



UNITED STATES
NUCLEAR REGULATORY COMMISSION

REGION III
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November 15, 2010

Robert A. Petzel, M.D.
Under Secretary for Health
U.S. Department of Veterans Affairs
810 Vermont Avenue, NW
Washington, DC 20420

**SUBJECT: NRC INSPECTION REPORT NO. 030-34325/10-06(DNMS) – DEPARTMENT
OF VETERANS AFFAIRS**

Dear Dr. Petzel:

This refers to the announced U.S. Nuclear Regulatory Commission (NRC) team inspection conducted on September 27 through October 1, 2010. The purpose of the inspection was to review the activities authorized under the Department of Veterans Affairs (DVA) Master Materials License (MML). At the conclusion of the inspection on October 1, 2010, the NRC's findings were discussed with Frank Miles, Associate Chief Officer, Office of Patient Care Services for the DVA; Charles M. Anderson, M.D., Ph.D., (outgoing) Chairman, of the DVA MML National Radiation Safety Committee (NRSC); Milton Gross, M.D., Program Director, National Nuclear Medicine and Radiation Safety Services and (incoming) Chairman NRSC; Michael P. Hagan, M.D., Ph.D., Director, National Radiation Oncology Program; and members of the DVA's National Health Physics Program (NHPP) staff.

This inspection consisted of an examination of activities conducted under the DVA's MML as they relate to safety and compliance with the Commission's rules and regulations and with the conditions of the MML. Areas examined during the inspection are identified in the enclosed report. Within these areas, the inspection consisted of a selective examination of procedures and representative records, observations of activities in progress, and interviews with personnel. The NRC determined that overall, the DVA implemented its MML in accordance with NRC licensing and inspection policies and procedures, and in a manner that protects public health and safety.

No violations of NRC requirements were identified during the course of this inspection.

In accordance with Title 10 of the Code of Federal Regulations (CFR) 2.390 of the NRC's "Rules of Practice," a copy of this letter and its enclosure will be available electronically in the

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NRC Public Document Room or from the NRC's Agencywide Documents Access and Management System (ADAMS), accessible from the NRC Web site at <http://www.nrc.gov/reading-rm/adams.html>.

We will gladly discuss any questions you have concerning this inspection.

Sincerely,

/RA/

Patricia J. Pelke, Chief
Material Licensing Branch

Docket No.: 030-34325
License No.: 03-23853-01VA

Enclosure:
NRC Inspection Report No. 030-34325/10-06(DNMS)

cc w/encl: G. Williams, Director
DVA National Health Physics Program

U. S. NUCLEAR REGULATORY COMMISSION

REGION III

Docket No.: 030-34325

License No.: 03-23853-01VA

Report No.: 030-34325/10-06(DNMS)

Licensee: Department of Veterans Affairs

Location: National Health Physics Program
North Little Rock, Arkansas

Inspection Dates: September 27, 2010 through October 1, 2010

Inspectors: Cassandra F. Frazier, Senior Health Physicist
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Approved by: Patricia J. Pelke, Chief
Materials Licensing Branch
Division of Nuclear Materials Safety
Region III

Enclosure

EXECUTIVE SUMMARY

Department of Veterans Affairs Master Materials License NRC Inspection Report No. 030-34325/10-06

This announced U. S. Nuclear Regulatory Commission (NRC) team inspection was conducted to evaluate the Department of Veterans Affairs (DVA) implementation and administration of activities conducted under the Master Materials License (MML). The inspection included an assessment of the DVA's implementation of its centralized control program, an evaluation of the DVA's incident and allegation response programs, an evaluation of the adequacy of the DVA's technical staffing and training, a review of the results of NRC inspections of DVA permittee facilities conducted during the assessment period, and an examination of the National Radiation Safety Committee's (NRSC's) oversight of activities authorized by the MML. Licensed activities conducted during the period of April 20, 2007, through October 1, 2010, were reviewed during this inspection.

Through interviews and discussions with DVA staff, an evaluation of the DVA's response to an NRC questionnaire, reviews of documents related to MML activities, and observations of DVA staff in the performance of their duties; the NRC inspection team concluded that, overall, the DVA's permitting, inspection, allegation, and incident response programs were adequate and implemented in a manner that protects the health and safety of workers and the general public.

The program areas assessed during this team inspection are summarized below:

Management Oversight

The inspection team determined that the DVA has centralized control over the radioactive materials program and provides adequate management oversight of the implementation of the MML. The inspection team concluded that the National Health Physics Program (NHPP), with oversight from the NRSC, conducts and controls the DVA's licensed activities in a manner that ensured compliance with the conditions of the MML's license commitments and associated Letter of Understanding (LOU), the DVA's Standard Operating Procedures (SOPs), and the NRC's regulations.

Technical Quality of Inspections

The inspection team concluded that the licensee's inspection program was conducted in a manner that was compatible with NRC inspection policies, procedures, and guidelines. The team also concluded that the DVA Program Managers (PMs) were properly prepared for inspections and conducted inspections in a manner that was consistent with NRC policies and procedures. The inspection team noted that the PMs should continue to ensure inspection reports contain sufficient details to support violations and conclusions.

Status of Materials Inspection Program

The inspection team concluded that the NHPP management appropriately assigned program codes and inspection due dates to its permittees. All routine inspections that were due during this review period were completed in a timely manner. One enforcement follow up inspection was performed outside the due date with approval of the NHPP Director.

Technical Staffing and Training

The inspection team concluded that the DVA has an adequate number of qualified and experienced staff to implement the day-to-day operations of the DVA's radioactive materials program. The NHPP has completed its training qualification program for three of its PMs and is making progress in qualifying a fourth PM. The NHPP provided an updated training plan to complete the fourth PM's training program by the end of fiscal year 2015. The team also concluded that the NHPP achieved a successful balance in the acquisition and scheduling of staff training and management of the permitting and inspection workload, while effectively implementing a centrally controlled program. The inspection team noted that at the time of the inspection, the NHPP had recently filled the existing PM vacancy and now has a full complement of technical staff.

Technical Quality of Permitting Program

The inspection team concluded that the NHPP staff processed permits in a manner consistent with NRC licensing policies, procedures, and guidance. In addition, the NHPP staff conducted quality technical reviews that were based on sound health physics practices.

Status of Permitting Program

The inspection team concluded that the NHPP staff processed permitting actions in accordance with NRC approved procedures. The process and procedures for reviewing and issuing permitting actions by the DVA was efficient, with timely issuance of permitting actions and no backlog.

Allegation and Incident Handling Programs

The inspection team concluded that the licensee's staff processed allegations in accordance with the terms and conditions of the MML. The team noted that the licensee received one allegation directly from concerned individuals and received two allegations by means other than a concerned individual. The licensee closed all three allegations during this review period.

