

SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE/LOCATION INSPECTED:

Indiana University Health Bloomington Hospital
P.O. Box 1149
Bloomington, IN 47402

REPORT NUMBER(S) 13-01

2. NRC/REGIONAL OFFICE

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

3. DOCKET NUMBER(S)

030-01644

4. LICENSE NUMBER(S)

13-10408-02

5. DATE(S) OF INSPECTION

February 28, 2013

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	Andrew M. Bramnik	<i>Andrew M. Bramnik</i>	2/20/13
BRANCH CHIEF	Tamara E. Bloomer	<i>Tamara E. Bloomer</i>	3/5/13

Docket File Information

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3. DOCKET NUMBER(S) 030-01644	4. LICENSE NUMBER(S) 13-10408-02	5. DATE(S) OF INSPECTION February 28, 2013
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6. INSPECTION PROCEDURES USED 87131	7. INSPECTION FOCUS AREAS 03.01 - 03.07
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SUPPLEMENTAL INSPECTION INFORMATION

1. PROGRAM CODE(S) 02120	2. PRIORITY 3	3. LICENSEE CONTACT Patrick Byrne, RSO	4. TELEPHONE NUMBER (877) 317-5811
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Main Office Inspection Next Inspection Date: 02/28/2016

Field Office Inspection

Temporary Job Site Inspection

PROGRAM SCOPE

This was a routine inspection of a 272 bed hospital that was authorized to use byproduct materials in 10 CFR Sections 35.100, 35.200, 35.300, and 35.400. The nuclear medicine area was staffed with one part time and three full time technologists, who administered between five and ten diagnostic administrations daily in addition to ten or fewer administrations of sodium iodine I-131 per year. The nuclear medicine staff received both unit and bulk doses from an area pharmacy with no generators. The radiation oncology department was staffed with two physicists, and only one Authorized User (AU) was approved on the NRC license for activities under 10 CFR 35.400. The radiation oncology staff performed approximately six prostate permanent seed implant procedures per year. At the time of the inspection, the licensee had not possessed any radioactive materials at the authorized location of use on Coda Drive, and planned to submit an amendment request to remove this location from the license.

PERFORMANCE OBSERVATIONS

The inspector observed one diagnostic administration of byproduct material during the inspection. This observation, combined with interviews of available staff, revealed an adequate level of understanding of emergency and material handling procedures and techniques. Within each functional area, the licensee successfully demonstrated routine equipment QA/QC checks, package receipt, area surveys, and waste handling and disposal procedures. A contract physicist performed quarterly audits to help oversee the nuclear medicine and radiation oncology programs. The inspector confirmed that these activities were successfully and routinely completed by reviewing selected records. The inspector also reviewed selected records for I-131 and manual brachytherapy administrations requiring a written directive since the previous inspection. The licensee maintained adequate records and procedures to demonstrate that each administration was in accordance with the written directive.

Licensed material was adequately secured and not readily accessible to members of the general public. The licensee possessed a radiation survey meter that was calibrated and operational. Personal whole body and extremity dosimetry badges were observed being worn by the staff during the inspection, and records did not indicate doses in excess of 10 CFR Part 20 limits. Dosimetry records indicated that the highest annual whole body and extremity readings since the previous inspection were 240 millirem (mrem) and 1640 mrem, respectively. No violations were identified during this inspection.