

## 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**

08/29/2002

**Discovery Date**

09/03/2002

**Report Date**

09/03/2002

**Licensee / Reporting Party Information:**

Agreement State Regulated: NO

Reciprocity:

NONE

License No: 34-06943-02

Licensee:

DAYTON X-RAY COMPANY, INC.

NRC Region Office: 3

City:

DAYTON

County:

Program Code: 03320

State:

OH

Docket: 03035059

**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

Investigation: Y

Atomic Energy Act Material: Y

NMED Record Complete: Y

Consultant Hired: N

Event Closed by Region/State: Y

**Event Class:**

OTH - OTHER

Cause: RADIATION BOUNDARY NOT SET UP OR VIOLATED

**Contributing Factors/Corrective Actions Information:**

OTH

Factor #: 1

Contributing Factor: IMPROPERLY FOLLOWED PROCEDURES

Corrective Action: PERSONNEL RECEIVED ADDITIONAL TRAINING

OTH

Factor #: 2

Contributing Factor: NOT REPORTED

Corrective Action: PROCEDURE MODIFIED

**Source/Radioactive Material Information:**

Item Number:

021002  
09/10/2003

OTH

Source #: 1  
Source/Material: SEALED SOURCE RADIOGRAPHY  
Manufacturer: NR  
Model Number: NR  
Serial Number: NR  
Device Name: CAMERA, RADIOGRAPHY

Radionuclide: IR-192  
Activity (Curies): 41  
Leak Test Results (uCi): NR  
Problem with Source:

**Device/Associated Equipment Information:**

OTH

Device #: 1  
Device/Equipment: CAMERA, RADIOGRAPHY  
Manufacturer: NR  
Model Number: NR  
Serial Number: NR  
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:**

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

## 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

05/03/2002

### Discovery Date

05/03/2002

### Report Date

05/03/2002

### Licensee / Reporting Party Information:

Agreement State Regulated:	NO	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	
Docket:	03035111			

### Site of Event:

Site Name: NILES  
State: MI

### Additional Involved Party:

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

### 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: 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  
Corrective Action: PERSONNEL RECEIVED ADDITIONAL TRAINING

LAS  
Factor #: 3  
Contributing Factor: NOT REPORTED  
Corrective Action: IMPROVE RADIOACTIVE MATERIAL LABELING AND HANDLING

### Source/Radioactive Material Information:

Item Number:

020550  
09/10/2003

LAS

Source #: 1  
 Source/Material: SEALED SOURCE GAUGE  
 Manufacturer: NR  
 Model Number: NR  
 Serial Number: NR  
 Device Name: GAUGE PORTABLE

Radionuclide: AM-BE  
 Activity (Curies): 0.04  
 Leak Test Results (uCi): <.005  
 Problem with Source:

LAS

Source #: 2  
 Source/Material: SEALED SOURCE GAUGE  
 Manufacturer: NR  
 Model Number: NR  
 Serial Number: NR  
 Device Name: GAUGE PORTABLE

Radionuclide: CS-137  
 Activity (Curies): 0.008  
 Leak Test Results (uCi): <.005  
 Problem with Source:

## Device/Associated Equipment Information:

LAS

Device #: 1  
 Device/Equipment: GAUGE PORTABLE  
 Manufacturer: TROXLER

Model Number: 3430  
 Serial Number: 23264  
 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: 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	07/17/200	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



## 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.S03), 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

02/28/2002

### Discovery Date

02/28/2002

### Report Date

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
Program Code:	02230	State:	IN
Docket:	03009398	County:	MARION

### 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 #: 1  
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

Item Number:

020295  
09/10/2003

MD2

Factor #: 1

Contributing Factor: NOT REPORTED

Corrective Action: EQUIPMENT RETURNED TO MANUFACTURER FOR REPAIR OR DISPOSAL

MD2

Factor #: 2

Contributing Factor: NOT REPORTED

Corrective Action: PROCEDURE MODIFIED

**Medical Event Information:**

Patient Number: 1 % Overexposed: NA

Patient Informed: Y % Underexposed: 90

Date Informed: 03/20/2002 Effect on Patient:

**Given:**

Procedure: BRACHY, INTRAVASCULAR

Dose in RAD: 180

Organ: HEART

Study: NA

Radiopharm.: NA

Radionuclide: SR-90

Millicuries: 39

**Intended:**

Procedure: BRACHY, INTRAVASCULAR

Dose in RAD: 1840

Organ: HEART

Study: NA

Radiopharm.: NA

Radionuclide: SR-90

Millicuries: 39

Administered By: Family Dose (REM): Newborn Dose (REM): Fetal Dose (REM):  
PHYSICIAN NA NA NA**Demographics:**Person ID No: Description:  
1 NOT REPORTED**Source/Radioactive Material Information:**

EQP

Source #: 1

Source/Material: SEALED SOURCE BRACHYTHERAPY

Manufacturer: BEBIG

Model Number: SR0.S03

Serial Number: NR

Device Name: INTRAVASCULAR BRACHY UNIT

Radionuclide: SR-90

Activity (Curies): 0.039

Leak Test Results (uCi): NR

Problem with Source:

MD2

Source #: 1

Source/Material: SEALED SOURCE BRACHYTHERAPY

Manufacturer: BEBIG

Model Number: SR0.S03

Serial Number: NR

Device Name: INTRAVASCULAR BRACHY UNIT

Radionuclide: SR-90

Activity (Curies): 0.039

Leak Test Results (uCi): NR

Problem with Source:

**Device/Associated Equipment Information:**

EQP

Device #: 1

Device/Equipment INTRAVASCULAR BRACHY UNIT

Manufacturer: NOVOSTE

Model Number: A1732

Serial Number: 88746

Problem with

MD2

Device #: 1

Device/Equipment INTRAVASCULAR BRACHY UNIT

Manufacturer: NOVOSTE

Model Number: A1732

Serial Number: 88746

Problem with

**Reporting Requirements:**

Item Number: 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: W  
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

## 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  
08/29/2001

Discovery Date  
08/29/2001

Report Date  
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	
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 #:	1	Radionuclide: I-125
Source/Material:	SEALED SOURCE BRACHYTHERAPY	Activity (Curies): 0.000327
Manufacturer:	NORTH AMERICAN SCIEN	Leak Test Results (uCi): NR
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.

Item Number:

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

## 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  
05/01/2000Discovery Date  
05/05/2000Report Date  
05/12/2000

### Licensee / Reporting Party Information:

Agreement State Regulated:	YS	Reciprocity:	NONE	
License No:	NC-092-0750-1	Licensee:	HUMBOLDT	
NRC Region Office:	2	City:	RALEIGH	County:
Program Code:	NA	State:	NC	
Docket:	NA			

### Site of Event:

Site Name: INDIANAPOLIS  
State: IN

### Additional Involved Party:

License No:	NON-LICENSEE	City:	INDIANAPOLIS	County:	MARION
Name:	ROADWAY EXPRESS	State:	IN		

### Other Information:

NRC Reportable Event:	Y	Abnormal Occurrence:	N
Agreement State Reportable Event:	Y	Investigation:	Y
Atomic Energy Act Material:	Y	NMED Record Complete:	N
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: NOT REPORTED  
Corrective Action: NOT REPORTED

### Source/Radioactive Material Information:

LAS			
Source #:	1	Radionuclide:	AM-BE
Source/Material:	SEALED SOURCE GAUGE	Activity (Curies):	0.04
Manufacturer:	NR	Leak Test Results (uCi):	NR
Model Number:	NR	Problem with Source:	
Serial Number:	NR		
Device Name:	GAUGE PORTABLE		

Item Number: 000322  
09/10/2003

LAS  
Source #: 2  
Source/Material: SEALED SOURCE GAUGE  
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:

**Device/Associated Equipment Information:**

LAS  
Device #: 1  
Device/Equipment: GAUGE PORTABLE  
Manufacturer: HUMBOLDT SCIENTIFIC  
Model Number: 5001C  
Serial Number: 1966  
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: 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

## 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
Program Code:	02110	State:	IN
Docket:	03001609	County:	MARION

### 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:	N
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: NOT REPORTED

### Contributing Factors/Corrective Actions Information:

LAS  
Factor #: 1  
Contributing Factor: NOT REPORTED  
Corrective Action: NOT REPORTED

### Source/Radioactive Material Information:

LAS		Radionuclide:	IR-192
Source #:	1	Activity (Curies):	0.0005
Source/Material:	SEALED SOURCE BRACHYTHERAPY	Leak Test Results (uCi):	NR
Manufacturer:	NR	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



Item Number:

000328  
09/10/2003

Keyword: SEALED SOURCE BRACHYTHERAPY

Reference Documents:

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

## Event Details

### 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.

<b>Event Date</b>	<b>Discovery Date</b>	<b>Report Date</b>
12/01/1999	06/20/2002	07/19/2002

### 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	County: MARION
Program Code:	03611	State:	IN	
Docket:	03004330			

### 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	Investigation:	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: NOT REPORTED  
Corrective Action: PERSONNEL RECEIVED ADDITIONAL TRAINING  
LAS  
Factor #: 2  
Contributing Factor: NOT REPORTED  
Corrective Action: PROCEDURE MODIFIED

### Source/Radioactive Material Information:

LAS		Radionuclide:	C-14
Source #:	1	Activity (Curies):	0.0094
Source/Material:	UNSEALED SOURCE LAB	Leak Test Results (uCi):	NA
Manufacturer:	NR	Problem with Source:	
Model Number:	NA		
Serial Number:	NA		
Device Name:	NA		

### Reporting Requirements:

Item Number: 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: 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: MATERIAL LOST AND NOT FOUND  
Keyword: RECORD COMPLETE  
Keyword: UNSEALED SOURCE LAB

**Reference Documents:**

Reference #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
EN39075	07/22/200	09/05/2002		DCH	EVENT NOTIFICATION
ML022280443	09/05/200	09/05/2002		RLS	LICENSEE REPORT

## 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.

Event Date	Discovery Date	Report Date
03/29/1999	03/30/1999	03/30/1999

### 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: SOUTH BEND  
State: IN

### Additional Involved Party:

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

### Other Information:

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

### Event Class:

LAS - LOST OR STOLEN  
Cause: STOLEN LICENSED MATERIAL, SECURITY MEASURES UNKNOWN

### Contributing Factors/Corrective Actions Information:

LAS  
Factor #: 1  
Contributing Factor: NOT REPORTED  
Corrective Action: NOT REPORTED

### Source/Radioactive Material Information:

LAS			
Source #:	1	Radionuclide:	AM-BE
Source/Material:	SEALED SOURCE GAUGE	Activity (Curies):	0.05
Manufacturer:	NR	Leak Test Results (uCi):	NR
Model Number:	NR	Problem with Source:	
Serial Number:	NR		
Device Name:	GAUGE PORTABLE		

Item Number: 990208  
09/10/2003

LAS  
Source #: 2  
Source/Material: SEALED SOURCE GAUGE  
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:

**Device/Associated Equipment Information:**

LAS  
Device #: 1  
Device/Equipment: GAUGE PORTABLE  
Manufacturer: CAMPBELL PACIFIC NUC  
Model Number: MC-1  
Serial Number: MD40401995  
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: 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:
EN35527	03/31/1999	03/20/2003		DCH	EVENT NOTIFICATION
PN399016	04/05/1999	03/20/2003		DCH	PRELIMINARY NOTIFICATION
9903310349	11/15/1999	03/20/2003		RLS	PRELIMINARY NOTIFICATION
LTR030317	03/20/2000	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:	NO	Reciprocity:	NONE
License No:	GENERAL LICENS	Licensee:	ARVIN INDUSTRIES, INC.
NRC Region Office:	3	City:	GREENWOOD
Program Code:	NR	State:	IN
Docket:	NA	County:	JOHNSON

Item Number: 990239  
09/10/2003

**Site of Event:**

Site Name: GREENWOOD  
State: IN

**Additional Involved Party:**

License No: NON-LICENSEE  
Name: KROOT SALVAGE

City: COLUMBUS  
State: IN

County: JOHNSON

**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:	Y	Event Closed by Region/State:	Y

**Event Class:**

LAS - LOST OR STOLEN

Cause: STOLEN LICENSED MATERIAL, SECURITY MEASURES DEFEATED

**Contributing Factors/Corrective Actions Information:**

LAS

Factor #: 1

Contributing Factor: NOT REPORTED

Corrective Action: NO CORRECTIVE ACTION TAKEN

**Source/Radioactive Material Information:**

LAS

Source #: 1  
Source/Material: SEALED SOURCE GAUGE  
Manufacturer: NR  
Model Number: NR  
Serial Number: 2786LX  
Device Name: GAUGE FIXED

Radionuclide: AM-241  
Activity (Curies): 1  
Leak Test Results (uCi): NR  
Problem with Source:

**Device/Associated Equipment Information:**

LAS

Device #: 1  
Device/Equipment: GAUGE FIXED  
Manufacturer: LORAL CONTROL SYS.

Model Number: 5310  
Serial Number: 48761-1  
Problem with

**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: 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: GAUGE FIXED

Keyword: MATERIAL STOLEN AND NOT RECOVERED

Item Number:

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

## 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 mm<sup>3</sup>. 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 Date

12/01/1998

#### Discovery Date

12/01/1998

#### Report Date

12/02/1998

### Licensee / Reporting Party Information:

Agreement State Regulated:	NO	Reciprocity:	NONE
License No:	13-02752-08	Licensee:	INDIANA UNIVERSITY SCHOOL OF MEDICINE
NRC Region Office:	3	City:	INDIANAPOLIS
Program Code:	02310	State:	IN
Docket:	03009792	County:	MARION

### 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	Investigation:	Y
Atomic Energy Act Material:	Y	NMED Record Complete:	Y
Consultant Hired:	Y	Event Closed by Region/State:	

### Event Class:

MD2 - MEDICAL EVENT  
Cause: FAILURE TO VERIFY TREATMENT SITE

### Contributing Factors/Corrective Actions Information:

MD2  
Factor #: 1  
Contributing Factor: PERSONNEL ERROR  
Corrective Action: PROCEDURE MODIFIED

### Medical Event Information:



Item Number: 981167  
09/10/2003

Patient Number: 1  
Patient Informed: Y  
Date Informed: 12/01/1998  
% Overexposed: 100  
% Underexposed: NA  
Effect on Patient:

<b>Given:</b>		<b>Intended:</b>	
Procedure:	GAMMA KNIFE	Procedure:	GAMMA KNIFE
Dose in RAD:	50	Dose in RAD:	50
Organ:	BRAIN	Organ:	BRAIN
Study:	NA	Study:	NA
Radiopharm.:	NA	Radiopharm.:	NA
Radionuclide:	CO-60	Radionuclide:	CO-60
Millicuries:	NR	Millicuries:	NR

<b>Administered By:</b>	<b>Family Dose (REM):</b>	<b>Newborn Dose (REM):</b>	<b>Fetal Dose (REM):</b>
NR	NA	NA	NA

**Demographics:**

Person ID No: Description:  
1 MALE  
1A TEEN (AGE 13-19)

**Source/Radioactive Material Information:**

MD2			
Source #:	1	Radionuclide:	CO-60
Source/Material:	SEALED SOURCE GAMMA KNIFE	Activity (Curies):	NR
Manufacturer:	NR	Leak Test Results (uCi):	NR
Model Number:	NR	Problem with Source:	
Serial Number:	NR		
Device Name:	GAMMA KNIFE UNIT		

**Device/Associated Equipment Information:**

MD2			
Device #:	1	Model Number:	NR
Device/Equipment	GAMMA KNIFE UNIT	Serial Number:	NR
Manufacturer:	ELEKTA INSTRUMENTS	Problem with	

**Consultant Information:**

<b>Name:</b>	<b>Company:</b>	<b>Hired by:</b>	<b>Speciality:</b>
MD2 WHITTINGTON,	UNIVERSITY OF PENNSYLVANIA	NRC	MEDICAL, M.D.

**Reporting Requirements:**

MD2  
Mode Reported: T  
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 #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
PN398056	12/17/199	04/01/1999		DCH	PRELIMINARY NOTIFICATION
EN35104	12/17/199	04/01/1999		DCH	EVENT NOTIFICATION
9812230187	01/19/199	04/01/1999		DCH	LICENSEE REPORT
9812070014	01/20/199	04/01/1999		DCH	PRELIMINARY NOTIFICATION
LTR981218	03/02/199	04/01/1999		DCH	LICENSEE REPORT

				Item Number:	981167
9901290291	03/11/199	04/01/1999	DCH	LICENSEE REPORT	09/10/2003
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	

## 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  
11/03/1998

Discovery Date  
11/04/1998

Report Date  
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:	3	City:	INDIANAPOLIS
Program Code:	02230	State:	IN
Docket:	03001625	County:	MARION

### 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	Investigation:	Y
Atomic Energy Act Material:	Y	NMED Record Complete:	Y
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 #: 1  
Contributing Factor: NOT REPORTED  
Corrective Action: PROCEDURE MODIFIED

### Source/Radioactive Material Information:

LAS		Radionuclide:	I-125
Source #:	1	Activity (Curies):	0.000376
Source/Material:	SEALED SOURCE BRACHYTHERAPY	Leak Test Results (uCi):	NR
Manufacturer:	NR	Problem with Source:	
Model Number:	NR		
Serial Number:	NR		
Device Name:	NA		

Item Number:

981105  
09/10/2003

LAS

Source #: 2  
 Source/Material: SEALED SOURCE BRACHYTHERAPY  
 Manufacturer: NR  
 Model Number: NR  
 Serial Number: NR  
 Device Name: NA

Radionuclide: I-125  
 Activity (Curies): 0.000376  
 Leak Test Results (uCi): NR  
 Problem with Source:

LAS

Source #: 3  
 Source/Material: SEALED SOURCE BRACHYTHERAPY  
 Manufacturer: NR  
 Model Number: NR  
 Serial Number: NR  
 Device Name: NA

Radionuclide: I-125  
 Activity (Curies): 0.000376  
 Leak Test Results (uCi): NR  
 Problem with Source:

## 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 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

## Event Details

### Abstract:

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

## Discovery Date

10/30/1998

## Report Date

02/24/1999

### Licensee / Reporting Party Information:

Agreement State Regulated: NO

Reciprocity:

NONE

License No: 13-02752-03

Licensee:

INDIANA UNIVERSITY

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

City: NA

County: MARION

Name: NA

State: NA

### Other Information:

NRC Reportable Event: Y

Abnormal Occurrence: N

Agreement State Reportable Event: N

Investigation: N

Atomic Energy Act Material: Y

NMED Record Complete: Y

Consultant Hired: N

Event Closed by Region/State:

### Event Class:

MD2 - MEDICAL EVENT

Cause: PROCEDURE NOT UNDERSTOOD

### Contributing Factors/Corrective Actions Information:

MD2

Factor #: 1

Contributing Factor: VERBAL COMMUNICATION PROBLEM

Corrective Action: PROCEDURE MODIFIED

Item Number: 990127  
09/10/2003

MD2  
Factor #: 2  
Contributing Factor: NOT REPORTED  
Corrective Action: PERSONNEL RECEIVED ADDITIONAL TRAINING

**Medical Event Information:**

Patient Number: 1 % Overexposed: NA  
Patient Informed: N % Underexposed: 24  
Date Informed: Effect on Patient:

<b>Given:</b>		<b>Intended:</b>	
Procedure:	BRACHY, REMOTE AFTERLOADER, LDR	Procedure:	BRACHY, REMOTE AFTERLOADER, LDR
Dose in RAD:	1900	Dose in RAD:	2500
Organ:	NR	Organ:	NR
Study:	NA	Study:	NA
Radiopharm.:	NA	Radiopharm.:	NA
Radionuclide:	CS-137	Radionuclide:	CS-137
Millicuries:	NR	Millicuries:	NR

<b>Administered By:</b>	<b>Family Dose (REM):</b>	<b>Newborn Dose (REM):</b>	<b>Fetal Dose (REM):</b>
PHYSICIAN	NA	NA	NA

**Demographics:**

Person ID No: Description:  
1 FEMALE

**Source/Radioactive Material Information:**

MD2			
Source #:	1	Radionuclide:	CS-137
Source/Material:	SEALED SOURCE BRACHYTHERAPY	Activity (Curies):	NR
Manufacturer:	NR	Leak Test Results (uCi):	NR
Model Number:	NR	Problem with Source:	
Serial Number:	NR		
Device Name:	REMOTE AFTERLOADER LDR		

**Device/Associated Equipment Information:**

MD2			
Device #:	1	Model Number:	NR
Device/Equipment	REMOTE AFTERLOADER LDR	Serial Number:	NR
Manufacturer:	NR	Problem with	

**Reporting Requirements:**

MD2  
Mode Reported: W  
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 #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
EN35404	03/01/199	08/30/1999		DCH	EVENT NOTIFICATION
PN399008	03/02/199	08/30/1999		DCH	PRELIMINARY NOTIFICATION
PN399008A	04/21/199	08/30/1999		DCH	PRELIMINARY NOTIFICATION
9904070223	07/07/199	08/30/1999		DCH	LICENSEE REPORT

LTR990305

08/26/199

08/30/1999

DCH

LICENSEE REPORT

Item Number:

990127  
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  
08/20/1998

Discovery Date

Report Date  
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	City:	NA	County:	MARION
Name:	NA	State:	NA		

### Other Information:

NRC Reportable Event:	Y	Abnormal Occurrence:	N
Agreement State Reportable Event:	N	Investigation:	Y
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 #: 1  
Contributing Factor: PATIENT  
Corrective Action: PERSONNEL RECEIVED ADDITIONAL TRAINING

### Medical Event Information:



Item Number:

000369  
09/10/2003

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

Given:		Intended:	
Procedure:	BRACHY, MANUAL IMPLANT	Procedure:	NA
Dose in RAD:	640	Dose in RAD:	NA
Organ:	NR	Organ:	NA
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):
NA	NA	NA	NA

**Demographics:**

Person ID No: Description:  
1 NOT REPORTED

**Source/Radioactive Material Information:**

MD2			
Source #:	1	Radionuclide:	NR
Source/Material:	SEALED SOURCE BRACHYTHERAPY	Activity (Curies):	NR
Manufacturer:	NR	Leak Test Results (uCi):	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

## 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:	NO	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:

Site Name: PITTSBORO  
State: IN

### Additional Involved Party:

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

### 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:	

### 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:
Source/Material:	SEALED SOURCE GAUGE	Activity (Curies):
Manufacturer:	NR	Leak Test Results (uCi):
Model Number:	NR	Problem with Source:
Serial Number:	NR	
Device Name:	GAUGE FIXED	

### Device/Associated Equipment Information:

EQP		
Device #:	1	Model Number:
Device/Equipment	GAUGE FIXED	Serial Number:
Manufacturer:	BERTHOLD	Problem with

Item Number: 981168  
09/10/2003

EQP  
Device #: 2  
Device/Equipment SHUTTER, GAUGE, OTHER  
Manufacturer: NR  
Model Number: NR  
Serial Number: NR  
Problem with

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

**Reference Documents:**

Reference #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
EN35107	12/03/199	03/02/1999		DCH	EVENT NOTIFICATION
9812180083	01/20/199	03/02/1999		DCH	NOTICE OF VIOLATION

## 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 inadvertent disposal in ordinary waste or stolen from the company by a terminated employee.

Event Date  
10/22/1997

Discovery Date  
10/22/1997

Report Date  
10/29/1997

### Licensee / Reporting Party Information:

Agreement State Regulated:	NO	Reciprocity:	NONE		
License No:	GENERAL LICENS	Licensee:	ADESA AUTO AUCTIONS		
NRC Region Office:	3	City:	PLAINFIELD	County:	HENDRICKS
Program Code:	NR	State:	IN		
Docket:	NA				

### Site of Event:

Site Name: PLAINFIELD  
State: IN

### Additional Involved Party:

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

### Other Information:

NRC Reportable Event:	Y	Abnormal Occurrence:	N
Agreement State Reportable Event:	N	Investigation:	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: 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):	0.015
Manufacturer:	NR	Leak Test Results (uCi):	NR
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:	88520
Manufacturer:	NRD, INC.	Problem with	

### Reporting Requirements:

Item Number: 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: 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: SEALED SOURCE IONIZING  
Keyword: STATIC ELIMINATOR

**Reference Documents:**

Reference #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
9711040090	03/05/199	06/02/1998		DCH	LICENSEE REPORT
9711280142	03/16/199	06/02/1998		DCH	NOTICE OF VIOLATION
R3-971030	03/16/199	06/02/1998		DCH	REGION REPORT

## 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.

<b>Event Date</b>	<b>Discovery Date</b>	<b>Report Date</b>
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:	3	City:	GREENFIELD
Program Code:	03121	State:	IN
Docket:	03032463	County:	

### 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	Investigation:	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:	AM-BE
Source/Material:	SEALED SOURCE GAUGE	Activity (Curies):	0.04
Manufacturer:	NR	Leak Test Results (uCi):	NR
Model Number:	NR	Problem with Source:	
Serial Number:	NR		
Device Name:	GAUGE PORTABLE		

Item Number: 970867  
09/10/2003

EQP

Source #: 2  
Source/Material: SEALED SOURCE GAUGE  
Manufacturer: NR  
Model Number: NR  
Serial Number: NR  
Device Name: GAUGE PORTABLE

Radionuclide: CS-137  
Activity (Curies): 0.008  
Leak Test Results (uCi): NR  
Problem with Source:

Device/Associated Equipment Information:

EQP

Device #: 1  
Device/Equipment: GAUGE PORTABLE  
Manufacturer: TROXLER

Model Number: 3440  
Serial Number: NR  
Problem with

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: 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

## 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:	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				

### Site of Event:

Site Name: NR  
State: NR

### Additional Involved Party:

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

### Other Information:

NRC Reportable Event:	Y	Abnormal Occurrence:	N
Agreement State Reportable Event:	N	Investigation:	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	



Item Number: 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	07/18/199	11/11/1997		DCH	MORNING REPORT
9708060327	11/11/199	11/11/1997		DCH	LICENSEE REPORT

## 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 ovoid, 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 ovoid 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.

<b>Event Date</b>	<b>Discovery Date</b>	<b>Report Date</b>
05/05/1997	05/12/1997	05/12/1997

### 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
Program Code:	02230	State:	IN
Docket:	03001625	County:	MARION

### 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:	y
Atomic Energy Act Material:	Y	NMED Record Complete:	Y
Consultant Hired:	N	Event Closed by Region/State:	

### Event Class:

MD2 - MEDICAL EVENT  
Cause: INATTENTION TO DETAIL

### Contributing Factors/Corrective Actions Information:

MD2  
Factor #: 1  
Contributing Factor: PLANNING DEFICIENCY  
Corrective Action: NOT REPORTED

### Medical Event Information:

Item Number:

970423  
09/10/2003

Patient Number: 1                      % Overexposed: NA  
 Patient Informed: N                    % Underexposed: 84  
 Date Informed:                        Effect on Patient:

<b>Given:</b>		<b>Intended:</b>	
Procedure:	BRACHY, REMOTE AFTERLOADER,	Procedure:	BRACHY, REMOTE AFTERLOADER,
Dose in RAD:	80	Dose in RAD:	500
Organ:	NR	Organ:	NR
Study:	NA	Study:	NA
Radiopharm.:	NA	Radiopharm.:	NA
Radionuclide:	IR-192	Radionuclide:	IR-192
Millicuries:	NA	Millicuries:	NA

<b>Administered By:</b>	<b>Family Dose (REM):</b>	<b>Newborn Dose (REM):</b>	<b>Fetal Dose (REM):</b>
NR	NA	NA	NA

**Demographics:**

Person ID No: Description:  
 1 NOT REPORTED

**Source/Radioactive Material Information:**

MD2			
Source #:	1	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 #:	1	Model Number:	NR
Device/Equipment	REMOTE AFTERLOADER HDR	Serial Number:	NR
Manufacturer:	NR	Problem with	

**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

## 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

**Discovery 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:

NONE

Licensee:

INDIANAPOLIS, CITY OF

City:

INDIANAPOLIS

State:

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: N

Agreement State Reportable Event: N

Atomic Energy Act Material: Y

Consultant Hired: N

Abnormal Occurrence: N

Investigation: N

NMED Record Complete: Y

Event Closed by Region/State:

**Event Class:**

TRS - TRANSPORTATION

Cause: PROCEDURE NOT FOLLOWED

**Contributing Factors/Corrective Actions Information:**

TRS

Factor #: 1

Contributing Factor: IMPROPERLY FOLLOWED PROCEDURES

Corrective Action: PERSONNEL REPRIMANDED

**Source/Radioactive Material Information:**

TRS

Source #: 1

Source/Material: SEALED SOURCE GAUGE

Manufacturer: NR

Model Number: NR

Serial Number: NR

Device Name: GAUGE PORTABLE

Radionuclide: NR

Activity (Curies): NR

Leak Test Results (uCi): NR

Problem with Source:

**Device/Associated Equipment Information:**

TRS

Device #: 1

Device/Equipment: GAUGE PORTABLE

Manufacturer: NR

Model Number: NR

Serial Number: NR

Problem with

**Keywords:**

TRS

Item Number:

970899  
09/10/2003

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

**Reference Documents:**

Reference #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
9707100224	09/12/199	09/12/1997		DCH	LICENSEE REPORT

## 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

01/15/1997

## Discovery Date

01/05/1999

## Report Date

01/05/1999

### Licensee / Reporting Party Information:

Agreement State Regulated: NO

License No: 13-24866-02

NRC Region Office: 3

Program Code: 03121

Docket: 03032827

Reciprocity:

NONE

Licensee:

MIDWEST TESTING, INC.