The team concluded that the licensee's program for responding to incidents was in compliance with the license conditions of the MML and applicable NRC regulations, and was being implemented effectively. The events were appropriately reported to the NRC in accordance with NRC requirements.

NRC Independent Inspections of DVA permittees

The NRC inspected 45 DVA permittees during the review period. Five Severity Level IV violations were identified. In addition, the DVA was subject to four escalated enforcement actions during this review period that included Severity Level II and III violations. Based on the overall results of the NRC's independent inspections, the inspection team concluded that permittee activities were generally conducted in a manner that protected the health and safety of its staff and the public.

Report Details

1 Program Overview

The Department of Veterans Affairs (DVA) is authorized under the NRC Master Materials License (MML) Number 03-23853-01VA to issue byproduct radioactive material permits and inspect DVA medical facilities throughout the United States. The DVA oversees approximately 118 permittees. The license was issued on March 17, 2003, and does not have an expiration date.

The DVA MML has centralized control over its radioactive materials program through the National Radiation Safety Committee (NRSC), who has the responsibility for providing oversight of the DVA's implementation of its MML and associated permittee activities. The NRSC has delegated the authority to manage the day-to-day operations of the DVA's radioactive materials program to the National Health Physics Program (NHPP), which includes a Program Director and five Program Managers (PMs). The NHPP is responsible for issuing permits, conducting inspection and enforcement activities, and responding to events, incidents, and allegations. The previous Program Director retired on September 3, 2009, and an interim Program Director was appointed. A new Program Director was appointed on March 28, 2010. In addition, a previously vacant PM position had been filled at the time of the inspection.

2 Management Oversight

2.1 Inspection Scope

The NRC inspection team evaluated the licensee's organization and management oversight activities to determine whether the DVA, through the NRSC and the NHPP, adequately controlled the use of radioactive materials, as required by the MML and NRC requirements, in a manner that protects public health and safety. The evaluation included observations of NRSC quarterly meetings; discussions with cognizant licensee representatives; and a review of program documentation, including internal and external assessment reports.

2.2 Observations and Findings

The NRSC is composed of senior DVA managers and DVA headquarters and field representatives. The NRSC meets quarterly to provide oversight of the DVA's radioactive materials program and discuss issues raised by the NHPP. Based on observations by NRC staff in attendance at each meeting and a review of the NRSC meeting minutes, the inspection team confirmed that the NRSC met its minimum requirements for establishing a quorum at each meeting.

The NRSC has delegated authority to the NHPP to manage the DVA's day-to-day operations of its radioactive materials program. This includes maintaining an adequate level of staff to execute the DVA's radioactive materials program; training and qualifying the staff; implementing the permitting, inspection, and enforcement programs; and responding to events, incidents, and allegations.

The NHPP is responsible for implementing the Letter of Understanding (LOU) between the DVA and the NRC. The LOU contains references to policies and procedures that ensure consistency between DVA and NRC requirements. The NHPP is responsible for six standard operating procedures (SOPs) that are essential in implementing the MML. The SOPs cover processing permits, conducting inspections, taking enforcement action, training the PMs in inspection and licensing activities, responding to incidents, and managing allegations. In addition, the NHPP developed and implemented detailed internal procedures (IPs) that are designed to help ensure compliance with the SOPs.

The inspection team reviewed the DVA's and the NHPP's tools and methods for communicating significant issues to its permittees. The inspection team identified a number of tools that NHPP uses to communicate information to its permittees. The primary methods of communication were the NHPP website and the *Scatterings* newsletter. The inspection team reviewed the content of the NHPP website and the newsletter and determined that important issues were communicated to the permittees in a timely and efficient manner. The review team also identified that the DVA, in consultation with the NHPP, issues "10N" memoranda to the permittees to raise awareness of significant issues or to establish expectations regarding permittee performance. The "10N" memoranda are issued by senior DVA management. Recent "10N" memoranda addressed expectations regarding radiation safety officer coverage, management responsibilities regarding the safe use of radioactive materials, and prescriptive requirements for permittee Radiation Safety Committee meetings.

The inspection team noted that during the review period, the NHPP requested an amendment to the MML to approve an additional organizational position that could be named as the Chairman of the NRSC. The DVA initially had one approved organizational position, the Chief Consultant, Diagnostic Services Strategic Healthcare Group, who served as the NRSC Chairman. The amendment requested an additional position, the National Director Nuclear Medicine & Radiation Safety Services, to serve as the NRSC Chairman. This would allow the DVA to rotate the position of NRSC Chairman between two different senior DVA staff physicians, to provide greater flexibility in the oversight of the MML. The DVA's amendment request was approved with additional conditions that include a minimum two year appointment for the NRSC Chairman and written notification to the NRC regarding the change.

The inspection team reviewed the activities at the DVA's only waste burial site located at the VA Greater Los Angeles Healthcare System, Los Angeles, California. The burial site has been inactive since early to mid 1980's. The DVA is required by Condition 25 of the LOU to seek NRC approval for any change of status at the site. The DVA is currently in the process of performing a surface and subsurface investigation to assist in evaluating potential health risks associated with medical wastes from historic medical research and disposal practices. The MML was amended on June 12, 2009, which approved the DVA's work plan to conduct the investigation at the site. The DVA is required to provide its findings to the NRC once the investigation is complete. The investigation is scheduled to be completed by December 2010. The team identified that the NHPP provides sufficient oversight to ensure that all proposed remediation activities of the burial site are performed in accordance with NRC requirements.

The inspection team also reviewed the DVA's practices of periodically monitoring its own performance through internal and external assessments. The inspection team found that the NRSC submits an annual report to the Under Secretary for Health, who is the licensed official on the MML. The NRSC's annual report is primarily based on the core performance indicators that NHPP established to monitor its performance. The core performance indicators assess performance areas such as inspections, permitting actions, incidents, and allegations. The NHPP uses the core performance indicators to identify apparent trends, generic issues, and possible root causes, as well as assess individual results. The NHPP provided quarterly updates to the NRSC with respect to the DVA's performance against the established indicators. The inspection team identified that the NHPP uses a "continuous improvement" approach for updating and revising its policies, procedures, and practices to address regulatory issues in a timely and efficient manner. In its evaluation of the DVA's effectiveness to provide acceptable management oversight, the inspection team reviewed the NHPP's use of external assessments. Annually, the NHPP issues a contract for an external assessment by a consultant to perform a quality control check on permitting actions and inspection reports against the criteria that NRC uses during the biennial inspections. The inspection team sampled several recent internal and external assessments and determined that the assessments were appropriate to monitor the DVA's and the NHPP's performance. The inspection team discussed with the NHPP staff the value of incorporating proactive elements into the assessments to enhance the effectiveness and efficiency of their program.

