

SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE/LOCATION INSPECTED:

Metropolitan Hospital/d.b.a Metro Health Hospital
5900 Byron Center Avenue, SW
Wyoming, MI 49519
 REPORT NUMBER(S) **2010-01**

2. NRC/REGIONAL OFFICE

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

3. DOCKET NUMBER(S)

030-02134

4. LICENSEE NUMBER(S)

21-12829-01

5. DATE(S) OF INSPECTION

November 5, 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	S. J. Mulay	<i>S. J. Mulay</i>	11/5/10
Branch Chief	Tamara E. Bloomer	<i>Tamara Bloomer</i>	11/19/10

Docket File Information
SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE Metropolitan Hospital d/b/a/ Metro Health Hospital Wyoming, MI 49519 REPORT NUMBER(S) 2010-01	2. NRC/REGIONAL OFFICE Region III 2443 Warrenville Road, Suite 210 Lisle, Illinois 60532-4351
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3. DOCKET NUMBER(S) 030-02134	4. LICENSE NUMBER(S) 21-12829-01	5. DATE(S) OF INSPECTION November 5, 2010
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6. INSPECTION PROCEDURES 87131	7. INSPECTION FOCUS AREAS 03.01-03.07
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SUPPLEMENTAL INSPECTION INFORMATION

1. PROGRAM 2120	2. PRIORITY 3	3. LICENSEE CONTACT Jeffrey McClure, M.D., RSO	4. TELEPHONE NUMBER 616-252-7200
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Main Office Inspection: 5900 Byron Ctr Ave., Wyoming, MI
 Field Office Inspection _____
Next Inspection Date: November 2013
 Temporary Job Site Inspection _____

PROGRAM SCOPE

This active medical facility is divided into two areas of use within the main hospital campus. One area performs studies related to inpatient and outpatient procedures and the other is specifically dedicated to cardiac imaging. The licensee maintains two off-site authorized locations for diagnostic imaging procedures. According to licensee representatives, the Mid-Towne Ave. location is inactive with no use, possession, or storage of licensed material to date and was not reviewed. The Greenville, MI facility is active on Tuesday, Wednesday and Thursday from 7:30 am-4:00 pm and performs approximately six diagnostic cardiac procedures daily.

At the main hospital campus, approximately 200 diagnostic procedures are performed monthly. Six full-time technologists currently perform all patient studies at the cardiac suite and the Inpatient/outpatient areas. An outside consultant performs quarterly program audits which appear to adequately oversee licensed activities. Licensed material is obtained as unit doses from an area nuclear pharmacy. Approximately one treatment for hyperthyroidism is done monthly and about eight thyroid ablation treatments are done annually utilizing iodine-131. Approximately eight whole-body studies are also performed with iodine-131. All iodine-131 administrations are in capsule form.

Performance Observations

Interviews conducted with available staff at the main campus revealed an adequate level of understanding of emergency and material handling procedures and techniques. Dose calibrator constancy checks, injection technique, daily surveys, waste handling and disposal, and package receipt procedures, were successfully demonstrated or observed. A random review of written directives was conducted and revealed appropriate documentation for authorized iodine 131 treatments, with no issues noted. Licensed material was observed adequately secured at both main hospital areas of use and was not readily accessible to members of the general public. Survey meters were found to be calibrated and operational and compared well in a side-by-side comparison with the NRC instrument. Radioactive waste is secured for decay in storage, surveyed to background and disposed of via the hospital waste stream.

The Greenville, MI location did not include a physical review. However, a limited review of documentation available at the main campus for this site indicated that sealed source inventories, leak tests, and various dose calibrator checks were performed with no regulatory issues noted. The next inspection should include a more detailed review of off-site locations.

Independent measurements taken at both areas did not indicate readings in excess of 10 CFR Pt. 20 limits in restricted or unrestricted areas. Personal dosimetry records reviewed indicated whole-body and extremity readings for 2009 and YTD 2010 did not approach regulatory limits.