NRC FORM 591M PART 1
(10-2003)
10 CFR 2.201

U.S. NUCLEAR REGULATORY COMMISSION

SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE/LOCATION INSPECTED:	2. NRC/REGIONAL OFFICE
St. Mary Medical Center-Hobart **1500 South lake Park Ave.** **Hobart, IN 46342** REPORT	**U.S. Nuclear Regulatory Commission** **Region III** **2443 Warrenville Road** **Lisle, Illinois 60532-4351**

3. DOCKET NUMBER(S)	4. LICENSEE NUMBER(S)	5. DATE(S) OF INSPECTION
030-31379	**13-03459-03**	**December 18, 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:

[X] 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	S J Mulay	12/18/06

NRC FORM 591M PART 3
(10-2003)
10 CFR 2.201

U.S. NUCLEAR REGULATORY COMMISSION

Docket File Information

SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE	2. NRC/REGIONAL OFFICE
St. Mary Medical Center- Hobart REPORT 2006-001	Region III 2443 Warrenville Road Lisle, IL 60532

3. DOCKET NUMBER(S)	4. LICENSE NUMBER(S)	5. DATE(S) OF INSPECTION
030-31379	13-03459-03	December 18, 2006

6. INSPECTION PROCEDURES	7. INSPECTION FOCUS AREAS
87131/87132	03.01-03.07

SUPPLEMENTAL INSPECTION INFORMATION

1. PROGRAM	2. PRIORITY	3. LICENSEE CONTACT	4. TELEPHONE NUMBER
2120	G3	Eric Zickgraf, Ph.D., RSO	219-836-6390

[X] Main Office Inspection — Next Inspection Date: December 2009

[ ] Field

[ ] Temporary Job Site

PROGRAM SCOPE

This 145 bed hospital performs about 80 diagnostic nuclear medicine procedures monthly utilizing three full-time technologists. No generators are received and all material is obtained from an area pharmacy in the form of unit doses.

The licensee performs approximately one iodine-131 treatment monthly for hyperthyroid and ~6 iodine-131 procedures for ablation annually. No other radiopharmaceutical treatments are performed.

Currently, the licensee's conventional brachytherapy program performs approximately one iodine-125 prostate implant and 2 cesium-137 (sources on-site) treatments annually. For 2006, no treatments involving iridium-192 were administered. The licensee utilizes a medical consultant which appears to adequately oversee the program during quarterly audits.

Performance Observations

Interviews conducted with available nuclear medicine staff revealed an adequate level of understanding of emergency and material handling procedures and techniques. Technologists successfully demonstrated dose calibrator constancy checks. Patient injections observed included the use of gloves, personnel dosimetry, and proper clothing. Package and area survey techniques were demonstrated with no problem noted. Interviews conducted with available staff indicated appropriate responses regarding radiopharmaceutical (iodine-131) administrations.

A review of most recent QMP directives did not reveal medical or recordable events. Overall, both treatment modalities appeared well implemented and maintained. The cesium-137 storage area was observed posted and locked and the licensee's sealed source inventory was verified by physical count.

Personal dosimetry records were reviewed for nuclear medicine and brachytherapy and indicated a maximum whole-body exposure of 316 mrem and extremity readings of 2870 mrem. YTD 2006 whole body readings indicated 207 mrem and 1680 mrem extremity for nuclear medicine. Although not recorded during the inspection, dosimetry readings for radiation oncology did not exceed the levels specified in 10 CFR Pt 20.

Overall, licensed material was observed adequately secured during the review and was not readily accessible to members of the general public. Independent measurements taken in restricted or unrestricted areas of nuclear medicine or radiation oncology did not indicate readings above expected.