

November 29, 2012

Robert A. Petzel, M.D.  
Under Secretary for Health  
U.S. Department of Veterans Affairs  
810 Vermont Avenue, NW  
Washington, DC 20420

SUBJECT: NRC INSPECTION REPORT NO. 030-34325/12-020(DNMS) – DEPARTMENT  
OF VETERANS AFFAIRS

Dear Dr. Petzel:

This refers to the announced U.S. Nuclear Regulatory Commission (NRC) team inspection conducted on October 15 through October 18, 2012. The purpose of the inspection was to review the activities authorized under the Department of Veterans Affairs (DVA) Master Materials License (MML). At the conclusion of the inspection on October 18, 2012, the NRC's findings were discussed with Milton Gross, M.D., Program Director, National Nuclear Medicine and Radiation Safety Services and Chairman of the DVA National Radiation Safety Committee (NRSC); Rajiv Jain, M.D., Chief, Patient Care Services; and members of the DVA's National Health Physics Program (NHPP) staff.

This inspection consisted of an examination of activities conducted under the DVA's MML as they relate to safety and compliance with the Commission's rules and regulations and with the conditions of the MML. Areas examined during the inspection are identified in the enclosed report. Within these areas, the inspection consisted of a selective examination of procedures and representative records, observations of activities in progress, and interviews with personnel. The NRC determined that overall; the DVA implemented its MML in accordance with the NRC licensing and inspection policies and procedures, and in a manner that protects the public health and safety.

No violations of the NRC requirements were identified during the course of this inspection.

In accordance with Title 10 of the Code of Federal Regulations (CFR) 2.390 of the NRC's "Rules of Practice," a copy of this letter and its enclosure will be available electronically 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>.

R. Petzel

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We will gladly discuss any questions you have concerning this inspection.

Sincerely,

*/RA/*

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

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

Enclosure:  
NRC Inspection Report No. 030-34325/12-020(DNMS)

cc w/encl: G. Williams, DVA National  
Health Physics Program

R. Petzel

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cc w/encl: G. Williams, DVA National  
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U.S. Nuclear Regulatory Commission

Region III

Docket No.: 030-34325

License No.: 03-23853-01VA

Report No.: 030-34325/12-020(DNMS)

Licensee: Department of Veterans Affairs

Location: National Health Physics Program  
North Little Rock, Arkansas

Inspection Dates: October 15, 2012 through October 18, 2012

Inspectors: Kevin G. Null, Senior Health Physicist  
Project Manager for the Department of Veterans Affairs  
Master Materials License (MML)  
Region III

Jackie D. Cook, Senior Health Physicist  
Region IV

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Region III

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Region III

Approved by: Patricia J. Pelke, Chief  
Materials Licensing Branch  
Division of Nuclear Materials Safety  
Region III

Enclosure

## EXECUTIVE SUMMARY

### Department of Veterans Affairs Master Materials License NRC Inspection Report No. 030-34325/12-020(DNMS)

This announced U. S. Nuclear Regulatory Commission (NRC) team inspection was conducted to evaluate the Department of Veterans Affairs (DVA) implementation and administration of activities conducted under the Master Materials License (MML). This was a routine biennial inspection of the MML that included: (1) an assessment of the DVA's implementation of its centralized control program; (2) an evaluation of the DVA's permitting, inspection, and incident and allegation response programs; (3) an evaluation of the adequacy of the DVA's technical staffing and training; (4) a review of the results of NRC inspections of DVA permittee facilities conducted during the review period; and (5) an examination of the National Radiation Safety Committee's (NRSC's) oversight of activities authorized by the MML. Licensed activities conducted during the period of October 2, 2010, through October 18, 2012, were reviewed during this inspection.

Through interviews and discussions with the DVA staff, an evaluation of the DVA's response to an NRC questionnaire, reviews of documents related to MML activities, and observations of DVA staff in the performance of their duties; the NRC inspection team concluded that, overall, the DVA's permitting, inspection, allegation and incident response programs were adequate and implemented in a manner that protects the health and safety of workers and the general public.

The program areas assessed during this team inspection are summarized below:

#### Management Oversight

The inspection team determined that the DVA had centralized control over the radioactive materials program and provided adequate management oversight of the implementation of the MML. The inspection team concluded that the National Health Physics Program (NHPP), with oversight from the NRSC, conducted and controlled the DVA's licensed activities in a manner that ensured compliance with the conditions of the MML's license commitments and associated Letter of Understanding (LOU), the DVA's Standard Operating Procedures (SOPs), and the NRC's regulations. The inspection team also reviewed the licensee's program for maintaining and updating the National Source Tracking System (NSTS) and concluded that the program was adequate and implemented effectively.

#### Technical Quality of Inspections

The inspection team concluded that the licensee's inspection program was conducted in a manner that was compatible with the NRC inspection policies, procedures, and guidelines. The team also concluded that the DVA Program Managers (PMs) were properly prepared for inspections and conducted inspections in a manner that was consistent with NRC policies and procedures. In addition, the NHPP successfully integrated a review of safety culture into their routine inspection program. The inspection team noted that the program would benefit by incorporating additional details (for non-escalated violations) in the inspection records which describes why the violations occurred.

### Status of Materials Inspection Program

The inspection team concluded that the NHPP management appropriately assigned program codes and inspection due dates to its permittees. All routine inspections that were due during this review period were completed in a timely manner, with the exception of two inspections that were delayed by a matter of months, with approval by the NHPP Director.

### Technical Staffing and Training

The inspection team concluded that the DVA has a fully qualified and experienced staff to implement the day-to-day operations of the DVA's radioactive materials program. The NHPP has completed its training qualification program for four of its PMs and is making progress in qualifying two additional PMs. The NHPP provided an updated training plan to complete the PM's training program by the end of fiscal year 2016.

The team also concluded that the NHPP achieved a successful balance in the acquisition and scheduling of staff training and management of the permitting and inspection workload, while effectively implementing a centrally controlled program. The inspection team noted that at the time of the inspection, the NHPP had filled an existing PM vacancy and now has a full complement of technical staff.

### Technical Quality of Permitting Program

The inspection team concluded that the NHPP staff processed permits in a manner that was consistent with NRC licensing policies, procedures, and guidance. In addition, the NHPP staff conducted quality technical reviews that were based on sound health physics practices. The inspection team also noted that the licensee effectively integrated safety culture into their permitting review process and through routine communications with permittees.