2.3 Conclusion

The inspection team determined that the DVA has centralized control over the radioactive materials program and provided adequate management oversight of the implementation of the MML. The inspection team concluded that the NHPP, with oversight from the NRSC, conducts and controls the DVA's activities in a manner that ensured compliance with the conditions of the MML's license commitments and associated LOU, the DVA's SOPs, and the NRC's regulations.

3 Technical Quality of Inspections

3.1 Inspection Scope

The inspection team reviewed inspection plans, inspection reports, enforcement documents, and correspondence associated with inspections conducted by the NHPP staff during the review period to determine if NHPP inspections were consistent and in conformity with the NRC's inspection procedures. In addition, the team interviewed NHPP inspectors to evaluate how they prepared for and conducted inspections. This included a review of the permit, permitting related documents, and regulatory requirements. During the review period, NRC staff also accompanied each NHPP inspector in order to evaluate the technical quality of inspections being conducted by NHPP inspection staff.

3.2 Observations and Findings

The PMs conducted 216 routine inspections of permittees during the review period. The inspections covered different categories of permittees, including medical broad scope; medical institutions written-directive not required; medical institutions-written directive required; and research and development broad scopes. The PMs reviewed permits, permittee files, previous inspection records and correspondence in developing the inspection plan. Inspection plans were generated by the PMs for each routine inspection and most reactive inspections, and were reviewed and approved by the NHPP Director. For those reactive inspections where an inspection plan was not developed, the PMs generally used the inspection plan template as a guide to ensure the inspection covered the appropriate areas. The inspection team noted that the plans incorporated applicable NRC Inspection Procedures as described in the NRC Inspection Manual Chapter (IMC) 2800, "Materials Inspection Program." The PMs also annotated the inspection planner to incorporate generic issues identified by the NRSC as important to review during the inspection. These generic issues included naturally occurring and accelerator produced radioactive material (NARM), sealed source inventory, permittee reporting structure for the radiation safety officer, oversight by the permittee's radiation safety committee, undue reliance on consultants, reporting concerns, safety culture, permittee executive management roles and responsibilities, and security of radioactive materials.

The inspection plans also included a review of measures that certain permittees implemented in response to the NRC Order Imposing Increased Controls (IC) issued by the NRC on November 14, 2005, and the Order Imposing Fingerprinting and Criminal History Records Checks for Unescorted Access to Certain Radioactive Material (Fingerprinting Order), issued by the NRC on December 5, 2007. During this review period, the PMs conducted 12 inspections of permittees required to implement the IC Order. When violations were identified, the PMs ensured the violations were corrected before leaving the facility or with the understanding that the violations would generally be corrected within 30 days. The PMs dispositioned violations in accordance with NRC Enforcement Guidance Memorandum (EGM) 06-003, "Guidance for Dispositioning Enforcement Issues Associated with Orders Imposing Increased Controls for Licensees Authorized to Possess Radioactive Material Quantities of Concern," dated September 28, 2006.

The NRC inspection team assessed the technical quality of inspections by reviewing 16 inspections completed by the PMs (Attachment 2). The inspection team observed that NHPP inspection reports and records appropriately documented those areas reviewed by the NHPP PMs and that the inspection plans were followed in conducting the inspections. The inspection team also observed that inspection findings were based on health and safety matters, were well founded and properly documented, and that IC and Fingerprinting Order inspection findings were appropriately dispositioned. The team noted that narrative inspection reports were used to document reactive inspections and routine inspections when escalated enforcement was identified. Inspection records were used to document routine inspections without escalated enforcement. Some PMs documented the event response or escalated enforcement inspection activities in a report and documented the remaining areas in an inspection record. Violations were issued to permittees on a form similar to the NRC's Form 591M Part 1 or in a Notice of Violation. While the violations generally stated the regulatory requirement and the failure

to follow the requirement, the inspection team noted that additional detail in the “contrary to” statements would better describe the details of the violation. Inspection reports and records were complete, and adequately discussed inspection results and supported violations or conclusions. Inspection reports were completed and issued in a timely manner, and were reviewed and approved by the NHPP Director prior to being issued. The inspection team noted that the PMs should continue to ensure inspection reports contain sufficient details to support violations and conclusions.

The inspection team noted that the NHPP staff revised its IP No. 03, “Preparing and Transmitting NHPP Inspection Actions” to include an enforcement evaluation template to be completed when the PM identified a violation that may be potentially considered escalated enforcement (i.e. a Severity Level I, II, or III violation). The purpose of the template was to guide the PMs through a consistent process to ensure the violation was dispositioned at the appropriate severity level. The template methodically works through the process of drafting the violation, reviewing SOP 03, “National Radiation Safety Committee Enforcement Procedures,” reviewing the NRC Enforcement Manual and Policy, reviewing recent NHPP and NRC enforcement actions for consistency, and recommending the severity level of the violation. This revision to IP 03 ensures that the enforcement action taken is appropriate and consistent with other DVA and NRC violations of similar significance.

The team determined, from information obtained by NRC staff during their accompaniments of the PMs, that the PMs conducted performance-based inspections focused on health and safety. The team also noted that each PM was evaluated during an accompaniment by the NHPP Director at the proper frequency.

3.3 Conclusion

The team concluded that the licensee’s inspection program was conducted in a manner that was consistent with NRC inspection policies, procedures, and guidelines. The team also concluded that the PMs were properly prepared for inspections and conducted inspections in a manner that was consistent with NRC policies and procedures. The inspection team noted that the PMs should continue to ensure inspection reports contain sufficient details to support violations and conclusions.

4 Status of Materials Inspection Program

4.1 Inspection Scope

The NRC inspection team reviewed the licensee’s program for assigning inspection frequencies to permittees, and its timeliness in completing inspections based on inspection due dates. The team interviewed NHPP inspectors and management, and compared the licensee’s inspection due dates posted in its tracking system against the actual dates that inspections were completed.

4.2 Observations and Findings

The NHPP assigned inspection frequencies as described in NRC IMC 2800. The inspection team noted that initial inspections of new permittees were performed within

one year of issuing a permit. Routine and escalated enforcement follow up inspections were performed at the frequencies described in IMC 2800 and the DVA's inspection procedure, NRSC SOP 02, "NHPP Inspection Procedures." One escalated enforcement follow up inspection was performed at greater than the 6-month inspection frequency in NRC IMC 2800, however, NHPP management made a decision to delay this inspection due to an ongoing NRC inspection at the facility. The NHPP staff performed this inspection within nine months. The inspection team did not identify any overdue inspections during this assessment period.

The inspection team noted that the PMs always prepared and followed an inspection plan for routine inspections. Inspection plans were generally developed for reactive inspections, unless the event or incident required an immediate response. In these cases, while a formal plan was not developed, the inspectors normally followed the inspection plan outline in conducting inspections. Inspection plans were reviewed and approved by the NHPP Director.

The licensee had nine permittees with active prostate seed implant programs. The NHPP staff had placed these permittees on an annual inspection frequency as part of their corrective actions to the medical events involving prostate seed implants.

