

Docket File Information
SAFETY INSPECTION REPORT
AND COMPLIANCE INSPECTION

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| 1. LICENSEE Excelsior Springs Medical Center REPORT NUMBER(S) 2007-001 | | 2. NRC/REGIONAL OFFICE Region III | |
| 3. DOCKET NUMBER(S) 030-35302 | 4. LICENSE NUMBER(S) 24-32234-01 | 5. DATE(S) OF INSPECTION 6/7/2007 | |
| 6. INSPECTION PROCEDURES USED 87130/87131 | 7. INSPECTION FOCUS AREAS 3.1-3.7 | | |

SUPPLEMENTAL INSPECTION INFORMATION

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| 1. PROGRAM CODE(S) 2120 | 2. PRIORITY G3 | 3. LICENSEE CONTACT Dr. Robert LacKamp | 4. TELEPHONE NUMBER 816-630-6081 |
|----------------------------|-------------------|---|-------------------------------------|

Main Office Inspection Next Inspection Date: 6/2010

Field Office _____

Temporary Job Site _____

PROGRAM SCOPE

The licensee was located in Excelsior Springs, Missouri, with authorization to use byproduct materials permitted by 10 CFR 35.100, 35.200 and 35.300. Licensed activities were conducted at the address specified on the license.

The nuclear medicine department was staffed with one part-time nuclear medicine technologist. Office hours were Monday, Tuesday and Thursday; 6:00 am to 1:00pm. The licensee's nuclear medicine staff typically administered 3-4 diagnostic doses at day, primarily bone, gall bladder and cardiac studies using technetium-99m. Technetium doses were received as unit doses. The licensee had not administered licensed material permitted by 10 CFR 35.300 since the last inspection. All radioactive material waste was either held for decay-in-storage (DIS) or returned to the radiopharmacy.

Performance Observations

The licensee demonstrated a package receipt survey, daily dose calibrator constancy check, radiological surveys, and dose preparation for injection. The inspector reviewed documentation regarding a selected number of diagnostic administrations and identified no regulatory issues. The inspector performed independent and confirmatory radiation measurements; no abnormal radiation levels were identified. Interviews with licensee staff indicated a sufficient knowledge of radiation safety practices.

SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

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| 1. LICENSEE/LOCATION INSPECTED: Excelsior Springs Medical Center Excelsior Springs, Missouri | | 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) 030-35302 | 4. LICENSEE NUMBER(S) 24-32234-01 | 5. DATE(S) OF INSPECTION 6/7/07 | |

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 | P. W. Thompson | | 6/7/07 |
| NRC INSPECTOR | Michael M. Frauzo | | 6/7/07 |