

RI - DNMS Licensee Event Report Disposition

Licensee:	UNKNOWN via funeral home			
Event Description:	I-125 seed in returned waste generated from body of funeral home			
License No:		Docket No:		MLER-RI: 2005-044
Event Date: 4/29/05		Report Date:		HQ Ops Event #:

1. REPORTING REQUIREMENT

<input type="checkbox"/> 10 CFR 20.1906 Package Contamination	<input type="checkbox"/> 10 CFR 30.50 Report
<input type="checkbox"/> 10 CFR 20.2201 Theft or Loss	<input type="checkbox"/> 10 CFR 35.3045 Medical Event
<input type="checkbox"/> 10 CFR 20.2203 30 Day Report	<input type="checkbox"/> License Condition
<input checked="" type="checkbox"/> Other <u>unregulated patient waste returned from waste site</u>	

2. REGION I RESPONSE

<input type="checkbox"/> Immediate Site Inspection	Inspector/Date: <u>McKiuley 6/17-27/05</u>
<input type="checkbox"/> Special Inspection	Inspector/Date: _____
<input checked="" type="checkbox"/> Telephone Inquiry	Inspector/Date: _____
<input type="checkbox"/> Preliminary Notification/Report	<input type="checkbox"/> Daily Report
<input type="checkbox"/> Information Entered in RI Log	<input type="checkbox"/> Review at Next Inspection
<input type="checkbox"/> Report Referred To: _____	

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 type="checkbox"/> Calculations Adequate
<input checked="" type="checkbox"/> Cause of Event	<input 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
If any of the above are involved:	
<input type="checkbox"/> Considered Need for IIT	<input type="checkbox"/> Considered Need for AIT
Decision/Made By/Date: _____	

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)
Medical Consultant Used-Name of Consultant/Date of Report: _____
<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

<input checked="" type="checkbox"/> Non-Public	Inspector Signature: <u>Rubal W. McKiuley</u>	Date: <u>6/27/05</u>
<input type="checkbox"/> Public-SISP REVIEW COMPLETE	Branch Chief Initials: <u>[Signature]</u>	Date: <u>6/22/05</u>

PKG: ML051960106

Telephone Conversation Log

For
Richard McKinley
June 22, 2005

Person Called	George Downer Mike Firsick Phil Kriebel James Summers	License Number	NA NA NA 06-06697-02	Phone Number	(203)323-2666 (860)424-3517 (914)937-5050 (203)355-4610
Facility	Downer Funeral Home State of Connecticut Healthcare Environmental Stamford Hospital	Docket Number	NA NA NA 03001265	Mail Control Number	

Subject	I-125 waste at Downer Funeral Home
Synopsis	<p>On 6/17/05 I called Mr. Downer to inquire about a waste shipment that was picked up from the funeral home on 4/19/05, and rejected on 4/29/05 because it triggered a radiation monitor. Mr. Downer stated that the waste was still sitting at the funeral home. It consists of needles and a bloody blanket associated with the preparation of a body. He stated that the State of Connecticut had told him that he must store the waste until 01/07. Mr. Downer believes that the waste came from Stamford Hospital, Norwalk Hospital, or St. Vincent's Hospital (Bridgeport).</p> <p>I called Mike Firsick of the State of Connecticut, who confirmed what Mr. Downer had said. He also said that the waste contained I-125, probably a seed, and that it read 44 microR/hr at 1 meter. I also called Mr. Kriebel who confirmed that his company had rejected the waste after it triggered an alarm. He could not confirm the isotope.</p> <p>I called James Summers, RSO at Stamford Hospital, on 6/22/05. He agreed to go to Downer Funeral Home that afternoon and pick up the waste for storage at Stamford Hospital.</p>
Action Taken or Required	LER

Telephone Conversation Log

For
Richard McKinley
June 22, 2005

Person Called	James Summers	License Number	06-06697-02	Phone Number	(203)355-4610
Facility	Stamford Hospital	Docket Number	03001265	Mail Control Number	
Subject	Waste returned to Downer Funeral Home				
Synopsis	Mr. Summers called to say that he had just picked up the waste from the funeral home and placed it in storage at Stamford Hospital.				
Action Taken or Required					

NEW YORK ENVIRONMENTAL SERVICES CORPORATION

WASTE DISCREPANCY / EXCEPTION REPORT

Shift Number: 1st _____

Date 4/29/05 _____

CUSTOMER INFORMATION (Transfer Station/Transporter):

Customer Name HCWS _____

Address 3446 Rombouts Ave _____

City / State / Zip Bronx, NY 10475 _____

Control Number 26373-05 _____

Trailer Number # 3370 _____

GENERATOR INFORMATION (Origination Point of Waste):

Customer Name Downer Funeral Home (203) 323-2666

Address 31 Still Water S.T _____

City / State / Zip Stamford C.T _____

Tracking/Manifest Number P5092 _____

Manifest Date 4/19/05 _____

Photo Attached (yes / no) _____

WASTE INFORMATION / DESCRIPTION:

Waste Carton / Container ID Number Downer Funeral Home _____

Body Parts Chemotherapeutic Part 381 Hazardous Non-Compliant Manifest Low-Level Radioactive

Leaking / Spilled Container Improperly Loaded / Secured Other (please specify) _____

Total Number of Discrepant Containers 1 _____ Total Weight of Discrepant Waste 29.6 LBS _____

Total Number of Same Type of Containers on Load N/A _____

Type of Container (Box or Tub with capacity & description) 5.3 Box _____

Manufacturer of Container & Description N/A _____

If spilled or leaking, size and description of spill No Spill _____

FOR RADIOACTIVE: Background Reading 8 ur/h _____ Contact Reading 2,700 ur/h _____

DISPOSITION / ARRANGEMENTS AGREED UPON WITH CUSTOMER:

Will hold and take reading again on Wed 5/4/05 _____

Disposition Method _____

Disposition Date _____

NOTIFICATIONS:

Customer Name(s) Rich Geisser / Pat Tavalacci , Phil K _____

Date 5/2/05 _____

Method of Notification Telephone E-Mail Fax Letter Other _____

NYES Employee Who Performed Notification Lenny Ross _____

NYDEC Notifications Per Waste Control Plan Dr Woodard , MR Abunaw , MR Elston _____

NYSDOH Notifications (if applicable) MR Gavitt _____

NYSODL Notifications (if applicable) MR Brandt _____

USDOT Notifications (if applicable) N/A _____

APPROVAL:

Supervisor Name Don Simond _____

Supervisor Signature On file _____

Date of Approval 5/2/05 _____

Manager Initials LR _____