### Status of Permitting Program

The inspection team concluded that the NHPP staff processed permitting actions in accordance with NRC approved procedures. The process and procedures for reviewing and issuing permitting actions by the DVA was efficient, with timely issuance of permitting actions and no backlog.

### Allegation and Incident Handling Programs

The inspection team concluded that the licensee's staff processed allegations in accordance with the terms and conditions of the MML. The team noted that the licensee received one allegation directly from a concerned individual, and received a second allegation from the NRC for investigation and follow-up. The allegations were closed during this review period.

The team concluded that the licensee's program for responding to incidents was in compliance with the license conditions of the MML and applicable NRC regulations, and was being implemented effectively. The events were appropriately reported to the NRC in accordance with NRC requirements.

### NRC Independent Inspections of DVA Permittees

The NRC inspected 21 DVA permittees during the review period. Two Severity Level IV violations were identified. Based on the overall results of the NRC's independent inspections, the inspection team concluded that permittee activities were conducted in a manner that protected the health and safety of its staff and the public.

## Report Details

### **1 Program Overview**

The DVA is authorized under the MML Number 03-23853-01VA to issue byproduct radioactive material permits and inspect DVA permitted facilities throughout the United States. The DVA oversees 117 permittees. The DVA's MML was issued on March 17, 2003, and does not have an expiration date.

The DVA MML has centralized control over its radioactive materials program through the NRSC. The NRSC is responsible for providing oversight of the DVA's implementation of its MML and associated permittee activities. The NRSC has delegated the authority to manage the day-to-day operations of the DVA's radioactive materials program to the NHPP, which includes a Program Director and six PMs. The NHPP is responsible for issuing permits, conducting inspections, implementing enforcement, and responding to events, incidents, and allegations.

### **2 Management Oversight**

#### **2.1 Inspection Scope**

The inspection team evaluated the licensee's organization and management oversight activities to determine whether the DVA, through the NRSC and the NHPP, adequately controlled the use of radioactive materials, as required by the MML and NRC requirements, in a manner that protects the public health and safety. The evaluation included observations of NRSC quarterly meetings; discussions with cognizant licensee representatives; and a review of program documentation, including internal and external assessment reports.

The inspection team also reviewed the licensee's program for updating the NSTS. This included a review to determine how DVA personnel identified sources of concern, who was responsible for entering the information into NSTS, how was the information entered into the NSTS database, and how was the DVA communicating with the NRC regarding NSTS matters. The team also assessed communications between the permittees and the NHPP to evaluate the effectiveness and timeliness of the DVA's updates to the NSTS.

#### **2.2 Observations and Findings**

The NRSC is composed of senior DVA managers and representatives from DVA headquarters and field offices. The NRSC meets quarterly to provide oversight of the DVA's radioactive materials program and discuss issues raised by the NHPP. Based on observations by the NRC staff in attendance at each meeting and a review of the NRSC meeting minutes, the inspection team verified that the NRSC met its minimum requirements for establishing a quorum at each meeting and for conducting business.

The NRSC has delegated authority to the NHPP to manage the DVA's day-to-day operations of its radioactive materials program. This includes maintaining an adequate level of staff to execute the radioactive materials program; training and qualifying NHPP staff; implementing the permitting, inspection, and enforcement programs; maintaining and updating the NSTS; and responding to events, incidents, and allegations.

The NHPP is responsible for implementing the LOU between the DVA and the NRC. The LOU contains references to policies and procedures that ensure consistency between DVA and NRC requirements. The NHPP is responsible for maintaining six SOPs that are essential in implementing the MML. The SOPs cover processing permits, conducting inspections, taking enforcement action, training PMs in inspection and permitting activities for formal PM qualification, responding to incidents, and managing allegations. Additionally, the NHPP developed and implemented detailed internal procedures that are designed to ensure compliance with the SOPs.

The inspection team reviewed the NRSC's and the NHPP's tools and methods for communicating items of interest to its permittees. The primary methods of communication were through the NHPP website and the bi-monthly *Scatterings* newsletter, including periodic special editions of the newsletter that focus on specific topics of interest. The inspection team reviewed the content of the NHPP website and the newsletter and determined that important issues were communicated to the permittees in a timely and efficient manner. In addition, the NHPP enhanced their communications with the permittees by holding periodic webinars on specific topics of interest. During the review period, the NHPP sponsored 10 webinars. Permittee Radiation Safety Officers (RSO) and nuclear medicine staff attended the webinars, which included discussions on topics such as safety culture, radioactive package receipt and check-in procedures, qualifications of Part 35 authorized users, and appropriate response to radioactive material spills. The webinars also provide the NHPP the opportunity to communicate any current "hot topics" that have recently occurred or are expected to evolve, for example, changes in NRC regulations, or DVA or NRC policies and procedures.

The review team also identified that the DVA, in consultation with the NHPP, issued "10N" memoranda to its permittees to raise awareness of significant issues, or to establish expectations regarding permittee performance. The "10N" memoranda are issued by senior DVA management, through the NRSC. During the review period, two memoranda were issued. One was initiated by the NHPP and pertained to permittee radiation safety committee responsibilities and NRC regulatory compliance, and the second was initiated by the NRSC Chair and pertained to continuity of operations for permittee RSOs.

The inspection team reviewed the activities at the DVA's only waste burial site located at the VA Greater Los Angeles Healthcare System, Los Angeles, California. The burial site has been inactive since early to mid 1980's. The DVA is required by Condition 25 of the LOU to seek NRC approval for any change in the status of the site. During the review period the DVA, through a contractor, conducted a surface and subsurface investigation to evaluate potential health risks associated with buried medical wastes from historic medical research and disposal practices. On March 2, 2011, the DVA submitted the final report to the NRC which documented the results of the characterization of the burial site. In a letter dated May 4, 2011, to the Director of the NHPP, the NRC stated that no new radiological health and safety concerns were identified based on a review of the final characterization report. In addition, the letter also indicated that NRC staff had reviewed results of previous NRC investigations of the site and no additional radiological health and safety concerns were identified. The team identified that the NHPP provides sufficient oversight of the waste burial site to ensure compliance with the LOU and NRC requirements.

