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(10-2003)  
10 CFR 2.201

### SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE/LOCATION INSPECTED: North Ottawa Community Hospital 1309 Sheldon Road Grand Haven, Michigan 49417	2. NRC/REGIONAL OFFICE  REGION III US NUCLEAR REGULATORY COMMISSION 2443 WARRENVILLE ROAD, SUITE 210 LISLE, ILLINOIS 60532
REPORT                      2007-001	

3. DOCKET NUMBER(S) 030-02168	4. LICENSEE NUMBER(S) 21-13963-01	5. DATE(S) OF INSPECTION May 23, 2007
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**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:

- 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	Geoffrey M. Warren		5/23/07

**Docket File Information**  
**SAFETY INSPECTION REPORT**  
**AND COMPLIANCE INSPECTION**

1. LICENSEE <b>North Ottawa Community Hospital</b> REPORT NUMBER(S) 2007-001		2. NRC/REGIONAL OFFICE <b>Region III</b>	
3. DOCKET NUMBER(S) <b>030-02168</b>	4. LICENSE NUMBER(S) <b>21-13963-01</b>	5. DATE(S) OF INSPECTION <b>May 23, 2007</b>	
6. INSPECTION PROCEDURES USED <b>87131</b>	7. INSPECTION FOCUS AREAS <b>03.01 - 03.08</b>		

**SUPPLEMENTAL INSPECTION INFORMATION**

1. PROGRAM CODE(S) <b>02120</b>	2. PRIORITY <b>3</b>	3. LICENSEE CONTACT <b>Michael A. Schmidt, M.D., RSO</b>	4. TELEPHONE NUMBER <b>616-847-5235</b>
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Main Office Inspection      Next Inspection Date: **May 2010**

Field Office \_\_\_\_\_

Temporary Job Site \_\_\_\_\_

**PROGRAM SCOPE**

The licensee was a 65-bed hospital located in Grand Haven, Michigan. Licensee had authorization to use byproduct materials under 10 CFR 35.100, 35.200. While authorized to use materials under 35.300, the licensee had not performed such activities since before the previous inspection, and was considering removing the authorization from the license. Licensed activities were conducted at the location indicated on the license.

The nuclear medicine department was staffed with one full-time nuclear medicine technologist and two part-time technologists. The licensee's nuclear medicine staff typically administered 150 diagnostic doses monthly. Doses were primarily technetium-99m for cardiac, bone, and other studies. In addition, licensee performed occasional studies using xenon-133 (1-2 per week) and iodine-131 for uptake scans. Doses were received as unit doses from a licensed radiopharmacy or prepared from bulk technetium. All waste was either held for decay-in-storage (DIS) or returned to the radiopharmacy.

**Performance Observations**

The inspector was unable to observe any administrations of licensed material. Licensee personnel demonstrated survey meter QC, package receipt surveys, daily dose calibrator constancy checks, daily and weekly contamination surveys, and dose preparation, administration, and disposal procedures. The inspector identified no concerns with these activities. Interviews with licensee staff indicated adequate knowledge of radiation safety concepts and procedures. Surveys indicated radiation levels comparable to those in licensee survey records and appropriate for area postings.