

SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE/LOCATION INSPECTED:

Medi-Physics, Inc.  
d/b/a GE Healthcare  
1623 Lotsie Blvd.  
Overland, MO 63132

REPORT NUMBER(S) 2010-001

2. NRC/REGIONAL OFFICE

U.S. Nuclear Regulatory Commission  
Region III  
2443 Warrenville Road, Suite 210  
Lisle, IL 60532-4351

3. DOCKET NUMBER(S)

030-36453

4. LICENSEE NUMBER(S)

24-32462-01MD

5. DATE(S) OF INSPECTION

November 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:



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


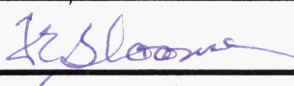
\_\_\_\_\_ Non-cited violation(s) were discussed involving the following requirement(s):



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

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 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             | Deborah A. Piskura |  | 11/2/2010 |
| Branch Chief              | Tamara E. Bloomer  |  | 11/10/10  |

*Docket File Information*  
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6. INSPECTION PROCEDURES  
87127

7. INSPECTION FOCUS AREAS  
03.01 – 03.08

**SUPPLEMENTAL INSPECTION INFORMATION**

1. PROGRAM  
02500

2. PRIORITY  
2

3. LICENSEE CONTACT  
Quent Basing, R.Ph., RSO

4. TELEPHONE NUMBER  
609-514-6647

☒ Main Office Inspection

Next Inspection Date: Nov 2012

☐ Field Office Inspection ☐ Temporary Job Site Inspection

**PROGRAM SCOPE**

This pharmacy employed four ANPs, two pharmacy technicians, and six drivers. The pharmacy served approximately 20 customers located in the St. Louis area and distributed approximately 300-350 doses daily. The licensee received three Mo99/Tc99<sup>m</sup> generators each week. The pharmacy re-distributed I-131 therapy capsules and liquid; the pharmacy compounded capsules for I-131 diagnostic studies and hyperthyroid treatments. Beta-emitting materials were used by this pharmacy. The licensee's corporate office conducted annual audits of the pharmacy radiation safety program (last April 2010).

This inspection consisted of interviews with licensee personnel, a review of selected records, tour of the radiopharmacy, and independent measurements. During this inspection, the inspector observed early and mid-morning runs. These observations included dose calibrator QC/QA tests, generator elutions, drawing and assaying doses, thyroid bioassays, receiving packages, packaging doses for shipment, and conducting surveys for compliance with NRC and DOT requirements.

The maximum whole body and extremity exposures were reported (in millirem) as follows:

|            | <u>YTD 2010</u> | <u>2009</u> |
|------------|-----------------|-------------|
| Whole body | 115             | 125         |
| Extremity  | 8,913           | 12,094      |