APPENDIX B

NOTE: All areas indicated in field notes are not required to be addressed during each inspection

NUCLEAR MEDICINE INSPECTION FIELD NOTES
Region I

Inspection Report No. 030-01317/94-001 License No. 08-01738-02

Licensee (Name & Address): Docket No. 030-01317

Department of the Army
Walter Reed Medical Center
Washington DC 20307-5001

Licensee Contact Col. William B. Johnson Telephone No. (301) 427-5161

Last Amendment No. 66 Date of Amendment ~~66~~ 6/14/94

Priority: 1
Program Code 2110

Date of Last Inspection 7/20-23/93
Date of This Inspection 9/20-23/94

Type of Inspection:
( ) Announced (✓) Unannounced
(✓) Routine ( ) Special
( ) Initial ( ) Reinspection

Next Inspection Date 3/96 ( ) Normal ( ) Reduced (✓) Extended

Summary of Findings and Action:

(✓) No violations, Clear ~~591~~ issued
( ) Violation(s), 591 issued
( ) Violation(s), Regional letter issued
( ) Followup on Previous Violations

Were non-cited violations identified during this inspection? ( ) Y (✓) N

Was proprietary information reviewed by ~~or received by~~ the inspector? (✓) Y ( ) N

Inspector: Keith D Brown (Signature) Date 9/28/94

Approved: John R. McGrath Date 10/1/94

2/67

(Signature)

1. INSPECTION HISTORY ( ) N/A - Initial inspection

A. Violations were identified during the last ~~two~~ inspections ~~or two years, whichever is longer~~ ( ) Y (✓) N

B. Response letter(s) or 591(s) dated _____

C. Open violations from previous inspections:

Requirement	Violation	Corrective Action Taken (Y/N)	Status Open/Closed

D. Explain any previous violations not corrected or repeated ( ) N/A

2. ORGANIZATION AND SCOPE OF PROGRAM

Organization
RPO is responsible to 2nd in Command for Medical. 2nd in command is also RSC chair

A. ~~Organizational Structure~~

Individuals Contacted

RP office: Lt. Col. Wm. Johnson
Capt. Henry Snyder
Sgt. Crouchen
Sgt. Kolker
Sgt Greey
Myung C. Choi, Ph.D. Med Phys
Col Rodriguez, Nucl. Med.

+ Individuals contacted during inspection
* Individuals present at exit meeting

1. Meets license requirements [L/C] (✓) Y ( ) N
2. Multiple authorized locations of use (✓) Y ( ) N
   If so, list location(s) inspected ( ) N/A
   Main Campus, Washington D.C.
   Forest Glen Facilities, Silver Springs, MD.
   ~~&~~ Rockville, MD Facilities
3. Briefly describe scope of activities, including types and quantities of use involving byproduct material, frequency of use, staff size, etc.
   Relatively large medical broad scope program with about ~~100~~ 150 research labs. Licensee does Nucl Med (~25 procedures/day) & Brachytherapy (~15/year) only. All ext. beam is LINAC. No HDR
   RIA at Main Campus and ~~&~~ Ft. Meade.

B. Research involving human subjects ( ) N/A
None currently active

1. Licensee's committee (IRB, RDRC, or other) as constituted, was approved by the FDA [L/C] (✓) Y ( ) N
2. Licensee has procedures to require the intended study be reviewed by the committee [L/C] (✓) Y ( ) N
3. Licensee has implemented procedures that require human subjects to provide informed consent prior to participation in RAM studies [L/C] ( ) Y ( ) N N/A
4. Licensee has participated in research studies since the last inspection ( ) Y (✓) N

   a. Number of studies _____
   b. Number of participants _____

C. Radiation Safety Committee ( ) N/A

1. Membership as specified [35.22(a)(1)] (✓) Y ( ) N
2. Meetings held quarterly [35.22(a)(2)] (✓) Y ( ) N
3. Record maintained [35.22(a)(4)] (✓) Y ( ) N

D. Radiation Safety Officer

1. Appointed [35.21(a), 900] (✓) Y ( ) N
2. Fulfills duties per [35.21(b)] (✓) Y ( ) N
3. Has sufficient authority per [35.23] (✓) Y ( ) N

