NRC FORM 591M PAR	Т1			U.S NUCLEAR RE	GULATORY COMMISSION		
(06-2010) 10 CFR 2.201							
SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION							
1. LICENSEE/LOCATIO			2. NRC/REGIONAL OFFICE				
	Elizabeth Health L	Lafayette	U.S. Nuclear Regula		on, Region III		
1701 S. Creasy Lafayette, India			2443 Warrenville Road, Suite 210 Lisle, Illinois 60532				
REPORT NUMBER(S):			Lisio, illinois sosse	213.3, 11.11.013 3332			
3. DOCKET NUMBER(S	2)	4. LICENSEE NUMBER(	(C)	5. DATE(S) OF INS	PECTION		
030-01642	''	13-09788-01		June 16,			
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	s) were discussed involv	ving the following requirement(	(s):			
4 During this	- iadian cortain of		" It to and a stocked u	to establish of h			
requireme	ents and are being cited	your activities, as descri d. This form is a NOTIC	ibed below and/or attached, w E OF VIOLATION, which may	ere in violation of r be subject to post	NRC ting in accordance		
with 10 CI	FR 19.11						
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					1		
		Statement of	2				
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	F	Printed Name	Signa	ture	Date		
LICENSEE'S REPRESENTATIVE							
NRC INSPECTOR	Geoffrey M. War	ren	21 Wi		6/16/11		
Branch Chief	Tamara E. Bloon	ner	12 Dag	me	10/22/15		

## 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 Franciscan St. Elizabeth Health Lafayette Lafayette, Indiana 47905 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) 030-01642		4. LICENSEE NUI 13-09788-0	• •	5. DATE(S) OF INSPECTION June 16, 2011			
6. INSPECTION PROCEDURES 87131, 87132		7. INSPECTION FOCUS AREAS 03.01 - 03.08; 03.01 - 03.08					
SUPPLEMENTAL INSPECTION INFORMATION							
1.PROGRAM 02120	2. PRIORITY 3	3. LICENSEE CONTACT Michael F. Busch, M.D., RSO		4. TELEPHONE NUMBER 765-447-6811			
Main Office Inspection			Next Inspection Date: JUNE 2014				
Field Office Inspection 1501 H		_1501 Hartford	St., Lafayette, IN	<del>_</del>			
Temporary Job Site Inspection							

#### PROGRAM SCOPE

This license authorized activities under 10 CFR 35.100, 200, 300, 400, and 500 at e licensee performed activities at two hospitals in Lafayette, Indiana, with authorization to use byproduct materials in sections 35.100, 200, 300, 400, and 500. Licensed activities were performed only at the facilities on the license.

At St. Elizabeth East (1701 S. Creasy Ln.), a 150-bed hospital, the licensee operated two nuclear medicine areas, nuclear medicine and cardiology. This facility was staffed with four full time technologists who rotated through both areas, who typically administered 220 diagnostic doses and two to three iodine-131 therapy doses monthly, with iodine in capsule form. Diagnostic doses included cardiac, bone, hepatobiliary, and other procedures using unit doses, primarily technetium-99m, or prepared from bulk technetium, received from a licensed radiopharmacy. This hospital had been added to the license as a location of use since the previous inspection, and the nuclear medicine and cardiology areas were consistent with maps and information provided to NRC.

At St. Elizabeth Central (1501 Hartford St.), a 150-bed hospital, the licensee performed diagnostic nuclear medicine procedures approximately twice weekly, as well as occasional iodine-131 therapies. Personnel from East hospital came over as needed to perform these procedures. Doses were delivered from the radiopharmacy.

Licensee personnel have not performed brachytherapy treatments since before the previous inspection. Authorized users stated that they have no plans to perform such treatments in the near future, but they would provide training before doing so to ensure safe use of licensed materials.

### **Performance Observations**

The inspector observed two diagnostic administrations of technetium-99m, including dose preparation and disposal. Licensee personnel demonstrated package receipt survey and wipes, dose calibrator constancy, survey meter QC and wipe counter QC, and daily and weekly contamination surveys, and described spill procedures, iodine-131 inpatient and outpatient therapy procedures, and a variety of diagnostic procedures. The inspector noted no concerns with these activities. The inspector reviewed written directives for iodine-131 therapies and identified no issues. Interviews with licensee personnel indicated adequate knowledge of radiation safety concepts and procedures. The inspector performed independent and confirmatory radiation measurements which indicated results consistent with licensee survey records and postings.