NRC FORM 591M PART 1
(05-2012)
10 CFR 2.201

U.S. NUCLEAR REGULATORY COMMISSION

SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE/LOCATION INSPECTED:	2. NRC/REGIONAL OFFICE
St. Joseph Health Center 300 First Capitol Drive St. Charles, MO 63301 REPORT NUMBER(S) 2012-001	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
030-08664	24-15159-01	August 2, 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	Deborah A. Piskura, Health Physicist	Deborah A. Piskura	8/2/2012
BRANCH CHIEF	Tamara E. Bloomer Chief, MIB	for	8/10/12

NRC FORM 591M PART 3
(05-2012)
10 CFR 2.201

U.S. NUCLEAR REGULATORY COMMISSION

Docket File Information

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3. DOCKET NUMBER(S)	4. LICENSE NUMBER(S)	5. DATE(S) OF INSPECTION
030-08664	24-15159-01	August 2, 2012

6. INSPECTION PROCEDURES USED	7. INSPECTION FOCUS AREAS
87130, 87131, & 87132	03-01- 03.07

SUPPLEMENTAL INSPECTION INFORMATION

1. PROGRAM CODE(S)	2. PRIORITY	3. LICENSEE CONTACT	4. TELEPHONE NUMBER
02240	2	Wally Furhman, Director, Radiology	(636) 947-5444

☑ Main Office Inspection Next Inspection Date: August 2014

☑ Field Office Inspection 1475 Kisker Road, St. Charles, MO

☐ Temporary Job Site Inspection

PROGRAM SCOPE

This licensee was a community hospital (250+ beds) and authorized to use licensed material permitted by Sections 35.100, 35.200, 35.300, 35.400, Ir-192 within an HDR unit, and Sr-90 within an IVB unit (no longer used or possessed). The nuclear medicine department was staffed with three full-time technologists who performed approximately 250+ diagnostic procedures monthly which included a full spectrum of studies. The licensee received unit doses and bulk Tc-99m from a licensed radiopharmacy. The department maintained an active therapy program and administered numerous I-131 dosages for thyroid CA, whole body follow up studies, and hyperthyroidism. Occasionally, the department administered Sm-153 Quadramet; 1-2 cases annually. The hospital retained the services of a consulting physicist who audited the radiation safety program on a quarterly basis (last 6/23/2012).

The radiation oncology department was staffed with 3 AMPs, 2 dosimetrists, and 3 authorized users. The licensee administered 50 I-125 permanent prostate implants each year. The licensee utilized its HDR unit to administer approximately 2-5 patient treatments per year; the majority of these treatments were for breast, bronchial/lung, and gynecological cancers. All HDR patient treatments were administered by the attending radiation oncologist and the AMP. Service, maintenance, and source exchanges were performed by the device manufacturer. Although authorized for Sr-90 IVB, the licensee had not used this modality for several years. The licensee intends to request an amendment to remove this item from its license.

This inspection consisted of interviews with select licensee personnel; a review of select records; a tour of the nuclear medicine department; and independent measurements. The inspector observed the administration of several diagnostic nuclear medicine procedures. The inspector reviewed the post-treatment plans for several implants with physics personnel. The inspection included observations of dose calibrator QA checks, HDR QA and safety checks, security of byproduct material, use of personnel monitoring, package receipts and surveys. The inspector also reviewed the licensee's corrective actions for a security violation identified during the last inspection. The licensee implemented corrective actions as described in inspection report no 030-08664/2010-001 (removed door stop and retrained staff). Therefore the violation is considered closed.