E. Radiation Safety Program

1. Minor changes pursuant to [35.31] ( ) Y (✓) N ( ) N/A
2. Records of changes maintained [35.31(b)] ( ) Y ( ) N
3. Content and implementation reviewed annually by the licensee [20.1101(c), 35.22(b)(6)] (✓) Y ( ) N
4. Records of reviews maintained [20.2102] (✓) Y ( ) N

Outside auditor reviews program in addition to RPO review

F. Use by authorized individuals [L/C] (✓) Y ( ) N
G. Visiting Authorized User (✓) N/A

1. Has written permission [35.27(a)(1)] ( ) Y ( ) N
2. Copy of visitor's license on file [35.27(a)(2)] ( ) Y ( ) N
3. Performs only those procedures authorized on visitor's license [35.27(a)(3)] ( ) Y ( ) N
4. Uses material under licensee's license for sixty days per year or less [35.27(b)] ( ) Y ( ) N
5. Records maintained [35.27(c)] ( ) Y ( ) N

H. Mobile Nuclear Medicine Service (✓) N/A

1. Licensee operates services per [35.29, 80] ( ) Y ( ) N
2. Compliance with 20.1301 evaluated and met ( ) Y ( ) N

I. Any Amendments or Notifications since last inspection [35.13, 14] (✓) Y ( ) N

Remarks: License renewed 6/94. New RSO approved.

3. TRAINING, RETRAINING, AND INSTRUCTIONS TO WORKERS

A. Instructions to workers [19.12] (✓) Y ( ) N
B. Individual's understanding of current procedures and regulations is adequate (✓) Y ( ) N
C. Training program required [L/C] (✓) Y ( ) N

1. If so, briefly describe training program:
Authorized users train lab workers with Rad. Protection office checking. Rad. Prot. office also provides training for individuals and groups

2. Training program implemented (✓) Y ( ) N
3. Periodic training program required (✓) Y ( ) N
4. Periodic training program implemented (✓) Y ( ) N
5. Records maintained (✓) Y ( ) N

D. Supervision of individuals by authorized user in accordance with [35.25] (✓) Y ( ) N
E. Therapy training ( ) N/A

1. Safety instruction [35.310, 410, L/C]

a. Control of patient and visitors (✓) Y ( ) N
b. Contamination and waste ( ) Y ( ) N N/I
c. Size/appearance of sources ( ) Y ( ) N ( ) N/A N/I
d. Handling/shielding of sources (✓) Y ( ) N ( ) N/A N/I
e. RSO notification in emergency or death ( ) Y ( ) N N/I
f. Records maintained [35.310(b), 410(b)] ( ) Y ( ) N N/I

2. Manufacturer's instructions available and followed [35.59(a), 400] ( ) Y ( ) N N/I
3. Training for operating and emergency procedures for HDR Remote Afterloaders [L/C] ( ) Y ( ) N (✓) N/A

F. Revised Part 20
Radiation Protection Office
~~Workers~~ cognizant of requirements for:

1. Radiation Safety Program [20.1101] (✓) Y ( ) N
2. Annual dose limits [20.1301, 1302] (✓) Y ( ) N
3. New forms 4 and 5 (✓) Y ( ) N ( ) N/A
4. 10% monitoring threshold [20.1502] (✓) Y ( ) N
5. Dose limits to embryo/fetus and declared pregnant worker [20.1208] (✓) Y ( ) N ( ) N/A
6. Grave Danger Posting [20.1902] ( ) Y ( ) N (✓) N/A
7. Procedures for opening packages [20.1906] (✓) Y ( ) N ( ) N/A
8. Sewer disposal limits [20.2003] (✓) Y ( ) N ( ) N/A

NOTE: Deficiencies in Section 3.F, while not always a violation, should be brought to the attention of licensee management at the exit meeting and in the cover letter transmitting the inspection report or NOV.

Remarks:

4. FACILITIES

A. Facilities as described in license application (✓) Y ( ) N
B. Storage areas

1. Materials secured from unauthorized removal or access [20.1801] (✓) Y ( ) N
2. Licensee controls and maintains constant surveillance of licensed material not in storage [20.1802] (✓) Y ( ) N
3. Licensee uses process or other engineering controls for volatiles/gases in storage [35.90] (✓) Y ( ) N
4. Maintenance program implemented for engineering controls (negative pressure, ventilation rates, filter changes, etc.) [35.205(e), L/C] ( ) Y ( ) N N/I

Remarks: ~~5~~. I observed Rad. Prot. personnel verify the fuction and sensitivity of xenon monitor/trap. Xenon vials (unit dose) stored in hood.

