

**SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION**

1. LICENSEE/LOCATION INSPECTED: <b>Southeast Missouri Hospital 1701 Lacey Street Cape Girardeau, MO 63801</b>		2. NRC/REGIONAL OFFICE <b>U.S. Nuclear Regulatory Commission Region III 2443 Warrenville Road Suite 210 Lisle, Illinois 60532-4351</b>	
REPORT NUMBER(S) <b>2010-01</b>			

3. DOCKET NUMBER(S) <b>030-02264</b>	4. LICENSEE NUMBER(S) <b>24-00128-03</b>	5. DATE(S) OF INSPECTION <b>March 31, 2010</b>
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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	<b>Robert P. Hays</b>		<b>3/31/10</b>

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AND COMPLIANCE INSPECTION**

1. LICENSEE <b>Southeast Missouri Hospital</b>		2. NRC/REGIONAL OFFICE <b>Region III 2443 Warrenville Road, Suite 210 Lisle, IL 60532</b>	
REPORT NUMBER(S) <b>2010-01</b>			
3. DOCKET NUMBER(S) <b>03002264</b>	4. LICENSE NUMBER(S) <b>24-00128-03</b>	5. DATE(S) OF INSPECTION <b>March 31, 2010</b>	
6. INSPECTION PROCEDURES USED <b>87131, 87132</b>		7. INSPECTION FOCUS AREAS <b>03.01-03.07</b>	

**SUPPLEMENTAL INSPECTION INFORMATION**

1. PROGRAM CODE(S) <b>02240</b>	2. PRIORITY <b>2</b>	3. LICENSEE CONTACT <b>Sam Hancock, RSO</b>	4. TELEPHONE NUMBER <b>800-455-4636</b>
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Main Office Inspection      Next Inspection Date: **March 2012**

Field Office

Temporary Job Site Inspection

**PROGRAM SCOPE**

The licensee was a medical institution located in Cape Girardeau, Missouri, with authorization by the license for diagnostic and therapeutic nuclear medicine procedures, low dose brachytherapy procedures, GammaMed remote afterloading brachytherapy procedures, and GliaSite treatment procedures as specified on the license. The nuclear medicine department was staffed with 5 nuclear medicine technologists who perform an average of 400 patient diagnostic studies each month using unit doses received from a Paducah, KY nuclear pharmacy. The licensee's Oncology Department performed all iodine-131 therapies and patient release justification well documented. Prostate seed implant cases average 1 patient every two months. No GliaSite procedures have been performed since the previous inspection. The Oncology Department also used a GammaMed HDR for MammoSite and cervical cancer therapies and average 1 patient per month. The licensee's Oncology Department was staffed with one authorized user and two medical physicists who perform treatment setup and double checks of the treatment plan. Source exchanges are performed three times per year. No change in RSO or authorized users since the previous inspection.

**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) unit dose and safe use procedures; (4) dosimetry and records (<10% of part 20 limits); (5) written directives and treatment plans; (6) iodine-131 procedures; (7) I-125 seed implant procedures; (8) security and storage of licensed material; (9) GammaMed calibrations and output checks; (10) GammaMed daily checks; (11) emergency tools and procedures; (12) annual refresher training/emergency drills; (13) radiation safety program audit results; and (14) radiation safety committee meeting minutes.