufacturer: NR
Model Number: NR

Serial Number: NR

Device Name: GAUGE PORTABLE

Device/Associated Equipment Information:

Leak Test Results (uCi):

OCCUPATIONAL

Radionuclide:

Activity (Curies):

Problem with Source:

NR

NR

NR

911104 09/10/2003

EXP

Device #.

Device/Equipment GAUGE PORTABLE

Model Number: Serial Number:

NR NR

Manufacturer:

NR

Problem with

Keywords:

EXP

Keyword: SEALED SOURCE GAUGE

Keyword: WHOLE BODY

Reference Documents:

Reference #:

Entry Date: Update Date: Retraction Date: Coder Initials: Description:

910454 09/22/199 07/24/1995 07/24/1995 9112260329 09/22/199

CDB CDB

OLD ASSIGNED ITEM NUMBER

LICENSEE REPORT

910910 09/10/2003

Event Details

THE TECHNOLOGIST MISTAKENLY PLACED THE MDP VIAL IN THE DTPA SHIELD AND THE DTPA VIAL IN THE MDP SHIELD. THE PATIENT RECEIVED DTPA INSTEAD OF THE INTENDED MDP. A DOUBLE-CHECK METHOD WAS INSTITUTED TO PREVENT THIS FROM REOCCURRING.

Event Date	Discovery Date	Report Date
08/08/1991	08/08/1991	08/20/1991

Licensee / Reporting Party Information:

Agreement State Regulated: NO Reciprocity: NONE

13-02752-03 License No: Licensee: INDIANA UNIVERSITY AT INDIANAPOLIS

NRC Region Office: **INDIANAPOLIS** 3 City: MARION County: Program Code: 02110 State: IN

Docket: 03001609

Site of Event:

Site Name: **INDIANAPOLIS**

State: IN

Additional Involved Party:

License No: NA City: NA County: MARION Name: NA State: NA

Other Information:

NRC Reportable Event: Abnormal Occurrence: N Agreement State Reportable Event: Investigation: Y Atomic Energy Act Material: **NMED Record Complete:** Y Consultant Hired: N Event Closed by Region/State:

Event Class:

MD2 - MEDICAL EVENT

VIALVIAL SHIELD MISLABELED

Contributing Factors/Corrective Actions Information:

MD2

Organ:

Factor #:

Patient Number:

Contributing Factor. NOT REPORTED

NA

Corrective Action: IMPROVE RADIOACTIVE MATERIAL LABELING AND HANDLING

Medical Event Information:

Patient Informed: U % Underexposed: NA Date Informed: Effect on Patient:

Given: Intended:

Procedure: RADIOPHARMACEUTICAL - D Procedure: RADIOPHARMACEUTICAL - D Dose in RAD: Dose in RAD: NA

% Overexposed:

NA

Organ:

NA

Study: NR Study: **BONE DENSITY**

Radiopharm.: DTPA (DIETHYLTRIAMINE-PENTAACE Radiopharm.: MDP/MEDRONATE/OSTEOLITE

Radionuclide: Radionuclide: TC-99M TC-99M

Millicuries: NR Millicuries: NR

Administered By: Family Dose (REM): Newborn Dose (REM): Fetal Dose (REM):

TECHNICIAN NR NR NR

910910 09/10/2003

Source/Radioactive Material Information:

MD2

Source #:

Source/Material:

UNSEALED SOURCE RADIOPHARM

Manufacturer: Model Number:

NR NA

Serial Number: Device Name:

NA NA

Radionuclide: Activity (Curies): Leak Test Results (uCi): TC-99M

NR NA

Problem with Source:

Keywords:

MD2

Keyword: RADIOPHARMACEUTICAL - D

Keyword: RECORD COMPLETE

Reference Documents:

Reference #:

Entry Date: Update Date: Retraction Date: Coder Initials: Description:

910207 910208

09/22/199 09/22/199

06/30/1995 06/30/1995

CDB CDB

OLD ASSIGNED ITEM NUMBER OLD ASSIGNED ITEM NUMBER

910660 09/10/2003

Event Details

Abstract:

GAUGE WAS DAMAGED BY FRONT END LOADER. FOUND TO EMIT 0.3 MR; NO LEAKAGE OF SOURCE.

Event Date Discovery Date Report Date 06/06/1991 06/06/1991 07/24/1991

Licensee / Reporting Party Information:

Agreement State Regulated: NO Reciprocity: NONE

License No: 13-17732-01 Licensee: ATEC ASSOCIATES, INC. **INDIANAPOLIS** NRC Region Office: City: **MARION** 3 County: Program Code: 03121 State: IN

Docket: 03013245

Site of Event:

Site Name: NR State: IN

Additional Involved Party:

License No: NA City: NA County: State: NA

Name: NA Other Information:

NRC Reportable Event: Y Abnormal Occurrence: N Agreement State Reportable Event: Investigation: Atomic Energy Act Material: Υ NMED Record Complete: Consultant Hired: N Event Closed by Region/State:

Event Class:

EQP - EQUIPMENT

EQUIPMENT IMPROPERLY CONTROLLED RESULTING IN THE EQUIPMENT BEING DAMAGED BY A VEHICLE

Radionuclide:

Activity (Curies):

Leak Test Results (uCi):

Problem with Source:

AM-BE

CS-137

NR

NR

Contributing Factors/Corrective Actions Information:

EQP

Factor #:

Contributing Factor. NOT REPORTED NOT REPORTED Corrective Action:

Source/Radioactive Material Information:

EQP Source #:

Source/Material: **SEALED SOURCE GAUGE**

Manufacturer. NR NR Model Number:

Serial Number: NR

Device Name: **GAUGE PORTABLE**

EQP

Source #:

Radionuclide: **SEALED SOURCE GAUGE** Activity (Curies): NR Source/Material: Manufacturer: NR Leak Test Results (uCi): NR Problem with Source: Model Number: NR

Serial Number: NR

Device Name: **GAUGE PORTABLE**

Device/Associated Equipment Information:

910660 09/10/2003

EQP

Device/Equipment GAUGE PORTABLE

Model Number: Serial Number:

MC-1 M19079008

Manufacturer:

CAMPBELL PACIFIC NUC

Problem with

Reporting Requirements:

EQP

Mode Reported:

Reporting

30.50(b)(2)(ii) - THE 24 HOUR REPORT OF AN EVENT WHERE REQUIRED EQUIPMENT IS DISABLED OR FAILS TO FUNCTION AS DESIGNED WHEN THE EQUIPMENT IS REQUIRED TO BE AVAILABLE AND

OPERABLE WHEN IT IS DISABLED OR FAILS TO FUNCTION.

Keywords:

EQP

Keyword: RECORD COMPLETE Keyword: SEALED SOURCE GAUGE Keyword: SEALED SOURCE GAUGE

Reference Documents:

Reference #:

09/22/199 05/16/1995

Entry Date: Update Date: 'Retraction Date: Coder Initials:

CDB

Description:

910176 9108050279

09/22/199

02/21/1996

CDB

OLD ASSIGNED ITEM NUMBER LICENSEE REPORT

RADIOPHARMACEUTICAL - D

Event Details

Abstract:

PATIENT WAS GIVEN 46.28 MCI OF TC-99M PERT INSTEAD OF 20 MCI TC-99M MDP WHEN WRONG SYRINGE WAS SELECTED.

Discovery Date Report Date **Event Date** 05/30/1991 06/10/1991 05/30/1991

Licensee / Reporting Party Information:

Agreement State Regulated: NO Reciprocity: NONE Licensee: HENDRICKS COMMUNITY HOSPITAL 13-17082-01 License No: NRC Region Office: 3 City: DANVILLE **HENDRICKS**

02120 IN Program Code: State: Docket: 03012163

Site of Event:

Site Name: NR State: IN

Additional Involved Party:

License No: NA City: NA County: Name: State: NA

Other Information:

Abnormal Occurrence: NRC Reportable Event: Ν N Agreement State Reportable Event: N Investigation: Atomic Energy Act Material: NMED Record Complete: Consultant Hired: Event Closed by Region/State: Ν

Event Class:

MD2 - MEDICAL EVENT

WRONG SYRINGE SELECTED FROM DOSAGE CART

Contributing Factors/Corrective Actions Information:

MD2

Contributing Factor: **HEAVY WORKLOAD** Corrective Action: **NOT REPORTED**

Medical Event Information:

Patient Number: % Overexposed: NA Patient Informed: U % Underexposed: NA Date Informed: Effect on Patient:

Given: Intended: **RADIOPHARMACEUTICAL - D** Procedure: Procedure:

Dose in RAD: Dose in RAD: NA Organ: NA Organ:

Study: NR Study: **BONE DENSITY**

SPERT/PERT (SODIUM PERTECHNETA MDP/MEDRONATE/OSTEOLITE Radiopharm.: Radiopharm.:

Radionuclide: TC-99M Radionuclide: TC-99M Millicuries: 46.2 Millicuries:

Administered By: Family Dose (REM): Newborn Dose (REM): Fetal Dose (REM):

NR NR NR

Source/Radioactive Material Information:

910628 09/10/2003

MD2

Source #:

Source/Material:

UNSEALED SOURCE RADIOPHARM

Radionuclide: Activity (Curies): TC-99M

Manufacturer: Model Number: NR NA

Leak Test Results (uCi):

0.0462 NA

Serial Number: Device Name:

NA NA Problem with Source:

Keywords:

MD2

Keyword: RADIOPriARMACEUTICAL - D

Keyword: RECORD COMPLETE

Reference Documents:

Reference #:

Entry Date: Update Date: Retraction Date: Coder Initials: Description:

910138 9106180197 09/22/199 09/22/199

05/15/1995 05/15/1995

CDB CDB OLD ASSIGNED ITEM NUMBER

NOTICE OF VIOLATION

910502 09/10/2003

Event Details

Abstract

SELECTED WRONG UNIT DOSE SYRINGE. PATIENT GIVEN TC-99M MDP INSTEAD OF HIDA.

