NRC FORM 591M PART 1
(10-2003) 10 CFR 2.201

U.S. NUCLEAR REGULATORY COMMISSION

SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE/LOCATION INSPECTED:	2. NRC/REGIONAL OFFICE
Heartland Regional Medical Center 5325 Faraon Street St. Joseph, Missouri 64506 REPORT NUMBER(S) 2008-001	**Region III** **U.S. Nuclear Regulatory Commission** **2443 Warrenville Road, Suite 210** **Lisle, Illinois 60532-4351**

3. DOCKET NUMBER(S)	4. LICENSEE NUMBER(S)	5. DATE(S) OF INSPECTION
030-14791	24-18287-01	Sept. 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		Geoffrey M. Warren		9/30/08

NRC FORM 591M PART 3
(10-2003) 10 CFR 2.201

Docket File Information

U.S. NUCLEAR REGULATORY COMMISSION

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1. LICENSEE	2. NRC/REGIONAL OFFICE
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6. INSPECTION PROCEDURES USED	7. INSPECTION FOCUS AREAS
87131. 87132	03.01 – 03.08, 03.01 – 03.08

SUPPLEMENTAL INSPECTION INFORMATION

1. PROGRAM CODE(S)	2. PRIORITY	3. LICENSEE CONTACT	4. TELEPHONE NUMBER
02120	3	Edward M. Stevens, M.D., RSO	816-271-6000

[X] Main Office Inspection — Next Inspection Date: Sept. 2011

[ ] Field Office

[ ] Temporary Job Site Inspection

PROGRAM SCOPE

The licensee was a 450-bed hospital located in St. Joseph, Missouri, which served patients primarily from northwestern Missouri and northeast Kansas. In addition, the licensee operated a cardiology clinic in St. Joseph (not inspected at this time). The licensee was authorized to perform activities under Sections 35.100 through 35.500. At the main hospital, the licensee operated three nuclear medicine areas (East/Main, Cardiology, and Plaza/Outpatient areas). Six full-time technologists rotated among the three areas and performed around 450 procedures monthly. Diagnostic doses were prepared from a moly/tech generator or received as unit doses from a licensed radiopharmacy, and were used primarily for cardiac, renal, bone, and other studies. In addition, the licensee performed around 50 therapeutic procedures annually using iodine-131 capsules, including thyroid ablations, hyperthyroid treatments, and whole body scans, as well as occasional therapies using strontium-89. All waste was stored for decay in storage or returned to the radiopharmacy.

The licensee's radiation oncology staff (the Cancer Center) included two oncologists, one physicist, and one dosimetrist. Oncology staff performed approximately 30 prostate implants using iodine-125 or palladium-210 and 10 temporary implants using cesium-137 sources annually.

Performance Observations

The inspector observed four diagnostic administrations of licensed material including dose preparation and disposal, as well as a package receipt survey including package surveys and wipes, and noted no concerns. Licensee staff demonstrated generator elution, molybdenum checks, kit preparation, dose calibrator constancy, survey meter and thyroid probe QC, and daily contamination surveys, and described a variety of diagnostic procedures, radiopharmaceutical therapies, and temporary and permanent seed implant procedures, and the inspector noted no issues with the activities. The inspector reviewed written directives for radiopharmaceutical and oncology procedures and found no issues. Interviews with licensee staff indicated adequate knowledge of radiation safety procedures. Radiation surveys indicated radiation levels appropriate for restricted and unrestricted areas.