

SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE/LOCATION INSPECTED: Community Hospitals of Indiana, Inc. 1500 N. Rifter Avenue Indianapolis, IN 46219		2. NRC/REGIONAL OFFICE U.S. Nuclear Regulatory Commission Region III 2443 Warrenville Road Suite 210 Lisle, Illinois 60532-4351	
REPORT NUMBER(S) 2010-001			
3. DOCKET NUMBER(S) 030-01625	4. LICENSEE NUMBER(S) 13-06009-01	5. DATE(S) OF INSPECTION May 11-13, 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):
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- 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	S. J. Mulay		05/21/10

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1. LICENSEE Community Hospitals of Indiana, Inc. (East Campus) REPORT NUMBER(S) 2010-01		2. NRC/REGIONAL OFFICE Region III 2443 Warrenville Road, Suite 210 Lisle, IL 60532	
3. DOCKET NUMBER(S) 030-01625	4. LICENSE NUMBER(S) 13-06009-01	5. DATE(S) OF INSPECTION May 11-13, 2010	
6. INSPECTION PROCEDURES USED 87132	7. INSPECTION FOCUS AREAS 03.01-03.07		

SUPPLEMENTAL INSPECTION INFORMATION

1. PROGRAM 2240	2. PRIORITY G2	3. LICENSEE CONTACT Andrea Browne, Ph.D., RSO	4. TELEPHONE NUMBER 317-355-5865
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Main Office Inspection Next Inspection Date: May 2012

Field Office Community Hospitals of Indiana, Inc., 1402 E. County Line Rd. (South Campus).

Temporary Job Site Inspection

PROGRAM SCOPE

The licensee is a large medical program with four locations of use. The main campus hospital performs about 80 diagnostic procedures monthly utilizing one full-time and two part-time technologists. Approximately six iodine-131 treatments for hyperthyroidism are performed monthly and about five iodine-131 therapies over 30 millicuries are performed annually, both in capsule form. Iodine-131 is also utilized in Bexxar treatment for lymphoma. Y-90 TheraSpheres are used for periodic liver tumor therapy as authorized. The licensee obtains licensed material as unit doses from an area nuclear pharmacy.

The licensee maintains an inventory of brachytherapy and other sealed sources currently in secured storage. About 50 fractionated brachytherapy treatments are performed monthly utilizing HDR including: breast, prostate, and gynecological treatments with on-site treatment planning and technical support provided by an independent physics group.

The South campus performs approximately 160 diagnostic procedures monthly and about six iodine-131 treatments annually in capsule form for hyperthyroidism. Two full-time technologists are responsible for daily licensed activities. Brachytherapy is not performed at the South Campus.

Performance Observations

Interviews conducted with available staff revealed an adequate level of understanding of emergency and material handling procedures and techniques. Dose calibrator constancy checks, injection technique, daily surveys, waste handling and disposal, and package receipt procedures, were successfully demonstrated or observed at both locations inspected. The licensee's HDR unit was observed adequately secured and containing type and quantity of licensed material as authorized. Daily HDR performance checks were observed and included: source retract on entry, timer accuracy, primealert, CCTV, emergency source handling equipment, etc. An HDR treatment was observed which included the proper written directive, patient identification, survey meter availability and usage, etc. No regulatory issues were identified during the treatment.

Licensed material was observed adequately secured at all use and storage areas reviewed. Survey meters were found to be calibrated and operational and compared well in side-by-side comparison with the NRC instrument. Radioiodine written directives, patient instructions and staff responses to QMP questions were adequately addressed with no issues identified.

Independent measurements taken at locations inspected did not indicate readings in excess of 10 CFR Pt. 20 limits in restricted or unrestricted areas. Personal dosimetry records reviewed for nuclear medicine and brachytherapy staff did not indicate exposures approaching 10 CFR 20 limits for 2009 and YTD 2010.