NRC FORM 591M PART 1	······································		U.S. NUCLEAR REGULATOR				
10 CFR 2.201 SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION							
1. LICENSEE/LOCATION INSPECTED: Harrison County Hospital 245 Atwood Strut Corydon, IN 47112 REPORT	2. NRC/REGIONAL OFFICE US NRC/Reg 111 2443 Warrinville Kal Suite 210 Lisle, Il 60552						
3. DOCKET NUMBER(S)	4. LICENSEE NUMBER(S)		5. DATE(S) OF INS				
03028886 Licensee:	13-23565-	0/	May 4, 2008				
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:          Image: selective 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:         Image: selective 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 representative records, interviews with personnel, and observations by the inspector. The inspection findings are as follows:         Image: selective examinations of procedures and representative records, interviews with personnel, and observations by the inspector. The inspection findings are as follows:         Image: selective examination of the activities conducted under your license.         Image: selective examination of the activities conducted under your license.         Image: selective examination of the personnel, and observations were identified.         Image: selective examination of the personnel, and the remaining criteria in the NRC Enforcement Policy, NUREG-1600, to exercise discretion, were satisfied.         Image: selectin the personnel examined of							
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 Date LICENSEE'S REPRESENTATIVE							
NRC INSPECTOR G. Park		BBE		May 4, 2005			

NRC FORM 591M PAR (10-2003)	Г 3			S. NUCLEAR REGULATORY COMMISSION			
10 CFR 2.201		Docket File	Information				
		SAFETY INSPE	CTION REPORT	$\mathcal{N}^{\mathcal{N}}$			
SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION							
1. LICENSEE			2. NRC/REGIONAL OFFICE				
Harrison County Hospital		Region III 2443 Warrenville Road					
REPORT NUMBER(S) 2005-001		Lisle, IL 60532					
3. DOCKET NUMBER(S)		4. LICENSE NUMBER(S) 13-23555-01		5. DATE(S) OF INSPECTION 5/04/05			
030-28886		7. INSPECTION FOCUS A					
			REAS				
<b>87</b> 133		03.01-03.07	ECTION INFORMATION				
SUPPLEMENTAL INSPECTION INFORMATION           1. PROGRAM CODE(S)         2. PRIORITY         3. LICENSEE CONTACT         4. TE				4. TELEPHONE NUMBER			
2120	5	Christopher D	ay, MD	812/738-4251			
X Main Office Ins	spection		Next Inspection Date:	5//2010			
Field Office							
Temporary Jol	- Sito			-			
		PROGRA	M SCOPE				
Liconaco is the	regional bosh	ital located in Con	don Indiana Licer	nsee has a small sized			
nuclear medici	ne program col	iducting a comple	ment of nuclear med	dicine procedures. The			
licensee has o	ne tech who pe	rform approximate	ely 5 procedures per	day. This hospital receives			
doses from Ma	aceuticals in the	e torm of unit dose licensee performs i	cardiac stress studies	diagnostic iodine procedures.			
bone studies, ga	astric studies and	d other work using li	censed materials.				
Licensee is the regional hospital located in Corydon, Indiana. Licensee has a small sized nuclear medicine program conducting a complement of nuclear medicine procedures. The licensee has one tech who perform approximately 5 procedures per day. This hospital receives its radiopharmaceuticals in the form of unit doses from Cardinal Health and occasional odd doses from Mallinckrodt. This licensee performs cardiac stress studies, diagnostic iodine procedures, bone studies, gastric studies and other work using licensed materials.							
Defermence Observations							
Performance Observations							
The inspector toured the facilities and interviewed authorized users and staff members. Each appeared knowledgeable in radiation safety and isotope handling techniques. Licensee personnel demonstrated package receipt procedures for the inspector. Staff members also demonstrated proper rad waster did							
package receipt procedures for the inspector. Staff members also demonstrated proper rad waste							
handling practices as they removed syringes from patients. Independent surveys by the inspector did not detect any abnormal reading and were within the expected range.							
radiopharmace	uticals. Techniqu	rs of the nuclear me	aicine staff perform in a staff demonstrated o	jections of ood handling practices as well ection, no abnormalities were			
as adequate kn	owledge of radia	tion safety. During	the course of the inspe	ection, no abnormalities were			
noted.							
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NRC FORM 591M PART 3 (10-2003)