

SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE/LOCATION INSPECTED: Dunn Memorial Hospital 1616 23rd Street Bedford, IN 47421 REPORT NUMBER(S) 2010-001		2. NRC/REGIONAL OFFICE U.S. Nuclear Regulatory Commission Region III 2443 Warrenville Road Suite 210 Lisle, Illinois 60532-4351	
3. DOCKET NUMBER(S) 030-12153	4. LICENSEE NUMBER(S) 13-17076-01	5. DATE(S) OF INSPECTION <i>August 10, 2010</i>	

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	S. J. Mulay	<i>S. J. Mulay</i>	<i>8/10/10</i>

8/10

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AND COMPLIANCE INSPECTION**

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3. DOCKET NUMBER(S) 030-12153	4. LICENSE NUMBER(S) 13-17076-01	5. DATE(S) OF INSPECTION August 10, 2010	
6. INSPECTION PROCEDURES 87131	7. INSPECTION FOCUS AREAS 03.01-03.07		

SUPPLEMENTAL INSPECTION INFORMATION

1. PROGRAM 2120	2. PRIORITY G3	3. LICENSEE CONTACT Douglas Geiger, M.D., RSO	4. TELEPHONE NUMBER 812-275-3331
<input checked="" type="checkbox"/> Main Office Inspection	Next Inspection Date: August 2013		
<input type="checkbox"/> Field Office	_____		
<input type="checkbox"/> Temporary Job Site Inspection	_____		

PROGRAM SCOPE

This 25 bed medical facility performs approximately 40 diagnostic procedures monthly including bone, HIDA, and lung imaging Monday-Friday from 7:00 am-3:30pm and utilizing one full-time technologist. Although authorized, the licensee has not performed iodine-131 therapy since about 2006, but will retain this authorization for possible future usage. The licensee does not receive Mo-Tc99m generators and licensed material is obtained as unit doses from an area nuclear pharmacy. St. Vincent Hospital, Indianapolis, IN has submitted a change of ownership application for Dunn Memorial Hospital to the NRC dated 6/7/10 which is currently under review by the Materials Licensing Branch. An outside consultant performs quarterly program audits which appears to adequately maintain program compliance.

Performance Observations

Licensed material was observed adequately secured during the review and was not readily accessible to members of the general public. According to the available technologist, the hot-lab area is locked when not under direct surveillance.

Interviews conducted with the technologist revealed an adequate level of understanding of emergency and materia handling procedures and techniques. Injection technique, daily surveys, dose calibrator constancy checks, waste handling and disposal, and package receipt procedures, were successfully demonstrated or described.

Independent measurements taken during the review did not indicate readings in excess of expected in restricted or unrestricted areas. Personal dosimetry records reviewed indicated whole-body and extremity readings for 2009 of 294 mRem and 840 mRem respectively. Whole body and extremity exposures for YTD 2010 were 105 mRem and 426 mRem respectively.

JGP