

INSPECTION FINDINGS AND LICENSEE ACKNOWLEDGMENT

<p>1. LICENSEE <i>WOODLAND MEDICAL GROUP</i> <i>DETROIT, MICH. 48219</i></p>		<p>2. REGIONAL OFFICE U. S. Nuclear Regulatory Commission Office of Inspection & Enforcement Region III 799 Roosevelt Road Glen Ellyn, Illinois 60137</p>	
<p>3. DOCKET NUMBER(S) <i>0300 2149</i></p>	<p>4. LICENSE NUMBER(S) <i>21-13255-01</i></p>	<p>5. DATE OF INSPECTION <i>11/16/77</i></p>	
<p>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:</p> <p><input checked="" type="checkbox"/> No items of noncompliance or unsafe conditions were found.</p> <p>The following items of noncompliance related to records, signs, and labels were found:</p> <ul style="list-style-type: none"> <input type="checkbox"/> A. Rooms or areas were not properly posted to indicate the presence of a RADIATION AREA. 10 CFR 20.203(b) or 34.42 <input type="checkbox"/> 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 <input type="checkbox"/> C. Rooms or areas were not properly posted to indicate the presence of an AIRBORNE RADIOACTIVITY AREA. 10 CFR 20.203(d) <input type="checkbox"/> D. Rooms or areas were not properly posted to indicate the presence of RADIOACTIVE MATERIAL. 10 CFR 20.203(e) <input type="checkbox"/> E. Containers were not properly labeled to indicate the presence of RADIOACTIVE MATERIAL. 10 CFR 20.203(f) (1) or (f) (2) <input type="checkbox"/> 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) <input type="checkbox"/> G. Form AEC-3 was not properly posted. 10 CFR 20.206(c) <input type="checkbox"/> H. Records of the radiation exposure of individuals were not properly maintained. 10 CFR 20.401(a) or 34.33(b) <input type="checkbox"/> I. Records of surveys or disposals were not properly maintained. 10 CFR 20.401(b) or 34.43(d) <input type="checkbox"/> 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 <input type="checkbox"/> K. Records of leak tests were not maintained as prescribed in your license, or 10 CFR 34.25(c) <input type="checkbox"/> L. Records of inventories were not maintained. 10 CFR 34.26 <input type="checkbox"/> M. Utilization logs were not maintained. 10 CFR 34.27 <input type="checkbox"/> N. Records of radiation survey instrument calibration were not maintained. 10 CFR 34.24 <input type="checkbox"/> O. Records of teletherapy electrical interlock tests were not maintained as prescribed in your license. <input type="checkbox"/> P. Other _____ 			
<p>_____ (AEC Compliance Inspector)</p>			
<p>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.</p> <p style="text-align: right; margin-right: 100px;"><i>A/22</i></p>			
<p>_____ (Date)</p>		<p>_____ (Licensee Representative - Title or Position)</p>	



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

- 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: _____
 Next inspection date: 11/80

PERSONS CONTACTED
 (NAME AND TITLE)

* Wiley Jordan, Nuclear Medicine Technician
 * Dr. Barry D. Daniels, authorized user

* Indicates those attending management meetings

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

PLANNING SHEET

Date: 11/16/27

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. 21-13255 E01 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 Samuel Telephone No. 313-538-4700

c. Comment: _____

200 mCi fission ⁹⁰Sr weekly
eluted daily in

I-131 thyroides - 20 caps
scans - 25
no 5075

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

No Xenon usage.

D. - 12 (mo) ¹³¹I - hyperthyroid
P-32 infrequent

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 78710B).

a 300 mCi Mo-99 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 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 No

2) Handling of patients who have received therapeutic radioisotopes:

Yes No

3) Handling of cadavers containing isotopes: Yes No

4) Emergency procedures including spills: Yes 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 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: _____

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 NA No _____

b. If "Yes" records of monitoring appears adequate: Yes _____ No _____

2) Smear surveys being conducted (20.201, b): Yes No _____

a. Records of smear surveys reviewed: Yes No _____

b. If "Yes" records appeared adequate: Yes 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 NA

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
Pickler GM survey meter, inspector made radiation level survey of
the hot lab and a cleaning 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 walk through the labs to observe use and storage facilities, equipment, storage and security of materials, control of facility access, and posting. The inspector observed ^{9m}Tc sulfur colloid preparations.

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

none