City:

INDIANAPOLIS

State:

IN

County:

MARION

### Site of Event:

Site Name: INDIANAPOLIS

State: IN

### Additional Involved Party:

License No: NON-LICENSEE

Name: PRIVATE INDIVIDUAL

City:

NR

State:

NR

County:

MARION

### Other Information:

NRC Reportable Event: Y

Agreement State Reportable Event: Y

Atomic Energy Act Material: Y

Consultant Hired: N

Abnormal Occurrence: N

Investigation: Y

NMED Record Complete: Y

Event Closed by Region/State:

### Event Class:

LAS - LOST OR STOLEN

Cause: INTENTIONAL VIOLATION

### Contributing Factors/Corrective Actions Information:

LAS

Factor #: 1

Contributing Factor: NOT REPORTED

Corrective Action: NO CORRECTIVE ACTION TAKEN

### Source/Radioactive Material Information:

LAS

Source #: 1

Source/Material: SEALED SOURCE GAUGE

Manufacturer: NR

Model Number: NR

Serial Number: NR

Device Name: GAUGE PORTABLE

Radionuclide:

CS-137

Activity (Curies):

NR

Leak Test Results (uCi):

NR

Problem with Source:

Item Number:

010005  
09/10/2003

LAS

Source #: 2  
 Source/Material: SEALED SOURCE GAUGE  
 Manufacturer: NR  
 Model Number: NR  
 Serial Number: NR  
 Device Name: GAUGE PORTABLE

Radionuclide: AM-BE  
 Activity (Curies): NR  
 Leak Test Results (uCi): NR  
 Problem with Source:

LAS

Source #: 3  
 Source/Material: SEALED SOURCE GAUGE  
 Manufacturer: NR  
 Model Number: NR  
 Serial Number: NR  
 Device Name: GAUGE PORTABLE

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

LAS

Source #: 4  
 Source/Material: SEALED SOURCE GAUGE  
 Manufacturer: NR  
 Model Number: NR  
 Serial Number: NR  
 Device Name: GAUGE PORTABLE

Radionuclide: AM-BE  
 Activity (Curies): NR  
 Leak Test Results (uCi): NR  
 Problem with Source:

## Device/Associated Equipment Information:

LAS

Device #: 1  
 Device/Equipment: GAUGE PORTABLE  
 Manufacturer: NR

Model Number: NR  
 Serial Number: NR  
 Problem with

LAS

Device #: 2  
 Device/Equipment: GAUGE PORTABLE  
 Manufacturer: NR

Model Number: NR  
 Serial Number: NR  
 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: GAUGE PORTABLE  
 Keyword: RECORD COMPLETE  
 Keyword: SEALED SOURCE GAUGE

## Reference Documents:

Reference #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
ML003772241	01/03/200	01/16/2001		RLS	NOTIFICATION OF SIGNIFICANT ENFORCEMENT ACTION
ML003772230	01/03/200	01/16/2001		RLS	OTHER
ML003772230	01/03/200	01/16/2001		RLS	NRC LETTER

## 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		
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:	Y	Abnormal Occurrence:	N
Agreement State Reportable Event:	N	Investigation:	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: STOLEN LICENSED MATERIAL, SECURITY MEASURES DEFEATED

### 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:	AM-BE
Source/Material:	SEALED SOURCE GAUGE	Activity (Curies):	0.04
Manufacturer:	NR	Leak Test Results (uCi):	NR
Model Number:	NR	Problem with Source:	
Serial Number:	NR		
Device Name:	GAUGE PORTABLE		



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LAS  
Source #: 2  
Source/Material: SEALED SOURCE GAUGE  
Manufacturer: NR  
Model Number: NR  
Serial Number: NR  
Device Name: GAUGE PORTABLE

Radionuclide: CS-137  
Activity (Curies): 0.008  
Leak Test Results (uCi): NR  
Problem with Source:

**Device/Associated Equipment Information:**

LAS  
Device #: 1  
Device/Equipment: GAUGE PORTABLE  
Manufacturer: TROXLER  
Model Number: 3400  
Serial Number: NR  
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 #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
PN396056	09/04/199	12/10/1996		DCH	PRELIMINARY NOTIFICATION
9609030121	10/29/199	12/10/1996		DCH	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	Discovery Date	Report Date
08/29/1996	08/29/1996	08/29/1996

**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		

Item Number: 960491  
09/10/2003

**Other Information:**

NRC Reportable Event:	Y	Abnormal Occurrence:	N
Agreement State Reportable Event:	N	Investigation:	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: STOLEN LICENSED MATERIAL, SECURITY MEASURES DEFEATED

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

Serial Number: NR

Device Name: GAUGE PORTABLE

LAS

Source #:	2	Radionuclide:	CS-137
Source/Material:	SEALED SOURCE GAUGE	Activity (Curies):	0.01
Manufacturer:	NR	Leak Test Results (uCi):	NR
Model Number:	NR	Problem with Source:	

Serial Number: NR

Device Name: GAUGE PORTABLE

**Device/Associated Equipment Information:**

LAS

Device #:	1	Model Number:	NCI-DR
Device/Equipment	GAUGE PORTABLE	Serial Number:	NR
Manufacturer:	BOART LONGYEAR CO.	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 #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
EN30936	09/04/199	03/14/2000		DCH	EVENT NOTIFICATION

LTR960913

11/12/199

03/14/2000

DCH

LICENSEE REPORT

Item Number:

960491  
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

### Licensee / Reporting Party Information:

Agreement State Regulated: NO

Reciprocity:

NRCAS

License No: NR

Licensee:

NDT SERVICES, INC

NRC Region Office: 3

City:

INDIANAPOLIS

County: MARION

Program Code: NR

State:

IN

Docket: NR

### Site of Event:

Site Name: DANVILLE

State: IL

### Additional Involved Party:

License No: NON-LICENSEE

City:

DANVILLE

County: HENDRICKS

Name: HOLMES BROTHERS

State:

IL

### Other Information:

NRC Reportable Event: N

Abnormal Occurrence: N

Agreement State Reportable Event: Y

Investigation: 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 #: 1

Contributing Factor: NOT REPORTED

Corrective Action: NOT REPORTED

### Overexposure Information:

Person ID 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:

1 MALE

2 MALE

### Source/Radioactive Material Information:

Item Number:

970067  
09/10/2003

EXP

Source #: 1  
Source/Material: SEALED SOURCE RADIOGRAPHY  
Manufacturer: NR  
Model Number: NR  
Serial Number: A8846  
Device Name: CAMERA, RADIOGRAPHY

Radionuclide: IR-192  
Activity (Curies): 62  
Leak Test Results (uCi): NR  
Problem with Source:

**Device/Associated Equipment Information:**

EXP

Device #: 1  
Device/Equipment: CAMERA, RADIOGRAPHY  
Manufacturer: AMERSHAM

Model Number: 660-B  
Serial Number: B1022  
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

## 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:	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		
Docket:	03001625				

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

### Event Class:

MD2 - MEDICAL EVENT  
Cause: INCORRECT DATA USED IN THERAPY DOSE PLANNING

### Contributing Factors/Corrective Actions Information:

MD2  
Factor #: 1  
Contributing Factor: PLANNING DEFICIENCY  
Corrective Action: PROCEDURE MODIFIED  
MD2  
Factor #: 2  
Contributing Factor: INADEQUATE PROCEDURES  
Corrective Action: NOT REPORTED

### Medical Event Information:

Item Number: 960478  
09/10/2003

Patient Number: 1 % Overexposed: 100  
Patient Informed: Y % Underexposed: NA  
Date Informed: 08/16/1996 Effect on Patient:

<b>Given:</b>		<b>Intended:</b>	
Procedure:	BRACHY, REMOTE AFTERLOADER,	Procedure:	BRACHY, REMOTE AFTERLOADER,
Dose in RAD:	NR	Dose in RAD:	NR
Organ:	ESOPHAGUS	Organ:	ESOPHAGUS
Study:	NA	Study:	NA
Radiopharm.:	NA	Radiopharm.:	NA
Radionuclide:	IR-192	Radionuclide:	IR-192
Millicuries:	NA	Millicuries:	NA

<b>Administered By:</b>	<b>Family Dose (REM):</b>	<b>Newborn Dose (REM):</b>	<b>Fetal Dose (REM):</b>
NR	NA	NA	NA

**Demographics:**

Person ID No: Description:  
1 FEMALE

**Source/Radioactive Material Information:**

MD2			
Source #:	1	Radionuclide:	IR-192
Source/Material:	SEALED SOURCE BRACHYTHERAPY	Activity (Curies):	5.64
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 #:	1	Model Number:	NR
Device/Equipment	REMOTE AFTERLOADER HDR	Serial Number:	NR
Manufacturer:	NR	Problem with	

**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, 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		DCH	PRELIMINARY NOTIFICATION
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
96-8	05/06/199	12/09/1997		DCH	ABNORMAL OCCURRENCE NUMBER
EN30881	05/06/199	12/09/1997		DCH	EVENT NOTIFICATION

## 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:	NO	Reciprocity:	NONE		
License No:	NON-LICENSEE	Licensee:	FEDERAL EXPRESS		
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:	NR	City:	ARLINGTON HEIGHTS	County:	MARION
Name:	AMERSHAM	State:	IL		

**Other Information:**

NRC Reportable Event:	Y	Abnormal Occurrence:	N
Agreement State Reportable Event:	N	Investigation:	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: FAILURE TO PROPERLY SECURE PACKAGE  
TRS - TRANSPORTATION  
Cause: EQUIPMENT DAMAGE DUE TO VEHICLE ACCIDENT

**Contributing Factors/Corrective Actions Information:**

LAS

Factor #:	1
Contributing Factor:	NOT REPORTED
Corrective Action:	NOT REPORTED

TRS

Factor #:	1
Contributing Factor:	NOT REPORTED
Corrective Action:	NOT REPORTED

**Source/Radioactive Material Information:**

Source #:	1	Radionuclide:	P-32
Source/Material:	UNSEALED SOURCE RADIOPHARM	Activity (Curies):	0.00072
Manufacturer:	AMERSHAM	Leak Test Results (uCi):	NA
Model Number:	NR	Problem with Source:	
Serial Number:	NR		
Device Name:	CONTAINER, SHIPPING		



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TRS

Source #: 1  
 Source/Material: UNSEALED SOURCE RADIOPHARM  
 Manufacturer: AMERSHAM  
 Model Number: NR  
 Serial Number: NR  
 Device Name: CONTAINER, SHIPPING

Radionuclide: P-32  
 Activity (Curies): 0.00072  
 Leak Test Results (uCi): NA  
 Problem with Source:

## Device/Associated Equipment Information:

LAS

Device #: 1  
 Device/Equipment: CONTAINER, SHIPPING  
 Manufacturer: NR

Model Number: NR  
 Serial Number: NR  
 Problem with

TRS

Device #: 1  
 Device/Equipment: CONTAINER, SHIPPING  
 Manufacturer: NR

Model Number: NR  
 Serial Number: NR  
 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.

TRS

Mode Reported: T  
 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 #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
EN30823	09/19/199	10/30/1998		DCH	EVENT NOTIFICATION
9608070305	12/12/199	10/30/1998		DCH	PRELIMINARY NOTIFICATION
PN396047	12/12/199	10/30/1998		DCH	PRELIMINARY NOTIFICATION

## 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.

Event Date  
07/29/1996Discovery Date  
07/29/1996Report Date  
08/21/1996

### 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:

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	Investigation:	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: INATTENTION TO DETAIL

### Contributing Factors/Corrective Actions Information:

LAS  
Factor #: 1  
Contributing Factor: NOT REPORTED  
Corrective Action: NOT REPORTED  
LAS  
Factor #: 2  
Contributing Factor: NOT REPORTED  
Corrective Action: NOT REPORTED

### Source/Radioactive Material Information:

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

### Reporting Requirements:

Item Number: 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

### 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

06/25/1996

## Report Date

06/26/1996

### 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: BEECH GROOVE  
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	Investigation:	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: STOLEN LICENSED MATERIAL, SECURITY MEASURES DEFEATED

### Source/Radioactive Material Information:

LAS			
Source #:	1	Radionuclide:	CS-137
Source/Material:	SEALED SOURCE GAUGE	Activity (Curies):	0.008
Manufacturer:	TROXLER	Leak Test Results (uCi):	NR
Model Number:	102112	Problem with Source:	
Serial Number:	75-6346		
Device Name:	GAUGE PORTABLE		
LAS			
Source #:	2	Radionuclide:	AM-BE
Source/Material:	SEALED SOURCE GAUGE	Activity (Curies):	0.04
Manufacturer:	TROXLER	Leak Test Results (uCi):	NR
Model Number:	102451	Problem with Source:	
Serial Number:	47-20387		
Device Name:	GAUGE PORTABLE		

### Device/Associated Equipment Information:

LAS			
Device #:	1	Model Number:	3430
Device/Equipment	GAUGE PORTABLE	Serial Number:	24321
Manufacturer:	TROXLER	Problem with	

Item Number: 960299  
09/10/2003

**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 #:	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

## 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:	NO	Reciprocity:	NONE	
License No:	13-26078-01	Licensee:	OLIN BRASS CORP.	
NRC Region Office:	3	City:	INDIANAPOLIS	County: MARION
Program Code:	03120	State:	IN	
Docket:	03031370			

**Site of Event:**

Site Name:	INDIANAPOLIS
State:	IN

**Additional Involved Party:**

License No:	NR	City:	YALESVILLE	County:	MARION
Name:	INTEGRATED INDUSTRIAL SYSTEMS	State:	CT		

**Other Information:**

NRC Reportable Event:	Y	Abnormal Occurrence:	N
Agreement State Reportable Event:	N	Investigation:	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
Source/Material:	SEALED SOURCE GAUGE
Manufacturer:	NR
Model Number:	NR
Serial Number:	NR
Device Name:	GAUGE FIXED
Radionuclide:	AM-241
Activity (Curies):	1
Leak Test Results (uCi):	NR
Problem with Source:	

**Device/Associated Equipment Information:**

EQP	
Device #:	1
Device/Equipment	GAUGE FIXED
Manufacturer:	NR
Model Number:	NR
Serial Number:	NR
Problem with	

**Reporting Requirements:**

Item Number: 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

## Event Details

**Abstract:**

The licensee reported losing 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**

03/22/1996

**Discovery Date**

10/28/1996

**Report Date**

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	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:	Y	Abnormal Occurrence:	N
Agreement State Reportable Event:	N	Investigation:	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: 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
Manufacturer:	NR	Leak Test Results (uCi):	NR
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	



Item Number: 960812  
09/10/2003

LAS  
Device #: 2  
Device/Equipment STATIC ELIMINATOR  
Manufacturer: NRD, INC.

Model Number: P-2051  
Serial Number: 74723  
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 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
9612260286	05/23/199	11/18/1998		DCH	NOTICE OF VIOLATION

## 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:	N	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:	

### 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

## 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	County: MARION
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	Investigation:	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

Item Number: 950660  
09/10/2003

**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: RECORD COMPLETE

Keyword: UNSEALED SOURCE LAB

**Reference Documents:**

Reference #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
EN28834	05/22/199	05/26/1995		NB	EVENT NOTIFICATION
PN395025	05/26/199	05/26/1995		NRB	PRELIMINARY NOTIFICATION

## 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
Program Code:	02110	State:	IN
Docket:	03001609	County:	MARION

### 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	Investigation:	Y
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		Radionuclide:	P-32
Source #:	1	Activity (Curies):	0.000533
Source/Material:	UNSEALED SOURCE OTHER	Leak Test Results (uCi):	NA
Manufacturer:	NR	Problem with Source:	
Model Number:	NR		
Serial Number:	NR		
Device Name:	WASTE, RADIOACTIVE		

Item Number:

950464  
09/10/2003

LAS

Source #: 2  
 Source/Material: UNSEALED SOURCE OTHER  
 Manufacturer: NR  
 Model Number: NR  
 Serial Number: NR  
 Device Name: WASTE, RADIOACTIVE

Radionuclide: S-35  
 Activity (Curies): 0.00125  
 Leak Test Results (uCi): NA  
 Problem with Source:

LAS

Source #: 3  
 Source/Material: UNSEALED SOURCE OTHER  
 Manufacturer: NR  
 Model Number: NR  
 Serial Number: NR  
 Device Name: WASTE, RADIOACTIVE

Radionuclide: H-3  
 Activity (Curies): 0.00025  
 Leak Test Results (uCi): NA  
 Problem with Source:

## Device/Associated Equipment Information:

LAS

Device #: 1  
 Device/Equipment: WASTE, RADIOACTIVE  
 Manufacturer: NR

Model Number: NA  
 Serial Number: NA  
 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 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	09/01/1995		NB	NRC LETTER

## 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	Reciprocity:	NONE
License No:	NON-LICENSEE	Licensee:	OGDEN-MARTIN SYSTEMS, INC.
NRC Region Office:	3	City:	INDIANAPOLIS
Program Code:	NA	State:	IN
Docket:	NA	County:	MARION

**Site of Event:**

Site Name: INDIANAPOLIS  
State: IN

**Additional Involved Party:**

License No:	NON-LICENSEE	City:	INDIANAPOLIS	County:	MARION
Name:	INDIANAPOLIS PUBLIC WORKS	State:	IN		

**Other Information:**

NRC Reportable Event:	Y	Abnormal Occurrence:	N
Agreement State Reportable Event:	N	Investigation:	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: PROCEDURE NOT FOLLOWED

**Contributing Factors/Corrective Actions Information:**

LAS  
Factor #: 1  
Contributing Factor: NOT REPORTED  
Corrective Action: NA

**Source/Radioactive Material Information:**

LAS	
Source #:	1
Source/Material:	UNSEALED SOURCE RADIOPHARM
Manufacturer:	NA
Model Number:	NA
Serial Number:	NA
Device Name:	WASTE, RADIOACTIVE
Radionuclide:	I-131
Activity (Curies):	NR
Leak Test Results (uCi):	NA
Problem with Source:	

### Device/Associated Equipment Information:

Item Number: 950303  
09/10/2003

LAS  
Device #: 1  
Device/Equipment WASTE, RADIOACTIVE  
Manufacturer: NR  
Model Number: NA  
Serial Number: NA  
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 #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
MR3950037	03/21/199	04/25/1995		NB	MORNING REPORT
MR3950039	03/23/199	04/25/1995		NB	MORNING REPORT



## 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

09/06/1994

## Discovery Date

09/06/1994

## Report Date

09/06/1994

### Licensee / Reporting Party Information:

Agreement State Regulated: NO

License No: 13-18685-01

NRC Region Office: 3

Program Code: 03121

Docket: 03014041

Reciprocity:

NONE

Licensee:

ALT &amp; WITZIG ENGINEERING, INC.

City:

INDIANAPOLIS

State:

IN

County:

MARION

### Site of Event:

Site Name: FLORENCE

State: KY

### Additional Involved Party:

License No: NA

Name: NA

City:

NA

State:

NA

County:

### Other Information:

NRC Reportable Event: Y

Agreement State Reportable Event: N

Atomic Energy Act Material: Y

Consultant Hired: N

Abnormal Occurrence: N

Investigation:

NMED Record Complete: Y

Event Closed by Region/State:

### Event Class:

LAS - LOST OR STOLEN

Cause: STOLEN LICENSED MATERIAL, SECURITY MEASURES UNKNOWN

### Contributing Factors/Corrective Actions Information:

LAS

Factor #: 1

Contributing Factor: NOT REPORTED

Corrective Action: NOT REPORTED

### Source/Radioactive Material Information:

LAS

Source #: 1

Source/Material: SEALED SOURCE GAUGE

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:

Item Number: 941800  
09/10/2003

LAS  
Source #: 2  
Source/Material: SEALED SOURCE GAUGE  
Manufacturer: NR  
Model Number: NR  
Serial Number: NR  
Device Name: GAUGE PORTABLE  
Radionuclide: AM-BE  
Activity (Curies): 0.04  
Leak Test Results (uCi): NR  
Problem with Source:

**Device/Associated Equipment Information:**

LAS  
Device #: 1  
Device/Equipment: GAUGE PORTABLE  
Manufacturer: BOART LONGYEAR CO.  
Model Number: NR  
Serial Number: NR  
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 #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
MR3940159	09/09/199	02/21/1996		NB	MORNING REPORT

## Event Details

### Abstract:

The licensee 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

08/25/1994

#### Discovery Date

08/25/1994

#### Report Date

08/26/1994

### 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: MIDDLETOWN  
State: OH

### Additional Involved Party:

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

### Other Information:

NRC Reportable Event:	Y	Abnormal Occurrence:	N
Agreement State Reportable Event:	N	Investigation:	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: STOLEN LICENSED MATERIAL, SECURITY MEASURES DEFEATED

### 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:	CS-137
Source/Material:	SEALED SOURCE GAUGE	Activity (Curies):	0.01
Manufacturer:	NR	Leak Test Results (uCi):	NR
Model Number:	NR	Problem with Source:	
Serial Number:	NR		
Device Name:	GAUGE PORTABLE		
LAS			
Source #:	2	Radionuclide:	AM-BE
Source/Material:	SEALED SOURCE GAUGE	Activity (Curies):	0.05
Manufacturer:	NR	Leak Test Results (uCi):	NR
Model Number:	NR	Problem with Source:	
Serial Number:	NR		
Device Name:	GAUGE PORTABLE		

Item Number: 941769  
09/10/2003

**Device/Associated Equipment Information:**

LAS  
Device #: 1 Model Number: MC-1  
Device/Equipment GAUGE PORTABLE Serial Number: NR  
Manufacturer: BOART LONGYEAR CO. 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 #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
PN394071	09/01/199	02/21/1996		NB	PRELIMINARY NOTIFICATION
9411080214	01/18/199	01/18/1995		NB	LICENSEE REPORT

## 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	Discovery Date	Report Date
07/28/1994	07/28/1994	07/28/1994

### Licensee / Reporting Party Information:

Agreement State Regulated:	NO	Reciprocity:	NONE	
License No:	NR	Licensee:	PREMIER RADIOPHARMACY	
NRC Region Office:	3	City:	INDIANAPOLIS	County: MARION
Program Code:	NR	State:	IN	
Docket:	NR			

### Site of Event:

Site Name: INDIANAPOLIS  
State: IN

### Additional Involved Party:

License No:	NON-LICENSEE	City:	INDIANAPOLIS	County:	MARION
Name:	BFI	State:	IN		

### Other Information:

NRC Reportable Event:	Y	Abnormal Occurrence:	N
Agreement State Reportable Event:	N	Investigation:	
Atomic Energy Act Material:	Y	NMED Record Complete:	N
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		Radionuclide:	I-131
Source #:	1	Activity (Curies):	NR
Source/Material:	UNSEALED SOURCE RADIOPHARM	Leak Test Results (uCi):	NA
Manufacturer:	NA	Problem with Source:	
Model Number:	NA		
Serial Number:	NA		
Device Name:	VIAL		

### Device/Associated Equipment Information:

Item Number: 941726  
09/10/2003

LAS  
Device #: 1  
Device/Equipment VIAL  
Manufacturer: NR  
Model Number: NR  
Serial Number: NR  
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 INCINERATOR  
Keyword: UNSEALED SOURCE RADIOPHARM

**Reference Documents:**

Reference #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
MR3940141	08/17/199	08/17/1994		NB	MORNING REPORT

## Event Details

**Abstract:**

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**

07/01/1994

**Discovery Date**

07/01/1994

**Report Date**

04/27/1995

**Licensee / Reporting Party Information:**

Agreement State Regulated: NO

Reciprocity:

NONE

License No: 13-15544-01

Licensee:

PSI ENERGY CO.

NRC Region Office: 3

City:

PLAINFIELD

County: HENDRICKS

Program Code: 03120

State:

IN

Docket: 03009317

**Site of Event:**

Site Name: PLAINFIELD

State: IN

**Additional Involved Party:**

License No: NA

City: NA

County: HENDRICKS

Name: NA

State: NA

**Other Information:**

NRC Reportable Event: Y

Abnormal Occurrence: N

Agreement State Reportable Event: N

Investigation: N

Atomic Energy Act Material: Y

NMED Record Complete: Y

Consultant Hired: N

Event Closed by Region/State:

**Event Class:**

EQP - EQUIPMENT

Cause: DEFECTIVE OR FAILED PARTS

**Contributing Factors/Corrective Actions Information:**

EQP

Factor #: 1

Contributing Factor: DEFECTIVE OR FAILED PARTS

Corrective Action: NOT REPORTED

**Source/Radioactive Material Information:**

EQP

Source #: 1

Radionuclide: CS-137

Source/Material: SEALED SOURCE GAUGE

Activity (Curies): 0.008

Manufacturer: TROXLER

Leak Test Results (uCi): NR

Model Number: NR

Problem with Source:

Serial Number: NR

Device Name: GAUGE PORTABLE

**Device/Associated Equipment Information:**

EQP

Device #: 1

Model Number: 3430

Device/Equipment: GAUGE PORTABLE

Serial Number: 21026

Manufacturer: TROXLER

Problem with

**Reporting Requirements:**

Item Number: 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 #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
9505100118	05/17/199	02/21/1996		NB	LICENSEE REPORT
9506200252	07/13/199	07/18/1995		NRB	LICENSEE REPORT



## 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 cloud.

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 Information:**

Agreement State Regulated: NO  
License No: 13-18876-01  
NRC Region Office: 3  
Program Code: 03120  
Docket: 03014296

Reciprocity: NONE  
Licensee: CENTRAL SOYA CO., INC.  
City: INDIANAPOLIS  
State: 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: Y  
Agreement State Reportable Event: N  
Atomic Energy Act Material: Y  
Consultant Hired: N

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

**Event Class:**

EQP - EQUIPMENT

Cause: FIRE/EXPLOSION RESULTING IN INOPERABLE EQUIPMENT

**Source/Radioactive Material Information:**

EQP

Source #: 1  
Source/Material: SEALED SOURCE GAUGE  
Manufacturer: NR  
Model Number: NR  
Serial Number: NR  
Device Name: GAUGE FIXED

Radionuclide: CS-137  
Activity (Curies): 0.1  
Leak Test Results (uCi): NR  
Problem with Source:

**Device/Associated Equipment Information:**

EQP

Device #: 1  
Device/Equipment: GAUGE FIXED  
Manufacturer: OHMART CORP.

Model Number: SR-1AFD-6  
Serial Number: 65631  
Problem with

**Reporting Requirements:**

Item Number: 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

## 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

03/01/1994

### Discovery Date

03/01/1994

### Report Date

03/01/1994

### Licensee / Reporting Party Information:

Agreement State Regulated: NO

License No: 13-18685-01

NRC Region Office: 3

Program Code: 03121

Docket: 03014041

Reciprocity:

NONE

Licensee:

ALT &amp; WITZIG ENGINEERING, INC.

City:

INDIANAPOLIS

State:

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: Y

Agreement State Reportable Event: N

Atomic Energy Act Material: Y

Consultant Hired: N

Abnormal Occurrence: N

Investigation: Y

NMED Record Complete: Y

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 #: 1

Contributing Factor: NOT REPORTED

Corrective Action: NOT REPORTED

### Source/Radioactive Material Information:

LAS

Source #: 1

Source/Material: SEALED SOURCE GAUGE

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:

Item Number: 941071  
09/10/2003

LAS  
Source #: 2  
Source/Material: SEALED SOURCE GAUGE  
Manufacturer: NR  
Model Number: NR  
Serial Number: NR  
Device Name: GAUGE PORTABLE  
Radionuclide: AM-BE  
Activity (Curies): 0.05  
Leak Test Results (uCi): NR  
Problem with Source:

**Device/Associated Equipment Information:**

LAS  
Device #: 1  
Device/Equipment: GAUGE PORTABLE  
Manufacturer: BOART LONGYEAR CO.  
Model Number: NR  
Serial Number: NR  
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 #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
9404060192	05/02/199	07/15/1994		MEH	LICENSEE REPORT
MR3940054	05/02/199	02/21/1996		MEH	MORNING REPORT
PN394012	07/15/199	07/15/1994		NB	PRELIMINARY NOTIFICATION

## 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:	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:**

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

## Event Details

### 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.

## Event Date

11/22/1993

## Discovery Date

11/22/1993

## Report Date

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: N

Abnormal Occurrence: N

Agreement State Reportable Event: N

Investigation: Y

Atomic Energy Act Material: Y

NMED Record Complete: Y

Consultant Hired: Y

Event Closed by Region/State:

### Event Class:

LAS - LOST OR STOLEN

Cause: NOT REPORTED

### Consultant Information:

Name:

LAS NR

Company:

NR

Hired by:

NR

Specialty:

OTHER

### Keywords:

LAS

Keyword: RECORD COMPLETE

### Reference Documents:

Reference #:

IN-93-010

Entry Date:

03/10/199

Update Date:

09/10/1997

Retraction Date:

Coder Initials:

NB

Description:

AGREEMENT STATE EVENT REPORT

## 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:	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:

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

Item Number:

940493  
09/10/2003

## Event Details

**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 / Reporting Party Information:**

Agreement State Regulated:	NO	Reciprocity:	NONE
License No:	NR	Licensee:	CASTLETON PET & VETERINARY CLINIC
NRC Region Office:	3	City:	INDIANAPOLIS
Program Code:	NR	State:	IN
Docket:	NR	County:	MARION

**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:	Y
Consultant Hired:	N	Event Closed by Region/State:	

**Event Class:**

LAS - LOST OR STOLEN  
Cause: NOT REPORTED

**Keywords:**

LAS  
Keyword: RECORD COMPLETE

**Reference Documents:**

Reference #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
IN-93-001	03/10/199	09/23/1997		NB	AGREEMENT STATE EVENT REPORT



## 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:	MARION
Program Code:	03121	State:	IN		
Docket:	03014041				

### Site of Event:

Site Name: KIRKLIN  
State: IN

### Additional Involved Party:

License No:	NA	City:	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  
Factor #: 1  
Contributing Factor: NOT REPORTED  
Corrective Action: NA

### Source/Radioactive Material Information:

LAS			
Source #:	1	Radionuclide:	AM-BE
Source/Material:	SEALED SOURCE GAUGE	Activity (Curies):	NR
Manufacturer:	NR	Leak Test Results (uCi):	NR
Model Number:	NR	Problem with Source:	
Serial Number:	NR		
Device Name:	GAUGE PORTABLE		
LAS			
Source #:	2	Radionuclide:	CS-137
Source/Material:	SEALED SOURCE GAUGE	Activity (Curies):	NR
Manufacturer:	NR	Leak Test Results (uCi):	NR
Model Number:	NR	Problem with Source:	
Serial Number:	NR		
Device Name:	GAUGE PORTABLE		

### Device/Associated Equipment Information:

Item Number: 940015  
09/10/2003

LAS  
Device #: 1  
Device/Equipment GAUGE PORTABLE  
Manufacturer: BOART LONGYEAR CO.  
Model Number: MC-1  
Serial Number: M10039409  
Problem with

**Reporting Requirements:**

LAS  
Mode Reported: W  
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: 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 #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
9312020082	02/04/199	02/21/1996		LLB	LICENSEE REPORT

## 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

07/02/1993

## Discovery Date

07/02/1993

## Report Date

07/26/1993

### Licensee / Reporting Party Information:

Agreement State Regulated:	NO	Reciprocity:	NONE
License No:	13-02128-02	Licensee:	SAINT FRANCIS HOSPITAL AND HEALTH CENTER
NRC Region Office:	3	City:	BEECH GROVE
Program Code:	02300	State:	IN
Docket:	03000196	County:	MARION

### Site of Event:

Site Name: BEECH GROVE  
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	Investigation:	
Atomic Energy Act Material:	Y	NMED Record Complete:	Y
Consultant Hired:	N	Event Closed by Region/State:	

### Event Class:

EQP - EQUIPMENT

Cause: DEFECTIVE OR FAILED PARTS

### Contributing Factors/Corrective Actions Information:

EQP

Factor #: 1

Contributing Factor: NOT REPORTED

Corrective Action: NOT REPORTED

### Source/Radioactive Material Information:

EQP

Source #: 1

Source/Material: SEALED SOURCE TELETHERAPY

Manufacturer: NR

Model Number: NR

Serial Number: NR

Device Name: TELETHERAPY UNIT

Radionuclide: CO-60

Activity (Curies): 8400

Leak Test Results (uCi): NR

Problem with Source:

### Device/Associated Equipment Information:

EQP

Device #: 1

Device/Equipment: TELETHERAPY UNIT

Manufacturer: PICKER

Model Number: C-9

Serial Number: NR

Problem with

Item Number: 940102  
09/10/2003

EQP  
Device #: 2  
Device/Equipment SOURCE RETRACTION MECHANISM  
Manufacturer: PICKER  
Model Number: NR  
Serial Number: 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: 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

## 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**

06/15/1993

**Discovery Date**

06/15/1993

**Report Date**

07/05/1993

**Licensee / Reporting Party Information:**

Agreement State Regulated: NO

License No: 13-26078-01

NRC Region Office: 3

Program Code: 03120

Docket: 03031370

Reciprocity:

NONE

Licensee:

BRIDGEPORT BRASS CORP.

City:

INDIANAPOLIS

State:

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: Y

Agreement State Reportable Event: N

Atomic Energy Act Material: Y

Consultant Hired: N

Abnormal Occurrence: N

Investigation:

NMED Record Complete: Y

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: NOT REPORTED

**Source/Radioactive Material Information:**

EQP

Source #: 1

Source/Material: SEALED SOURCE GAUGE

Manufacturer: NR

Model Number: NR

Serial Number: NR

Device Name: GAUGE FIXED

Radionuclide:

AM-241

Activity (Curies):

1

Leak Test Results (uCi):

NR

Problem with Source:

**Device/Associated Equipment Information:**

EQP

Device #: 1

Device/Equipment: GAUGE FIXED

Manufacturer: NR

Model Number:

NR

Serial Number:

NR

Problem with

**Reporting Requirements:**

Item Number: 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:
9310200117	04/18/199	02/21/1996		DRL	NOTICE OF VIOLATION

## 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	Discovery Date	Report Date
11/13/1992	12/02/1992	12/03/1992

**Licensee / Reporting Party Information:**

Agreement State Regulated:	NO	Reciprocity:	NONE
License No:	13-02752-08	Licensee:	INDIANA UNIVERSITY SCHOOL OF MEDICINE
NRC Region Office:	3	City:	INDIANAPOLIS
Program Code:	02310	State:	IN
Docket:	03009792	County:	MARION

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

**Event Class:**

MD2 - MEDICAL EVENT

Cause: REFERRING PHYSICIAN'S REQUEST MISUNDERSTOOD

**Contributing Factors/Corrective Actions Information:**

MD2

Factor #: 1

Contributing Factor: NOT REPORTED

Corrective Action: PERSONNEL RECEIVED ADDITIONAL TRAINING

MD2

Factor #: 2

Contributing Factor: NOT REPORTED

Corrective Action: NOT REPORTED

MD2

Factor #: 3

Contributing Factor: NOT REPORTED

Corrective Action: NOT REPORTED

## Medical Event Information:

Patient Number: 1 % Overexposed: 100

Patient Informed: Y % Underexposed: NA

Date Informed: Effect on Patient:

## Given:

Procedure: TELETHERAPY

Dose in RAD: 600

Organ: BRAIN

Study: NA

Radiopharm.: NA

Radionuclide: NA

Millicuries: NA

## Intended:

Procedure: TELETHERAPY

Dose in RAD: 300

Organ: BRAIN

Study: NA

Radiopharm.: NA

Radionuclide: NA

Millicuries: NA

Administered By: Family Dose (REM):

NA NA

Newborn Dose (REM):

NA

Fetal Dose (REM):

NA

## Demographics:

Person ID No: Description:

1 CHILD (AGE 1-12)

## Source/Radioactive Material Information:

MD2

Source #: 1

Source/Material: SEALED SOURCE TELETHERAPY

Manufacturer: NR

Model Number: NR

Serial Number: NR

Device Name: TELETHERAPY UNIT

Radionuclide: CO-60

Activity (Curies): NR

Leak Test Results (uCi): NR

Problem with Source:

## Device/Associated Equipment Information:

MD2

Device #: 1

Device/Equipment: TELETHERAPY UNIT

Manufacturer: PICKER

Model Number: 6296

Serial Number: NR

Problem with

## Consultant Information:

Name:  
MD2 FLYNN, D. F., MDCompany:  
MASSACHUSETTS GENERALHired by:  
NRCSpecialty:  
MEDICAL, M.D.