The licensee had 17 permittees with multiple locations of use listed on their permits. To ensure that each location of use on a permittees license was inspected, the NHPP staff developed IP 26, "Inspection Schedule for Permittees With Multiple Street Addresses," to provide guidelines for scheduling inspections at permittees with more than one location of use. All satellite locations within 59 miles of the primary location were inspected at the same time the primary location of use was inspected. For those locations greater than 60 miles, the PMs reviewed the type of use at each location and then determined an inspection priority in accordance with IMC 2800. The procedure also required the PMs to review the activities at each satellite facility to determine whether the associated inspection frequency should be adjusted. The permittee also developed a spreadsheet to track the permittees with multiple locations including the inspection frequency for the primary location of use and the satellite facilities.

4.3 Conclusion

The inspection team concluded that the NHPP management appropriately assigned program codes and inspection due dates to its permittees, and all routine inspections that were due during this review period were completed in a timely manner. One enforcement follow up inspection was performed outside the due date with approval of the NHPP Director.

5 Technical Staffing and Training

5.1 Inspection Scope

The inspection team reviewed the licensee's radioactive materials program staffing level and turnover, as well as the technical qualifications and training history of the PMs. In evaluating these elements, the inspection team interviewed NHPP staff members; reviewed the DVA's inspector/permit reviewer qualification program; and evaluated casework related to permitting, inspecting, and responding to incidents and allegations.

5.2 Observations and Findings

The NHPP staff are assigned as headquarters-level staff reporting to the Chief of Patient Care Services. When fully staffed, the NHPP is composed of a Director, five PMs, and six administrative personnel. The NHPP had recently selected an individual to fill a PM vacancy; however, at the time of this inspection, the individual had not yet reported for duty.

The NHPP staff is primarily based out of the NHPP Headquarters in North Little Rock, Arkansas. Three PMs and two administrative staff are based out of remote offices in Ann Arbor, Michigan; Mare Island, California; and Perry Point, Maryland. Since the last inspection, one individual left the NHPP and two individuals were hired, including the individual that had yet to report for duty at the time of the inspection. The individual that left the program was the former Director who retired in late 2009. The vacancy that resulted was filled by a former PM/Deputy Director, who had been acting in the position upon the former Director's retirement. An existing PM vacancy and the PM vacancy that resulted following the former Director's retirement were filled by highly qualified individuals. One individual has a doctorate in health physics and is a Certified Health Physicist. The other individual comes to the NHPP after retiring from the U.S. Air Force (USAF), which is another NRC MML holder. This individual was directly involved with the USAF's MML. The administrative staffing of the NHPP has not changed since the last NRC inspection.

The NHPP has a written training and qualification program for its PMs that is based on the requirements specified in NRC IMC 1246, "Formal Qualification Programs in the Nuclear Materials Safety and Safeguards Program Area." The NHPP's qualification program includes the use of qualification journals and oral qualification boards. The qualification program requires the PMs to become qualified as permit reviewers and inspectors. The PMs also respond to incidents and allegations, as assigned.

The inspection team confirmed the PM's qualifications through the review of well-documented qualification journals. Three of the four PMs present at the time of the inspection have completed the qualification program. The other PM had interim qualifications, as approved by the NRSC, to conduct independent permitting actions and inspections at certain types of facilities based on competence demonstrated during supervisory accompaniments and his passing an oral qualification board. This PM will take the remaining six core NRC courses as workload permits. The remaining courses in this PM's curriculum are "Licensing Practices and Procedures," "Inspecting for Performance," "Health Physics Technology," "Diagnostic and Therapeutic Nuclear Medicine," "Transportation of Radioactive Materials," and "Brachytherapy, Gamma Knife, and Emerging Technologies." The NHPP expects this PM to complete the remaining courses and become fully qualified by Fiscal Year 2015. The NHPP will review and assess the newly hired PM's qualifications and training history once he is on staff.

The inspection team noted the education and experience of the two newest PMs. The inspection team discussed with the NHPP staff the benefits of exempting highly qualified individuals from certain required training courses in the qualification program when education or work experience justify doing so. The NRC uses this option for its inspectors and license reviewers when warranted by education or experience, as

permitted in IMC 1246. The inspection team noted that, if the DVA wanted to incorporate the option for exempting individuals from required training based on education and/or experience, the DVA would need to revise its SOP 04, "NHPP Inspector/Permit Reviewer Qualifications," and submit a license amendment request to the NRC.

5.3 Conclusion

The inspection team concluded that the DVA has an adequate number of qualified and experienced staff to implement the day-to-day operations of the DVA's radioactive materials program. The NHPP completed its qualification program for three of its PMs and is making progress in qualifying a fourth PM. The team also concluded that the NHPP achieved a successful balance in the acquisition and scheduling of staff training and management of the permitting and inspection workload, while effectively implementing a centrally controlled program. The inspection team noted that the NHPP had recently filled the existing PM vacancy and now has a full complement of technical staff.

6 Technical Quality of Permitting Program

6.1 Inspection Scope

The NRC inspection team assessed the technical quality of the permitting process by reviewing 27 DVA permitting actions completed by the PMs. The permitting actions were evaluated to ensure that applicable regulations and guidance documents were reviewed. This evaluation included permit conditions and tie-down conditions, adherence to sealed source and device registrations, appropriate training and experience authorizations, adequacy of facilities and equipment, use of operating and emergency procedures for the radionuclides and quantities used, and consideration of enforcement history for license renewals. Casework was also evaluated for completeness, consistency between PMs, timeliness, adherence to good health physics practices, and supervisory review. The permit files were also reviewed for retention of documents required to support the permitting action.

6.2 Observations and Findings

The permitting casework reviewed by the inspection team was selected to provide a representative sample of all permitting actions that were processed for DVA permittees during the review period. The sampling included the following types of permits; medical broad scope, limited medical institution, broad scope and limited research and development, blood irradiator, and high dose rate remote afterloader. The casework reviewed consisted of 20 amendments, 3 renewals, 3 new applications, and 1 termination (Attachment 3). No other actions with potential significant environmental impact were processed during the review period.

The permit actions reviewed were thorough, complete, and properly addressed health and safety issues. Each permit action had a technical report that was completed by the respective PM. The technical report documented a summary of the action, cited the guidance and regulatory basis for approving the action, and identified deficiencies and responses received. The permit holder's compliance history was also reviewed and

documented as part of the renewal application. The files contained appropriate documentation to support the permit action. The technical reports and the final permit actions were reviewed, approved, and signed by the NHPP Director.

The inspection team noted that the PMs were knowledgeable of the regulations and implemented them in an effective manner. The permit amendments reviewed were issued in accordance with the revised regulations in 10 CFR Part 35.