The inspection team also reviewed the DVA's practice of periodically monitoring its own performance through internal and external assessments. The inspection team found that the NRSC submits an annual report to the Under Secretary for Health, who is the official named on the MML. The NRSC's annual report is comprised of a lessons learned audit, an internal audit conducted by the NHPP staff, an external audit conducted by an independent consultant, and an onsite NRSC working group review of the program. The annual report is based on the core performance indicators established by the NHPP to monitor its performance. Examples of core performance indicators include results and numbers of inspections conducted, quality and timeliness of permitting actions, and response and processing of incidents and allegations. The NHPP uses the core performance indicators in order to identify apparent trends, generic issues and possible root causes, as well as to assess overall performance results. The NHPP provided quarterly updates to the NRSC with respect to the DVA's performance against the established indicators.

The inspection team identified that the NHPP staff monitors the NRC event reports, Federal Register Notices, and NRC's Agencywide Document Access and Management System (ADAMS) daily, in an effort to benchmark its program with other NRC licensees, and updates and revises its policies, procedures, and practices as part of their continuous improvement initiative. This approach provided the NHPP the opportunity to identify relevant regulatory issues in a timely and efficient manner and communicate such information to its permittees, therefore enhancing the DVA's regulatory oversight of the MML.

The DVA has two individuals credentialed and authorized to access and update the NSTS. All permittees receive an email request from the authorized NHPP staff to update their respective NSTS information in early January each year. The authorized NHPP personnel subsequently transfer the permittee data to the NSTS during the annual reconciliation effort prior to the January 31 deadline each year.

## 2.3 Conclusion

The inspection team determined that the DVA has centralized control over the radioactive materials program and provided adequate management oversight of the implementation of the MML. The inspection team concluded that the NHPP, with oversight from the NRSC, conducted and controlled the DVA's activities in a manner that ensured compliance with the conditions of the MML's license commitments and associated LOU, the DVA's SOPs, and the NRC's regulations.

The inspection team concluded that the licensee's program for maintaining and updating the NSTS was adequate and implemented effectively.

## 3 **Technical Quality of Inspections**

### 3.1 Inspection Scope

The inspection team reviewed inspection plans, inspection reports and records, enforcement documents, and correspondence associated with inspections conducted by the NHPP staff during the review period to determine if NHPP inspections were consistent and conformed with the NRC's inspection procedures. In addition, the team interviewed NHPP PMs to evaluate how they prepared for and conducted inspections.

This included a review of the permit, permitting related documents, and regulatory requirements. During the review period, NRC staff also accompanied each NHPP PM in order to evaluate the technical quality of inspections being conducted by the NHPP staff.

### 3.2 Observations and Findings

The PMs conducted 103 routine inspections of permittees during the review period. The inspections covered different categories of permittees, including medical broad scope; medical institutions-written directive not required; medical institutions-written directive required; and research and development broad scope programs. The PMs reviewed permits, permittee files, previous inspection records and correspondence in developing inspection plans. Inspection plans were generated by the PMs for each routine inspection and most reactive inspections, and were reviewed and approved by the NHPP Director. For those reactive inspections where an inspection plan was not developed, the PMs generally used the inspection plan template as a guide to ensure the inspection covered the appropriate areas.

The inspection team noted that the plans incorporated applicable NRC Inspection Procedures as described in the NRC Inspection Manual Chapter (IMC) 2800, "Materials Inspection Program." The PMs also annotated inspection plans to incorporate generic issues identified by the NRSC as important to review during the inspection. These generic issues included naturally occurring or accelerator-produced radioactive material (NARM), sealed source inventory, permittee reporting structure for the RSO, oversight by the permittee's radiation safety committee, undue reliance on consultants, reporting concerns, safety culture, permittee executive management roles and responsibilities, and security of radioactive materials.

The inspection plans also included a review of measures that certain permittees implemented in response to the NRC Order Imposing Increased Controls (IC) issued by the NRC on November 14, 2005, and the Order Imposing Fingerprinting and Criminal History Records Checks for Unescorted Access to Certain Radioactive Material (Fingerprinting Order), issued by the NRC on December 5, 2007. The NHPP oversees 11 facilities that are subject to the IC's. During this review period, the PMs conducted inspections of permittees required to implement the IC Order by successfully integrating the IC inspections with the routine core inspections. No violations of IC requirements were identified during the review period. However, based on interviews of PMs conducted during the review, the team determined that if violations were identified, the PMs would ensure that the violations were corrected before leaving the facility or with the understanding that the violations would, if possible, be corrected within 30 days. The PMs dispositioned violations in accordance with current NRC Enforcement Policy and Guidance.

The NRC inspection team assessed the technical quality of inspections by reviewing 20 inspections completed by the PMs (Attachment 2). The inspection team observed that NHPP inspection reports and records appropriately documented those areas reviewed by the NHPP PMs and that the inspection plans were followed in conducting the inspections. In addition, the PMs effectively integrated safety culture into their inspections. The inspection team also observed that inspection findings were based on health and safety matters, were well founded and properly documented, and that IC and Fingerprinting Order inspection areas were adequately reviewed and documented.

Violations were issued to permittees on a form similar to the NRC's Form 591M Part 1 or in a Notice of Violation.

In general, inspection reports and records were complete, and adequately discussed inspection results and supported violations or conclusions. However, the inspection team identified three inspections in which the inspection records that described Severity Level IV violations could have included more detail by describing why the violations occurred. The team determined that including additional details in the inspection records about why the violations occurred would provide the DVA with an opportunity to continue to seek areas where improvements could be made in its inspection program through identification of generic issues and trends, and communicating this information to its permittees.

Examples of inspection records that documented Severity Level IV violations which did not include a description of why the violations occurred included the following three permittees: (1) North Florida/South Georgia Veterans Health System; (2) James H. Quillen VA Medical Center; and (3) VA Medical Center (Memphis, TN). Details describing the circumstances of the violations can be found in Attachment 2 to this report.

In comparison, an example of an inspection record that contained valuable information as to why violations occurred was Hunter Holmes McGuire VA Medical. In this example, the inspection record effectively documented why the violations occurred as well as the corrective actions taken by the permittee. Details describing the circumstances of this inspection can also be found in Attachment 2.

Based on information obtained by NRC staff during their accompaniments of the PMs, the team determined that the PMs conducted performance-based inspections focused on health and safety. The team also noted that each PM was evaluated during an accompaniment by the NHPP Director at the proper frequency.

