RI - DNMS Licensee Event Report Disposition

Kent General Hospital

Licensee:	Bayhealth Medical Center
Event Description:	Missing Material

License No:	07-14850-01	Docket No:	03007565	MLER-RI:	2005-077
Event Date:	8-13-05	Report Date:	8-13-05	HQ Ops Event #:	

1. REPORTING REQUIREMENT

	10 CFR 20.1906 Package Contamination		10 CFR 30.50 Report
X	10 CFR 20.2201 Theft or Loss		10 CFR 35.3045 Medical Event
X	10 CFR 20.2203 30 Day Report		License Condition
	Other		

2. REGION I RESPONSE

	Immediate Site Inspection	Inspector/Date	McKinley/Jones 10/4-5/05
X	Special Inspection	Inspector/Date	11/8/05
X	Telephone Inquiry	Inspector/Date	
	Preliminary Notification/Report		Daily Report
X	Information Entered in RI Log		Review at Next Inspection
	Report Referred To: Reviewed at 10/4-5/05 inspection		

3. REPORT EVALUATION

X	Description of Event	X	Corrective Actions
X	Levels of RAM Involved	X	Calculations Adequate
	Cause of Event - not determined	X	Additional Information Requested from Licensee

4. MANAGEMENT DIRECTIVE 8.3 EVALUATION

	Release w/Exposure > Limits		Deliberate Misuse w/Exposure > Limits
	Repeated Inadequate Control		Pkging Failure>10 rads/hr or Contamination>1000x Limits
	Exposure 5x Limits		Large# Indivs w/Exp>Limits or Medical Deterministic Effects
	Potential Fatality		Unique Circumstances or Safeguards Concerns

If any of the above are involved:

	Considered Need for IIT		Considered Need for AIT

Decision/Made By/Date: NA

5. MANAGEMENT DIRECTIVE 8.10 EVALUATION (additional evaluation for medical events only)

	Timeliness - Inspection Meets Requirements (5 days for overdose / 10 days for underdose)
	Medical Consultant Used-Name of Consultant/Date of Report: NA
	Medical Consultant Determined Event Directly Contributed to Fatality
	Device Failure with Possible Adverse Generic Implications
	HQ or Contractor Support Required to Evaluate Consequences

6. SPECIAL INSTRUCTIONS OR COMMENTS

☒ Non-Public — Inspector Signauture: Richard W. McKinley / Don Jones — Date: 2/7/06

☐ Public-SISP REVIEW COMPLETE — Branch Chief Initials: [signature] — Date: 3/23/06

Location of File: G:\Reference\Blank Forms\LER FORM.wpd

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