## Reporting Requirements:

MD2

Mode Reported: W

Reporting

35.33(a)(2)-4F - (NO LONGER USED) WRITTEN RPT. &lt;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



Item Number:

921058  
09/10/2003Keyword: 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

## Event Details

**Abstract:**

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**

09/22/1992

**Discovery Date**

09/22/1992

**Report Date**

10/09/1992

**Licensee / Reporting Party Information:**

Agreement State Regulated: NO

License No: 13-18685-01

NRC Region Office: 3

Program Code: 03121

Docket: 03014041

Reciprocity:

NONE

Licensee:

ALT &amp; WITZIG ENGINEERING, INC.

City:

INDIANAPOLIS

County:

MARION

State:

IN

**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

Agreement State Reportable Event: N

Atomic Energy Act Material: Y

Consultant Hired: N

Abnormal Occurrence: N

Investigation: Y

NMED Record Complete: Y

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 #: 1

Contributing Factor: NOT REPORTED

Corrective Action: NOT REPORTED

**Source/Radioactive Material Information:**

LAS

Source #: 1

Source/Material: SEALED SOURCE GAUGE

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:

LAS

Source #: 2

Source/Material: SEALED SOURCE GAUGE

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:

Item Number: 920889  
09/10/2003

LAS

Source #: 3  
Source/Material: SEALED SOURCE GAUGE  
Manufacturer: NR  
Model Number: NR  
Serial Number: NR  
Device Name: GAUGE PORTABLE

Radionuclide: AM-BE  
Activity (Curies): 0.05  
Leak Test Results (uCi): NR  
Problem with Source:

LAS

Source #: 4  
Source/Material: SEALED SOURCE GAUGE  
Manufacturer: NR  
Model Number: NR  
Serial Number: NR  
Device Name: GAUGE PORTABLE

Radionuclide: AM-BE  
Activity (Curies): 0.05  
Leak Test Results (uCi): NR  
Problem with Source:

LAS

Source #: 5  
Source/Material: SEALED SOURCE GAUGE  
Manufacturer: NR  
Model Number: NR  
Serial Number: NR  
Device Name: GAUGE PORTABLE

Radionuclide: AM-BE  
Activity (Curies): 0.1  
Leak Test Results (uCi): NR  
Problem with Source:

Device/Associated Equipment Information:

LAS

Device #: 1  
Device/Equipment: GAUGE PORTABLE  
Manufacturer: BOART LONGYEAR CO.

Model Number: NR  
Serial Number: NR  
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: 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: GAUGE PORTABLE  
Keyword: RECORD COMPLETE  
Keyword: SEALED SOURCE GAUGE

Reference Documents:

Reference #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
920526	12/07/199	05/23/1995		CDB	OLD ASSIGNED ITEM NUMBER
9210270099	12/07/199	02/21/1996		CDB	LICENSEE REPORT

## 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**

09/10/1992

**Discovery Date**

09/10/1992

**Report Date**

09/11/1992

**Licensee / Reporting Party Information:**

Agreement State Regulated:	NO	Reciprocity:	NONE		
License No:	13-02752-08	Licensee:	INDIANA UNIVERSITY SCHOOL OF MEDICINE		
NRC Region Office:	3	City:	INDIANAPOLIS	County:	MARION
Program Code:	02310	State:	IN		
Docket:	03009792				

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

**Event Class:**

EQP - EQUIPMENT  
Cause: DEFECTIVE OR FAILED PARTS

**Contributing Factors/Corrective Actions Information:**

EQP  
Factor #: 1  
Contributing Factor: NOT REPORTED  
Corrective Action: REPAIRS MADE WITHOUT ENGINEERING CHANGE TO SYSTEM

**Source/Radioactive Material Information:**

EQP			
Source #:	1	Radionuclide:	CO-60
Source/Material:	SEALED SOURCE BRACHYTHERAPY	Activity (Curies):	NR
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:**

EQP			
Device #:	1	Model Number:	NR
Device/Equipment	REMOTE AFTERLOADER HDR	Serial Number:	NR
Manufacturer:	THOMSON CGR MED./COT	Problem with	

Item Number: 920856  
09/10/2003

EQP  
Device #: 2  
Device/Equipment SOURCE RETRACTION MECHANISM  
Manufacturer: NR  
Model Number: NR  
Serial Number: NR  
Problem with

**Reporting Requirements:**

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: REMOTE AFTERLOADER HDR  
Keyword: SEALED SOURCE BRACHYTHERAPY  
Keyword: SOURCE RETRACTION MECHANISM

**Reference Documents:**

Reference #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
920276	12/07/199	01/16/1995		CDB	OLD ASSIGNED ITEM NUMBER
9209300168	12/07/199	01/16/1995		CDB	LICENSEE REPORT

## Event Details

### Abstract:

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

08/19/1992

### Discovery Date

08/19/1992

### Report Date

09/23/1992

### Licensee / Reporting Party Information:

Agreement State Regulated:	NO	Reciprocity:	NONE	
License No:	13-17217-01	Licensee:	INDIANAPOLIS POWER & LIGHT CO.	
NRC Region Office:	3	City:	INDIANAPOLIS	County: MARION
Program Code:	03121	State:	IN	
Docket:	03012381			

### Site of Event:

Site Name: PETERSBURG  
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:	Y
Atomic Energy Act Material:	Y	NMED Record Complete:	Y
Consultant Hired:	N	Event Closed by Region/State:	

### Event Class:

OTH - OTHER  
Cause: NOT REPORTED

### Contributing Factors/Corrective Actions Information:

OTH  
Factor #: 1  
Contributing Factor: NOT REPORTED  
Corrective Action: NOT REPORTED

### Source/Radioactive Material Information:

OTH			
Source #:	1	Radionuclide:	CS-137
Source/Material:	SEALED SOURCE GAUGE	Activity (Curies):	0.2
Manufacturer:	NR	Leak Test Results (uCi):	NR
Model Number:	NR	Problem with Source:	
Serial Number:	NR		
Device Name:	GAUGE FIXED		
OTH			
Source #:	2	Radionuclide:	CS-137
Source/Material:	SEALED SOURCE GAUGE	Activity (Curies):	0.2
Manufacturer:	NR	Leak Test Results (uCi):	NR
Model Number:	NR	Problem with Source:	
Serial Number:	NR		
Device Name:	GAUGE FIXED		

Item Number: 920796  
09/10/2003

**Device/Associated Equipment Information:**

OTH

Device #: 1  
Device/Equipment GAUGE FIXED  
Manufacturer: TN TECHNOLOGY

Model Number: 5190  
Serial Number: NR  
Problem with

OTH

Device #: 2  
Device/Equipment GAUGE FIXED  
Manufacturer: TN TECHNOLOGY

Model Number: 5190  
Serial Number: NR  
Problem with

**Keywords:**

OTH

Keyword: RECORD COMPLETE

**Reference Documents:**

Reference #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
920513	12/07/199	01/17/1995		CDB	OLD ASSIGNED ITEM NUMBER
9210020226	12/07/199	02/21/1996		CDB	LICENSEE REPORT

## Event Details

### Abstract:

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	Report Date
06/19/1992	06/19/1992	06/19/1992

### Licensee / Reporting Party Information:

Agreement State Regulated:	NO	Reciprocity:	NONE
License No:	13-23425-01	Licensee:	HOWARD NEEDLES TAMMEN & BERGENDOFF
NRC Region Office:	3	City:	INDIANAPOLIS
Program Code:	03121	State:	IN
Docket:	03031268	County:	MARION

### 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	Investigation:	Y
Atomic Energy Act Material:	Y	NMED Record Complete:	Y
Consultant Hired:	N	Event Closed by Region/State:	

### Event Class:

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

### Contributing Factors/Corrective Actions Information:

EQP  
Factor #: 1  
Contributing Factor: NOT REPORTED  
Corrective Action: NOT REPORTED

### Source/Radioactive Material Information:

EQP			
Source #:	1	Radionuclide:	AM-BE
Source/Material:	SEALED SOURCE GAUGE	Activity (Curies):	0.04
Manufacturer:	NR	Leak Test Results (uCi):	NR
Model Number:	NR	Problem with Source:	
Serial Number:	NR		
Device Name:	GAUGE PORTABLE		
EQP			
Source #:	2	Radionuclide:	CS-137
Source/Material:	SEALED SOURCE GAUGE	Activity (Curies):	0.008
Manufacturer:	NR	Leak Test Results (uCi):	NR
Model Number:	NR	Problem with Source:	
Serial Number:	NR		
Device Name:	GAUGE PORTABLE		



Item Number: 920597  
09/10/2003

**Device/Associated Equipment Information:**

EQP  
Device #: 1 Model Number: 3440  
Device/Equipment GAUGE PORTABLE Serial Number: NR  
Manufacturer: TROXLER Problem with

**Reporting Requirements:**

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  
Keyword: SEALED SOURCE GAUGE

**Reference Documents:**

Reference #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
920413	12/07/199	05/24/1995		CDB	OLD ASSIGNED ITEM NUMBER
307002	12/07/199	02/21/1996		CDB	LICENSEE REPORT

## 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	
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:	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:	

### Event Class:

TRS - TRANSPORTATION  
Cause: LOSS OF ADMINISTRATIVE CONTROL

### Contributing Factors/Corrective Actions Information:

TRS  
Factor #: 1  
Contributing Factor: NOT REPORTED  
Corrective Action: PROCEDURE MODIFIED

### Source/Radioactive Material Information:

TRS		
Source #:	1	Radionuclide: NR
Source/Material:	SEALED SOURCE WELL LOGGING	Activity (Curies): NR
Manufacturer:	NR	Leak Test Results (uCi): NR
Model Number:	NR	Problem with Source:
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:

Item Number: 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 #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
920309	12/07/199	02/01/1995		CDB	OLD ASSIGNED ITEM NUMBER
9206010059	12/07/199	02/21/1996		CDB	LICENSEE REPORT

## Event Details

### Abstract:

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.

<b>Event Date</b>	<b>Discovery Date</b>	<b>Report Date</b>
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:	3	City:	INDIANAPOLIS	County: MARION
Program Code:	03121	State:	IN	
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:	N	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:	

### Event Class:

EXP - OVEREXPOSURE  
Cause: LOSS OF ADMINISTRATIVE CONTROL

### Contributing Factors/Corrective Actions Information:

EXP  
Factor #: 1  
Contributing Factor: IMPROPERLY FOLLOWED PROCEDURES  
Corrective Action: NOT REPORTED

### Overexposure Information:

Person ID Number:	Radiation Exposure Source:	Exposure Dose (REM):	Type of Dose:	Effect of Exposure:
1	SEALED SOURCE GAUGE	2.14	BADGE ONLY	

### Demographics:

Person ID No: 1  
Description: MALE

### Source/Radioactive Material Information:

EXP		
Source #:	1	Radionuclide: NR
Source/Material:	SEALED SOURCE GAUGE	Activity (Curies): NR
Manufacturer:	NR	Leak Test Results (uCi): NR
Model Number:	NR	Problem with Source:
Serial Number:	NR	
Device Name:	GAUGE PORTABLE	

Item Number:

920355  
09/10/2003

**Device/Associated Equipment Information:**

EXP

Device #: 1

Device/Equipment GAUGE PORTABLE

Manufacturer: NR

Model Number:

NR

Serial Number:

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:
920198	12/07/199	03/31/1995		CDB	OLD ASSIGNED ITEM NUMBER
9205040115	12/07/199	03/31/1995		CDB	INSPECTION REPORT

## Event Details

**Abstract:**

THE LICENSEE REPORTED THE LOSS OF A NUCLECEL AIR GUN.

Event Date  
03/13/1992Discovery Date  
03/13/1992Report Date  
03/13/1992**Licensee / Reporting Party Information:**

Agreement State Regulated:	NO	Reciprocity:	NONE		
License No:	GENERAL LICENS	Licensee:	UNITED MEDICAL MANUFACTURING		
NRC Region Office:	3	City:	INDIANAPOLIS	County:	MARION
Program Code:	NR	State:	IN		
Docket:	NR				

**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
Agreement State Reportable Event:	N	Investigation:	Y
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: IMPROPERLY FOLLOWED PROCEDURES  
Corrective Action: NOT REPORTED**Source/Radioactive Material Information:**

LAS			
Source #:	1	Radionuclide:	PO-210
Source/Material:	SEALED SOURCE IONIZING	Activity (Curies):	NR
Manufacturer:	NRD, INC.	Leak Test Results (uCi):	NR
Model Number:	P-001	Problem with Source:	
Serial Number:	NR		
Device Name:	STATIC ELIMINATOR		

**Device/Associated Equipment Information:**LAS  
Device #: 1  
Device/Equipment: STATIC ELIMINATOR  
Manufacturer: NRD, INC.  
Model Number: P-2051  
Serial Number: NR  
Problem with:**Reporting Requirements:**

Item Number: 920258  
09/10/2003

LAS  
Mode Reported: W  
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 IONIZING  
Keyword: STATIC ELIMINATOR

**Reference Documents:**

Reference #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
920130	12/07/199	03/17/1995		CDB	OLD ASSIGNED ITEM NUMBER
304004	12/07/199	03/17/1995		CDB	LICENSEE REPORT

## Event Details

### Abstract:

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

Discovery Date  
02/29/1992

Report Date  
03/02/1992

### 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	
Docket:	03013245			

### Site of Event:

Site Name: NOBLESVILLE  
State: IN

### Additional Involved Party:

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

### 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:	

### Event Class:

LAS - LOST OR STOLEN  
Cause: STOLEN LICENSED MATERIAL, SECURITY MEASURES DEFEATED

### Contributing Factors/Corrective Actions Information:

LAS  
Factor #: 1  
Contributing Factor: NOT REPORTED  
Corrective Action: NOT REPORTED

### Source/Radioactive Material Information:

LAS			
Source #:	1	Radionuclide:	AM-BE
Source/Material:	SEALED SOURCE GAUGE	Activity (Curies):	0.05
Manufacturer:	NR	Leak Test Results (uCi):	NR
Model Number:	NR	Problem with Source:	
Serial Number:	NR		
Device Name:	GAUGE PORTABLE		
LAS			
Source #:	2	Radionuclide:	CS-137
Source/Material:	SEALED SOURCE GAUGE	Activity (Curies):	0.01
Manufacturer:	NR	Leak Test Results (uCi):	NR
Model Number:	NR	Problem with Source:	
Serial Number:	NR		
Device Name:	GAUGE PORTABLE		



Item Number: 920204  
09/10/2003

**Device/Associated Equipment Information:**

LAS  
Device #: 1 Model Number: NR  
Device/Equipment GAUGE PORTABLE Serial Number: NR  
Manufacturer: BOART LONGYEAR CO. 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: 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 #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
920252	12/07/199	03/10/1995		CDB	OLD ASSIGNED ITEM NUMBER
920075	12/07/199	03/10/1995		CDB	OLD ASSIGNED ITEM NUMBER
9203110080	12/07/199	02/21/1996		CDB	LICENSEE REPORT

## 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

02/26/1992

Discovery Date

02/26/1992

Report Date

04/13/1992

**Licensee / Reporting Party Information:**

Agreement State Regulated: NO

License No: 13-18685-01

NRC Region Office: 3

Program Code: 03121

Docket: 03014041

Reciprocity:

NONE

Licensee:

ALT &amp; WITZIG ENGINEERING, INC.

City:

INDIANAPOLIS

County:

MARION

State:

IN

**Site of Event:**

Site Name: INDIANAPOLIS

State: IN

**Additional Involved Party:**

License No: NA

Name: NA

City:

NA

County:

MARION

State:

NA

**Other Information:**

NRC Reportable Event: Y

Agreement State Reportable Event: N

Atomic Energy Act Material: Y

Consultant Hired: N

Abnormal Occurrence: N

Investigation: Y

NMED Record Complete: Y

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 #: 1

Contributing Factor: NOT REPORTED

Corrective Action: NOT REPORTED

**Source/Radioactive Material Information:**

LAS

Source #: 1

Source/Material: SEALED SOURCE GAUGE

Manufacturer: NR

Model Number: NR

Serial Number: NR

Device Name: GAUGE PORTABLE

LAS

Source #: 2

Source/Material: SEALED SOURCE GAUGE

Manufacturer: NR

Model Number: NR

Serial Number: NR

Device Name: GAUGE PORTABLE

Radionuclide:

AM-BE

Activity (Curies):

0.04

Leak Test Results (uCi):

NR

Problem with Source:

Radionuclide:

CS-137

Activity (Curies):

0.0084

Leak Test Results (uCi):

NR

Problem with Source:

Item Number: 920195  
09/10/2003

**Device/Associated Equipment Information:**

LAS  
Device #: 1 Model Number: 3401  
Device/Equipment GAUGE PORTABLE Serial Number: NR  
Manufacturer: TROXLER 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: 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 #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
920152	12/07/199	03/09/1995		CDB	OLD ASSIGNED ITEM NUMBER
920118	12/07/199	03/09/1995		CDB	OLD ASSIGNED ITEM NUMBER
9204280420	12/07/199	02/21/1996		CDB	LICENSEE REPORT

## 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

Docket:

03012163

**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:

Atomic Energy Act Material:

Y

NMED Record Complete:

Y

Consultant Hired:

N

Event Closed by Region/State:

**Event Class:**

MD2 - MEDICAL EVENT

Cause: DIAGNOSTIC STUDY OR THERAPY REQUESTED FOR WRONG PATIENT

**Contributing Factors/Corrective Actions Information:**

MD2

Factor #: 1

Contributing Factor: PATIENT CHART NOT CHECKED

Corrective Action: PROCEDURE MODIFIED

MD2

Factor #: 2

Contributing Factor: HEAVY WORKLOAD

Corrective Action: NOT REPORTED

**Medical Event Information:**

Item Number:

911304

09/10/2003

Patient Number: 1 % Overexposed: NR  
Patient Informed: U % Underexposed: NR  
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:	22.2	Millicuries:	NR

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

**Source/Radioactive Material Information:**

MD2			
Source #:	1	Radionuclide:	TC-99M
Source/Material:	UNSEALED SOURCE RADIOPHARM	Activity (Curies):	0.0222
Manufacturer:	NR	Leak Test Results (uCi):	NA
Model Number:	NA	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:
910386	09/22/199	09/22/1994		CDB	OLD ASSIGNED ITEM NUMBER
9112160018	09/22/199	09/22/1994		CDB	NOTICE OF VIOLATION

## Event Details

### Abstract:

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:	NA	State:	NA	

### Other Information:

NRC Reportable Event:	N	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:	

### Event Class:

OTH - OTHER  
Cause: LOSS OF ADMINISTRATIVE CONTROL

### 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

## 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
Program Code:	03121	State:	IN
Docket:	03014041	County:	MARION

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

### Event Class:

EXP - OVEREXPOSURE  
Cause: NOT REPORTED

### Contributing Factors/Corrective Actions Information:

EXP  
Factor #: 1  
Contributing Factor: NOT REPORTED  
Corrective Action: NOT REPORTED

### Overexposure Information:

Person ID	Radiation Exposure Source:	Exposure Dose (REM):	Type of Dose:	Effect of Exposure:
Number:				
1	SEALED SOURCE GAUGE	1.42	WHOLE BODY, OCCUPATIONAL	

### Source/Radioactive Material Information:

EXP		
Source #:	1	Radionuclide:
Source/Material:	SEALED SOURCE GAUGE	Activity (Curies):
Manufacturer:	NR	Leak Test Results (uCi):
Model Number:	NR	Problem with Source:
Serial Number:	NR	
Device Name:	GAUGE PORTABLE	

### Device/Associated Equipment Information:

Item Number: 911104  
09/10/2003

EXP  
Device #: 1  
Device/Equipment GAUGE PORTABLE  
Manufacturer: NR

Model Number: NR  
Serial Number: 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		CDB	OLD ASSIGNED ITEM NUMBER
9112260329	09/22/199	07/24/1995		CDB	LICENSEE REPORT



## Event Details

### Abstract:

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

08/08/1991

#### Discovery Date

08/08/1991

#### Report Date

08/20/1991

### 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
Program Code:	02110	State:	IN
Docket:	03001609	County:	MARION

### 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:	Y
Atomic Energy Act Material:	Y	NMED Record Complete:	Y
Consultant Hired:	N	Event Closed by Region/State:	

### Event Class:

MD2 - MEDICAL EVENT  
Cause: VIAL/VIAL SHIELD MISLABELED

### Contributing Factors/Corrective Actions Information:

MD2  
Factor #: 1  
Contributing Factor: NOT REPORTED  
Corrective Action: IMPROVE RADIOACTIVE MATERIAL LABELING AND HANDLING

### Medical Event Information:

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

  

<b>Given:</b>		<b>Intended:</b>	
Procedure:	RADIOPHARMACEUTICAL - D	Procedure:	RADIOPHARMACEUTICAL - D
Dose in RAD:	NA	Dose in RAD:	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:	NR	Millicuries:	NR

  

<b>Administered By:</b>	<b>Family Dose (REM):</b>	<b>Newborn Dose (REM):</b>	<b>Fetal Dose (REM):</b>
TECHNICIAN	NR	NR	NR

Item Number:

910910  
09/10/2003

**Source/Radioactive Material Information:**

MD2

Source #: 1  
Source/Material: UNSEALED SOURCE RADIOPHARM  
Manufacturer: NR  
Model Number: NA  
Serial Number: NA  
Device Name: NA

Radionuclide: TC-99M  
Activity (Curies): NR  
Leak Test Results (uCi): 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	09/22/199	06/30/1995		CDB	OLD ASSIGNED ITEM NUMBER
910208	09/22/199	06/30/1995		CDB	OLD ASSIGNED ITEM NUMBER

## Event Details

**Abstract:**

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

**Event Date**

06/06/1991

**Discovery Date**

06/06/1991

**Report Date**

07/24/1991

**Licensee / Reporting Party Information:**

Agreement State Regulated: NO

License No: 13-17732-01

NRC Region Office: 3

Program Code: 03121

Docket: 03013245

Reciprocity:

NONE

Licensee:

ATEC ASSOCIATES, INC.

City:

INDIANAPOLIS

State:

IN

County: MARION

**Site of Event:**

Site Name: NR

State: IN

**Additional Involved Party:**

License No: NA

Name: NA

City: NA

State: NA

County:

**Other Information:**

NRC Reportable Event: Y

Agreement State Reportable Event: N

Atomic Energy Act Material: Y

Consultant Hired: N

Abnormal Occurrence: N

Investigation: Y

NMED Record Complete: Y

Event Closed by Region/State:

**Event Class:**

EQP - EQUIPMENT

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

**Contributing Factors/Corrective Actions Information:**

EQP

Factor #: 1

Contributing Factor: NOT REPORTED

Corrective Action: NOT REPORTED

**Source/Radioactive Material Information:**

EQP

Source #: 1

Source/Material: SEALED SOURCE GAUGE

Manufacturer: NR

Model Number: NR

Serial Number: NR

Device Name: GAUGE PORTABLE

EQP

Source #: 2

Source/Material: SEALED SOURCE GAUGE

Manufacturer: NR

Model Number: NR

Serial Number: NR

Device Name: GAUGE PORTABLE

Radionuclide: AM-BE

Activity (Curies): NR

Leak Test Results (uCi): NR

Problem with Source:

Radionuclide: CS-137

Activity (Curies): NR

Leak Test Results (uCi): NR

Problem with Source:

**Device/Associated Equipment Information:**

Item Number: 910660  
09/10/2003

EQP  
Device #: 1  
Device/Equipment GAUGE PORTABLE  
Manufacturer: CAMPBELL PACIFIC NUC  
Model Number: MC-1  
Serial Number: M19079008  
Problem with

**Reporting Requirements:**

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.

**Keywords:**

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

**Reference Documents:**

Reference #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
910176	09/22/199	05/16/1995		CDB	OLD ASSIGNED ITEM NUMBER
9108050279	09/22/199	02/21/1996		CDB	LICENSEE REPORT

## 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  
05/30/1991

Discovery Date  
05/30/1991

Report Date  
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:
Name:	NA	State:	NA	

**Other Information:**

NRC Reportable Event:	N	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:	

**Event Class:**

MD2 - MEDICAL EVENT

Cause: WRONG SYRINGE SELECTED FROM DOSAGE CART

**Contributing Factors/Corrective Actions Information:**

MD2

Factor #: 1

Contributing Factor: HEAVY WORKLOAD

Corrective Action: NOT REPORTED

**Medical Event Information:**

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

**Given:**

Procedure: RADIOPHARMACEUTICAL - D  
Dose in RAD: NA  
Organ: NA  
Study: NR  
Radiopharm.: SPERT/PERT (SODIUM PERTECHNETA  
Radionuclide: TC-99M  
Millicuries: 46.2

**Intended:**

Procedure: RADIOPHARMACEUTICAL - D  
Dose in RAD: NA  
Organ: NA  
Study: BONE DENSITY  
Radiopharm.: MDP/MEDRONATE/OSTEOLITE  
Radionuclide: TC-99M  
Millicuries: 20

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

**Source/Radioactive Material Information:**

Item Number:

910628  
09/10/2003

MD2

Source #: 1  
Source/Material: UNSEALED SOURCE RADIOPHARM  
Manufacturer: NR  
Model Number: NA  
Serial Number: NA  
Device Name: NA

Radionuclide: TC-99M  
Activity (Curies): 0.0462  
Leak Test Results (uCi): NA  
Problem with Source:

**Keywords:**

MD2

Keyword: RADIOPHARMACEUTICAL - D

Keyword: RECORD COMPLETE

**Reference Documents:**

Reference #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
910138	09/22/199	05/15/1995		CDB	OLD ASSIGNED ITEM NUMBER
9106180197	09/22/199	05/15/1995		CDB	NOTICE OF VIOLATION

## Event Details

**Abstract:**

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

Event Date  
04/23/1991Discovery Date  
04/23/1991Report Date  
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  
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:	Y	NMED Record Complete:	Y
Consultant Hired:	N	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 #: 2

Contributing Factor: NOT REPORTED

Corrective Action: PERSONNEL REPRIMANDED

**Medical Event Information:**

Item Number:

910502  
09/10/2003

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

Given:  
Procedure: RADIOPHARMACEUTICAL - D  
Dose in RAD: NA  
Organ: NA  
Study: BONE SCAN  
Radiopharm.: MDP/MEDRONATE/OSTEOLITE  
Radionuclide: TC-99M  
Millicuries: 20

Intended:  
Procedure: RADIOPHARMACEUTICAL - D  
Dose in RAD: NA  
Organ: NA  
Study: HEPATOBILIARY  
Radiopharm.: HIDA (N-(2,6-DIETHYLACETANILID  
Radionuclide: TC-99M  
Millicuries: 8.5

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

**Source/Radioactive Material Information:**

MD2  
Source #: 1  
Source/Material: UNSEALED SOURCE RADIOPHARM  
Manufacturer: NR  
Model Number: NA  
Serial Number: NA  
Device Name: NA  
Radionuclide: TC-99M  
Activity (Curies): 0.02  
Leak Test Results (uCi): NA  
Problem with Source:

**Keywords:**

MD2  
Keyword: RADIOPHARMACEUTICAL - D  
Keyword: RECORD COMPLETE

**Reference Documents:**

Reference #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
910106	09/22/199	05/05/1995		CDB	OLD ASSIGNED ITEM NUMBER
9105140361	09/22/199	05/05/1995		CDB	NOTICE OF VIOLATION



## 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	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:	N	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:	

**Event Class:**

MD2 - MEDICAL EVENT

Cause: DIAGNOSTIC STUDY OR THERAPY REQUESTED FOR WRONG PATIENT

**Contributing Factors/Corrective Actions Information:**

MD2

Factor #: 1

Contributing Factor: NOT REPORTED

Corrective Action: NOT REPORTED

MD2

Factor #: 2

Contributing Factor: NOT REPORTED

Corrective Action: PERSONNEL RECEIVED ADDITIONAL TRAINING

MD2

Factor #: 3

Contributing Factor: NOT REPORTED

Corrective Action: PERSONNEL RECEIVE IMPROVED SUPERVISION

**Medical Event Information:**

Item Number:

910456  
09/10/2003

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

Given:		Intended:	
Procedure:	RADIOPHARMACEUTICAL - D	Procedure:	NA
Dose in RAD:	NA	Dose in RAD:	NA
Organ:	NA	Organ:	NA
Study:	NA	Study:	NA
Radiopharm.:	DTPA (DIETHYLTRIAMINE-PENTAACE	Radiopharm.:	NA
Radionuclide:	TC-99M	Radionuclide:	NA
Millicuries:	19.9	Millicuries:	NA

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

**Source/Radioactive Material Information:**

MD2			
Source #:	1	Radionuclide:	TC-99M
Source/Material:	UNSEALED SOURCE RADIOPHARM	Activity (Curies):	0.0199
Manufacturer:	NR	Leak Test Results (uCi):	NA
Model Number:	NA	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:
910101	09/22/199	05/03/1995		CDB	OLD ASSIGNED ITEM NUMBER
9105090187	09/22/199	05/03/1995		CDB	NOTICE OF VIOLATION

## Event Details

**Abstract:**

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

Event Date  
04/02/1991Discovery Date  
04/02/1991Report Date  
04/09/1991
**Licensee / Reporting Party Information:**

Agreement State Regulated: NO  
 License No: 13-00694-03  
 NRC Region Office: 3  
 Program Code: 02110  
 Docket: 03001583

Reciprocity: NONE  
 Licensee: V.A. MEDICAL CENTER  
 City: INDIANAPOLIS  
 State: 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: N  
 Agreement State Reportable Event: N  
 Atomic Energy Act Material: Y  
 Consultant Hired: N

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

**Event Class:**

MD2 - MEDICAL EVENT

Cause: WRONG VIAL SELECTED WHEN DRAWING DOSE

**Contributing Factors/Corrective Actions Information:**

MD2

Factor #: 1

Contributing Factor: HEAVY WORKLOAD

Corrective Action: IMPROVE RADIOACTIVE MATERIAL LABELING AND HANDLING

**Medical Event Information:**

Patient Number: 1  
 Patient Informed: U  
 Date Informed:

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

**Given:**

Procedure: RADIOPHARMACEUTICAL - D  
 Dose in RAD: NA  
 Organ: NA  
 Study: NR  
 Radiopharm.: DTPA (DIETHYLTRIAMINE-PENTAACE  
 Radionuclide: TC-99M  
 Millicuries: 20

**Intended:**

Procedure: RADIOPHARMACEUTICAL - D  
 Dose in RAD: NA  
 Organ: NA  
 Study: BONE DENSITY  
 Radiopharm.: MDP/MEDRONATE/OSTEOLITE  
 Radionuclide: TC-99M  
 Millicuries: 20

Administered By: Family Dose (REM):  
 NR NR

Newborn Dose (REM):  
 NR

Fetal Dose (REM):  
 NR

**Source/Radioactive Material Information:**

Item Number:

910428  
09/10/2003

MD2

Source #: 1  
Source/Material: UNSEALED SOURCE RADIOPHARM  
Manufacturer: NR  
Model Number: NA  
Serial Number: NA  
Device Name: NA

Radionuclide: TC-99M  
Activity (Curies): 0.02  
Leak Test Results (uCi): NA  
Problem with Source:

**Keywords:**

MD2

Keyword: RADIOPHARMACEUTICAL - D

Keyword: RECORD COMPLETE

**Reference Documents:**

Reference #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
910087	09/22/199	05/01/1995		CDB	OLD ASSIGNED ITEM NUMBER
9105090333	09/22/199	05/01/1995		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**

03/08/1991

**Discovery Date**

03/08/1991

**Report Date**

04/08/1991

**Licensee / Reporting Party Information:**

Agreement State Regulated: NO

License No: 13-14817-01

NRC Region Office: 3

Program Code: 02120

Docket: 03008553

Reciprocity:

NONE

Licensee:

JOHNSON COUNTY MEMORIAL HOSPITAL

City:

FRANKLIN

State:

IN

County:

JOHNSON

**Site of Event:**

Site Name: FRANKLIN

State: IN

**Additional Involved Party:**

License No: NA

Name: NA

City: NA

State: NA

County: JOHNSON

**Other Information:**

NRC Reportable Event: N

Agreement State Reportable Event: N

Atomic Energy Act Material: Y

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

Contributing Factor: PERSONNEL ERROR

Corrective Action: NOT REPORTED

**Medical Event Information:**

Patient Number: 1

Patient Informed: U

Date Informed:

% Overexposed: 123

% Underexposed: NA

Effect on Patient:

