

RI - DNMS Licensee Event Report Disposition

Licensee: Walter Reed Medical Center

Event Description: Misplaced Radioactive Material

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|-------------|-------------|--------------|----------|-----------------|----------|
| License No: | 08-01738-02 | Docket No: | | MLER-RI: | 2010-004 |
| Event Date: | 05/01/10 | Report Date: | 05/03/10 | HQ Ops Event #: | |

1. REPORTING REQUIREMENT

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|--|---|
| <input type="checkbox"/> 10 CFR 20.1906 Package Contamination <input checked="" type="checkbox"/> 10 CFR 20.2201 Theft or Loss <input type="checkbox"/> 10 CFR 20.2203 30 Day Report <input type="checkbox"/> Other | <input type="checkbox"/> 10 CFR 30.50 Report <input type="checkbox"/> 10 CFR 35.3045 Medical Event <input type="checkbox"/> License Condition |
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2. REGION I RESPONSE

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|--|---|----------------|--|----------------|--------------------------------------|----------------|----------------------------|
| <input type="checkbox"/> Immediate Site Inspection <input checked="" type="checkbox"/> Special Inspection <input checked="" type="checkbox"/> Telephone Inquiry <input type="checkbox"/> Preliminary Notification/Report <input checked="" type="checkbox"/> Information Entered in RI Log <input type="checkbox"/> Report Referred To: | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Inspector/Date</td> <td style="width: 50%;"></td> </tr> <tr> <td>Inspector/Date</td> <td>Gabriel / Abogunde 5/26/10 + ongoing</td> </tr> <tr> <td>Inspector/Date</td> <td>Lanzisera / Gabriel 5/3/10</td> </tr> </table> <input type="checkbox"/> Daily Report <input type="checkbox"/> Review at Next Inspection | Inspector/Date | | Inspector/Date | Gabriel / Abogunde 5/26/10 + ongoing | Inspector/Date | Lanzisera / Gabriel 5/3/10 |
| Inspector/Date | | | | | | | |
| Inspector/Date | Gabriel / Abogunde 5/26/10 + ongoing | | | | | | |
| Inspector/Date | Lanzisera / Gabriel 5/3/10 | | | | | | |

3. REPORT EVALUATION

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|--|---|
| <input checked="" type="checkbox"/> Description of Event <input checked="" type="checkbox"/> Levels of RAM Involved <input checked="" type="checkbox"/> Cause of Event | <input checked="" type="checkbox"/> Corrective Actions <input checked="" type="checkbox"/> Calculations Adequate <input checked="" type="checkbox"/> Additional Information Requested from Licensee |
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original report dated 5/6/10 w/ attachments. supplementary reports dated 6/14-15/10 w/ attachments. additional info 7/9 and 7/16.

4. MANAGEMENT DIRECTIVE 8.3 EVALUATION *N/A*

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| <input type="checkbox"/> Release w/Exposure > Limits <input type="checkbox"/> Repeated Inadequate Control <input type="checkbox"/> Exposure 5x Limits <input type="checkbox"/> Potential Fatality <input type="checkbox"/> If any of the above are involved: <input type="checkbox"/> Considered Need for IIT Decision/Made By/Date: | <input type="checkbox"/> Deliberate Misuse w/Exposure > Limits <input type="checkbox"/> Pkging Failure > 10 rads/hr or Contamination > 1000x Limits <input type="checkbox"/> Large# Indivs w/Exp > Limits or Medical Deterministic Effects <input type="checkbox"/> Unique Circumstances or Safeguards Concerns <input type="checkbox"/> Considered Need for AIT <u>Lanzisera / Gabriel 5/3/10</u> <u>Gabriel 5/26/10</u> |
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5. MANAGEMENT DIRECTIVE 8.10 EVALUATION (additional evaluation for medical events only) *N/A*

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| <input type="checkbox"/> Timeliness - Inspection Meets Requirements (5 days for overdose / 10 days for underdose) <input type="checkbox"/> Medical Consultant Used-Name of Consultant/Date of Report: <input type="checkbox"/> Medical Consultant Determined Event Directly Contributed to Fatality <input type="checkbox"/> Device Failure with Possible Adverse Generic Implications <input type="checkbox"/> HQ or Contractor Support Required to Evaluate Consequences | |
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6. SPECIAL INSTRUCTIONS OR COMMENTS

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☐ Non-Public

Inspector Signature:

[Signature]

Date:

6/16/10 and 7/16/10
7/15/10

☒ Public-SUNSI REVIEW COMPLETE

Branch Chief Initials:

[Signature]

Date:

| | |
|--|---|
| Other Nuclear Material | Event Number: 45894 |
| Rep Org: WALTER REED ARMY MEDICAL CENTER Licensee: WALTER REED ARMY MEDICAL CENTER Region: 1 City: WASHINGTON State: DC County: License #: 08-01738-02 Agreement: N Docket: NRC Notified By: ANDREW SCOTT HQ OPS Officer: DONG HWA PARK | Notification Date: 05/03/2010 Notification Time: 11:27 [ET] Event Date: 05/01/2010 Event Time: 12:49 [EDT] Last Update Date: 05/03/2010 |
| Emergency Class: NON EMERGENCY 10 CFR Section: 20.2201(a)(1)(i) - LOST/STOLEN LNM>1000X | Person (Organization): WILLIAM COOK (R1DO) ANGELA MCINTOSH (FSME) |

This material event contains a "Less than Cat 3" level of radioactive material.

Event Text

MISPLACED RADIOACTIVE MATERIAL

On 5/1/10, at 1249 EDT, a 2 Ci Mo-99 generator was delivered to the Walter Reed Army Medical Facility. An unauthorized person signed for the package and stored it in an improper location. On the evening of 5/1/10, the health physicist did not know the location of the package, because it was supposed to be delivered earlier in the day. The package was located at 0815 EDT on 5/3/10 at the facility. The licensee has now stored the package in proper location and is in process of conducting a dosage calculations for any individuals who may have been in the vicinity of the package where it was improperly stored.

THIS MATERIAL EVENT CONTAINS A "LESS THAN CAT 3" LEVEL OF RADIOACTIVE MATERIAL

Sources that are "Less than IAEA Category 3 sources," are either sources that are very unlikely to cause permanent injury to individuals or contain a very small amount of radioactive material that would not cause any permanent injury. Some of these sources, such as moisture density gauges or thickness gauges that are Category 4, the amount of unshielded radioactive material, if not safely managed or securely protected, could possibly - although it is unlikely - temporarily injure someone who handled it or were otherwise in contact with it, or who were close to it for a period of many weeks. For additional information go to http://www-pub.iaea.org/MTCD/publications/PDF/Pub1227_web.pdf