

SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION



1. LICENSEE/LOCATION INSPECTED:
Department of Veterans Affairs
John L. McClellan Memorial Veterans Hospital
4300 West 7th Street
Little Rock, Arkansas 72205-5484
Permit No. 03-01082-01
REPORT NUMBER(S) **2008-018**

2. NRC/REGIONAL OFFICE

USNRC Region IV
611 Ryan Plaza Drive
Arlington, Texas 76011-4005

3. DOCKET NUMBER(S)
030-34325

4. LICENSEE NUMBER(S)
03-23853-01VA

5. DATE(S) OF INSPECTION
July 30- Sept 23, 2008

LICENSEE:

The inspection was an examination of the activities conducted under your license as they relate to radiation safety and security 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 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 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 | Lawrence Donovan | <i>Lawrence Donovan</i> | 10/1/08 |

(1/2008 edited by RIV)
10 CFR 2.201**Docket File Information**
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| 1. LICENSEE John L. McClellan Memorial Veterans Hospital REPORT NUMBER(S) 2008-018 | | 2. NRC/REGIONAL OFFICE USNRC Region IV | |
| 3. DOCKET NUMBER(S) 030-34325 | | 4. LICENSE NUMBER(S) 03-23853-01VA | 5. DATE(S) OF INSPECTION July 30 – September 23, 2008 |
| 6. INSPECTION PROCEDURES USED 87134 | | 7. INSPECTION FOCUS AREAS FA 1-7 | |

SUPPLEMENTAL INSPECTION INFORMATION

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|--|------------------|---|---------------------|
| 1. PROGRAM CODE(S) 2110 | 2. PRIORITY 2 | 3. LICENSEE CONTACT Dr. Moss, RSO | 4. TELEPHONE NUMBER |
| <input checked="" type="checkbox"/> Main Office Inspection <input type="checkbox"/> Field Office Inspection <input type="checkbox"/> Temporary Job Site Inspection | | 4300 West 7 th Street, Little Rock, AR 201 W. Broadway St., Suite A, North Little Rock, AR (Little Rock Vet Center) | |
| | | Next Inspection Date: _____ | |

PROGRAM SCOPE

This safety inspection was an assist inspection for NRC Region III which holds the Department of Veterans Affairs' Master Materials License (MML).

Large broad scope medical license. CEO is Michael Wynn; Dr Scott, chief of staff; Dr Straub, Acting chief of staff of research; Cathy Thomas, nuclear medicine director; Shirley Romilly, nuclear medicine administrator; Dr A.J. Moss, RSO; and Dr. Nagle, Medical physicist. There are 8 nuclear medicine technologists, 21 research labs but only 7 are active. There is also one troxler gauge that is in storage and possessed by the engineering department. The facility used primarily Tc-99m about 95% of the time, both unit doses as well as generators, received twice a week on Mondays and Wednesdays. The use compliment includes 12 cardiolites daily, 15 bones a week, 6 lungs weekly and 3 whole body cell studies weekly and one In-111 a week. Iodine 131 is used quite extensively, all capsules only, eight 15 uCi for uptakes 3 thyroid scans a week, 30 CA ablations a year, a mix of out and in patients, , ga-67s only 3 per year. F-18 is contracted out to the university medical center, about 400 cases a year, Xe-133 use is way down using 20 mCi/dose at studies a quarter. The facility is as stated in the permit, namely nuclear medicine, imaging rooms and hot lab, research labs where p-32, C-14, S-35 and Cr-51 have been used but currently of the 7 active labs only 3 researchers were using at the time of the inspection, the research irradiator and the engineering department.

The RSC meets as required quarterly and annual program audits have been accomplished by the RSO and signed off by upper management. Audits from 2005 through 2007 were reviewed and found to be comprehensive. The facility uses a large cadre of survey instruments all calibrated annually as required. Radioactive fume hoods are check for ventilation flow rates quarterly by engineering personnel. All dose calibrator quality control checks (constancy, accuracy, linearity, and geometrical variation were done at the appropriate frequency as specified in the owners manual. Nuclear medicine and research lab personnel that were interviewed had all required radiation protection attire, lab coats, gloves, TLDs and patient in injection demo was observed showing good radiation safety techniques. Lab personnel demonstrated their ability to use a survey meter properly and were aware of the facilities' radiation safety program and procedures. Package receipt surveys and documentation were reviewed and were adequate. Written directives were reviewed and all information required by the regulations were evident. Daily and week ambient and contamination surveys were accomplished as required and were adequate. Semi-annual leak tests and inventories were done as required. The licensee uses Landauer to provide monthly monitoring. Dosimetry records from 2005 to 2008 were reviewed and the highest average whole body and extremity doses were 948 mrem and 8445 mrem respectively. Bioassays for internal dose assessment for radioiodine staff were done as required. A public dose assessment on the irradiator was available and found to be adequate, The facility uses a CD for its annual training of staff and the RSO provides individual case by case instructions one on one to those individuals such as housekeeping and nurses for therapy cases as they arise. All staff has been trained and questioning during interviews of staff was evidently effective. All short lived nuclear medicine waste is decayed in storage. Research lab long lived waste is shipped to a disposal site on a yearly basis. There is a separate radwaste storage area that was secured and posted as required. The RSO has been on staff for 41 years and is HAZMAT current. Posting and labeling is as required. Confirmatory measurements of all areas were within regulatory limits.

No violations noted.