 Event Date
 Discovery Date
 Report Date

 04/23/1991
 04/23/1991
 04/24/1991

Licensee / Reporting Party Information:

Agreement State Regulated. NO Reciprocity: NONE License No: 13-00133-02 Licensee: SAINT VINCENT HOSPITAL & HEALTH CARE NRC Region Office: City: **INDIANAPOLIS** 3 **MARION** County: Program Code: 02230 State: 1N

Docket: 03001579

Site of Event:

Site Name: INDIANAPOLIS

State: IN

Additional Involved Party:

License No: NA - City: NA County: MARION Name: NA State: NA

Other Information:

NRC Reportable Event:
Agreement State Reportable Event:
Atomic Energy Act Material:
Consultant Hired:

N

Abnormal Occurrence:
N

Investigation:
Y

NMED Record Complete:
Y

Event Closed by Region/State:

Event Class:

MD2 - MEDICAL EVENT

Cause: WRONG SYRINGE SELECTED FROM DOSAGE CART

Contributing Factors/Corrective Actions Information:

MD2

Factor#: 1

Contributing Factor: NOT REPORTED

Corrective Action: PERSONNEL RECEIVED ADDITIONAL TRAINING

MD2

Factor #:

Contributing Factor: NOT REPORTED

Corrective Action: PERSONNEL REPRIMANDED

Medical Event Information:

910502 09/10/2003

Patient Number: Patient Informed: % Overexposed: NA % Underexposed: NA

Date Informed:

Effect on Patient:

Given:

Procedure: RADIOPHARMACEUTICAL - D Intended: Procedure:

RADIOPHARMACEUTICAL - D

Dose in RAD: Organ:

NA NA Dose in RAD: Organ:

NA

Study:

BONE SCAN

Study:

HEPATOBILIARY

Radiopharm.: Radionuclide: MDP/MEDRONATE/OSTEOLITE TC-99M

Radiopharm .: Radionuclide: HIDA (N-(2,6-DIETHYLACETANILID

Millicuries:

20

Millicuries:

TC-99M

Administered By:

8.5

NR

Family Dose (REM): NR

Newborn Dose (REM): NR

Fetal Dose (REM):

NR

Source/Radioactive Material Information:

MD2

Source #:

Source/Material:

UNSEALED SOURCE RADIOPHARM

Radionuclide: Activity (Curies): Leak Test Results (uCi):

TC-99M 0.02 NA

Manufacturer: NR Model Number:

NA Serial Number: NA NA Device Name:

Problem with Source:

Keywords:

MD2

Keyword: RADIOPHARMACEUTICAL - D Keyword: RECORD COMPLETE

Reference Documents: Reference #:

Entry Date: Update Date: Retraction Date: Coder Initials: Description:

910106 9105140361 09/22/199 09/22/199

05/05/1995 05/05/1995 CDB CDB **OLD ASSIGNED ITEM NUMBER** NOTICE OF VIOLATION

910456 09/10/2003

Event Details

Abstract:

CLERK VERBALLY REPORTED ORDERS ON WRONG PATIENT.

Event Date Discovery Date 04/08/1991 04/08/1991

State:

Report Date 04/16/1991

Licensee / Reporting Party Information:

Agreement State Regulated:

License No: 13-00133-02 NRC Region Office: 3 Program Code: 02230

03001579

Reciprocity: NONE Licensee: City:

SAINT VINCENT HOSPITAL & HEALTH CARE **INDIANAPOLIS** County: MARION

IN

Docket: Site of Event:

> INDIANAPOLIS Site Name:

State: IN

Additional Involved Party:

License No: NA Name:

City: NA State: NA

County: **MARION**

Other Information:

NRC Reportable Event: Agreement State Reportable Event: Atomic Energy Act Material: Consultant Hired:

Ν Abnormal Occurrence: Investigation: NMED Record Complete: N Event Closed by Region/State:

Event Class:

MD2 - MEDICAL EVENT

Cause: DIAGNOSTIC STUDY OR THERAPY REQUESTED FOR WRONG PATIENT

N

Contributing Factors/Corrective Actions Information:

MD2

Factor#:

Contributing Factor: Corrective Action: MD2

NOT REPORTED NOT REPORTED

Factor #:

Contributing Factor:

NOT REPORTED

Corrective Action:

PERSONNEL RECEIVED ADDITIONAL TRAINING

MD2

Factor #:

Contributing Factor:

NOT REPORTED

Corrective Action:

PERSONNEL RECEIVE IMPROVED SUPERVISION

Medical Event Information:

910456 09/10/2003

Patient Number: Patient Informed: U Date Informed:

% Overexposed: NA % Underexposed: NA

Effect on Patient:

Given: Procedure: Dose in RAD:

Organ:

Study:

RADIOPHARMACEUTICAL - D NA

Intended: Procedure: NA Dose in RAD: NA NA Organ: Study: NA Radiopharm.: NA

Radiopharm.: Radionuclide: TC-99M Millicuries:

DTPA (DIETHYLTRIAMINE-PENTAACE

Radionuclide: NA Millicuries: NA

Administered By: Family Dose (REM): Newborn Dose (REM): Fetal Dose (REM): NR NR NR NR

Source/Radioactive Material Information:

NA

MD2

Source #: Source/Material: Manufacturer:

Model Number:

Serial Number:

Device Name:

UNSEALED SOURCE RADIOPHARM NR

05/03/1995

Radionuclide: Activity (Curies): Leak Test Results (uCi): TC-99M 0.0199 NA

Problem with Source:

Keywords:

MD2

Keyword: RADIOPHARMACEUTICAL - D Keyword: RECORD COMPLETE

NA

NA

NA

Reference Documents:

Reference #: 910101 9105090187

09/22/199

09/22/199

Entry Date: Update Date: Retraction Date: Coder Initials: Description: 05/03/1995

OLD ASSIGNED ITEM NUMBER CDB CDB NOTICE OF VIOLATION

910428 09/10/2003

Event Details

IMAGING TECHNOLOGIST SELECTED WRONG VIAL AND ADMINISTERED DTPA INSTEAD OF MDP.

Event Date Discovery Date Report Date 04/02/1991 04/02/1991 04/09/1991

Licensee / Reporting Party Information:

Agreement State Regulated: NO Reciprocity: NONE License No: 13-00694-03 Licensee:

V.A. MEDICAL CENTER NRC Region Office: 3 City: **INDIANAPOLIS** County: MARION Program Code: 02110 State: IN

Docket: 03001583

Site of Event:

INDIANAPOLIS Site Name:

State: IN

Additional Involved Party:

License No: NA City: NA County: MARION Name: State: NA

Other Information:

NRC Reportable Event: N Abnormal Occurrence: Ν Agreement State Reportable Event: Investigation: N Atomic Energy Act Material: NMED Record Complete: Consultant Hired: Event Closed by Region/State: N

Event Class:

MD2 - MEDICAL EVENT

WRONG VIAL SELECTED WHEN DRAWING DOSE Cause:

Contributing Factors/Corrective Actions Information:

Factor #:

Contributing Factor: **HEAVY WORKLOAD**

Corrective Action: IMPROVE RADIOACTIVE MATERIAL LABELING AND HANDLING

Medical Event Information:

Patient Number:

Millicuries:

Patient Informed: % Underexposed: NA Date Informed: Effect on Patient:

Given: Intended:

Procedure: RADIOPHARMACEUTICAL - D Procedure: RADIOPHARMACEUTICAL - D Dose in RAD: NA Dose in RAD: NA Organ: NA Organ: NA

% Overexposed:

NA

Millicuries:

20

BONE DENSITY Study: NR Study:

DTPA (DIETHYLTRIAMINE-PENTAACE Radiopharm.: Radiopharm.: MDP/MEDRONATE/OSTEOLITE Radionuclide: TC-99M Radionuclide: **TC-99M**

Administered By: Family Dose (REM): Newborn Dose (REM): Fetal Dose (REM):

NR NR NR

Source/Radioactive Material Information:

20

910428 09/10/2003

MD2

Source #:

Source/Material: **UNSEALED SOURCE RADIOPHARM** Radionuclide: Activity (Curies): TC-99M

Manufacturer: Model Number:

NR NA Leak Test Results (uCi):

0.02 NA

Serial Number: Device Name:

NA NA

Problem with Source:

Keywords:

MD2

Keyword: RADIOPHARMACEUTICAL - D

Keyword: RECORD COMPLETE

Reference Documents:

Reference #: 910087

9105090333

09/22/199 09/22/199

05/01/1995 05/01/1995

Entry Date: Update Date: Retraction Date: Coder Initials: Description:

CDB

OLD ASSIGNED ITEM NUMBER

CDB

NOTICE OF VIOLATION

Event Details

Abstract:

PATIENT WAS GIVEN 67 MCI OF XE-133 INSTEAD OF 30 MCI OF XE-133. TECHNOLOGIST DID NOT RECOGNIZE INAPPROPRIATENESS OF HOT VIAL. EMPLOYEE WAS TERMINATED.

