| 10 CFR 2.201 SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION | | | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------|------------------------------------------------------------------------------------------------------|--------------------------|---------|--|--|--|
| 1. LICENSEE/LOCATION INSPECTED: | | | 2. NRC/REGIONAL OFFICE | | | | | |
| Fayette Memorial Hospital d/b/a Fayette Regional Health System 1941 Virginia Ave Connersville, IN 47331 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 | ١ | | | |
| 030-11441 | | 13-16518-01 | | January 29,2 | D14 | | | |
| 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 w | vere identified. | | | | | | |
| 2. Previous | . Previous violation(s) closed. | | | | | | | |
| non-repet | | | | | | | | |
| | Non-cited violation(s) were discuss | ed involving the fo | ollowing requirement(s): | | | | | |
| 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 | Claire E. Wellinghoff | | Claire Wellingho | ll | 1/29/14 | | | |
| BRANCH CHIEF | Aaron T. McCraw | | 1/1/1/ | | 21214 | | | |

NRC FORM 591M PART 1 (07-2012)

| NRC FORM 591M PART 3 (07-2012) 10 CFR 2.201 U.S. NUCLEAR REGULATORY COMMISSION Docket File Information | | | | | | | |
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| 030-11441 | 13-16518-01 | | January 29, 2014 | | | | |
| 6. INSPECTION PROCEDURES USED | 7. INSPECTION FOCU | S AREAS | | | | | |
| 87131 | 3.01-3.07 | | | | | | |
| 1. PROGRAM CODE(S) 2. PRIORITY | SUPPLEMENTAL INSPECT 3. LICENSEE CONTACT 3. LICENSEE CONTACT 3. LICENSEE CONTACT 3. LICENSEE CONTACT 4. LICENSEE CONTACT 5. LICENSEE CONTACT 6. LICENSEE CONTACT 6. LICENSEE CONTACT 7. LICEN | | I 4. TELEPHONE NUMBER | | | | |
| 02120 3 | Patrick Byrne, R | | (765) 827-7703 | | | | |
| ✓ Main Office Inspection Next Inspection Date: 01/29/2017 ☐ Field Office Inspection Temporary Job Site Inspection | | | | | | | |
| This was a routine inspection of a hospital authorized to use licensed material permitted by Section 35.100, 35.200, and 35.300. The hospital employed one full-time nuclear medicine technologist who performed approximately 15-30 diagnostic studies per month. The licensee conducted a full spectrum of studies, but primarily conducted cardiac rest and stress tests. The technologist performed approximately two therapeutic administrations per month using I-131 or Ra-223 dosages. Additionally, the licensee employed an outside medical physics consultant who conducted quarterly audits of the licensee's radiation safety program. | | | | | | | |
| Performance Observations | | | | | | | |
| There were no patient administrations to observe during the time of the inspection. The inspector observed the technologist demonstrate the daily calibrator QA/QC check, package receipt procedures, spill response procedures, dose preparation, daily surveys, an inventory cross-check, and package return procedures. The inspector reviewed the licensee's therapy program including written directives, patient release criteria, patient instructions, and the written directive audit program. Selected licensee records were also reviewed, which include audit reports, Radiation Safety Committee meeting minutes, fetal dose assessment for a declared pregnant worker, hazmat training certificates, annual radiation safety training certificates, leak test results, dosimetry reports, and weekly wipe test results. No violations of NRC requirements were identified during this inspection. | | | | | | | |