

**SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION**

1. LICENSEE/LOCATION INSPECTED:

Emma. L. Bixby Medical Center  
Department of Radiology  
818 Riverside Avenue  
Adrian, MI 49221

REPORT NUMBER(S): 11-01

2. NRC/REGIONAL OFFICE

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

3. DOCKET NUMBER(S)

030-02027

4. LICENSEE NUMBER(S)

21-03194-01

5. DATE(S) OF INSPECTION

August 16-17, 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:

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1. Based on the inspection findings, no violations were identified.

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2. Previous violation(s) closed.

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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):

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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	Lester Tripp	<i>Lester Tripp</i> for	09/12/2011
Branch Chief	Tamara E. Bloomer	<i>Tamara Bloomer</i>	9/14/11

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

<b>1. LICENSEE</b>  Emma. L. Bixby Medical Center Department of Radiology 818 Riverside Avenue Adrian, MI 49221  REPORT NUMBER(S) 11-01		<b>2. NRC/REGIONAL OFFICE</b>  U.S. Nuclear Regulatory Commission, Region III 2443 Warrenville Road, Suite 210 Lisle, Illinois 60532	
<b>3. DOCKET NUMBER(S)</b> 030-02027		<b>4. LICENSEE NUMBER(S)</b> 21-03194-01	
<b>6. INSPECTION PROCEDURES</b>  87132		<b>5. DATE(S) OF INSPECTION</b> August 16-17, 2011	
<b>7. INSPECTION FOCUS AREAS</b>  All			
<b>SUPPLEMENTAL INSPECTION INFORMATION</b>			
<b>1. PROGRAM</b>  02120	<b>2. PRIORITY</b>  3	<b>3. LICENSEE CONTACT</b>  Carol Boyce, Hospital Administrator	<b>4. TELEPHONE NUMBER</b>  517-265-0122

☒ Main Office Inspection

Next Inspection Date: August 2014

☐ Field Office Inspection

☐ Temporary Job Site Inspection

**PROGRAM SCOPE**

The licensee is a community-based hospital, authorized for the possession and use of radiopharmaceuticals authorized by 10 CFR 35.100, 35.200, 35.300 and 35.400. The licensee performs 6 to 10 nuclear medicine procedures per week, averaging approximately 18 to 30 procedures per month. These include a variety of procedures including bone, liver, gall bladder and lung studies. I-131 therapy procedures authorized by 10 CFR 35.300 and prostate brachytherapy procedures authorized by 10 CFR 35.400 were last performed approximately two years ago. Prostate brachytherapy records were kept in patient charts at licensee's facilities located in Tecumseh, Michigan.

**Performance Observations**

Written directives and patient instructions for I-131 treatments were in accordance with NRC regulations. Written directives, pre-plans and post-plans dosimetry for prostate brachytherapy treatments were in accordance with NRC regulations. Based on interviews conducted, the inspector concluded that licensee personnel were knowledgeable of NRC regulations and facility procedures and NRC regulations. During the inspection, the inspector reviewed records associated with dose calibrator quality assurance, package receipt and surveys of incoming and outgoing packages, wipe test and area surveys of locations of use and storage, inventory and leak testing of sealed sources, disposal records, personnel dosimetry records, calibration and appropriateness of survey instrumentation and continuing education and in-services records.

During the inspection, no items of non-compliance were observed.

TRANSMISSION VERIFICATION REPORT

TIME : 09/14/2011 19:46  
NAME : USNRC REGION3 DNMS  
FAX : 6305151259  
TEL :  
SER.# : 000A7J925770

DATE, TIME  
FAX NO./NAME  
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09/14 19:46  
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NRC FORM 386 (R111)  
(4-2004)



UNITED STATES  
NUCLEAR REGULATORY COMMISSION  
REGION III  
2443 Warrenville Road, Suite 210  
Lisle, Illinois 60532-4352

TELEFAX TRANSMITTAL

DATE: 9/15/11

NUMBER OF PAGES:  
(including this page)

2

SEND TO: Carol Boyce

LOCATION: Emma L. Bixby Medical Center

FAX NUMBER: 517-263-1839

☐ **VERIFY BY CALLING SENDER**

FROM:  
(SENDER) Geoffrey Warren, Health Physicist

TELEPHONE NUMBER: 630-829-9742 FAX NUMBER: 630-515-1259

If you do not receive the complete fax transmittal, please contact the sender as soon as possible at the telephone number provided above.

MESSAGE

Attached is the inspection report we discussed.