### 3.3 Conclusion

The team concluded that the licensee's inspection program was conducted in a manner that was consistent with the NRC inspection policies, procedures, and guidelines. The team also concluded that the PMs were properly prepared for inspections, they conducted inspections in a manner that was consistent with NRC policies and procedures, and effectively integrated safety culture into their inspections. The inspection team also concluded that documentation of Severity Level IV violations could be improved by including additional detail in its inspection records describing why violations occurred and any corrective actions taken or planned by the permittee.

## 4 **Status of Materials Inspection Program**

### 4.1 Inspection Scope

The NRC inspection team reviewed the licensee's program for assigning inspection frequencies to permittees, and its timeliness in completing inspections based on inspection due dates. The team interviewed NHPP inspectors and management, and compared the licensee's inspection due dates posted in its tracking system against the actual dates that inspections were completed.

## 4.2 Observations and Findings

The NHPP assigned inspection frequencies as described in NRC IMC 2800. The inspection team noted that initial inspections of new permittees were performed within one year of issuing a permit. Routine and reactive follow-up inspections were performed at the frequencies described in IMC 2800 and the DVA's inspection procedure, NRSC procedure SOP 02, "NHPP Inspection Procedures." The inspection team identified two overdue inspections during this assessment period. However, in both cases, NHPP management made a decision to delay each inspection by a matter of months due to NRC inspections that occurred at those facilities close to the NHPP due dates. Both inspections were completed within 6 and 12 months of the NRC inspections.

The licensee had seven permittees with active prostate seed implant programs. The NHPP staff had placed these permittees on an annual inspection frequency as part of their corrective actions to the past medical events involving prostate seed implants.

The licensee had 14 permittees with multiple locations of use listed on their permits. In order to ensure that each location of use on a permit was inspected, the NHPP staff developed Inspection Procedure (IP) 26, "Inspection Schedule for Permittees With Multiple Street Addresses," to provide guidelines for scheduling inspections at permittees with more than one location of use. All satellite locations within 59 miles of the primary location were inspected at the same time the primary location of use was inspected. For those locations greater than 59 miles from the primary location, the PMs reviewed the type of use at each location and then determined an inspection priority in accordance with IMC 2800. The procedure also required the PMs to review the activities at each satellite facility to determine whether the associated inspection frequency should be adjusted. The licensee also developed a spreadsheet to track the permittees with multiple locations including the inspection frequency for the primary location of use and the satellite facilities. An interview with the Administrative Officer regarding this procedure and a review of the spreadsheet indicated that the process was working well.

## 4.3 Conclusion

The inspection team concluded that the NHPP PMs appropriately assigned program codes and inspection due dates to its permittees, and all routine inspections due during this review period were completed in a timely manner, with two exceptions.

# 5 **Technical Staffing and Training**

## 5.1 Inspection Scope

The inspection team reviewed the licensee's radioactive materials program staffing level and turnover, as well as the technical qualifications and training history of the PMs. In evaluating these elements, the inspection team interviewed NHPP staff members; reviewed the DVA's inspector/permit reviewer qualification program; and evaluated casework related to permitting, inspecting, and responding to incidents and allegations.

## 5.2 Observations and Findings

At the time of the last inspection, there were two vacant PM positions which had been filled. One vacancy was filled by an individual with a Doctorate Degree in Health Physics who is also a Certified Health Physicist. The other vacancy was filled by an individual that came to the NHPP after retiring from the U.S. Air Force (USAF), who was directly involved with the USAF's MML. Since the previous inspection, the NHPP's budget had been increased and created a vacancy for an additional PM. A new individual was employed on April 10, 2011, to fill the vacancy. The individual's qualifications include a Master's Degree in Nuclear Physics with an emphasis in Health Physics, certification by the American Board of Radiology in Diagnostic Radiologic Physics, and certification in Health Physics by the American Board of Health Physics. Additionally, the new individual has 20 years of health and medical physics experience including work experience as an RSO at a VA Medical Center.

The NHPP staff are assigned as headquarters-level staff reporting to the Chief of Patient Care Services. The NHPP is fully staffed and composed of a Director, six PMs, and six administrative personnel. Since the previous inspection, there has been a change in two administrative staff.

The NHPP Director, two PMs and four administrative staff are based out of the NHPP Headquarters, located in North Little Rock, Arkansas. Four PMs and two administrative staff are based out of remote offices in Ann Arbor, Michigan; Mare Island, California; Perry Point, Maryland; and Nashville, Tennessee.

The NHPP has a written training and qualification program for its PMs that is based on the requirements specified in NRC IMC 1246, "Formal Qualification Programs in the Nuclear Materials Safety and Safeguards Program Area." The NHPP's qualification program includes the use of qualification journals and oral qualification boards. The qualification program requires the PMs to become qualified as permit reviewers and inspectors. The PMs also respond to incidents and allegations, as assigned.

At the time of the inspection, four PMs had completed the qualification program. The two other PMs had been granted interim qualification, which included passing an oral qualification board. The PMs are approved by the NRSC to process permitting actions and conduct inspections under the supervision of the NHPP Director. The PMs attend one core NRC course each year as they progress towards full qualification. The NHPP Director expects the two PMs to complete the remaining courses and become fully qualified by the end of Fiscal Year 2016.

## 5.3 Conclusion

The inspection team concluded that the DVA has a full complement of qualified and experienced staff to implement oversight of the day-to-day operations of the DVA's radioactive materials program. The NHPP completed its qualification program for four of its PMs and is making progress in qualifying the remaining two PMs. The team also concluded that the NHPP achieved a successful balance in the acquisition and scheduling of staff training and management of the permitting and inspection workload, while effectively implementing a centrally controlled program.

## **6 Technical Quality of Permitting Program**

### **6.1 Inspection Scope**

The NRC inspection team assessed the technical quality of the permitting process by reviewing 21 DVA permitting actions completed by the NHPP PMs. The permitting actions were evaluated to ensure that applicable regulations and guidance documents were reviewed. This evaluation included permit conditions and tie-down conditions; adherence to sealed source and device registrations; appropriate training and experience authorizations; adequacy of facilities and equipment; and use of operating and emergency procedures for the radionuclides and quantities used. Casework was also evaluated for completeness; consistency between PMs; timeliness; adherence to good health physics practices; and supervisory review. The permit files were also reviewed for retention of documents required to support the permitting action.

