FORM AEC-591
(6/71)

UNITED STATES ATOMIC ENERGY COMMISSION
DIVISION OF COMPLIANCE

INSPECTION FINDINGS AND LICENSEE ACKNOWLEDGMENT

1. LICENSEE	2. REGIONAL OFFICE
WOODLAND MEDICAL GROUP DETROIT, MICH. 48219	U. S. Nuclear Regulatory Commission Office of Inspection & Enforcement Region III 799 Roosevelt Road Glen Ellyn, Illinois 60137

3. DOCKET NUMBER(S)	4. LICENSE NUMBER(S)	5. DATE OF INSPECTION
0300 2149	21-13855-01	11/16/77

6. INSPECTION FINDINGS

The inspection was an examination of the activities conducted under your license as they relate to radiation safety and to compliance with the Commission's 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 findings as a result of this inspection are as follows:

☒ No items of noncompliance or unsafe conditions were found.

The following items of noncompliance related to records, signs, and labels were found:

☐ A. Rooms or areas were not properly posted to indicate the presence of a RADIATION AREA. 10 CFR 20.203(b) or 34.42

☐ B. Rooms or areas were not properly posted to indicate the presence of a HIGH RADIATION AREA. 10 CFR 20.203(c) (1) or 34.42

☐ C. Rooms or areas were not properly posted to indicate the presence of an AIRBORNE RADIOACTIVITY AREA. 10 CFR 20.203(d)

☐ D. Rooms or areas were not properly posted to indicate the presence of RADIOACTIVE MATERIAL. 10 CFR 20.203(e)

☐ E. Containers were not properly labeled to indicate the presence of RADIOACTIVE MATERIAL. 10 CFR 20.203(f) (1) or (f) (2)

☐ F. A current copy of 10 CFR 20, a copy of the license, or a copy of the operating procedures was not properly posted or made available. 10 CFR 20.206(b)

☐ G. Form AEC-3 was not properly posted. 10 CFR 20.206(c)

☐ H. Records of the radiation exposure of individuals were not properly maintained. 10 CFR 20.401(a) or 34.33(b)

☐ I. Records of surveys or disposals were not properly maintained. 10 CFR 20.401(b) or 34.43(d)

☐ J. Records of receipt, transfer, disposal, export or inventory of licensed material were not properly maintained. 10 CFR 30.51, 40.61 or 70.51

☐ K. Records of leak tests were not maintained as prescribed in your license, or 10 CFR 34.25(c)

☐ L. Records of inventories were not maintained. 10 CFR 34.26

☐ M. Utilization logs were not maintained. 10 CFR 34.27

☐ N. Records of radiation survey instrument calibration were not maintained. 10 CFR 34.24

☐ O. Records of teletherapy electrical interlock tests were not maintained as prescribed in your license.

☐ P. Other _____

_____
(AEC Compliance Inspector)

7. The AEC Compliance Inspector has explained and I understand the items of noncompliance listed above. The items of noncompliance will be corrected within the next 30 days.

A/22

_____ _____
(Date) *(Licensee Representative – Title or Position)*

ORIGINAL TO LICENSEE

UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION III
799 ROOSEVELT ROAD
GLEN ELLYN, ILLINOIS 60137

INSPECTION REPORT NO. 7701

Woodland Medical Group
(Licensee name/address)
22341 W. Eight Mile Road
Detroit, Michigan 48219
Telephone No: 313-538-4700

Attached
( ) Appendix A
( ) Appendix B
( ) Appendix C
( ) Memo

License No. 21-13255-01 Last amendment & date: 20, Jan. 22, 1976
Docket No. 03002149
Category: G & Priority: IV, as of last amendment.
Inspection date(s): 11/16/77 Type of inspection: announced

SUMMARY OF FINDINGS AND ACTION

(X) No noncompliance, clear 591
( ) Noncompliance, 591 issued
( ) Noncompliance, Appendix A
( ) Regional action ( ) Hq action
( ) Action on previous n/c, App B
( ) Supplemental info, App C

RECOMMENDATIONS

See basis in Appendix C or attached memo.

