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. Joseph Mercy - Oakland 44405 Woodward Ave. Pontiac, Michigan 48341 REPORT 2008-001	REGION III US NUCLEAR REGULATORY COMMISSION 2443 WARRENVILLE ROAD, SUITE 210 LISLE, ILLINOIS 60532

3. DOCKET NUMBER(S)	4. LICENSEE NUMBER(S)	5. DATE(S) OF INSPECTION
030-02104	21-11651-01	January 16, 2008

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		1/16/08

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. Joseph Mercy - Oakland REPORT NUMBER(S) 2008-001	**Region III**

3. DOCKET NUMBER(S)	4. LICENSE NUMBER(S)	5. DATE(S) OF INSPECTION
030-02104	21-11651-01	January 16, 2008

6. INSPECTION PROCEDURES USED	7. INSPECTION FOCUS AREAS
87131, 87132	03-01 - 03.08; 03-01 - 03.08

SUPPLEMENTAL INSPECTION INFORMATION

1. PROGRAM CODE(S)	2. PRIORITY	3. LICENSEE CONTACT	4. TELEPHONE NUMBER
02120	3	Michael Lala, M.D., RSO	248-858-3040

[X] Main Office Inspection — Next Inspection Date: **Jan. 2011**

[ ] Field Office

[ ] Temporary Job Site

PROGRAM SCOPE

The licensee was a 465-bed hospital located in Pontiac, Michigan, which served primarily the local area and surrounding suburbs. Licensee had authorization to use byproduct materials under Sections 35.100, 35.200, 35.300, and 35.400. While the licensee was authorized to use iridium-192 for interstitial treatment of cancer, no such procedures had been performed for several years. Licensed activities were conducted only at the facility identified on the license. The Radiation Safety Committee met as required, had appropriate membership, and discussed appropriate topics.

The nuclear medicine department was staffed with five full-time and one part-time nuclear medicine technologists. They typically administered 800 diagnostic doses monthly. Doses were primarily technetium-99m for cardiac, bone, and other studies, with some xenon-133 doses for lung scans. Doses were received as unit doses from a licensed radiopharmacy or prepared from bulk technetium. The nuclear medicine staff also performed around three procedures monthly using iodine-131, mostly whole-body scans with occasional hyperthyroid and thyroid cancer treatments, with the iodine-131 in capsule form. All waste was held for decay-in-storage (DIS) or returned to the radiopharmacy.

An outside oncology group with offices near the hospital performed seed implant procedures at the hospital under the hospital's license. Seeds were ordered by the outside group and delivered to and stored at the hospital. Copies of required documentation were provided to nuclear medicine. The oncology group included two oncologists, three physicists, and three dosimetrists who were involved in procedures performed at the hospital; the oncologists were authorized users on the license. The oncologists had performed 44 prostate implant procedures using iodine-125 in 2007.

Performance Observations

The inspector observed two diagnostic administrations of licensed material including dose preparation and disposal, as well as uptake probe QC, and identified no issues with the activities. Licensee personnel demonstrated dose calibrator constancy checks, wipe counter and survey meter QC, and daily and weekly contamination surveys, and described procedures for iodine-131 procedures and waste disposal. The inspector found no concerns with these activities. The inspector reviewed written directives for radiopharmaceutical therapies and seed implants, and found no issues. Interviews with licensee staff indicated adequate knowledge of radiation safety procedures. Radiation surveys indicated radiation levels consistent with licensee survey records.