NRC FORM 591M PART 1
(06-2010)
10 CFR 2.201

U.S NUCLEAR REGULATORY COMMISSION

SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE/LOCATION INSPECTED:	2. NRC/REGIONAL OFFICE
St. Catherin Hospital, Inc. 4321 Fir Street East Chicago, IN 46312 REPORT NUMBER(S): 11-01	U.S. Nuclear Regulatory Commission, Region III 2443 Warrenville Road, Suite 210 Lisle, Illinois 60532

3. DOCKET NUMBER(S)	4. LICENSEE NUMBER(S)	5. DATE(S) OF INSPECTION
030-01590	13-01148-01	2/16/11

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	Ken Lambert	Ken Lambert	2/16/11
Branch Chief	Tamara E. Bloomer	T E Bloomer	2/28/11

NRC FORM 591 M PART 3
(06-2010)
10 CFR 2.201

U.S. NUCLEAR REGULATORY COMMISSION

Docket File Information

SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE	2. NRC/REGIONAL OFFICE
St. Catherine Hospital, Inc. 4321 Fir Street East Chicago, IN 46312 REPORT NUMBER(S) 11-01	U.S. Nuclear Regulatory Commission, Region III 2443 Warrenville Road, Suite 210 Lisle, Illinois 60532

3. DOCKET NUMBER(S)	4. LICENSEE NUMBER(S)	5. DATE(S) OF INSPECTION
030-01590	13-01148-01	2/16/2011

6. INSPECTION PROCEDURES	7. INSPECTION FOCUS AREAS
87131	03.01 – 03.07

SUPPLEMENTAL INSPECTION INFORMATION

1.PROGRAM	2. PRIORITY	3. LICENSEE CONTACT	4. TELEPHONE NUMBER
2120	3	Mirel Palamaru, RSO	219-836-7368

☒ Main Office Inspection — Next Inspection Date: 02/2014

☐ Field Office Inspection _____

☐ Temporary Job Site Inspection _____

PROGRAM SCOPE

The licensee is a 145 bed community hospital serving East Chicago, Indiana and the surrounding area. The licensee employees 4 full time technologists. The licensee performs approximately 150 studies per month, with 80-85 percent cardiology with the remaining studies including bone, kidney, liver, and gastric emptying. The licensee performs approximately 10 lung scans per month using Tc-99m. The licensee receives all unit doses from a nuclear pharmacy. The licensee performs 3-4 thyroid scans per year using I-123, and approximately 5 hyperthyroid treatments per year using I-131 in capsule form. A consultant performs a quarterly audit of the radiation safety program.

Performance Observations

The inspector noted that the hot lab was under constant surveillance during the inspection due to the configuration of the patient imaging area. Licensee staff indicated that after hours the hot lab and department doors are locked and the hot lab door is also locked when no one is in the department. The inspector observed several injections including cardiac stress tests and a lung scan. Licensee staff were knowledgeable and discussed or demonstrated package receipt surveys, daily surveys, weekly wipes and spill procedures. The inspector reviewed written directives and administration records for 8 of the 21 I-131 treatments performed since the last inspection with no problems noted. Licensee was performing inventory and leak tests at required frequencies. Dose calibrator checks were performed as required and included daily constancy, quarterly linearity and annual accuracy tests. The well counter and thyroid probe were calibrated by the licensee's consultant annually.

The licensee possesses 11 Cs-137 low dose brachytherapy sources that are not being used and are in storage. Sources are being inventoried and leak tested at appropriate frequencies.

The inspector reviewed dosimetry data and noted the maximum exposure were 413 mrem whole body (WB) and 3390 mrem extremity for 2010; 311 mrem WB and 3330 mrem extremity for 2009; and 443 mrem WB and 3090 mrem extremity for 2008.

No violations of regulatory requirements were identified.