

## SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE/LOCATION INSPECTED:  
*Mount Clemens Regional Medical Ctr*  
*1080 Harrington Blvd*  
*Mount Clemens, MI 48058*

REPORT NUMBER(S) *2010-001*

2. NRC/REGIONAL OFFICE  
 REGION III  
 US NUCLEAR REGULATORY COMMISSION  
 2443 WARRENVILLE ROAD  
 Lisle IL 60532

3. DOCKET NUMBER(S)  
*3002040*

4. LICENSE NUMBER(S)  
*21-04080-01*

5. DATE(S) OF INSPECTION  
*March 24, 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) 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)

### 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			
NRC INSPECTOR	<i>G. Parker</i>	<i>[Signature]</i>	<i>3/24/10</i>

*[Handwritten mark]*

**Docket File Information**  
**SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION**

1. LICENSEE/LOCATION INSPECTED: Mount Clemens Regional Medical Ctr REPORT NUMBER(S) 2010-001		2. NRC/REGIONAL OFFICE REGION III	
3. DOCKET NUMBER(S) 03002040		4. LICENSE NUMBER(S) 21-04080-01	5. DATE(S) OF INSPECTION March 24, 2010
6. INSPECTION PROCEDURES USED 87132		7. INSPECTION FOCUS AREAS 03.01 - 03.07	

**SUPPLEMENTAL INSPECTION INFORMATION**

1. PROGRAM CODE(S) 02230	2. PRIORITY 2	3. LICENSEE CONTACT Arthur Frazier	4. TELEPHONE NUMBER 313-466-8090
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Main Office Inspection                      Next Inspection Date: 03/24/2012

Field Office Inspection \_\_\_\_\_

Temporary Job Site Inspection \_\_\_\_\_

**PROGRAM SCOPE**

Licensee is a major regional medical center located northeast of downtown Detroit in the city of Mount Clemens, Michigan. This inspection was focused on the licensee's nuclear medicine program and its radiation oncology program. The nuclear medicine program is staffed by six full time nuclear medicine technologists who perform about 25 procedures per day. Radiopharmaceuticals are in the form of unit doses from Cardinal Health. The radiation oncology area is staffed by two medical physicists and three radiation oncologists. The oncology program usually performs three fractions per day using the high dose rate afterloader (HDR).

**PERFORMANCE OBSERVATIONS**

The inspector interviewed members of the staff and determined that each had an adequate level of knowledge of radiation safety. The inspector observed the technique used by the staff to perform injections of radiopharmaceuticals. The staff used good technique in their interaction with the patients and their handling of doses. The staff reported to the inspector that the universal shortage of tech has had little impact on their program. The biggest change in the program has been the increased use of thallium for two part studies. The inspector performed independent surveys around the area and did not detect any unusual readings.

In the oncology area, the inspector observed the physicist perform the daily checks of the HDR unit. All steps were performed satisfactorily. The licensee has treated approximately 10 patients in the current year. A detailed review of five charts of patients treated this year did not detect any abnormalities. Conversations by the inspector with the oncology staff indicated each possessed an adequate level of knowledge of radiation safety. No abnormalities or deviations from requirements were noted in this area.