**Given:**

Procedure: RADIOPHARMACEUTICAL - D

Dose in RAD: NA

Organ: NA

Study: NR

Radiopharm.: GAS

Radionuclide: XE-133

Millicuries: 67

**Intended:**

Procedure: RADIOPHARMACEUTICAL - D

Dose in RAD: NA

Organ: NA

Study: NR

Radiopharm.: GAS

Radionuclide: XE-133

Millicuries: 30

Administered By: Family Dose (REM):

NR

NR

Newborn Dose (REM):

NR

Fetal Dose (REM):

NR

**Source/Radioactive Material Information:**

Item Number: 910345  
09/10/2003

MD2  
Source #: 1  
Source/Material: UNSEALED SOURCE RADIOPHARM  
Manufacturer: NR  
Model Number: NA  
Serial Number: NA  
Device Name: NA

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

**Keywords:**

MD2  
Keyword: RADIOPHARMACEUTICAL - D  
Keyword: RECORD COMPLETE

**Reference Documents:**

Reference #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
910088	09/22/199	04/28/1995		CDB	OLD ASSIGNED ITEM NUMBER
9105030030	09/22/199	04/28/1995		CDB	NOTICE OF VIOLATION

## 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.

<b>Event Date</b>	<b>Discovery Date</b>	<b>Report Date</b>
01/22/1991	01/22/1991	02/20/1991

### 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
Program Code:	02110	State:	IN
Docket:	03001609	County:	MARION

### 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:	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:	

### Event Class:

EXP - OVEREXPOSURE  
Cause: NOT REPORTED

### Contributing Factors/Corrective Actions Information:

EXP  
Factor #: 1  
Contributing Factor: VIOLATION OF PROCEDURES  
Corrective Action: NOT REPORTED

### Overexposure Information:

Person ID	Radiation Exposure Source:	Exposure Dose (REM):	Type of Dose:	Effect of Exposure:
Number:				
1	UNSEALED SOURCE RADIOPHARM	NR	INTERNAL (CEDE), OCCUPATIONAL	

### Source/Radioactive Material Information:

EXP		
Source #:	1	Radionuclide:
Source/Material:	UNSEALED SOURCE RADIOPHARM	Activity (Curies):
Manufacturer:	NR	Leak Test Results (uCi):
Model Number:	NR	Problem with Source:
Serial Number:	NR	
Device Name:	NA	

### Reporting Requirements:

Item Number: 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	09/22/199	09/04/1997		CDB	OLD ASSIGNED ITEM NUMBER
303001	09/22/199	09/04/1997		CDB	LICENSEE REPORT



## Event Details

### Abstract:

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

Event Date  
01/20/1991

Discovery Date  
01/20/1991

Report Date  
01/22/1991

### 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	
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:	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:	

### Event Class:

LAS - LOST OR STOLEN  
Cause: STOLEN LICENSED MATERIAL, SECURITY MEASURES DEFEATED

### Contributing Factors/Corrective Actions Information:

LAS  
Factor #: 1  
Contributing Factor: NOT REPORTED  
Corrective Action: NOT REPORTED

### Source/Radioactive Material Information:

LAS			
Source #:	1	Radionuclide:	AM-BE
Source/Material:	SEALED SOURCE GAUGE	Activity (Curies):	NR
Manufacturer:	NR	Leak Test Results (uCi):	NR
Model Number:	NR	Problem with Source:	
Serial Number:	NR		
Device Name:	GAUGE PORTABLE		
LAS			
Source #:	2	Radionuclide:	CS-137
Source/Material:	SEALED SOURCE GAUGE	Activity (Curies):	NR
Manufacturer:	NR	Leak Test Results (uCi):	NR
Model Number:	NR	Problem with Source:	
Serial Number:	NR		
Device Name:	GAUGE PORTABLE		

### Device/Associated Equipment Information:

Item Number: 910192  
09/10/2003

LAS  
Device #: 1  
Device/Equipment GAUGE PORTABLE  
Manufacturer: BOART LONGYEAR CO.  
Model Number: NR  
Serial Number: NR  
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: 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 #:	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

## Event Details

**Abstract:**

Event Date

12/21/1990

Discovery Date

12/21/1990

Report Date

12/21/1990

**Licensee / Reporting Party Information:**

Agreement State Regulated: NO

License No: 13-06009-01

NRC Region Office: 3

Program Code: 02230

Docket: 03001625

Reciprocity:

NONE

Licensee:

COMMUNITY HOSPITALS OF INDIANA

City:

INDIANAPOLIS

County:

MARION

State:

IN

**Site of Event:**

Site Name: NR

State: IN

**Additional Involved Party:**

License No: NA

Name: NA

City: NA

State: NA

County:

**Other Information:**

NRC Reportable Event: N

Agreement State Reportable Event: N

Atomic Energy Act Material: Y

Consultant Hired: N

Abnormal Occurrence: N

Investigation:

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 #: 2

Contributing Factor: HEAVY WORKLOAD

Corrective Action: NOT REPORTED

**Medical Event Information:**

Item Number:

900764  
09/10/2003

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

**Given:**

Procedure: RADIOPHARMACEUTICAL - D  
Dose in RAD: NA  
Organ: NA  
Study: LIVER  
Radiopharm.: SULFUR COLLOID  
Radionuclide: TC-99M  
Millicuries: 6.9

**Intended:**

Procedure: RADIOPHARMACEUTICAL - D  
Dose in RAD: NA  
Organ: NA  
Study: LUNG AEROSOL  
Radiopharm.: MAA/PULMOLITE  
Radionuclide: TC-99M  
Millicuries: 5.2

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

**Source/Radioactive Material Information:**

MD2

Source #: 1  
Source/Material: UNSEALED SOURCE RADIOPHARM  
Manufacturer: NR  
Model Number: NA  
Serial Number: NA  
Device Name: NA

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

**Keywords:**

MD2

Keyword: RADIOPHARMACEUTICAL - D

Keyword: RECORD COMPLETE

**Reference Documents:**

Reference #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
910021	08/19/199	06/27/1995		CDB	OLD ASSIGNED ITEM NUMBER
900346	08/19/199	06/27/1995		CDB	OLD ASSIGNED ITEM NUMBER
9101140018	08/19/199	06/27/1995		CDB	NOTICE OF VIOLATION

Item Number:

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	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: 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:	
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: HEAVY WORKLOAD  
Corrective Action: NOT REPORTED  
MD2  
Factor #: 2  
Contributing Factor: NOT REPORTED  
Corrective Action: NOT REPORTED

**Medical Event Information:**

Item Number:

900761

09/10/2003

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

Given:  
Procedure: RADIOPHARMACEUTICAL - D  
Dose in RAD: NA  
Organ: NA  
Study: MUGA SCAN  
Radiopharm.: SPERT/PERT (SODIUM PERTECHNETA  
Radionuclide: TC-99M  
Millicuries: 20

Intended:  
Procedure: RADIOPHARMACEUTICAL - D  
Dose in RAD: NA  
Organ: NA  
Study: BONE DENSITY  
Radiopharm.: MDP/MEDRONATE/OSTEOLITE  
Radionuclide: TC-99M  
Millicuries: 20

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

**Source/Radioactive Material Information:**

MD2

Source #: 1  
Source/Material: UNSEALED SOURCE RADIOPHARM  
Manufacturer: NR  
Model Number: NA  
Serial Number: NA  
Device Name: NA

Radionuclide: TC-99M  
Activity (Curies): 0.02  
Leak Test Results (uCi): NA  
Problem with Source:

**Keywords:**

MD2

Keyword: RADIOPHARMACEUTICAL - D  
Keyword: RECORD COMPLETE

**Reference Documents:**

Reference #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
910029	08/19/199	06/27/1995		CDB	OLD ASSIGNED ITEM NUMBER
900344	08/19/199	06/27/1995		CDB	OLD ASSIGNED ITEM NUMBER
9101110283	08/19/199	06/27/1995		CDB	NOTICE OF VIOLATION

## Event Details

**Abstract:**

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

Event Date  
12/01/1990Discovery Date  
12/01/1990Report Date  
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:	3	City:	INDIANAPOLIS	County: MARION
Program Code:	03121	State:	IN	
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:	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:	

**Event Class:**EXP - OVEREXPOSURE  
Cause: LOSS OF ADMINISTRATIVE CONTROL**Contributing Factors/Corrective Actions Information:**EXP  
Factor #: 1  
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 OTHER	2.140	WHOLE BODY, OCCUPATIONAL	

**Demographics:**Person ID No: Description:  
1 NOT REPORTED**Source/Radioactive Material Information:**

EXP		
Source #:	1	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:**

Item Number: 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 #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
920122	08/19/199	07/05/1995		CDB	OLD ASSIGNED ITEM NUMBER
9204070153	08/19/199	07/05/1995		CDB	INSPECTION REPORT



## Event Details

**Abstract:**

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

11/29/1990

Discovery Date

11/29/1990

Report Date

11/29/1990

**Licensee / Reporting Party Information:**

Agreement State Regulated: NO

License No: 13-17732-01

NRC Region Office: 3

Program Code: 03121

Docket: 03013245

Reciprocity:

NONE

Licensee:

ATEC ASSOCIATES, INC.

City:

INDIANAPOLIS

State:

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: Y

Agreement State Reportable Event: N

Atomic Energy Act Material: Y

Consultant Hired: N

Abnormal Occurrence: N

Investigation: Y

NMED Record Complete: Y

Event Closed by Region/State:

**Event Class:**

EQP - EQUIPMENT

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

TRS - TRANSPORTATION

Cause: LOSS OF ADMINISTRATIVE CONTROL

**Contributing Factors/Corrective Actions Information:**

TRS

Factor #: 1

Contributing Factor: IMPROPERLY FOLLOWED PROCEDURES

Corrective Action: NOT REPORTED

**Source/Radioactive Material Information:**

EQP

Source #: 1

Source/Material: SEALED SOURCE GAUGE

Manufacturer: NR

Model Number: NR

Serial Number: NR

Device Name: GAUGE PORTABLE

EQP

Source #: 2

Source/Material: SEALED SOURCE GAUGE

Manufacturer: NR

Model Number: NR

Serial Number: NR

Device Name: GAUGE PORTABLE

Radionuclide: AM-BE

Activity (Curies): NR

Leak Test Results (uCi): NR

Problem with Source:

Radionuclide: CS-137

Activity (Curies): NR

Leak Test Results (uCi): NR

Problem with Source:

Item Number: 900700  
09/10/2003

**Device/Associated Equipment Information:**

EQP  
Device #: 1 Model Number: NR  
Device/Equipment GAUGE PORTABLE Serial Number: NR  
Manufacturer: NR Problem with

**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.

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 #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
900311	08/19/199	07/05/1995		CDB	OLD ASSIGNED ITEM NUMBER
NR	08/19/199	02/21/1996		CDB	DAILY REPORT

## 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  
10/19/1990

Discovery Date  
10/19/1990

Report Date  
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:	INDIANAPOLIS	County: MARION
Program Code:	02201	State:	IN	
Docket:	03018523			

**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:	Y
Atomic Energy Act Material:	Y	NMED Record Complete:	Y
Consultant Hired:	N	Event Closed by Region/State:	

**Event Class:**

MD2 - MEDICAL EVENT  
Cause: WRONG PATIENT SELECTED

**Contributing Factors/Corrective Actions Information:**

MD2  
Factor #: 1  
Contributing Factor: PERSONNEL ERROR  
Corrective Action: NOT REPORTED  
MD2  
Factor #: 2  
Contributing Factor: PATIENT CHART NOT CHECKED  
Corrective Action: NOT REPORTED

**Medical Event Information:**

Item Number:

900619  
09/10/2003

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

**Given:**

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

**Intended:**

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

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

**Source/Radioactive Material Information:**

MD2

Source #: 1  
Source/Material: UNSEALED SOURCE RADIOPHARM  
Manufacturer: NR  
Model Number: NA  
Serial Number: NA  
Device Name: NA

Radionuclide: TC-99M  
Activity (Curies): 0.0186  
Leak Test Results (uCi): NA  
Problem with Source:

**Keywords:**

MD2

Keyword: BRAIN

Keyword: RADIOPHARMACEUTICAL - D

Keyword: RECORD COMPLETE

**Reference Documents:**

Reference #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
900316	08/19/199	08/28/1995		CDB	OLD ASSIGNED ITEM NUMBER
900297	08/19/199	08/28/1995		CDB	OLD ASSIGNED ITEM NUMBER
9011190060	08/19/199	08/28/1995		CDB	NOTICE OF VIOLATION

## Event Details

**Abstract:**

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**

09/26/1990

**Discovery Date**

09/26/1990

**Report Date**

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		
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:	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:	

**Event Class:**

LAS - LOST OR STOLEN

Cause: STOLEN LICENSED MATERIAL, SECURITY MEASURES DEFEATED

**Contributing Factors/Corrective Actions Information:**

LAS

Factor #: 1

Contributing Factor: NOT REPORTED

Corrective Action: NOT REPORTED

**Source/Radioactive Material Information:**

LAS

Source #:	1	Radionuclide:	AM-BE
Source/Material:	SEALED SOURCE GAUGE	Activity (Curies):	0.04
Manufacturer:	NR	Leak Test Results (uCi):	NR
Model Number:	NR	Problem with Source:	
Serial Number:	NR		

Device Name: GAUGE PORTABLE

LAS

Source #:	2	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:**

Item Number: 900565  
09/10/2003

LAS  
Device #: 1  
Device/Equipment GAUGE PORTABLE  
Manufacturer: TROXLER  
Model Number: 3411-B  
Serial Number: NR  
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: 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: 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	06/28/1995		CDB	OLD ASSIGNED ITEM NUMBER
9010300345	08/19/199	02/21/1996		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  
09/12/1990

Discovery Date  
09/12/1990

Report Date  
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
Program Code:	NR	State:	IN
Docket:	03012208	County:	MARION

### 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	Investigation:	Y
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 #: 1  
Contributing Factor: IMPROPERLY FOLLOWED PROCEDURES  
Corrective Action: NOT REPORTED

### Overexposure Information:

Person ID Number:	Radiation Exposure Source:	Exposure Dose (REM):	Type of Dose:	Effect of Exposure:
1	SEALED SOURCE RADIOGRAPHY	111	EXTREMITY, OCCUPATIONAL	

### Demographics:

Person ID No:	Description:
1	NOT REPORTED
1	MALE

### Source/Radioactive Material Information:

Item Number:

900538

09/10/2003

EXP

Source #: 1  
Source/Material: SEALED SOURCE RADIOGRAPHY  
Manufacturer: NR  
Model Number: NR  
Serial Number: NR  
Device Name: CAMERA, RADIOGRAPHY

Radionuclide: IR-192  
Activity (Curies): 105  
Leak Test Results (uCi): NR  
Problem with Source:

**Device/Associated Equipment Information:**

EXP

Device #: 1  
Device/Equipment: CAMERA, RADIOGRAPHY  
Manufacturer: NR

Model Number: NR  
Serial Number: NR  
Problem with

EXP

Device #: 2  
Device/Equipment: SOURCE GUIDE TUBE, OTHER  
Manufacturer: NR

Model Number: NR  
Serial Number: NR  
Problem with

**Reporting Requirements:**

EXP

Mode Reported: T

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 #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
900320	08/19/199	09/08/1997		CDB	OLD ASSIGNED ITEM NUMBER
9011010067	08/19/199	09/08/1997		CDB	LICENSEE REPORT



## 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
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:	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:	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: HEAVY WORKLOAD

Corrective Action: NOT REPORTED

MD2

Factor #: 2

Contributing Factor: NOT REPORTED

Corrective Action: IMPROVED PATIENT IDENTIFICATION VERIFICATION

### Medical Event Information:

Item Number:

900530  
09/10/2003

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

<b>Given:</b>		<b>Intended:</b>	
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:	21.7	Millicuries:	NR

<b>Administered By:</b>	<b>Family Dose (REM):</b>	<b>Newborn Dose (REM):</b>	<b>Fetal Dose (REM):</b>
NR	NR	NR	NR

**Source/Radioactive Material Information:**

MD2			
Source #:	1	Radionuclide:	TC-99M
Source/Material:	UNSEALED SOURCE RADIOPHARM	Activity (Curies):	0.0217
Manufacturer:	NR	Leak Test Results (uCi):	NA
Model Number:	NA	Problem with Source:	
Serial Number:	NA		
Device Name:	NA		

**Keywords:**

MD2  
Keyword: RADIOPHARMACEUTICAL - D  
Keyword: RECORD COMPLETE

**Reference Documents:**

<b>Reference #:</b>	<b>Entry Date:</b>	<b>Update Date:</b>	<b>Retraction Date:</b>	<b>Coder Initials:</b>	<b>Description:</b>
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  
09/05/1990Discovery Date  
09/05/1990Report Date  
09/05/1990

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

#### Given:

Procedure: RADIOPHARMACEUTICAL - D  
Dose in RAD: NA  
Organ: NA  
Study: BONE SCAN  
Radiopharm.: MDP/MEDRONATE/OSTEOLITE  
Radionuclide: TC-99M  
Millicuries: 25

#### Intended:

Procedure: RADIOPHARMACEUTICAL - D  
Dose in RAD: NA  
Organ: NA  
Study: BONE DENSITY  
Radiopharm.: MDP/MEDRONATE/OSTEOLITE  
Radionuclide: TC-99M  
Millicuries: 25

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

### Source/Radioactive Material Information:

Item Number:

900526  
09/10/2003

MD2

Source #: 1  
Source/Material: UNSEALED SOURCE RADIOPHARM  
Manufacturer: NR  
Model Number: NA  
Serial Number: NA  
Device Name: NA

Radionuclide: TC-99M  
Activity (Curies): 0.025  
Leak Test Results (uCi): NA  
Problem with Source:

**Keywords:**

MD2

Keyword: RADIOPHARMACEUTICAL - D

Keyword: RECORD COMPLETE

**Reference Documents:**

Reference #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
900234	08/19/199	06/22/1995		CDB	OLD ASSIGNED ITEM NUMBER
9009270176	08/19/199	06/22/1995		CDB	NOTICE OF VIOLATION

## Event Details

**Abstract:**

NEW COMPUTER SYSTEM. REWORDED COMPUTER REQUISITION.

**Event Date**

08/31/1990

**Discovery Date**

08/31/1990

**Report Date**

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:	
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:	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

**Medical Event Information:**

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

**Given:**

Procedure: RADIOPHARMACEUTICAL - D  
Dose in RAD: NA  
Organ: NA  
Study: GALLBLADDER  
Radiopharm.: MEBROFENIN/CHOLETECH  
Radionuclide: TC-99M  
Millicuries: 8

**Intended:**

Procedure: RADIOPHARMACEUTICAL - D  
Dose in RAD: NA  
Organ: NA  
Study: CARDIAC MUGA  
Radiopharm.: SPERT/PERT (SODIUM PERTECHNETA  
Radionuclide: TC-99M  
Millicuries: 10

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

**Source/Radioactive Material Information:**

Item Number:

900524  
09/10/2003

MD2

Source #: 1  
Source/Material: UNSEALED SOURCE RADIOPHARM  
Manufacturer: NR  
Model Number: NA  
Serial Number: NA  
Device Name: NA

Radionuclide: TC-99M  
Activity (Curies): 0.008  
Leak Test Results (uCi): 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	08/19/199	06/22/1995		CDB	OLD ASSIGNED ITEM NUMBER
9009280167	08/19/199	06/22/1995		CDB	NOTICE OF VIOLATION

## Event Details

**Abstract:**Event Date  
07/18/1990Discovery Date  
07/18/1990Report Date  
07/20/1990**Licensee / Reporting Party Information:**Agreement State Regulated: NO  
License No: 13-02063-01  
NRC Region Office: 3  
Program Code: 02110  
Docket: 03001603Reciprocity: NONE  
Licensee: METHODIST HOSPITAL OF INDIANA, INC.  
City: INDIANAPOLIS  
State: IN  
County: MARION**Site of Event:**Site Name: NR  
State: IN**Additional Involved Party:**License No: NA  
Name: NACity: NA  
State: NA

County:

**Other Information:**NRC Reportable Event: N  
Agreement State Reportable Event: N  
Atomic Energy Act Material: Y  
Consultant Hired: NAbnormal Occurrence: N  
Investigation:  
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 #: 2

Contributing Factor: HEAVY WORKLOAD

Corrective Action: PERSONNEL RECEIVED ADDITIONAL TRAINING

**Medical Event Information:**

Item Number:

900443  
09/10/2003

Patient Number: 1                      % Overexposed: NR  
Patient Informed: U                   % Underexposed: NR  
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):	Fetal Dose (REM):
NR	NR	NR	NR

**Source/Radioactive Material Information:**

MD2			
Source #:	1	Radionuclide:	TC-99M
Source/Material:	UNSEALED SOURCE RADIOPHARM	Activity (Curies):	0.0213
Manufacturer:	NR	Leak Test Results (uCi):	NA
Model Number:	NA	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:
900274	08/19/199	06/22/1995		CDB	OLD ASSIGNED ITEM NUMBER
9008100178	08/19/199	06/22/1995		CDB	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:**

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: 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:	
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: PERSONNEL REPRIMANDED

**Medical Event Information:**

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

**Given:**

Procedure: RADIOPHARMACEUTICAL - D  
Dose in RAD: NA  
Organ: NA  
Study: NR  
Radiopharm.: DTPA (DIETHYLTRIAMINE-PENTAACE  
Radionuclide: TC-99M  
Millicuries: 20

**Intended:**

Procedure: RADIOPHARMACEUTICAL - D  
Dose in RAD: NA  
Organ: NA  
Study: BONE DENSITY  
Radiopharm.: MDP/MEDRONATE/OSTEOLITE  
Radionuclide: TC-99M  
Millicuries: 20

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

**Source/Radioactive Material Information:**

Item Number:

900418  
09/10/2003

MD2

Source #: 1  
Source/Material: UNSEALED SOURCE RADIOPHARM  
Manufacturer: NR  
Model Number: NA  
Serial Number: NA  
Device Name: NA

Radionuclide: TC-99M  
Activity (Curies): 0.02  
Leak Test Results (uCi): NA  
Problem with Source:

**Keywords:**

MD2

Keyword: RADIOPHARMACEUTICAL - D

Keyword: RECORD COMPLETE

**Reference Documents:**

Reference #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
900235	08/19/199	06/22/1995		CDB	OLD ASSIGNED ITEM NUMBER
9009260062	08/19/199	06/22/1995		CDB	NOTICE OF VIOLATION

## Event Details

**Abstract:**

CALL SYNCOR TO REPORT PROBLEM.

Event Date  
06/29/1990Discovery Date  
06/29/1990Report Date  
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  
Name: NA  
City: NA  
State: 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**Medical Event Information:**

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

**Given:**Procedure: RADIOPHARMACEUTICAL - D  
Dose in RAD: NA  
Organ: NA  
Study: NR  
Radiopharm.: NR  
Radionuclide: TC-99M  
Millicuries: 21**Intended:**Procedure: RADIOPHARMACEUTICAL - D  
Dose in RAD: NA  
Organ: NA  
Study: BONE DENSITY  
Radiopharm.: MDP/MEDRONATE/OSTEOLITE  
Radionuclide: TC-99M  
Millicuries: 21

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

**Source/Radioactive Material Information:**

Item Number:

900404  
09/10/2003

MD2

Source #: 1  
Source/Material: UNSEALED SOURCE RADIOPHARM  
Manufacturer: NR  
Model Number: NA  
Serial Number: NA  
Device Name: NA

Radionuclide: TC-99M  
Activity (Curies): 0.021  
Leak Test Results (uCi): NA  
Problem with Source:

**Keywords:**

MD2

Keyword: RADIOPHARMACEUTICAL - D

Keyword: RECORD COMPLETE

**Reference Documents:**

Reference #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
900228	08/19/199	06/21/1995		CDB	OLD ASSIGNED ITEM NUMBER
9007200022	08/19/199	06/21/1995		CDB	NOTICE OF VIOLATION

## Event Details

**Abstract:**Event Date  
06/27/1990Discovery Date  
06/27/1990Report Date  
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:	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: REQUISITION NOT CHECKED

Corrective Action: NOT REPORTED

MD2

Factor #: 2

Contributing Factor: HEAVY WORKLOAD

Corrective Action: PERSONNEL RECEIVED ADDITIONAL TRAINING

**Medical Event Information:**

Item Number:

900399

09/10/2003

Patient Number: 1                      % Overexposed: 52  
Patient Informed: U                    % Underexposed: NA  
Date Informed:                        Effect on Patient: -

**Given:**

Procedure: RADIOPHARMACEUTICAL - D  
Dose in RAD: NA  
Organ: NA  
Study: BONE SCAN  
Radiopharm.: MDP/MEDRONATE/OSTEOLITE  
Radionuclide: TC-99M  
Millicuries: 30.3

**Intended:**

Procedure: RADIOPHARMACEUTICAL - D  
Dose in RAD: NA  
Organ: NA  
Study: BONE DENSITY  
Radiopharm.: MDP/MEDRONATE/OSTEOLITE  
Radionuclide: TC-99M  
Millicuries: 20

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

**Source/Radioactive Material Information:**

MD2

Source #: 1  
Source/Material: UNSEALED SOURCE RADIOPHARM  
Manufacturer: NR  
Model Number: NA  
Serial Number: NA  
Device Name: NA

Radionuclide: TC-99M  
Activity (Curies): 0.0303  
Leak Test Results (uCi): NA  
Problem with Source:

**Keywords:**

MD2

Keyword: RADIOPHARMACEUTICAL - D

Keyword: RECORD COMPLETE

**Reference Documents:**

Reference #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
900215	08/19/199	06/21/1995		CDB	OLD ASSIGNED ITEM NUMBER
9007200044	08/19/199	06/21/1995		CDB	NOTICE OF VIOLATION

## 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

Discovery Date  
05/07/1990

Report Date  
05/14/1990

**Licensee / Reporting Party Information:**

Agreement State Regulated:	NO	Reciprocity:	NONE		
License No:	13-02752-08	Licensee:	INDIANA UNIVERSITY SCHOOL OF MEDICINE		
NRC Region Office:	3	City:	INDIANAPOLIS	County:	MARION
Program Code:	02310	State:	IN		
Docket:	03009792				

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

**Event Class:**

MD2 - MEDICAL EVENT  
Cause: INCORRECT DATA USED IN THERAPY DOSE PLANNING

**Contributing Factors/Corrective Actions Information:**

MD2  
Factor #: 1  
Contributing Factor: NOT REPORTED  
Corrective Action: PERSONNEL RECEIVED ADDITIONAL TRAINING

MD2  
Factor #: 2  
Contributing Factor: ID BRACELET NOT CHECKED  
Corrective Action: NOT REPORTED

MD2  
Factor #: 3  
Contributing Factor: NOT REPORTED  
Corrective Action: NOT REPORTED

**Medical Event Information:**

Item Number:

900307

09/10/2003

Patient Number: 1  
Patient Informed: U  
Date Informed:

% Overexposed: NA  
% Underexposed: 50  
Effect on Patient:

**Given:**

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

**Intended:**

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

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

**Demographics:**

Person ID No: Description:  
1 NOT REPORTED

**Source/Radioactive Material Information:**

MD2

Source #: 1  
Source/Material: SEALED SOURCE TELETHERAPY  
Manufacturer: NR  
Model Number: NR  
Serial Number: NR  
Device Name: TELETHERAPY UNIT

Radionuclide: CO-60  
Activity (Curies): NR  
Leak Test Results (uCi): NR  
Problem with Source:

**Device/Associated Equipment Information:**

MD2

Device #: 1  
Device/Equipment TELETHERAPY UNIT  
Manufacturer: NR

Model Number: NR  
Serial Number: NR  
Problem with

**Reporting Requirements:**

MD2

Mode Reported: T  
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 #:	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



## Event Details

**Abstract:**

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**

01/03/1990

**Discovery Date**

01/03/1990

**Report Date**

01/05/1990

**Licensee / Reporting Party Information:**

Agreement State Regulated: NO

License No: 13-00694-03

NRC Region Office: 3

Program Code: 02110

Docket: 03001583

Reciprocity:

NONE

Licensee:

V.A. MEDICAL CENTER

City:

INDIANAPOLIS

State:

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: N

Agreement State Reportable Event: N

Atomic Energy Act Material: Y

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: PERSONNEL RECEIVED ADDITIONAL TRAINING

MD2

Factor #: 2

Contributing Factor: NOT REPORTED

Corrective Action: NOT REPORTED

**Medical Event Information:**

Item Number:

900021

09/10/2003

Patient Number: 1  
Patient Informed: U  
Date Informed:

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

**Given:**

Procedure: RADIOPHARMACEUTICAL - D  
Dose in RAD: NA  
Organ: NA  
Study: BRAIN SCAN  
Radiopharm.: SPERT/PERT (SODIUM PERTECHNETA  
Radionuclide: TC-99M  
Millicuries: 32.4

**Intended:**

Procedure: RADIOPHARMACEUTICAL - D  
Dose in RAD: NA  
Organ: NA  
Study: BRAIN  
Radiopharm.: HMPAO/CERETEC (HEXAMETHYL  
Radionuclide: TC-99M  
Millicuries: 32.4

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

**Source/Radioactive Material Information:**

MD2

Source #: 1  
Source/Material: UNSEALED SOURCE RADIOPHARM  
Manufacturer: NR  
Model Number: NA  
Serial Number: NA  
Device Name: NA

Radionuclide: TC-99M  
Activity (Curies): 0.0324  
Leak Test Results (uCi): NA  
Problem with Source:

**Keywords:**

MD2

Keyword: RADIOPHARMACEUTICAL - D

Keyword: RECORD COMPLETE

**Reference Documents:**

Reference #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
900052	08/19/199	06/02/1995		CDB	OLD ASSIGNED ITEM NUMBER
9002160210	08/19/199	06/02/1995		CDB	NOTICE OF VIOLATION

## 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 Date

01/01/1990

#### Report Date

07/24/1992

### 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

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: N

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:

### Event Class:

EXP - OVEREXPOSURE

Cause: LOSS OF ADMINISTRATIVE CONTROL

### Contributing Factors/Corrective Actions Information:

EXP

Factor #: 1

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:

1 SEALED SOURCE GAUGE

1.4

BADGE ONLY

### Demographics:

Person ID No: Description:  
1 NOT REPORTED

### Source/Radioactive Material Information:

EXP

Source #: 1

Radionuclide: NR

Source/Material: SEALED SOURCE GAUGE

Activity (Curies): NR

Manufacturer: NR

Leak Test Results (uCi): NR

Model Number: NR

Problem with Source:

Serial Number: NR

Device Name: GAUGE PORTABLE

Item Number: 900016  
09/10/2003

**Device/Associated Equipment Information:**

EXP

Device #: 1  
Device/Equipment GAUGE PORTABLE  
Manufacturer: NR

Model Number: NR  
Serial Number: NR  
Problem with

**Keywords:**

EXP

Keyword: RECORD COMPLETE

Keyword: SEALED SOURCE OTHER

Keyword: WHOLE BODY

**Reference Documents:**

Reference #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
920474	08/19/199	06/05/1995		CDB	OLD ASSIGNED ITEM NUMBER
9208040145	08/19/199	02/21/1996		CDB	INSPECTION REPORT

## 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

08/29/2002

### Discovery Date

09/03/2002

### Report Date

09/03/2002

### Licensee / Reporting Party Information:

Agreement State Regulated:	NO	Reciprocity:	NONE
License No:	34-06943-02	Licensee:	DAYTON X-RAY COMPANY, INC.
NRC Region Office:	3	City:	DAYTON
Program Code:	03320	State:	OH
Docket:	03035059	County:	

### 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	Investigation:	Y
Atomic Energy Act Material:	Y	NMED Record Complete:	Y
Consultant Hired:	N	Event Closed by Region/State:	Y

### Event Class:

OTH - OTHER  
Cause: RADIATION BOUNDARY NOT SET UP OR VIOLATED

### Contributing Factors/Corrective Actions Information:

OTH  
Factor #: 1  
Contributing Factor: IMPROPERLY FOLLOWED PROCEDURES  
Corrective Action: PERSONNEL RECEIVED ADDITIONAL TRAINING  
OTH  
Factor #: 2  
Contributing Factor: NOT REPORTED  
Corrective Action: PROCEDURE MODIFIED

### Source/Radioactive Material Information:

Item Number:

021002  
09/10/2003

**OTH**

Source #: 1  
Source/Material: SEALED SOURCE RADIOGRAPHY  
Manufacturer: NR  
Model Number: NR  
Serial Number: NR  
Device Name: CAMERA, RADIOGRAPHY

Radionuclide: IR-192  
Activity (Curies): 41  
Leak Test Results (uCi): NR  
Problem with Source:

**Device/Associated Equipment Information:**

**OTH**

Device #: 1  
Device/Equipment: CAMERA, RADIOGRAPHY  
Manufacturer: NR

Model Number: NR  
Serial Number: NR  
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:**

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

## 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**

05/03/2002

**Discovery Date**

05/03/2002

**Report Date**

05/03/2002

**Licensee / Reporting Party Information:**

Agreement State Regulated:	NO	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	
Docket:	03035111			

**Site of Event:**

Site Name: NILES  
State: MI

**Additional Involved Party:**

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

**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: 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  
Corrective Action: PERSONNEL RECEIVED ADDITIONAL TRAINING

LAS  
Factor #: 3  
Contributing Factor: NOT REPORTED  
Corrective Action: IMPROVE RADIOACTIVE MATERIAL LABELING AND HANDLING

**Source/Radioactive Material Information:**

Item Number:

020550  
09/10/2003

LAS  
Source #: 1  
Source/Material: SEALED SOURCE GAUGE  
Manufacturer: NR  
Model Number: NR  
Serial Number: NR  
Device Name: GAUGE PORTABLE

Radionuclide: AM-BE  
Activity (Curies): 0.04  
Leak Test Results (uCi): <.005  
Problem with Source:

LAS  
Source #: 2  
Source/Material: SEALED SOURCE GAUGE  
Manufacturer: NR  
Model Number: NR  
Serial Number: NR  
Device Name: GAUGE PORTABLE

Radionuclide: CS-137  
Activity (Curies): 0.008  
Leak Test Results (uCi): <.005  
Problem with Source:

## Device/Associated Equipment Information:

LAS  
Device #: 1  
Device/Equipment: GAUGE PORTABLE  
Manufacturer: TROXLER  
Model Number: 3430  
Serial Number: 23264  
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: 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	07/17/200	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



## 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

02/28/2002

#### Discovery Date

02/28/2002

#### Report Date

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:

IN

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 #: 1

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

Item Number:

020295  
09/10/2003

MD2

Factor #: 1

Contributing Factor: NOT REPORTED

Corrective Action: EQUIPMENT RETURNED TO MANUFACTURER FOR REPAIR OR DISPOSAL

MD2

Factor #: 2

Contributing Factor: NOT REPORTED

Corrective Action: PROCEDURE MODIFIED

## Medical Event Information:

Patient Number: 1                      % Overexposed: NA  
Patient Informed: Y                    % Underexposed: 90  
Date Informed: 03/20/2002            Effect on Patient:

Given:		Intended:	
Procedure:	BRACHY, INTRAVASCULAR	Procedure:	BRACHY, INTRAVASCULAR
Dose in RAD:	180	Dose in RAD:	1840
Organ:	HEART	Organ:	HEART
Study:	NA	Study:	NA
Radiopharm.:	NA	Radiopharm.:	NA
Radionuclide:	SR-90	Radionuclide:	SR-90
Millicuries:	39	Millicuries:	39

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

## Demographics:

Person ID No: Description:  
1 NOT REPORTED

## Source/Radioactive Material Information:

EQP

Source #:	1	Radionuclide:	SR-90
Source/Material:	SEALED SOURCE BRACHYTHERAPY	Activity (Curies):	0.039
Manufacturer:	BEBIG	Leak Test Results (uCi):	NR
Model Number:	SR0.S03	Problem with Source:	
Serial Number:	NR		
Device Name:	INTRAVASCULAR BRACHY UNIT		

MD2

Source #:	1	Radionuclide:	SR-90
Source/Material:	SEALED SOURCE BRACHYTHERAPY	Activity (Curies):	0.039
Manufacturer:	BEBIG	Leak Test Results (uCi):	NR
Model Number:	SR0.S03	Problem with Source:	
Serial Number:	NR		
Device Name:	INTRAVASCULAR BRACHY UNIT		

## Device/Associated Equipment Information:

EQP

Device #:	1	Model Number:	A1732
Device/Equipment	INTRAVASCULAR BRACHY UNIT	Serial Number:	88746
Manufacturer:	NOVOSTE	Problem with	

MD2

Device #:	1	Model Number:	A1732
Device/Equipment	INTRAVASCULAR BRACHY UNIT	Serial Number:	88746
Manufacturer:	NOVOSTE	Problem with	

## Reporting Requirements:

Item Number: 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: W  
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

## 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

08/29/2001

#### Discovery Date

08/29/2001

#### Report Date

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
Program Code:	02230	State:	IN
Docket:	03001625	County:	MARION

### 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		Radionuclide:	I-125
Source #:	1	Activity (Curies):	0.000327
Source/Material:	SEALED SOURCE BRACHYTHERAPY	Leak Test Results (uCi):	NR
Manufacturer:	NORTH AMERICAN SCIEN	Problem with Source:	
Model Number:	NR		
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.