### **6.2 Observation and Findings**

The permitting casework reviewed by the inspection team was selected to provide a representative sample of all permitting actions that were processed for DVA permittees during the two year review period. The sampling included the following types of permits: medical broad scope, limited medical institution, broad scope and limited research and development, blood irradiator, and high dose rate remote afterloader. The casework reviewed consisted of 17 amendments, 2 new applications, and 2 terminations. (Attachment 3)

The permit actions reviewed were thorough, complete, and properly addressed health and safety issues. The inspection team also noted that the licensee effectively integrated safety culture into their permitting review process. Each permit action had a technical report that was completed by the respective NHPP PM. The technical report documented a summary of the action; cited the guidance and regulatory basis for approving the action; and identified deficiencies and responses received. The files contained appropriate documentation to support the permit action. The technical reports and the final permit actions were reviewed and signed by the NHPP Director.

The inspection team noted that the PMs were knowledgeable of the regulations and implemented them in an effective manner. The amendments reviewed were issued in accordance with the 10 CFR Part 35 requirements.

Two decommissioning actions were reviewed during this inspection period. The inspection team noted that the PMs were appropriately obtaining information required for final permit termination, including the necessary information to ensure that decontamination records were maintained. The team determined that the PMs performed an adequate review of the final status surveys for release of laboratory and storage areas for unrestricted use. In addition, for one of the decommissioning actions, the PM requested additional review and approval from the NRC prior to authorizing a permittee to release an area for unrestricted use. Once NRC approval was given, the DVA permits were amended by the NHPP.

The inspection team identified two permits where maximum possession limits were not specified. Immediate corrective action was taken by the licensee and both permits were amended during the inspection to include maximum possession limits. In addition, the team identified the use of two standard permitting conditions that were not applicable for at least two of the permits that were reviewed during the inspection. Neither condition had any impact on health and safety. The NHPP staff will evaluate the use of the permitting conditions when they initiate their review of permit renewals in 2013.

### 6.3 Conclusion

The technical quality of the permit program was determined to be thorough, well documented, and consistent. The program implemented by the NHPP staff enabled the permit process to be reproducible based on the use of standard permit conditions and NRC guidance documents. Effective communication between the PMs and the NHPP Director enhanced the consistency of the permitting process. The inspection team concluded that NHPP staff processed permits in a manner consistent with current NRC licensing policies, procedures, and guidance.

## 7 **Status of Permitting Program**

### 7.1 Inspection Scope

The NRC inspection team examined the licensee's permitting process to verify that permitting actions were handled and processed as required. The team also evaluated the effectiveness of the licensee's tracking system.

### 7.2 Observations and Findings

At the time of the inspection, the NHPP had 117 permittees, primarily medical and medical/research programs. Utilizing the NRC NUREG-1556 series guidance documents, the NHPP issued all permits with a 10 year expiration date. No renewals were completed during the biennial review period; however, beginning in March 2013, 28 renewals will be done in calendar year 2013. The NHPP staff sent out nine 180 day notices to permittees whose permits will expire in March 2013. On or about December 2012, a 90 day notice will be sent to these permittees as a reminder of their expiration dates.

All six PMs are authorized to review permitting actions, which are ultimately signed by the NHPP Director. During the review period, the NHPP processed approximately 223 permitting actions, and received two requests for new permits.

The PMs processed and completed most permitting actions well within the DVA's general timeliness goal of 30 calendar days. One action reviewed involved a decommissioning request that required coordination with the NRC to approve the site for release for unrestricted use. At the time of this review, there were five pending permitting actions.

The NHPP enters permitting action requests it receives from permittees into its Records Tracking Management System (RTMS). The RTMS is a system used to track casework status and is maintained in an electronic, centrally-controlled file database. In addition,

the tracking system provides NHPP staff with the capability to follow the status of any permitting action from start to completion.

### 7.3 Conclusion

The inspection team concluded that the NHPP staff processed permitting actions in accordance with the MML and current NRC policies and procedures. The inspection team also determined that the process for reviewing and issuing permitting actions by the DVA was efficient and timely, with no backlog of casework.

## **8 Allegation and Incident Handling Programs**

### 8.1 Inspection Scope

The inspection team reviewed the DVA's program for handling allegations and responding to incidents. This included a review of incidents and allegations to determine applicability of the NRC reporting requirements, the effectiveness of the NHPP staff in handling allegations and responding to incidents, and the status of any open allegations. The team interviewed appropriate NHPP staff regarding incidents and allegations. The team also assessed communications between the NHPP and the NRSC to determine if allegations are communicated to the NRSC.

The inspection team reviewed NRSC procedure SOP 05, "NHPP Incident Response Procedure" and the four incidents that were reported to the NRC, and NRSC procedure SOP 06, "NHPP Allegation Management Program," and the two allegations that the NHPP processed during the review period.

### 8.2 Observations and Findings

#### a. Incidents/Events

The NHPP staff reported four events (Attachment 4) to the NRC. Three of the events involved packages received at DVA facilities with removable surface contamination levels exceeding the NRC and Department of Transportation limits. The fourth event involved a 21 microcurie cobalt-57 spot marker that exceeded the leak test limit of 0.005 microcuries.

In responding to events, the NHPP staff implemented NRSC procedure SOP 05, "NHPP Incident Response Procedure." The procedure requires that each MML permittee report events to the NHPP in accordance with the NRC regulations. The PMs, when receiving the event report from the permittee, document the event report using the Incident Information Form in SOP 05, and inform the Director. The PMs and the Director review the information and determine whether the event is reportable to the NRC. If reportable, the NHPP staff would notify the NRC. Utilizing applicable NRC Management Directives and Inspection Procedures, the Director evaluated each event to determine if a reactive inspection was required, and to further ensure that inspections were conducted within the established time frame in accordance with the NRC policies and procedures.

The inspection team reviewed inspection plans and inspection reports for three of the reportable events; evaluated the licensee's event/incident files and tracking system for reporting requirements; and interviewed appropriate NHPP staff regarding events/incidents. The inspection team determined that the events were reported to the NRC as required, and that applicable written reports contained the required information and were submitted to the NRC in accordance with regulatory requirements. The inspection team also noted that inspection reports described the circumstances surrounding the events and actions taken by the permittee.

b. Allegations

The inspection team reviewed the two allegations that the NHPP processed during the review period. One allegation was received by the NHPP. The second was forwarded to the NHPP by the NRC for investigation and follow-up by the NHPP. The team noted that the NHPP staff reported the allegations to the NRSC for determination on how to proceed with the allegations. The inspection team reviewed the allegation files and noted that each file was well organized, easy to understand, demonstrated an effort to minimize the duplication of information, and contained all of the information necessary to support the NHPP conclusions.

