



**UNITED STATES
NUCLEAR REGULATORY COMMISSION**

REGION III
2443 WARRENVILLE ROAD, SUITE 210
LISLE, ILLINOIS 60532-4352

June 13, 2012

Mr. Gary Williams, Director
National Health Physics Program (115 HP/NLR)
Department of Veterans Affairs
Veterans Health Administration
2200 Fort Roots Drive
North Little Rock, AR 72114

SUBJECT: NRC INSPECTION REPORT 030-34325/12-014(DNMS) — VETERANS HEALTH CARE SYSTEM OF THE OZARKS, FAYETTEVILLE, ARKANSAS

Dear Mr. Williams:

On April 10, 2012, the U.S. Nuclear Regulatory Commission (NRC) conducted a routine inspection at the Veterans Health Care System of the Ozarks, Fayetteville, Arkansas, with continued in-office review through May 17, 2012. The purpose of the in-office review was to conduct additional review and assessment of the calibration procedures for the well counter and dose calibrator. The inspection was limited to a review of activities authorized under Permit Number 03-00564-01. The inspector conducted a final exit briefing via telephone on May 17, 2012.

The inspection was an examination of activities conducted under the Permit as they relate to radiation safety and to compliance with the Commission's rules and regulations. Within these areas, the inspection consisted of selective examinations of procedures and representative records, interviews with personnel, independent measurements, and observation of activities in progress. Within the scope of the inspection no violations of NRC requirements were identified; therefore, no response to this letter or the enclosed NRC Form 591M is required.

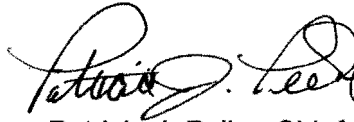
In accordance with Title 10 Code of Federal Regulations (CFR) 2.390 of the NRC's "Rules of Practice," a copy of this letter and its enclosures will be available electronically for public inspection in the NRC Public Document Room or from the NRC's Agencywide Documents Access and Management System (ADAMS), accessible from the NRC Web site at <http://www.nrc.gov/reading-rm/adams.html>.

G. Williams

-2-

Should you have any questions concerning this inspection or the enclosed report, please contact Kevin Null of my staff at 630-829-9854.

Sincerely,

A handwritten signature in black ink, appearing to read "Patricia J. Pelke".

Patricia J. Pelke, Chief
Materials Licensing Branch
Division of Nuclear Safety Materials

Docket No. 030-34325
License No. 03-23853-01VA
Permit No. 03-00564-01

Enclosure:
Inspection Report No. 030-34325/12-014(DNMS)

G. Williams

-2-

Should you have any questions concerning this inspection or the enclosed report, please contact Kevin Null of my staff at 630-829-9854.

Sincerely,

/RA/

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Materials Licensing Branch
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Enclosure:
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*See previous concurrence

ADAMS Accession Number:

DOCUMENT NAME: G:\DNMS\Work in progress\IR- VAMMI\FAYETTEVILLE\report052012(REGIONIV).doc

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OFFICE	RIII DNMS	E	RIII DNMS	E	RIII		RIII	
NAME	KGNnull: jm KGN		PJPelke					
DATE	06/13/12		06/13/12					

OFFICIAL RECORD COPY

SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE/LOCATION INSPECTED:

Department of Veteran's Affairs
Under Secretary for Health
Washington, D.C.
Location: Veteran's Health Care System of the Ozarks

REPORT NUMBER(S) 12-014

2. NRC/REGIONAL OFFICE

Region III
U. S. Nuclear Regulatory Commission
2443 Warrenville Road, Suite 210
Lisle, IL 60532-4352

3. DOCKET NUMBER(S)

030-34325

4. LICENSE NUMBER(S)

03-23853-01VA

5. DATE(S) OF INSPECTION

April 10 through May 17, 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:

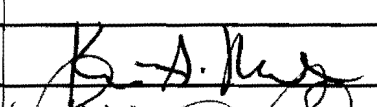
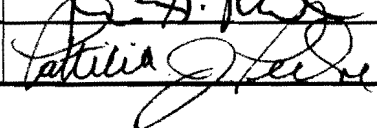
- ☒ 1. Based on the inspection findings, no violations were identified.
- ☐ 2. Previous violation(s) closed.
- ☐ 3. The violation(s), specifically described to you by the inspector as non-cited violations, are not being cited because they were self-identified, non-repetitive, and corrective action was 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	R. Rick Muñoz		6/13/12
BRANCH CHIEF	Patricia J. Pelke		6/13/12

