

SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

<p>1. LICENSEE/LOCATION INSPECTED:</p> <p>Oncology Hematology Associates of S.W. Indiana 3699 Epworth Road Newburgh, IN 47630</p> <p>REPORT NUMBER(S) 13-01</p>	<p>2. NRC/REGIONAL OFFICE</p> <p>Region III U. S. Nuclear Regulatory Commission 2443 Warrenville Road, Suite 210 Lisle, IL 60532-4352</p>	
<p>3. DOCKET NUMBER(S)</p> <p>030-37836</p>	<p>4. LICENSE NUMBER(S)</p> <p>13-32700-01</p>	<p>5. DATE(S) OF INSPECTION</p> <p>August 13, 2013</p>

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:

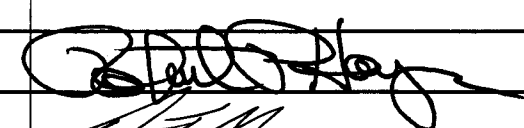
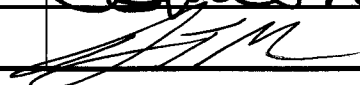
- 1. Based on the inspection findings, no violations were identified.
- 2. Previous violation(s) closed.
- 3. The violation(s), specifically described to you by the inspector as non-cited violations, are not being cited because they were self-identified, non-repetitive, and corrective action was or is 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		8/13/13
BRANCH CHIEF	Aaron T. McCraw		9/7/13

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

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REPORT NUMBER(S) 13-01

2. NRC/REGIONAL OFFICE

Region III
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2443 Warrenville Road, Suite 210
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3. DOCKET NUMBER(S)

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4. LICENSE NUMBER(S)

13-32700-01

5. DATE(S) OF INSPECTION

August 13, 2013

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

John Zhang, RSO

4. TELEPHONE NUMBER

(812) 471-1200

 Main Office Inspection Next Inspection Date: 08/13/2015 Field Office Inspection Temporary Job Site Inspection**PROGRAM SCOPE**

The licensee was a medical oncology clinic authorized by the license to use any byproduct material as needed, permitted by 10 CFR 35.200, 35.300, 35.500, and 35.600 using a Varian Model VariSource HDR afterloader unit at the location specified on the license. During the previous inspection, the licensee's radiation safety program pertaining to PET studies and iodine-131 was also reviewed with the HDR treatment program. This inspection focused on the corrective actions for violations identified during the previous inspection and the licensee's HDR Remote Afterloader radiation safety program and use. The oncology staff included two authorized users, one medical physicist, and one dosimetrist, who routinely treat a monthly average of 4 patients involving MammoSite or gynecological procedures each month. Source exchanges are performed every three to four months, depending on scheduled treatments.

Performance Observations

During the inspection, the licensee's RSO/medical physicist 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 (May 2012); (6) full calibrations and output checks; (7) daily checks; (8) posted emergency procedures; (9) HDR annual refresher training and emergency drills; (10) written procedures; and (11) 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 was unable to perform any independent and confirmatory radiation measurements because the HDR unit was stored in the LINAC treatment room and at the time of the inspection, a LINAC patient treatment was in progress.