

**SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION**

1. LICENSEE/LOCATION INSPECTED:  
*Midwest Brachytherapy Services, Inc.*  
*Chesterfield, MO*  
REPORT NUMBER(S) *2011-001*

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

3. DOCKET NUMBER(S)  
*030-35581*

4. LICENSEE NUMBER(S)  
*24-32280-01*

5. DATE(S) OF INSPECTION  
*March 3, 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	Deborah A. Piskura	<i>Deborah A. Piskura</i>	<i>3/3/2011</i>
Branch Chief	Tamara E. Bloomer	<i>T. Bloomer</i>	<i>3/10/11</i>

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

<b>1. LICENSEE</b> Midwest Brachytherapy Services, Inc. 17295 Chesterfield Airport Road Chesterfield, MO 63005 REPORT NUMBER(S) 2011-001	<b>2. NRC/REGIONAL OFFICE</b> U.S. Nuclear Regulatory Commission Region III 2443 Warrenville Road, Suite 210 Lisle, IL 60532-4351
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<b>3. DOCKET NUMBER(S)</b> 030-35581	<b>4. LICENSE NUMBER(S)</b> 24-32380-01	<b>5. DATE(S) OF INSPECTION</b> March 3, 2011
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<b>6. INSPECTION PROCEDURES</b> 87132	<b>7. INSPECTION FOCUS AREAS</b> 03.01-03.08
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**SUPPLEMENTAL INSPECTION INFORMATION**

<b>1. PROGRAM</b> 02231	<b>2. PRIORITY</b> 2	<b>3. LICENSEE CONTACT</b> David J. Keys, Ph.D., RSO	<b>4. TELEPHONE NUMBER</b> 314-799-9081 or 636-579-0136
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Main Office Inspection      Next Inspection Date: March 2013  
 Field Office Inspection St. Anthony's Medical Center, 10010 Keenerly Road, St. Louis, MO  
 Temporary Job Site Inspection \_\_\_\_\_

**PROGRAM SCOPE**

This licensee was a medical physics consulting firm who possessed and transported its two HDR units to its clients for medical use. The licensee utilized a small cargo van to transport its HDR units. The clients were NRC licensees authorized to use the unit at their institution for patient treatments. Once the licensee transferred the HDR unit to its client, the client assumed responsibility of the unit and the patient treatments under its NRC license. At the time of this inspection the licensee serviced two clients, one hospital in Rolla, Missouri and one hospital in St. Louis.

This inspection consisted of interviews with select licensee personnel; a review of select records; and a review and demonstration of the licensee's transportation and security procedures.