Docket File Information

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5. DATE(S) OF INSPECTION

April 10 through May 17, 2012

6. INSPECTION PROCEDURES USED

87131, 86740, 86750

7. INSPECTION FOCUS AREAS

03.03-03.07

SUPPLEMENTAL INSPECTION INFORMATION

1. PROGRAM CODE(S)

2120, 3610

2. PRIORITY

3

3. LICENSEE CONTACT

Gary Williams

4. TELEPHONE NUMBER

(501) 257-1572

☐ Main Office Inspection

Next Inspection Date: _____

☒ Field Office Inspection 1100 North College Avenue, Fayetteville, AR☐ Temporary Job Site Inspection _____

PROGRAM SCOPE

This was an unannounced inspection of the VA Health Care System located in Fayetteville, Arkansas, which is a Veterans Affairs (VA) facility authorized under Permit Number 03-00564-01. The inspector was accompanied by Craig Adams, NHPP (National Health Physics Program) program manager. The permittee operates under a limited-scope permit with two authorized users for medical use authorizing material described in Title 10 of the Code of Federal Regulations (CFR), Sections 35.100, 35.200, and 35.300 for therapy using I-131 in quantities not to exceed 33 mCi.

The radiation safety program (RSP) consisted of one imaging camera room, hot lab, and was staffed by two certified nuclear medicine technologists (CNMT's). The cardiology lab, imaging room, and hot lab are adjacent to each other. Single unit doses are used and received exclusively from Cardinal Health. The nuclear medicine department performs ~4-6 studies a day, consisting primarily of heart studies, as well as a few liver, lung, and bone procedures. A Capintec CRC-25R dose calibrator was used and properly maintained. Iodine-123 was used about once per month and I-131 <33 mCi was used ~2-3/year, all in capsule form on an outpatient basis only. The hot lab and imaging rooms were well secured. The hot lab is keyed in conjunction with a combination numerical punch code for mechanical access. The two CNMT's have access to the hot lab. All waste generated is disposed of by decay in storage (DIS) maintained in the hot lab. Transportation surveys and area wipes are performed at nine locations. These surveys, including leak tests of sealed sources, were analyzed using a Ludlum Model 2200 coupled with a Model 243 well counter. The highest personnel exposures for 2010 were 336 whole body, 1320 extremity. The permittee maintains calibrated survey instruments. Walter Kopecky, Ph.D., of Central States Medical Physics was their consultant and provided survey instrument calibration services and audited the RSP on a quarterly basis.

The Radiation Safety Committee (RSC) met quarterly and reported quarterly to the Clinical Executive Board. The Radiation Safety Officer (RSO) had complete stop work authority and delegation of authority with regard to implementation of the RSP. The RSO reported directly to the Chief of Facility Management Service. She provided summary reports annually. Minutes reviewed demonstrated that any problems identified are tracked, corrected, documented and followed-up through the RSC.

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5. DATE(S) OF INSPECTION

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(Continued)

Performance Observations

The inspector observed the CNMT perform the daily checks, calibrations and Quality Control (QC) on the dose calibrator and well counter using 587 nCi and 0.2 mCi, Cs-137 reference sources. The CNMT was observed administering two 13 mCi Tc-99m doses and two 35 mCi Tc-99m cardiac adenosine stress tests. The CNMT was observed performing adequate as low as reasonably achievable (ALARA) techniques. The CNMT was also observed performing required package receipt surveys for transportation and area surveys. The delivery driver was interviewed and the delivery vehicle arriving from Cardinal Health was also inspected. The permittee's staff demonstrated or discussed: (1) the permittee audit program that included frequencies, non-compliance items, corrective actions, and management follow-up and review; (2) the radiation dosimetry program and notifications to individuals; (3) public dose evaluation; (4) the radiation safety training program; and (5) reportable events and incidents.

The CNMT demonstrated the processes and protocols that are used to document the shipment and receipt of the seven 15-35 mCi single unit doses of Tc-99m and one 200 μ Ci I-123 dose from public highways. The inspector walked down the permittee's material use, storage, transportation shipping containers and security of the permitted material. Through direct observation and the conduct of independent radiological surveys, the inspector verified the presence and location of permitted material inventoried and concluded that no member of the public would exceed the annual regulatory limits. The permittee demonstrated security of permitted material and wipe test procedures for both work surfaces and transport containers. The permittee maintained adequate physical controls to secure permitted material. The permittee also demonstrated and discussed the use of radiation detection and survey instrumentation, material accountability and routine security of radioactive material. A review of permittee inventory records verified that all permitted material in the permittee's possession had been adequately maintained. Shipping containers were properly labeled meeting regulatory requirements. No possession, use discrepancies, reportable events or issues were identified.

No violations or issues were identified.