( ) Change Category to: _____ ( ) Change Priority to: _____
(X) Next inspection date: 11/80

PERSONS CONTACTED
(NAME AND TITLE)

* Wiley Jordan, Nuclear Medicine Technician
* Dr. Barry J. Samuels, authorized user

* Indicates those attending management meetings

Inspector: [signature] (signature) 11/16/77 (date signed)
Approved: [signature] (signature) 11/22/77 (date signed)

MC 1005
4/77

INSPECTION PLAN AND REPORT NUMBER 7701

PLANNING SHEET

Date: 11/16/77

Licensee: Woodland Medical Group

License no: 21-13255-01

Inspection Items	Scheduled for inspection	Post-inspection status	Module no.	766 Time Info
Management meeting - Entrance and Exit Interviews *[REQUIRED]*	✓	complete	30703B	
Initial Management Meeting			30800B	
Program requirements, MC 28__ *[REQUIRED]*	✓	complete	78710B	
Licensee Event Followup			92700B	
Followup on Inspector-identified problems			92701B	
Followup on Noncompliance and Deviations			92702B	
IE Bulletin/Immediate Action Letter Followup			92703B	
Followup on Headquarters Requests			92704B	
Followup on Regional Requests			92705B	
Independent Inspection Effort *[REQUIRED]*	✓	complete	92706B	
Inspector Dispatched to Site			93700B	
Followup on Significant Event Occurring During Inspection			93701B	

MEDICAL INSPECTION REPORT

Licensee: Woodland Medical Group Lic. No. 21-13235-01 Amendment No. 20

Date of Inspection 11/16/77

1. INSPECTION HISTORY

   a. Items of noncompliance of safety items noted during last inspection conducted on 7/72 Yes ____ No X

   b. Requirement ____ Corrected ____ Not Corrected ____

   c. If any items of noncompliance or safety items noted during the last inspection were not corrected, explain: ____

2. ORGANIZATION

   a. Organizational structure as described in application or letter Dated 8/12/72, Or ____

   b. List primary licensee contact: Dr Barry Samuels Telephone No. 313-538-4700

   c. Comment: ____

200 mCi fission Sr weekly
eluted daily in
I-131 thyroid Leo - 20 (opt)
scans - 25
MW 5 of 5

Tc brain - 50
Salivary - 10/yr.
liver - 40
spleen - 40
lung - 4
bone - 20

No Xenon usage.

D. - 12 mo I-131 hyperthyroid
P-32 myelogenous

3. SUMMARY OF LICENSED PROGRAM (Kind of program, number of people, rate of use or quantities on hand, places and frequency of use, type, quantity and use as authorized, and in accord with item 5 of procedure 87710B).

a 300 mCi Mo-Tc generator weekly, eluted daily. Monthly Tc-99m procedures - 50 brain, 25 thyroid scans, 40 liver scans, 40 spleen scans, 4 lung scans, 20 bone scans. 20 I-131 thyroid uptakes monthly. 12 I-131 hyperthyroid treatments yearly. No use of Xenon 133 to date.

One medical technician currently, plan to hire second technician.

Category and priority of this license is appropriate: Yes ✓ No _____

If "No" state new Category _____ Priority _____.