Research is spread across Forest Glen, Main campus, and Silver Spring. It is going to be consolidated into new building at Forest Glen

5. EQUIPMENT

A. Dose calibrator ( ) N/A

1. Possessed and used [35.50(a)] (✓) Y ( ) N
2. Constancy [35.50(b)(1)]

a. Performed daily (✓) Y ( ) N
b. Dedicated check source used (✓) Y ( ) N

3. Accuracy [35.50(b)(2)]

a. Performed at installation and annually (✓) Y ( ) N
b. At least 2 sealed sources used (✓) Y ( ) N

4. Linearity [35.50(b)(3)]

a. Performed quarterly (✓) Y ( ) N
b. Includes range between 10 uCi and the highest dosage administered (✓) Y ( ) N

5. Geometry Dependence [35.50(b)(4)]

a. Performed at installation or relocation (✓) Y ( ) N
b. Includes range of volumes and volume configurations used (✓) Y ( ) N

6. Dosage readings mathematically corrected for geometry or linearity errors greater than ±10% N/A

[35.50(d)] ( ) Y ( ) N ( ) N/A

7. Repaired or replaced when constancy or accuracy errors exceeded ±10% [35.50(d)] ( ) Y ( ) N ( ) N/A N/I
8. Approved procedures followed [35.21, 25, L/C] (✓) Y ( ) N
9. Records maintained and signed by RSO [35.50(e)] (✓) Y ( ) N

B. Licensee uses generators (✓) Y ( ) N

1. Each eluate/extract used for radiopharmaceuticals tested for Mo-99 breakthrough (✓) Y ( ) N
2. No radiopharmaceuticals <u>administered</u> with Mo-99 concentrations over 0.15 uCi per mCi of Tc-99m (✓) Y ( ) N
3. Records maintained [35.204(c)] (✓) Y ( ) N

C. Syringes properly labeled and shielded [35.60] ( ) Y ( ) N N/I
D. Vials kept in a shield [35.61(a)] ( ) Y ( ) N N/I
E. Vial shields labeled [35.61(b)] (✓) Y ( ) N

Remarks: Leaner dose calibrator in use as the secondary unit. All required tests performed.

6. <u>MATERIALS</u>

A. Isotope, chemical form, quantity and use as authorized [31.11, 35.100,200,300,400,500, L/C] (✓) Y ( ) N
B. Licensee uses unit doses ^{201}Tl, ^{133}Xe, etc. → (✓) Y ( ) N only
C. Use of radiopharmaceuticals [L/C]

1. Protective clothing worn (✓) Y ( ) N
2. Personnel routinely monitor their hands (✓) Y ( ) N
3. No eating/drinking in use/storage areas (✓) Y ( ) N
4. No food, drink, or personal effects kept in use/storage areas (✓) Y ( ) N
5. Proper dosimetry worn (✓) Y ( ) N
6. Radwaste disposed in proper receptacles (✓) Y ( ) N

D. Leak tests and Inventories N/I

1. Leak test performed on sealed sources and brachytherapy sources [35.59(b)] ( ) Y ( ) N
2. Leak test records in microcuries ( ) Y ( ) N
3. Inventory of sealed sources and brachytherapy sources performed quarterly [35.59(g)] ( ) Y ( ) N
4. Inventory performed promptly at the storage area after removing sources from a patient and includes required information [35.406(a)] ( ) Y ( ) N
5. Records maintained & signed by RSO [35.59, 406] ( ) Y ( ) N

Remarks:

7. RADIATION SURVEYS

A. Survey instruments used to show compliance with Part 35

1. Appropriate operable survey instruments possessed [35.120, 220, 320, 420] or available [35.520] (✓) Y ( ) N ( ) N/A
2. Calibrations [35.51(a,b)] by Contractor in Rockville, MD (Heath Physics Services?)
   a. Before first use, annually & after repairs (✓) Y ( ) N
   b. Approved calibration procedure followed to include check source reading determination [35.51(a)(3), L/C] (✓) Y ( ) N
   c. Within 20% in each scale or decade of interest [L/C] (✓) Y ( ) N
3. Records maintained [35.51(d)] ( ) Y ( ) N N/I
4. Source-checked each day of use [35.51(c)] (✓) Y ( ) N