The inspection team identified that the PMs amended the permits affected by the IC Order. The affected permits were amended by including a license condition to the permit including requirements for the National Source Tracking System in accordance with 10 CFR 20.2207. Additionally, those DVA permits affected by the IC Order were amended to include a license condition which required the permit holder to provide additional physical means to secure radioactive materials.

Five decommissioning actions were reviewed during this inspection period. The review team noted that the PMs were appropriately obtaining information required for final permit termination, including the necessary information to ensure appropriate decontamination records were maintained. The review team identified that the PMs performed an adequate review of the final status surveys for release of laboratory and storage areas for unrestricted use. In addition, as appropriate, the PMs requested additional review and approval for unrestricted release by the NRC. Once NRC approval was given and the Environmental Assessment (EA) and Finding of No Significant Impact (FONSI) were published in the Federal Register Notice (FRN), the DVA permits were amended accordingly.

6.3 Conclusion

The technical quality of the permit program was determined to be consistent, comprehensive, and well documented. The program implemented by the NHPP staff enabled the permit process to be reproducible based on the renewal templates, the standard permit conditions, the guidance documents, and the Frequently Asked Questions (FAQs) provided on the DVA intranet. Effective communication between the PMs enhanced the permit process. The inspection team concluded that the NHPP staff processed permits in a manner consistent with the NRC licensing policies, procedures, and guidance.

7 **Status of Permitting Program**

7.1 Inspection Scope

The NRC inspection team examined the licensee's permitting process to verify that permitting actions were handled and processed as required. The team also evaluated the effectiveness of the licensee's tracking system.

7.2 Observations and Findings

The NHPP is responsible for approximately 118 permittees, primarily medical and medical/research programs. The NHPP issues all permits with a 10 year expiration date, and expects to have all permits issued under the guidance provided in the NRC

NUREG-1556 series. Based on their commitment made during the April 2007 biennial review, the NHPP has issued all permits with a 10 year expiration date.

All four PMs are authorized to review permitting actions, which are ultimately approved by the NHPP Director. During the review period, the NHPP processed approximately 470 permitting actions. Specifically, the PMs completed a total of 66 permit actions during calendar year (CY) 2007, 178 permit actions during CY 2008, 108 permit actions during CY 2009, and 118 permit actions through September 30, 2010. During this review period, the NHPP received three requests for new permits.

The PMs processed and completed most permitting actions well within the DVA's general timeliness goal of 30 calendar days. During the review period, four permit actions did not meet the NHPP's timeliness goal of 30 days. Due to the complexity of the issues, these actions were completed more than one year from the receipt date. Two actions involved decommissioning requests that required coordination with the NRC to approve the site for unrestricted use.

The NHPP enters permitting action requests it receives from permittees into its Records Tracking Management System (RTMS). The RTMS is a system used to track casework status and is maintained in an electronic, centrally-controlled file database. In addition, the tracking system provides NHPP staff with the capability to follow the status of any permitting action from start to completion.

7.3 Conclusion

The inspection team concluded that the NHPP staff processed permitting actions in accordance with NRC approved procedures. In addition, the inspection team determined that the process for reviewing and issuing permitting actions by the DVA was efficient, with timely issuance of permitting actions, and no backlog.

8 **Allegation and Incident Handling Programs**

8.1 Inspection Scope

The NRC inspection team reviewed the DVA's program for handling allegations and responding to incidents. This included a review of incidents and allegations to determine applicability of NRC reporting requirements, the effectiveness of the NHPP staff in handling allegations and responding to incidents, and the status of any open allegations. The team interviewed appropriate NHPP staff regarding incidents and allegations. The team also assessed communications between the NHPP and the NRSC to determine if allegations are communicated to the NRSC.

The inspection team reviewed NRSC procedure SOP 6, "Health Physic Program (NHPP) Allegation Management Program," and the three allegations that the NHPP processed during the review period for this inspection. In addition, the team discussed the NHPP allegation program with the PMs present during the NRC inspection.

8.2 Observations and Findings

a. Incidents/Events

The NHPP staff reported 97 medical events that involved iodine-125 seed prostate brachytherapy implants at VA Philadelphia. The NRC reviewed these medical events and documented the results in two inspection reports dated March 30, 2009 (ML090900382) and November 17, 2009, (ML093210599).

The NHPP staff reported 33 medical events that involved iodine-125 seed prostate brachytherapy implants at various DVA facilities. The NRC reviewed these medical events and documented the results in an inspection report issued on May 24, 2010 (ML101440380).

In addition to the medical events discussed above, the NHPP staff reported four medical events that involved: an iodine-131 therapy dosage that was greater than 120 percent of the prescribed dosage; leaking iodine-125 seeds involved with a prostate brachytherapy implant; an iodine-131 therapy dosage that was not in accordance with the written directive; and a yttrium-90 microsphere therapy where the delivered dosage was less than 80 percent of the prescribed dosage.

The NHPP staff also reported eight non-medical events. Six reportable events involved packages received at DVA facilities with removable surface contamination levels exceeding NRC and Department of Transportation limits. Two remaining reportable events involved the loss of radioactive material including waste containing millicurie quantities of tritium and a diagnostic dosage containing technetium-99m.

In responding to events, the NHPP staff follows SOP 05, "National Health Physics Program Incident Response Procedure." The procedure requires that each MML permittee report events to the NHPP in accordance with NRC regulations. The PMs, when receiving the event report from the permittee, document the event report using the Incident Information Form in the SOP 05, and informs the Program Director. The PMs and the Program Director review the information and determine whether the event is reportable to the NRC. If reportable, the NHPP staff would notify the NRC. The Program Director, using NRC Management Directives and Inspection Procedures, will determine if a reactive inspection should be conducted, and ensures that inspections are conducted within the appropriate time frame as discussed in NRC directives and procedures. The PMs indicated that inspections are performed within 5 or 10 working days for medical events involving an overexposure or underexposure to the patient, respectively. The PMs also indicated that they use the guidance in Appendix B of SOP 05 to determine if a reactive inspection should be performed for non-medical events that have been reported.

The inspection team reviewed inspection plans and inspection reports for four of the reportable events; evaluated the licensee's event/incident files and tracking system for reportability requirements; and interviewed appropriate NHPP staff regarding events/incidents (Attachment 4). The inspection team determined the

reviewed events were reported to the NRC timely, and that written event reports were submitted to the NRC timely and generally contained the required information in accordance with NRC regulations. The NRC team noted that while written event reports generally contained the required information, the NHPP staff should continue to ensure that the reports provide appropriate detail.