During the last biennial inspection conducted in October 2010, the inspection team noted that NRSC procedure SOP 06 included sections in the procedure about reporting incidents involving harassment, intimidation, or discrimination to the Department of Labor (DOL). In that report, the team noted that the DOL has documented in several rulings that the DOL is not the correct reference in these cases for most federal employees, including the DVA. The 2010 inspection team further noted that it appears that in addition to any individual remedy that a DVA employee may have under the DVA programs and procedures, DVA employees may have right of action under 5 U.S. Code (U.S.C.) 1221 before the Merit Systems Protection Board by filing a complaint with the Office of Special Counsel.

Further, the 2010 inspection team discussed with the NHPP staff the need to revise NRSC procedure SOP 06 to include the appropriate reference for DVA employees to contact in cases where they are alleging discrimination. A follow up with the NHPP staff during the 2012 inspection determined that NRSC procedure SOP 06 had not been revised, but instead, the NHPP staff modified the posted NRC Form 3 at each permittee facility to include the following statement on the NRC Form 3: "For federal employees, discrimination complaints may also be filed with the US Office of Special Counsel (OSC). Additional information is available at the OSC web site at [www.osc.gov](http://www.osc.gov)."

Based on discussions with the NHPP Director, the inspection team noted that permittee employees are encouraged to raise issues to members of the permittee facility's management team. The Director stated that this process allows the issue to be evaluated and resolved by the permittee. The NHPP does not consider issues that are addressed and resolved in this manner as allegations. In addition, inspection plans developed by NHPP staff contain a prompt for the PMs to evaluate the safety conscious work environment during

their inspections of permittees, providing an opportunity for the inspectors to identify issues that may not have been addressed by the permittee for NHPP action, as applicable.

The inspection team determined that: (1) DVA employees were encouraged to raise issues to the permittee facility management team members so that issues can be evaluated and addressed by the permittee; (2) NHPP personnel ensured that NHPP allegation contact information was posted at each permit facility; and (3) NHPP inspection plans contained line items that prompted the PMs to evaluate the safety conscious work environment during a permit facility inspection.

### 8.3 Conclusion

The inspection team concluded that the licensee's program for responding to incidents was in compliance with the license conditions of the MML and applicable NRC regulations, and was being implemented effectively. The events were appropriately reported to the NRC in accordance with 10 CFR Parts 20, 30, and 35 requirements.

The inspection team concluded that the allegation files were well organized, easy to understand, and contained all of the information necessary to support the NHPP conclusions. The team also concluded that the NHPP's actions to provide information for filing discrimination complaints on the NRC Form 3 posted at permittee facilities was an acceptable alternative to revising NRSC procedure SOP 06 to include the appropriate agency for DVA employees to contact in cases involving alleged harassment, intimidation, or discrimination.

## 9 **NRC Independent Inspections of DVA Permittees**

### 9.1 Inspection Scope

During the review period, the NRC conducted independent inspections of DVA permittees to assess the adequacy of their radiation safety programs and compliance with the NRC regulations and the MML. The corrective actions to violations were reviewed for accuracy, completeness, timeliness, and effectiveness.

### 9.2 Observations and Findings

During the period from October 2, 2010, through October 18, 2012, the NRC staff inspected 21 DVA permittees. The NRC inspections focused on programs that the NRC had not yet inspected since the MML was issued, and on permittees that were authorized by the NHPP for multiple locations of use. Nineteen of the 21 permittees that were inspected by the NRC had a primary program code of 2120 (medical institution – written directive required), and two had a primary program code of 2110 (medical institution-broad scope). Five permittees also had a secondary program code of 3610 (research and development broad – type A), and two had a secondary program code of 3620 (research and development).

The NRC identified two Severity Level IV violations (reference ML12265A192 in 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>).

The inspection team reviewed the permittee's immediate and long-term corrective actions for the violations and concluded that they were sufficient to address the violations and prevent recurrence.

### 9.3 Conclusion

The NRC inspected 21 DVA permittees during the review period. Two Severity Level IV violations were identified. Based on the overall results of the NRC's independent inspections, the inspection team concluded that permittee activities were conducted in a manner that protected the health and safety of its staff and the public.

## 10 **Exit Meeting**

An exit meeting was held with DVA representatives on October 18, 2012. The overall scope and findings of the inspection were discussed. The DVA participants did not identify any information as being proprietary in nature.

ATTACHMENTS:     Attachment 1 Supplemental Information  
                         Attachment 2 "Inspection Casework Reviews"  
                         Attachment 3 "Permitting Casework Reviews"  
                         Attachment 4 "Incident Casework Reviews"

## **SUPPLEMENTAL INFORMATION**

### **LIST OF PERSONS CONTACTED**

#### **Licensee Personnel**

#R. Jain, M.D., Chief Patient Care Services Officer  
#M. Gross, M.D., Chair, National Radiation Safety Committee  
\*G. Williams, Director, NHPP North Little Rock Office  
\*T. Huston, Ph.D., Program Manager, NHPP North Little Rock Office  
\*C. Adams, Program Manager, NHPP North Little Rock Office  
#P. Yurko, Program Manager, NHPP Northeast Field Office  
\*D. Burkett, Program Manager, NHPP North Little Rock Office  
\*L. Offutt, Administrative Officer, NHPP North Little Rock Office  
J. Coy, Program Support Assistant, NHPP North Little Rock Office  
S. Savary, Administrative Support Assistant, NHPP North Little Rock Office  
K. Mayo, Program Specialist, NHPP North Little Rock Office

#### **NRC Personnel**

\*J. Cook, Sr. Health Physicist, Region IV  
\*R. Hays, Health Physicist, Region III  
\*K. Null, Sr. Health Physicist, Region III  
\*B. Parker, Health Physicist, Region III  
\*S. Seeley, Health Physicist, Region I  
\*M. Kotzalas, Chief, Licensing Branch, Office of Federal and State Materials and Environmental Programs  
\*A. Boland, Director, Division of Nuclear Materials Safety, Region III  
\*P. Pelke, Chief, Materials Licensing Branch, DNMS, Region III

\*Attended October 18, 2010, exit meeting  
#Attended October 18, 2010, exit meeting by telephone

In addition, numerous permittee staff were interviewed during the independent inspections conducted by the NRC during the review period October 2, 2010 through October 18, 2012.

