NRC FORM 591M PART 1
(10-2003) 10 CFR 2.201

U.S. NUCLEAR REGULATORY COMMISSION

SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE/LOCATION INSPECTED:	2. NRC/REGIONAL OFFICE
Ingham Regional Medical Center 401 Greenlawn Avenue Lansing, Michigan 48910 REPORT NUMBER(S) 2010-001	**Region III** **U.S. Nuclear Regulatory Commission** **2443 Warrenville Road, Suite 210** **Lisle, Illinois 60532-4351**

3. DOCKET NUMBER(S)	4. LICENSEE NUMBER(S)	5. DATE(S) OF INSPECTION
030-02037	21-04073-01	Sept. 2, 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:

[X] 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	Geoffrey M. Warren	Geoffrey M. Warren	9/2/10

GMW

NRC FORM 591M PART 3
(10-2003) 10 CFR 2.201

Docket File Information

U.S. NUCLEAR REGULATORY COMMISSION

SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE	2. NRC/REGIONAL OFFICE
Ingham Regional Medical Center REPORT NUMBER(S) 2010-001	**NRC Region III** **2443 Warrenville Road, Suite 210** **Lisle, Illinois 60532-4351**

3. DOCKET NUMBER(S)	4. LICENSE NUMBER(S)	5. DATE(S) OF INSPECTION
030-02037	21-04043-01	Sept. 2, 2010

6. INSPECTION PROCEDURES USED	7. INSPECTION FOCUS AREAS
87131, 87132	03.01 – 03.08; 03.01 – 03.08

SUPPLEMENTAL INSPECTION INFORMATION

1. PROGRAM CODE(S)	2. PRIORITY	3. LICENSEE CONTACT	4. TELEPHONE NUMBER
02230	2	Bryan Tollenaar, M.S.	514-975-7811

[X] Main Office Inspection — Next Inspection Date: Sept. 2012

[ ] Field Office

[ ] Temporary Job Site Inspection

PROGRAM SCOPE

The licensee was a 220-bed hospital located in Lansing, Michigan, which performed activities under Sections 35.100, 35.200, 35.300, and operated a high dose rate (HDR) remote afterloader authorized under Section 35.600. While authorized to perform activities under 35.400, the licensee had not performed any therapies since 2000. Licensed activities were conducted only at the facility identified on the license. The new nuclear cardiology area was consistent with the maps provided to NRC.

Nuclear medicine staff performed procedures at the main nuclear medicine area and in nuclear cardiology. Both areas were staffed with eleven nuclear medicine technologists who rotated between the areas as needed. The staff typically administered 400 diagnostic doses monthly and around two iodine-131 therapy doses annually in capsule form. The diagnostic procedures were predominately technetium-99m cardiac, hepatobiliary, and bone imaging. The department received daily unit doses and bulk technetium-99m from a licensed nuclear pharmacy. All waste was either held for decay-in-storage (DIS) or returned to the radiopharmacy.

The radiation therapy department was staffed with one physician authorized user and two medical physicists. The radiation therapy staff performed approximately 100 HDR fractions annually.

Performance Observations

The inspector observed three diagnostic administrations of licensed material, including dose preparation and disposal, as well as waste disposal and package receipt surveys. Licensee personnel demonstrated well counter and survey meter QC, dose calibrator constancy, daily and weekly contamination surveys, and daily HDR checks, and described HDR planning and administration procedures and source exchange. The inspector noted no concerns with these activities. The inspector reviewed radiation safety committee minutes and written directives for radiopharmaceutical therapies and HDR treatments, and identified no concerns. Interviews with licensee personnel indicated adequate knowledge of radiation safety concepts and procedures. The inspector performed independent and confirmatory radiation measurements which indicated results consistent with licensee survey records and postings.