DEPARTMENT OF VETERANS AFFAIRS

Memorandum

Date: SEP 29 2006

From: Director, VHA National Health Physics Program (115HP/NLR)

Subj: Radiation Safety Program Inspection - Inspection Report 586-06-I01

To: Director (586/00), G.V. (Sonny) Montgomery VA Medical Center, Jackson, Mississippi

1. Paul L. Yurko, VHA National Health Physics Program, inspected the radiation safety program at the G.V. (Sonny) Montgomery VA Medical Center, Jackson, Mississippi, on September 20, 2006.

2. The inspection report is attached. The report consists of an NHPP Form 591 with no violations cited and the security worksheet completed during this inspection.

3. You are not required to respond to this memorandum or return a signed NHPP Form 591.

4. Thank you for the courtesy and cooperation extended during the inspection. Please contact Mr. Yurko at (410) 642-2411, extension 6288, if you have any questions about the inspection.

E. Lynn McGuire

Attachment

cc: Chair, National Radiation Safety Committee
Network Director, VISN 16 (10N16)

NHPP FORM 591
(1-2004)

VHA National Health Physics Program

SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. PERMITTEE/PERMIT NUMBER:	2. LOCATION(S) INSPECTED:
G.V. (Sonny) Montgomery VA Medical Center Jackson, Mississippi 23-08786-01	1500 East Woodrow Wilson Drive Jackson, Mississippi 39216-5199
3. INSPECTION DATES: September 20, 2006	4. INSPECTION REPORT NUMBER: 586-06-I01

PERMITTEE:
The inspection was an examination of activities under your permit as they relate to radiation safety and compliance with Nuclear Regulatory Commission rules and regulations and your permit conditions. The inspection consisted of selective examinations of procedures and representative records, interviews with personnel, and performance-based 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, are not being cited because they were self-identified, non-repetitive, 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) and corrective action(s):

☐ 4. During this inspection certain of your activities, as described below and/or attached, were in violation of Nuclear Regulatory Commission requirements and are being cited. This form is a NOTICE OF VIOLATION, which may be subject to posting per 10 CFR 19.11. The violations and corrective actions are as follows:

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 per 10 CFR 2.201 (corrective steps already taken, corrective steps which will be taken, date when full compliance will be achieved). I understand no further written response to the VHA National Health Physics Program will be required, unless specifically requested.

TITLE	PRINTED NAME	SIGNATURE	DATE
PERMITTEE			
NHPP INSPECTOR	Paul L. Yurko	Paul L. Yurko	September 26, 2006

General Security Audit

Permittee: Jackson, Mississippi (September 20, 2006)

Security Issue	Yes	No
Radioactive Materials and/or Radiation Sources - - Authorizations, Accountability, Inventories, and Emergency Response		
Does the permittee have adequate procedures for radioactive material and sealed source accountability and emergency response?	X	
Does the permittee have adequate detect, delay, and response methods for sealed sources including two delay methods where feasible?	X	
Does the permittee have any sealed sources with activities greater than 1 millicurie?	X	
Does the permittee complete quarterly sealed source inventories?	X	
Does the permittee have any sealed sources in the disused source category?		X
Does the permit, in Items 6-8, list sealed sources that are not or will not soon be possessed?	X	
Does the permittee possess any sealed sources that are not authorized by the permit?		X
Coordination with VA Police Service		
Has the permittee informed the VA Police Service about locations of delivery, use, and storage?	X	
Has the permittee provided the VA Police Service a list of workers and other persons with unescorted access to radioactive material?	X	
Has the permittee provided the VA Police Service procedures for emergencies and a recall list?	X	
Has the permittee provided training to the VA Police Service regarding radioactive material?	X	
Has the permittee completed an annual vulnerability assessment with VA Police Service?	X	
Performance-Based Evaluation		
Does the permittee comply with 10 CFR 20.1801?	X	
Does the permittee comply with 10 CFR 20.1802?	X	
Is the security of radioactive material adequate and commensurate with possible risks?	X	

VHA National Health Physics Program Inspection Record

Inspection report number: 586-06-I01

Permit number: 23-08786-01

Permittee (name/address):

G.V. (Sonny) Montgomery VA Medical Center
1500 East Woodrow Wilson Drive
Jackson, Mississippi 39216-5199

Locations of use on permit being inspected: Same as above

Permittee contact (name/telephone number): Michael J. Smith, M.S., (601) 362-4471, ext. 1419

Permit priority: 02

Permit program code: 2110/3610

Date of last inspection: NRC - November 9, 2000; NHPP - June 21, 2004

Date of this inspection: September 20, 2006

Type of inspection:

( ) Announced
(X) Routine
( ) Initial

(X) Unannounced
( ) Special

Next inspection date: September 2008 (normal, unless modified per NHPP inspection algorithm)

Summary of findings/actions:

(X) No violations (NHPP Form 591 issued)
( ) Severity Level IV and/or non-cited violations (NHPP Form 591 issued)
( ) Severity Level IV and/or non-cited violations (NHPP inspection report and Form 591 issued)
( ) Severity Level I, II, or III violations (NHPP inspection report and NOV issued)
( ) Follow-up on previous violations

Inspector(s): Paul L. Yurko — Date: September 27, 2006

Approved: E. Lynn McGuire, NHPP Director — Date: 9/29/06

PART I - PERMIT, INSPECTION, INCIDENT/EVENT, AND ENFORCEMENT HISTORY

1. AMENDMENTS AND PROGRAM CHANGES:

Amendment No. 79 – Renewal application, approved October 26, 2005, converted the permit from 2120/3620 to a 2110/3610, giving the facility full broad-scope authority for radioactive material use. RSO duties and staffing are consistent with a broad-scope permittee. The inspector checked procedures for approving authorized users and found the facility has not approved a medical authorized user since the change in 10 CFR 35. The inspector reviewed changes for medical authorized users with the RSO during the inspection.

