

SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE/LOCATION INSPECTED: SSM DePaul Health Center Department of Nuclear Medicine 12303 DePaul Drive Bridgeton, MO 63044 REPORT NUMBER(S) 11-01		2. NRC/REGIONAL OFFICE Region III U. S. Nuclear Regulatory Commission 2443 Warrenville Road, Suite 210 Lisle, IL 60532-4352	
3. DOCKET NUMBER(S) 030-02308	4. LICENSE NUMBER(S) 24-02490-03	5. DATE(S) OF INSPECTION <i>October 27, 2011</i>	

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:

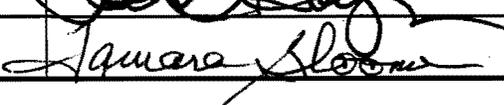
- 1. Based on the inspection findings, no violations were identified.
- 2. Previous violation(s) closed.
- 3. The violation(s), specifically described to you by the inspector as non-cited violations, are not being cited because they were self-identified, non-repetitive, and corrective action was or is being taken, and the remaining criteria in the NRC Enforcement Policy, 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 in accordance with NRC Enforcement Policy. This form is a NOTICE OF VIOLATION, which may be subject to posting in accordance with 10 CFR 19.11.
(Violations and Corrective Actions)

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	Robert P. Hays		<i>10/27/11</i>
BRANCH CHIEF	Tamara E. Bloomer		<i>11/4/11</i>

Docket File Information
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6. INSPECTION PROCEDURES USED 87132	7. INSPECTION FOCUS AREAS 03.01-03.07
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SUPPLEMENTAL INSPECTION INFORMATION

1. PROGRAM CODE(S) 02240	2. PRIORITY 2	3. LICENSEE CONTACT Wally Fuhrman, Supervisor	4. TELEPHONE NUMBER (314) 344-7671
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Main Office Inspection Next Inspection Date: 10/27/2013

Field Office Inspection

Temporary Job Site Inspection

PROGRAM SCOPE

The licensee was a medical institution authorized by the license to use any byproduct material as needed, for any byproduct material permitted by 10 CFR 35.100, 35.200, 35.300 (not to exceed 1 Ci of I-131), 35.400, 35.600 using a Nucletron MicroSelectron-HDR Classic Remote Afterloader, and Iotrex for GliaSite brachytherapy under 10 CFR 35.1000 at the location specified on the license.

During the previous inspection, the licensee's nuclear medicine and HDR afterloader radiation safety programs were reviewed with no violations or concerns identified. This inspection focused only on the licensee's Nucletron MicroSelectron-HDR Classic Remote Afterloader.

The oncology staff included one primary authorized user, one medical physicist, and one dosimetrist who routinely treat an average of 1 patient per month involving either mammocite or gynecological procedures. HDR sources are exchanged quarterly with the most recent source received September 2011. At the time of the inspection, no patient treatment had been scheduled for that day.

Performance Observations

During the inspection, the licensee's medical physicist demonstrated/discussed: (1) required patient surveys; (2) package receipt and return procedures; (3) written directives (for each fraction) and treatment plans; (4) security of licensed material; (6) electrometer, well chamber (May 2011) and survey instrument calibrations; (7) full HDR calibrations; (8) daily checks performed prior to each treatment; (9) emergency equipment and procedures; (10) annual refresher training/emergency drills; (11) postings; (12) redundancy verifications (by authorized user) for ensuring correct step position, dwell time, and dose; (13) Prime Alert monitor tests; and (14) written procedures for HDR treatments. Surveys of the treatment device in storage indicated no dose concerns and consistent with licensee survey records and postings.