> **Event Date Discovery Date** Report Date 03/08/1991 03/08/1991 04/08/1991

Licensee / Reporting Party Information:

Agreement State Regulated: NO Reciprocity: NONE

License No: 13-14817-01 Licensee: JOHNSON COUNTY MEMORIAL HOSPITAL NRC Region Office: 3 City: **FRANKLIN JOHNSON** County:

Program Code: 02120 State: IN

03008553 Docket:

Site of Event:

Site Name: **FRANKLIN**

State: IN

Additional Involved Party:

License No: NA City: NA County: JOHNSON Name: State: NA

Other Information:

Abnormal Occurrence: NRC Reportable Event: N Agreement State Reportable Event: N Investigation: Atomic Energy Act Material: Υ **NMED Record Complete:** Consultant Hired: Event Closed by Region/State: N

Event Class:

MD2 - MEDICAL EVENT Cause: NOT REPORTED

Contributing Factors/Corrective Actions Information:

MD2

Factor#:

Contributing Factor: PERSONNEL ERROR Corrective Action: **NOT REPORTED**

Medical Event Information:

Patient Number: % Overexposed: 123 Patient Informed: % Underexposed: NA Date Informed: Effect on Patient:

Given: Intended: Procedure: **RADIOPHARMACEUTICAL - D** Procedure: RADIOPHARMACEUTICAL - D

Dose in RAD: Dose in RAD: Organ: NA Organ: NA Study: NR Study: NR Radiopharm .: GAS Radiopharm .: GAS Radionuclide: Radionuclide: XE-133 XE-133 Millicuries: Millicuries: 30

Family Dose (REM): Newborn Dose (REM): Fetal Dose (REM): Administered By:

NR NR NR NR

Source/Radioactive Material Information:

910345 09/10/2003

MD2

Source #:

UNSEALED SOURCE RADIOPHARM Source/Material:

Radionuclide: Activity (Curies): XE-133

Manufacturer:

NR

Leak Test Results (uCi):

0.067 NA

Model Number:

NA

Problem with Source:

Serial Number. Device Name:

NA NA

Keywords:

MD2

Keyword: RADIOPHARMACEUTICAL - D Keyword: RECORD COMPLETE

Reference Documents:

Reference #:

Entry Date: Update Date: Retraction Date: Coder Initials: Description: 09/22/199 04/28/1995 CDB OLD ASSIGNED ITEM NUMBER

910088 9105030030

09/22/199

04/28/1995

CDB

NOTICE OF VIOLATION

910196 09/10/2003

Event Details

A RADIOPHARMACIST RECEIVED AN INTERNAL OVEREXPOSURE TO I-131 DURING ADMINISTRATION OF NAI THERAPY DOSE; I-131 INTAKE WAS CALCULATED AT 10 MICROCI, 2.2 TIMES THE LIMIT.

> **Event Date Discovery Date** Report Date 01/22/1991 01/22/1991 02/20/1991

Licensee / Reporting Party Information:

Agreement State Regulated: NO

License No: 13-02752-03

NRC Region Office: 3

Program Code: 02110

Reciprocity: NONE Licensee:

INDIANA UNIVERSITY AT INDIANAPOLIS

INDIANAPOLIS IN

County:

MARION

Docket:

03001609

Site of Event:

Site Name: NR State: IN

Additional Involved Party:

License No: NA Name:

City: State: NA NA County:

Other Information:

NRC Reportable Event: Agreement State Reportable Event: Atomic Energy Act Material: Consultant Hired:

Ν Y N

City:

State:

Abnormal Occurrence: N Investigation: **NMED Record Complete:** Event Closed by Region/State:

Event Class:

EXP - OVEREXPOSURE Cause: **NOT REPORTED**

Contributing Factors/Corrective Actions Information:

EXP

Factor#:

Contributing Factor:

VIOLATION OF PROCEDURES

Corrective Action:

NOT REPORTED

Overexposure Information:

Person ID Number:

Radiation Exposure Source:

Exposure Dose (REM): Type of Dose:

Effect of Exposure:

UNSEALED SOURCE RADIOPHARM

NR

INTERNAL (CEDE), **OCCUPATIONAL**

Source/Radioactive Material Information:

EXP

Source #:

Source/Material:

UNSEALED SOURCE RADIOPHARM NR .

Radionuclide: Activity (Curies):

I-131 NR NA

Manufacturer: Model Number: Serial Number:

NR NR Leak Test Results (uCi): Problem with Source:

Device Name: NA Reporting Requirements:

910196

09/10/2003

EXP

Mode Reported: W

Reporting

20.0405(a)(1)(iii) - (NO LONGER USED) THE 30 DAY WRITTEN REPORT OF LEVELS OF RADIATION OR CONCENTRATIONS OF RADIOACTIVE MATERIAL IN A RESTRICTED AREA IN EXCESS OF ANY OTHER APPLICABLE LIMIT IN THE LICENSE.

Keywords: EXP

Keyword: INTERNAL (CEDE) Keyword: RECORD COMPLETE

Keyword: UNSEALED SOURCE RADIOPHARM

Reference Documents:

Reference #:

09/22/199

Entry Date: Update Date: Retraction Date: Coder Initials: Description:

910047 303001

09/22/199

09/04/1997 09/04/1997 CDB CDB

OLD ASSIGNED ITEM NUMBER

LICENSEE REPORT

910192 09/10/2003

Event Details

THE LICENSEE REPORTED THE THEFT OF A CAMPBELL PACIFIC NUCLEAR DENSITY GAUGE FROM LOCKED VEHICLE.

Event Date Discovery Date Report Date 01/20/1991 01/20/1991 01/22/1991

Licensee / Reporting Party Information:

NONE Agreement State Regulated: NO Reciprocity:

License No: 13-17732-01 Licensee: ATEC ASSOCIATES, INC.

NRC Region Office: 3 City: **INDIANAPOLIS** County: MARION Program Code: 03121 State: IN

03013245 Docket:

Site of Event:

Site Name: **INDIANAPOLIS**

IN State:

Additional Involved Party:

License No: NA City: NA County: MARION Name: State: NA

Other Information:

NRC Reportable Event: Abnormal Occurrence: N Agreement State Reportable Event: N Investigation: Atomic Energy Act Material: NMED Record Complete: Consultant Hired: N Event Closed by Region/State:

Event Class:

LAS - LOST OR STOLEN

STOLEN LICENSED MATERIAL, SECURITY MEASURES DEFEATED

Contributing Factors/Corrective Actions Information:

LAS

Factor #:

Contributing Factor; NOT REPORTED Corrective Action: **NOT REPORTED**

Source/Radioactive Material Information:

LAS

AM-BE Source #: Radionuclide: Source/Material: **SEALED SOURCE GAUGE** Activity (Curies): NR Manufacturer: NR Leak Test Results (uCi): NR Problem with Source:

Model Number: NR Serial Number: NR

Device Name: **GAUGE PORTABLE**

LA\$

Source #: Radionuclide: CS-137 Source/Material: **SEALED SOURCE GAUGE** Activity (Curies): NR Manufacturer: NR Leak Test Results (uCi): NR Problem with Source:

Model Number: NR Serial Number: NR

Device Name: **GAUGE PORTABLE**

Device/Associated Equipment Information:

910192

09/10/2003

LAS

Device #:

Device/Equipment GAUGE PORTABLE

Model Number: Serial Number:

NR NR

Manufacturer:

BOART LONGYEAR CO.

Problem with

Reporting Requirements:

LAS

Mode Reported:

Reporting

20.0402(b) - (NO LONGER USED) THE 30 DAY WRITTEN REPORT CONCERNING LOST OR STOLEN MATERIAL.

LAS

Mode Reported:

Reporting

20.0402(a)(1) - (NO LONGER USED) IMMEDIATE TELEPHONE REPORT OF A LOSS OR THEFT OF LICENSED MATERIAL THAT COULD RESULT IN A SUBSTANTIAL HAZARD TO PERSONS IN UNRESTRICTED AREAS.

Keywords:

LAS

Keyword: RECORD COMPLETE Keyword: SEALED SOURCE GAUGE Keyword: SEALED SOURCE GAUGE

Reference Documents:

Reference #:

Entry Date: Update Date: Retraction Date: Coder Initials: Description:

910011 09/22/199

04/13/1995

CDB

OLD ASSIGNED ITEM NUMBER

303002 09/22/199 02/21/1996 CDB LICENSEE REPORT

900764 09/10/2003

Event Details

Abstract:

 Event Date
 Discovery Date
 Report Date

 12/21/1990
 12/21/1990
 12/21/1990

Licensee / Reporting Party Information:

Agreement State Regulated: NO Reciprocity: NONE

License No: 13-06009-01 Licensee: COMMUNITY HOSPITALS OF INDIANA

NRC Region Office: 3 City: INDIANAPOLIS County: MARION Program Code: 02230 State: IN

 Program Code:
 02230
 State:

 Docket:
 03001625

Site of Event:

Site Name: NR State: IN

Additional Involved Party:

License No: NA County: NA County: NA County:

Other Information:

NRC Reportable Event: N Abnormal Occurrence: N Agreement State Reportable Event: N Investigation: Atomic Energy Act Material: Y NMED Record Complete: Y Consultant Hired: N Event Closed by Region/State:

Event Class:

MD2 - MEDICAL EVENT

Cause: DIAGNOSTIC MISADMINISTRATION CAUSE NOT UPDATED.

Contributing Factors/Corrective Actions Information:

MD2

Factor #: 1

Contributing Factor: NOT REPORTED
Corrective Action: NOT REPORTED

MD2

Factor #:

Factor#:

Contributing Factor: HEAVY WORKLOAD
Corrective Action: NOT REPORTED

Medical Event Information:

900764 09/10/2003

Patient Number: Patient Informed: U % Overexposed: % Underexposed:

NA NA

Date Informed:

Effect on Patient:

Given:

Procedure: Dose in RAD: RADIOPHARMACEUTICAL - D

Intended: Procedure: Dose in RAD:

RADIOPHARMACEUTICAL - D

Organ:

NA LIVER

Organ: Study:

NA

Study: Radiopharm.;

SULFUR COLLOID

Radiopharm.:

LUNG AEROSOL MAAJPULMOLITE

Radionuclide: Millicuries:

TC-99M

Radionuclide: Millicuries:

TC-99M

6.9

5.2

Administered By:

Family Dose (REM):

Newborn Dose (REM):

Fetal Dose (REM):

NR

NR

NR

Source/Radioactive Material Information:

MD2

Source #: Source/Material:

UNSEALED SOURCE RADIOPHARM

Radionuclide: Activity (Curies): TC-99M 0.0069

NA

Manufacturer:

NR NA

Leak Test Results (uCi): Problem with Source:

Model Number: Serial Number: Device Name:

NA NA

Keywords:

MD2

Keyword: RADIOPHARMACEUTICAL - D

Keyword: RECORD COMPLETE

Reference Documents:

Reference #: 910021 900346

9101140018

08/19/199

08/19/199

Entry Date: Update Date: Retraction Date: Coder Initials: 06/27/1995 08/19/199 06/27/1995

06/27/1995

Description:

CDB CDB OLD ASSIGNED ITEM NUMBER OLD ASSIGNED ITEM NUMBER

CDB

NOTICE OF VIOLATION

900761 09/10/2003

Event Details

Abstract:

FAILURE TO CHECK DOSE LABEL.

