

NRC FORM 591X PART 1
(11-2001) 10 CFR 2.201

U.S. NUCLEAR REGULATORY COMMISSION

SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE/CERTIFICATE HOLDER Location Inspected: Jefferson Memorial Hospital P.O. Box 350 Crystal City, Mo. 63019		2. REGIONAL OFFICE US Nuclear Regulatory Commission Region III 2443 Warrenville Road, Suite 210 Lisle, IL 60532	
REPORT NUMBER(S) 2007- 01			
3. DOCKET NUMBER(S) 030-14837	4. LICENSE/CERTIFICATE NUMBER(S) 24-18315-01	5. DATE(S) OF INSPECTION 8/12/2008	
Inspection Procedures Used: 87131 & 87132	Inspection Focus Areas: 1 through 7		

LICENSEE/CERTIFICATE HOLDER:

The inspection was an examination of the activities conducted under your license/certificate as they relate to radiation safety and to compliance with the Nuclear Regulatory Commission (NRC) rules and regulations and the conditions of your license/certificate. 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) were discussed involving the following requirement(s):

4. During this inspection certain of your activities, as described in the 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.

STATEMENT OF CORRECTIVE ACTIONS

I hereby state that, within 30 days, the actions described by me to the inspector and as described in the attachment 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/ CERTIFICATE HOLDER	Alfred Shaplin, M.D., RSO		8/ /2008
NRC INSPECTOR	Darrel G. Wiedeman/Ed Kulzer		8/12/2008

**SAFETY INSPECTION REPORT AND COMPLIANCE
INSPECTION**

1. LICENSEE/CERTIFICATE HOLDER **Jefferson Memorial Hospital** | 2. REGIONAL OFFICE **Region III, Lisle, IL 60532**
REPORT NUMBER(S) **2008- 01**

3. DOCKET NUMBER(S) **030-14837** | 4. LICENSE/CERTIFICATE NUMBER(S)
24-18315-01 | 5. DATE(S) OF INSPECTION
8/ 12 /2008

Supplemental Inspection Information

Program Code(s): 02120	Priority: 3	Licensee Contact: Alfred Shaplin, M.D., RSO	Telephone No. : (636) 933-1000
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Main Office Inspection **Highway 61, south, Crystal City, Mo.**
Next Inspection Date: **08/2011**

Field Office

Temporary Job Site

Program Scope

This licensee is a 226 bed privately owned and operated general hospital. Under this license the licensee oversees the nuclear medicine, radiopharmaceutical, and a limited low-dose rate brachytherapy program.

Nuclear Medicine and Radiopharmaceutical Therapy

The licensee employs two full time nuclear medicine technologists and the department is staffed with seven rotating authorized users (physicians). The licensee receives unit doses and a single bulk dose of Tc99m/daily supplied by a local nuclear pharmacy. The workload consists of the following: 280 diagnostic scans per month, 40% cardiac scans, 20% bone scans, 15% gall bladder/liver scans, 15% thyroid scans and 10% wholebody scans. The licensee does not use P-32, or Au-198 for cancer therapy. The licensee conducts approximately 10 hyper thyroid treatments/year and 4-5 thyroid cancer treatments/year.

This inspection consisted of an in-depth review of the licensee's medical program. According to the licensee staff that were interviewed, there have been no fires, explosions, fatalities (involving radioactive material), medical events, recordable events or over exposures to radiation since the last NRC inspection. The inspectors did not identify anything contrary to the above statements made by licensee staff. The highest wholebody exposure for CY 2008 was <100 mrem/year to date and the highest extremity exposure was 1,300 mrem/year to date. The inspectors concluded that no worker or member of the public received a dose of radiation in excess of the limits specified in 10 CFR 20.1201 or 20.1301. The inspectors interviewed the nuclear medicine technologists and discussed their procedures for determining doses for patients undergoing iodine-131 hyper thyroid and cancer therapy. The inspectors reviewed eight written directives for iodine-131 hyper thyroid and cancer therapy. No deficiencies were identified. The inspectors observed the licensee conduct a physical inventory of their calibration and brachytherapy sources. All sources were accounted for.

Brachytherapy program

The licensee's typical workload is 4-5 prostate implants/year. The Oncology department is staffed with one contract medical physicist, and one authorized user (physician). The inspectors reviewed eight written directives for iodine-125 prostate implants and reviewed their followup CAT scans and x-rays. No deficiencies were identified.

No violations of NRC requirements were identified within the scope of this inspection.