

SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE/LOCATION INSPECTED:  
Margaret Mary Community Hospital  
321 Mitchell Ave.  
Batesville, Indiana 47006

2. NRC/REGIONAL OFFICE  
U.S. Nuclear Regulatory Commission, Region III  
2443 Warrenville Road, Suite 210  
Lisle, Illinois 60532

REPORT NUMBER(S): 11-01

3. DOCKET NUMBER(S)  
030-33149

4. LICENSEE NUMBER(S)  
13-26494-01

5. DATE(S) OF INSPECTION  
January 11, 2011

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	Andrew M. Bramnik	<i>Andrew M. Bramnik</i>	1/18/2011
BRANCH CHIEF	Tamara E. Bloomer	<i>T. Bloomer</i>	1/18/11

*Docket File Information*  
**SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION**

1. LICENSEE Margaret Mary Community Hospital. REPORT NUMBER(S) 11-01	2. NRC/REGIONAL OFFICE U.S. Nuclear Regulatory Commission, Region III 2443 Warrenville Road, Suite 210 Lisle, Illinois 60532
--	---

3. DOCKET NUMBER(S) 030-33149	4. LICENSEE NUMBER(S) 13-26494-01	5. DATE(S) OF INSPECTION January 11, 2011
----------------------------------	--------------------------------------	--

6. INSPECTION PROCEDURES 87130	7. INSPECTION FOCUS AREAS 03.01 – 03.07
-----------------------------------	--

**SUPPLEMENTAL INSPECTION INFORMATION**

1. PROGRAM 2121	2. PRIORITY 5	3. LICENSEE CONTACT James M. Browne, M.D., RSO	4. TELEPHONE NUMBER 812-934-6624
--------------------	------------------	---	-------------------------------------

Main Office Inspection  
 Field Office Inspection  
 Temporary Job Site Inspection

Next Inspection Date: January 2016

**PROGRAM SCOPE**

This was a routine inspection of a 25 bed hospital that performed approximately 50 diagnostic nuclear medicine procedures per month. One full time nuclear medicine technologist performed all patient procedures. The licensee obtained licensed material as unit doses from an area nuclear pharmacy and did not use molybdenum/technetium generators. The licensee performed primarily cardiac and bone scans, as well as an occasional HIDA scan. The licensee last used Xenon-133 in 2008, and averaged approximately two procedures per year. The licensee was not authorized to perform or administer therapeutic doses.

**Performance Observations**

Interviews conducted with available staff revealed an adequate level of understanding of emergency and material handling procedures and techniques. Dose calibrator constancy checks, package receipt, daily surveys, and waste handling and disposal procedures were successfully demonstrated or observed. An outside consultant performed quarterly program audits that were adequate to oversee the program.

Licensed material was adequately secured and not readily accessible to members of the general public. A survey meter was calibrated, operational, and performed well in side-by-side comparison with an NRC instrument. Independent measurements did not indicate readings in excess of Title 10 of the Code of Federal Regulations (10 CFR) Part 20 limits in restricted or unrestricted areas.

Personal whole body and extremity dosimetry was observed being worn by the staff during the inspection. Dosimetry records indicated maximum whole body readings for 2009 of 154 millirem (mrem) and for 2010 of 133 mrem. The licensee's nuclear medicine technologist was observed wearing an extremity badge with the correct orientation, however no extremity dose was recorded for calendar years 2008 through 2010. The technologist's extremity dose was 230 mrem in 2007 and 1260 mrem in 2006. The licensee's staff reviewed their work history and determined that it is not likely the technologist exceeded any regulatory limits for extremity dose. The inspector spoke with the technologist and the RSO about this discrepancy, and they agreed to monitor extremity doses more carefully in the future.

No violations were identified during this inspection.