

**SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION**

1. LICENSEE/LOCATION INSPECTED:  Carson City Hospital 406 E. Elm Street PO Box 879 Carson City, MI 48811  REPORT NUMBER(S) 2005/001	2. NRC/REGIONAL OFFICE  REGION III US NUCLEAR REGULATORY COMMISSION 801 WARRENVILLE ROAD LISLE IL 60532-4351	
3. DOCKET NUMBER(S)  030-10847	4. LICENSE NUMBER(S)  21-16339-01	5. DATE(S) OF INSPECTION  11/16 <sup>SB</sup> /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) were discussed involving the following requirement(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)

**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			
NRC INSPECTOR	Sarah R. Bakhsh	<i>Sarah R. Bakhsh</i>	11/16 <sup>SB</sup> /2005

**Docket File Information**  
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1. LICENSEE/LOCATION INSPECTED: Carson City Hospital REPORT NUMBER(S) 2005/001		2. NRC/REGIONAL OFFICE REGION III	
3. DOCKET NUMBER(S) 030-10847	4. LICENSE NUMBER(S) 21-16339-01	5. DATE(S) OF INSPECTION 11/15/2005	
6. INSPECTION PROCEDURES USED 87131	7. INSPECTION FOCUS AREAS 03.01-03.07		

**SUPPLEMENTAL INSPECTION INFORMATION**

1. PROGRAM CODE(S) 02120	2. PRIORITY 3	3. LICENSEE CONTACT Donna R. Moyer, RSO	4. TELEPHONE NUMBER 517-584-3131
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Main Office Inspection      Next Inspection Date: 11/2008

Field Office Inspection \_\_\_\_\_

Temporary Job Site Inspection \_\_\_\_\_

**PROGRAM SCOPE**

The licensee was a 40 bed hospital located in Carson City, Michigan. The licensee performed approximately 30 nuclear diagnostic procedures weekly and employed two full-time technologists. They used technetium-99m for these studies and iodine-123 capsules for thyroid studies. Their unit doses and bulk technetium were received from a local pharmacy. They have not yet used any iodine-131 for therapy. All waste was either held for decay-in-storage or returned to the pharmacy.

**PERFORMANCE OBSERVATIONS**

During the inspection, the inspector observed: (1) adequate security of areas; (2) dose preparation and disposal; (3) dose calibrator constancy checks; (4) daily survey meter QC; (5) two diagnostic procedures; (6) adequate posting of areas; (7) daily and weekly contamination surveys; (8) emergency response procedures; (9) package receipt and return surveys and reviewed select records.

There were no violations of NRC requirements identified during the inspection.