

SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE/LOCATION INSPECTED: <i>Woodlawn Hospital Rochester, IN 46975 REPORT NUMBER(S) 2008-001</i>	2. NRC/REGIONAL OFFICE U.S. Nuclear Regulatory Commission Region III 2443 Warrenville Road Suite 210 Lisle, Illinois 60532-4351
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3. DOCKET NUMBER(S) <i>030-18270</i>	4. LICENSEE NUMBER(S) <i>13-20338-01</i>	5. DATE(S) OF INSPECTION <i>Dec. 8, 2008</i>
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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	Deborah A. Piskura	<i>Deborah A. Piskura</i>	<i>12/8/2008</i>



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1. LICENSEE Woodland Hospital REPORT NUMBER(S) 2008-001		2. NRC/REGIONAL OFFICE Region III 2443 Warrenville Road, Suite 210 Lisle, IL 60532	
3. DOCKET NUMBER(S) 030-18270	4. LICENSE NUMBER(S) 13-20338-01	5. DATE(S) OF INSPECTION December 8, 2008	
6. INSPECTION PROCEDURES USED 87130		7. INSPECTION FOCUS AREAS 03.01 – 03.08	

SUPPLEMENTAL INSPECTION INFORMATION

1. PROGRAM CODE(S) 02121	2. PRIORITY 5	3. LICENSEE CONTACT Erin Lambert, RSO & consultant	4. TELEPHONE NUMBER 219-223-3141
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Main Office Inspection Next Inspection Date: December 2013

Field Office _____

Temporary Job Site Inspection _____

PROGRAM SCOPE

This licensee was a small community hospital authorized to use licensed material permitted by Sections 35.100 and 35.200. The licensee employed one full-time who performed approximately 20 diagnostic nuclear procedures per month. The licensee performed a full spectrum of diagnostic studies, with the exception of cardiac procedures. The licensee received unit doses from a licensed radiopharmacy. The licensee's consultant, who also served as RSO, audited the radiation safety program on a quarterly basis.

This inspection consisted of interviews with licensee personnel, a review of select records, tour of the nuclear medicine department, and independent measurements. The inspection included observations of security of byproduct material, use of personnel monitoring, dose calibrator QA checks, and area surveys.