Item Number: 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

## 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**

05/01/2000

**Discovery 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: NONE  
Licensee: HUMBOLDT  
City: RALEIGH  
State: 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: Y  
Agreement State Reportable Event: Y  
Atomic Energy Act Material: Y  
Consultant Hired: N

Abnormal Occurrence: N  
Investigation: Y  
NMED Record Complete: 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: NOT REPORTED

Corrective Action: NOT REPORTED

**Source/Radioactive Material Information:**

LAS

Source #: 1  
Source/Material: SEALED SOURCE GAUGE  
Manufacturer: NR  
Model Number: NR  
Serial Number: NR  
Device Name: GAUGE PORTABLE

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

Item Number: 000322  
09/10/2003

LAS  
Source #: 2  
Source/Material: SEALED SOURCE GAUGE  
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:

**Device/Associated Equipment Information:**

LAS  
Device #: 1  
Device/Equipment: GAUGE PORTABLE  
Manufacturer: HUMBOLDT SCIENTIFIC  
Model Number: 5001C  
Serial Number: 1966  
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: 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

## 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

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: N

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: 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: IR-192

Source/Material: SEALED SOURCE BRACHYTHERAPY

Activity (Curies): 0.0005

Manufacturer: NR

Leak Test Results (uCi): NR

Model Number: NR

Problem with Source:

Serial Number: NR

Device Name: NA

**Keywords:**

LAS

Keyword: EVENT CLOSED BY REGION/STATE

Keyword: MATERIAL LOST AND FOUND

Keyword: RECORD COMPLETE



Item Number:

000328  
09/10/2003

Keyword: SEALED SOURCE BRACHYTHERAPY

Reference Documents:

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

## Event Details

**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

**Discovery Date**

06/20/2002

**Report Date**

07/19/2002

**Licensee / Reporting Party Information:**

Agreement State Regulated: NO

Reciprocity:

NONE

License No: 13-01133-02

Licensee:

ELI LILLY &amp; CO.

NRC Region Office: 3

City:

INDIANAPOLIS

County: MARION

Program Code: 03611

State:

IN

Docket: 03004330

**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

Investigation: 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: NOT REPORTED

Corrective Action: PERSONNEL RECEIVED ADDITIONAL TRAINING

LAS

Factor #: 2

Contributing Factor: NOT REPORTED

Corrective Action: PROCEDURE MODIFIED

**Source/Radioactive Material Information:**

LAS

Source #: 1

Radionuclide:

C-14

Source/Material: UNSEALED SOURCE LAB

Activity (Curies):

0.0094

Manufacturer: NR

Leak Test Results (uCi):

NA

Model Number: NA

Problem with Source:

Serial Number: NA

Device Name: NA

**Reporting Requirements:**

Item Number: 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: 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: MATERIAL LOST AND NOT FOUND  
Keyword: RECORD COMPLETE  
Keyword: UNSEALED SOURCE LAB

**Reference Documents:**

Reference #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
EN39075	07/22/200	09/05/2002		DCH	EVENT NOTIFICATION
ML022280443	09/05/200	09/05/2002		RLS	LICENSEE REPORT

## 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.

**Event Date**

03/29/1999

**Discovery 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:

NONE

Licensee:

ALT &amp; WITZIG ENGINEERING, INC.

City:

INDIANAPOLIS

State:

IN

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: Y

Agreement State Reportable Event: N

Atomic Energy Act Material: Y

Consultant Hired: N

Abnormal Occurrence: N

Investigation: N

NMED Record Complete: N

Event Closed by Region/State: Y

**Event Class:**

LAS - LOST OR STOLEN

Cause: STOLEN LICENSED MATERIAL, SECURITY MEASURES UNKNOWN

**Contributing Factors/Corrective Actions Information:**

LAS

Factor #: 1

Contributing Factor: NOT REPORTED

Corrective Action: NOT REPORTED

**Source/Radioactive Material Information:**

LAS

Source #: 1

Source/Material: SEALED SOURCE GAUGE

Manufacturer: NR

Model Number: NR

Serial Number: NR

Device Name: GAUGE PORTABLE

Radionuclide: AM-BE

Activity (Curies): 0.05

Leak Test Results (uCi): NR

Problem with Source:

Item Number: 990208  
09/10/2003

LAS  
Source #: 2  
Source/Material: SEALED SOURCE GAUGE  
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:

**Device/Associated Equipment Information:**

LAS  
Device #: 1  
Device/Equipment: GAUGE PORTABLE  
Manufacturer: CAMPBELL PACIFIC NUC  
Model Number: MC-1  
Serial Number: MD40401995  
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: 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:
EN35527	03/31/1999	03/20/2003		DCH	EVENT NOTIFICATION
PN399016	04/05/1999	03/20/2003		DCH	PRELIMINARY NOTIFICATION
9903310349	11/15/1999	03/20/2003		RLS	PRELIMINARY NOTIFICATION
LTR030317	03/20/2000	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:	NO	Reciprocity:	NONE	
License No:	GENERAL LICENS	Licensee:	ARVIN INDUSTRIES, INC.	
NRC Region Office:	3	City:	GREENWOOD	County: JOHNSON
Program Code:	NR	State:	IN	
Docket:	NA			

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

**Event Class:**

LAS - LOST OR STOLEN  
Cause: STOLEN LICENSED MATERIAL, SECURITY MEASURES DEFEATED

**Contributing Factors/Corrective Actions Information:**

LAS  
Factor #: 1  
Contributing Factor: NOT REPORTED  
Corrective Action: NO CORRECTIVE ACTION TAKEN

**Source/Radioactive Material Information:**

LAS			
Source #:	1	Radionuclide:	AM-241
Source/Material:	SEALED SOURCE GAUGE	Activity (Curies):	1
Manufacturer:	NR	Leak Test Results (uCi):	NR
Model Number:	NR	Problem with Source:	
Serial Number:	2786LX		
Device Name:	GAUGE FIXED		

**Device/Associated Equipment Information:**

LAS			
Device #:	1	Model Number:	5310
Device/Equipment	GAUGE FIXED	Serial Number:	48761-1
Manufacturer:	LORAL CONTROL SYS.	Problem with	

**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: 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: GAUGE FIXED  
Keyword: MATERIAL STOLEN AND NOT RECOVERED

Item Number:

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

## 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 mm<sup>3</sup>. 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 Date

12/01/1998

## Discovery Date

12/01/1998

## Report Date

12/02/1998

### Licensee / Reporting Party Information:

Agreement State Regulated:	NO	Reciprocity:	NONE
License No:	13-02752-08	Licensee:	INDIANA UNIVERSITY SCHOOL OF MEDICINE
NRC Region Office:	3	City:	INDIANAPOLIS
Program Code:	02310	State:	IN
Docket:	03009792	County:	MARION

### 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	Investigation:	Y
Atomic Energy Act Material:	Y	NMED Record Complete:	Y
Consultant Hired:	Y	Event Closed by Region/State:	

### Event Class:

MD2 - MEDICAL EVENT  
Cause: FAILURE TO VERIFY TREATMENT SITE

### Contributing Factors/Corrective Actions Information:

MD2  
Factor #: 1  
Contributing Factor: PERSONNEL ERROR  
Corrective Action: PROCEDURE MODIFIED

### Medical Event Information:



Item Number: 981167  
09/10/2003

Patient Number: 1  
Patient Informed: Y  
Date Informed: 12/01/1998

% Overexposed: 100  
% Underexposed: NA  
Effect on Patient:

Given:  
Procedure: GAMMA KNIFE  
Dose in RAD: 50  
Organ: BRAIN  
Study: NA  
Radiopharm.: NA  
Radionuclide: CO-60  
Millicuries: NR

Intended:  
Procedure: GAMMA KNIFE  
Dose in RAD: 50  
Organ: BRAIN  
Study: NA  
Radiopharm.: NA  
Radionuclide: CO-60  
Millicuries: NR

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

**Demographics:**

Person ID No: Description:  
1 MALE  
1A TEEN (AGE 13-19)

**Source/Radioactive Material Information:**

MD2  
Source #: 1 Radionuclide: CO-60  
Source/Material: SEALED SOURCE GAMMA KNIFE Activity (Curies): NR  
Manufacturer: NR Leak Test Results (uCi): NR  
Model Number: NR Problem with Source:  
Serial Number: NR  
Device Name: GAMMA KNIFE UNIT

**Device/Associated Equipment Information:**

MD2  
Device #: 1 Model Number: NR  
Device/Equipment GAMMA KNIFE UNIT Serial Number: 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: T  
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 #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
PN398056	12/17/199	04/01/1999		DCH	PRELIMINARY NOTIFICATION
EN35104	12/17/199	04/01/1999		DCH	EVENT NOTIFICATION
9812230187	01/19/199	04/01/1999		DCH	LICENSEE REPORT
9812070014	01/20/199	04/01/1999		DCH	PRELIMINARY NOTIFICATION
LTR981218	03/02/199	04/01/1999		DCH	LICENSEE REPORT

				Item Number:	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	

## 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:	3	City:	INDIANAPOLIS
Program Code:	02230	State:	IN
Docket:	03001625	County:	MARION

### 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	Investigation:	Y
Atomic Energy Act Material:	Y	NMED Record Complete:	Y
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 #: 1  
Contributing Factor: NOT REPORTED  
Corrective Action: PROCEDURE MODIFIED

### Source/Radioactive Material Information:

LAS		Radionuclide:	I-125
Source #:	1	Activity (Curies):	0.000376
Source/Material:	SEALED SOURCE BRACHYTHERAPY	Leak Test Results (uCi):	NR
Manufacturer:	NR	Problem with Source:	
Model Number:	NR		
Serial Number:	NR		
Device Name:	NA		

Item Number: 981105  
09/10/2003

LAS  
Source #: 2  
Source/Material: SEALED SOURCE BRACHYTHERAPY  
Manufacturer: NR  
Model Number: NR  
Serial Number: NR  
Device Name: NA

Radionuclide: I-125  
Activity (Curies): 0.000376  
Leak Test Results (uCi): NR  
Problem with Source:

LAS  
Source #: 3  
Source/Material: SEALED SOURCE BRACHYTHERAPY  
Manufacturer: NR  
Model Number: NR  
Serial Number: NR  
Device Name: NA

Radionuclide: I-125  
Activity (Curies): 0.000376  
Leak Test Results (uCi): NR  
Problem with Source:

**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 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

## Event Details

### Abstract:

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

## Discovery 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: NONE  
Licensee: INDIANA UNIVERSITY  
City: INDIANAPOLIS  
State: 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: Y  
Agreement State Reportable Event: N  
Atomic Energy Act Material: Y  
Consultant Hired: N

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

### Event Class:

MD2 - MEDICAL EVENT

Cause: PROCEDURE NOT UNDERSTOOD

### Contributing Factors/Corrective Actions Information:

MD2

Factor #: 1

Contributing Factor: VERBAL COMMUNICATION PROBLEM

Corrective Action: PROCEDURE MODIFIED

MD2  
Factor #: 2  
Contributing Factor: NOT REPORTED  
Corrective Action: PERSONNEL RECEIVED ADDITIONAL TRAINING

**Medical Event Information:**

Patient Number:	1	% Overexposed:	NA
Patient Informed:	N	% Underexposed:	24
Date Informed:		Effect on Patient:	
Given:		Intended:	
Procedure:	BRACHY, REMOTE AFTERLOADER, LDR	Procedure:	BRACHY, REMOTE AFTERLOADER, LDR
Dose in RAD:	1900	Dose in RAD:	2500
Organ:	NR	Organ:	NR
Study:	NA	Study:	NA
Radiopharm.:	NA	Radiopharm.:	NA
Radionuclide:	CS-137	Radionuclide:	CS-137
Millicuries:	NR	Millicuries:	NR
Administered By:	Family Dose (REM):	Newborn Dose (REM):	Fetal Dose (REM):
PHYSICIAN	NA	NA	NA

**Demographics:**

Person ID No: Description:  
1 FEMALE

**Source/Radioactive Material Information:**

MD2			
Source #:	1	Radionuclide:	CS-137
Source/Material:	SEALED SOURCE BRACHYTHERAPY	Activity (Curies):	NR
Manufacturer:	NR	Leak Test Results (uCi):	NR
Model Number:	NR	Problem with Source:	
Serial Number:	NR		
Device Name:	REMOTE AFERLOADER LDR		

**Device/Associated Equipment Information:**

MD2			
Device #:	1	Model Number:	NR
Device/Equipment	REMOTE AFTERLOADER LDR	Serial Number:	NR
Manufacturer:	NR	Problem with	

**Reporting Requirements:**

MD2  
Mode Reported: W  
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 #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
EN35404	03/01/199	08/30/1999		DCH	EVENT NOTIFICATION
PN399008	03/02/199	08/30/1999		DCH	PRELIMINARY NOTIFICATION
PN399008A	04/21/199	08/30/1999		DCH	PRELIMINARY NOTIFICATION
9904070223	07/07/199	08/30/1999		DCH	LICENSEE REPORT

LTR990305

08/26/199 08/30/1999

DCH

Item Number:  
LICENSEE REPORT

990127  
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

**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

City: NA

County: MARION

Name: NA

State: NA

**Other Information:**

NRC Reportable Event: Y

Abnormal Occurrence: N

Agreement State Reportable Event: N

Investigation: Y

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 #: 1

Contributing Factor: PATIENT

Corrective Action: PERSONNEL RECEIVED ADDITIONAL TRAINING

**Medical Event Information:**



Item Number:

000369  
09/10/2003

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

Given:		Intended:	
Procedure:	BRACHY, MANUAL IMPLANT	Procedure:	NA
Dose in RAD:	640	Dose in RAD:	NA
Organ:	NR	Organ:	NA
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):
NA	NA	NA	NA

**Demographics:**

Person ID No: Description:  
1 NOT REPORTED

**Source/Radioactive Material Information:**

MD2			
Source #:	1	Radionuclide:	NR
Source/Material:	SEALED SOURCE BRACHYTHERAPY	Activity (Curies):	NR
Manufacturer:	NR	Leak Test Results (uCi):	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

## 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:	NO	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:**

Site Name: PITTSBORO  
State: IN

**Additional Involved Party:**

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

**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:	

**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:	CO-60
Source/Material:	SEALED SOURCE GAUGE	Activity (Curies):	0.02
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			
Device #:	1	Model Number:	LB-300-ML
Device/Equipment	GAUGE FIXED	Serial Number:	NR
Manufacturer:	BERTHOLD	Problem with	

Item Number: 981168  
09/10/2003

EQP  
Device #: 2  
Device/Equipment SHUTTER, GAUGE, OTHER  
Manufacturer: NR  
Model Number: NR  
Serial Number: NR  
Problem with

**Reporting Requirements:**

EQP  
Mode Reported: T  
Reporting 30.50(b)(2)(iii) - 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 #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
EN35107	12/03/199	03/02/1999		DCH	EVENT NOTIFICATION
9812180083	01/20/199	03/02/1999		DCH	NOTICE OF VIOLATION

## 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 inadvertent disposal in ordinary waste or stolen from the company by a terminated employee.

Event Date  
10/22/1997

Discovery Date  
10/22/1997

Report Date  
10/29/1997

### Licensee / Reporting Party Information:

Agreement State Regulated:	NO	Reciprocity:	NONE		
License No:	GENERAL LICENS	Licensee:	ADESA AUTO AUCTIONS		
NRC Region Office:	3	City:	PLAINFIELD	County:	HENDRICKS
Program Code:	NR	State:	IN		
Docket:	NA				

### Site of Event:

Site Name: PLAINFIELD  
State: IN

### Additional Involved Party:

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

### Other Information:

NRC Reportable Event:	Y	Abnormal Occurrence:	N
Agreement State Reportable Event:	N	Investigation:	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: 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):	0.015
Manufacturer:	NR	Leak Test Results (uCi):	NR
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:	88520
Manufacturer:	NRD, INC.	Problem with	

### Reporting Requirements:

Item Number: 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: 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: SEALED SOURCE IONIZING  
Keyword: STATIC ELIMINATOR

**Reference Documents:**

Reference #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
9711040090	03/05/199	06/02/1998		DCH	LICENSEE REPORT
9711280142	03/16/199	06/02/1998		DCH	NOTICE OF VIOLATION
R3-971030	03/16/199	06/02/1998		DCH	REGION REPORT

## 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:	3	City:	GREENFIELD	County:	
Program Code:	03121	State:	IN		
Docket:	03032463				

### 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	Investigation:	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:	AM-BE
Source/Material:	SEALED SOURCE GAUGE	Activity (Curies):	0.04
Manufacturer:	NR	Leak Test Results (uCi):	NR
Model Number:	NR	Problem with Source:	
Serial Number:	NR		
Device Name:	GAUGE PORTABLE		

Item Number: 970867  
09/10/2003

EQP

Source #: 2  
Source/Material: SEALED SOURCE GAUGE  
Manufacturer: NR  
Model Number: NR  
Serial Number: NR  
Device Name: GAUGE PORTABLE

Radionuclide: CS-137  
Activity (Curies): 0.008  
Leak Test Results (uCi): NR  
Problem with Source:

Device/Associated Equipment Information:

EQP

Device #: 1  
Device/Equipment: GAUGE PORTABLE  
Manufacturer: TROXLER

Model Number: 3440  
Serial Number: NR  
Problem with:

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: 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

## 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:	NO	Reciprocity:	NONE
License No:	13-06147-04	Licensee:	INDUSTRIAL NDT SERVICES DIVISION
NRC Region Office:	3	City:	INDIANAPOLIS
Program Code:	03320	State:	IN
Docket:	03012208	County:	MARION

### Site of Event:

Site Name: NR  
State: NR

### Additional Involved Party:

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

### Other Information:

NRC Reportable Event:	Y	Abnormal Occurrence:	N
Agreement State Reportable Event:	N	Investigation:	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	



Item Number: 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	07/18/199	11/11/1997		DCH	MORNING REPORT
9708060327	11/11/199	11/11/1997		DCH	LICENSEE REPORT

## 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 ovoid, 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 ovoid 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:

NONE

Licensee:

COMMUNITY HOSPITALS OF INDIANA

City:

INDIANAPOLIS

County:

MARION

State:

IN

**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: N

Agreement State Reportable Event: N

Atomic Energy Act Material: Y

Consultant Hired: N

Abnormal Occurrence: N

Investigation: y

NMED Record Complete: Y

Event Closed by Region/State:

**Event Class:**

MD2 - MEDICAL EVENT

Cause: INATTENTION TO DETAIL

**Contributing Factors/Corrective Actions Information:**

MD2

Factor #: 1

Contributing Factor: PLANNING DEFICIENCY

Corrective Action: NOT REPORTED

**Medical Event Information:**

Item Number:

970423  
09/10/2003

Patient Number: 1                      % Overexposed: NA  
 Patient Informed: N                    % Underexposed: 84  
 Date Informed:                        Effect on Patient:

**Given:**

Procedure: BRACHY, REMOTE AFTERLOADER,  
 Dose in RAD: 80  
 Organ: NR  
 Study: NA  
 Radiopharm.: NA  
 Radionuclide: IR-192  
 Millicuries: NA

**Intended:**

Procedure: BRACHY, REMOTE AFTERLOADER,  
 Dose in RAD: 500  
 Organ: NR  
 Study: NA  
 Radiopharm.: NA  
 Radionuclide: IR-192  
 Millicuries: NA

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

**Demographics:**

Person ID No: Description:  
 1 NOT REPORTED

**Source/Radioactive Material Information:**

MD2

Source #: 1  
 Source/Material: SEALED SOURCE BRACHYTHERAPY  
 Manufacturer: NR  
 Model Number: NR  
 Serial Number: NR  
 Device Name: REMOTE AFTERLOADER HDR

Radionuclide: IR-192  
 Activity (Curies): 7.45  
 Leak Test Results (uCi): NR  
 Problem with Source:

**Device/Associated Equipment Information:**

MD2

Device #: 1  
 Device/Equipment REMOTE AFTERLOADER HDR  
 Manufacturer: NR

Model Number: NR  
 Serial Number: NR  
 Problem with

**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

## 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	Reciprocity:	NONE	
License No:	13-19983-01	Licensee:	INDIANAPOLIS, CITY OF	
NRC Region Office:	3	City:	INDIANAPOLIS	County: MARION
Program Code:	03121	State:	IN	
Docket:	03019629			

**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:	N
Atomic Energy Act Material:	Y	NMED Record Complete:	Y
Consultant Hired:	N	Event Closed by Region/State:	

**Event Class:**

TRS - TRANSPORTATION

Cause: PROCEDURE NOT FOLLOWED

**Contributing Factors/Corrective Actions Information:**

TRS

Factor #:	1
Contributing Factor:	IMPROPERLY FOLLOWED PROCEDURES
Corrective Action:	PERSONNEL REPRIMANDED

**Source/Radioactive Material Information:**

TRS

Source #:	1	Radionuclide:	NR
Source/Material:	SEALED SOURCE GAUGE	Activity (Curies):	NR
Manufacturer:	NR	Leak Test Results (uCi):	NR
Model Number:	NR	Problem with Source:	
Serial Number:	NR		
Device Name:	GAUGE PORTABLE		

**Device/Associated Equipment Information:**

TRS

Device #:	1	Model Number:	NR
Device/Equipment	GAUGE PORTABLE	Serial Number:	NR
Manufacturer:	NR	Problem with	

**Keywords:**

TRS

Item Number: 970899  
09/10/2003

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

Reference Documents:

Reference #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
9707100224	09/12/199	09/12/1997		DCH	LICENSEE REPORT

## 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

01/15/1997

#### Discovery Date

01/05/1999

#### Report Date

01/05/1999

### Licensee / Reporting Party Information:

Agreement State Regulated: NO

License No: 13-24866-02

NRC Region Office: 3

Program Code: 03121

Docket: 03032827

Reciprocity:

NONE

Licensee:

MIDWEST TESTING, INC.

City:

INDIANAPOLIS

State:

IN

County: MARION

### Site of Event:

Site Name: INDIANAPOLIS

State: IN

### Additional Involved Party:

License No: NON-LICENSEE

Name: PRIVATE INDIVIDUAL

City: NR

State: NR

County: MARION

### Other Information:

NRC Reportable Event: Y

Agreement State Reportable Event: Y

Atomic Energy Act Material: Y

Consultant Hired: N

Abnormal Occurrence: N

Investigation: Y

NMED Record Complete: Y

Event Closed by Region/State:

### Event Class:

LAS - LOST OR STOLEN

Cause: INTENTIONAL VIOLATION

### Contributing Factors/Corrective Actions Information:

LAS

Factor #: 1

Contributing Factor: NOT REPORTED

Corrective Action: NO CORRECTIVE ACTION TAKEN

### Source/Radioactive Material Information:

LAS

Source #: 1

Source/Material: SEALED SOURCE GAUGE

Manufacturer: NR

Model Number: NR

Serial Number: NR

Device Name: GAUGE PORTABLE

Radionuclide: CS-137

Activity (Curies): NR

Leak Test Results (uCi): NR

Problem with Source:

Item Number:

010005  
09/10/2003

LAS

Source #: 2  
 Source/Material: SEALED SOURCE GAUGE  
 Manufacturer: NR  
 Model Number: NR  
 Serial Number: NR  
 Device Name: GAUGE PORTABLE

Radionuclide: AM-BE  
 Activity (Curies): NR  
 Leak Test Results (uCi): NR  
 Problem with Source:

LAS

Source #: 3  
 Source/Material: SEALED SOURCE GAUGE  
 Manufacturer: NR  
 Model Number: NR  
 Serial Number: NR  
 Device Name: GAUGE PORTABLE

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

LAS

Source #: 4  
 Source/Material: SEALED SOURCE GAUGE  
 Manufacturer: NR  
 Model Number: NR  
 Serial Number: NR  
 Device Name: GAUGE PORTABLE

Radionuclide: AM-BE  
 Activity (Curies): NR  
 Leak Test Results (uCi): NR  
 Problem with Source:

## Device/Associated Equipment Information:

LAS

Device #: 1  
 Device/Equipment: GAUGE PORTABLE  
 Manufacturer: NR

Model Number: NR  
 Serial Number: NR  
 Problem with

LAS

Device #: 2  
 Device/Equipment: GAUGE PORTABLE  
 Manufacturer: NR

Model Number: NR  
 Serial Number: NR  
 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: GAUGE PORTABLE  
 Keyword: RECORD COMPLETE  
 Keyword: SEALED SOURCE GAUGE

## Reference Documents:

Reference #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
ML003772241	01/03/200	01/16/2001		RLS	NOTIFICATION OF SIGNIFICANT ENFORCEMENT ACTION
ML003772230	01/03/200	01/16/2001		RLS	OTHER
ML003772230	01/03/200	01/16/2001		RLS	NRC LETTER

## 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

08/29/1996

Discovery Date

08/29/1996

Report Date

08/29/1996

### Licensee / Reporting Party Information:

Agreement State Regulated: NO

License No: 13-18685-01

NRC Region Office: 3

Program Code: 03121

Docket: 03014041

Reciprocity:

NONE

Licensee:

ALT &amp; WITZIG ENGINEERING, INC.

