

NRC FORM 591M PART 1 (4-2009) 10 CFR 2.201		U.S. NUCLEAR REGULATORY COMMISSION	
SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION			
1. LICENSE/LOCATION INSPECTED: Barrett Hospital and Healthcare  90 Highway 91 South Dillon, Montana 59725 REPORT NO: 2009-01		2. NRC/REGIONAL OFFICE  U.S. Nuclear Regulatory Commission Region IV, 612 East Lamar Blvd, Suite 400 Arlington, Texas 76011-4125	
3. DOCKET NUMBER 030-33800	4. LICENSE NUMBER 25-29088-01	5. DATE OF INSPECTION October 26, 2009	
<b>LICENSEE:</b> 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:			
<input type="checkbox"/> 1. Based on the inspection findings, no violations were identified. <input type="checkbox"/> 2. Previous violation(s) closed. <input type="checkbox"/> 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. <input type="checkbox"/> Non-Cited Violation(s) was/were discussed involving the following requirement(s) and Corrective Action(s):			
<input checked="" type="checkbox"/> 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.  10 CFR 20.1906(b)(1) states in part that each licensee shall monitor the external surfaces of a labeled package for radioactive contamination. Contrary to the above, on multiple occasions since 2004, the licensee received packages that were not exempt from the monitoring requirement for radioactive contamination, and the licensee did not perform the required monitoring. Specifically, the packages received by the licensee contained unit doses of technetium-99m in unsealed form.  Licensee committed to perform the required contamination monitoring in the future and train the technologist in the correct procedure.			
<b>Licensee's Statement of Corrective Actions for Item 4, above.</b>			
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 LICENSEE'S REPRESENTATIVE JAMES H BREWER		Signature <i>James H Brewer</i> Date 11/05/2009	
Title NRC INSPECTOR Jason M. Razo		Signature <i>J M Razo</i> Date 11/05/2009	
NRC FORM 591M PART 1 (Rev. by RIV 3/09)			
S:\DNMS\NMBU\Razo\inspections\montana\2009-10\Barrett Hosp 591M Part 1.doc			
<input type="checkbox"/> Non-Public		<input type="checkbox"/> Sensitive - Security-Related	
		<input checked="" type="checkbox"/> Public	
		<input checked="" type="checkbox"/> Non-Sensitive	

TRANSMISSION VERIFICATION REPORT

TIME : 11/05/2009 11:12  
NAME : NRC RIV  
FAX : 8178608188  
TEL : 8178608100  
SER.# : BROJ4J117485

DATE, TIME	11/05 11:11
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UNITED STATES  
NUCLEAR REGULATORY COMMISSION  
REGION IV  
612 EAST LAMAR BLVD, SUITE 400  
ARLINGTON, TEXAS 76011-4125

F A C S I M I L E

<b>Name:</b>	James Brewer, Radiation Safety Officer	<b>License No.:</b>	25-29088-01
<b>Licensee:</b>	Barrett Hospital & Healthcare	<b>Docket No.:</b>	030-33800
<b>Fax No.:</b>	866-215-5014		
<b>Phone No.:</b>	406-388-2930		
<b>From:</b>	Jason Razo		
<b>Date:</b>	11/05/09		
<b>Subject:</b>	NRC Form 591M Part1 with violation		
<b>Pages:</b>	1 + transmittal sheet		

Dr. Brewer,

I am faxing you an NRC Form 591M inspection report that documents the inspection performed by myself, conducted at Barrett Hospital & Healthcare in Dillon, Montana. Please sign and date the attached 591M that documents the violation and corrective actions. Please fax the signed and dated copy back to me at 817-860-8188. Please maintain the report for your records and share the results with the technologist and hospital administration as necessary.

If you have any questions about the inspection or the 591M please call me at 817-276-6589.