

SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE/LOCATION INSPECTED:
Port Huron Hospital
Port Huron, Michigan
 REPORT NUMBER(S): *2011-001*

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

3. DOCKET NUMBER(S)
030-14005

4. LICENSEE NUMBER(S)
21-20137-01

5. DATE(S) OF INSPECTION
2/4/11

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	Michael M. LaFranzo	<i>Michael M. LaFranzo</i>	<i>2/4/11</i>
Branch Chief	Tamara E. Bloomer	<i>T. E. Bloomer</i>	<i>2/7/11</i>

Docket File Information
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1. LICENSEE Port Huron Hospital REPORT NUMBER(S) 2011-001		2. NRC/REGIONAL OFFICE U.S. Nuclear Regulatory Commission, Region III 2443 Warrenville Road, Suite 210 Lisle, Illinois 60532	
3. DOCKET NUMBER(S) 030-18005	4. LICENSE NUMBER(S) 21-20137-01	5. DATE(S) OF INSPECTION 2/4/2011	
6. INSPECTION PROCEDURES 87130	7. INSPECTION FOCUS AREAS 03.01-03.07		
SUPPLEMENTAL INSPECTION INFORMATION			
1. PROGRAM 2120	2. PRIORITY 3	3. LICENSEE CONTACT Dr. David Tracy - RSO	4. TELEPHONE NUMBER 810-987-5000

Main Office Inspection Next Inspection Date: 2/2014
 Field Office Inspection Temporary Job Site Inspection

PROGRAM SCOPE

The licensee is the Regional Hospital in Port Huron, Michigan. The licensee has three technicians and performs approximately 10-15 administrations per day (diagnostic) Monday through Friday with On-call during weekends. Although authorized to do so, the licensee has not performed any activities under 10 CFR 35.300 since the last inspection. The licensee received unit and bulk doses from a Detroit pharmacy.

Performance Observations

The licensee demonstrated a package receipt survey, daily dose calibrator check, radiological surveys, and dose preparation for injections; No abnormal issues were identified. The inspector reviewed documentation regarding a selected number of diagnostic administrations, radiological surveys, waste disposal, and annual audits; No abnormal regulatory issues were identified. The inspector performed independent and confirmatory radiation measurements; no abnormal radiation levels were identified. The inspector compared similar radiation readings between NRC and licensee radiation detection instrumentation; readings were within acceptable margin of error. Interviews with licensee staff indicated a sufficient knowledge of radiation safety practices.