B. Radiation surveys performed

1. Daily in all areas where radiopharmaceuticals are prepared or administered [35.70(a)] (By Nucl. Med) (✓) Y ( ) N
2. Weekly in all areas where radiopharmaceuticals or waste is stored [35.70(b)] (By Rad. Prot. Office) (✓) Y ( ) N
3. Weekly wipes in all areas where radiopharmaceuticals are routinely prepared, administered or stored [35.70(e)] (By Rad. Prot. Office) (✓) Y ( ) N
4. Quarterly in brachytherapy source storage area ( ) Y ( ) N N/I

C. Trigger levels [35.70]

1. Established (✓) Y ( ) N
2. Exceeded ( ) Y (✓) N (Not noted)
3. Corrective action taken and documented ( ) Y ( ) N N/A

D. Techniques can detect 0.1 mR/hr, 2000dpm [35.70] (✓) Y ( ) N
E. Records maintained [35.70(h), L/C] (✓) Y ( ) N Nucl. Assoc. They use a Deluxe wipe Test counter, which is marginal for wipes
F. Protection of members of the public

Note: See IN 94-09 for updated guidance on conflicts between Parts 20 and 35.

1. Licensee made adequate surveys to demonstrate either (1) that the TEDE to the individual likely to receive the highest dose does not exceed 100 mrem in a year, ~~or (2) that if an individual were continuously present in an unrestricted area, the external dose would not exceed 2 mrem in any hour~~ and 50 mrem in a year [20.1301(a)(1), 1302(b)] (✓) Y ( ) N
2. Unrestricted area radiation levels do not exceed 2 mrem in any one hour [20.1301(a)(2)] (✓) Y ( ) N

3. Records maintained [20.2103, 2107] ( ) Y ( ) N N/I

Remarks: At safe line of brachy patient room, rad. level was 0.3 mR/hr. Patient was implanted with both ^{137}Cs & ^{192}Ir at the time. Licensee used many portable shields.

8. RADIOPHARMACEUTICAL THERAPY ( ) N/A

A. Safety precautions implemented to include patient facilities, posting, stay times, patient safety guidance, release and contamination controls [35.315(a), L/C] (✓) Y ( ) N

B. Area dose rate surveys and room contamination surveys [35.315(a)(4), (7)] Licensee exempt from (✓) Y ( ) N 2000 rem regulation

C. Release of patients containing radiopharmaceuticals meets <5 mR/hr @ 1m or < 30 mCi [35.75] ( ) Y ( ) N N/I

D. RSO promptly notified if patient died or had a medical emergency [35.315(b)] N/I (✓) Y ( ) N ( ) N/A

Remarks:

9. BRACHYTHERAPY ( ) N/A

A. Safety precautions implemented to include patient facilities, posting, stay times, and area radiation level surveys [35.415, L/C] (✓) Y ( ) N

B. Patients surveyed immediately after implant [35.406] (✓) Y ( ) N

C. Release of patients with permanent implants meets 5 mR/hr @ 1m [35.75] ( ) Y ( ) N ( ) N/A N/I

D. Patients surveyed immediately after removing the last temporary implant source (required for all manual, LDR, MDR, and HDR therapies) [35.404(a)] (✓) Y ( ) N ( ) N/A

E. Records maintained [35.404(b), 406(d), 415(a)(4)] (✓) Y ( ) N

Remarks: Observed the removal of ^{192}Ir ribbons from one patient on ~~9/20~~ 9/21. The ~~seeds~~ ribbons were removed, seeds in the ribbon counted, and ~~6~~ 5 ribbons counted and placed in pig. Seeds & ribbons were again counted when put in ~~st~~ storage/shipping container

10. RADIOACTIVE WASTE

A. Disposal

1. Decay-in-storage ( ) N/A

a. Approved [20.2001, 35.92, L/C] (✓) Y ( ) N

b. Procedures followed [35.92, L/C] (✓) Y ( ) N
c. Labels removed or defaced [20.1904, 35.92] (✓) Y ( ) N

2. Special procedures performed as required [L/C] ( ) Y ( ) N N/A
3. Improper/unauthorized disposals [20.2001] ( ) Y (✓) N
4. Records maintained [20.2103(a), 2108, L/C] (✓) Y ( ) N

