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
St. Catherine Hospital 4321 Fir Street East Chicago, Indiana 46312 REPORT NUMBER(S) 14-01	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
030-01590	13-01148-01	January 13 , 2014

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 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)

One Sererity level IV violation was identified as a result of this inspection, and is being cited because it was identified by the NRC inspector.

Condition 14 of NRC license no. 13-01148-01 states, in part, that the licensee shall conduct its program in accordance with the statements, representations, and procedures contained in the application dated December 22, 2004. The application dated December 22, 2004 states, in part, that the licensee has developed and will implement procedures for safe use of unsealed licensed material that meet the requirements of 10 CFR 20.1101, 10 CFR 20.1301, and 10 CFR 35.69.

(continued on Pt 2)

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	JoAnn Birdzell CEO	JoAnn Birdzell CEO	1/13/14
NRC INSPECTOR	Andrew M. Bramnik	Andrew M Bramnik	1/13/2014
BRANCH CHIEF	Aaron T. McCraw		1/27/14

NRC FORM 591M PART 2
(07-2012)
10 CFR 2.201

U.S. NUCLEAR REGULATORY COMMISSION

SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

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St. Catherine Hospital 4321 Fir Street East Chicago, Indiana 46312 REPORT NUMBER(S) 14-01	Region III U. S. Nuclear Regulatory Commission 2443 Warrenville Road, Suite 210 Lisle, IL 60532-4352

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(Continued)

The licensee's procedure titled "Nuclear Medicine Rules for Maintaining ALARA," last revised June 1998, states, in part, do not eat, drink, or apply cosmetics in any area where radioactive materials are stored or used.

Contrary to the above, on multiple occasions including October 11, 2013, the licensee ate or drank in an area where radioactive materials are used. Specifically, the licensee microwaved egg whites containing technicium-99m sulfur colloid in an unrestricted area within the nuclear medicine department that was also used for staff to store and consume food and drinks. The licensee's staff did not survey the microwave or surrounding area after use for this application. The staff used the microwave for personal food items on a routine basis.

As immediate and long-term corrective actions, the licensee moved the microwave from the unrestricted area to the hot lab, which is a restricted area. The staff labeled the microwave "For patients only" and "No personal food." These actions were completed on January 13, 2014.

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

U.S. NUCLEAR REGULATORY COMMISSION

Docket File Information

SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE/LOCATION INSPECTED:	2. NRC/REGIONAL OFFICE
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3. DOCKET NUMBER(S)	4. LICENSE NUMBER(S)	5. DATE(S) OF INSPECTION
030-01590	13-01148-01	January 13, 2014

6. INSPECTION PROCEDURES USED	7. INSPECTION FOCUS AREAS
87132	03.01 - 03.07

SUPPLEMENTAL INSPECTION INFORMATION

1. PROGRAM CODE(S)	2. PRIORITY	3. LICENSEE CONTACT	4. TELEPHONE NUMBER
02120	3	Roberto Gonzalez, Director of Imaging	(219) 392-7339

☑ Main Office Inspection Next Inspection Date: 01/13/2017

☐ Field Office Inspection

☐ Temporary Job Site Inspection

PROGRAM SCOPE

This was a routine inspection of a 250 bed hospital that was authorized to use byproduct materials in 10 CFR 35.100, 35.200, 35.300, and 35.400. The licensee had not conducted any manual brachytherapy procedures since before the previous inspection. At the time of the inspection, the licensee's Radiation Safety Committee was evaluating transferring its inventory of low dose cesium seeds to another NRC licensed facility in Northwest Indiana. The licensee had conducted 11 administrations of unsealed radioactive material requiring a written directive since the previous inspection. The nuclear medicine department was staffed with 3 technologists who administered approximately 10 diagnostic administrations of unit doses per day.

PERFORMANCE OBSERVATIONS

The inspector observed three diagnostic administrations during the inspection. These observations, 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 program. The inspector confirmed that these activities were successfully and routinely completed by reviewing selected records. The inspector also reviewed records for all 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 survey meters that were calibrated, operational, and performed comparably to an NRC survey meter during side-by-side measurements. The inspector also performed independent and confirmatory radiation measurements in each functional area that were consistent with licensee survey records and postings. 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 dose since the previous inspection were 534 millirem (mrem) and 4740 mrem, respectively.

One Severity Level IV violation was identified and is described in Parts 1 and 2.