City:

INDIANAPOLIS

County:

MARION

State:

IN

### 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

Agreement State Reportable Event: N

Atomic Energy Act Material: Y

Consultant Hired: N

Abnormal Occurrence: N

Investigation: N

NMED Record Complete: Y

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 #: 1

Contributing Factor: LOSS OF ADMINISTRATIVE CONTROL

Corrective Action: NOT REPORTED

### Source/Radioactive Material Information:

LAS

Source #: 1

Source/Material: SEALED SOURCE GAUGE

Manufacturer: NR

Model Number: NR

Serial Number: NR

Device Name: GAUGE PORTABLE

Radionuclide: AM-BE

Activity (Curies): 0.04

Leak Test Results (uCi): NR

Problem with Source:



Item Number: 960492  
09/10/2003

LAS  
Source #: 2  
Source/Material: SEALED SOURCE GAUGE  
Manufacturer: NR  
Model Number: NR  
Serial Number: NR  
Device Name: GAUGE PORTABLE  
Radionuclide: CS-137  
Activity (Curies): 0.008  
Leak Test Results (uCi): NR  
Problem with Source:

**Device/Associated Equipment Information:**

LAS  
Device #: 1  
Device/Equipment: GAUGE PORTABLE  
Manufacturer: TROXLER  
Model Number: 3400  
Serial Number: NR  
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 #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
PN396056	09/04/199	12/10/1996		DCH	PRELIMINARY NOTIFICATION
9609030121	10/29/199	12/10/1996		DCH	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	Discovery Date	Report Date
08/29/1996	08/29/1996	08/29/1996

**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		

Item Number: 960491  
09/10/2003

**Other Information:**

NRC Reportable Event:	Y	Abnormal Occurrence:	N
Agreement State Reportable Event:	N	Investigation:	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: STOLEN LICENSED MATERIAL, SECURITY MEASURES DEFEATED

**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:	AM-BE
Source/Material:	SEALED SOURCE GAUGE	Activity (Curies):	0.05
Manufacturer:	NR	Leak Test Results (uCi):	NR
Model Number:	NR	Problem with Source:	
Serial Number:	NR		
Device Name:	GAUGE PORTABLE		

LAS

Source #:	2	Radionuclide:	CS-137
Source/Material:	SEALED SOURCE GAUGE	Activity (Curies):	0.01
Manufacturer:	NR	Leak Test Results (uCi):	NR
Model Number:	NR	Problem with Source:	
Serial Number:	NR		
Device Name:	GAUGE PORTABLE		

**Device/Associated Equipment Information:**

LAS

Device #:	1	Model Number:	NCI-DR
Device/Equipment	GAUGE PORTABLE	Serial Number:	NR
Manufacturer:	BOART LONGYEAR CO.	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 #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
EN30936	09/04/199	03/14/2000		DCH	EVENT NOTIFICATION

LTR960913

11/12/199

03/14/2000

DCH

Item Number:  
LICENSEE REPORT

960491  
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

**Licensee / Reporting Party Information:**

Agreement State Regulated: NO

License No: NR

NRC Region Office: 3

Program Code: NR

Docket: NR

Reciprocity:

NRCAS

Licensee:

NDT SERVICES, INC

City:

INDIANAPOLIS

State:

IN

County: MARION

**Site of Event:**

Site Name: DANVILLE

State: IL

**Additional Involved Party:**

License No: NON-LICENSEE

Name: HOLMES BROTHERS

City: DANVILLE

State: IL

County: HENDRICKS

**Other Information:**

NRC Reportable Event: N

Agreement State Reportable Event: Y

Atomic Energy Act Material: Y

Consultant Hired: N

Abnormal Occurrence: N

Investigation: N

NMED Record Complete: Y

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 #: 1

Contributing Factor: NOT REPORTED

Corrective Action: 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:

1 MALE

2 MALE

**Source/Radioactive Material Information:**

Item Number:

970067  
09/10/2003

EXP

Source #: 1  
Source/Material: SEALED SOURCE RADIOGRAPHY  
Manufacturer: NR  
Model Number: NR  
Serial Number: A8846  
Device Name: CAMERA, RADIOGRAPHY

Radionuclide: IR-192  
Activity (Curies): 62  
Leak Test Results (uCi): NR  
Problem with Source:

**Device/Associated Equipment Information:**

EXP

Device #: 1  
Device/Equipment: CAMERA, RADIOGRAPHY  
Manufacturer: AMERSHAM

Model Number: 660-B  
Serial Number: B1022  
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

## 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

**Licensee / Reporting Party Information:**

Agreement State Regulated: NO

License No: 13-06009-01

NRC Region Office: 3

Program Code: 02230

Docket: 03001625

Reciprocity:

NONE

Licensee:

COMMUNITY HOSPITALS OF INDIANA

City:

INDIANAPOLIS

State:

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: Y

Agreement State Reportable Event: N

Atomic Energy Act Material: Y

Consultant Hired: N

Abnormal Occurrence: Y

Investigation: y

NMED Record Complete: Y

Event Closed by Region/State:

**Event Class:**

MD2 - MEDICAL EVENT

Cause: INCORRECT DATA USED IN THERAPY DOSE PLANNING

**Contributing Factors/Corrective Actions Information:**

MD2

Factor #: 1

Contributing Factor: PLANNING DEFICIENCY

Corrective Action: PROCEDURE MODIFIED

MD2

Factor #: 2

Contributing Factor: INADEQUATE PROCEDURES

Corrective Action: NOT REPORTED

**Medical Event Information:**

Item Number:

960478  
09/10/2003

Patient Number: 1                      % Overexposed: 100  
 Patient Informed: Y                    % Underexposed: NA  
 Date Informed: 08/16/1996           Effect on Patient:

<b>Given:</b>		<b>Intended:</b>	
Procedure:	BRACHY, REMOTE AFTERLOADER,	Procedure:	BRACHY, REMOTE AFTERLOADER,
Dose in RAD:	NR	Dose in RAD:	NR
Organ:	ESOPHAGUS	Organ:	ESOPHAGUS
Study:	NA	Study:	NA
Radiopharm.:	NA	Radiopharm.:	NA
Radionuclide:	IR-192	Radionuclide:	IR-192
Millicuries:	NA	Millicuries:	NA

<b>Administered By:</b>	<b>Family Dose (REM):</b>	<b>Newborn Dose (REM):</b>	<b>Fetal Dose (REM):</b>
NR	NA	NA	NA

**Demographics:**

Person ID No: Description:  
 1 FEMALE

**Source/Radioactive Material Information:**

MD2			
Source #:	1	Radionuclide:	IR-192
Source/Material:	SEALED SOURCE BRACHYTHERAPY	Activity (Curies):	5.64
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 #:	1	Model Number:	NR
Device/Equipment	REMOTE AFTERLOADER HDR	Serial Number:	NR
Manufacturer:	NR	Problem with	

**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, 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		DCH	PRELIMINARY NOTIFICATION
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
96-8	05/06/199	12/09/1997		DCH	ABNORMAL OCCURRENCE NUMBER
EN30881	05/06/199	12/09/1997		DCH	EVENT NOTIFICATION

## 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:	NO	Reciprocity:	NONE	
License No:	NON-LICENSEE	Licensee:	FEDERAL EXPRESS	
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:	NR	City:	ARLINGTON HEIGHTS	County:	MARION
Name:	AMERSHAM	State:	IL		

### Other Information:

NRC Reportable Event:	Y	Abnormal Occurrence:	N
Agreement State Reportable Event:	N	Investigation:	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: FAILURE TO PROPERLY SECURE PACKAGE  
TRS - TRANSPORTATION  
Cause: EQUIPMENT DAMAGE DUE TO VEHICLE ACCIDENT

### Contributing Factors/Corrective Actions Information:

LAS  
Factor #: 1  
Contributing Factor: NOT REPORTED  
Corrective Action: NOT REPORTED  
TRS  
Factor #: 1  
Contributing Factor: NOT REPORTED  
Corrective Action: NOT REPORTED

### Source/Radioactive Material Information:

LAS		Radionuclide:	P-32
Source #:	1	Activity (Curies):	0.00072
Source/Material:	UNSEALED SOURCE RADIOPHARM	Leak Test Results (uCi):	NA
Manufacturer:	AMERSHAM	Problem with Source:	
Model Number:	NR		
Serial Number:	NR		
Device Name:	CONTAINER, SHIPPING		



Item Number:

960538  
09/10/2003

**TRS**

Source #: 1  
Source/Material: UNSEALED SOURCE RADIOPHARM  
Manufacturer: AMERSHAM  
Model Number: NR  
Serial Number: NR  
Device Name: CONTAINER, SHIPPING

Radionuclide: P-32  
Activity (Curies): 0.00072  
Leak Test Results (uCi): NA  
Problem with Source:

**Device/Associated Equipment Information:**

**LAS**

Device #: 1  
Device/Equipment: CONTAINER, SHIPPING  
Manufacturer: NR

Model Number: NR  
Serial Number: NR  
Problem with

**TRS**

Device #: 1  
Device/Equipment: CONTAINER, SHIPPING  
Manufacturer: NR

Model Number: NR  
Serial Number: NR  
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.

**TRS**

Mode Reported: T  
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 #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
EN30823	09/19/199	10/30/1998		DCH	EVENT NOTIFICATION
9608070305	12/12/199	10/30/1998		DCH	PRELIMINARY NOTIFICATION
PN396047	12/12/199	10/30/1998		DCH	PRELIMINARY NOTIFICATION

## 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.

Event Date  
07/29/1996Discovery Date  
07/29/1996Report Date  
08/21/1996**Licensee / Reporting Party Information:**Agreement State Regulated: NO  
License No: 13-00694-03  
NRC Region Office: 3  
Program Code: 02110  
Docket: 03001583Reciprocity: NONE  
Licensee: V.A. MEDICAL CENTER  
City: INDIANAPOLIS  
State: IN

County: MARION

**Site of Event:**Site Name: INDIANAPOLIS  
State: IN**Additional Involved Party:**License No: NA  
Name: NACity: NA  
State: NA

County: MARION

**Other Information:**NRC Reportable Event: Y  
Agreement State Reportable Event: N  
Atomic Energy Act Material: Y  
Consultant Hired: NAbnormal Occurrence: N  
Investigation: N  
NMED Record Complete: Y  
Event Closed by Region/State:**Event Class:**LAS - LOST OR STOLEN  
Cause: INATTENTION TO DETAIL**Contributing Factors/Corrective Actions Information:**

LAS

Factor #: 1  
Contributing Factor: NOT REPORTED  
Corrective Action: NOT REPORTED

LAS

Factor #: 2  
Contributing Factor: NOT REPORTED  
Corrective Action: NOT REPORTED**Source/Radioactive Material Information:**

LAS

Source #: 1  
Source/Material: UNSEALED SOURCE RADIOPHARM  
Manufacturer: NR  
Model Number: NR  
Serial Number: NR  
Device Name: NARadionuclide: P-32  
Activity (Curies): 0.0006  
Leak Test Results (uCi): NA  
Problem with Source:**Reporting Requirements:**

Item Number:

960481  
09/10/2003

LAS

Mode Reported: W

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

LAS

Mode Reported: T

Reporting LAS 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

### 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

06/25/1996

Report Date

06/26/1996

### Licensee / Reporting Party Information:

Agreement State Regulated: NO

License No: 13-18685-01

NRC Region Office: 3

Program Code: 03121

Docket: 03014041

Reciprocity:

NONE

Licensee:

ALT &amp; WITZIG ENGINEERING, INC.

City:

INDIANAPOLIS

County:

MARION

State:

IN

### Site of Event:

Site Name: BEECH GROOVE

State: IN

### Additional Involved Party:

License No: NA

Name: NA

City: NA

State: NA

County: MARION

### Other Information:

NRC Reportable Event: Y

Agreement State Reportable Event: N

Atomic Energy Act Material: Y

Consultant Hired: N

Abnormal Occurrence: N

Investigation: N

NMED Record Complete: Y

Event Closed by Region/State:

### Event Class:

LAS - LOST OR STOLEN

Cause: STOLEN LICENSED MATERIAL, SECURITY MEASURES DEFEATED

### Source/Radioactive Material Information:

LAS

Source #: 1

Source/Material: SEALED SOURCE GAUGE

Manufacturer: TROXLER

Model Number: 102112

Serial Number: 75-6346

Device Name: GAUGE PORTABLE

LAS

Source #: 2

Source/Material: SEALED SOURCE GAUGE

Manufacturer: TROXLER

Model Number: 102451

Serial Number: 47-20387

Device Name: GAUGE PORTABLE

Radionuclide:

CS-137

Activity (Curies):

0.008

Leak Test Results (uCi):

NR

Problem with Source:

Radionuclide:

AM-BE

Activity (Curies):

0.04

Leak Test Results (uCi):

NR

Problem with Source:

### Device/Associated Equipment Information:

LAS

Device #: 1

Device/Equipment: GAUGE PORTABLE

Manufacturer: TROXLER

Model Number:

3430

Serial Number:

24321

Problem with

Item Number:

960299  
09/10/2003

**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 #:	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

## 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  
05/04/1996Discovery Date  
05/04/1996Report Date  
05/06/1996**Licensee / Reporting Party Information:**

Agreement State Regulated:	NO	Reciprocity:	NONE		
License No:	13-26078-01	Licensee:	OLIN BRASS CORP.		
NRC Region Office:	3	City:	INDIANAPOLIS	County:	MARION
Program Code:	03120	State:	IN		
Docket:	03031370				

**Site of Event:**Site Name: INDIANAPOLIS  
State: IN**Additional Involved Party:**

License No:	NR	City:	YALESVILLE	County:	MARION
Name:	INTEGRATED INDUSTRIAL SYSTEMS	State:	CT		

**Other Information:**

NRC Reportable Event:	Y	Abnormal Occurrence:	N
Agreement State Reportable Event:	N	Investigation:	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:	AM-241
Source/Material:	SEALED SOURCE GAUGE	Activity (Curies):	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			
Device #:	1	Model Number:	NR
Device/Equipment	GAUGE FIXED	Serial Number:	NR
Manufacturer:	NR	Problem with	

**Reporting Requirements:**

Item Number: 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

## Event Details

### Abstract:

The licensee reported losing 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.

<b>Event Date</b>	<b>Discovery Date</b>	<b>Report Date</b>
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	City:	INDIANAPOLIS
Program Code:	NR	State:	IN
Docket:	NA	County:	MARION

### 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	Investigation:	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: 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
Manufacturer:	NR	Leak Test Results (uCi):	NR
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	



Item Number: 960812  
09/10/2003

LAS  
Device #: 2  
Device/Equipment STATIC ELIMINATOR  
Manufacturer: NRD, INC.

Model Number: P-2051  
Serial Number: 74723  
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 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
9612260286	05/23/199	11/18/1998		DCH	NOTICE OF VIOLATION

## 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**  
08/17/1995**Discovery Date**  
08/17/1995**Report Date**  
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:	N	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:	

**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

## 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

**Discovery Date**

05/15/1995

**Report Date**

05/19/1995

**Licensee / Reporting Party Information:**

Agreement State Regulated: NO

License No: 13-01133-02

NRC Region Office: 3

Program Code: 03611

Docket: 03004330

Reciprocity:

NONE

Licensee:

ELI LILLY &amp; CO.

City:

INDIANAPOLIS

State:

IN

County: MARION

**Site of Event:**

Site Name: NEW YORK CITY

State: NY

**Additional Involved Party:**

License No: NON-LICENSEE

Name: WORLD COURIER

City: NR

State: NR

County:

**Other Information:**

NRC Reportable Event: Y

Agreement State Reportable Event: N

Atomic Energy Act Material: Y

Consultant Hired: N

Abnormal Occurrence: N

Investigation: N

NMED Record Complete: Y

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

Source/Material: UNSEALED SOURCE LAB

Manufacturer: NR

Model Number: NR

Serial Number: NR

Device Name: CONTAINER, SHIPPING

Radionuclide:

I-125

Activity (Curies):

0.0000456

Leak Test Results (uCi):

NA

Problem with Source:

**Device/Associated Equipment Information:**

LAS

Device #: 1

Device/Equipment: CONTAINER, SHIPPING

Manufacturer: NR

Model Number:

NR

Serial Number:

NR

Problem with

Item Number:

950660  
09/10/2003

**Reporting Requirements:**

LAS

Mode Reported: W

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

LAS

Mode Reported: T

Reporting LAS 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 #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
EN28834	05/22/199	05/26/1995		NB	EVENT NOTIFICATION
PN395025	05/26/199	05/26/1995		NRB	PRELIMINARY NOTIFICATION

## 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		
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	Investigation:	Y
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		Radionuclide:	P-32
Source #:	1	Activity (Curies):	0.000533
Source/Material:	UNSEALED SOURCE OTHER	Leak Test Results (uCi):	NA
Manufacturer:	NR	Problem with Source:	
Model Number:	NR		
Serial Number:	NR		
Device Name:	WASTE, RADIOACTIVE		

Item Number: 950464  
09/10/2003

LAS  
Source #: 2  
Source/Material: UNSEALED SOURCE OTHER  
Manufacturer: NR  
Model Number: NR  
Serial Number: NR  
Device Name: WASTE, RADIOACTIVE

Radionuclide: S-35  
Activity (Curies): 0.00125  
Leak Test Results (uCi): NA  
Problem with Source:

LAS  
Source #: 3  
Source/Material: UNSEALED SOURCE OTHER  
Manufacturer: NR  
Model Number: NR  
Serial Number: NR  
Device Name: WASTE, RADIOACTIVE

Radionuclide: H-3  
Activity (Curies): 0.00025  
Leak Test Results (uCi): NA  
Problem with Source:

**Device/Associated Equipment Information:**

LAS  
Device #: 1  
Device/Equipment: WASTE, RADIOACTIVE  
Manufacturer: NR

Model Number: NA  
Serial Number: NA  
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 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	09/01/1995		NB	NRC LETTER

## 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.

<b>Event Date</b>	<b>Discovery Date</b>	<b>Report Date</b>
03/16/1995	03/16/1995	03/17/1995

**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
Program Code:	NA	State:	IN
Docket:	NA	County:	MARION

**Site of Event:**

Site Name: INDIANAPOLIS  
State: IN

**Additional Involved Party:**

License No:	NON-LICENSEE	City:	INDIANAPOLIS	County:	MARION
Name:	INDIANAPOLIS PUBLIC WORKS	State:	IN		

**Other Information:**

NRC Reportable Event:	Y	Abnormal Occurrence:	N
Agreement State Reportable Event:	N	Investigation:	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: PROCEDURE NOT FOLLOWED

**Contributing Factors/Corrective Actions Information:**

LAS  
Factor #: 1  
Contributing Factor: NOT REPORTED  
Corrective Action: NA

**Source/Radioactive Material Information:**

LAS

Source #:	1	Radionuclide:	I-131
Source/Material:	UNSEALED SOURCE RADIOPHARM	Activity (Curies):	NR
Manufacturer:	NA	Leak Test Results (uCi):	NA
Model Number:	NA	Problem with Source:	
Serial Number:	NA		
Device Name:	WASTE, RADIOACTIVE		

**Device/Associated Equipment Information:**

Item Number: 950303  
09/10/2003

LAS  
Device #: 1  
Device/Equipment: WASTE, RADIOACTIVE  
Manufacturer: NR  
Model Number: NA  
Serial Number: NA  
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 #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
MR3950037	03/21/199	04/25/1995		NB	MORNING REPORT
MR3950039	03/23/199	04/25/1995		NB	MORNING REPORT



## 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  
09/06/1994

Discovery Date  
09/06/1994

Report Date  
09/06/1994

**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: FLORENCE  
State: KY

**Additional Involved Party:**

License No:	NA	City:	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 UNKNOWN

**Contributing Factors/Corrective Actions Information:**

LAS  
Factor #: 1  
Contributing Factor: NOT REPORTED  
Corrective Action: NOT REPORTED

**Source/Radioactive Material Information:**

LAS			
Source #:	1	Radionuclide:	CS-137
Source/Material:	SEALED SOURCE GAUGE	Activity (Curies):	0.01
Manufacturer:	NR	Leak Test Results (uCi):	NR
Model Number:	NR	Problem with Source:	
Serial Number:	NR		
Device Name:	GAUGE PORTABLE		

Item Number: 941800  
09/10/2003

LAS  
Source #: 2  
Source/Material: SEALED SOURCE GAUGE  
Manufacturer: NR  
Model Number: NR  
Serial Number: NR  
Device Name: GAUGE PORTABLE  
Radionuclide: AM-BE  
Activity (Curies): 0.04  
Leak Test Results (uCi): NR  
Problem with Source:

**Device/Associated Equipment Information:**

LAS  
Device #: 1  
Device/Equipment: GAUGE PORTABLE  
Manufacturer: BOART LONGYEAR CO.  
Model Number: NR  
Serial Number: NR  
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 #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
MR3940159	09/09/199	02/21/1996		NB	MORNING REPORT

## Event Details

### Abstract:

The licensee 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

08/25/1994

### Discovery Date

08/25/1994

### Report Date

08/26/1994

### 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
Program Code:	03121	State:	IN
Docket:	03014041	County:	MARION

### Site of Event:

Site Name: MIDDLETOWN  
State: OH

### Additional Involved Party:

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

### Other Information:

NRC Reportable Event:	Y	Abnormal Occurrence:	N
Agreement State Reportable Event:	N	Investigation:	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: STOLEN LICENSED MATERIAL, SECURITY MEASURES DEFEATED

### 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:	CS-137
Source/Material:	SEALED SOURCE GAUGE	Activity (Curies):	0.01
Manufacturer:	NR	Leak Test Results (uCi):	NR
Model Number:	NR	Problem with Source:	
Serial Number:	NR		
Device Name:	GAUGE PORTABLE		

LAS

Source #:	2	Radionuclide:	AM-BE
Source/Material:	SEALED SOURCE GAUGE	Activity (Curies):	0.05
Manufacturer:	NR	Leak Test Results (uCi):	NR
Model Number:	NR	Problem with Source:	
Serial Number:	NR		
Device Name:	GAUGE PORTABLE		

Item Number: 941769  
09/10/2003

**Device/Associated Equipment Information:**

LAS  
Device #: 1 Model Number: MC-1  
Device/Equipment GAUGE PORTABLE Serial Number: NR  
Manufacturer: BOART LONGYEAR CO. 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 #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
PN394071	09/01/199	02/21/1996		NB	PRELIMINARY NOTIFICATION
9411080214	01/18/199	01/18/1995		NB	LICENSEE REPORT

## 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

**Report Date**

07/28/1994

**Licensee / Reporting Party Information:**

Agreement State Regulated:	NO	Reciprocity:	NONE		
License No:	NR	Licensee:	PREMIER RADIOPHARMACY		
NRC Region Office:	3	City:	INDIANAPOLIS	County:	MARION
Program Code:	NR	State:	IN		
Docket:	NR				

**Site of Event:**

Site Name: INDIANAPOLIS  
State: IN

**Additional Involved Party:**

License No:	NON-LICENSEE	City:	INDIANAPOLIS	County:	MARION
Name:	BFI	State:	IN		

**Other Information:**

NRC Reportable Event:	Y	Abnormal Occurrence:	N
Agreement State Reportable Event:	N	Investigation:	
Atomic Energy Act Material:	Y	NMED Record Complete:	N
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:	I-131
Source/Material:	UNSEALED SOURCE RADIOPHARM	Activity (Curies):	NR
Manufacturer:	NA	Leak Test Results (uCi):	NA
Model Number:	NA	Problem with Source:	
Serial Number:	NA		
Device Name:	VIAL		

**Device/Associated Equipment Information:**

Item Number: 941726  
09/10/2003

LAS  
Device #: 1  
Device/Equipment VIAL  
Manufacturer: NR

Model Number: NR  
Serial Number: NR  
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 INCINERATOR  
Keyword: UNSEALED SOURCE RADIOPHARM

**Reference Documents:**

Reference #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
MR3940141	08/17/199	08/17/1994		NB	MORNING REPORT

## Event Details

**Abstract:**

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  
07/01/1994Discovery Date  
07/01/1994Report Date  
04/27/1995**Licensee / Reporting Party Information:**

Agreement State Regulated:	NO	Reciprocity:	NONE	
License No:	13-15544-01	Licensee:	PSI ENERGY CO.	
NRC Region Office:	3	City:	PLAINFIELD	County: HENDRICKS
Program Code:	03120	State:	IN	
Docket:	03009317			

**Site of Event:**Site Name: PLAINFIELD  
State: IN**Additional Involved Party:**

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

**Other Information:**

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

**Event Class:**EQP - EQUIPMENT  
Cause: DEFECTIVE OR FAILED PARTS**Contributing Factors/Corrective Actions Information:**EQP  
Factor #: 1  
Contributing Factor: DEFECTIVE OR FAILED PARTS  
Corrective Action: NOT REPORTED**Source/Radioactive Material Information:**

EQP			
Source #:	1	Radionuclide:	CS-137
Source/Material:	SEALED SOURCE GAUGE	Activity (Curies):	0.008
Manufacturer:	TROXLER	Leak Test Results (uCi):	NR
Model Number:	NR	Problem with Source:	
Serial Number:	NR		
Device Name:	GAUGE PORTABLE		

**Device/Associated Equipment Information:**

EQP			
Device #:	1	Model Number:	3430
Device/Equipment:	GAUGE PORTABLE	Serial Number:	21026
Manufacturer:	TROXLER	Problem with	

**Reporting Requirements:**

Item Number: 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 #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
9505100118	05/17/199	02/21/1996		NB	LICENSEE REPORT
9506200252	07/13/199	07/18/1995		NRB	LICENSEE REPORT



## 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 cloud.

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	Discovery Date	Report Date			
06/28/1994	06/28/1994	06/28/1994			
<b>Licensee / Reporting Party Information:</b>					
Agreement State Regulated:	NO	Reciprocity:	NONE		
License No:	13-18876-01	Licensee:	CENTRAL SOYA CO., INC.		
NRC Region Office:	3	City:	INDIANAPOLIS	County:	MARION
Program Code:	03120	State:	IN		
Docket:	03014296				
<b>Site of Event:</b>					
Site Name:	INDIANAPOLIS				
State:	IN				
<b>Additional Involved Party:</b>					
License No:	NA	City:	NA	County:	MARION
Name:	NA	State:	NA		
<b>Other Information:</b>					
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:			
<b>Event Class:</b>					
EQP - EQUIPMENT					
Cause: FIRE/EXPLOSION RESULTING IN INOPERABLE EQUIPMENT					
<b>Source/Radioactive Material Information:</b>					
EQP					
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				
<b>Device/Associated Equipment Information:</b>					
EQP					
Device #:	1	Model Number:	SR-1AFD-6		
Device/Equipment	GAUGE FIXED	Serial Number:	65631		
Manufacturer:	OHMART CORP.	Problem with			
<b>Reporting Requirements:</b>					

Item Number: 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

## 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

03/01/1994

Discovery Date

03/01/1994

Report Date

03/01/1994

### Licensee / Reporting Party Information:

Agreement State Regulated: NO

License No: 13-18685-01

NRC Region Office: 3

Program Code: 03121

Docket: 03014041

Reciprocity:

NONE

Licensee:

ALT &amp; WITZIG ENGINEERING, INC.

City:

INDIANAPOLIS

State:

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: Y

Agreement State Reportable Event: N

Atomic Energy Act Material: Y

Consultant Hired: N

Abnormal Occurrence: N

Investigation:

NMED Record Complete: Y

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 #: 1

Contributing Factor: NOT REPORTED

Corrective Action: NOT REPORTED

### Source/Radioactive Material Information:

LAS

Source #: 1

Source/Material: SEALED SOURCE GAUGE

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:

Item Number:

941071  
09/10/2003

LAS

Source #: 2  
Source/Material: SEALED SOURCE GAUGE  
Manufacturer: NR  
Model Number: NR  
Serial Number: NR  
Device Name: GAUGE PORTABLE

Radionuclide: AM-BE  
Activity (Curies): 0.05  
Leak Test Results (uCi): NR  
Problem with Source:

**Device/Associated Equipment Information:**

LAS

Device #: 1  
Device/Equipment: GAUGE PORTABLE  
Manufacturer: BOART LONGYEAR CO.

Model Number: NR  
Serial Number: NR  
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 #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
9404060192	05/02/199	07/15/1994		MEH	LICENSEE REPORT
MR3940054	05/02/199	02/21/1996		MEH	MORNING REPORT
PN394012	07/15/199	07/15/1994		NS	PRELIMINARY NOTIFICATION

## 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  
12/07/1993

Discovery Date  
12/07/1993

Report Date  
12/08/1993

### Licensee / Reporting Party Information:

Agreement State Regulated: NO  
License No: 13-24645-01  
NRC Region Office: 3  
Program Code: 03122  
Docket: 03029050

Reciprocity: NONE  
Licensee: K&F INDUSTRIES, INC.  
City: INDIANAPOLIS  
State: 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: N  
Agreement State Reportable Event: N  
Atomic Energy Act Material: Y  
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

## Event Details

### 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.

Event Date  
11/22/1993

Discovery Date  
11/22/1993

Report Date  
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
Program Code:	NA	State:	IN
Docket:	NA	County:	MARION

### 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:	Y
Consultant Hired:	Y	Event Closed by Region/State:	

### Event Class:

LAS - LOST OR STOLEN  
Cause: NOT REPORTED

### Consultant Information:

Name:	Company:	Hired by:	Specialty:
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

## 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

11/10/1993

Discovery Date

11/10/1993

Report Date

11/10/1993

**Licensee / Reporting Party Information:**

Agreement State Regulated: NO  
License No: NON-LICENSEE  
NRC Region Office: 3  
Program Code: NA  
Docket: NA

Reciprocity:

NONE

Licensee:

OGDEN-MARTIN SYSTEMS, INC.

City:

INDIANAPOLIS

County:

MARION

State:

IN

**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  
Agreement State Reportable Event: N  
Atomic Energy Act Material: Y  
Consultant Hired: N

Abnormal Occurrence: N  
Investigation:  
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

## Event Details

### 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 / Reporting Party Information:

Agreement State Regulated:	NO	Reciprocity:	NONE
License No:	NR	Licensee:	CASTLETON PET & VETERINARY CLINIC
NRC Region Office:	3	City:	INDIANAPOLIS
Program Code:	NR	State:	IN
Docket:	NR	County:	MARION

### 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:	Y
Consultant Hired:	N	Event Closed by Region/State:	

### Event Class:

LAS - LOST OR STOLEN  
Cause: NOT REPORTED

### Keywords:

LAS  
Keyword: RECORD COMPLETE

### Reference Documents:

Reference #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
IN-93-001	03/10/199	09/23/1997		NB	AGREEMENT STATE EVENT REPORT



## 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

09/22/1993

Discovery Date

09/22/1993

Report Date

09/22/1993

**Licensee / Reporting Party Information:**

Agreement State Regulated: NO

Reciprocity:

NONE

License No: 13-18685-01

Licensee: ALT &amp; WITZIG ENGINEERING, INC.

NRC Region Office: 3

City: INDIANAPOLIS

County: MARION

Program Code: 03121

State: IN

Docket: 03014041

**Site of Event:**

Site Name: KIRKLIN

State: IN

**Additional Involved Party:**

License No: NA

City: NA

County:

Name: NA

State: NA

**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:

**Event Class:**

LAS - LOST OR STOLEN

Cause: STOLEN LICENSED MATERIAL, SECURITY MEASURES DEFEATED

**Contributing Factors/Corrective Actions Information:**

LAS

Factor #: 1

Contributing Factor: NOT REPORTED

Corrective Action: NA

**Source/Radioactive Material Information:**

LAS

Source #: 1

Radionuclide: AM-BE

Source/Material: SEALED SOURCE GAUGE

Activity (Curies): NR

Manufacturer: NR

Leak Test Results (uCi): NR

Model Number: NR

Problem with Source:

Serial Number: NR

Device Name: GAUGE PORTABLE

LAS

Source #: 2

Radionuclide: CS-137

Source/Material: SEALED SOURCE GAUGE

Activity (Curies): NR

Manufacturer: NR

Leak Test Results (uCi): NR

Model Number: NR

Problem with Source:

Serial Number: NR

Device Name: GAUGE PORTABLE

**Device/Associated Equipment Information:**

Item Number: 940015  
09/10/2003

LAS  
Device #: 1  
Device/Equipment GAUGE PORTABLE  
Manufacturer: BOART LONGYEAR CO.  
Model Number: MC-1  
Serial Number: M10039409  
Problem with

**Reporting Requirements:**

LAS  
Mode Reported: W  
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: 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 #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
9312020082	02/04/199	02/21/1996		LLB	LICENSEE REPORT

## 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:	13-02128-02	Licensee:	SAINT FRANCIS HOSPITAL AND HEALTH CENTER		
NRC Region Office:	3	City:	BEECH GROVE	County:	MARION
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		

### 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:

EQP - EQUIPMENT  
Cause: DEFECTIVE OR FAILED PARTS

### Contributing Factors/Corrective Actions Information:

EQP  
Factor #: 1  
Contributing Factor: NOT REPORTED  
Corrective Action: NOT REPORTED

### Source/Radioactive Material Information:

EQP			
Source #:	1	Radionuclide:	CO-60
Source/Material:	SEALED SOURCE TELETHERAPY	Activity (Curies):	8400
Manufacturer:	NR	Leak Test Results (uCi):	NR
Model Number:	NR	Problem with Source:	
Serial Number:	NR		
Device Name:	TELETHERAPY UNIT		

### Device/Associated Equipment Information:

EQP			
Device #:	1	Model Number:	C-9
Device/Equipment	TELETHERAPY UNIT	Serial Number:	NR
Manufacturer:	PICKER	Problem with	

Item Number: 940102  
09/10/2003

EQP  
Device #: 2  
Device/Equipment SOURCE RETRACTION MECHANISM  
Manufacturer: PICKER  
Model Number: NR  
Serial Number: 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: 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

## 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**

06/15/1993

**Discovery Date**

06/15/1993

**Report Date**

07/05/1993

**Licensee / Reporting Party Information:**

Agreement State Regulated: NO

License No: 13-26078-01

NRC Region Office: 3

Program Code: 03120

Docket: 03031370

Reciprocity:

NONE

Licensee:

BRIDGEPORT BRASS CORP.

City:

INDIANAPOLIS

County: MARION

State:

IN

**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

Agreement State Reportable Event: N

Atomic Energy Act Material: Y

Consultant Hired: N

Abnormal Occurrence: N

Investigation: Y

NMED Record Complete: Y

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: NOT REPORTED

**Source/Radioactive Material Information:**

EQP

Source #: 1

Source/Material: SEALED SOURCE GAUGE

Manufacturer: NR

Model Number: NR

Serial Number: NR

Device Name: GAUGE FIXED

Radionuclide: AM-241

Activity (Curies): 1

Leak Test Results (uCi): NR

Problem with Source:

**Device/Associated Equipment Information:**

EQP

Device #: 1

Device/Equipment: GAUGE FIXED

Manufacturer: NR

Model Number: NR

Serial Number: NR

Problem with

**Reporting Requirements:**

Item Number: 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:
9310200117	04/18/199	02/21/1996		DRL	NOTICE OF VIOLATION

## 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	Discovery Date	Report Date
11/13/1992	12/02/1992	12/03/1992

**Licensee / Reporting Party Information:**

Agreement State Regulated:	NO	Reciprocity:	NONE
License No:	13-02752-08	Licensee:	INDIANA UNIVERSITY SCHOOL OF MEDICINE
NRC Region Office:	3	City:	INDIANAPOLIS
Program Code:	02310	State:	IN
Docket:	03009792	County:	MARION

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

**Event Class:**

MD2 - MEDICAL EVENT  
Cause: REFERRING PHYSICIAN'S REQUEST MISUNDERSTOOD

**Contributing Factors/Corrective Actions Information:**

MD2  
Factor #: 1  
Contributing Factor: NOT REPORTED  
Corrective Action: PERSONNEL RECEIVED ADDITIONAL TRAINING

MD2  
Factor #: 2  
Contributing Factor: NOT REPORTED  
Corrective Action: NOT REPORTED  
MD2  
Factor #: 3  
Contributing Factor: NOT REPORTED  
Corrective Action: NOT REPORTED

**Medical Event Information:**

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

Given:		Intended:	
Procedure:	TELETHERAPY	Procedure:	TELETHERAPY
Dose in RAD:	600	Dose in RAD:	300
Organ:	BRAIN	Organ:	BRAIN
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	NA

**Demographics:**

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

**Source/Radioactive Material Information:**

MD2			
Source #:	1	Radionuclide:	CO-60
Source/Material:	SEALED SOURCE TELETHERAPY	Activity (Curies):	NR
Manufacturer:	NR	Leak Test Results (uCi):	NR
Model Number:	NR	Problem with Source:	
Serial Number:	NR		
Device Name:	TELETHERAPY UNIT		

**Device/Associated Equipment Information:**

MD2			
Device #:	1	Model Number:	6296
Device/Equipment	TELETHERAPY UNIT	Serial Number:	NR
Manufacturer:	PICKER	Problem with	

**Consultant Information:**

	Name:	Company:	Hired by:	Speciality:
MD2	FLYNN, D. F., MD	MASSACHUSETTS GENERAL	NRC	MEDICAL, M.D.