B. Effluents

1. Release to sanitary sewer [20.2003] (✓) Y ( ) N ( ) N/A

a. Material is readily soluble or readily dispersible [20.2003(a)(1)] (✓) Y ( ) N
b. Monthly average release concentrations do not exceed App. B, Table 2 values (✓) Y ( ) N
c. No more than 5 Ci of H-3, 1 Ci of C-14 and 1 Ci of all other radionuclides combined released in a year [20.2003] (✓) Y ( ) N
d. Procedures to ensure representative sampling and analysis implemented [20.1501, L/C] (✓) Y ( ) N

2. Release to septic tanks [20.2003] ( ) Y ( ) N (✓) N/A

a. Within unrestricted limits [App B,Table 2] ( ) Y ( ) N

3. Air effluents ~~and ashes~~ controlled [20.1201, 1301, 1501, 2001, L/C] {See also IP 87102, RG 8.37} (✓) Y ( ) N

C. Waste storage

1. Protection from elements and fire [L/C] (✓) Y ( ) N
2. Control of waste maintained [20.1801] (✓) Y ( ) N
3. Containers properly labeled and area properly posted [20.1902, 1904] (✓) Y ( ) N
4. Package integrity adequately maintained [L/C] (✓) Y ( ) N

D. Records of surveys and material accountability are maintained [20.2103, 2108] (✓) Y ( ) N

Remarks: Total releases to sanitary sewer system for last year* were 741 mCi ^{3}H, 2 mCi ^{14}C, and 231 mCi everything else. All liquid waste from labs is collected & sampled prior to disposal. Releases from All iodine hoods monitored
Waste is stored in ~~old~~ former reactor building

11. RECEIPT AND TRANSFER OF RADIOACTIVE MATERIAL

A. Describe how packages are received and by whom: [redacted] ( ) N/A
All incoming packages wiped per 20.1906 by Rad. Prot. personnel at central receipt facility or by Nucl. Pharmacist in Nucl. Med. Area.

Waste is shipped to Central Army facility in Barnwell, S.C. several times a year. So far this year, 42 drums have been shipped in 3 shipments.

B. Written package opening procedures established and followed [20.1906(e)] (✓) Y ( ) N

C. All incoming packages with a DOT label wiped, unless exempted (gases and special form) [20.1906(b)(1)] (✓) Y ( ) N N/A

D. Incoming packages surveyed [20.1906(b)(2), L/C] ( ) Y ( ) N None noted

E. Monitoring in (C) and (D) performed within time specified [20.1906(c)] (✓) Y ( ) N

F. Transfer(s) between licensees performed per [30.41] (✓) Y ( ) N ~~Records~~ were authorized

G. All sources surveyed before shipment and transfer [20.1501(a), 49 CFR 173.475(i), L/C] (✓) Y ( ) N

H. Records of surveys and receipt/transfer maintained [20.2103(a), 30.51] (✓) Y ( ) N

I. Package receipt/distribution activities evaluated for compliance with 20.1301 [20.1302] (✓) Y ( ) N

Remarks: Little or no public dose from package receipt/distribution activities.

12. TRANSPORTATION (10 CFR 71.5(a) and 49 CFR 171-189) ( ) N/A

A. Licensee shipments are:

( ) delivered to common carriers
( ) transported in licensee's own private vehicle
(✓) both
( ) no shipments since last inspection

B. Licensee returns radiopharmacy doses ( ) Y (✓) N ( ) N/A

1. Licensee assumes shipping responsibility ( ) Y ( ) N
2. If NO, describe arrangements made between licensee and radiopharmacy for shipping responsibilities:

D. Packages ( ) N/A

1. Authorized packages used [173.415, 416] (✓) Y ( ) N ( ) N/A
2. Performance test records on file ( ) N/A N/I

a. DOT-7A packages [173.415(a)] ( ) Y ( ) N
b. Special form sources [173.476(a)] ( ) Y ( ) N

3. Two labels (White-I, Yellow-II, Yellow-III) with TI, Nuclide, Activity, and Hazard Class [172.403, 173.441] ( ) Y ( ) N N/I
4. Properly marked (Shipping Name, UN Number, Package Type, RQ, "This End Up" (liquids), Name and

Address of consignee) [172.301,306,310,312,324] ( ) Y ( ) N N/I
5. Closed and sealed during transport [173.475(f)] ( ) Y ( ) N N/I