Event Date 12/20/1990

Discovery Date 12/20/1990

Report Date 12/26/1990

Licensee / Reporting Party Information:

Agreement State Regulated: NO

License No:

Reciprocity: 13-00694-03 Licensee:

NONE

IN

V.A. MEDICAL CENTER

NRC Region Office: 3 Program Code: 02110 City: State: **INDIANAPOLIS**

County: MARION

Docket:

03001583

Site of Event:

Site Name: NR State: IN

Additional Involved Party:

License No: NA Name: NA

City: State:

NA NA

County:

Other Information:

NRC Reportable Event: Agreement State Reportable Event: Atomic Energy Act Material: , Consultant Hired:

Ν Ν Ϋ N

Abnormal Occurrence: Investigation: NMED Record Complete:

Ν Event Closed by Region/State:

Event Class:

MD2 - MEDICAL EVENT

DIAGNOSTIC MISADMINISTRATION CAUSE NOT UPDATED.

Contributing Factors/Corrective Actions Information:

MD2

Factor #:

Contributing Factor: Corrective Action:

HEAVY WORKLOAD NOT REPORTED

MD2

Factor #:

Contributing Factor: Corrective Action:

NOT REPORTED NOT REPORTED

Medical Event Information:

900761 09/10/2003

Patient Number: Patient Informed: % Overexposed: NA % Underexposed: NA

Date Informed:

Effect on Patient:

Given:

Procedure: RADIOPHARMACEUTICAL - D Intended: Procedure: Dose in RAD:

RADIOPHARMACEUTICAL - D

Dose in RAD: Organ:

NA NA

Organ:

NA NA

Study: MUGA SCAN Study:

BONE DENSITY

Radiopharm.: Radionuclide: SPERT/PERT (SODIUM PERTECHNETA

Radiopharm.: Radionuclide: MDP/MEDRONATE/OSTEOLITE

TC-99M

Millicuries:

TC-99M

Millicuries:

20

20

Administered By:

Family Dose (REM):

Newborn Dose (REM):

Fetal Dose (REM):

Source/Radioactive Material Information:

MD2

Source #:

UNSEALED SOURCE RADIOPHARM

Radionuclide: Activity (Curies):

TC-99M 0.02

NA

Source/Material: Manufacturer:

NR Model Number:

NA

Leak Test Results (uCi): Problem with Source:

Device Name:

Serial Number:

NA NA

Keywords:

MD2

Keyword: RADIOPHARMACEUTICAL - D

Keyword: RECORD COMPLETE

Reference Documents:

Reference #: 910029

08/19/199

06/27/1995

Entry Date: Update Date: Retraction Date: Coder Initials:

CDB

Description: OLD ASSIGNED ITEM NUMBER

900344 9101110283 08/19/199 08/19/199 06/27/1995 06/27/1995

CDB CDB OLD ASSIGNED ITEM NUMBER NOTICE OF VIOLATION

Event Details

Abstract:

THE LICENSEE REPORTED AN EXPOSURE GREATER THAN 1.25 REM IN A CALENDAR QUARTER.

Event Date Discovery Date Report Date 12/01/1990 12/01/1990 03/27/1992

Licensee / Reporting Party Information:

Agreement State Regulated: NO Reciprocity: NONE

License No: 13-17732-01 Licensee: ATEC ASSOCIATES, INC.

NRC Region Office: City: **INDIANAPOLIS** 3 County: MARION

Program Code: 03121 State: Docket: 03013245

Site of Event:

Site Name: INDIANAPOLIS

State:

Additional Involved Party:

License No: NA City: NA County: MARION

Name: State: NA

Other Information:

NRC Reportable Event: Abnormal Occurrence: N Agreement State Reportable Event: N Investigation: Υ Atomic Energy Act Material: **NMED Record Complete:** Consultant Hired: N Event Closed by Region/State:

Event Class:

EXP - OVEREXPOSURE

LOSS OF ADMINISTRATIVE CONTROL

Contributing Factors/Corrective Actions Information:

EXP

Factor #:

Contributing Factor: IMPROPERLY FOLLOWED PROCEDURES

Corrective Action: NOT REPORTED

Overexposure Information:

Person ID Radiation Exposure Source: Exposure Type of Dose: Effect of Exposure: Number: Dose (REM):

SEALED SOURCE OTHER 2.140 WHOLE BODY. **OCCUPATIONAL**

Demographics:

1

Person ID No: Description: NOT REPORTED

Source/Radioactive Material Information:

EXP

Source #:

Radionuclide: NR Source/Material: **SEALED SOURCE OTHER** Activity (Curies): NR Manufacturer: NR Leak Test Results (uCi): NR Model Number: NR Problem with Source:

Serial Number: NR Device Name: NA

Reporting Requirements:

900713 09/10/2003

EXP

Mode Reported: W

Reporting

20.0405(a)(1)(i) - (NO LONGER USED) THE 30 DAY WRITTEN REPORT OF EACH EXPOSURE OF AN INDIVIDUAL TO RADIATION IN EXCESS OF THE APPLICABLE LIMITS IN 20.101 OR 20.104(A) OR THE LICENSE.

Keywords:

EXP

Keyword: RECORD COMPLETE Keyword: SEALED SOURCE OTHER

Keyword: WHOLE BODY

Reference Documents:

Reference #: 920122

Entry Date: Update Date: Retraction Date: Coder Initials: Description:

9204070153

08/19/199 08/19/199

07/05/1995 07/05/1995

CDB CDB OLD ASSIGNED ITEM NUMBER

INSPECTION REPORT

900700 09/10/2003

Event Details

THE LICENSEE REPORTED THAT A MOISTURE/DENSITY GAUGE WAS THROWN FROM A TRUCK DURING TRANSPORT. IT WAS RECOVERED WITH MINOR DAMAGE TO THE CASE BUT NO CONTAMINATION WAS DETECTED.

Event Date	Discovery Date	Report Date
11/29/1990	11/29/1990	11/29/1990

Licensee / Reporting Party Information:

NO Agreement State Regulated: Reciprocity: NONE

License No: 13-17732-01 Licensee: ATEC ASSOCIATES, INC.

NRC Region Office: 3 City: INDIANAPOLIS **MARION** County:

IN Program Code: 03121 State:

Docket: 03013245

Site of Event:

Site Name: **INDIANAPOLIS**

State: IN

Additional Involved Party:

License No: NA City: NA County: MARION Name: NA State: NA

Other Information:

NRC Reportable Event: Abnormal Occurrence: Ν Agreement State Reportable Event: Ν Investigation: Atomic Energy Act Material: NMED Record Complete: Consultant Hired: Event Closed by Region/State: N

Event Class:

EQP - EQUIPMENT

EQUIPMENT IMPROPERLY CONTROLLED RESULTING IN THE EQUIPMENT BEING DAMAGED BY A VEHICLE Cause:

TRS - TRANSPORTATION

LOSS OF ADMINISTRATIVE CONTROL

Contributing Factors/Corrective Actions Information:

TRS

Factor#:

IMPROPERLY FOLLOWED PROCEDURES Contributing Factor:

Corrective Action: NOT REPORTED

Source/Radioactive Material Information:

EQP

Radionuclide: Source #: AM-BE Source/Material: **SEALED SOURCE GAUGE** Activity (Curies): NR Manufacturer. NR Leak Test Results (uCi): NR

Model Number: NR Serial Number: NR

GAUGE PORTABLE Device Name:

EQP

Source #:

Source/Material:

SEALED SOURCE GAUGE

Manufacturer: NR Model Number: NR Serial Number: NR

Device Name: **GAUGE PORTABLE** Radionuclide: CS-137 Activity (Curies): NR NR

Leak Test Results (uCi): Problem with Source:

Problem with Source:

900700 09/10/2003

Device/Associated Equipment Information:

EQP

Device #:

Device/Equipment GAUGE PORTABLE

Model Number:

NR NR

Manufacturer:

NR

Serial Number: Problem with

Reporting Requirements:

EQP

Mode Reported:

Reporting

30.50(b)(2)(ii) - THE 24 HOUR REPORT OF AN EVENT WHERE REQUIRED EQUIPMENT IS DISABLED OR FAILS TO FUNCTION AS DESIGNED WHEN THE EQUIPMENT IS REQUIRED TO BE AVAILABLE AND

OPERABLE WHEN IT IS DISABLED OR FAILS TO FUNCTION.

Mode Reported:

W

71.5 - TRANSPORTATION OF LICENSED MATERIAL

Reporting Keywords:

EQP

Keyword: GAUGE PORTABLE Keyword: RECORD COMPLETE Keyword: SEALED SOURCE GAUGE

TRS

Keyword: RECORD COMPLETE

Reference Documents:

Reference #: 900311

08/19/199

07/05/1995

Entry Date: Update Date: Retraction Date: Coder Initials:

CDB

Description:

OLD ASSIGNED ITEM NUMBER

NR

08/19/199

02/21/1996

CDB

DAILY REPORT

900619 09/10/2003

Event Details

Abstract:

THE TECHNICIAN DID NOT REVIEW THE CHART FOR PHYSICIAN'S ORDER; PATIENT B WAS MISTAKEN FOR PATIENT A PATIENT B RECEIVED 2 REM TO THE BLADDER.

