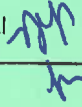


DATE RECEIVED:	10/22/2015
EVENT DATE:	10/20/2015
REPORT DATE:	10/22/2015

NRC EVENT	N/A
DOCKET	030-35998
LICENSE	53-27729-01


DNMS CONTROLLED CORRESPONDENCE ROUTING SLIP - MATERIALS LER

DNMS	Initials	Note to DNMS Staff
C:NMIB	G. MICHAEL VASQUEZ <i>for final review</i> 	WHEN LER ACTION IS COMPLETED: Return routing slip and completed LER evaluation to LER PROJECT MANAGER NOTE: Licensee report MUST be scanned into ADAMS.
Assigned to:	KATANIC	
Copy to:	LER Point of Contact: Jason Dykert	

This section is to be completed by a DNMS Branch Chief (or designee):

Circle appropriate response:	Yes	No	Indicate appropriate basis for LER:
REPORTABLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Regulation(s):
PN	<input type="checkbox"/>	<input type="checkbox"/>	License Condition: LC 13 F.
ABNORMAL OCCURRENCE	<input type="checkbox"/>	<input type="checkbox"/>	For Abnormal Occurrence criteria see MD 8.1, Handbook 8.1, Part II
EVENT OF INTEREST	<input type="checkbox"/>	<input type="checkbox"/>	For Event of Interest guidelines see MD 8.1, Handbook 8.1, Part II
REACTIVE / SPECIAL INSPECTION REQUIRED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	This event was reviewed against the criteria contained in IMCs 2800, 1301, 1302, etc., and it was determined that a reactive or special inspection was not necessary at this time.

Assigned Staff are to check (Y) ADAMS document availability below and to enter the following numbers, if applicable:

<input checked="" type="checkbox"/> Public	<input type="checkbox"/> Nonpublic	PNO-IV- N/A
<input type="checkbox"/> Sensitive	<input checked="" type="checkbox"/> Nonsensitive	NMED 150592
<input checked="" type="checkbox"/> NRC Viewers Access Rights		NRC INSPECTION REPORT N/A
SUNSI Review Completed: Initials		

LICENSEE / NOTIFYING ENTITY: Kona Community Hospital

EVENT LOCATION: Kona ADAMS ML

COMMENTS: Leaking source
Report submitted for ADAMS entry
 MLI 5310A400

LICENSEE EVENT REPORT EVALUATION FORM

EVENT CLASS: LKS - LEAKING SEALED SOURCES

LICENSEE / REPORTING PARTY INFORMATION:

Licensee/Reporting party name:	[Kona Community Hospital]		
License number :	53-27729-01		
Docket number :	030-35998		
Licensee's City of record :	Kealahoukua		
Licensees State of record :	HI		
NRC regulated?	Yes	If so, what Region?	RIV
Working under reciprocity?	No		

EVENT INFORMATION:

In what City and State did the event occur?	Kealahoukua
Event date :	10/20/2015
Discovery date :	10/20/2015
Report date :	10/22/2015
Agreement State reportable?	No
NRC reportable?	Yes
Reporting regulation :	License Condition 13.F.
NMED Item Number :	150592

RADIATION SOURCE INFORMATION:

Isotope :	Cs-137	
Activity :	154.5 microCi	
Manufacturer :	Isotope Products Lab	
Model number :	N/A	
Serial number :	934-92-19	

LICENSEE EVENT REPORT EVALUATION FORM

EVENT CLASS: LKS - LEAKING SEALED SOURCES

NARRATIVE EVENT DESCRIPTION:

The licensee's Radiation Safety Officer (RSO) lives on the mainland and visits the facility quarterly. During the last quarterly visit, on 10/20/2015, the RSO performed leak tests of the licensee's sources and determined that a Cs-137 vial (reference date 12/1/2002 activity 207.9 microCi) was found to exceed 0.005 microCi removable contamination. The vial was used to perform quality control on the licensee's dose calibrator. The RSO's preliminary evaluation of the removable contamination was performed using a Ludlum Model 3 with Model 44-9 pancake probe (serial 190248, calibrated on 10/30/2015). Because this test indicated greater than twice background, the RSO further analyzed the sample with an Atomlab 950 MCA with NaI well counter. This more accurate methodology identified the presence of 0.007 microCi of removable contamination. The RSO also tested the lead container that had been used to hold the vial, detected 0.003 microCi of removable contamination, and elected to take this container out of service.

On 10/22/2015, the RSO called the Region IV office to report the leaking source and followed with a written report to NRC Region IV pursuant to License Condition 13.F. (ADAMS ML 15310A400).

A reactive inspection was not conducted. However, an NRG inspector was on the Island of Hawaii on 11/6/2015, and stopped in to meet with licensee employees and ascertain any additional information regarding the leaking source. The leaking source had been packaged in a clear plastic zipper bag. The inspector observed the source in the bag and did not identify any obvious damage to the vial or any puncture marks or cracks. The lead shield that was slightly contaminated had also been bagged up by the licensee and removed from service. The licensee had a properly marked shipping box and a bill of lading for dangerous goods prepared for shipment of the leaking vial and lead container to International Isotopes Inc. They had procured a new source through International Isotopes and International Isotopes agreed to accept the leaking source and slightly contaminated lead container from the licensee. The FedEx driver on the Island of Hawaii that has a dangerous goods certification only visits the licensee facility a few times a month. The package was going to be shipped to International Isotopes the next time this driver visited the licensee facility for pickup. The licensee employees stated that the RSO did not identify any contamination from the leaking source on any of the surfaces in the hot lab or inside of the well counter.

LICENSEE EVENT REPORT EVALUATION FORM

EVENT CLASS: LKS - LEAKING SEALED SOURCES

CORRECTIVE ACTIONS:

The source was taken out of service and packaged for disposal along with its lead shield. The source had been prepared for shipment by the licensee to International Isotopes and was awaiting pickup by FedEx. The licensee procured a new source from International Isotopes.

RECOMMENDED FOLLOWUP:

Was a reactive inspection conducted?	No	If so, inspection report number :	N/A
Is LER recommended for closure?	Yes		
Is this NMED Item Number recommended to reflect "complete"?	Yes		

LER Evaluator: <u>Janine F. Katanic, PhD, CHP</u>	Branch Chief or Designee Review:
Name: <u>Janine F. Katanic</u> Date: <u>12/7/2015</u>	Name: <u>[Signature]</u> Date: <u>12/21/15</u>