

SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE/LOCATION INSPECTED: Methodist Hospital 1-6501 21st Street, Indianapolis, IN 6920 Parkdale Place, Suite 107, Indianapolis, IN		2. NRC/REGIONAL OFFICE Region III 2443 Warrenville Rd. Lisle, IL 60532	
REPORT NUMBER(S) 2008-001			
3. DOCKET NUMBER(S) 030-01603	4. LICENSE NUMBER(S) 13-02063-01	5. DATE(S) OF INSPECTION 9/23-26/08	

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) were discussed involving the following requirement(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)

Contrary to 10 CFR 20.1801, on 9/24/08, the licensee failed to secure from unauthorized removal or access, licensed material consisting of 115 times the type and quantity specified in Appendix C to 10 CFR Part 20. Specifically, the licensed material was stored in a room with the door ajar, allowing access to unauthorized persons, and authorized persons did not maintain surveillance of the material to prevent unauthorized access. As corrective action, the licensee committed to modify the door hardware to reduce the effort needed to fully close and lock the room door. In addition, the licensee will consider ~~the~~ installation of an automatic door closing device.

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	Todd Stanley	<i>Todd Stanley</i>	9/26/08
NRC INSPECTOR	Robert G. Gattone, Jr.	<i>Robert G. Gattone, Jr.</i>	9/26/08

Docket File Information
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1. LICENSEE/LOCATION INSPECTED: Methodist Hospital REPORT NUMBER(S) 2008-001		2. NRC/REGIONAL OFFICE REGION III	
3. DOCKET NUMBER(S) 030-01603	4. LICENSE NUMBER(S) 13-02063-01	5. DATE(S) OF INSPECTION 9/23-26/08	
6. INSPECTION PROCEDURES USED 87134	7. INSPECTION FOCUS AREAS 03.01-03.08		

SUPPLEMENTAL INSPECTION INFORMATION

1. PROGRAM CODE(S) 02110	2. PRIORITY 2	3. LICENSEE CONTACT Bob Anger	4. TELEPHONE NUMBER 317-962-3572
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- Main Office Inspection Next Inspection Date: 09/26/2010
- Field Office Inspection 6920 Parkdale Place, Indianapolis, IN
- Temporary Job Site Inspection _____

PROGRAM SCOPE

The licensee conducted brachytherapy only at the main hospital location. Brachytherapy included about two HDR treatments per month, two I-125 prostate treatments per month, four I-125 eye plaque therapies per month, and one Cs-137 treatment per year. The licensee possessed two irradiators. One irradiator was used to irradiate blood, the other was in storage. The licensee conducted the full spectrum of nuclear medicine studies at the main hospital location. Radiopharmaceutical therapies included frequent use of I-131 for thyroid ailments, very infrequent use of Sm-153 and Sr-89 for bone disease, infrequent use of I-131 Bexar for non-Hodgkins lymphoma, and very infrequent use of Y-90 Sir Spheres for liver metastases. The licensee used F-18 labeled FDG for P.E.T. imaging daily, unit dosages only. The other locations were limited to diagnostic nuclear medicine studies. The licensee's research and development program was inactive during this inspection.

Performance Observations

The inspector observed, among other things: (1) the RSO prepare and administer a therapeutic I-131 dosage; (2) the RSO provide a patient with ALARA instructions regarding an I-131 administration; (3) the RSO use dual, independent verification of a patient's identity prior to administration of I-131; (4) selected staff don protective clothing and dosimeter badges when handling licensed material; (5) selected staff properly dispose of radioactive waste; (6) an NMT demonstrate how area surveys were done; (7) an NMT conduct operability checks on a survey instrument; (8) an NMT demonstrate how she would respond to a survey reading that exceeded the licensee's action level; (9) dosimeter readings indicating that no overexposures occurred; (10) a radiation therapist conduct an HDR spot check; (11) 0.4 mR/hr with an NRC survey instrument at the surface of the HDR unit; (12) a radiation therapist demonstrate HDR emergency response based on scenarios posed by the inspector; (13) a radiation therapist demonstrate implementation of the licensee's HDR, eye plaque, Cs-137, and prostate procedures for administrations requiring a written directive, including post treatment verification; (14) an NMT prepare and administer F-18 FDG; (15) an authorized medical physicist conduct a physical inventory of selected brachytherapy sources; and (16) a maximum of 10 mR/hr with an NRC survey instrument at the surface of a package containing a new HDR source.

The inspector identified a violation of 10 CFR 20.1801 (reference Part 1).