 Event Date
 Discovery Date
 Report Date

 10/19/1990
 10/19/1990
 10/30/1990

Licensee / Reporting Party Information:

Agreement State Regulated: NO Reciprocity: NONE License No: 13-24359-01 Licensee: NORTHSIDE

License No: 13-24359-01 Licensee: NORTHSIDE CARDIOLOGY, INC.

NRC Region Office: 3 City: INDIANAPOLIS County: MARION Program Code: 02201 State: IN

Docket: 03018523 State:

Site of Event:

Site Name: INDIANAPOLIS

State: IN

Additional Involved Party:

License No: NA City: NA County: MARION Name: NA State: NA

Other Information:

NRC Reportable Event:

Agreement State Reportable Event:
Atomic Energy Act Material:

Consultant Hired:

N

Abnormal Occurrence:
N

Investigation:
Y

NMED Record Complete:
Y

Event Closed by Region/State:

Event Class:

MD2 - MEDICAL EVENT

Cause: WRONG PATIENT SELECTED

Contributing Factors/Corrective Actions Information: MD2

Factor#:

Contributing Factor. PERSONNEL ERROR Corrective Action: NOT REPORTED

MD2

Factor#:

Contributing Factor: PATIENT CHART NOT CHECKED

Corrective Action: NOT REPORTED

2

Medical Event Information:

900619 09/10/2003

Patient Number: % Overexposed: NA Patient Informed: U % Underexposed: NA Date Informed: Effect on Patient:

Given: Procedure: Dose in RAD:

Radiopharm.:

TECHNICIAN

Administered By:

Organ:

Study:

RADIOPHARMACEUTICAL - D

NA NA NR

DTPA (DIETHYLTRIAMINE-PENTAACE

Radionuclide: TC-99M Millicuries: 18.6

Family Dose (REM):

Newborn Dose (REM): NR

Fetal Dose (REM):

Problem with Source:

NR

NΑ

NA

NR

NR

NR

NR

NR

Intended:

Procedure:

Organ:

Study:

Dose in RAD:

Radiopharm.:

Radionuclide:

Millicuries:

Source/Radioactive Material Information:

MD2

Source #:

Source/Material: Manufacturer:

UNSEALED SOURCE RADIOPHARM NR

Radionuclide: Activity (Curies): Leak Test Results (uCi):

TC-99M 0.0186 NA

Model Number: NA Serial Number. NA NA

Device Name:

Keywords: MD2

Keyword: BRAIN

Keyword: RADIOPHARMACEUTICAL - D Keyword: RECORD COMPLETE

Reference Documents:

Reference #: 900316

9011190060

900297

08/19/199 08/19/199

08/19/199

08/28/1995 08/28/1995 08/28/1995

Entry Date: Update Date: Retraction Date: Coder Initials:

CDB CDB CDB

Description: **OLD ASSIGNED ITEM NUMBER**

OLD ASSIGNED ITEM NUMBER NOTICE OF VIOLATION

900565 09/10/2003

Event Details

THE LICENSEE REPORTED A THEFT, FROM A TRAILER, OF A TROXLER MOISTURE/DENSITY GAUGE THAT CONTAINS 40 mCi OF AM-BE AND 7.9 mCi OF CS-137. THE DEVICE WAS LATER RECOVERED.

> **Event Date Discovery Date** Report Date 09/26/1990 09/26/1990 09/26/1990

Licensee / Reporting Party Information:

Agreement State Regulated: NONE NO Reciprocity:

License No: 13-17732-01 Licensee:

ATEC ASSOCIATES, INC. NRC Region Office: City: **INDIANAPOLIS** MARION 3 County:

Program Code: 03121 State: IN

Docket: 03013245

Site of Event:

Site Name: **INDIANAPOLIS**

State:

Additional Involved Party:

License No: NA City: NA MARION County: NA

Name: State:

Other Information:

NRC Reportable Event: Abnormal Occurrence: Agreement State Reportable Event: N Investigation: Atomic Energy Act Material: Y NMED Record Complete: Consultant Hired: N Event Closed by Region/State:

Event Class:

LAS - LOST OR STOLEN

Cause: STOLEN LICENSED MATERIAL, SECURITY MEASURES DEFEATED

Contributing Factors/Corrective Actions Information:

LAS

Factor #:

Contributing Factor: NOT REPORTED Corrective Action: **NOT REPORTED**

Source/Radioactive Material Information:

LAS

Source #: Radionuclide: AM-BE Source/Material: **SEALED SOURCE GAUGE** Activity (Curies): 0.04 Manufacturer: Leak Test Results (uCi): NR Problem with Source:

Model Number: NR Serial Number: NR

GAUGE PORTABLE Device Name:

LAS

Source #:

Radionuclide: CS-137 Source/Material: **SEALED SOURCE GAUGE** Activity (Curies): 0.0079 Manufacturer: Leak Test Results (uCi): NR NR

Model Number: NR Problem with Source: Serial Number: NR

Device Name: **GAUGE PORTABLE**

Device/Associated Equipment Information:

900565

09/10/2003

LAS

Device #:

Device/Equipment GAUGE PORTABLE

Model Number: Serial Number:

3411-B NR

Manufacturer: **TROXLER** Problem with

Reporting Requirements:

LAS

Mode Reported:

Reporting

20.0402(b) - (NO LONGER USED) THE 30 DAY WRITTEN REPORT CONCERNING LOST OR STOLEN MATERIAL.

LAS

Mode Reported:

Reporting

Ţ

20.0402(a)(1) - (NO LONGER USED) IMMEDIATE TELEPHONE REPORT OF A LOSS OR THEFT OF LICENSED

MATERIAL THAT COULD RESULT IN A SUBSTANTIAL HAZARD TO PERSONS IN UNRESTRICTED AREAS.

Keywords:

LAS

Keyword: GAUGE PORTABLE Keyword: RECORD COMPLETE Keyword: SEALED SOURCE GAUGE

Reference Documents:

Reference #:

Entry Date: Update Date: Retraction Date: Coder Initials: Description:

900218 08/19/199

OLD ASSIGNED ITEM NUMBER

06/28/1995 CDB 9010300345 08/19/199 02/21/1996 CDB LICENSEE REPORT

900538 09/10/2003

Event Details

Abstract:

THE LICENSEE REPORTED A RADIOGRAPHY OVEREXPOSURE. A RADIOGRAPHER DID NOT FULLY RETRACT THE SOURCE AND GRABBED THE SOURCE TUBE TO STEADY THE CAMERA. THE LICENSEE ESTIMATED THE EXPOSURE TO HIS HAND TO RANGE FROM 4.45 REM AT THE TOP OF THE HAND TO 111 REM AT THE FINGERS. HE HAD A WHOLE BODY DOSE OF 120 MREM. THE LICENSEE SUSPECTED THE EVENT WAS WORSE THAN IT SHOULD HAVE BEEN DUE TO THE WORKER'S FAILURE TO OBSERVE HIS POCKET DOSIMETER, SO CORRECTIVE ACTIONS FOCUSED ON ADDRESSING THIS ISSUE IN TRAINING.

 Event Date
 Discovery Date
 Report Date

 09/12/1990
 09/12/1990
 10/01/1990

Licensee / Reporting Party Information:

Agreement State Regulated: NO Reciprocity: NONE

License No: 13-06147-01 Licensee: INDUSTRIAL NDT SERVICES DIVISION

NRC Region Office: 3 City: INDIANAPOLIS County: MARION Program Code: NR State: IN

Program Code: NR State: I
Docket: 03012208

Site of Event:

Site Name: INDIANAPOLIS

State: IN

Additional Involved Party:

License No: NA City: NA County: MARION

Name: NA State: NA

Other Information:

NRC Reportable Event:
Agreement State Reportable Event:
Atomic Energy Act Material:
V
Atomic Energy Act Material:
V
Consultant Hired:
N
Abnormal Occurrence:
N
Investigation:
V
NMED Record Complete:
V
Event Closed by Region/State:

Event Class:

EXP - OVEREXPOSURE

Cause: FAILED TO CONDUCT LOCKOUT SURVEY OF THE CAMERA AFTER THE SOURCE WAS RETRACTED

Contributing Factors/Corrective Actions Information:

EXP

Factor #:

Contributing Factor: IMPROPERLY FOLLOWED PROCEDURES

Corrective Action: NOT REPORTED

Overexposure Information:

Person ID Radiation Exposure Source: Exposure Type of Dose: Effect of Exposure: Dose (REM):

1 SEALED SOURCE 111 EXTREMITY, RADIOGRAPHY OCCUPATIONAL

Demographics:

Person ID No: Description:

NOT REPORTED

1 MALE

Source/Radioactive Material Information:

900538 09/10/2003

EXP

Source #:

Source/Material: SEALED SOURCE RADIOGRAPHY Radionuclide: Activity (Curies):

Leak Test Results (uCi):

Problem with Source:

IR-192 105 NR

Manufacturer: Model Number:

NR

NR

NR

Serial Number: Device Name:

CAMERA, RADIOGRAPHY

Device/Associated Equipment Information:

EXP

Device #:

Device #:

Device/Equipment CAMERA, RADIOGRAPHY

Model Number: Serial Number: NR NR

Manufacturer: **EXP**

NR

Problem with

Model Number: Serial Number: Problem with

NR NR

Device/Equipment SOURCE GUIDE TUBE, OTHER Manufacturer:

Reporting Requirements: EXP

Mode Reported:

Reporting

20.0403(b)(1) - (NO LONGER USED) THE 24 HOUR REPORT OF ANY EVENT THAT CAUSED OR THREATENS

TO CAUSE WHOLE BODY EXPOSURES OF 5 REM OR MORE; WHOLE BODY SKIN EXPOSURES OF 30 REM

OR MORE; OR FEET, ANKLES, HANDS, OR FOREARM EXPOSURES OF 75 REM OR MORE.

