

**Docket File Information**  
**SAFETY INSPECTION REPORT**  
**AND COMPLIANCE INSPECTION**

|   |                          |   |  |
|---|--------------------------|---|--|
| 1. LICENSEE<br><br><b>Rush Memorial Hospital</b><br><br>REPORT                      2006001 |                          | 2. NRC/REGIONAL OFFICE<br><br><b>Region III</b><br><b>2443 Warrenville Road</b><br><b>Lisle, IL 60532</b> |  |
| 3. DOCKET NUMBER(S)<br><b>030-34900</b>   |                          | 4. LICENSE NUMBER(S)<br><b>13-32145-01</b>  |  |
| 6. INSPECTION PROCEDURES USED<br><b>87131</b>   |                          | 5. DATE(S) OF INSPECTION<br><b>April 12, 2006</b>   |  |
| 7. INSPECTION FOCUS AREAS<br><b>03.01-03.07</b>   |                          |   |  |
| <b>SUPPLEMENTAL INSPECTION INFORMATION</b>  |                          |   |  |
| 1. PROGRAM<br><b>2121</b>   | 2. PRIORITY<br><b>G3</b> | 3. LICENSEE CONTACT<br><b>William Shidal, MD, RSO</b>   | 4. TELEPHONE NUMBER<br><b>765-932-4111</b> |
| <input checked="" type="checkbox"/> Main Office Inspection                                  |                          | Next Inspection Date: <b>April 2009</b>   |  |
| <input type="checkbox"/> Field  |                          |   |  |
| <input type="checkbox"/> Temporary Job Site   |                          |   |  |

**PROGRAM SCOPE**

This active medical program performs about 50 diagnostic nuclear medicine procedures monthly consisting of cardiac studies using Tc99m Cardiolite and other nuclear medicine procedures as needed. One full-time and one part-time technologists perform all procedures. The licensee does not use xenon-133 or moly/tc99 generators. Unit doses are received from an area pharmacy.

The licensee performed two iodine-131 treatments in 2003, however, this modality has been inactive since that time.

**Performance Observations**

Interviews conducted with available staff revealed an adequate level of understanding of emergency and material handling procedures and techniques. Dose calibrator constancy checks, area surveys, package check-in procedures and injection techniques were successfully demonstrated or described. Proper personal dosimetry was observed worn by available staff during the inspection. Interviews conducted regarding QMP administrations demonstrated adequate responses. Random review of QMP documentation for 2003 did not demonstrate problems or concerns in this program area.

The hot-lab room was observed locked upon arrival and adequate surveillance was well maintained during the review. Licensed material was not readily accessible to members of the general public.

Independent measurements taken indicated 0.04 mr/hr maximum in the hot-lab area and essentially background (0.02mr/hr) in imaging and unrestricted areas.

Personal dosimetry records reviewed for 2005 indicated 290 mRem extremity and 134 mRem whole-body. YTD 2006 demonstrated "M" extremity and 19 mRem whole-body.

The licensee retains a consultant to perform compliance audits quarterly. A review of these documents, along with interviews of technical staff indicated adequate program oversight.

**SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION**

1. LICENSEE/LOCATION INSPECTED:

**Rush Memorial Hospital  
1300 North Main Street  
Rushville, IN 46173**

2. NRC/REGIONAL OFFICE

**U.S. Nuclear Regulatory Commission  
Region III  
2443 Warrenville Road  
Lisle, Illinois 60532-4351**

REPORT 2006-001

3. DOCKET NUMBER(S)

**030-34900**

4. LICENSEE NUMBER(S)

**13-32145-01**

5. DATE(S) OF INSPECTION

*April 12, 2006*

**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) was/were discussed involving the following requirement(s) and Corrective Action(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)

**Licensee's Statement of Corrective Actions for item 4, above.**

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'S REPRESENTATIVE |              |                    |         |
| NRC INSPECTOR             | S. J. Mulay  | <i>S. J. Mulay</i> | 4/12/06 |