Inspection reports described the circumstances surrounding the events, root causes, and actions taken to prevent recurrence. When violations were identified by the NHPP staff conducting the event inspection, they were appropriately dispositioned and the NHPP staff determined that appropriate corrective actions were implemented.

b. Allegations

The inspection team reviewed the three allegations that the NHPP processed during the review period. The team noted that the NHPP staff reported the allegations to the NRSC for determination on how to proceed with the allegations. The inspection team reviewed the allegation files and noted that each file was organized, easy to understand, demonstrated an effort to minimize the duplication of information, and contained the information necessary to support the NHPP conclusions. The inspection team determined that when an acknowledgement letter was issued to a concerned individual (CI), it did not restate the concerns that the PMs would use to conduct their evaluation. The team noted that including the concerns in the acknowledgment letter would allow the concerned individual the opportunity to correct any misunderstandings before the PMs invested significant resources to evaluate the concerns. Closure letters issued when the NHPP completed its evaluation correctly listed each concern and documented the results of the NHPP evaluation and conclusion for each concern. The inspection team determined that the NHPP staff retained all necessary documentation to appropriately close the three allegations, including the open allegation described in the previous biennial NRC inspection report issued on May 17, 2007 (ML0713803743). The team noted that the NHPP staff adequately protected the identity of allegeders.

The NRC inspection team noted that Paragraphs 4 and 6 of SOP 06 indicated that an individual can contact the Department of Labor (DOL) to seek personnel remedies if the individual believes she or he is the subject of discrimination for raising safety issues. The DOL has documented in several rulings that the DOL is not the correct reference for most Federal employees including the DVA. The inspection team further noted that it appears that in addition to any individual remedy that a DVA employee may have under the DVA programs and procedures, DVA employees may have right of action under 5 U.S. Code (U.S.C.) 1221 before the Merit Systems Protection Board by filing a complaint with the Office of Special Counsel. The inspection team discussed with the NHPP staff the need to revise SOP 06 to include the appropriate reference for DVA employees to contact in cases where they are alleging discrimination.

The number of allegations processed (three) was evaluated by the inspection team to determine if the number was an indicator that: (1) problems are addressed at the lowest level in the organization and therefore would not prompt

NHPP involvement; (2) personnel are not aware of the NHPP allegation program; or (3) three allegations is a normal number for the review period.

During discussions with the PMs, the NRC inspection team identified that individuals at each permit facility are encouraged to raise issues to members of the permit facility's management team. The PMs stated that this process allows the issue to be evaluated and resolved by individuals who are familiar with the system affected by the issue. The NHPP does not consider issues addressed and resolved in this manner as allegations. The PMs verified that permittee staff posted NHPP allegation contact information on a green card at numerous locations at each permit facility so that employees can call the NHPP if they believe their issues are not being addressed. In addition, the NHPP's inspection plan contains a line item that prompts an NHPP PM to evaluate the safety conscious work environment during a permit facility inspection.

The inspection team determined that: (1) DVA employees were encouraged to raise issues to the permit facility management team members so that issues can be evaluated and addressed by the permit facility; (2) NHPP personnel ensured that NHPP allegation contact information was posted at each permit facility; and (3) NHPP inspection plans contained line items that prompted the PMs to evaluate the safety conscious work environment during a permit facility inspection.

Based on discussions with the PMs, the inspection team noted that the PMs appear to be skilled health physicists that can evaluate the vast majority of the issues processed by the NHPP allegation program. However, the inspection team noted that PMs may benefit from training provided by industry work groups who have evaluated concerns associated with work environment and discrimination for raising safety concerns.

8.3 Conclusion

The team concluded that the licensee's program for responding to incidents was in compliance with the license conditions of the MML and applicable NRC regulations, and was being implemented effectively. The events were appropriately reported to the NRC in accordance with 10 CFR Parts 20, 30 and 35 requirements.

The inspection team concluded that the allegation files were organized, easy to understand, and contained the information necessary to support the NHPP conclusions. The closing correspondence to each concerned individual listed each concern and documented the results of both the NHPP evaluation and conclusion for each concern. The team also concluded that the NHPP procedures incorrectly captured the DOL jurisdiction as it applies to processing a DVA employee claim of discrimination and should be revised during the next revision to its procedures.

9 NRC Independent Inspections of DVA Permittees

9.1 Inspection Scope

During this review period, the NRC conducted independent inspections of DVA permittees to assess the adequacy of their radiation safety programs and compliance with NRC regulations and the MML. The corrective actions to violations were reviewed for accuracy, completeness, timeliness, and effectiveness.

9.2 Observations and Findings

During the period from April 21, 2007, through October 1, 2010, the NRC staff inspected 45 DVA permittees, including 11 IC inspections, 14 prostate brachytherapy reactive inspections, and one medical event reactive inspection. The NRC focused its inspections on programs with high risk radioactive materials applications, for example, priority 2 and 3 programs.

The NRC identified five Severity Level IV violations (reference ML 081560416, ML091040104, ML102350127). In addition, the NRC identified escalated enforcement (Severity Level II and III violations) at the following DVA facilities: VA Medical Center, Iowa City, IA (ML091040104); VA San Diego Healthcare System, San Diego, CA (ML101540465); and at the following facilities with prostate brachytherapy programs: VA Medical Center, Philadelphia, PA (ML100710692); VA Sierra Nevada Health Care System, Reno, NV; G.V. (Sonny) Montgomery VA Medical Center, Jackson, MS; VA Boston Healthcare System, Boston, MA; and VA New York Harbor Healthcare System, Brooklyn, NY(ML102350127).

The inspection team reviewed the permittee's immediate and long-term corrective actions for the violations and concluded that they were sufficient to address the violations and prevent recurrence.

9.3 Conclusion

The NRC inspected 45 DVA permittees during the review period. Five Severity Level IV violations were identified. In addition, the DVA was subject to escalated enforcement actions during this review period that included Severity Level II and III violations. Based on the overall results of the NRC's independent inspections, the inspection team concluded that permittee activities were generally conducted in a manner that protected the health and safety of its staff and the public.

10 Exit Meeting

An exit meeting was held with DVA representatives on October 1, 2010. The overall scope and findings of the inspection were discussed. The DVA participants did not identify any information as being proprietary in nature.

ATTACHMENTS: Attachment 1 Supplemental Information
Attachment 2 "Inspection Casework Reviews"
Attachment 3 "Permitting Casework Reviews"

Attachment 4 "Incident Casework Reviews"

SUPPLEMENTAL INFORMATION

LIST OF PERSONS CONTACTED

Licensee Personnel

#F. Miles, Associate Chief Officer, Office of Patient Care Services
#C. Anderson, M.D., Ph.D., Chair, National Radiation Safety Committee
#M. Gross, M.D., Program Director, National Nuclear Medicine and Radiation Safety Services
#M. Hagan, M.D., Ph.D., Director, National Radiation Oncology Program
E. Leidholdt, Ph.D., Program Manager, NHPP Southwest Office
K. Mayo, Information Technologist, NHPP Headquarters
*G. Williams, Director, NHPP Headquarters
*L. Offutt, Administrative Officer, NHPP Headquarters
*T. Huston, Ph.D., Program Manager, NHPP Headquarters
#J. Wissing, Program Manager, NHPP Central Office
*P. Yurko, Program Manager, NHPP Eastern Office

NRC Personnel

*J. Cook, Sr. Health Physicist, Region IV
*C. Frazier, Sr. Health Physicist, Region III
*J. Heller, Sr. Allegation Coordinator, Region III
K. Lambert, Sr. Health Physicist, Region III
*A. McCraw, Sr. Health Physicist, Region III
*S. Xu, Health Physicist, Headquarters
*P. Loudon, Deputy Director, Division of Nuclear Materials Safety, Region III
*P. Pelke, Chief, Materials Licensing Branch, DNMS, Region III
*+M. Zeitler, Office of the Inspector General

*Attended October 1, 2010, exit meeting
#Attended October 1, 2010, exit meeting by telephone
+Accompaniment (Office of the Inspector General)

In addition, numerous permittee staff were interviewed during the independent inspections conducted by the NRC during the review period April 21, 2007 through October 1, 2010.

