SAFETY INS	<b>PECTION</b>	<b>REPORT AND (</b>	COMPLIANCE II	NSPECTION	
1. LICENSEE/LOCATION INSPECTED: Methodist Hospital I-65 at 21 <sup>st</sup> Street P.O. Box 1367 Indianapolis, IN 46206-1367			2. NRC/REGIONAL OFFICE U.S. Nuclear Regulatory Commission Region III 2443 Warrenville Road Suite 210 Liste, Illipois 60532-4351		
REPORT NUMBER(S)	2006-001		Lisie, minois o	0302-4331	
3. DOCKET NUMBER(S) 030-016 <b>6</b> 03		4. LICENSEE NUN 13-02063-01	BER(S)	5. DATE(S) OF October <b>4-6</b> 2006	INSPECTION
<ul> <li>The inspection was an exacompliance with the Nuclear The inspection consisted cand observations by the instant observation observation observation observations by the instant observation observation observation observations by the instant observation observation observations by the instant observation observation observations observations by the instant observation observation observations observatin observatin observations observations observations obse</li></ul>	ar Regulatory of selective ex ispector. The ion findings, no vi closed. clically described active action was e satisfied. Non-Cited Viola	to you by the inspector a or is being taken, and the ation(s) was/were discuss	<ul> <li>rules and regulation</li> <li>are as follows:</li> <li>s non-cited violations, are remaining criteria in the</li> <li>ed involving the following</li> </ul>	e not being cited because they w NRC Enforcement Policy, NURE	your license. s with person ere self-identifie G-1600, to Action(s):
4. During this inspection cited. This form is a NOT (Violations and Corr	n certain of your a TICE OF VIOLAT rective Actions)	ictivities, as described be ION, which may be subje	low and/or attached, were ct to posting in accordanc	e in violation of NRC requiremen ce with 10 CFR 19.11.	its and are being
4. During this inspection cited. This form is a NOT (Violations and Corr Violations and Corr I hereby state that, within 30 days corrective actions is made in accordate when full compliance will be Title	n certain of your a TICE OF VIOLAT rective Actions) Licensee's i, the actions deso ordance with the achieved). I unde	s Statement of Correction of the statement of the statement of the statement of the statement of the statements of 10 CFR areas and that no further writer inted Name	low and/or attached, were ct to posting in accordance ective Actions for Ite ctor will be taken to corre 2.201 (corrective steps all tten response to NRC wil	e in violation of NRC requirement ce with 10 CFR 19.11. em 4, above. ct the violations identified. This ready taken, corrective steps whill be required, unless specifically Signature	Its and are being statement of nich will be taken requested. Date
4. During this inspection cited. This form is a NOT (Violations and Corr ) (Violations and Corr ) hereby state that, within 30 days corrective actions is made in acco date when full compliance will be Title LICENSEE'S REPRESENTATIVE	n certain of your a TICE OF VIOLAT rective Actions) Licensee's t, the actions deso ordance with the r achieved). I unde	s Statement of Correction of the section of the sec	low and/or attached, were ct to posting in accordance to posting in accordance ective Actions for Ite ctor will be taken to corre 2.201 (corrective steps an tten response to NRC will	e in violation of NRC requirement ce with 10 CFR 19.11. em 4, above. ct the violations identified. This ready taken, corrective steps whill be required, unless specifically Signature	Its and are being statement of ich will be taken requested. Date

NRC FORM 591M PART 3	3		U.S. NUCLEAR REGULATORY				
(10-2003) 10 CEB 2 201	Docket File II	oformation	COMMISSION				
10 CFN 2.201							
AND COMPLIANCE INSPECTION							
1. LICENSEE	2.	NRC/REGIONAL OFFICE					
Methodist Hospital		2443 Warrenville Ro	oad, Suite 210				
		Lisle, IL 60532					
030-01603	13-02063-01	n(o)	Oct. 4-6, 2006				
6 INSPECTION PROCEDURES USE 87134 & 87122	D 7. INSPECTION FOCUS ARE/ 03.01, 03.02, 03.03	<ol> <li>INSPECTION FOCUS AREAS</li> <li>03.01, 03.02, 03.03, 03.04, 03.05, 03.06, 03.07, and 03.08</li> </ol>					
	SUPPLEMENTAL INSPEC	TION INFORMATION					
1. PROGRAM CODE(S) 2. PRIOF 02110 G 2	2 3. LICENSEE CONTACT Robert Anger, M.S.,	RSO	4. TELEPHONE NUMBER 317.962.3572				
X Main Office Inspec	tion	Next Inspection Date:	Oct. 2008				
Field		·					
Temporary Job Site	)						
	PROGRAM	SCOPE					
This licensee was a large broad scope medical institution (1,100-bed capacity), authorized to use licensed material with atomic numbers 3-83, Ir-192 in an HDR brachytherapy unit, and Cs-137 in two irradiator units (one in storage). The licensee established an RSC to review and approve users, uses and facilities as required for a medical broad scope licensee. The daily radiation safety activities were managed by an RSO and an Assistant RSO. The RSO and ARSO audited the radiation safety program on a quarterly basis and reported the findings to the RSC. The nuclear medicine department was staffed with nine full-time technologists and three student technologists who performed approximately 600-700+ diagnostic nuclear medicine procedures per month. The licensee received a Mo-99/Tc-99m generator each week. The hospital performed a 1-131 thyroid carcinoma therapies, 30+ hyperthyroidism treatments, and 50-60+ whole body CA follow up studies. The hospital obtained its I-131 in liquid form. The department established venting procedures for the liquid I-131 values and stored this material within a furne hood (equipped with charcoal filters). The department administered 1-2 Sm-153 dosages annually for treatment of metastatic bone disease. Occasionally the department administered Bexxar treatments. The radiation therapy activities were performed by five authorized physician users, three medical physicists, and 12 therapy technologist. Brachytherapy activities inclued I-125 permanent implants (50 cases annually) Cs-137 temporary gynecological implants (1-2 cases per year) and an HDR unit. The department administered approximately 60 HDR patient treatments per year; the majority of these treatments were for bronchial, breast, and gynecological ancers. All HDR patient treatments were administered by the attending physician user, the medical physicist, and a therapist (note that the therapy technologist) operated the controls to the HDR unit). All source exchange, maintenance, and repairs on the HDR unit were performed by the m							
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NRC FORM 591M PART 3 (10-2003)							

