

(10-2003)  
10 CFR 2.201

**Docket File Information**

**SAFETY INSPECTION REPORT  
AND COMPLIANCE INSPECTION**

1. LICENSEE <b>Providence Hospital</b>		2. NRC/REGIONAL OFFICE <b>Region III 2443 Warrenville Road Lisle, IL 60532</b>	
REPORT NUMBER(S) <b>2008-001</b>			
3. DOCKET NUMBER(S) <b>030-33776</b>	4. LICENSE NUMBER(S) <b>21-26632-01</b>	5. DATE(S) OF INSPECTION <b>8/19/08</b>	
6. INSPECTION PROCEDURES USED <b>87130</b>	7. INSPECTION FOCUS AREAS <b>03.01-03.07</b>		
<b>SUPPLEMENTAL INSPECTION INFORMATION</b>			
1. PROGRAM CODE(S) <b>2230</b>	2. PRIORITY <b>2</b>	3. LICENSEE CONTACT <b>Vrinda Narayana</b>	4. TELEPHONE NUMBER <b>810/424-3321</b>
<input checked="" type="checkbox"/> Main Office Inspection		Next Inspection Date: <b>8/2010</b>	
<input type="checkbox"/> Field Office _____			
<input type="checkbox"/> Temporary Job Site _____			

**PROGRAM SCOPE**

Licensee is a medical center located in Southfield, Michigan. Licensee operates both a low dose brachytherapy program as well as an HDR unit. The licensee has five staff members who are primarily engaged in therapy modalities.

**Performance Observations**

The inspector toured the facilities and interviewed authorized users and staff members. Each appeared knowledgeable in radiation safety and isotope handling techniques. New source package receipt procedures were detailed for the inspector as well as return shipping and rad waste handling practices in general. Independent surveys by the inspector did not detect any abnormal reading and were within the expected range.

The inspector observed the staff perform the daily QA checks of the HDR unit. During the course of the inspection, the licensee identified that they had failed to include on the written directive the number of fractions administered for HDR treatments. They corrected their process upon detection, therefore this self identified violation was treated as such. Licensee is reviewing all other treatment records for the year to correct this deficiency.

**SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION**

1. LICENSEE/LOCATION INSPECTED: Providence Hospital - Cancer Center 22301 Foster Winter Drive Southfield, MI 48075  REPORT NUMBER(S) 2008-001		2. NRC/REGIONAL OFFICE  REGION III US NUCLEAR REGULATORY COMMISSION 2443 WARRENVILLE ROAD Lisle IL 60532	
3. DOCKET NUMBER(S)  0303376	4. LICENSE NUMBER(S)  21-26632-01	5. DATE(S) OF INSPECTION  Aug 19, 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.

One non-cited violation(s) were discussed involving the following requirement(s):

Licensee identified that they had not include the number of fractions per HDR treatment as required by 10CFR 35.41. Licensee recognized the problem and is correcting the deficiency.

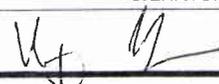
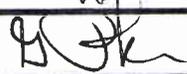
- 4. During this inspection, certain of your activities, as described below and/or attached, were in violation of NRC requirements and are being cited. This form is a NOTICE OF VIOLATION, which may be subject to posting in accordance with 10 CFR 19.11.

(Violations and Corrective Actions)



**Statement of Corrective Actions**

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	VRINDA NARAYANA		19 Aug 08
NRC INSPECTOR	G. Parker		8/19/08 