LIST OF ACRONYMS, ABBREVIATIONS

CFR	Code of Federal Regulations
DVA	Department of Veterans Affairs
EGM	Enforcement Guidance Memorandum
EA	Environmental Assessment
FRN	Federal Register Notice
FONSI	Finding of No Significant Impact
FAQ	Frequently Asked Questions
IC Order	Order Imposing Increased Controls
IP	Internal Procedures
LOU	Letter of Understanding

SUPPLEMENTAL INFORMATION (continued)

MC	Manual Chapter
MML	Master Materials License
NHPP	National Health Physics Program
NRC	Nuclear Regulatory Commission
NRSC	National Radiation Safety Committee
PM	Program Manager
RTMS	Records Tracking Management System
SOP	Standard Operating Procedure

INSPECTION CASEWORK REVIEWS

NOTE: CASEWORK LISTED WITHOUT COMMENT IS INCLUDED FOR COMPLETENESS.

File No.: 1

Permittee: Edward Hines Jr. VA Hospital
Inspection Type: Routine, Unannounced
Inspection Date: January 20 through July 29, 2009

Permit No.: 12-01087-07
Priority: 2
Inspector: JW

File No.: 2

Permittee: VA Eastern Colorado Health Care System
Inspection Type: Initial, Announced
Inspection Date: March 27 through 28, 2007

Permit No.: 05-01401-02
Priority: 2
Inspector: JW

Comment: The violation "contrary to" statement should describe whether the written directive procedure was inadequate or was not implemented.

File No.: 3

Permittee: VA San Diego Healthcare System
Inspection Type: Reactive, Announced
Inspection Date: September 30 through December 23, 2009

Permit No.: 04-15030-01
Priority: 2
Inspector: EL

Comment: The violation "contrary to" statement should describe that the procedure was inadequate in that it did not discuss administrations involving gastrostomy tubes.

File No.: 4

Permittee: VA New Jersey Health Care System
Inspection Type: Reactive, Unannounced
Inspection Date: September 16 through 18, 2009

Permit No.: 29-04481-01
Priority: 3
Inspector: JW

File No.: 5

Permittee: VA Medical Center (White River Junction, CT)
Inspection Type: Reactive, Announced
Inspection Date: June 9, 2010

Permit No.: 44-05123-01
Priority: 3
Inspector: PY

Comment: Citations of deliberate violations should include 10 CFR 30.10 requirements in the violation.

File No.: 6

Permittee: VA Medical Center (Lexington, KY)
Inspection Type: Routine, Unannounced
Inspection Date: September 17 through December 21, 2007

Permit No.: 16-08896-04
Priority: 2
Inspector: JW

File No.: 7

Permittee: VA Connecticut Health Care System
Inspection Type: Reactive, Announced
Inspection Date: February 27 through 28, 2008

Permit No.: 06-00092-05
Priority: 2
Inspector: GW, TH

File No.: 8
Permittee: VA Medical Center (Cincinnati, OH)
Inspection Type: Reactive, Announced
Inspection Date: October 16, 2008 through July 29, 2009
Permit No.: 34-00799-03
Priority: 3
Inspector: GW, EL, JW

File No.: 9
Permittee: Bay Pines VA Healthcare System
Inspection Type: Reactive, Announced
Inspection Date: December 7, 2009 through January 20, 2010
Permit No.: 09-04233-03
Priority: 3
Inspector: JW

File No.: 10
Permittee: VA Medical Center (Coatesville, PA)
Inspection Type: Initial, Announced
Inspection Date: April 25, 2007
Permit No.: 37-10509-01
Priority: 3
Inspector: PY

File No.: 11
Permittee: Central Texas Veterans Health Care System
Inspection Type: Routine, Announced
Inspection Date: May 19, 2010
Permit No.: 42-10739-03
Priority: 3
Inspector: PY

File No.: 12
Permittee: VA Ann Arbor Healthcare System
Inspection Type: Reactive, Announced
Inspection Date: October 28 through November 20, 2009
Permit No.: 21-00159-04
Priority: 2
Inspector: PY

File No.: 13
Permittee: Edward Hines Jr. VA Hospital
Inspection Type: Reactive, Announced
Inspection Date: October 1 through December 22, 2009
Permit No.: 12-01087-07
Priority: 2
Inspector: JW

File No.: 14
Permittee: John D. Dingell VA Medical Center
Inspection Type: Reactive, Announced
Inspection Date: June 23 through December 9, 2009
Permit No.: 21-04234-01
Priority: 3
Inspector: GW, JW, TH

File No.: 15
Permittee: Richard L. Roudebush VA Medical Center
Inspection Type: Reactive, Announced
Inspection Date: January 6 through April 9, 2010
Permit No.: 13-00694-03
Priority: 2
Inspector: PY

File No.: 16
Permittee: VA Medical Center (Fayetteville, NC)
Inspection Type:
Inspection Date: Inspection Pending
Permit No.: 32-13654-01
Priority: 3
Inspector:

Comment: Reviewed Record of Contact for contaminated package.

PERMITTING CASEWORK REVIEWS

NOTE: CASEWORK WITHOUT COMMENTS ARE INCLUDED FOR COMPLETENESS.

