NRC FORM 591M PART 1
(10-2011)
10 CFR 2.201

U.S. NUCLEAR REGULATORY COMMISSION

SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE/LOCATION INSPECTED:	2. NRC/REGIONAL OFFICE
St. Francis Hospital 3401 Ludington Street Escanaba, MI 49829 REPORT NUMBER(S) 13-01	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
030-11102	21-16481-01	July 25, 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:

- [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	Robert P. Hays	Robert P. Hays	7/25/13
BRANCH CHIEF	Aaron T. McCraw	ATM	8/7/13

NRC FORM 591M PART 3
(10-2011)
10 CFR 2.201

U.S. NUCLEAR REGULATORY COMMISSION

Docket File Information

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6. INSPECTION PROCEDURES USED	7. INSPECTION FOCUS AREAS
87131	03.01-03.07

SUPPLEMENTAL INSPECTION INFORMATION

1. PROGRAM CODE(S)	2. PRIORITY	3. LICENSEE CONTACT	4. TELEPHONE NUMBER
02120	3	Tina Casey, CNMT	(906) 776-5578

- [x] Main Office Inspection — Next Inspection Date: 07/25/2016
- [ ] Field Office Inspection
- [ ] Temporary Job Site Inspection

PROGRAM SCOPE

The licensee was a medical institution that performed medical procedures pertaining to diagnostic testing and treatment of thyroid disease and authorized to use any byproduct material for any study permitted by 10 CFR 35.100, 35.200, and 35.300, excluding carcinoma therapy at the location specified on the license.

The nuclear medicine department was staffed with two nuclear medicine technologists (NMTs) who perform an average of 8-10 diagnostic studies each weekday, except Wednesdays, using unit doses and additional pertechnetate for add on studies, received from a local nuclear pharmacy. The licensee averaged 1-2 iodine-131 administrations/cases each year for treatment of hyperthyroidism. At the time of the inspection, no licensed activities are conducted on Wednesdays each week. All waste was either held for decay-in-storage (DIS) or returned to the nuclear pharmacy as limited quantity shipments.

Performance Observations

During the inspection, the licensee's available staff demonstrated/discussed: (1) survey instruments and required surveys; (2) package receipt and check-in procedures; (3) wipe tests and counting efficiency; (4) safe use procedures; (5) dose calibrator tests and procedures; (6) security and storage of licensed material; (7) quarterly radiation safety program audit results; (7) sealed source inventories; (8) any contamination events (none); (9) waste handling; (10) dosimetry: for 2012, 246 mrem-DDE, 60 mrem-SDE, and 2013 (thru June), 143 mrem-DDE, 90 mrem-SDE; and (11) written directives and iodine-131 procedures. Corrective actions for a SL IV violation identified during the previous inspection for a failure to have a written directive signed by an authorized user prior to an 11.8 millicurie administration of iodine-131. A review of all written directives since the previous inspection determined that written directives were signed by an authorized user and the violation is now considered closed.

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