### **LIST OF ACRONYMS USED**

ADAMS	Agencywide Documents Access and Management System
DNMS	Division of Nuclear Materials Safety
DOL	Department of Labor
DVA	Department of Veterans Affairs
FAQ	Frequently Asked Questions
IC Order	Order Imposing Increased Controls
IMC	Inspection Manual Chapter
IP	Inspection Procedure
LOU	Letter of Understanding

## **SUPPLEMENTAL INFORMATION (continued)**

MML	Master Materials License
NARM	Naturally occurring or accelerator-produced radioactive material
NHPP	National Health Physics Program
NRC	U.S. Nuclear Regulatory Commission
NRSC	National Radiation Safety Committee
NSTS	National Source Tracking System
OSC	Office of Special Counsel
PM	Program Manager
RTMS	Records Tracking Management System
SOP	Standard Operating Procedure
USAF	U.S. Air Force

## INSPECTION CASEWORK REVIEWS

NOTE: CASEWORK LISTED WITHOUT COMMENT IS INCLUDED FOR COMPLETENESS.

File No.: 1

Permittee: Richard L. Roudebush VA Medical Center  
Inspection Type: Routine, Unannounced  
Inspection Date: October 13-14, 2010

Permit No.: 13-00694-03  
Priority: 2  
Inspector: JW

File No.: 2

Permittee: VA Medical Center (Fayetteville, NC)  
Inspection Type: Routine, Unannounced  
Inspection Date: November 30, 2010

Permit No.: 32-13654-01  
Priority: 3  
Inspector: CA

File No.: 3

Permittee: N. Florida/S. Georgia Veterans Health System  
Inspection Type: Routine, Unannounced  
Inspection Date: February 8-10 and April 20-21, 2011

Permit No.: 09-12467-02  
Priority: 2  
Inspector: PY

Comment: This inspection also included an initial inspection of a new location of use (The Villages). Five violations were identified involving failure to survey, train, post and properly implement the program. Although corrective actions were taken by re-assigning the tech and closing the facility, a description of why the violations occurred was not included in the inspection record.

File No.: 4

Permittee: James H. Quillen VA Medical Center  
Inspection Type: Routine, Unannounced  
Inspection Date: April 14-June 29, 2011

Permit No.: 41-19792-01  
Priority: 3  
Inspector: TH

Comment: This inspection identified violations involving: (1) releases of 14 patients that were not properly documented under 35.75(c); and (2) the loss of 50 written directives. Although corrective actions were taken by properly re-evaluating and documenting each of the 14 releases and by changing procedures for storing written directives, a description of why the violations occurred was not included in the inspection record.

File No.: 5

Permittee: Ralph H. Johnson VA Medical Center  
Inspection Type: Routine, Unannounced  
Inspection Date: April 28, 2011

Permit No.: 39-12130-02  
Priority: 3  
Inspector: JW

File No.: 6

Permittee: VA Medical Center (Washington, DC)  
Inspection Type: Routine, Unannounced  
Inspection Date: December 8, 2011

Permit No.: 08-00942-05  
Priority: 3  
Inspector: PY

File No.: 7

Permittee: Hunter Holmes McGuire VA Medical Center  
Inspection Type: Announced and focused on prostate  
seed implant program  
Inspection Date: January 11, 2012

Permit No.: 45-09413-06  
Priority: 2  
Inspector: CA, TH

Comment: This was a special inspection of the prostate brachytherapy program only. A violation was identified for failure to properly characterize a potential medical event due to a rounding error in the D90 value. This particular inspection record was identified by the inspection team as a good example of effectively documenting why the violation occurred and the corrective actions taken by the permittee.

File No.: 8

Permittee: VA North Texas Health care System  
Inspection Type: Routine, Unannounced  
Inspection Date: January 18-19, 2012

Permit No.: 42-00220-06  
Priority: 2  
Inspector: JW

File No.: 9

Permittee: VA Medical Center (Memphis, TN)  
Inspection Type: Routine, Unannounced  
Inspection Date: January 25, 2012

Permit No.: 41-00119-08  
Priority: 2  
Inspector: PY, DB

Comment: This inspection identified a violation involving releases of nine patients that were not properly documented under 35.75(c). Although corrective actions were taken by properly re-evaluating and documenting each of the nine releases, a description of why the violation occurred was not included in the inspection record.

File No.: 10

Permittee: VA Puget Sound Health Care System  
Inspection Type: Routine, Announced  
Inspection Date: March 7-8, 2012, with continuing review through April 6, 2012

Permit No.: 46-00990-01  
Priority: 2  
Inspector: DB, TH

File No.: 11

Permittee: South Texas Veterans Health Care System  
Inspection Type: Reactive, Announced  
Inspection Date: May 23-24, 2012

Permit No.: 42-15881-01  
Priority: 3  
Inspector: TH

File No.: 12

Permittee: Edith Nourse Rogers Veterans Memorial Hospital  
Inspection Type: Routine, Unannounced  
Inspection Date: July 25, 2012

Permit No.: 20-10184-01  
Priority: 3  
Inspector: PY

File No.: 13

Permittee: Veterans Health System of the Ozarks  
Inspection Type: Routine, Unannounced  
Inspection Date: September 20, 2012

Permit No.: 03-00564-01  
Priority: 3  
Inspector: CA

File No.: 14

Permittee: Michael E. DeBakey VA Medical Center  
Inspection Type: Routine, Unannounced  
Inspection Date: February 23, 2012

Permit No.: 42-00084-06  
Priority: 2  
Inspector: PY

File No.: 15

Permittee: VA Medical Center (Durham, NC)  
Inspection Type: Routine, Unannounced  
Inspection Date: May 8, 2012

Permit No.: 32-01134-01  
Priority: 2  
Inspector: DB

File No.: 16  
Permittee: VA So. Nevada Healthcare System  
Inspection Type: Initial, Announced  
Inspection Date: July 25, 2012

Permit No.: 27-00593-01  
Priority: 3  
Inspector: JW

File No.: 17  
Permittee: Atlanta VA Medical Center  
Inspection Type: Routine, Unannounced  
Inspection Date: April 12-13, 2012

Permit No.: 10-01169-01  
Priority: 3  
Inspector: JW

File No.: 18  
Permittee: John D. Dingell VA Medical Center  
Inspection Type: Routine, Unannounced  
Inspection Date: February 23, 2011

Permit No.: 21-04234-01  
Priority: 3  
Inspector: TH

File No.: 19  
Permittee: VA Medical Center (Birmingham, AL)  
Inspection Type: Routine, Announced  
Inspection Date: October 26-27, 2010

Permit No.: 01-00643-02  
Priority: 2  
Inspector: EL, TH

File No.: 20  
Permittee: VA Medical Center (San Francisco, CA)  
Inspection Type: Routine, Unannounced  
Inspection Date: January 25-26, 2012

Permit No.: 04-00421-05  
Priority: 2  
Inspector: EL, CA

## PERMITTING CASEWORK REVIEWS

NOTE: CASEWORK WITHOUT COMMENTS ARE INCLUDED FOR COMPLETENESS ONLY.

