

SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

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| 1. LICENSEE/LOCATION INSPECTED: St. Joseph Health Center 300 First Capitol Drive St. Charles, MO 63301 REPORT NUMBER(S) 15-001 | | 2. NRC/REGIONAL OFFICE Region III U. S. Nuclear Regulatory Commission 2443 Warrenville Rd, Suite 210 Lisle, IL 60532 | |
| 3 DOCKET NUMBER(S) 030-08664 | 4. LICENSE NUMBER(S) 24-15159-01 | 5. DATE(S) OF INSPECTION November 12, 2015 | |

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.

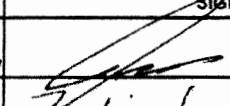
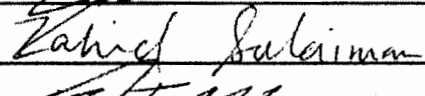
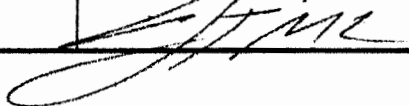
Non-cited violation(s) were discussed involving the following requirement(s):

- 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)
10 CFR 35.92(b) requires that a licensee shall retain a record of each disposal permitted under paragraph (a) of this section in accordance with 35.2092.

Contrary to the above, as of November 12, 2015, the licensee at St Joseph Hospital West, failed to document the disposal of each decay-in-storage waste. As corrective action the licensee will maintain record of each decay-in-storage waste disposal. The record will document the date of disposal, the background radiation level, the radiation level measured at the surface of each waste container and the name of the individual who performed the survey.

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 | Jenny Bringham, VP Operations |  | 12/2/15 |
| NRC INSPECTOR | Zahid Sulaiman |  | 11/24/15 |
| BRANCH CHIEF | Aaron T. McCraw |  | 11/25/15 |

Docket File Information

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| 6. INSPECTION PROCEDURES USED 87130, 87131 & 87132 | 7. INSPECTION FOCUS AREAS 03.01-03.07 |
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SUPPLEMENTAL INSPECTION INFORMATION

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|-----------------------------|------------------|---|---------------------------------------|
| 1. PROGRAM CODE(S) 02120 | 2. PRIORITY 3 | 3. LICENSEE CONTACT Wally Fuhrman, RSO | 4. TELEPHONE NUMBER (636) 498-7450 |
|-----------------------------|------------------|---|---------------------------------------|

Main Office Inspection Next Inspection Date: 11/12/2018
 Field Office Inspection 5401 Veterans Memorial Parkway, Suite 101
 Temporary Job Site Inspection _____

PROGRAM SCOPE

This was a routine inspection of a community hospital, with 200 beds, authorized under NRC license to use byproduct materials for medical uses permitted by 10 CFR 35.100, 35.200, 35.300, and 35.400. The nuclear medicine department at Health Center was staffed with two full-time nuclear medicine technologists (NMT) who performed approximately 200 diagnostic nuclear medicine procedures monthly. The licensee received unit and bulk doses from a licensed radiopharmacy. Doses were primarily technetium-99m for cardiac, bone scan, lung, Hida, renal, gastric emptying and other studies. The nuclear medicine department performed 20 iodine-131 therapy procedures per year. Licensee had not conducted any manual brachytherapy or high dose rate (HDR) treatment since October 16, 2012. The licensee had transferred the HDR remote afterloading unit, 35.400 permanent implant sealed sources, authorized user, medical physicist, and location of use to the SSM DePaul Health Center, Bridgeton, MO, license on October 16, 2012.

At the St Joseph Hospital West, the nuclear medicine department was staffed with two full-time NMT who performed approximately 180 diagnostic nuclear medicine procedure monthly and 5 iodine-131 therapy procedure per year. Last manual brachytherapy performed was October 10, 2012.

At license facility located at 5401 Veterans Memorial Parkway, St. Peters, MO, authorized for 35.200 only, was staffed with one full-time NMT who performed approximately 120 diagnostic nuclear medicine procedure monthly.

Performance Observations:

At the St Joseph Health Center the inspector: (1) observed NMT conduct physical inventory of sealed sources, and all sources were accounted for; (2) had the NMT demonstrate the dose calibrator constancy check, the radioactive material package receiving and check-in procedures; (3) had the NMT demonstrate the end of the day daily and weekly area survey; (4) had the NMT demonstrate proper handling of radioactive waste for decay-in-storage, (5) reviewed iodine-131 procedures written directive (WD) with no issues noted; (6) reviewed one HDR treatment plan, and 10 seed implant procedures since last inspection till October 16, 2012, no issues noted; (7) reviewed annual radiation safety program audits, radiation safety committee minutes, reviewed records for survey instrument calibration, leak test, dose calibrator linearity, accuracy and geometry test; and

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(Continued)

(8) reviewed dosimetry records for 2013, 2014, & 2015, indicating the maximum annual doses to be 497 mrem whole body and 1350 mrem extremity.

At 5401 Veterans Memorial Parkway, St. Peters, MO, facility the inspector (1) observed one administration of Tc-99 to a patient on tread-mill; (2) had the NMT demonstrate the dose calibrator constancy check, the radioactive material package receiving and check-in procedures; (3) had the NMT demonstrate the end of the day daily and weekly area survey; (4) had the NMT demonstrate proper handling of radioactive waste for decay-in-storage; (5) reviewed annual radiation safety program audits, reviewed records for survey instrument calibration, leak test, dose calibrator daily, monthly and quarterly checks.

At the St Joseph Hospital West facility the inspector (1) observed administration of Tc-99 to a patient; (2) reviewed 5 iodine-131 procedures WD with no issues noted; (3) observed NMT conduct physical inventory of sealed sources, and all sources were accounted for; (4) had the NMT demonstrate the dose calibrator constancy check, the radioactive material package receiving and check-in procedures; (5) had the NMT demonstrate the end of the day daily and weekly area survey; (6) reviewed annual radiation safety program audits, reviewed records for survey instrument calibration, leak test, dose calibrator daily, monthly and quarterly checks; and (7) had the NMT demonstrate proper handling of radioactive waste for decay-in-storage. The inspector identified a violation involving failure to maintain record of each disposal of radioactive materials stored in decay-in-storage. The licensee implemented the corrective action that document the date of disposal, the background radiation level, the radiation level measured at the surface of each waste container and the name of the individual who performed the survey.