

SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE/LOCATION INSPECTED: Hot Springs Memorial Hospital 150 East Arapahoe Thermopolis, Wyoming 82443		2. NRC/REGIONAL OFFICE USNRC Region IV 611 Ryan Plaza Drive, Suite 400 Arlington, Texas 76011-4005	
REPORT NUMBER(S) 2005-01			
3. DOCKET NUMBER(S) 030-30651	4. LICENSEE NUMBER(S) 49-26949-01	5. DATE(S) OF INSPECTION February 17, 2005	

LICENSEE:

The inspection was an examination of the activities conducted under your license as they relate to radiation safety and to compliance with the Nuclear Regulatory Commission (NRC) rules and regulations and the conditions of your license. The inspection consisted of selective examinations of procedures and representative records, interviews with personnel, and observations by the inspector. The inspection findings are as follows:

- 1. Based on the inspection findings, no violations were identified.
- 2. Previous violation(s) closed.
- 3. The violation(s), specifically described to you by the inspector as non-cited violations, are not being cited because they were self-identified, non-repetitive, and corrective action was or is being taken, and the remaining criteria in the NRC Enforcement Policy, NUREG-1600, to exercise discretion, were satisfied.

_____ Non-Cited Violation(s) was/were discussed involving the following requirement(s) and Corrective Action(s):

- 4. During this inspection certain of your activities, as described below and/or attached, were in violation of NRC requirements and are being cited. This form is a NOTICE OF VIOLATION, which may be subject to posting in accordance with 10 CFR 19.11.

(Violations and Corrective Actions)

Licensee's Statement of Corrective Actions for Item 4, above.

I hereby state that, within 30 days, the actions described by me to the inspector will be taken to correct the violations identified. This statement of corrective actions is made in accordance with the requirements of 10 CFR 2.201 (corrective steps already taken, corrective steps which will be taken, date when full compliance will be achieved). I understand that no further written response to NRC will be required, unless specifically requested.

Title	Printed Name	Signature	Date
LICENSEE'S REPRESENTATIVE			
NRC INSPECTOR	Rick Muñoz	/RA/	February 17, 2005

Docket File Information
**SAFETY INSPECTION REPORT
AND COMPLIANCE INSPECTION**

1. LICENSEE Hot Springs Memorial Hospital REPORT NUMBER(S) 2004-001		2. NRC/REGIONAL OFFICE USNRC Region IV	
3. DOCKET NUMBER(S) 030-30651	4. LICENSE NUMBER(S) 49-26949-01	5. DATE(S) OF INSPECTION February 17, 2005	
6. INSPECTION PROCEDURES USED 87131	7. INSPECTION FOCUS AREAS 03.01-03.08		

SUPPLEMENTAL INSPECTION INFORMATION

1. PROGRAM CODE(S) 02120	2. PRIORITY 03	3. LICENSEE CONTACT Daryl T. Mathern, Director	4. TELEPHONE NUMBER 307-864-3121
<input checked="" type="checkbox"/> Main Office Inspection		Next Inspection Date: 200802	
<input type="checkbox"/> Field Office _____			
<input type="checkbox"/> Temporary Job Site _____			

PROGRAM SCOPE

Hot Springs is a small diagnostic and therapeutic medical licensee performing examinations on an average of about 15-20 patients per month. The licensee obtains a 1.2 Curie generator approximately every two weeks. DTPA is used for lung imaging. The licensee used I-131 capsules, each less than 15 mCi, for the treatment of hyper thyroidism. Check sources include Ba-133, Cs-137, and Co-57 (not regulated by NRC) and are properly maintained. Waste is decayed on -site. There is one authorized user on the license. There are two full time staff technologists. The licensee uses the services of a medical physicist consultant who audits the program annually. The licensee does not perform any brachytherapy procedures. The license is currently under timely renewal and the application is under review. The facility started cardiac imaging using cardio-lite January 2005 and plans on opening a cardiology stress laboratory located contiguous with the hospital but at a different location from the nuclear medicine department.

Written directives reviewed were as described in the written directive, proper checks for identification and authorizing signatures were maintained. No misadministrations or reportable events were identified by the licensee or inspector. There were no findings in the 2004 annual RPP audit.