

SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE/LOCATION INSPECTED:

Lester E. Cox Medical Center
1423 N. Jefferson
Springfield, MO 65802

REPORT NUMBER(S) 12-01

2. NRC/REGIONAL OFFICE

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

3. DOCKET NUMBER(S)

030-09784

4. LICENSE NUMBER(S)

24-01143-06

5. DATE(S) OF INSPECTION

December 18, 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:

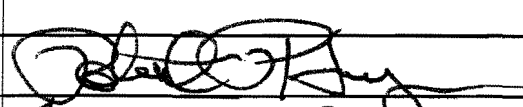
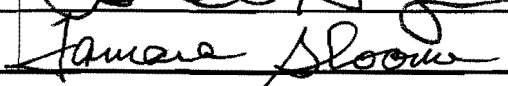
- ☒ 1. Based on the inspection findings, no violations were identified.
- ☒ 2. Previous violation(s) closed.
- ☐ 3. The violation(s), specifically described to you by the inspector as non-cited violations, are not being cited because they were self-identified, non-repetitive, and corrective action was 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	Robert P. Hays		12/18/12
BRANCH CHIEF	Tamara E. Bloomer		1/11/13

Docket File Information**SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION.**

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6. INSPECTION PROCEDURES USED

87132

7. INSPECTION FOCUS AREAS

03.01-03.07

SUPPLEMENTAL INSPECTION INFORMATION

1. PROGRAM CODE(S)

02230

2. PRIORITY

2

3. LICENSEE CONTACT

Keith Hickey, RSO

4. TELEPHONE NUMBER

(417) 269-8935

☐ Main Office Inspection

Next Inspection Date: 12/18/2014

☒ Field Office Inspection Hulston Cancer Center, and 3801 S. National

☐ Temporary Job Site Inspection
PROGRAM SCOPE

The licensee was a medical institution authorized by the license to use any byproduct material as needed, permitted by 10 CFR 35.100, 35.200, 35.300 (not to exceed 1 Ci of I-131), 35.400, and 35.600 using a Nucletron HDR Remote Afterloader at two locations specified on the license. During the previous inspection, the licensee's nuclear medicine radiation safety program was reviewed with no violations or concerns identified. This inspection focused on the licensee's HDR Remote Afterloader radiation safety program and use. The oncology staff included three authorized users, four medical physicists, two radiation therapists, and one dosimetrist who routinely treat an average of 2-3 patients involving MammoSite or gynecological procedures each month. Although authorized at 3801 S. National Avenue for HDR therapies, no HDR afterloader has been used or stored at that location since the previous inspection.

Performance Observations

During the inspection, the licensee's authorized user, medical physicist, and/or radiation therapist demonstrated/discussed: (1) survey instruments, required surveys, and calibrations; (2) package receipt and check-in procedures; (3) written directives and treatment plans; (4) security and storage of licensed material; (5) electrometer and well-chamber instrument calibrations; (6) quarterly (12/13/2012) full calibrations and output checks; (7) daily checks; (8) emergency tools and posted emergency procedures; (9) PrimeAlert radiation monitor testing and battery backup; (10) HDR annual refresher training and emergency drills; (11) written procedures; (12) Radiation Safety Committee meetings; (13) inspector observation of an administered dose fraction; and (14) corrective actions for a violation of: (a) 10 CFR 35.41(a) for a failure to have adequate procedures for post-treatment evaluations. Corrective actions were to modify procedures to include post-treatment evaluations of post-treatment deviations; and (b) corrective actions for a Sr-90 source not inventoried and leak tested. The Sr-90 source was leak tested and disposed of on 4/27/2011. The violations are considered closed.

The inspector performed independent and confirmatory radiation measurements, which indicated results consistent with licensee survey records and postings.