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**SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION**

1. LICENSEE/LOCATION INSPECTED: Christian Hospital 11133 Dunn Road St. Louis, Missouri 63136 REPORT NUMBER(S) 2008-001		2. NRC/REGIONAL OFFICE U.S. Nuclear Regulatory Commission Region III 2443 Warrenville Road Suite 210 Lisle, Illinois 60532-4351	
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3. DOCKET NUMBER(S) 030-02382	4. LICENSEE NUMBER(S) 24-13383-01	5. DATE(S) OF INSPECTION May 8, 2008
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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):  
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- 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		5/8/08

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6. INSPECTION PROCEDURES USED 87131, 87132		7. INSPECTION FOCUS AREAS 03.01 – 03.08; 03.01 – 03.08	

**SUPPLEMENTAL INSPECTION INFORMATION**

1. PROGRAM CODE(S) 02240	2. PRIORITY 2	3. LICENSEE CONTACT John Chorzel, M.S., RSO	4. TELEPHONE NUMBER 314-653-5810
<input checked="" type="checkbox"/> Main Office Inspection		Next Inspection Date: May 2010	
<input checked="" type="checkbox"/> Field Office		11155 Dunn Road, St. Louis, MO (Radiation Oncology)	
<input type="checkbox"/> Temporary Job Site Inspection			

**PROGRAM SCOPE**

The licensee was a 300-bed hospital located in St. Louis, Missouri, which served the local city and surrounding counties. Licensee was authorized to perform activities under Sections 35.100, 35.200, 35.300, and 35.400, as well as iodine-131 as Iotrex in GliaSite Radiotherapy.

The nuclear medicine department was staffed with four full-time technologists. The staff typically administered 500 diagnostic doses monthly in the nuclear medicine area. Doses were primarily technetium-99m (Tc-99m) for cardiac, bone, and other studies. Tc-99m doses were received as unit doses from a licensed radiopharmacy or prepared from bulk technetium. The nuclear medicine staff typically performed around three hyperthyroid treatments monthly, three thyroid cancer therapies annually, and eight whole-body scans annually using iodine-131 in capsules, as well as four therapies annually using samarium-153. All waste was stored for decay in storage or returned to the radiopharmacy.

The radiation oncology department performed 20 prostate implants annually using iodine-125 and palladium-103 seeds. In addition, the staff had performed one GliaSite therapy using iodine-131. The oncology staff consisted of two oncologists, one physicist, and one dosimetrist.

**Performance Observations**

The inspector observed three diagnostic administrations of licensed material including dose preparation and disposal, package receipt surveys, and kit preparation, and noted no issues with the activities. Licensee staff demonstrated wipe counter and survey meter QC, dose calibrator constancy testing, and daily contamination surveys, and described radiopharmaceutical therapy and permanent seed implants. The inspector identified no concerns with the activities. The inspector reviewed written directives for radiopharmaceutical and seed implant procedures and found no issues. Interviews with licensee staff indicated adequate knowledge of radiation safety procedures. Radiation surveys indicated radiation levels consistent with licensee records and postings.