

**SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION**

1. LICENSEE/LOCATION INSPECTED:

**Jefferson Memorial Hospital  
P. O. Box 350  
Crystal City, MO 63019**

2. NRC/REGIONAL OFFICE

**U.S. Nuclear Regulatory Commission  
Region III  
2443 Warrenville Road, Suite 210  
Lisle, Illinois 60532-4351**

REPORT NUMBER(S) **2011-01**

3. DOCKET NUMBER(S)  
**030-14837**

4. LICENSEE NUMBER(S)  
**24-18315-01**

5. DATE(S) OF INSPECTION

*August 12, 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	<b>Robert P. Hays</b>	<i>[Signature]</i>	<i>8/12/11</i>
Branch Chief	<b>Tamara E. Bloomer</b>	<i>[Signature]</i>	<i>9/8/11</i>

<b>NRC FORM 591 M PART 3</b> (06-2010) 10 CFR 2.201		<b>U.S. NUCLEAR REGULATORY COMMISSION</b>  <i>Docket File Information</i> <b>SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION</b>	
<b>1. LICENSEE</b> Jefferson Memorial Hospital P. O. Box 350 Crystal City, MO 63019 REPORT NUMBER(S) 2011-01		<b>2. NRC/REGIONAL OFFICE</b> U.S. Nuclear Regulatory Commission Region III 2443 Warrenville Road, Suite 210 Lisle, Illinois 60532-4351	
<b>3. DOCKET NUMBER(S)</b> <b>03014837</b>	<b>4. LICENSE NUMBER(S)</b> <b>24-18315-01</b>	<b>5. DATE(S) OF INSPECTION</b> <b>August 12, 2011</b>	
<b>6. INSPECTION PROCEDURES</b> <b>87131 (10/24/02)</b>	<b>7. INSPECTION FOCUS AREAS</b> <b>03.01-03.07</b>		
<b>SUPPLEMENTAL INSPECTION INFORMATION</b>			
<b>1. PROGRAM</b> <b>2120</b>	<b>2. PRIORITY</b> <b>3</b>	<b>3. LICENSEE CONTACT</b> <b>Jeff Freshman, NMT</b>	<b>4. TELEPHONE NUMBER</b> <b>636-933-1000</b>
<input checked="" type="checkbox"/> <b>Main Office Inspection</b> <span style="float: right;"><b>Next Inspection Date: <u>August 2014</u></b></span> <input type="checkbox"/> <b>Field Office Inspection</b> <input type="checkbox"/> <b>Temporary Job Site Inspection</b> _____			
<b>PROGRAM SCOPE</b>			
<p>The licensee was a medical institution with authorization by the license to use byproduct materials for diagnostic and therapeutic medical procedures under 10 CFR 35.100, 35.200, 35.300, and 35.400.</p> <p>The licensee's Nuclear Medicine Department routinely conducts a daily average of 10-15 patient studies with a staff of 3 nuclear medicine technologists. The majority of diagnostic studies are cardiac tests using Myoview for stress tests and thallium-201 for rest studies. Iodine-131 procedures requiring a written directive can be from none to 2 per month. The licensee receives licensed material as unit doses or bulk pertechnetate from a local nuclear pharmacy as needed.</p> <p>The licensee is authorized for low dose brachytherapy procedures and the licensee performs only prostate seed implants and the number of patient implants can be from one to six cases per month using pre-loaded needles. Any unused seeds are returned to the vendor and are not stored for decay.</p>			
<b><u>Performance Observations</u></b>			
<p>During the inspection, the licensee's NMT staff demonstrated/discussed: (1) survey instruments and required surveys; (2) package receipt and check-in procedures; (3) wipe test counting; (4) unit dose, kit preparation, and safe handling procedures; (5) I-131 procedures, written directives, and 10 CFR 35.75 requirements; (6) seed implant procedures and written directives; (7) waste handling; (8) sealed source inventories and leak tests; (9) security and storage of licensed material; (10) seed return shipment procedures; (11) radiation safety committee meetings; (12) radiation safety program audit results; (13) dosimetry; [CY 2010: 118mr-DDE; 710mr-SDE], [YTD 2011 through June: 65mr-DDE; 670mr-SDE]. The inspector performed independent and confirmatory radiation measurements, which indicated results consistent with licensee survey records and postings.</p>			