E. Shipping Papers ( ) N/A

1. Prepared and used [172.200(a)] (✓) Y ( ) N
2. Proper {Shipping Name, Hazard Class, UN Number, Quantity, Package Type, Nuclide, RQ, Radioactive Material, Physical and Chemical Form, Activity, Category of label, TI, Shipper's Name, Certification and Signature, Emergency Response Phone Number, "Limited Quantity" (if applicable), "Cargo Aircraft Only" (if applicable)} [172.200-204] (✓) Y ( ) N
3. Readily accessible during transport [177.817(e)] ( ) Y ( ) N N/I

Remarks: Records for waste shipments were examined. I also examined the ~~SP~~ records of the returned generator shipment from the 2/3/94 incident (see ~~LER~~ records of LER) The generator ~~was found~~ packa was found to have high rad. levels upon receipt by DuPont.

13. PERSONNE6L RADIATION PROTECTION

A. Licensee performed exposure evaluation [20.1501] ( ) Y ( ) N
B. Licensee implemented ALARA program [35.20, 20.1101(b)] ( ) Y ( ) N
C. External Dosimetry ( ) N/A

1. Licensee monitors workers [20.1502(a), L/C] ( ) Y ( ) N
2. External exposures account for contributions from airborne activity [20.1203] ( ) Y ( ) N ( ) N/A
3. Supplier Army Frequency Monthly / Quarterly
4. Supplier is NVLAP-approved [20.1501(c)] (✓) Y ( ) N
5. Dosimeters exchanged at required frequency [L/C] (✓) Y ( ) N

D. Internal Dosimetry ( ) N/A

1. Licensee monitors workers [20.1502, L/C] (✓) Y ( ) N
2. Briefly describe licensee's program for monitoring and controlling internal exposures [20.1701, 1702, L/C]:
Bioassay for iodines only is currently required. Uses of ^{3}H & ^{14}C, etc involve very small quantities

3. Aerosols and gases sampled [35.205] Observed xenon trap being checked by Rad. Prot. personnel (✓) Y ( ) N
4. Monitoring/controlling program implemented (includes bioassays) [35.315(a), 205(d), L/C] (✓) Y ( ) N
5. Respiratory protection equipment [20.1703] ( ) Y ( ) N N/A

E. Reports

1. Reviewed by Rad Prot. office Frequency Monthly & Quarterly

2. Inspector reviewed personnel monitoring records for ~~period~~ ~~to~~ 1993 and selected 1994 records
3. Prior dose determined for individuals likely to receive doses [20.2104] (✓) Y ( ) N
4. Maximum exposures TEDE 414 mrem Other 4426 mrem-extremity
5. Maximum CDEs ~~55~~ 123 mrem Organs Thyroid
6. Maximum CEDE 4 mrem
7. Licensee sums internal and external [20.1202] (✓) Y ( ) N
8. TEDEs and TODEs within limits [20.1201] (✓) Y ( ) N
9. NRC forms or equivalent [20.2104(d), 2106(c)]

   a. NRC-4 (✓) Y ( ) N Complete: ( ) Y ( ) N
   b. NRC-5 (✓) Y ( ) N Complete: ( ) Y ( ) N

10. Worker declared her pregnancy in writing during inspection period (review records) ( ) Y ( ) N ( ) N/A N/I
    If yes, licensee in compliance with [20.1208] ( ) Y ( ) N
    and records maintained [20.2106(e)] ( ) Y ( ) N

F. Who performed any PSEs at this facility (number of people involved and doses received) [20.1206, 2104, 2105, 2204] (✓) N/A

G. Records of exposures, surveys, monitoring, and evaluations maintained [20.2102, 2103, 2106, 35.205(d), 315(a)(8), L/C] (✓) Y ( ) N

Remarks: Dosimetry provided + evaluated by USAIRDC, the Army dosimetry group. NVLAP cert. inspected.

14. MISADMINISTRATIONS AND RECORDABLE EVENTS (✓) N/A

A. If misadministrations or recordable events (defined in 35.2) have occurred since the last inspection, evaluate the incident(s) and the licensee's quality management program (QMP) using the existing guidance.

