

SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE/LOCATION INSPECTED:

Capitol Region Medical Center
1125 Madison
Jefferson City, MO

REPORT NUMBER(S) 2014-001

2. NRC/REGIONAL OFFICE

Region III
U. S. Nuclear Regulatory Commission
2443 Warrenville Road, Suite 210
Lisle, IL 60532-4352

3. DOCKET NUMBER(S)

030-02375

4. LICENSE NUMBER(S)

24-12699-01

5. DATE(S) OF INSPECTION

7/21/14, with in-office review
through 7/31/14

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:

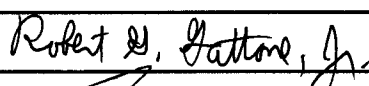
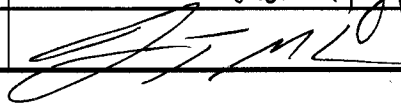
- 1. Based on the inspection findings, no violations were identified.
- 2. Previous violation(s) closed.
- 3. The violation(s), specifically described to you by the inspector as non-cited violations, are not being cited because they were self-identified, non-repetitive, and corrective action was or is 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 G. Gattone, Jr.		8/5/14
BRANCH CHIEF	Aaron T. McCraw		8/6/14

Docket File Information

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

1. PROGRAM CODE(S) 02120	2. PRIORITY 3	3. LICENSEE CONTACT Ken Anderson, RSO	4. TELEPHONE NUMBER (314) 307-0587
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Main Office Inspection Next Inspection Date: 07/21/2017
 Field Office Inspection
 Temporary Job Site Inspection

PROGRAM SCOPE

The licensee had not conducted brachytherapy since before the last inspection, and it was uncertain about whether it would restart brachytherapy activities. The licensee administered iodine-131 capsules to patients for thyroid treatments. Three nuclear medicine technologists (NMTs) conducted about 5 diagnostic imaging studies per day Monday through Friday. The licensee did not use technetium nor rubidium generators. Dosages were received from a licensed pharmacy. The Radiation Safety Officer visited the site about four times per year.

Performance Observations

The inspector: (1) observed that licensed material was secured; (2) observed an NMT prepare a limited quantity package for transport; (3) observed an NMT prepare a Cardiolite dosage and administer it to a patient; (4) observed the NMT don dosimeter badges, gloves, and scrubs when handling licensed material; (5) observed that syringe shields and a shielded syringe carrying case were used to reduce radiation exposure; (6) observed an NMT properly handle radioactive waste for decay-in-storage (DIS); (7) observed that DIS containers were labeled as required; (8) measured 0.05 milliroentgen per hour at selected surfaces of DIS packages, and a maximum of 1 milliroentgen per hour at the surface of shielded calibration sources using an NRC-owned, calibrated survey instrument; (9) reviewed dosimetry records showing that the maximum annual doses to the whole body and extremities between 2011 and June 2014 were 197 millirem and 700 millirem, respectively; (10) reviewed selected iodine-131 written directives and associated records showing that licensed material was administered as prescribed, dual independent verification of patient identity was done, post administration assessment was done to verify that the treatment was administered as prescribed, patients received ALARA instructions, authorized user physicians signed the written directives, and the licensee documented the bases for releasing patients after dosages were administered; (11) observed an NMT demonstrate how she had done dose calibrator accuracy and constancy tests; (12) noted that selected survey instruments were calibrated by an authorized firm as required; (13) reviewed selected records of the RSO's audits of the licensee's radiation protection program; (14) reviewed selected leak test and sealed source inventory records; (15) reviewed hazmat training records for applicable staff members; (16) observed an NMT demonstrate how she would respond to a radioactive material spill; (17) observed an NMT conduct a physical inventory of sealed sources selected by the inspector, and all of the selected sources were accounted for based on review of the previous sealed source inventory record; and (18) noted that the RSO would work with licensee management to determine the future of the brachytherapy program.