2. INSPECTION AND ENFORCEMENT HISTORY:

NRC's last routine inspection was performed November 9, 2000, with two violations; one for failure to use syringe shields and one for failure to wear extremity dosimetry. NHPP's inspection of June 21, 2004, closed both violations. During this inspection, no reoccurrence of either violation was observed by the inspector.

NHPP's last inspection was June 21, 2004, with no cited violations.

3. INCIDENT/EVENT HISTORY:

NMED results indicated no events, and no events or incidents were reported during the inspection.

PART II - INSPECTION DOCUMENTATION

1. ORGANIZATION AND SCOPE OF PROGRAM:

The facility conducts a radiation safety program under a VHA broad-scope permit for medical and research use. There is an active ^{125}I permanent prostate implant brachytherapy program through the Radiation Oncology Service. In 2005, the facility performed 23 brachytherapy procedures. There are six active non-human use research authorized users. The Radiation Safety Officer (RSO) is Michael J. Smith, M.S.

All the large sealed sources were found to have adequate security with two delay methods. The security audit worksheet is attached to the inspection report. NHPP's sealed source inventory database for the facility (on the NHPP Web site) was compared with the facility's sealed source inventory and found to be consistent.

The radiation safety program in nuclear medicine is managed by three technologists with assistance from the RSO. The RSO performs an audit of nuclear medicine and research. Copies of the audit reports were available and reports are presented to the Radiation Safety Committee (RSC) at each meeting. The RSO has complete autonomy with regard to radiation safety program implementation and stop-work authority to manage the radiation safety program and achieve program goals and objectives as coordinated with the RSC and executive management. It was determined from an interview the Associate Director is knowledgeable about the radiation safety program and supports the program's function.

The inspector reviewed the RSC meeting minutes since the last inspection. RSC membership and quorum requirements were met at each meeting. RSC minutes included a review of incidents, spills, the ALARA program, and requests for material and user authorization.

The facility does not utilize a ^{99m}Tc generator. Delivery of material is by unit dose only. Daily constancy, quarterly linearity, and annual accuracy to the dose calibrator was reviewed and found adequate. Syringe shields were available and used. This was an issue at a previous NRC inspection and no recurrence of the previous violation was observed. Adequate survey meters were available and properly calibrated.

The facility performed no inpatient and 19 outpatient ^{131}I NaI therapies in 2005. The inspector reviewed the written directives for all 19 procedures and found them adequate. In addition, the inspector reviewed all written directives for the 23 brachytherapy procedures completed in 2005 and found them to be in compliance with current regulations.

2. INSPECTION SCOPE:

The inspector followed the inspection plan and reviewed and/or evaluated all items. The inspection was oriented to a risk-informed, performance-based evaluation of the radiation safety program. The inspector observed nuclear medicine and research staff work routines to determine the program effectiveness. The inspector conducted interviews with key medical center staff, observed radioactive material handling procedures, package survey and check-in procedures, and reviewed radioactive material security.

The inspector used NRC inspection procedure IP 87131, "Nuclear Medicine Programs – Written Directive Required," and IP 87126, "Industrial/Academic/Research Programs."

NHPP inspection focus for calendar year 2006 includes:

a. Review of broad-scope AU approvals since change in 10 CFR 35 was not applicable since the location has not approved a new medical authorized user since the change. The inspector reviewed the changes with the RSO.

b. Evaluation of footprint status and closeout surveys was not applicable since no area has been closed since the last inspection.

c. Review of sealed source inventory was stated above.

3. INDEPENDENT AND CONFIRMATORY MEASUREMENTS:

The inspector performed independent radiation surveys in nuclear medicine, radiation oncology, and research. Radiation measurements indicated background levels less than 0.04 mR/hr. All area radiation survey readings were below permit trigger limits. No unusual radiation fields or contamination were found.

The instrument used for the survey was a Health Physics Instrumentation, Inc. model 4020with a thin window GM, SN 4260. The calibration due date is April 17, 2007.

4. VIOLATIONS, NCVs, AND OTHER SAFETY ISSUES:

Within the scope and area of this inspection, no violations were cited.

5. PERSONNEL CONTACTED:

Rebecca Wiley, M.P.H., Associate Medical Center Director [1,3]

Kent A. Kirchner, M.D., Chief of Staff [1,3]
Elise Gomez-Sanchez, Ph.D., D.V.M., Chair, Radiation Safety Committee [2]
Michael J. Smith, M.S., Radiation Safety Officer [1,2,3]
Carmen Lamas, CNMT, Nuclear Medicine Technologist [2]
Amir Farooqi, Health Systems Specialist [1,2]
Wayne Chan, M.D., Authorized User, Radiation Oncology Service [2]
Garth Bissett, Ph.D., Authorized User, Research Service [2]

1. Present at entrance meeting
2. Participant in inspection discussions
3. Present at exit meeting