

**SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION**

1. LICENSEE/LOCATION INSPECTED:

**St. Mary Medical Center – Hobart  
1500 South Lake Park Avenue  
Hobart, Indiana 46342**

REPORT NUMBER(S)

2. NRC/REGIONAL OFFICE

**U.S. Nuclear Regulatory Commission  
Region III  
2443 Warrenville Road  
Suite 210  
Lisle, Illinois 60532-4351**

3. DOCKET NUMBER(S)  
**030-31379**

4. LICENSEE NUMBER(S)  
**13-03459-03**

5. DATE(S) OF INSPECTION

**January 19, 2010**

**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

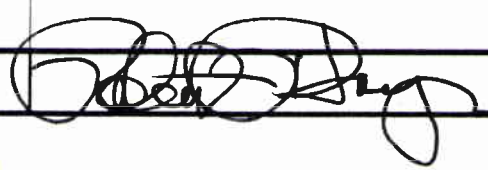
Signature

Date

LICENSEE'S  
REPRESENTATIVE

NRC INSPECTOR

**Robert P. Hays**

 **1/19/10**

*2010*

SAFETY INSPECTION REPORT  
AND COMPLIANCE INSPECTION

1. LICENSEE <b>St. Mary Medical Center – Hobart</b>		2. NRC/REGIONAL OFFICE <b>Region III</b> <b>2443 Warrenville Road, Suite 210</b> <b>Lisle, IL 60532</b>	
REPORT NUMBER(S) <b>2010-01</b>			
3. DOCKET NUMBER(S) <b>03031379</b>	4. LICENSE NUMBER(S) <b>13-03459-03</b>	5. DATE(S) OF INSPECTION <b>January 19, 2010</b>	
6. INSPECTION PROCEDURES USED <b>87131 (10/24/02);87132 (12/06/05)</b>		7. INSPECTION FOCUS AREAS <b>03.01-03.07</b>	

## SUPPLEMENTAL INSPECTION INFORMATION

1. PROGRAM CODE(S) <b>02120</b>	2. PRIORITY <b>3</b>	3. LICENSEE CONTACT <b>E. Zickgraf, RSO</b>	4. TELEPHONE NUMBER <b>219-836-6390</b>
<input checked="" type="checkbox"/> Main Office Inspection <input type="checkbox"/> Field Office <b>Brian Czekala, CNMT, Nuclear Medicine Dept. Mgr.</b> <input type="checkbox"/> Temporary Job Site Inspection <b>Mike Mitts, Medical Physicist.</b>			
Next Inspection Date: <b>January 2013</b>			

## PROGRAM SCOPE

The licensee was a medical facility located in Hobart, Indiana, with authorization by the license to use byproduct materials for diagnostic and therapeutic medical procedures under 10 CFR 35.100, 35.200, 35.300, and 35.400, at the location indicated on the license.

The licensee's Nuclear Medicine Department routinely conducts a daily (M-F) average of 9-12 patient studies for routine diagnostic, imaging, and therapeutic procedures with a staff of 4 nuclear medicine technologists (NMTs). The licensee receives licensed material as unit doses from a local nuclear pharmacy as needed. The staff administered I-131 for diagnostic or thyroid ablation patients who are thoroughly informed and evaluated for release prior to each administration. I-131 dosages greater than 30mCi average less than one case per year.

The radiation therapy staff rarely conducted any low dose brachytherapy procedures. Procedures have included one Cs-137 implant and one permanent seed implant using I-125 since the previous inspection. Any patients (except for special cases) requiring a brachytherapy procedure are sent to one of the licensee's affiliated hospitals, St. Katherine's Hospital, East Chicago, IN, or Community Hospital, Munster, IN. All three hospitals are covered by the same oncology group.

The inspector performed independent and confirmatory radiation measurements which indicated results consistent with licensee survey records and postings.

Performance Observations

During the inspection, the licensee's available staff demonstrated/discussed: (1) survey instruments and required surveys; (2) package receipt and check-in procedures; (3) wipe test counting; (4) dosimetry; (5) I-131 procedures and written directives; (6) waste handling; (7) sealed source inventories and leak tests; (8) security and storage of licensed material; (9) seed implants and low-dose brachytherapy written directives and treatment plans; (10) survey instrument calibrations; (11) radiation safety committee meetings; and (12) radiation safety program audit results.

