## U.S. NUCLEAR REGULATORY COMMISSION NRC FORM 591M PART 3 (10-2003) 10 CFR 2.201 **Docket File Information** SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION 2. NRC/REGIONAL OFFICE 1. LICENSEE Marquette General Health System Region III 2007-001 REPORT NUMBER(S) 5. DATE(S) OF INSPECTION DOCKET NUMBER(S) 4. LICENSE NUMBER(S) 1/23/2007 030-18133 21-05432-04 6. INSPECTION PROCEDURES USED 7. INSPECTION FOCUS AREAS 87131/87132 3.1 - 3.7SUPPLEMENTAL INSPECTION INFORMATION 1. PROGRAM CODE(S) 2. PRIORITY 3. LICENSEE CONTACT 4. TELEPHONE NUMBER 906-225-3777 Julia (Shan) Marlette - RSO 2240 G<sub>2</sub>

## **PROGRAM SCOPE**

Next Inspection Date: 1/2009

The licensee has on staff 14 authorized users and one medical physicists. During the inspection, the 420 W. Magnetic Street and 580 W. College facilities were inspected.

Since the last inspection:

Field Office

Main Office Inspection

Temporary Job Site

X

Permitted under 10 CFR 35.1000: The licensee has terminated its Novoste treatment system therapy and has not performed any activities since the last inspection. The licensee is currently using Y-90 sources for treatment of certain types of cancer and performing 1-5 administrations per year.

Permitted under 10 CFR 35.400: The licensee performs approximately 1 permanent seed implant using I-125 per year and 5-10 brachytherapy using Cs-137 per year. A Sr-90 eye applicator has not been used since the last inspection.

Permitted under 10 CFR 35.300: The licensee performs approximately 10-20 iodine-131 treatments per year. These activities are performed at the main facility.

Permitted under 10 CFR 35.200: The licensee performs approximately 5-15 administrations per day. The licensee primarily uses Tc-99m for various types of scans and X-133 for lung scans. The licensee receives a generator once a week.

The licensee has a Cs-137 source used for the calibration of survey instruments.

The licensee has not performed activities under 10 CFR 35.100 since the last inspection.

## Performance Observations

The inspector interviewed the licensee's management, radiation safety officer, nursing staff, authorized users and other staff members and found that personnel were knowledgeable regarding their responsibilities under the license. The licensee adequately demonstrated to the inspector the safe use of licensed material. The inspector took a physical inventory of sealed sources and reviewed the licensee's security for licensed material and did not identify any regulatory issues. The inspector reviewed a representative sample of written directives and did not identify any issues. The inspector performed independent surveys and side-by-side comparisons between NRC and licensee survey equipment and did not identify any issues. The inspector reviewed a representative sample of the licensee's dosimetry records for 2006 and 2005 and noted exposures to employees were less than regulatory limits.

| NRC FORM 591M PART 1  |                                    | υ   | S. NUCLEAR REGULATO | RY COMMISSION |
|---|------------------------------------|---|---------------------|---------------|
| SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION  SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION  |                                    |   |                     |               |
| 1. LICENSEE/LOCATION INSPECTED:   |                                    | 2. NRC/REGIONAL OFFICE  |                     |               |
| Marquette General Health System<br>Marquette, Michigan  |                                    | REGION III  |                     |               |
| Marquette, Michigan   |                                    | US NUCLEAR REGULATORY COMMISSION 2443 WARRENVILLE ROAD, SUITE 210 |                     |               |
| 0007.004  | i                                  | LISLE, ILLINOIS 60532   | DAD, 3011L 210      |               |
| REPORT 2007-001   | L. Cornors Manager                 |   | E DATE(O) OF ING    | DECTION       |
| 3. DOCKET NUMBER(S)<br>030-18133  | 4. LICENSEE NUMBER(S) 21-05432-014 |   | 5. DATE(S) OF INS   | PECTION       |
| LICENSEE:   | 21-03432-04                        |   | 1/23/07             |               |
| 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 VIOLA  (Violations and Corrective Actions)  | TION, which may be subjec          | t to posting in accordance with                                   | 1 10 CFR 19.11.     |               |
| 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 (conjective 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 Dennis Die e  |                                    |   |                     |               |
|   |                                    | On I M  |                     |               |
|   | 1 LieFran 20                       | July 11 to  | Trans               | 1/23/07       |
| NRC FORM 591M PART 1 (10-2003) Close On RD: 970483  |                                    |   |                     |               |

Close NMED 970483 Close NMED 970493 Close NMED 970154 Close NMED 940036