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
West Branch Regional Medical Center 2463 South M030 West Branchm Mi 48661 REPORT NUMBER(S) 03017321/2014001	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
030-17321	21-18892-01	6/13/14

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)

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	Ken Lambert	Ken Lambert	6/13/14
BRANCH CHIEF	Aaron T. McCraw		6/25/14

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
West Branch Regional Medical Center 2463 South M-30 West Branch, MI 48661 REPORT NUMBER(S) 03017321/2014001	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
030-17321	21-18892-01	06/13/2014

6. INSPECTION PROCEDURES USED	7. INSPECTION FOCUS AREAS
87131	03.01 - 03.09

SUPPLEMENTAL INSPECTION INFORMATION

1. PROGRAM CODE(S)	2. PRIORITY	3. LICENSEE CONTACT	4. TELEPHONE NUMBER
2120	3	Mathew Maack, M.D., RSO	(989) 345-3660

☑ Main Office Inspection Next Inspection Date: 06/13/2017

☐ Field Office Inspection

☐ Temporary Job Site Inspection

PROGRAM SCOPE

This was a routine inspection of a small community hospital authorized for radioactive materials under 10 CFR 35.100, 35.200, and 35.300. The licensee was authorized to perform activities at two locations, the main hospital (2463 S. M-30) and the cancer center (2431 S. M-30). The licensee employed 2 full time technologists who performed approximately 160 diagnostic studies per month; primarily cardiac stress tests, bone, renal, gastric emptying, and lung scans. The licensee received unit doses from a local nuclear pharmacy and 60 millicuries of bulk technicium-99m daily. The licensee also performed 2-4 thyroid uptake or ablations per year using I-131 at the main hospital. The licensee utilized a consultant health physics service who performed quarterly audits of the radiation safety program.

OBSERVATIONS AND FINDINGS

Licensed material was observed adequately secured within the hot lab during the inspection and was not readily accessible to members of the general public. Interviews conducted with the technologists revealed an adequate level of understanding of radiation safety practices and emergency procedures. The inspector reviewed dose calibrator daily checks, quarterly linearity and annual accuracy checks, package receipt surveys, daily and weekly surveys, waste handling and disposal records, and radiation safety committee meeting minutes. Licensee staff demonstrated daily dose calibrator checks, well counter, and daily and weekly surveys. The inspector observed several cardiac stress test injections of Tc-99m, and a package receipt survey. The licensee exchanged badges on a quarterly basis and used a NVLAP approved vendor. Records reviewed indicated that the maximum exposures were 58 millirem (mrem) deep-dose equivalent (DDE) and 160 mrem shallow-dose equivalent (SDE) for 2014 through March 25; and 472 mrem DDE and 1310 mrem SDE for 2013. Independent measurements taken in the hot lab, imaging and unrestricted areas were comparable to the licensee's survey data.

The inspector verified that corrective actions to a violation involving the failure to conduct semi-annual inventory of sealed brachytherapy sources were being implemented. In addition, on December 18, 213, the licensee disposed of all I-125 brachytherapy seeds in its possession and amended its license to remove authorization for 35.400 activities

No violations of regulatory requirements were identified.