Keywords:

EXP

Keyword: EXTREMITY

Keyword: RECORD COMPLETE

Keyword: SEALED SOURCE RADIOGRAPHY

Reference Documents:

Reference #: 900320 9011010067

08/19/199

09/08/1997

Entry Date: Update Date: Retraction Date: Coder Initials:

CDB

OLD ASSIGNED ITEM NUMBER

08/19/199 09/08/1997 CDB LICENSEE REPORT

900530 09/10/2003

Event Details

Abstract:

Event Date Discovery Date Report Date 09/06/1990 09/06/1990 09/12/1990 Licensee / Reporting Party Information:

Agreement State Regulated: NO Reciprocity: NONE License No: 13-06009-01 Licensee:

COMMUNITY HOSPITALS OF INDIANA NRC Region Office: 3 City: **INDIANAPOLIS** County: MARION 02230 Program Code: State: IN

Docket: 03001625

Site of Event: Site Name: NR

State:

Additional Involved Party:

License No: NA City: NA County: Name: State: NA

Other Information:

NRC Reportable Event: N Abnormal Occurrence: Ν Agreement State Reportable Event: Ν Investigation: Ŷ Atomic Energy Act Material: NMED Record Complete: Y Consultant Hired: N Event Closed by Region/State:

Event Class:

MD2 - MEDICAL EVENT

DIAGNOSTIC MISADMINISTRATION CAUSE NOT UPDATED.

Contributing Factors/Corrective Actions Information:

MD2

Factor #:

Contributing Factor: **HEAVY WORKLOAD** Corrective Action: **NOT REPORTED** MD2

Factor #:

Contributing Factor: **NOT REPORTED**

Corrective Action: IMPROVED PATIENT IDENTIFICATION VERIFICATION

Medical Event Information:

900530 09/10/2003

Patient Number: % Overexposed: NR Patient Informed: % Underexposed: NR

Date Informed: Effect on Patient:

Given: Intended: Procedure: RADIOPHARMACEUTICAL - D Procedure: NR Dose in RAD: Dose in RAD: NA Organ: NA Organ: NA **BONE SCAN** Study: Study: NR Radiopharm.: MDP/MEDRONATE/OSTEOLITE Radiopharm.: NR Radionuclide: TC-99M Radionuclide: NR Millicuries: 21.7 Millicuries: NR

Administered By: Family Dose (REM): Newborn Dose (REM): Fetal Dose (REM):

NR NR NR NR

Source/Radioactive Material Information:

MD2

Source #: Radionuclide: TC-99M Source/Material: **UNSEALED SOURCE RADIOPHARM** Activity (Curies): 0.0217 Manufacturer: NR Leak Test Results (uCi): NA Problem with Source:

Model Number: NA Serial Number: NA

Device Name: NA

Keywords: MD2

Keyword: RADIOPHARMACEUTICAL - D

Keyword: RECORD COMPLETE

Reference Documents:

Reference #: Entry Date: Update Date: Retraction Date: Coder Initials: Description:

900202 08/19/199 06/22/1995 CDB OLD ASSIGNED ITEM NUMBER 9000270189 08/19/199 06/22/1995 CDB NOTICE OF VIOLATION

Event Details

Abstract:

Event Date Discovery Date Report Date 09/05/1990 09/05/1990 09/05/1990

Licensee / Reporting Party Information:

Agreement State Regulated. NO Reciprocity: NONE

13-00133-02 Licensee: SAINT VINCENT HOSPITAL & HEALTH CARE License No: NRC Region Office: 3 Citv: **INDIANAPOLIS** MARION County: IN

02230 Program Code: State:

Docket: 03001579

Site Name: NR State: IN

Site of Event:

Additional Involved Party:

License No: NA City: County: NA

Name: NA State: NA

Other Information:

NRC Reportable Event: Abnormal Occurrence: N Agreement State Reportable Event: Investigation: Ν Atomic Energy Act Material: Y NMED Record Complete: Y Consultant Hired: N Event Closed by Region/State:

Event Class:

MD2 - MEDICAL EVENT

Cause: DIAGNOSTIC MISADMINISTRATION CAUSE NOT UPDATED.

Contributing Factors/Corrective Actions Information:

MD2

Factor#: 1

Contributing Factor: ID BRACELET NOT CHECKED Corrective Action: PERSONNEL REPRIMANDED

Medical Event Information:

Patient Number:

% Underexposed: Patient Informed: U NA Date Informed: Effect on Patient:

Given: Intended:

RADIOPHARMACEUTICAL - D Procedure: Procedure: RADIOPHARMACEUTICAL - D Dose in RAD: Dose in RAD: NA NA

% Overexposed:

NA

Organ: NA Organ: NA **BONE SCAN BONE DENSITY**

Study: Study:

Radiopharm.: MDP/MEDRONATE/OSTEOLITE Radiopharm.: MDP/MEDRONATE/OSTEOLITE Radionuclide: TC-99M Radionuclide: TC-99M

Millicuries: Millicuries: 25 Administered By: Family Dose (REM): Newborn Dose (REM): Fetal Dose (REM):

NR NR NR NR

Source/Radioactive Material Information:

900526 09/10/2003

MD2

Source #:

Source/Material:

Model Number:

Serial Number:

Device Name:

UNSEALED SOURCE RADIOPHARM Manufacturer:

NR

Radionuclide: Activity (Curies): Leak Test Results (uCi): TC-99M 0.025 NA

Problem with Source:

Keywords:

MD2

Keyword: RADIOPHARMACEUTICAL - D Keyword: RECORD COMPLETE

NA

NA

NA

Reference Documents:

Reference #: 900234

Entry Date: Update Date: Retraction Date: Coder Initials: Description: 08/19/199

06/22/1995

CDB

9009270176

08/19/199

06/22/1995

CDB

OLD ASSIGNED ITEM NUMBER

NOTICE OF VIOLATION

900524 09/10/2003

Event Details

Abstract:

NEW COMPUTER SYSTEM. REWORDED COMPUTER REQUISITION.

Event Date Discovery Date Report Date 08/31/1990 08/31/1990 09/10/1990

Licensee / Reporting Party Information:

Agreement State Regulated: NO Reciprocity:

NONE License No: 13-16286-01 Licensee: RIVERVIEW HOSPITAL

NRC Region Office: 3 City: NOBLESVILLE County: **HAMILTON** Program Code: 02120 State: IN

Docket: 03010729

Site of Event:

Site Name: NR State: IN

Additional Involved Party:

License No: NA City: NA County: State: NA

Name:

Other Information:

NRC Reportable Event: Abnormal Occurrence: N Agreement State Reportable Event: Ν Investigation: Atomic Energy Act Material: **NMED Record Complete:** Consultant Hired: Ν Event Closed by Region/State:

Event Class:

MD2 - MEDICAL EVENT

DIAGNOSTIC MISADMINISTRATION CAUSE NOT UPDATED.

Contributing Factors/Corrective Actions Information:

Factor #:

NOT REPORTED Contributing Factor. Corrective Action: NOT REPORTED

Medical Event Information:

Patient Number: % Overexposed: NA Patient Informed: % Underexposed: NA

Effect on Patient: Date Informed:

Given: Intended:

Procedure: RADIOPHARMACEUTICAL - D Procedure: RADIOPHARMACEUTICAL - D Dose in RAD: NA Dose in RAD: NA

Organ: NA Organ: NA

GALLBLADDER Study: Study: **CARDIAC MUGA**

Radiopharm.: MEBROFENIN/CHOLETECH Radiopharm.: SPERT/PERT (SODIUM PERTECHNETA Radionuclide: TC-99M Radionuclide: TC-99M

Millicuries: Millicuries: 10

Administered By: Family Dose (REM): Newborn Dose (REM): Fetal Dose (REM):

NR

Source/Radioactive Material Information:

900524 09/10/2003

MD2

Source #: Manufacturer:

Model Number:

Serial Number:

Device Name:

Source/Material:

UNSEALED SOURCE RADIOPHARM

NR NA NA NA

Radionuclide: Activity (Curies): Leak Test Results (uCi):

TC-99M 0.008 NA

Problem with Source:

Keywords:

MD2

Keyword: RADIOPHARMACEUTICAL - D

Keyword: RECORD COMPLETE

Reference Documents:

Reference #:

08/19/199

Entry Date: Update Date: Retraction Date: Coder Initials: Description: 06/22/1995

900225 9009280167 08/19/199 06/22/1995 CDB CDB OLD ASSIGNED ITEM NUMBER

NOTICE OF VIOLATION

900443 09/10/2003

Event Details

Abstract:

Event Date Discovery Date Report Date 07/18/1990 07/18/1990 07/20/1990 Licensee / Reporting Party Information: Agreement State Regulated: NO Reciprocity: NONE

License No: 13-02063-01 Licensee: METHODIST HOSPITAL OF INDIANA, INC. NRC Region Office: 3 City: INDIANAPOLIS County: **MARION** Program Code: 02110 State: IN

03001603 Docket:

Site of Event: Site Name: State: IN Additional Involved Party:

License No: NA City: NA County: Name: State: NA

Other Information:

NRC Reportable Event: Ν Abnormal Occurrence: Ν Agreement State Reportable Event: Ν Investigation: Atomic Energy Act Material: NMED Record Complete: Consultant Hired: N Event Closed by Region/State:

Event Class:

MD2 - MEDICAL EVENT

Cause: DIAGNOSTIC MISADMINISTRATION CAUSE NOT UPDATED.