File No.: 1

Permittee: VA North Las Vegas, NV

Type of Action: New

Permit Type: Limited Medical

Permit No.: 27-00593-01

Amendment: NA

Permit Reviewer: TH

File No.: 2

Permittee: VA Amarillo, TX

Type of Action: New

Permit Type: Limited Medical

Permit No.: 42-00504-01

Amendment: NA

Permit Reviewer: PY

File No.: 3

Permittee: VA Ann Arbor, MI

Type of Action: Amendment

Permit Type: Broad Medical/ Research

Permit No.: 21-00159-01

Amendment: 65

Permit Reviewer: PY

File No.: 4

Permittee: VA Palo Alto, CA

Type of Action: Amendment

Permit Type: Broad Medical with Self-Shielded Irradiator

Permit No.: 04-23242-01

Amendment: 37

Permit Reviewer: TH

File No.: 5

Permittee: VA Pittsburg, PA

Type of Action: Amendment

Permit Type: Limited Medical/Broad Research

Permit No.: 37-01230-01

Amendment: 87

Permit Reviewer: TH

File No.: 6

Permittee: VA Kerrville, TX

Type of Action: Termination

Permit Type: Limited Medical

Permit No.: 42-17691-01

Amendment: 32

Permit Reviewer: TH

File No.: 7

Permittee: VA Omaha, NE

Type of Action: Amendment

Permit Type: Broad Medical/ Research with  
Self Shielded Irradiator

Permit No.: 26-00138-10

Amendment: 36

Permit Reviewer: CA

File No.: 8

Permittee: VA Temple, TX

Type of Action: Amendment

Permit Type: Limited Medical/Research

Permit No.: 42-10739-03

Amendment: 55

Permit Reviewer: CA

File No.: 9

Permittee: VA Miami, FL

Type of Action: Amendment

Permit Type: Limited Medical/Broad Research

Permit No.: 09-00239-06

Amendment: 106

Permit Reviewer: TH

File No.: 10  
Permittee: VA Las Vegas, NV  
Type of Action: Termination  
Permit Type: Limited Medical  
Permit No.: 27-23387-02  
Amendment: 16  
Permit Reviewer: TH

File No.: 11  
Permittee: VA East Orange, NJ  
Type of Action: Amendment  
Permit Type: Limited Medical/Broad Research with HDR  
Permit No.: 29-04481-01  
Amendment: 110  
Permit Reviewer: CA

File No.: 12  
Permittee: VA Cleveland, OH  
Type of Action: Amendment  
Permit Type: Broad Medical/Research  
Permit No.: 34-00203-03  
Amendment: 66  
Permit Reviewer: JW

File No.: 13  
Permittee: VA Gainesville, FL  
Type of Action: Amendment  
Permit Type: Broad Medical/Research  
Permit No.: 09-25129-01  
Amendment: 37  
Permit Reviewer: PY

File No.: 14  
Permittee: VA Richmond, VA  
Type of Action: Amendment  
Permit Type: Limited Medical/Broad Research with HDR  
Permit No.: 45-09413-06  
Amendment: 42  
Permit Reviewer: EL

File No.: 15  
Permittee: VA Louisville, KY  
Type of Action: Amendment  
Permit Type: Limited Medical/Research  
Permit No.: 16-03121-02  
Amendment: 71  
Permit Reviewer: PY

File No.: 16  
Permittee: VA Louisville, KY  
Type of Action: Amendment  
Permit Type: Limited Medical/Research  
Permit No.: 16-03121-02  
Amendment: 69  
Permit Reviewer: DB

File No.: 17  
Permittee: VA Richmond, VA  
Type of Action: Amendment  
Permit Type: Limited Medical/Broad Research with HDR  
Permit No. 45-09413-06  
Amendment: 44  
Permit Reviewer: DB

File No.: 18  
Permittee: VA Durham  
Type of Action: Amendment  
Permit Type: Broad Medical/Research with  
Self-shielded irradiator  
Permit No.: 32-01134-01  
Amendment: 74  
Permit Reviewer: DB

File No.: 19  
Permittee: VA Houston, TX  
Type of Action: Amendment  
Permit Type: Broad Medical/Research with  
Self-Shielded irradiator  
Permit No.: 42-00084-06  
Amendment: 67  
Permit Reviewer: JW

File No.: 20  
Permittee: VA Los Angeles, CA  
Type of Action: Amendment  
Permit Type: Broad Medical/Research

Permit No.: 04-00181-04  
Amendment: 120  
Permit Reviewer: CA

File No.: 21  
Permittee: VA Bronx, NY  
Type of Action: Amendment  
Permit Type: Limited Medical/Research

Permit No.: 31-00636-07  
Amendment: 60  
Permit Reviewer: CA

## INCIDENT CASEWORK REVIEWS

File No.: 1

Permittee: VA Maryland Health Care System

Date of Incident: October 10, 2010

Investigation Date: November 22-23, 2010

Permit No.: 19-01058-01

NRC Event No.: 46349

Type of Incident: Contaminated Package

File No.: 2

Permittee: VA Medical Center (West Palm Beach, FL)

Date of Incident: February 6, 2012

Investigation Date: March 20-21, 2012

Permit No.: 09-25328-01

NRC Event No.: 47641

Type of Incident: Contaminated Package

File No.: 3

Permittee: New Mexico VA Health Care System  
(Amarillo, TX)

Date of Incident: October 1, 2010

Investigation Date: May 11, 2011

Permit No.: 30-01747-02

NRC Event No.: 43265

Type of Incident: Medical Event

File No.: 4

Permittee: Harry S. Truman Memorial Veterans' Hospital

Date of Incident: August 6, 2012

Investigation Date: August 6, 2012

Permit No.: 24-15235-03

NRC Event No.: Not reportable

Type of Incident: Leaking Co-57 spot marker