**Reporting Requirements:**

MD2  
Mode Reported: W  
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



Item Number: 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

## Event Details

### Abstract:

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:	NO	Reciprocity:	NONE
License No:	13-18685-01	Licensee:	ALT & WITZIG ENGINEERING, INC.
NRC Region Office:	3	City:	INDIANAPOLIS
Program Code:	03121	State:	IN
Docket:	03014041	County:	MARION

### 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	Investigation:	Y
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  
Factor #: 1  
Contributing Factor: NOT REPORTED  
Corrective Action: NOT REPORTED

### Source/Radioactive Material Information:

LAS			
Source #:	1	Radionuclide:	CS-137
Source/Material:	SEALED SOURCE GAUGE	Activity (Curies):	0.01
Manufacturer:	NR	Leak Test Results (uCi):	NR
Model Number:	NR	Problem with Source:	
Serial Number:	NR		
Device Name:	GAUGE PORTABLE		
LAS			
Source #:	2	Radionuclide:	CS-137
Source/Material:	SEALED SOURCE GAUGE	Activity (Curies):	0.01
Manufacturer:	NR	Leak Test Results (uCi):	NR
Model Number:	NR	Problem with Source:	
Serial Number:	NR		
Device Name:	GAUGE PORTABLE		

Item Number: 920889  
09/10/2003

LAS  
Source #: 3  
Source/Material: SEALED SOURCE GAUGE  
Manufacturer: NR  
Model Number: NR  
Serial Number: NR  
Device Name: GAUGE PORTABLE

Radionuclide: AM-BE  
Activity (Curies): 0.05  
Leak Test Results (uCi): NR  
Problem with Source:

LAS  
Source #: 4  
Source/Material: SEALED SOURCE GAUGE  
Manufacturer: NR  
Model Number: NR  
Serial Number: NR  
Device Name: GAUGE PORTABLE

Radionuclide: AM-BE  
Activity (Curies): 0.05  
Leak Test Results (uCi): NR  
Problem with Source:

LAS  
Source #: 5  
Source/Material: SEALED SOURCE GAUGE  
Manufacturer: NR  
Model Number: NR  
Serial Number: NR  
Device Name: GAUGE PORTABLE

Radionuclide: AM-BE  
Activity (Curies): 0.1  
Leak Test Results (uCi): NR  
Problem with Source:

**Device/Associated Equipment Information:**

LAS  
Device #: 1  
Device/Equipment: GAUGE PORTABLE  
Manufacturer: BOART LONGYEAR CO.

Model Number: NR  
Serial Number: NR  
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: 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: GAUGE PORTABLE  
Keyword: RECORD COMPLETE  
Keyword: SEALED SOURCE GAUGE

**Reference Documents:**

Reference #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
920526	12/07/199	05/23/1995		CDB	OLD ASSIGNED ITEM NUMBER
9210270099	12/07/199	02/21/1996		CDB	LICENSEE REPORT

## 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:	NO	Reciprocity:	NONE
License No:	13-02752-08	Licensee:	INDIANA UNIVERSITY SCHOOL OF MEDICINE
NRC Region Office:	3	City:	INDIANAPOLIS
Program Code:	02310	State:	IN
Docket:	03009792	County:	MARION

### 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	Investigation:	Y
Atomic Energy Act Material:	Y	NMED Record Complete:	Y
Consultant Hired:	N	Event Closed by Region/State:	

### Event Class:

EQP - EQUIPMENT  
Cause: DEFECTIVE OR FAILED PARTS

### Contributing Factors/Corrective Actions Information:

EQP  
Factor #: 1  
Contributing Factor: NOT REPORTED  
Corrective Action: REPAIRS MADE WITHOUT ENGINEERING CHANGE TO SYSTEM

### Source/Radioactive Material Information:

EQP			
Source #:	1	Radionuclide:	CO-60
Source/Material:	SEALED SOURCE BRACHYTHERAPY	Activity (Curies):	NR
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:

EQP			
Device #:	1	Model Number:	NR
Device/Equipment:	REMOTE AFTERLOADER HDR	Serial Number:	NR
Manufacturer:	THOMSON CGR MED./COT	Problem with	

Item Number: 920856  
09/10/2003

EQP  
Device #: 2  
Device/Equipment SOURCE RETRACTION MECHANISM  
Manufacturer: NR  
Model Number: NR  
Serial Number: NR  
Problem with

**Reporting Requirements:**

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: REMOTE AFTERLOADER HDR  
Keyword: SEALED SOURCE BRACHYTHERAPY  
Keyword: SOURCE RETRACTION MECHANISM

**Reference Documents:**

Reference #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
920276	12/07/199	01/16/1995		CDB	OLD ASSIGNED ITEM NUMBER
9209300168	12/07/199	01/16/1995		CDB	LICENSEE REPORT

## Event Details

### Abstract:

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  
08/19/1992

Discovery Date  
08/19/1992

Report Date  
09/23/1992

### Licensee / Reporting Party Information:

Agreement State Regulated:	NO	Reciprocity:	NONE	
License No:	13-17217-01	Licensee:	INDIANAPOLIS POWER & LIGHT CO.	
NRC Region Office:	3	City:	INDIANAPOLIS	County: MARION
Program Code:	03121	State:	IN	
Docket:	03012381			

### Site of Event:

Site Name: PETERSBURG  
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:	Y
Atomic Energy Act Material:	Y	NMED Record Complete:	Y
Consultant Hired:	N	Event Closed by Region/State:	

### Event Class:

OTH - OTHER  
Cause: NOT REPORTED

### Contributing Factors/Corrective Actions Information:

OTH  
Factor #: 1  
Contributing Factor: NOT REPORTED  
Corrective Action: NOT REPORTED

### Source/Radioactive Material Information:

OTH			
Source #:	1	Radionuclide:	CS-137
Source/Material:	SEALED SOURCE GAUGE	Activity (Curies):	0.2
Manufacturer:	NR	Leak Test Results (uCi):	NR
Model Number:	NR	Problem with Source:	
Serial Number:	NR		
Device Name:	GAUGE FIXED		
OTH			
Source #:	2	Radionuclide:	CS-137
Source/Material:	SEALED SOURCE GAUGE	Activity (Curies):	0.2
Manufacturer:	NR	Leak Test Results (uCi):	NR
Model Number:	NR	Problem with Source:	
Serial Number:	NR		
Device Name:	GAUGE FIXED		

Item Number:

920796  
09/10/2003

**Device/Associated Equipment Information:**

OTH

Device #: 1  
Device/Equipment GAUGE FIXED  
Manufacturer: TN TECHNOLOGY

Model Number: 5190  
Serial Number: NR  
Problem with

OTH

Device #: 2  
Device/Equipment GAUGE FIXED  
Manufacturer: TN TECHNOLOGY

Model Number: 5190  
Serial Number: NR  
Problem with

**Keywords:**

OTH

Keyword: RECORD COMPLETE

**Reference Documents:**

Reference #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
920513	12/07/199	01/17/1995		CDB	OLD ASSIGNED ITEM NUMBER
9210020226	12/07/199	02/21/1996		CDB	LICENSEE REPORT

## Event Details

### Abstract:

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

06/19/1992

Discovery Date

06/19/1992

Report Date

06/19/1992

### Licensee / Reporting Party Information:

Agreement State Regulated: NO

Reciprocity:

NONE

License No: 13-23425-01

Licensee:

HOWARD NEEDLES TAMMEN &amp; BERGENDOFF

NRC Region Office: 3

City:

INDIANAPOLIS

County: MARION

Program Code: 03121

State:

IN

Docket: 03031268

### 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

Investigation: Y

Atomic Energy Act Material: Y

NMED Record Complete: Y

Consultant Hired: N

Event Closed by Region/State:

### Event Class:

EQP - EQUIPMENT

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

### Contributing Factors/Corrective Actions Information:

EQP

Factor #: 1

Contributing Factor: NOT REPORTED

Corrective Action: NOT REPORTED

### Source/Radioactive Material Information:

EQP

Source #: 1

Radionuclide: AM-BE

Source/Material: SEALED SOURCE GAUGE

Activity (Curies): 0.04

Manufacturer: NR

Leak Test Results (uCi): NR

Model Number: NR

Problem with Source:

Serial Number: NR

Device Name: GAUGE PORTABLE

EQP

Source #: 2

Radionuclide: CS-137

Source/Material: SEALED SOURCE GAUGE

Activity (Curies): 0.008

Manufacturer: NR

Leak Test Results (uCi): NR

Model Number: NR

Problem with Source:

Serial Number: NR

Device Name: GAUGE PORTABLE



Item Number: 920597  
09/10/2003

**Device/Associated Equipment Information:**

EQP

Device #: 1

Device/Equipment GAUGE PORTABLE

Manufacturer: TROXLER

Model Number: 3440

Serial Number: NR

Problem with

**Reporting Requirements:**

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

Keyword: SEALED SOURCE GAUGE

**Reference Documents:**

Reference #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
920413	12/07/199	05/24/1995		CDB	OLD ASSIGNED ITEM NUMBER
307002	12/07/199	02/21/1996		CDB	LICENSEE REPORT

## Event Details

**Abstract:**

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

Event Date

05/07/1992

Discovery Date

05/07/1992

Report Date

05/21/1992

**Licensee / Reporting Party Information:**

Agreement State Regulated: NO

License No: 13-26369-01

NRC Region Office: 3

Program Code: 03111

Docket: 03032577

Reciprocity:

NONE

Licensee:

ATEC ASSOCIATES, INC.

City:

INDIANAPOLIS

State:

IN

County: MARION

**Site of Event:**

Site Name: NR

State: IN

**Additional Involved Party:**

License No: NA

Name: NA

City: NA

State: NA

County:

**Other Information:**

NRC Reportable Event: Y

Agreement State Reportable Event: N

Atomic Energy Act Material: Y

Consultant Hired: N

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

Factor #: 1

Contributing Factor: NOT REPORTED

Corrective Action: PROCEDURE MODIFIED

**Source/Radioactive Material Information:**

TRS

Source #: 1

Source/Material: SEALED SOURCE WELL LOGGING

Manufacturer: NR

Model Number: NR

Serial Number: NR

Device Name: WELL LOGGING TOOL

Radionuclide: NR

Activity (Curies): NR

Leak Test Results (uCi): NR

Problem with Source:

**Device/Associated Equipment Information:**

TRS

Device #: 1

Device/Equipment: WELL LOGGING TOOL

Manufacturer: NR

Model Number: NR

Serial Number: NR

Problem with

**Reporting Requirements:**

Item Number: 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 #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
920309	12/07/199	02/01/1995		CDB	OLD ASSIGNED ITEM NUMBER
9206010059	12/07/199	02/21/1996		CDB	LICENSEE REPORT

## Event Details

### Abstract:

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

04/07/1992

#### Discovery Date

04/07/1992

#### Report Date

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:	3	City:	INDIANAPOLIS	County: MARION
Program Code:	03121	State:	IN	
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:	N	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:	

### Event Class:

EXP - OVEREXPOSURE  
Cause: LOSS OF ADMINISTRATIVE CONTROL

### Contributing Factors/Corrective Actions Information:

EXP  
Factor #: 1  
Contributing Factor: IMPROPERLY FOLLOWED PROCEDURES  
Corrective Action: NOT REPORTED

### Overexposure Information:

Person ID Number:	Radiation Exposure Source:	Exposure Dose (REM):	Type of Dose:	Effect of Exposure:
1	SEALED SOURCE GAUGE	2.14	BADGE ONLY	

### Demographics:

Person ID No: 1  
Description: MALE

### Source/Radioactive Material Information:

EXP		
Source #:	1	Radionuclide: NR
Source/Material:	SEALED SOURCE GAUGE	Activity (Curies): NR
Manufacturer:	NR	Leak Test Results (uCi): NR
Model Number:	NR	Problem with Source:
Serial Number:	NR	
Device Name:	GAUGE PORTABLE	

Item Number:

920355  
09/10/2003

**Device/Associated Equipment Information:**

EXP

Device #: 1

Device/Equipment GAUGE PORTABLE

Manufacturer: NR

Model Number:

NR

Serial Number:

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:
920198	12/07/199	03/31/1995		CDB	OLD ASSIGNED ITEM NUMBER
9205040115	12/07/199	03/31/1995		CDB	INSPECTION REPORT

## Event Details

### Abstract:

THE LICENSEE REPORTED THE LOSS OF A NUCLECEL AIR GUN.

Event Date  
03/13/1992

Discovery Date  
03/13/1992

Report Date  
03/13/1992

### Licensee / Reporting Party Information:

Agreement State Regulated:	NO	Reciprocity:	NONE		
License No:	GENERAL LICENS	Licensee:	UNITED MEDICAL MANUFACTURING		
NRC Region Office:	3	City:	INDIANAPOLIS	County:	MARION
Program Code:	NR	State:	IN		
Docket:	NR				

### 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	Investigation:	Y
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: IMPROPERLY FOLLOWED PROCEDURES  
Corrective Action: NOT REPORTED

### Source/Radioactive Material Information:

Source #:	1	Radionuclide:	PO-210
Source/Material:	SEALED SOURCE IONIZING	Activity (Curies):	NR
Manufacturer:	NRD, INC.	Leak Test Results (uCi):	NR
Model Number:	P-001	Problem with Source:	
Serial Number:	NR		
Device Name:	STATIC ELIMINATOR		

### Device/Associated Equipment Information:

Device #:	1	Model Number:	P-2051
Device/Equipment	STATIC ELIMINATOR	Serial Number:	NR
Manufacturer:	NRD, INC.	Problem with	

### Reporting Requirements:

Item Number: 920258  
09/10/2003

LAS  
Mode Reported: W  
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 IONIZING

Keyword: STATIC ELIMINATOR

**Reference Documents:**

Reference #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
920130	12/07/199	03/17/1995		CDB	OLD ASSIGNED ITEM NUMBER
304004	12/07/199	03/17/1995		CDB	LICENSEE REPORT

## Event Details

### Abstract:

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

Discovery Date

02/29/1992

Report Date

03/02/1992

### 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

Docket: 03013245

### Site of Event:

Site Name: NOBLESVILLE

State: IN

### Additional Involved Party:

License No: NA

City: NA

County: HAMILTON

Name: NA

State: NA

### 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:

### Event Class:

LAS - LOST OR STOLEN

Cause: STOLEN LICENSED MATERIAL, SECURITY MEASURES DEFEATED

### Contributing Factors/Corrective Actions Information:

LAS

Factor #: 1

Contributing Factor: NOT REPORTED

Corrective Action: NOT REPORTED

### Source/Radioactive Material Information:

LAS

Source #: 1

Radionuclide: AM-BE

Source/Material: SEALED SOURCE GAUGE

Activity (Curies): 0.05

Manufacturer: NR

Leak Test Results (uCi): NR

Model Number: NR

Problem with Source:

Serial Number: NR

Device Name: GAUGE PORTABLE

LAS

Source #: 2

Radionuclide: CS-137

Source/Material: SEALED SOURCE GAUGE

Activity (Curies): 0.01

Manufacturer: NR

Leak Test Results (uCi): NR

Model Number: NR

Problem with Source:

Serial Number: NR

Device Name: GAUGE PORTABLE



Item Number: 920204  
09/10/2003

**Device/Associated Equipment Information:**

LAS  
Device #: 1 Model Number: NR  
Device/Equipment GAUGE PORTABLE Serial Number: NR  
Manufacturer: BOART LONGYEAR CO. 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: 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 #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
920252	12/07/199	03/10/1995		CDB	OLD ASSIGNED ITEM NUMBER
920075	12/07/199	03/10/1995		CDB	OLD ASSIGNED ITEM NUMBER
9203110080	12/07/199	02/21/1996		CDB	LICENSEE REPORT

## 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:	NO	Reciprocity:	NONE
License No:	13-18685-01	Licensee:	ALT & WITZIG ENGINEERING, INC.
NRC Region Office:	3	City:	INDIANAPOLIS
Program Code:	03121	State:	IN
Docket:	03014041	County:	MARION

### 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	Investigation:	Y
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  
Factor #: 1  
Contributing Factor: NOT REPORTED  
Corrective Action: NOT REPORTED

### Source/Radioactive Material Information:

LAS			
Source #:	1	Radionuclide:	AM-BE
Source/Material:	SEALED SOURCE GAUGE	Activity (Curies):	0.04
Manufacturer:	NR	Leak Test Results (uCi):	NR
Model Number:	NR	Problem with Source:	
Serial Number:	NR		
Device Name:	GAUGE PORTABLE		
LAS			
Source #:	2	Radionuclide:	CS-137
Source/Material:	SEALED SOURCE GAUGE	Activity (Curies):	0.0084
Manufacturer:	NR	Leak Test Results (uCi):	NR
Model Number:	NR	Problem with Source:	
Serial Number:	NR		
Device Name:	GAUGE PORTABLE		

Item Number: 920195  
09/10/2003

**Device/Associated Equipment Information:**

LAS  
Device #: 1  
Device/Equipment GAUGE PORTABLE  
Manufacturer: TROXLER  
Model Number: 3401  
Serial Number: NR  
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: 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 #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
920152	12/07/199	03/09/1995		CDB	OLD ASSIGNED ITEM NUMBER
920118	12/07/199	03/09/1995		CDB	OLD ASSIGNED ITEM NUMBER
9204280420	12/07/199	02/21/1996		CDB	LICENSEE REPORT

## 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	
Docket:	03012163			

### 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:	
Atomic Energy Act Material:	Y	NMED Record Complete:	Y
Consultant Hired:	N	Event Closed by Region/State:	

### Event Class:

MD2 - MEDICAL EVENT  
Cause: DIAGNOSTIC STUDY OR THERAPY REQUESTED FOR WRONG PATIENT

### Contributing Factors/Corrective Actions Information:

MD2  
Factor #: 1  
Contributing Factor: PATIENT CHART NOT CHECKED  
Corrective Action: PROCEDURE MODIFIED  
MD2  
Factor #: 2  
Contributing Factor: HEAVY WORKLOAD  
Corrective Action: NOT REPORTED

### Medical Event Information:

Item Number:

911304

09/10/2003

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

<b>Given:</b>		<b>Intended:</b>	
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:	22.2	Millicuries:	NR

<b>Administered By:</b>	<b>Family Dose (REM):</b>	<b>Newborn Dose (REM):</b>	<b>Fetal Dose (REM):</b>
NR	NR	NR	NR

**Source/Radioactive Material Information:**

MD2			
Source #:	1	Radionuclide:	TC-99M
Source/Material:	UNSEALED SOURCE RADIOPHARM	Activity (Curies):	0.0222
Manufacturer:	NR	Leak Test Results (uCi):	NA
Model Number:	NA	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:
910386	09/22/199	09/22/1994		CDB	OLD ASSIGNED ITEM NUMBER
9112160018	09/22/199	09/22/1994		CDB	NOTICE OF VIOLATION

## Event Details

### Abstract:

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:	NA	State:	NA		

### Other Information:

NRC Reportable Event:	N	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:	

### Event Class:

OTH - OTHER  
Cause: LOSS OF ADMINISTRATIVE CONTROL

### 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

## 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

10/01/1991

Discovery Date

10/01/1991

Report Date

12/13/1991

**Licensee / Reporting Party Information:**

Agreement State Regulated: NO

License No: 13-18685-01

NRC Region Office: 3

Program Code: 03121

Docket: 03014041

Reciprocity:

NONE

Licensee:

ALT &amp; WITZIG ENGINEERING, INC.

City:

INDIANAPOLIS

State:

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: U

Agreement State Reportable Event: N

Atomic Energy Act Material: Y

Consultant Hired: N

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 #: 1

Contributing Factor: NOT REPORTED

Corrective Action: NOT REPORTED

**Overexposure Information:**Person ID Radiation Exposure Source:  
Number:

1 SEALED SOURCE GAUGE

Exposure  
Dose (REM):

1.42

Type of Dose:

WHOLE BODY,  
OCCUPATIONAL

Effect of Exposure:

**Source/Radioactive Material Information:**

EXP

Source #: 1

Source/Material: SEALED SOURCE GAUGE

Manufacturer: NR

Model Number: NR

Serial Number: NR

Device Name: GAUGE PORTABLE

Radionuclide: NR

Activity (Curies): NR

Leak Test Results (uCi): NR

Problem with Source:

**Device/Associated Equipment Information:**

Item Number: 911104  
09/10/2003

EXP  
Device #: 1  
Device/Equipment GAUGE PORTABLE  
Manufacturer: NR

Model Number: NR  
Serial Number: 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		CDB	OLD ASSIGNED ITEM NUMBER
9112260329	09/22/199	07/24/1995		CDB	LICENSEE REPORT



## Event Details

### Abstract:

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

08/08/1991

Discovery Date

08/08/1991

Report Date

08/20/1991

### Licensee / Reporting Party Information:

Agreement State Regulated: NO

License No: 13-02752-03

NRC Region Office: 3

Program Code: 02110

Docket: 03001609

Reciprocity:

NONE

Licensee:

INDIANA UNIVERSITY AT INDIANAPOLIS

City:

INDIANAPOLIS

State:

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: N

Agreement State Reportable Event: N

Atomic Energy Act Material: Y

Consultant Hired: N

Abnormal Occurrence: N

Investigation: Y

NMED Record Complete: Y

Event Closed by Region/State:

### Event Class:

MD2 - MEDICAL EVENT

Cause: VIAL/VIAL SHIELD MISLABELED

### Contributing Factors/Corrective Actions Information:

MD2

Factor #: 1

Contributing Factor: NOT REPORTED

Corrective Action: IMPROVE RADIOACTIVE MATERIAL LABELING AND HANDLING

### Medical Event Information:

Patient Number: 1

Patient Informed: U

Date Informed:

% Overexposed: NA

% Underexposed: NA

Effect on Patient:

#### Given:

Procedure: RADIOPHARMACEUTICAL - D

Dose in RAD: NA

Organ: NA

Study: NR

Radiopharm.: DTPA (DIETHYLTRIAMINE-PENTAACE

Radionuclide: TC-99M

Millicuries: NR

#### Intended:

Procedure: RADIOPHARMACEUTICAL - D

Dose in RAD: NA

Organ: NA

Study: BONE DENSITY

Radiopharm.: MDP/MEDRONATE/OSTEOLITE

Radionuclide: TC-99M

Millicuries: NR

Administered By:

TECHNICIAN

Family Dose (REM):

NR

Newborn Dose (REM):

NR

Fetal Dose (REM):

NR

Item Number: 910910  
09/10/2003

**Source/Radioactive Material Information:**

MD2

Source #: 1  
Source/Material: UNSEALED SOURCE RADIOPHARM  
Manufacturer: NR  
Model Number: NA  
Serial Number: NA  
Device Name: NA

Radionuclide: TC-99M  
Activity (Curies): NR  
Leak Test Results (uCi): 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	09/22/199	06/30/1995		CDB	OLD ASSIGNED ITEM NUMBER
910208	09/22/199	06/30/1995		CDB	OLD ASSIGNED ITEM NUMBER

## Event Details

**Abstract:**

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

**Event Date**

06/06/1991

**Discovery Date**

06/06/1991

**Report Date**

07/24/1991

**Licensee / Reporting Party Information:**

Agreement State Regulated: NO

License No: 13-17732-01

NRC Region Office: 3

Program Code: 03121

Docket: 03013245

Reciprocity:

NONE

Licensee: ATEC ASSOCIATES, INC.

City: INDIANAPOLIS

State: IN

County: MARION

**Site of Event:**

Site Name: NR

State: IN

**Additional Involved Party:**

License No: NA

Name: NA

City: NA

State: NA

County:

**Other Information:**

NRC Reportable Event: Y

Agreement State Reportable Event: N

Atomic Energy Act Material: Y

Consultant Hired: N

Abnormal Occurrence: N

Investigation: Y

NMED Record Complete: Y

Event Closed by Region/State:

**Event Class:**

EQP - EQUIPMENT

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

**Contributing Factors/Corrective Actions Information:**

EQP

Factor #: 1

Contributing Factor: NOT REPORTED

Corrective Action: NOT REPORTED

**Source/Radioactive Material Information:**

EQP

Source #: 1

Source/Material: SEALED SOURCE GAUGE

Manufacturer: NR

Model Number: NR

Serial Number: NR

Device Name: GAUGE PORTABLE

EQP

Source #: 2

Source/Material: SEALED SOURCE GAUGE

Manufacturer: NR

Model Number: NR

Serial Number: NR

Device Name: GAUGE PORTABLE

Radionuclide: AM-BE

Activity (Curies): NR

Leak Test Results (uCi): NR

Problem with Source:

Radionuclide: CS-137

Activity (Curies): NR

Leak Test Results (uCi): NR

Problem with Source:

**Device/Associated Equipment Information:**

Item Number: 910660  
09/10/2003

EQP  
Device #: 1  
Device/Equipment GAUGE PORTABLE  
Manufacturer: CAMPBELL PACIFIC NUC  
Model Number: MC-1  
Serial Number: M19079008  
Problem with

**Reporting Requirements:**

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.

**Keywords:**

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

**Reference Documents:**

Reference #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
910176	09/22/199	05/16/1995		CDB	OLD ASSIGNED ITEM NUMBER
9108050279	09/22/199	02/21/1996		CDB	LICENSEE REPORT

## 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  
05/30/1991

Discovery Date  
05/30/1991

Report Date  
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:
Name:	NA	State:	NA	

### Other Information:

NRC Reportable Event:	N	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:	

### Event Class:

MD2 - MEDICAL EVENT  
Cause: WRONG SYRINGE SELECTED FROM DOSAGE CART

### Contributing Factors/Corrective Actions Information:

MD2  
Factor #: 1  
Contributing Factor: HEAVY WORKLOAD  
Corrective Action: NOT REPORTED

### Medical Event Information:

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

  

<b>Given:</b>		<b>Intended:</b>	
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

  

<b>Administered By:</b>	<b>Family Dose (REM):</b>	<b>Newborn Dose (REM):</b>	<b>Fetal Dose (REM):</b>
NR	NR	NR	NR

### Source/Radioactive Material Information:

Item Number:

910628  
09/10/2003

MD2

Source #: 1  
Source/Material: UNSEALED SOURCE RADIOPHARM  
Manufacturer: NR  
Model Number: NA  
Serial Number: NA  
Device Name: NA

Radionuclide: TC-99M  
Activity (Curies): 0.0462  
Leak Test Results (uCi): NA  
Problem with Source:

**Keywords:**

MD2

Keyword: RADIOPHARMACEUTICAL - D

Keyword: RECORD COMPLETE

**Reference Documents:**

Reference #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
910138	09/22/199	05/15/1995		CDB	OLD ASSIGNED ITEM NUMBER
9106180197	09/22/199	05/15/1995		CDB	NOTICE OF VIOLATION

## Event Details

**Abstract:**

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

Event Date  
04/23/1991Discovery Date  
04/23/1991Report Date  
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:	N	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:	

**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 #: 2

Contributing Factor: NOT REPORTED

Corrective Action: PERSONNEL REPRIMANDED

**Medical Event Information:**

Item Number:

910502

09/10/2003

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

Given:  
Procedure: RADIOPHARMACEUTICAL - D  
Dose in RAD: NA  
Organ: NA  
Study: BONE SCAN  
Radiopharm.: MDP/MEDRONATE/OSTEOLITE  
Radionuclide: TC-99M  
Millicuries: 20

Intended:  
Procedure: RADIOPHARMACEUTICAL - D  
Dose in RAD: NA  
Organ: NA  
Study: HEPATOBILIARY  
Radiopharm.: HIDA (N-(2,6-DIETHYLACETANILID  
Radionuclide: TC-99M  
Millicuries: 8.5

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

**Source/Radioactive Material Information:**

MD2

Source #: 1  
Source/Material: UNSEALED SOURCE RADIOPHARM  
Manufacturer: NR  
Model Number: NA  
Serial Number: NA  
Device Name: NA

Radionuclide: TC-99M  
Activity (Curies): 0.02  
Leak Test Results (uCi): NA  
Problem with Source:

**Keywords:**

MD2

Keyword: RADIOPHARMACEUTICAL - D  
Keyword: RECORD COMPLETE

**Reference Documents:**

Reference #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
910106	09/22/199	05/05/1995		CDB	OLD ASSIGNED ITEM NUMBER
9105140361	09/22/199	05/05/1995		CDB	NOTICE OF VIOLATION



## Event Details

**Abstract:**

CLERK VERBALLY REPORTED ORDERS ON WRONG PATIENT.

Event Date  
04/08/1991Discovery Date  
04/08/1991Report Date  
04/16/1991**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
Program Code:	02230	State:	IN
Docket:	03001579	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:	N	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:	

**Event Class:**

MD2 - MEDICAL EVENT

Cause: DIAGNOSTIC STUDY OR THERAPY REQUESTED FOR WRONG PATIENT

**Contributing Factors/Corrective Actions Information:**

MD2

Factor #: 1

Contributing Factor: NOT REPORTED

Corrective Action: NOT REPORTED

MD2

Factor #: 2

Contributing Factor: NOT REPORTED

Corrective Action: PERSONNEL RECEIVED ADDITIONAL TRAINING

MD2

Factor #: 3

Contributing Factor: NOT REPORTED

Corrective Action: PERSONNEL RECEIVE IMPROVED SUPERVISION

**Medical Event Information:**

Item Number:

910456  
09/10/2003

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

Given:		Intended:	
Procedure:	RADIOPHARMACEUTICAL - D	Procedure:	NA
Dose in RAD:	NA	Dose in RAD:	NA
Organ:	NA	Organ:	NA
Study:	NA	Study:	NA
Radiopharm.:	DTPA (DIETHYLTRIAMINE-PENTAACE	Radiopharm.:	NA
Radionuclide:	TC-99M	Radionuclide:	NA
Millicuries:	19.9	Millicuries:	NA
Administered By:	Family Dose (REM):	Newborn Dose (REM):	Fetal Dose (REM):
NR	NR	NR	NR

**Source/Radioactive Material Information:**

MD2

Source #:	1	Radionuclide:	TC-99M
Source/Material:	UNSEALED SOURCE RADIOPHARM	Activity (Curies):	0.0199
Manufacturer:	NR	Leak Test Results (uCi):	NA
Model Number:	NA	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:
910101	09/22/199	05/03/1995		CDB	OLD ASSIGNED ITEM NUMBER
9105090187	09/22/199	05/03/1995		CDB	NOTICE OF VIOLATION

## Event Details

**Abstract:**

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

Event Date  
04/02/1991Discovery Date  
04/02/1991Report Date  
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:**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:	Y
Atomic Energy Act Material:	Y	NMED Record Complete:	Y
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 #: 1

Contributing Factor: HEAVY WORKLOAD

Corrective Action: IMPROVE RADIOACTIVE MATERIAL LABELING AND HANDLING

**Medical Event Information:**

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

**Given:**

Procedure:	RADIOPHARMACEUTICAL - D
Dose in RAD:	NA
Organ:	NA
Study:	NR
Radiopharm.:	DTPA (DIETHYLTRIAMINE-PENTAACE
Radionuclide:	TC-99M
Millicuries:	20

**Intended:**

Procedure:	RADIOPHARMACEUTICAL - D
Dose in RAD:	NA
Organ:	NA
Study:	BONE DENSITY
Radiopharm.:	MDP/MEDRONATE/OSTEOLITE
Radionuclide:	TC-99M
Millicuries:	20

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

**Source/Radioactive Material Information:**

Item Number: 910428  
09/10/2003

MD2  
Source #: 1  
Source/Material: UNSEALED SOURCE RADIOPHARM  
Manufacturer: NR  
Model Number: NA  
Serial Number: NA  
Device Name: NA

Radionuclide: TC-99M  
Activity (Curies): 0.02  
Leak Test Results (uCi): NA  
Problem with Source:

**Keywords:**

MD2  
Keyword: RADIOPHARMACEUTICAL - D  
Keyword: RECORD COMPLETE

**Reference Documents:**

Reference #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
910087	09/22/199	05/01/1995		CDB	OLD ASSIGNED ITEM NUMBER
9105090333	09/22/199	05/01/1995		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**

03/08/1991

**Discovery Date**

03/08/1991

**Report Date**

04/08/1991

**Licensee / Reporting Party Information:**

Agreement State Regulated: NO

License No: 13-14817-01

NRC Region Office: 3

Program Code: 02120

Docket: 03008553

Reciprocity: NONE

Licensee: JOHNSON COUNTY MEMORIAL HOSPITAL

City: FRANKLIN

State: IN

County: JOHNSON

**Site of Event:**

Site Name: FRANKLIN

State: IN

**Additional Involved Party:**

License No: NA

Name: NA

City: NA

State: NA

County: JOHNSON

**Other Information:**

NRC Reportable Event: N

Agreement State Reportable Event: N

Atomic Energy Act Material: Y

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

Contributing Factor: PERSONNEL ERROR

Corrective Action: NOT REPORTED

**Medical Event Information:**

Patient Number: 1

Patient Informed: U

Date Informed:

% Overexposed: 123

% Underexposed: NA

Effect on Patient:

**Given:**

Procedure: RADIOPHARMACEUTICAL - D

Dose in RAD: NA

Organ: NA

Study: NR

Radiopharm.: GAS

Radionuclide: XE-133

Millicuries: 67

**Intended:**

Procedure: RADIOPHARMACEUTICAL - D

Dose in RAD: NA

Organ: NA

Study: NR

Radiopharm.: GAS

Radionuclide: XE-133

Millicuries: 30

Administered By: Family Dose (REM):

NR NR

Newborn Dose (REM):

NR

Fetal Dose (REM):

NR

**Source/Radioactive Material Information:**

Item Number: 910345  
09/10/2003

MD2

Source #: 1  
Source/Material: UNSEALED SOURCE RADIOPHARM  
Manufacturer: NR  
Model Number: NA  
Serial Number: NA  
Device Name: NA

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

**Keywords:**

MD2

Keyword: RADIOPHARMACEUTICAL - D

Keyword: RECORD COMPLETE

**Reference Documents:**

Reference #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
910088	09/22/199	04/28/1995		CDB	OLD ASSIGNED ITEM NUMBER
9105030030	09/22/199	04/28/1995		CDB	NOTICE OF VIOLATION

## 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:	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:	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:	

### Event Class:

EXP - OVEREXPOSURE  
Cause: NOT REPORTED

### Contributing Factors/Corrective Actions Information:

EXP  
Factor #: 1  
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:
1	UNSEALED SOURCE RADIOPHARM	NR	INTERNAL (CEDE), OCCUPATIONAL	

### Source/Radioactive Material Information:

EXP			
Source #:	1	Radionuclide:	I-131
Source/Material:	UNSEALED SOURCE RADIOPHARM	Activity (Curies):	NR
Manufacturer:	NR	Leak Test Results (uCi):	NA
Model Number:	NR	Problem with Source:	
Serial Number:	NR		
Device Name:	NA		

### Reporting Requirements:

Item Number:

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	09/22/199	09/04/1997		CDB	OLD ASSIGNED ITEM NUMBER
303001	09/22/199	09/04/1997		CDB	LICENSEE REPORT



## Event Details

**Abstract:**

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

License No: 13-17732-01

Licensee:

ATEC ASSOCIATES, INC.