File No.: 1

Permittee: VA Baltimore, MD
Type of Action: Amendment
Permit Type: Limited Medical/Broad Research

Permit No.: 19-01058-01
Amendment: 64
Permit Reviewer: TH

File No.: 2

Permittee: VA Omaha, NE
Type of Action: Amendment
Permit Type: Broad Medical/Research with
Self-Shielded Irradiator

Permit No.: 26-00138-10
Amendment: 33
Permit Reviewer: PY

File No.: 3

Permittee: VA San Antonio, TX
Type of Action: Renewal
Permit Type: Limited Medical/Broad Research

Permit No.: 42-15881-01
Amendment: 46
Permit Reviewer: PY

File No.: 4

Permittee: VA East Orange, NJ
Type of Action: Amendment
Permit Type: Limited Medical/Broad Research

Permit No.: 29-04481-01
Amendment: 96
Permit Reviewer: TH

File No.: 5

Permittee: VA Providence, RI
Type of Action: Amendment
Permit Type: Limited Medical/Broad Research

Permit No.: 38-04946-01
Amendment: 65
Permit Reviewer: JW

File No.: 6

Permittee: VA North Chicago, IL
Type of Action: Renewal
Permit Type: Limited Medical/Research

Permit No.: 12-10157-04
Amendment: 35
Permit Reviewer: JW

File No.: 7

Permittee: VA Fayetteville, AR
Type of Action: New
Permit Type: Limited Medical

Permit No.: 03-00564-01
Amendment: N/A
Permit Reviewer: GW

File No.: 8

Permittee: VA Brooklyn, NY
Type of Action: Renewal
Permit Type: Limited Medical/Research with HDR

Permit No.: 31-02892-03
Amendment: 90
Permit Reviewer: PY

File No.: 9

Permittee: VA Iowa City, IA
Type of Action: Amendment
Permit Type: Broad Medical/Research with
Self-Shielded Irradiator

Permit No.: 14-00822-01
Amendment: 46
Permit Reviewer: TH

File No.: 10
Permittee: VA Coatesville, PA
Type of Action: Termination
Permit Type: Limited Research for
Storage Only, Pending Disposal

Permit No.: 37-10509-01
Amendment: 2
Permit Reviewer: TH

File No.: 11
Permittee: VA Detroit, MI
Type of Action: Amendment
Permit Type: Limited Medical

Permit No.: 21-04234-01
Amendment: 98
Permit Reviewer: JW

File No.: 12
Permittee: VA Bay Pines, FL
Type of Action: Amendment
Permit Type: Limited Medical/Research

Permit No.: 09-04233-03
Amendment: 70
Permit Reviewer: JW

File No.: 13
Permittee: VA White River Junction, VT
Type of Action: Amendment
Permit Type: Limited Medical/Research

Permit No.: 44-05123-01
Amendment: 35
Permit Reviewer: JW

File No.: 14
Permittee: VA Durham, NC
Type of Action: Amendment
Permit Type: Broad Medical/Research with
Self-Shielded Irradiator

Permit No.: 32-01134-01
Amendment: 71
Permit Reviewer: TH

File No.: 15
Permittee: VA Los Angeles, CA
Type of Action: Amendment
Permit Type: Broad Medical/Research

Permit No.: 04-00181-04
Amendment: 117
Permit Reviewer: TH

File No.: 16
Permittee: VA Louisville, KY
Type of Action: Amendment
Permit Type: Limited Medical/Research

Permit No.: 16-03121-02
Amendment: 67
Permit Reviewer: PY

File No.: 17
Permittee: VA Shreveport, LA
Type of Action: Amendment
Permit Type: Limited Medical/Research

Permit No. 17-12273-01
Amendment: 46
Permit Reviewer: JW

File No.: 18
Permittee: VA Augusta, GA
Type of Action: Amendment
Permit Type: Limited Medical

Permit No.: 10-08389-03
Amendment: 45
Permit Reviewer: EL

File No.: 19
Permittee: VA Columbia, SC
Type of Action: Amendment
Permit Type: Limited Medical

Permit No.: 39-09703-01
Amendment: 51
Permit Reviewer: TH

File No.: 20
Permittee: VA Madison, WI
Type of Action: Amendment
Permit Type: Broad Medical/Research

Permit No.: 48-01183-01
Amendment: 68
Permit Reviewer: TH

File No.: 21
Permittee: VA Little Rock, AR
Type of Action: Amendment
Permit Type: Broad Medical/Research with
Self-Shielded Irradiator

Permit No.: 03-01082-01
Amendment: 56
Permit Reviewer: TH

File No.: 22
Permittee: VA Lebanon, PA
Type of Action: New
Permit Type: Limited Medical

Permit No.: 37-00595-01
Amendment: N/A
Permit Reviewer: PY

File No.: 23
Permittee: VA Hampton, VA
Type of Action: Amendment
Permit Type: Limited Medical/Research

Permit No.: 45-07569-01
Amendment: 84
Permit Reviewer: TH

File No.: 24
Permittee: VA Seattle, WA
Type of Action: Amendment
Permit Type: Broad Medical/Research

Permit No.: 46-00990-01
Amendment: 71
Permit Reviewer: TH

File No.: 25
Permittee: VA Orlando, FL
Type of Action: New
Permit Type: Limited Medical

Permit No.: 09-00675-01
Amendment: N/A
Permit Reviewer: GW

File No.: 26
Permittee: VA San Diego, CA
Type of Action: Amendment
Permit Type: Broad Medical/Research

Permit No.: 04-15030-01
Amendment: 41
Permit Reviewer: EL

File No.: 27
Permittee: VA Houston, TX
Type of Action: Amendment
Permit Type: Broad Medical/Research with
Self-Shielded Irradiator

Permit No.: 42-00084-06
Amendment: 64
Permit Reviewer: EL

INCIDENT CASEWORK REVIEWS

NOTE: CASEWORK LISTED WITHOUT COMMENT IS INCLUDED FOR COMPLETENESS ONLY.

File No.: 1

Permittee: Richard L. Roudebush VA Medical Center
Date of Incident: December 30, 2009
Investigation Date: January 6, 2010

Permit No.: 13-006943-03
NRC Event No.: 45602
Type of Incident: Medical Event

File No.: 2

Permittee: Edward Hines Jr. VA Hospital
Date of Incident: February 10, 2009
Investigation Date: February 10, 2009

Permit No.: 12-01087-07
NRC Event No.: 44875
Type of Incident: Lost Radioactive Material

Comment: Identified during the inspection

File No.: 3

Permittee: VA Eastern Colorado Health Care System
Date of Incident: March 28, 2007
Investigation Date: March 28, 2007

Permit No.: 05-1401-02
NRC Event No.: 43265
Type of Incident: Medical Event

Comment: Identified during the inspection

File No.: 4

Permittee: VA Medical Center (Fayetteville NC)
Date of Incident: August 7, 2008
Investigation Date: Pending

Permit No.: 32-13654-01
NRC Event No.: 44389
Type of Incident: Contaminated Package

Comment: Investigation planned during next routine inspection

R. Petzel

-2-

NRC Public Document Room or from the NRC's Agencywide Documents Access and Management System (ADAMS), accessible from the NRC Web site at <http://www.nrc.gov/reading-rm/adams.html>.

We will gladly discuss any questions you have concerning this inspection.

Sincerely,

/RA/

Patricia J. Pelke, Chief
Material Licensing Branch

Docket No.: 030-34325
License No.: 03-23853-01VA

Enclosure:
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cc w/encl: G. Williams, Director
DVA National Health Physics Program

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