Contributing Factors/Corrective Actions Information:

MD2

Factor #:

Contributing Factor: NOT REPORTED Corrective Action: NOT REPORTED MD2

Factor #:

Contributing Factor: **HEAVY WORKLOAD**

PERSONNEL RECEIVED ADDITIONAL TRAINING Corrective Action:

Medical Event Information:

900443 09/10/2003

Patient Number. Patient Informed. % Overexposed: NR % Underexposed: NR Effect on Patient:

Date Informed:

RADIOPHARMACEUTICAL - D

Intended:

Procedure: NR Dose in RAD: NA Organ: NA NR

Organ: NA **BONE SCAN** Study: Study: Radiopharm.: MDP/MEDRONATE/OSTEOLITE Radiopharm.: NR Radionuclide: TC-99M Radionuclide: NR Millicuries: 21.3 Millicuries: NR

Administered By:

Family Dose (REM):

Newborn Dose (REM):

Fetal Dose (REM):

Given:

Procedure:

Dose in RAD:

NA

NR

Source/Radioactive Material Information:

MD2

Source #:

UNSEALED SOURCE RADIOPHARM

Radionuclide: Activity (Curies): TC-99M 0.0213

NA

Source/Material: Manufacturer:

NR

Leak Test Results (uCi):

Model Number: Serial Number:

NA NA NA Problem with Source:

Keywords:

Device Name:

MD2

Keyword: RADIOPHARMACEUTICAL - D Keyword: RECORD COMPLETE

Reference Documents:

Reference #:

Entry Date: Update Date: Retraction Date: Coder Initials: Description:

08/19/199

900274 9008100178

08/19/199

06/22/1995 06/22/1995 CDB CDB OLD ASSIGNED ITEM NUMBER

NOTICE OF VIOLATION

Event Details

Abstract:

DOSE LABEL NOT CHECKED.

Event Date 07/06/1990 **Discovery Date** 07/06/1990

Report Date 07/17/1990

Licensee / Reporting Party Information:

3

02230

Agreement State Regulated: NO License No: 13-00133-02

Reciprocity: Licensee:

NONE

SAINT VINCENT HOSPITAL & HEALTH CARE

City: State: **INDIANAPOLIS** IN

MARION County:

Program Code: Docket: 03001579

NRC Region Office:

Site of Event:

Site Name: NR IN State:

Additional Involved Party:

License No: NA Name:

City: NA State: NA

County:

Other Information:

NRC Reportable Event: Agreement State Reportable Event:

Ν N N

Abnormal Occurrence: Investigation:

Ν Y

Atomic Energy Act Material: Consultant Hired:

NMED Record Complete: Event Closed by Region/State:

Event Class:

MD2 - MEDICAL EVENT

DIAGNOSTIC MISADMINISTRATION CAUSE NOT UPDATED.

Contributing Factors/Corrective Actions Information:

MD2

Factor #:

Contributing Factor:

NOT REPORTED

Corrective Action:

PERSONNEL REPRIMANDED

Medical Event Information:

Patient Number: Patient Informed:

% Overexposed: NA % Underexposed: NA Effect on Patient:

Date Informed:

Given: Procedure:

RADIOPHARMACEUTICAL - D

Intended: Procedure:

RADIOPHARMACEUTICAL - D NA

Dose in RAD: NA Organ: NA Study: NR

Dose in RAD: Organ: Study:

BONE DENSITY MDP/MEDRONATE/OSTEOLITE

Radiopharm.: Radionuclide: Millicuries:

DTPA (DIETHYLTRIAMINE-PENTAACE TC-99M

Radiopharm.: Radionuclide: TC-99M Millicuries:

Administered By: Family Dose (REM): NR NR

Newborn Dose (REM): NR

Fetal Dose (REM):

NA

Source/Radioactive Material Information:

900418 09/10/2003

MD2

Source #: Source/Material:

UNSEALED SOURCE RADIOPHARM

Radionuclide:

TC-99M 0.02

NA

Manufacturer: Model Number: Serial Number: Device Name:

NR NA NA NA

Activity (Curies): Leak Test Results (uCi): Problem with Source:

Keywords:

MD2

Keyword: RADIOPHARMACEUTICAL - D

Keyword: RECORD COMPLETE

Reference Documents:

Reference #:

Entry Date: Update Date: Retraction Date: Coder Initials: Description:

900235 9009260062

> • 1

08/19/199 08/19/199

06/22/1995 06/22/1995 CDB CDB

OLD ASSIGNED ITEM NUMBER

NOTICE OF VIOLATION

Event Details

Abstract:

CALL SYNCOR TO REPORT PROBLEM.

Event Date Discovery Date Report Date 06/29/1990 06/29/1990 07/03/1990

Licensee / Reporting Party Information:

Agreement State Regulated: Reciprocity: NONE

SAINT FRANCIS HOSPITAL AND HEALTH CENTER License No: 13-02128-03 Licensee: NRC Region Office: 3 City: **BEECH GROVE** County: MARION Program Code: 02230 State: IN

Docket: 03009398

Site of Event:

Site Name: NR State: IN

Additional Involved Party:

License No: NA City: NA County:

Name: NA State: NA

Other Information:

NRC Reportable Event: N Abnormal Occurrence: N Agreement State Reportable Event: N Investigation: NMED Record Complete: Atomic Energy Act Material: Y Consultant Hired: Ν Event Closed by Region/State:

Event Class:

MD2 - MEDICAL EVENT

DIAGNOSTIC MISADMINISTRATION CAUSE NOT UPDATED.

Contributing Factors/Corrective Actions Information:

MD2

Factor #:

Contributing Factor: NOT REPORTED Corrective Action: **NOT REPORTED**

Medical Event Information:

Patient Number: % Overexposed: NA Patient Informed: % Underexposed: NA Date Informed: Effect on Patient:

Given: intended: RADIOPHARMACEUTICAL - D Procedure: Procedure:

RADIOPHARMACEUTICAL - D Dose in RAD: Dose in RAD: NA NA Organ: NA Organ: NA

NR **BONE DENSITY** Study: Study:

Radiopharm.: NR Radiopharm.: MDP/MEDRONATE/OSTEOLITE

TC-99M Radionuclide: Radionuclide: TC-99M Millicuries: 21 Millicuries: 21

Administered By: Family Dose (REM): Newborn Dose (REM): Fetal Dose (REM):

NR NR NR NR

Source/Radioactive Material Information:

900404 09/10/2003

MD2

Source #:

Source/Material: UNSEALED SOURCE RADIOPHARM Radionuclide: Activity (Curies): TC-99M

Manufacturer: Model Number:

NR NA

0.021 NA

Serial Number: Device Name:

NA NA Leak Test Results (uCi): Problem with Source:

Keywords:

MD2

Keyword: RADIOPHARMACEUTICAL - D

Keyword: RECORD COMPLETE

Reference Documents:

Reference #:

Entry Date: Update Date: Retraction Date: Coder Initials: Description:

900228 9007200022

08/19/199 08/19/199

06/21/1995 06/21/1995

CDB

OLD ASSIGNED ITEM NUMBER

CDB NOTICE OF VIOLATION

Event Details

Abstract:

 Event Date
 Discovery Date
 Report Date

 06/27/1990
 06/27/1990
 07/06/1990

Licensee / Reporting Party Information:

Agreement State Regulated: NO Reciprocity: NONE

License No: 13-02752-03 Licensee: INDIANA UNIVERSITY AT INDIANAPOLIS

NRC Region Office: 3 City: INDIANAPOLIS County: MARION

Program Code: 02110 State: IN

Docket: 03001609

Site of Event:
Site Name: NF
State: IN

Additional Involved Party:

License No: NA County:

Name: NA State: NA

Other Information:

NRC Reportable Event:
Agreement State Reportable Event:
Alomic Energy Act Material:
V
Consultant Hired:
N
Abnormal Occurrence:
N
Investigation:
Y
NMED Record Complete:
Y
Event Closed by Region/State:

Event Class:

MD2 - MEDICAL EVENT

Cause: DIAGNOSTIC MISADMINISTRATION CAUSE NOT UPDATED.

Contributing Factors/Corrective Actions Information:

MD2

Factor #: 1

Contributing Factor: REQUISITION NOT CHECKED

Corrective Action: NOT REPORTED

MD2

Factor#:

Contributing Factor: HEAVY WORKLOAD

Corrective Action: PERSONNEL RECEIVED ADDITIONAL TRAINING

Medical Event Information:

900399 09/10/2003

Patient Number: Patient Informed: Date Informed:

% Overexposed: % Underexposed: Effect on Patient:

52 NA

Organ:

Study:

Given:

Organ:

Study:

Procedure: Dose in RAD: RADIOPHARMACEUTICAL - D

NA

BONE SCAN

MDP/MEDRONATE/OSTEOLITE Radiopharm.: Radionuclide: TC-99M Millicuries:

30.3

NR

Millicuries: Family Dose (REM): Newborn Dose (REM):

NR

Fetal Dose (REM): NR

20

Source/Radioactive Material Information:

MD2

NR

Source #:

Source/Material:

Administered By:

Manufacturer: NR

Model Number: Serial Number: Device Name:

NA NA

UNSEALED SOURCE RADIOPHARM

NA

Keywords: MD2

Keyword: RADIOPHARMACEUTICAL - D **Keyword: RECORD COMPLETE**

Reference Documents:

Reference #: 900215 9007200044

08/19/199 06/21/1995 08/19/199

06/21/1995

Entry Date: Update Date: Retraction Date: Coder Initials:

CDB OLD ASSIGNED ITEM NUMBER CDB NOTICE OF VIOLATION

Intended: Procedure: Dose in RAD:

Radiopharm.:

Radionuclide:

RADIOPHARMACEUTICAL - D

NA NA

BONE DENSITY

MDP/MEDRONATE/OSTEOLITE TC-99M

Radionuclide: TC-99M

Description:

0.0303 NA

Activity (Curies):

900307 09/10/2003

Event Details

Abstract:

THE LICENSEE REPORTED A TELETHERAPY MISADMINISTRATION INVOLVING A DOSE LESS THAN PRESCRIBED.