NRC Region Office: 3

City:

INDIANAPOLIS

County: MARION

Program Code: 03121

State:

IN

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: 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:

**Event Class:**

LAS - LOST OR STOLEN

Cause: STOLEN LICENSED MATERIAL, SECURITY MEASURES DEFEATED

**Contributing Factors/Corrective Actions Information:**

LAS

Factor #: 1

Contributing Factor: NOT REPORTED

Corrective Action: NOT REPORTED

**Source/Radioactive Material Information:**

LAS

Source #: 1

Radionuclide: AM-BE

Source/Material: SEALED SOURCE GAUGE

Activity (Curies): NR

Manufacturer: NR

Leak Test Results (uCi): NR

Model Number: NR

Problem with Source:

Serial Number: NR

Device Name: GAUGE PORTABLE

LAS

Source #: 2

Radionuclide: CS-137

Source/Material: SEALED SOURCE GAUGE

Activity (Curies): NR

Manufacturer: NR

Leak Test Results (uCi): NR

Model Number: NR

Problem with Source:

Serial Number: NR

Device Name: GAUGE PORTABLE

**Device/Associated Equipment Information:**

Item Number: 910192  
09/10/2003

LAS  
Device #: 1  
Device/Equipment GAUGE PORTABLE  
Manufacturer: BOART LONGYEAR CO.  
Model Number: NR  
Serial Number: NR  
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: 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 #:	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

## Event Details

**Abstract:**Event Date  
12/21/1990Discovery Date  
12/21/1990Report Date  
12/21/1990**Licensee / Reporting Party Information:**Agreement State Regulated: NO  
License No: 13-06009-01  
NRC Region Office: 3  
Program Code: 02230  
Docket: 03001625Reciprocity: NONE  
Licensee: COMMUNITY HOSPITALS OF INDIANA  
City: INDIANAPOLIS  
State: IN  
County: MARION**Site of Event:**Site Name: NR  
State: IN**Additional Involved Party:**License No: NA  
Name: NA  
City: NA  
State: NA  
County:**Other Information:**NRC Reportable Event: N  
Agreement State Reportable Event: N  
Atomic Energy Act Material: Y  
Consultant Hired: N  
Abnormal Occurrence: N  
Investigation:  
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 #: 2  
Contributing Factor: HEAVY WORKLOAD  
Corrective Action: NOT REPORTED**Medical Event Information:**

Item Number:

900764  
09/10/2003

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

**Given:**

Procedure: RADIOPHARMACEUTICAL - D  
Dose in RAD: NA  
Organ: NA  
Study: LIVER  
Radiopharm.: SULFUR COLLOID  
Radionuclide: TC-99M  
Millicuries: 6.9

**Intended:**

Procedure: RADIOPHARMACEUTICAL - D  
Dose in RAD: NA  
Organ: NA  
Study: LUNG AEROSOL  
Radiopharm.: MAA/PULMOLITE  
Radionuclide: TC-99M  
Millicuries: 5.2

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

**Source/Radioactive Material Information:**

MD2

Source #: 1  
Source/Material: UNSEALED SOURCE RADIOPHARM  
Manufacturer: NR  
Model Number: NA  
Serial Number: NA  
Device Name: NA

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

**Keywords:**

MD2

Keyword: RADIOPHARMACEUTICAL - D  
Keyword: RECORD COMPLETE

**Reference Documents:**

Reference #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
910021	08/19/199	06/27/1995		CDB	OLD ASSIGNED ITEM NUMBER
900346	08/19/199	06/27/1995		CDB	OLD ASSIGNED ITEM NUMBER
9101140018	08/19/199	06/27/1995		CDB	NOTICE OF VIOLATION

## Event Details

**Abstract:**

FAILURE TO CHECK DOSE LABEL.

Event Date  
12/20/1990Discovery Date  
12/20/1990Report Date  
12/26/1990**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:**Site Name: NR  
State: IN**Additional Involved Party:**License No: NA  
Name: NA  
City: NA  
State: 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: HEAVY WORKLOAD  
Corrective Action: NOT REPORTED

MD2

Factor #: 2  
Contributing Factor: NOT REPORTED  
Corrective Action: NOT REPORTED**Medical Event Information:**

Item Number:

900761  
09/10/2003

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:	MUGA SCAN	Study:	BONE DENSITY
Radiopharm.:	SPERT/PERT (SODIUM PERTECHNETA	Radiopharm.:	MDP/MEDRONATE/OSTEOLITE
Radionuclide:	TC-99M	Radionuclide:	TC-99M
Millicuries:	20	Millicuries:	20

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

**Source/Radioactive Material Information:**

MD2

Source #:	1	Radionuclide:	TC-99M
Source/Material:	UNSEALED SOURCE RADIOPHARM	Activity (Curies):	0.02
Manufacturer:	NR	Leak Test Results (uCi):	NA
Model Number:	NA	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:
910029	08/19/199	06/27/1995		CDB	OLD ASSIGNED ITEM NUMBER
900344	08/19/199	06/27/1995		CDB	OLD ASSIGNED ITEM NUMBER
9101110283	08/19/199	06/27/1995		CDB	NOTICE OF VIOLATION

## Event Details

### Abstract:

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

<b>Event Date</b>	<b>Discovery Date</b>	<b>Report Date</b>
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:	3	City:	INDIANAPOLIS	County: MARION
Program Code:	03121	State:	IN	
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:	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:	

### Event Class:

EXP - OVEREXPOSURE  
Cause: LOSS OF ADMINISTRATIVE CONTROL

### Contributing Factors/Corrective Actions Information:

EXP  
Factor #: 1  
Contributing Factor: IMPROPERLY FOLLOWED PROCEDURES  
Corrective Action: NOT REPORTED

### Overexposure Information:

Person ID Number:	Radiation Exposure Source:	Exposure Dose (REM):	Type of Dose:	Effect of Exposure:
1	SEALED SOURCE OTHER	2.140	WHOLE BODY, OCCUPATIONAL	

### Demographics:

Person ID No: 1  
Description: NOT REPORTED

### Source/Radioactive Material Information:

EXP		
Source #:	1	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:

Item Number:

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 #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
920122	08/19/199	07/05/1995		CDB	OLD ASSIGNED ITEM NUMBER
9204070153	08/19/199	07/05/1995		CDB	INSPECTION REPORT



## Event Details

### Abstract:

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

11/29/1990

#### Discovery Date

11/29/1990

#### Report Date

11/29/1990

### 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		
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:	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:	

### Event Class:

EQP - EQUIPMENT

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

TRS - TRANSPORTATION

Cause: LOSS OF ADMINISTRATIVE CONTROL

### Contributing Factors/Corrective Actions Information:

TRS

Factor #: 1

Contributing Factor: IMPROPERLY FOLLOWED PROCEDURES

Corrective Action: NOT REPORTED

### Source/Radioactive Material Information:

EQP

Source #:	1	Radionuclide:	AM-BE
Source/Material:	SEALED SOURCE GAUGE	Activity (Curies):	NR
Manufacturer:	NR	Leak Test Results (uCi):	NR
Model Number:	NR	Problem with Source:	
Serial Number:	NR		
Device Name:	GAUGE PORTABLE		

EQP

Source #:	2	Radionuclide:	CS-137
Source/Material:	SEALED SOURCE GAUGE	Activity (Curies):	NR
Manufacturer:	NR	Leak Test Results (uCi):	NR
Model Number:	NR	Problem with Source:	
Serial Number:	NR		
Device Name:	GAUGE PORTABLE		

Item Number: 900700  
09/10/2003

**Device/Associated Equipment Information:**

EQP

Device #: 1  
Device/Equipment GAUGE PORTABLE  
Manufacturer: NR

Model Number: NR  
Serial Number: NR  
Problem with

**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.

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 #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
900311	08/19/199	07/05/1995		CDB	OLD ASSIGNED ITEM NUMBER
NR	08/19/199	02/21/1996		CDB	DAILY REPORT

## 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  
10/19/1990

Discovery Date  
10/19/1990

Report Date  
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:	INDIANAPOLIS	County: MARION
Program Code:	02201	State:	IN	
Docket:	03018523			

**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:	Y
Atomic Energy Act Material:	Y	NMED Record Complete:	Y
Consultant Hired:	N	Event Closed by Region/State:	

**Event Class:**

MD2 - MEDICAL EVENT  
Cause: WRONG PATIENT SELECTED

**Contributing Factors/Corrective Actions Information:**

MD2  
Factor #: 1  
Contributing Factor: PERSONNEL ERROR  
Corrective Action: NOT REPORTED  
MD2  
Factor #: 2  
Contributing Factor: PATIENT CHART NOT CHECKED  
Corrective Action: NOT REPORTED

**Medical Event Information:**

Item Number:

900619  
09/10/2003

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

**Given:**

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

**Intended:**

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

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

**Source/Radioactive Material Information:**

MD2

Source #: 1  
Source/Material: UNSEALED SOURCE RADIOPHARM  
Manufacturer: NR  
Model Number: NA  
Serial Number: NA  
Device Name: NA

Radionuclide: TC-99M  
Activity (Curies): 0.0186  
Leak Test Results (uCi): NA  
Problem with Source:

**Keywords:**

MD2

Keyword: BRAIN

Keyword: RADIOPHARMACEUTICAL - D

Keyword: RECORD COMPLETE

**Reference Documents:**

Reference #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
900316	08/19/199	08/28/1995		CDB	OLD ASSIGNED ITEM NUMBER
900297	08/19/199	08/28/1995		CDB	OLD ASSIGNED ITEM NUMBER
9011190060	08/19/199	08/28/1995		CDB	NOTICE OF VIOLATION

## Event Details

### Abstract:

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	
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:	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:	

### Event Class:

LAS - LOST OR STOLEN  
Cause: STOLEN LICENSED MATERIAL, SECURITY MEASURES DEFEATED

### Contributing Factors/Corrective Actions Information:

LAS  
Factor #: 1  
Contributing Factor: NOT REPORTED  
Corrective Action: NOT REPORTED

### Source/Radioactive Material Information:

LAS			
Source #:	1	Radionuclide:	AM-BE
Source/Material:	SEALED SOURCE GAUGE	Activity (Curies):	0.04
Manufacturer:	NR	Leak Test Results (uCi):	NR
Model Number:	NR	Problem with Source:	
Serial Number:	NR		
Device Name:	GAUGE PORTABLE		
LAS			
Source #:	2	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:

Item Number: 900565  
09/10/2003

LAS  
Device #: 1  
Device/Equipment GAUGE PORTABLE  
Manufacturer: TROXLER  
Model Number: 3411-B  
Serial Number: NR  
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: 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: 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	06/28/1995		CDB	OLD ASSIGNED ITEM NUMBER
9010300345	08/19/199	02/21/1996		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
Program Code:	NR	State:	IN
Docket:	03012208	County:	MARION

### 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	Investigation:	Y
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 #: 1  
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 RADIOGRAPHY	111	EXTREMITY, OCCUPATIONAL	

### Demographics:

Person ID No:	Description:
1	NOT REPORTED
1	MALE

### Source/Radioactive Material Information:

Item Number: 900538  
09/10/2003

EXP  
Source #: 1  
Source/Material: SEALED SOURCE RADIOGRAPHY  
Manufacturer: NR  
Model Number: NR  
Serial Number: NR  
Device Name: CAMERA, RADIOGRAPHY  
Radionuclide: IR-192  
Activity (Curies): 105  
Leak Test Results (uCi): NR  
Problem with Source:

**Device/Associated Equipment Information:**

EXP  
Device #: 1  
Device/Equipment: CAMERA, RADIOGRAPHY  
Manufacturer: NR  
Model Number: NR  
Serial Number: NR  
Problem with  
EXP  
Device #: 2  
Device/Equipment: SOURCE GUIDE TUBE, OTHER  
Manufacturer: NR  
Model Number: NR  
Serial Number: NR  
Problem with

**Reporting Requirements:**

EXP  
Mode Reported: T  
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 #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
900320	08/19/199	09/08/1997		CDB	OLD ASSIGNED ITEM NUMBER
9011010067	08/19/199	09/08/1997		CDB	LICENSEE REPORT



## Event Details

**Abstract:**Event Date  
09/06/1990Discovery Date  
09/06/1990Report Date  
09/12/1990**Licensee / Reporting Party Information:**Agreement State Regulated: NO  
License No: 13-06009-01  
NRC Region Office: 3  
Program Code: 02230  
Docket: 03001625Reciprocity: NONE  
Licensee: COMMUNITY HOSPITALS OF INDIANA  
City: INDIANAPOLIS  
State: IN  
County: MARION**Site of Event:**Site Name: NR  
State: IN**Additional Involved Party:**License No: NA  
Name: NA  
City: NA  
State: NA  
County:**Other Information:**NRC Reportable Event: N  
Agreement State Reportable Event: N  
Atomic Energy Act Material: Y  
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: HEAVY WORKLOAD  
Corrective Action: NOT REPORTED

MD2

Factor #: 2  
Contributing Factor: NOT REPORTED  
Corrective Action: IMPROVED PATIENT IDENTIFICATION VERIFICATION**Medical Event Information:**

Item Number:

900530  
09/10/2003

Patient Number: 1                      % Overexposed: NR  
Patient Informed: U                    % Underexposed: NR  
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:	21.7	Millicuries:	NR

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

**Source/Radioactive Material Information:**

MD2			
Source #:	1	Radionuclide:	TC-99M
Source/Material:	UNSEALED SOURCE RADIOPHARM	Activity (Curies):	0.0217
Manufacturer:	NR	Leak Test Results (uCi):	NA
Model Number:	NA	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:
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  
09/05/1990

Discovery Date  
09/05/1990

Report Date  
09/05/1990

### 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
Program Code:	02230	State:	IN
Docket:	03001579	County:	MARION

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

#### Given:

Procedure: RADIOPHARMACEUTICAL - D  
Dose in RAD: NA  
Organ: NA  
Study: BONE SCAN  
Radiopharm.: MDP/MEDRONATE/OSTEOLITE  
Radionuclide: TC-99M  
Millicuries: 25

#### Intended:

Procedure: RADIOPHARMACEUTICAL - D  
Dose in RAD: NA  
Organ: NA  
Study: BONE DENSITY  
Radiopharm.: MDP/MEDRONATE/OSTEOLITE  
Radionuclide: TC-99M  
Millicuries: 25

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

### Source/Radioactive Material Information:

Item Number:

900526  
09/10/2003

MD2

Source #: 1  
Source/Material: UNSEALED SOURCE RADIOPHARM  
Manufacturer: NR  
Model Number: NA  
Serial Number: NA  
Device Name: NA

Radionuclide: TC-99M  
Activity (Curies): 0.025  
Leak Test Results (uCi): NA  
Problem with Source:

**Keywords:**

MD2

Keyword: RADIOPHARMACEUTICAL - D

Keyword: RECORD COMPLETE

**Reference Documents:**

Reference #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
900234	08/19/199	06/22/1995		CDB	OLD ASSIGNED ITEM NUMBER
9009270176	08/19/199	06/22/1995		CDB	NOTICE OF VIOLATION

## Event Details

### Abstract:

NEW COMPUTER SYSTEM. REWODED COMPUTER REQUISITION.

Event Date

08/31/1990

Discovery Date

08/31/1990

Report Date

09/10/1990

### Licensee / Reporting Party Information:

Agreement State Regulated: NO

License No: 13-16286-01

NRC Region Office: 3

Program Code: 02120

Docket: 03010729

Reciprocity:

NONE

Licensee:

RIVERVIEW HOSPITAL

City:

NOBLESVILLE

State:

IN

County:

HAMILTON

### Site of Event:

Site Name: NR

State: IN

### Additional Involved Party:

License No: NA

Name: NA

City: NA

State: NA

County:

### Other Information:

NRC Reportable Event: N

Agreement State Reportable Event: N

Atomic Energy Act Material: Y

Consultant Hired: N

Abnormal Occurrence: N

Investigation: N

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

Patient Informed: U

Date Informed:

% Overexposed: NA

% Underexposed: NA

Effect on Patient:

#### Given:

Procedure: RADIOPHARMACEUTICAL - D

Dose in RAD: NA

Organ: NA

Study: GALLBLADDER

Radiopharm.: MEBROFENIN/CHOLETECH

Radionuclide: TC-99M

Millicuries: 8

#### Intended:

Procedure: RADIOPHARMACEUTICAL - D

Dose in RAD: NA

Organ: NA

Study: CARDIAC MUGA

Radiopharm.: SPERT/PERT (SODIUM PERTECHNETA

Radionuclide: TC-99M

Millicuries: 10

Administered By: Family Dose (REM):

NR NR

Newborn Dose (REM):

NR

Fetal Dose (REM):

NR

### Source/Radioactive Material Information:

Item Number: 900524  
09/10/2003

MD2  
Source #: 1  
Source/Material: UNSEALED SOURCE RADIOPHARM  
Manufacturer: NR  
Model Number: NA  
Serial Number: NA  
Device Name: NA

Radionuclide: TC-99M  
Activity (Curies): 0.008  
Leak Test Results (uCi): 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	08/19/199	06/22/1995		CDB	OLD ASSIGNED ITEM NUMBER
9009280167	08/19/199	06/22/1995		CDB	NOTICE OF VIOLATION

## Event Details

**Abstract:**Event Date  
07/18/1990Discovery Date  
07/18/1990Report Date  
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		
Docket:	03001603				

**Site of Event:**Site Name: NR  
State: IN**Additional Involved Party:**License No: NA  
Name: NA  
City: NA  
State: 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 #: 2  
Contributing Factor: HEAVY WORKLOAD  
Corrective Action: PERSONNEL RECEIVED ADDITIONAL TRAINING**Medical Event Information:**

Item Number:

900443  
09/10/2003

Patient Number: 1                      % Overexposed: NR  
Patient Informed: U                    % Underexposed: NR  
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):	Fetal Dose (REM):
NR	NR	NR	NR

**Source/Radioactive Material Information:**

MD2			
Source #:	1	Radionuclide:	TC-99M
Source/Material:	UNSEALED SOURCE RADIOPHARM	Activity (Curies):	0.0213
Manufacturer:	NR	Leak Test Results (uCi):	NA
Model Number:	NA	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:
900274	08/19/199	06/22/1995		CDB	OLD ASSIGNED ITEM NUMBER
9008100178	08/19/199	06/22/1995		CDB	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:**

Agreement State Regulated:	NO	Reciprocity:	NONE
License No:	13-00133-02	Licensee:	SAINT VINCENT HOSPITAL & HEALTH CARE
NRC Region Office:	3	City:	INDIANAPOLIS
Program Code:	02230	State:	IN
Docket:	03001579	County:	MARION

**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:	
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: PERSONNEL REPRIMANDED

**Medical Event Information:**

Patient Number:	1	% Overexposed:	NA
Patient Informed:	U	% Underexposed:	NA
Date Informed:		Effect on Patient:	
<b>Given:</b>		<b>Intended:</b>	
Procedure:	RADIOPHARMACEUTICAL - D	Procedure:	RADIOPHARMACEUTICAL - D
Dose in RAD:	NA	Dose in RAD:	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
<b>Administered By:</b>		<b>Fetal Dose (REM):</b>	
Family Dose (REM):	NR	Newborn Dose (REM):	NR

**Source/Radioactive Material Information:**

MD2

Source #: 1  
Source/Material: UNSEALED SOURCE RADIOPHARM  
Manufacturer: NR  
Model Number: NA  
Serial Number: NA  
Device Name: NA

Item Number:

900418  
09/10/2003

Radionuclide: TC-99M  
Activity (Curies): 0.02  
Leak Test Results (uCi): NA  
Problem with Source:

**Keywords:**

MD2

Keyword: RADIOPHARMACEUTICAL - D

Keyword: RECORD COMPLETE

**Reference Documents:**

Reference #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
900235	08/19/199	06/22/1995		CDB	OLD ASSIGNED ITEM NUMBER
9009260062	08/19/199	06/22/1995		CDB	NOTICE OF VIOLATION

## Event Details

**Abstract:**

CALL SYNCOR TO REPORT PROBLEM.

Event Date  
06/29/1990Discovery Date  
06/29/1990Report Date  
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  
Name: NA  
City: NA  
State: 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**Medical Event Information:**

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

**Given:**Procedure: RADIOPHARMACEUTICAL - D  
Dose in RAD: NA  
Organ: NA  
Study: NR  
Radiopharm.: NR  
Radionuclide: TC-99M  
Millicuries: 21**Intended:**Procedure: RADIOPHARMACEUTICAL - D  
Dose in RAD: NA  
Organ: NA  
Study: BONE DENSITY  
Radiopharm.: MDP/MEDRONATE/OSTEOLITE  
Radionuclide: TC-99M  
Millicuries: 21

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

**Source/Radioactive Material Information:**

Item Number:

900404  
09/10/2003

MD2

Source #: 1  
Source/Material: UNSEALED SOURCE RADIOPHARM  
Manufacturer: NR  
Model Number: NA  
Serial Number: NA  
Device Name: NA

Radionuclide: TC-99M  
Activity (Curies): 0.021  
Leak Test Results (uCi): NA  
Problem with Source:

**Keywords:**

MD2

Keyword: RADIOPHARMACEUTICAL - D

Keyword: RECORD COMPLETE

**Reference Documents:**

Reference #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
900228	08/19/199	06/21/1995		CDB	OLD ASSIGNED ITEM NUMBER
9007200022	08/19/199	06/21/1995		CDB	NOTICE OF VIOLATION

## Event Details

**Abstract:**Event Date  
06/27/1990Discovery Date  
06/27/1990Report Date  
07/06/1990**Licensee / Reporting Party Information:**Agreement State Regulated: NO  
License No: 13-02752-03  
NRC Region Office: 3  
Program Code: 02110  
Docket: 03001609Reciprocity: NONE  
Licensee: INDIANA UNIVERSITY AT INDIANAPOLIS  
City: INDIANAPOLIS  
State: IN  
County: MARION**Site of Event:**Site Name: NR  
State: IN**Additional Involved Party:**License No: NA  
Name: NA  
City: NA  
State: NA  
County:**Other Information:**NRC Reportable Event: N  
Agreement State Reportable Event: N  
Atomic Energy Act Material: Y  
Consultant Hired: N  
Abnormal Occurrence: N  
Investigation:  
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 #: 2  
Contributing Factor: HEAVY WORKLOAD  
Corrective Action: PERSONNEL RECEIVED ADDITIONAL TRAINING**Medical Event Information:**

Item Number:

900399  
09/10/2003

Patient Number: 1                      % Overexposed: 52  
Patient Informed: U                    % Underexposed: NA  
Date Informed:                        Effect on Patient: -

**Given:**

Procedure: RADIOPHARMACEUTICAL - D  
Dose in RAD: NA  
Organ: NA  
Study: BONE SCAN  
Radiopharm.: MDP/MEDRONATE/OSTEOLITE  
Radionuclide: TC-99M  
Millicuries: 30.3

**Intended:**

Procedure: RADIOPHARMACEUTICAL - D  
Dose in RAD: NA  
Organ: NA  
Study: BONE DENSITY  
Radiopharm.: MDP/MEDRONATE/OSTEOLITE  
Radionuclide: TC-99M  
Millicuries: 20

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

**Source/Radioactive Material Information:**

MD2

Source #: 1  
Source/Material: UNSEALED SOURCE RADIOPHARM  
Manufacturer: NR  
Model Number: NA  
Serial Number: NA  
Device Name: NA

Radionuclide: TC-99M  
Activity (Curies): 0.0303  
Leak Test Results (uCi): NA  
Problem with Source:

**Keywords:**

MD2

Keyword: RADIOPHARMACEUTICAL - D

Keyword: RECORD COMPLETE

**Reference Documents:**

Reference #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
900215	08/19/199	06/21/1995		CDB	OLD ASSIGNED ITEM NUMBER
9007200044	08/19/199	06/21/1995		CDB	NOTICE OF VIOLATION

## 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

**Discovery Date**

05/07/1990

**Report Date**

05/14/1990

**Licensee / Reporting Party Information:**

Agreement State Regulated: NO

Reciprocity:

NONE

License No: 13-02752-08

Licensee:

INDIANA UNIVERSITY SCHOOL OF MEDICINE

NRC Region Office: 3

City:

INDIANAPOLIS

County: MARION

Program Code: 02310

State:

IN

Docket:

03009792

**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

Investigation:

Y

Atomic Energy Act Material: Y

NMED Record Complete:

Y

Consultant Hired: N

Event Closed by Region/State:

**Event Class:**

MD2 - MEDICAL EVENT

Cause: INCORRECT DATA USED IN THERAPY DOSE PLANNING

**Contributing Factors/Corrective Actions Information:**

MD2

Factor #: 1

Contributing Factor: NOT REPORTED

Corrective Action: PERSONNEL RECEIVED ADDITIONAL TRAINING

MD2

Factor #: 2

Contributing Factor: ID BRACELET NOT CHECKED

Corrective Action: NOT REPORTED

MD2

Factor #: 3

Contributing Factor: NOT REPORTED

Corrective Action: NOT REPORTED

**Medical Event Information:**

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

**Demographics:**

Person ID No: Description:  
1 NOT REPORTED

**Source/Radioactive Material Information:**

MD2			
Source #:	1	Radionuclide:	CO-60
Source/Material:	SEALED SOURCE TELETHERAPY	Activity (Curies):	NR
Manufacturer:	NR	Leak Test Results (uCi):	NR
Model Number:	NR	Problem with Source:	
Serial Number:	NR		
Device Name:	TELETHERAPY UNIT		

**Device/Associated Equipment Information:**

MD2			
Device #:	1	Model Number:	NR
Device/Equipment	TELETHERAPY UNIT	Serial Number:	NR
Manufacturer:	NR	Problem with	

**Reporting Requirements:**

MD2  
Mode Reported: T  
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 #:	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



## Event Details

**Abstract:**

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**

01/03/1990

**Discovery Date**

01/03/1990

**Report Date**

01/05/1990

**Licensee / Reporting Party Information:**

Agreement State Regulated: NO

License No: 13-00694-03

NRC Region Office: 3

Program Code: 02110

Docket: 03001583

Reciprocity:

NONE

Licensee:

V.A. MEDICAL CENTER

City:

INDIANAPOLIS

State:

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: N

Agreement State Reportable Event: N

Atomic Energy Act Material: Y

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: PERSONNEL RECEIVED ADDITIONAL TRAINING

MD2

Factor #: 2

Contributing Factor: NOT REPORTED

Corrective Action: NOT REPORTED

**Medical Event Information:**

Item Number:

900021  
09/10/2003

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

**Given:**

Procedure: RADIOPHARMACEUTICAL - D  
Dose in RAD: NA  
Organ: NA  
Study: BRAIN SCAN  
Radiopharm.: SPERT/PERT (SODIUM PERTECHNETA  
Radionuclide: TC-99M  
Millicuries: 32.4

**Intended:**

Procedure: RADIOPHARMACEUTICAL - D  
Dose in RAD: NA  
Organ: NA  
Study: BRAIN  
Radiopharm.: HMPAO/CERETEC (HEXAMETHYL  
Radionuclide: TC-99M  
Millicuries: 32.4

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

**Source/Radioactive Material Information:**

MD2

Source #: 1  
Source/Material: UNSEALED SOURCE RADIOPHARM  
Manufacturer: NR  
Model Number: NA  
Serial Number: NA  
Device Name: NA

Radionuclide: TC-99M  
Activity (Curies): 0.0324  
Leak Test Results (uCi): NA  
Problem with Source:

**Keywords:**

MD2

Keyword: RADIOPHARMACEUTICAL - D

Keyword: RECORD COMPLETE

**Reference Documents:**

Reference #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
900052	08/19/199	06/02/1995		CDB	OLD ASSIGNED ITEM NUMBER
9002160210	08/19/199	06/02/1995		CDB	NOTICE OF VIOLATION

## 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 Date

01/01/1990

Report Date

07/24/1992

### Licensee / Reporting Party Information:

Agreement State Regulated: NO

License No: 13-17732-01

NRC Region Office: 3

Program Code: 03121

Docket: 03013245

Reciprocity:

NONE

Licensee:

ATEC ASSOCIATES, INC.

City:

INDIANAPOLIS

State:

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: N

Agreement State Reportable Event: N

Atomic Energy Act Material: Y

Consultant Hired: N

Abnormal Occurrence: N

Investigation: Y

NMED Record Complete: Y

Event Closed by Region/State:

### Event Class:

EXP - OVEREXPOSURE

Cause: LOSS OF ADMINISTRATIVE CONTROL

### Contributing Factors/Corrective Actions Information:

EXP

Factor #: 1

Contributing Factor: IMPROPERLY FOLLOWED PROCEDURES

Corrective Action: NOT REPORTED

### Overexposure Information:

Person ID  
Number:

1

SEALED SOURCE GAUGE

Exposure  
Dose (REM):

1.4

Type of Dose:

BADGE ONLY

Effect of Exposure:

### Demographics:

Person ID No: 1  
Description:  
NOT REPORTED

### Source/Radioactive Material Information:

EXP

Source #: 1

Source/Material: SEALED SOURCE GAUGE

Manufacturer: NR

Model Number: NR

Serial Number: NR

Device Name: GAUGE PORTABLE

Radionuclide:

NR

Activity (Curies):

NR

Leak Test Results (uCi):

NR

Problem with Source:

Item Number:

900016  
09/10/2003

**Device/Associated Equipment Information:**

EXP

Device #: 1

Device/Equipment GAUGE PORTABLE

Manufacturer: NR

Model Number:

NR

Serial Number:

NR

Problem with

**Keywords:**

EXP

Keyword: RECORD COMPLETE

Keyword: SEALED SOURCE OTHER

Keyword: WHOLE BODY

**Reference Documents:**

Reference #:	Entry Date:	Update Date:	Retraction Date:	Coder Initials:	Description:
920474	08/19/199	06/05/1995		CDB	OLD ASSIGNED ITEM NUMBER
9208040145	08/19/199	02/21/1996		CDB	INSPECTION REPORT