NRC FORM 591M PART 1 (1-2012) 10 CFR 2.201

U.S. NUCLEAR REGULATORY COMMISSION

SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE/LOCATION INSPECTED:	2. NRC/REGIONAL OFFICE
Rush Memorial Hospital ~~8698 Young Road~~ 1300 N. Main St. ~~Fort Wayne, Indiana 46835~~ Rushville, Indiana 46173 REPORT NUMBER(S) 12-01	Region III U. S. Nuclear Regulatory Commission 2443 Warrenville Road, Suite 210 Lisle, IL 60532-4352

3. DOCKET NUMBER(S)	4. LICENSE NUMBER(S)	5. DATE(S) OF INSPECTION
030-34900	13-32145-01	May 9 , 2012

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 violations(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	Andrew M. Bramnik	Andrew M. Bramnik	5/9/12
BRANCH CHIEF	Hironori Peterson	Hironori Peterson	5/24/12

NRC FORM 591M PART 3
(1-2012)
10 CFR 2.201

U.S. NUCLEAR REGULATORY COMMISSION

Docket File Information

SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE/LOCATION INSPECTED:	2. NRC/REGIONAL OFFICE
Rush Memorial Hospital 8368 Young Road Fort Wayne, Indiana 46835 REPORT NUMBER(S) 12-01	Region III U. S. Nuclear Regulatory Commission 2443 Warrenville Road, Suite 210 Lisle, IL 60532-4352

3. DOCKET NUMBER(S)	4. LICENSE NUMBER(S)	5. DATE(S) OF INSPECTION
030-34900	13-32145-01	May 9, 2012

6. INSPECTION PROCEDURES USED	7. INSPECTION FOCUS AREAS
87131	03.01 - 03.07

SUPPLEMENTAL INSPECTION INFORMATION

1. PROGRAM CODE(S)	2. PRIORITY	3. LICENSEE CONTACT	4. TELEPHONE NUMBER
02120	3	Randall W. Fields, M.D. - RSO	(765) 932-7556

☑ Main Office Inspection Next Inspection Date: 05/01/2015

☐ Field Office Inspection

☐ Temporary Job Site Inspection

PROGRAM SCOPE

This was a routine inspection of a 22 bed hospital that performed between four and seven diagnostic nuclear medicine procedures per week. One full time nuclear medicine technologist performed all patient procedures Mondays through Thursdays. The licensee obtained unit doses of licensed material from an area nuclear pharmacy, and did not use bulk material or molybdenum/technetium generators. The licensee performed primarily bone, cardiac, and gall bladder scans. Since the previous NRC inspection in February 2009, the licensee had performed two therapeutic administrations of I-131, most recently in June 2010.

PERFORMANCE OBSERVATIONS

The inspector observed one diagnostic administration of technicium-99m during the inspection. This observation, combined with interviews of available staff, revealed an adequate level of understanding of emergency and material handling procedures and techniques. The licensee successfully described or demonstrated dose calibrator constancy checks, package receipt, daily surveys, and waste handling and disposal procedures. The inspector confirmed that these activities were successfully completed by reviewing selected records since the previous inspection. The inspector also reviewed the written directives and supporting documentation of both therapeutic administrations that had been completed since the previous inspection. The administrations were completed in accordance with the regulatory requirements and the licensee's procedure, and the licensee's technologist was familiar with the definition of a medical event. A contract physicist performed quarterly program audits that were adequate to oversee the program.

Licensed material was adequately secured and not readily accessible to members of the general public. The licensee possessed a radiation survey meter that was calibrated, operational, and performed comparably to readings from an NRC survey meter. Personal whole body and extremity dosimetry badges were observed being worn by the staff during the inspection, and records did not indicate doses in excess of 10 CFR Part 20 limits. Dosimetry records indicated that the highest annual whole body and extremity readings since the previous inspection were 387 mrem and 600 mrem, respectively.

No violations were identified during this inspection.