

SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE/LOCATION INSPECTED:
Ball Memorial Hospital
2401 W. University Ave
Muncie, IN 47303
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

3. DOCKET NUMBER(S)
030-01586

4. LICENSEE NUMBER(S)
13-00951-03

5. DATE(S) OF INSPECTION
7/22/08

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	<i>Ken Lambert</i>	<i>Ken Lambert</i>	<i>7/22/08</i>
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AND COMPLIANCE INSPECTION

1. LICENSEE Ball Memorial Hospital REPORT NUMBER(S) 2008-001		2. NRC/REGIONAL OFFICE Region III 2443 Warrenville Road, Suite 210 Lisle, IL 60532	
3. DOCKET NUMBER(S) 030-01586	4. LICENSE NUMBER(S) 13-00951-03	5. DATE(S) OF INSPECTION July 22, 2008	
6. INSPECTION PROCEDURES USED 87131, 87132		7. INSPECTION FOCUS AREAS 03.01 – 03.08	

SUPPLEMENTAL INSPECTION INFORMATION

1. PROGRAM CODE(S) 02230	2. PRIORITY 2	3. LICENSEE CONTACT Alvis E. Foster MD, RSO	4. TELEPHONE NUMBER 765-747-4440
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<input checked="" type="checkbox"/>	Main Office Inspection	Next Inspection Date: July 2010
<input type="checkbox"/>	Field Office	
<input type="checkbox"/>	Temporary Job Site Inspection	

PROGRAM SCOPE

The licensee was a medical institution authorized to use any byproduct materials for diagnostic and therapeutic medical procedures under 10 CFR 35.100, 200, 300, and 400, including HDR. The licensee has a separate cardiology department. This nuclear medicine department employs 2 full time and 2 part times technologists, and conducts an average of 120 administrations/scan per month for routine diagnostic imaging, with approximately 40 percent (%) gallbladder scans, 30% bone scans, and 20% thyroid scans. The facility performs approximately 120 I-131 therapies per year. The cardiology department employs 3 full time and 1 part time technologist, and performs approximately 150 cardiac studies/month. The licensee performs approximately 12 therapy treatments per year using Ir-192 in an HDR unit with about half the treatments involving mamosites. The facility also performs 30-40 pd-103 seed prostate implant treatments per year.

Performance Observations

Interviews conducted with available staff revealed an adequate level of understanding of emergency and material handling procedures and techniques. Dose calibrator constancy checks, area surveys, package check-in procedures and injection techniques were successfully demonstrated or observed. The licensee possessed radiological survey instruments that were within calibration. Proper personal dosimetry was observed worn by available staff during the inspection. The inspector also reviewed random HDR therapy and pd-103 seed implant treatments records, with no issues identified.

Both the nuclear medicine and cardiology hot-lab rooms were observed locked upon arrival. Licensed material was not readily accessible to members of the general public. The HDR unit was locked within a closet located within the linear accelerator treatment room.

Personal dosimetry records reviewed for 2006 indicated maximum doses of 273 mrem whole body and 880 mrem extremity. Personal dosimetry records reviewed for 2007 indicated maximum doses of 249 mrem whole body and 850 mrem extremity. Personal dosimetry records for 2008, through 5/31, indicated 84 mrem whole body and 210 mrem extremity.

No violations were identified

The inspector also verified that corrective actions, described in the licensee's March 18, 2008, letter involving the failure to have a signed written directive prior to the administration of I-131 greater than 30 microcuries, were appropriately implemented.