THE MISCALCULATED PRESCRIBED DOSE WAS 50% LESS THAN THE NORMAL DOSE. NO FURTHER INFORMATION WAS AVAILABLE.

	Event Date 05/07/1990	ı	Discovery Date 05/07/1990	Report Date 05/14/1990
Licensee / Reporting Agreement State F License No: NRC Region Office Program Code: Docket:	Regulated: NO 13-02752-08	Reciprocity: Licensee: City: State:	NONE INDIANA UNIVERSITY SCI INDIANAPOLIS IN	HOOL OF MEDICINE County: MARION
Site of Event: Site Name: INDI State: IN	ANAPOLIS			
Additional Involved	Party:			
License No: NA Name: NA			City: NA State: NA	County: MARION
Other Information:				
NRC Reportable E Agreement State R Atomic Energy Act Consultant Hired:	eportable Event: Material:	Y N Y N	Abnormal Occurrence: Investigation: NMED Record Complete: Event Closed by Region/State:	N Y Y
Event Class:				•

MD2 - MEDICAL EVENT

INCORRECT DATA USED IN THERAPY DOSE PLANNING

Contributing Factors/Corrective Actions Information:

Factor #:

Contributing Factor: NOT REPORTED

Corrective Action: MD2

PERSONNEL RECEIVED ADDITIONAL TRAINING

Factor #:

Contributing Factor:

ID BRACELET NOT CHECKED

Corrective Action:

NOT REPORTED

MD2

Factor #:

Contributing Factor:

NOT REPORTED

Corrective Action:

NOT REPORTED

Medical Event Information:

900307 09/10/2003

Patient Number: Patient Informed: % Overexposed: Effect on Patient:

NA % Underexposed: 50

Date Informed:

Given: Procedure:

Organ:

Study:

Dose in RAD:

Radiopharm.:

Radionuclide:

Millicuries:

TELETHERAPY

2700

BRAIN NA NA NA NA

Intended: Procedure:

TELETHERAPY

Dose in RAD: NR Organ: Study: NA Radiopharm .: NA Radionuclide: NA Millicuries: NA

Administered By: NA

Family Dose (REM):

Newborn Dose (REM):

Fetal Dose (REM):

NA

NA

Demographics:

Person ID No: Description: NOT REPORTED 1

Source/Radioactive Material Information:

MD2

Source #: Source/Material:

SEALED SOURCE TELETHERAPY

Radionuclide: Activity (Curies):

Leak Test Results (uCi):

Problem with Source:

CO-60 NR NR

Manufacturer: Model Number:

NR NR

NR

Serial Number: Device Name:

TELETHERAPY UNIT

Device/Associated Equipment Information:

MD2

Device #:

Device/Equipment TELETHERAPY UNIT

Model Number: Serial Number: Problem with

NR NR

Manufacturer: NR

Reporting Requirements:

MD2

Mode Reported:

Reporting

35.33(a)(1)-4F - (NO LONGER USED) PHONE RPT. NO LATER THAN THE NEXT CAL. DAY AFTER DISC. OF A TELETHERAPY DOSE WHEN THE CALC. DOSE DIFFERS FROM THE TOTAL PRESC. DOSE BY >20% OF

THE TOTAL PRESC. DOSE.

Keywords:

MD2

Keyword: BRAIN

Keyword: RECORD COMPLETE Keyword: TELETHERAPY

Reference Documents:

Reference #: 900139

306001

08/19/199 08/19/199

06/19/1995 06/19/1995

Entry Date: Update Date: Retraction Date: Coder Initials:

Description: CDB

OLD ASSIGNED ITEM NUMBER

CDB

LICENSEE REPORT

900021 09/10/2003

Event Details

THE LICENSEE REPORTED A MEDICAL MISADMINISTRATION INVOLVING A QUANTITY OF TC-99M LESS THAN 60 MCI (32 MCI) SO THE EVENT IS NOT REPORTABLE.

NONE

City:

Event Date Discovery Date Report Date 01/03/1990 01/03/1990 01/05/1990

IN

Licensee / Reporting Party Information:

Agreement State Regulated: 13-00694-03 License No:

NRC Region Office: 3 Program Code: 02110

Docket: 03001583

Site of Event:

Site Name: INDIANAPOLIS

State: IN

Additional Involved Party:

License No: NA Name: NA

NA State: NA

V.A. MEDICAL CENTER

INDIANAPOLIS

County: MARION

MARION

County:

Other Information:

NRC Reportable Event: Abnormal Occurrence: N N Agreement State Reportable Event: Investigation: Atomic Energy Act Material: Ÿ NMED Record Complete: Consultant Hired: Ν Event Closed by Region/State:

Reciprocity:

Licensee:

City:

State:

Event Class:

MD2 - MEDICAL EVENT

DIAGNOSTIC MISADMINISTRATION CAUSE NOT UPDATED. Cause:

Contributing Factors/Corrective Actions Information:

1

MD2

Factor#:

Contributing Factor:

NOT REPORTED PERSONNEL RECEIVED ADDITIONAL TRAINING

NOT REPORTED

Corrective Action:

Factor #:

2 Contributing Factor: Corrective Action:

NOT REPORTED

Medical Event Information:

900021

Patient Number: Date Informed:

Patient Informed: U

% Overexposed: % Underexposed:

Effect on Patient:

Given:

Organ:

Study:

Dose in RAD:

Procedure: RADIOPHARMACEUTICAL - D

NA

NA

BRAIN SCAN SPERT/PERT (SODIUM PERTECHNETA

Radiopharm.: Radionuclide: TC-99M

Millicuries: 32.4

Administered By:

Family Dose (REM):

Newborn Dose (REM):

Fetal Dose (REM):

Source/Radioactive Material Information:

MD2

NR

Source #:

Source/Material:

UNSEALED SOURCE RADIOPHARM NR

Manufacturer: Model Number:

NA Serial Number: Device Name:

NA NA

Keywords: MD2

Keyword: RADIOPHARMACEUTICAL - D

Keyword: RECORD COMPLETE

Reference Documents:

Reference #: 900052 9002160210

08/19/199 08/19/199

06/02/1995

06/02/1995

Entry Date: Update Date: Retraction Date: Coder Initials: Description:

CDB CDB

OLD ASSIGNED ITEM NUMBER

NOTICE OF VIOLATION

166

09/10/2003

Intended:

Radiopharm.:

Radionuclide:

Millicuries:

NA

NA

Organ:

Study:

Procedure:

RADIOPHARMACEUTICAL - D

Dose in RAD: NA NA

BRAIN

HMPAO/CERETEC (HEXAMETHYL

TC-99M 32.4

Radionuclide:

TC-99M Activity (Curies): 0.0324 Leak Test Results (uCi): NA

Problem with Source:

900016 09/10/2003

Event Details

Abstract:

THE LICENSEE REPORTED AN ANNUAL EXPOSURE OF 6.19 REM FOR 1989; AN EXPOSURE OF 1.4 REM FOR THE FIRST QUARTER OF 1990 WAS NOT INVESTIGATED BY LICENSEE BUT WAS ATTRIBUTED TO STORAGE OF A BADGE IN THE STORAGE CASE WITH A DEVICE.

> **Event Date Discovery Date** Report Date 01/01/1990 01/01/1990 07/24/1992

Licensee / Reporting Party Information:

Agreement State Regulated:

License No: 13-17732-01

NRC Region Office: 3 Program Code:

03121

03013245

Reciprocity: NONE Licensee:

ATEC ASSOCIATES, INC. **INDIANAPOLIS** City: State:

IN

County:

MARION

Docket:

Site of Event:

Site Name: INDIANAPOLIS

State:

Additional Involved Party:

License No: NA Name:

NA

City: State:

NA NA County: MARION

Other Information:

NRC Reportable Event: Agreement State Reportable Event: Atomic Energy Act Material: Consultant Hired:

N N Abnormal Occurrence: Investigation: **NMED Record Complete:** Event Closed by Region/State:

Event Class:

EXP - OVEREXPOSURE

LOSS OF ADMINISTRATIVE CONTROL

Contributing Factors/Corrective Actions Information:

EXP

Factor #:

IMPROPERLY FOLLOWED PROCEDURES Contributing Factor:

Corrective Action: **NOT REPORTED**

Overexposure Information:

Person ID Number:

Radiation Exposure Source:

Exposure Dose (REM): Type of Dose:

Effect of Exposure:

NR

NR

NR

SEALED SOURCE GAUGE

1.4

BADGE ONLY

Demographics:

Person ID No: Description: **NOT REPORTED**

Source/Radioactive Material Information:

Source #:

Source/Material: Manufacturer:

NR

NR

NR

SEALED SOURCE GAUGE

Radionuclide: Activity (Curies): Leak Test Results (uCi): Problem with Source:

Model Number: Serial Number: Device Name:

GAUGE PORTABLE

900016 09/10/2003

Device/Associated Equipment Information:

EXP

Device #:

Device/Equipment GAUGE PORTABLE

Model Number: Serial Number: NR NR

Manufacturer:

NR

Problem with

Keywords:

EXP

Keyword: RECORD COMPLETE Keyword: SEALED SOURCE OTHER

Keyword: WHOLE BODY

Reference Documents:

Reference #: 920474 9208040145

08/19/199 08/19/199

06/05/1995

02/21/1996

Entry Date: Update Date: Retraction Date: Coder Initials: Description:

CDB CDB

OLD ASSIGNED ITEM NUMBER

INSPECTION REPORT