NRC FORM 591M PART 1
(07-2012)
10 CFR 2.201

U.S. NUCLEAR REGULATORY COMMISSION

# SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

| 1. LICENSEE/LOCATION INSPECTED: | 2. NRC/REGIONAL OFFICE |
|---|---|
| The Community Hospital<br>901 MacArthur Boulevard<br>Munster, IN 46321<br><br>REPORT NUMBER(S) 2012-001 | Region III<br>U. S. Nuclear Regulatory Commission<br>2443 Warrenville Road, Suite 210<br>Lisle, IL 60532-4352 |

| 3. DOCKET NUMBER(S) | 4. LICENSE NUMBER(S) | 5. DATE(S) OF INSPECTION |
|---|---|---|
| 030-09964 | 13-15882-01 | November 27, 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:

X 1. Based on the inspection findings, no violations were identified.

X 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 | 11/27/12 |
| BRANCH CHIEF | Tamara E. Bloomer, Chief, MIB | T E Bloomer | 12/10/12 |

NRC FORM 591M PART 3
(07-2012)
10 CFR 2.201

U.S. NUCLEAR REGULATORY COMMISSION

*Docket File Information*

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| 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 | Mirel Palamaru, M.S., RSO | (224) 766-0750 |

☑ Main Office Inspection  Next Inspection Date: Nov. 2014

☑ Field Office Inspection  10020 Donald S. Powers Dr., Munster, IN

☐ Temporary Job Site Inspection

## PROGRAM SCOPE

This licensee was a community medical center, authorized to use licensed material permitted by Sections 35.100, 35.200, 35.300, 35.400, 35.500, Ir-192 within an HDR unit, and 35.1000 limited to the I-125 GliaSite therapy system. The nuclear medicine department was staffed with seven full-time technologists who performed approximately 400-450 diagnostic nuclear medicine procedures per month. The licensee received unit doses from a licensed radiopharmacy and performed a full spectrum of nuclear diagnostic imaging studies. Typically, in a year the hospital administered 15-20 iodine-131 thyroid carcinoma therapies (by radiation oncology), 10-20 hyperthyroidism treatments, and 5-6 whole body CA follow up studies. The hospital obtained its I-131 in capsule form only. All CA patients were hospitalized in accordance with the "old" Section 35.75 requirements. No beta radiopharmaceutical therapies were administered since the previous inspection. Although authorized to administer GliaSite therapy, the licensee had not used this material since the previous inspection. The radiation therapy department was staffed with two authorized physician users, one medical physicist, and one dosimetrist. The licensee used its HDR unit to administer approximately 40-50 patient treatments per year (limited to gynecological and breast cancers). All HDR patient treatments were administered by the attending radiation oncologist, the authorized medical physicist, and a therapy technologist. The licensee maintained numerous Cs-137 tube sources in secured storage. The licensee administered 5-6 I-125 permanent prostate implants annually.

This inspection consisted of interviews with licensee personnel, a review of selected records including HDR and LDR prostate treatment plans, tours of the nuclear medicine and radiation oncology departments, and independent measurements. The inspector observed licensee nuclear medicine personnel prepare, assay and administer two unit doses for cardiac imaging procedures. The inspection included observations of dose calibrator and HDR QA/safety checks, security of byproduct material, use of personnel monitoring, package receipt surveys, and inventories of brachytherapy sources in storage. Corrective actions for a SLIV violation of 35.41(a) were also reviewed.