

**RI - DNMS Licensee Event Report  
Disposition**

*Kent General Hospital*

Licensee: Bayhealth Medical Center  
 Event Description: Missing Material  
 License No: 07-14850-01 Docket No: 03007865 MLER-RI: 2005-077  
 Event Date: 8-13-05 Report Date: 8-13-05 HQ Ops Event #: \_\_\_\_\_

**1. REPORTING REQUIREMENT**

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

**2. REGION I RESPONSE**

<input type="checkbox"/>	Immediate Site Inspection	Inspector/Date	<u>McKely/Spade 10/4-5/05</u>
<input checked="" type="checkbox"/>	Special Inspection	Inspector/Date	<u>11/8/05</u>
<input checked="" type="checkbox"/>	Telephone Inquiry	Inspector/Date	
<input type="checkbox"/>	Preliminary Notification/Report	<input type="checkbox"/>	Daily Report
<input checked="" type="checkbox"/>	Information Entered in RI Log	<input type="checkbox"/>	Review at Next Inspection
<input type="checkbox"/>	Report Referred To: <u>Reviewed at 10/4-5/05 inspection</u>		

**3. REPORT EVALUATION**

<input checked="" type="checkbox"/>	Description of Event	<input checked="" type="checkbox"/>	Corrective Actions
<input checked="" type="checkbox"/>	Levels of RAM Involved	<input checked="" type="checkbox"/>	Calculations Adequate
<input type="checkbox"/>	Cause of Event <u>- not determined</u>	<input checked="" type="checkbox"/>	Additional Information Requested from Licensee

**4. MANAGEMENT DIRECTIVE 8.3 EVALUATION**

<input type="checkbox"/>	Release w/Exposure > Limits	<input type="checkbox"/>	Deliberate Misuse w/Exposure > Limits
<input type="checkbox"/>	Repeated Inadequate Control	<input type="checkbox"/>	Pkging Failure > 10 rads/hr or Contamination > 1000x Limits
<input type="checkbox"/>	Exposure 5x Limits	<input type="checkbox"/>	Large# Indivs w/Exp > Limits or Medical Deterministic Effects
<input type="checkbox"/>	Potential Fatality	<input type="checkbox"/>	Unique Circumstances or Safeguards Concerns
<input type="checkbox"/>	If any of the above are involved:	<input type="checkbox"/>	Considered Need for AIT
<input type="checkbox"/>	Considered Need for IIT		
	Decision/Made By/Date: <u>NA</u>		

**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: <u>NA</u>
<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

**6. SPECIAL INSTRUCTIONS OR COMMENTS**

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Non-Public      Inspector Signature: Richard W. McKely      Date: 2/7/06  
 Public-SISP REVIEW COMPLETE      Branch Chief Initials: Kenny      Date: 3/23/06