

**SAFETY INSPECTION REPORT
AND COMPLIANCE INSPECTION**

1. LICENSEE Daviess Community Hospital REPORT NUMBER(S) 2008-001		2. NRC/REGIONAL OFFICE Region III 2443 Warrenville Road, Suite 210 Lisle, IL 60532	
3. DOCKET NUMBER(S) 030-10475	4. LICENSE NUMBER(S) 13-16138-01	5. DATE(S) OF INSPECTION July 30, 2008	
6. INSPECTION PROCEDURES USED 87131	7. INSPECTION FOCUS AREAS 03.01-03.07		

SUPPLEMENTAL INSPECTION INFORMATION

1. PROGRAM CODE(S) 2120	2. PRIORITY G3	3. LICENSEE CONTACT Eung Man Cha, MD., RSO	4. TELEPHONE NUMBER 812-254-8898
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Main Office Inspection Next Inspection Date: 08/2011

Field Office _____

Temporary Job Site Inspection _____

PROGRAM SCOPE

This active medical program uses byproduct material as authorized in 10 CFR 35.100-300. The licensee performs approximately 200 diagnostic procedures monthly involving cardiac and other routine nuclear medicine procedures. One full-time and two cross-trained technologist's currently staff the department. Generators are not received and all material is obtained from an area nuclear pharmacy in the form of unit and bulk doses.

The licensee performs about 3 iodine-131 HTT procedures monthly and no treatments involving greater than 33 millicuries of iodine-131 are performed. Program audits are conducted semi-annually by the RSO and appear to adequately oversee licensed activities.

Performance Observations

Daily area surveys, waste handling and disposal, dose calibrator constancy checks, package receipt and return procedures as well as injection techniques were successfully described or demonstrated. A random record review of the licensee's quality management program revealed written directives, proper patient identification and post treatment instruction were completed as required with no problems or issues identified in this area.

Interviews conducted with licensee staff revealed an appropriate understanding of security of licensed material as well as proper material handling and emergency procedures.

Independent measurements taken indicated a maximum reading of 0.3 mr/hr in the hot-lab L-shield area and essentially background (0.02mr/hr) in the imaging and unrestricted areas. Personal dosimetry records reviewed indicated whole-body readings for 2007 of 242 mRem and 270 mRem extremity. YTD 2008 readings showed whole-body exposure of 91 mRem and extremity of 150 mRem.

SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE/LOCATION INSPECTED: Daviess Community Hospital 1314 E. Walnut Street Washington, IN 47501		2. NRC/REGIONAL OFFICE U.S. Nuclear Regulatory Commission Region III 2443 Warrenville Road Suite 210 Lisle, Illinois 60532-4351	
3. DOCKET NUMBER(S) 030-10475		4. LICENSEE NUMBER(S) 13-16138-01	
REPORT NUMBER(S) 2008-001		5. DATE(S) OF INSPECTION July 30, 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	S. J. Mulay		08/06/08

TRANSMISSION VERIFICATION REPORT

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NRC FORM 388 (RIII)
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UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION III
2443 Warrenville Road, Suite 210
Lisle, Illinois 60532-4352

TELEFAX TRANSMITTAL

DATE: 8/7/08 NUMBER OF PAGES: 2
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SEND TO: JERRY WEBER

LOCATION: DAVIES COMMUNITY HOSPITAL

FAX NUMBER: 812-254-8628 VERIFY BY CALLING SENDER

FROM: (SENDER) Sam Murray, U.S. NRC - Region 3

TELEPHONE NUMBER: 630-829-9837 FAX NUMBER: 630-829-9782

If you do not receive the complete fax transmittal, please contact the sender as soon as possible at the telephone number provided above.

MESSAGE