4. INTERNAL AUDITS OR INSPECTIONS

a. Required by L/C or application: Yes _____ No X If "Yes":

1) By whom _____

2) Frequency _____

3) Scope _____

4) Records maintained: Yes _____ No _____

5) Records reviewed: Yes _____ No _____

b. Comment (responsibility of auditor or committee, management control): _____

Dr. Samuels observes technician several times a week and looks at records and record keeping. No records maintained

5. TRAINING RETRAINING AND INSTRUCTION TO WORKERS

a. Training program specified in L/C or application: Yes_____ No X

b. If training program is required complete the following:

1) Scope:_____

c. Retraining required: Yes_____ No X

If "Yes" is retraining: Complete_____ Incomplete_____

1) Are tests and/or examinations required: Yes_____ No_____

2) If "Yes" are records available: Yes_____ No_____

3) Reviewed test results: Yes_____ No_____

4) Comment if necessary (per cent completed, test results, etc.):_____

d. Comment (training provided but not covered above): Technician is registered, attends seminars.

e. Instructions to workers in accord with 10CFR 19.12: Yes ✓ No_____

6. RADIOLOGICAL PROTECTION PROCEDURES

a. Procedures required by L/C or application: Yes X No_____

b. If "Yes" does procedure provide for:

1) Identification of radiopharmaceutical and doses: Yes X No _____

2) Handling of patients who have received therapeutic radioisotopes:

Yes _____ X No _____

3) Handling of cadavers containing isotopes: Yes _____ No X

4) Emergency procedures including spills: Yes X No _____

5) Comments (personnel's understanding of above procedures): _____

all therapy doses are 15 mCi I-131 or less and not required to be hospitalized.

7. MATERIALS

a. Indicate special tests required by L/C:

1) Moly breakthrough: Yes ✓ No _____ Performed: Yes ✓ No _____

2) Leak tests: Yes N/A No _____ Performed: Yes _____ No _____

3) Other tests required. List: _____

4) Dose calibration checks: Yes ✓ No _____ Performed: Yes ✓ No _____

5) Comment on a, 1 - 4, above as necessary: _____

6) Posting and labeling in accord with 10CFR 20.203: Yes ✓ No _____

7) Comment as necessary: _____

8. STORAGE OF MATERIALS

a. Radioactive material secured to prevent unauthorized removal from:

1) Restricted area (20.207): Yes X No ____

2) Unrestricted area (20.207): Yes X No ____

b. Method of control appears adequate: Yes X No ____

c. Comment: ____

9. FACILITIES

a. Facilities as described in L/C or application: Yes ✓ No ____

b. Comment (include changes if any and evaluation of adequacy): ____

10. INSTRUMENTATION

a. Type(s) of radiation survey instruments on hand as per L/C or application:

Yes X No ____

1) If "No" list changes: ____

b. Capability of radiation survey instruments adequate for program:

Yes ✓ No ____

c. Calibration of instruments required by L/C or application:

Yes ✓ No ____

d. If "Yes" instruments calibrated in accord with requirements:

Yes ✓ No ____

e. Comment: _____

_____

_____

_____

_____

11. RECEIPT AND TRANSFER OF MATERIAL

a. Procedures exist which provide for survey of incoming shipments (20.205 b,c): Yes ✓ No _____; for opening packages (20.205 d): Yes ✓ No _____

b. If "Yes" do records of surveys exist (20.401): Yes ✓ No _____

Records of surveys reviewed by inspector: Yes ✓ No _____

c. Comments: _____

_____

_____

d. Records of receipt and transfer of material available (30.51):

Yes ✓ No _____

e. If "Yes" review of records was made by inspector: Yes ✓ No _____

f. Comments: _____

_____

_____

g. Packages on hand meet labelling requirements (49CFR 173.399):

Yes ✓ No _____

h. Comments: _____

_____

_____

_____

12. PERSONNEL RADIATION PROTECTION - EXTERNAL

a. Film or TLD badge supplier RS Landauer

b. Badge exchange frequency Monthly

c. Reports reviewed by Dr. H J Dalal

d. Frequency of report review Monthly

e. Records reviewed for period 7/4/72 to 10/4/77 by NRC inspector (review all since last inspection)

f. NRC forms on equivalent

1) NRC-4 (20.102(b)) Yes____ No X Complete: Yes____ No____

2) NRC-5 (20.401(a)) Yes X No____ Complete: Yes X No____

Maximum whole body quarterly exposure (a) 110 mrem

Maximum extremity quarterly exposure (a) 200 mrem

3) Comment if necessary:

g. Direct radiation survey of restricted and unrestricted areas being made:

Yes ✓ No____

1) Records of surveys being maintained: Yes ✓ No____

h. Comments:

13. PERSONNEL RADIATION PROTECTION - INTERNAL

a. Potential for exposure of individuals to airborne radioactive materials exists: Yes____ No ✓

1) If "Yes" program for monitoring and control exists: Yes_____ No_____

a. If "Yes" program for monitoring and control is adequate:

Yes_____ No_____

b. Comments:_____

_____

_____

c. Smears and air samples

1) Monitoring for airborne radioactivity is conducted (20.103):

Yes_____ No ✓

a. Records of monitoring reviewed: Yes N/A No_____

b. If "Yes" records of monitoring appears adequate: Yes_____ No_____

2) Smear surveys being conducted (20.201, b): Yes X No_____

a. Records of smear surveys reviewed: Yes X No_____

b. If "Yes" records appeared adequate: Yes X No_____

d. Comments on a, b, and c above:_____

_____

_____

_____

_____

_____

14. RADIOACTIVE EFFLUENT CONTROL AND WASTE DISPOSAL

a. Byproduct material released to atmosphere or sewer (20.106 and 20.303):

Yes_____ No ✓

b. Records of releases of radioactive effluents exist (20.401):

Yes_____ No N/A

1) If "Yes" records appear adequate: Yes_____ No N/A

c. Solid waste disposal method: hold for decay, survey prior to release

1) Records of disposal maintained (30.51): Yes ✓ No_____

2) Surveys of waste prior to disposal made (20.201): Yes ✓ No_____

3) Records of surveys appear adequate (20.401): Yes ✓ No_____

d. Comments on a, b, and c above:_____

15. SHIPPING INCIDENTS

a. Have any shipping incidents occurred since the last inspection:

Yes_____ No ✓

1) If "Yes" incident is documented: Yes_____ No_____

a. If "Yes"documentation appears adequate: Yes_____ No_____

b. Comment (reports to DOT - corrective actions taken, etc.):_____

16. NOTIFICATIONS AND REPORTS

a. Licensee in compliance with 10CFR 19.13 (reports to individuals):

Yes ✓ No_____

b. Licensee in compliance with 10CFR 20.405 (over exposures):

Yes ✓ No ____

c. Licensee in compliance with 10CFR 20.403 (incidents):

Yes ✓ No ____

d. Licensee in compliance with 10CFR 20.409 (individual report):

Yes ✓ No ____

e. Licensee in compliance with 10CFR 20.402 (theft or loss):

Yes ✓ No ____

f. Comments (items a, b, c, d, e above, or other reports required by L/C):

17. POSTING OF NOTICES

a. Licensee in compliance with 10CFR 19.11: Yes ✓ No ____

b. Comments: ____

18. CONFIRMATORY MEASUREMENTS

a. Independent measurements made by inspector: Yes ✓ No ____

b. Comment (describe type, results, comparison with licensee results): using Victor GM survey meter, inspector made radiation level survey of the hot lab and scanning room. No problems were identified

19. INDEPENDENT INSPECTION EFFORT

a. Comment on type of independent inspection effort conducted (e.g. walkthrough or other areas not covered in inspection procedure): The inspector walkthrough the labs to observe use and storage facilities, equipment, storage and security of materials, control of facility access, and posting. The inspector observed 1 c 9m sulfur colloid preparations.

20. OTHER INFORMATION (INCIDENTS, EQUIPMENT MALFUNCTION, MISADMINISTRATIONS, CONTINUATION FROM PREVIOUS PARAGRAPHS - USE BACK OF PAGE IF NECESSARY)

none