NRC FORM 591M PART 1
(11-2003)
10 CFR 2.201

U.S. NUCLEAR REGULATORY COMMISSION

SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE/LOCATION INSPECTED:	2. NRC/REGIONAL OFFICE
Daviess Community Hospital 1314 E. Walnut St. Washington, IN 47501 REPORT NUMBER(S) 2005/001	REGION III US NUCLEAR REGULATORY COMMISSION 801 WARRENVILLE ROAD LISLE IL 60532-4351

3. DOCKET NUMBER(S)	4. LICENSE NUMBER(S)	5. DATE(S) OF INSPECTION
030-10475	13-16138-01	September 23, 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 violations(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.

(1) non-cited violation(s) were discussed involving the following requirement(s):

License Condition 15A of NRC License No. 13-16138-01 requires that the licensee perform leak tests of its sealed sources on a bi-annual basis that is not to exceed 6 months.

Contrary to the above, the licensee failed to perform a leak test of its sealed sources from 9/5/02 – 9/9/03 and from 2/24/05 – 9/13/05.

☐ 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)

Statement of Corrective Actions

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	Jerry Weber	Jerry Weber	9/23/05
NRC INSPECTOR	Sarah R. Bakhsh	Sarah R. Bakhsh	09/23/2005

NRC FORM 591M PART 3
(11-2003)
10 CFR 2.201

U.S. NUCLEAR REGULATORY COMMISSION

Docket File Information

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1. LICENSEE/LOCATION INSPECTED:	2. NRC/REGIONAL OFFICE
Daviess Community Hospital REPORT NUMBER(S) 2005/001	REGION III

3. DOCKET NUMBER(S)	4. LICENSE NUMBER(S)	5. DATE(S) OF INSPECTION
030-10475	13-16138-01	September 23, 2005

6. INSPECTION PROCEDURES USED	7. INSPECTION FOCUS AREAS
87131	03.01-03.07

SUPPLEMENTAL INSPECTION INFORMATION

1. PROGRAM CODE(S)	2. PRIORITY	3. LICENSEE CONTACT	4. TELEPHONE NUMBER
02120	3	Eung Man Cha, RSO	812-254-8898

☑ Main Office Inspection Next Inspection Date: 9/2008

☐ Field Office Inspection _____

☐ Temporary Job Site Inspection _____

PROGRAM SCOPE

The licensee is a 60 bed community hospital located in Washington, Indiana. The licensee was authorized to use byproduct materials under Sections 35.100, 35.200, and 35.300 of 10 CFR. The nuclear medicine department was staffed with one full-time and two part-time nuclear medicine technologists. The licensee conducted approximately 20 diagnostic procedures a week and approximately one therapeutic procedure a month. Diagnostic procedures were performed using Tc-99m kits. Therapeutic procedures were performed using I-131. Doses were received as unit doses from a licensed radiopharmacy. All waste was either returned to the pharmacy or held for decay-in-storage.

PERFORMANCE OBSERVATIONS

The inspector observed licensee staff: (1) adequately secure the hot lab when leaving it unattended; (2) demonstrate package receipt and return surveys; (3) conduct daily operability checks of survey instruments; (4) conduct daily and weekly contamination surveys; (5) perform daily constancy checks of the dose calibrator; (6) demonstrate radioactive spill response; and (7) conduct a physical inventory of its sealed sources. The inspector reviewed all of the written directives involving therapeutic I-131 administrations since the last inspection. The inspector noticed that a few of the doses administered differed between 2%-10% from the prescribed dose, and discussed this concern (i.e. the need to establish internal trigger levels) with the licensee regarding the need for more detailed QA/QC of its written directives. The next inspector should review this issue during the next inspection.

In response to a previous violation, the inspector reviewed the licensee's geometry test for its dose calibrator from 12/7/99 and determined the measurements to be accurate. Therefore, the previous violation is considered closed.