

# RI - DNMS Licensee Event Report Disposition

Licensee:	Cardinal Health		
Event Description:	Loss of License Material		
License No: 04	26507-01	Docket No:	MLER-RI: 2005-041
Event Date: 05-04-05	Report Date: 6-10-05	HQ Ops Event #:	

**1. REPORTING REQUIREMENT**

<input type="checkbox"/> 10 CFR 20.1906 Package Contamination <input checked="" type="checkbox"/> 10 CFR 20.2201 Theft or Loss <input type="checkbox"/> 10 CFR 20.2203 30 Day Report <input type="checkbox"/> Other _____	<input type="checkbox"/> 10 CFR 30.50 Report <input type="checkbox"/> 10 CFR 35.3045 Medical Event <input type="checkbox"/> License Condition
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**2. REGION I RESPONSE**

<input type="checkbox"/> Immediate Site Inspection <input type="checkbox"/> Special Inspection <input type="checkbox"/> Telephone Inquiry <input type="checkbox"/> Preliminary Notification/Report <input checked="" type="checkbox"/> Information Entered in RI Log <input type="checkbox"/> Report Referred To: _____	<table style="width: 100%;"> <tr> <td style="width: 50%;">Inspector/Date</td> <td style="width: 50%;"></td> </tr> <tr> <td>Inspector/Date</td> <td></td> </tr> <tr> <td>Inspector/Date</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Daily Report</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Review at Next Inspection</td> <td></td> </tr> </table>	Inspector/Date		Inspector/Date		Inspector/Date		<input type="checkbox"/> Daily Report		<input checked="" type="checkbox"/> Review at Next Inspection	
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<input checked="" type="checkbox"/> Review at Next Inspection											

**3. REPORT EVALUATION**

<input checked="" type="checkbox"/> Description of Event <input checked="" type="checkbox"/> Levels of RAM Involved <input checked="" type="checkbox"/> Cause of Event	<input checked="" type="checkbox"/> Corrective Actions <input type="checkbox"/> Calculations Adequate <input type="checkbox"/> Additional Information Requested from Licensee
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**4. MANAGEMENT DIRECTIVE 8.3 EVALUATION**

<input type="checkbox"/> Release w/Exposure > Limits <input type="checkbox"/> Repeated Inadequate Control <input type="checkbox"/> Exposure 5x Limits <input type="checkbox"/> Potential Fatality <input type="checkbox"/> If any of the above are involved: <input type="checkbox"/> Considered Need for IIT Decision/Made By/Date: _____	<input type="checkbox"/> Deliberate Misuse w/Exposure > Limits <input type="checkbox"/> Pkging Failure > 10 rads/hr or Contamination > 1000x Limits <input type="checkbox"/> Large# Indivs w/Exp > Limits or Medical Deterministic Effects <input type="checkbox"/> Unique Circumstances or Safeguards Concerns <input type="checkbox"/> Considered Need for AIT
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**5. MANAGEMENT DIRECTIVE 8.10 EVALUATION (additional evaluation for medical events only)**

<input type="checkbox"/> Timeliness - Inspection Meets Requirements (5 days for overdose / 10 days for underdose) <input type="checkbox"/> Medical Consultant Used-Name of Consultant/Date of Report: _____ <input type="checkbox"/> Medical Consultant Determined Event Directly Contributed to Fatality <input type="checkbox"/> Device Failure with Possible Adverse Generic Implications <input type="checkbox"/> HQ or Contractor Support Required to Evaluate Consequences
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**6. SPECIAL INSTRUCTIONS OR COMMENTS**

<input type="checkbox"/> Non-Public <input checked="" type="checkbox"/> Public-SISP REVIEW COMPLETE	Inspector Signature: <u><i>[Signature]</i></u> Branch Chief Initials: <u><i>[Signature]</i></u>	Date: <u>7/29/05</u> Date: <u>7/29/05</u>
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RECEIVED  
REGION 1

2005 JUN -7 PM 1: 23

Cardinal Health  
Nuclear Pharmacy Services  
7000 Cardinal Place  
Dublin, OH 43017  
614.757.5000 tel

www.cardinal.com

June 10, 2005

NRC Region I  
475 Allendale Road  
King of Prussia, PA 19406

RE: Written Report of a Temporary Loss of Licensed Material on May 4, 2005 for Radioactive Materials License Number 04-26507-01MD, Cardinal Health, Glastonbury, CT

To Whom It May Concern:

This letter is a report of a nuclear medicine shipment (ammo can) that was delivered to the wrong customer. This occurred on May 4, 2005 at the above referenced Cardinal Health pharmacy. This report is being prepared pursuant to 10CFR20.2201.

#### **Description of Event**

On May 4, 2005, at about 0800, the pharmacy received a call from Pioneer Valley Cardiology that they had not received all of their first run doses. They were missing five unit doses of Tc-99m Cardiolite totaling 400 mCi at 0400. Upon investigation, it was determined that only one of the two ammo cans was dropped off at that account. The missing can # was identified. The driver who made that delivery was contacted and questioned about the misplaced can. He claimed that he had only one can to deliver. When he returned, his shipping papers were checked, which showed that there were two cases to be delivered. The missing can was not in his truck, nor had any other account called to say that they had it at this time. From about 1030 to 1400, every account was contacted in an effort to locate the missing can. All of the cans in the pharmacy were checked as well. The can had not been located by the end of the day (about 1600).

The next day, May 5, at about 0800, a technologist from Northampton Cardiology called the pharmacy to report that there was an ammo can in her hot lab with a case tag for Pioneer Valley Cardiology. The lab had been closed the previous day when the ammo can was mistakenly delivered there. The misdelivered can was in a locked restricted area at all times from the moment it arrived until the technologist arrived. The ammo can was not opened, and was returned to the pharmacy around 1030.

#### **Root Causes**

The cause of this event was failure of the delivery driver to follow Cardinal Health procedures for delivering radioactive shipments to customers. Specifically, he failed to double-check the accuracy of the delivery to the customer who mistakenly received that ammo can.

**Actions Taken to Prevent a Recurrence**

In order to prevent a recurrence of this event, the driver has been retrained to proper delivery procedures, and has been given a written warning regarding his performance.

If there are any questions regarding this event, please contact me at 614.757.3147.

Sincerely,

A handwritten signature in black ink, appearing to read "Willie Regits", with a long horizontal flourish extending to the right.

Willie Regits, Ph.D.  
Manager, Health Physics Compliance  
Nuclear Pharmacy Services

Cc: Peter Sposato, Manager, Loc. 13  
License File 13 (5)