1. Event date _____ Information Source _____
2. Notifications

   NRC Ops Center ( ) Y ( ) N Region ( ) Y ( ) N
   Referring Physician ( ) Y ( ) N Patient ( ) Y ( ) N
   In writing ( ) Y ( ) N

If notification did not occur, why not:

3. Written Reports [35.33]

a. Submitted to Region within 15 days ( ) Y ( ) N
b. Copy to patient within 15 days ( ) Y ( ) N

B. Records maintained [35.33(b)] ( ) Y ( ) N

Remarks:

15. NRC INDEPENDENT MEASUREMENTS

A. Survey instrument	Serial No.	Last calibration
Ludlum 14-C	19613	6/10/94

B. Inspector's measurements were compared to licensee's (✓) Y ( ) N
C. Describe the type, location, and results of measurements:
The level at "safe line" in brachytherapy room (0.3mR/hr) and the count rate over a source storage area in one research lab (1000cpm with similar instrument) agreed with licensee measurements

16. NOTIFICATION AND REPORTS

A. Licensee in compliance with [19.13, 30.50] (reports to individuals, public and occupational, monitored to show compliance with Part 20) (✓) Y ( ) N ( ) N/A
B. Licensee in compliance with [20.2201, 30.50] (theft or loss) ( ) Y ( ) N (✓) None
C. Licensee in compliance with [20.2202, 30.50] (incidents) ( ) Y ( ) N (✓) None
D. Licensee in compliance with [20.2203, 30.50] (overexposures and high radiation levels) ( ) Y ( ) N (✓) None
E. Licensee aware of NRC Ops Center phone number ( ) Y ( ) N N/I

17. POSTING AND LABELING

A. NRC-3 "Notice to Workers" is posted [19.11] (✓) Y ( ) N
B. Parts 19, 20, 21, Section 206 of Energy Reorganization Act, procedures adopted pursuant to Part 21, and license documents are posted or a notice indicating where documents can be examined is posted [19.11, 21.6] ( ) Y ( ) N N/I
C. Other posting and labeling per [20.1902, 1904] and the licensee is not exempted by [20.1903, 1905] (✓) Y ( ) N

Remarks:

18. RECORDKEEPING FOR DECOMMISSIONING

A. Records of information important to the safe and effective decommissioning of the facility maintained in an independent and identifiable location until license termination [30.35(g)] (✓) Y ( ) N

b. Records include all information outlined in [30.35(g)] (✓) Y ( ) N

Remarks: Licensee maintains a computer database of all labs ever used (since database started) and isotopes used there. Liquid is disposed down two drains only, so only those drains were addressed.

19. BULLETINS AND INFORMATION NOTICES

A. Bulletins, Information Notices, NMSS Newsletters, etc., received by the licensee (✓) Y ( ) N

B. Licensee took appropriate action in response to Bulletins, Generic Letters, etc. (✓) Y ( ) N

Remarks: RSO reads notices as they come in and informs appropriate staff

20. SPECIAL LICENSE CONDITIONS OR ISSUES ( ) N/A N/I

A. Special license conditions or issues to be reviewed:

B. Evaluation:

21. CONTINUATION OF REPORT ITEMS

22. VIOLATIONS, NCVs, AND OTHER ISSUES

Note: Briefly state (1) the requirement and (2) how and when the licensee violated the requirement. For non-cited violations, indicate why the violation was not cited.

None

23. PERFORMANCE EVALUATION FACTORS

Licensee (name & location) Walter Reed Army Med Ctr, Washington, D.C. Inspector K. Brown Inspection Date 9/20-23

A. Lack of senior management involvement with the radiation safety

	program and/or Radiation Safety Officer (RSO) oversight	( ) Y (✓) N
B.	RSO too busy with other assignments	( ) Y (✓) N
C.	Insufficient staffing	( ) Y (✓) N
D.	Radiation Safety Committee fails to meet or functions inadequately	( ) Y (✓) N
E.	Inadequate consulting services or inadequate audits	( ) Y (✓) N
F.	Financial Instability	( ) Y (✓) N

Remarks (consider above assessment and/or other pertinent PEFs):

Regional follow-up on above PEFs citations:

END

Exit Meeting held with Col. Douglas Burton, 2nd in Command, Admin. Col. Sprague, Rad. Onc., Col. Rodriguez, Nucl. Med., Dr. Choi, Rad. Onc., Col. Foley, and Lt. Col. Johnson, RPO in attendance. As usual, enf. policy was discussed. The findings of the inspection were related. ~~in part~~. The Rad Onc. + Nucl. Med. Depts. were complemented on the improvements they had made in the R.M. program.