| NRC FORM 591M PART 1 U.S. NUCLEAR REGULATORY COMMISSION (07-2012) | | | | | | | | |
|--|--|------------------------|--|-------------|---------|--|--|--|
| 10 CFR 2.201 SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION | | | | | | | | |
| LICENSEE/LOCATION INSPECTED: | | | 2. NRC/REGIONAL OFFICE | | | | | |
| Franciscan Healthcare - Munster | | | Decise IV | | | | | |
| 7905 Calumet Ave | | | Region III | | | | | |
| Munster, IN 4632 | | | U. S. Nuclear Regulatory Commission 2443 Warrenville Road, Suite 210 | | | | | |
| Mulister, 114 40321 | | | Lisle, IL 60532-4352 | | | | | |
| REPORT NUMBER(S) 2016-001 | | | | | | | | |
| | | 4. LICENSE NUMBER | ER(S) 5. DATE(S) OF INSPECTION | | | | | |
| 030-11477 | | 13-16680-01 | | APRIL 11TH, | 2016 | | | |
| 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: | | | | | | | | |
| ·/ | the inspection findings, no violations w | , | | | | | | |
| 2. Previous v | 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. | | | | | | | | |
| discretion, | Non-cited violation(s) were discuss | ed involving the follo | owing requirement(s): | | | | | |
| | Non-cited violation(s) were discuss | ed involving the lon | owing requirement(s). | | | | | |
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| 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 CF (Violations | R 19.11. and Corrective Actions) | | | | | | | |
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| 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 | Ryan Craffey | | Duf Cretores | | 4/11/12 | | | |
| BRANCH CHIEF | Aaron McCraw | | 11712 | | 4/28/16 | | | |

NRC FORM 591M PART 1 (07-2012)

| NRC FORM 591M PART 3 | | | U.S. NL | CLEAR REGULATORY COMMISSION | | | | |
|--|---------------|--|-------------------------------------|---------------------------------|--|--|--|--|
| (07-2012) 10 CFR 2,201 Docket File Information | | | | | | | | |
| SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION | | | | | | | | |
| LICENSEE/LOCATION INSPECT | ED: | | 2. NRC/REGIONAL OFFICE | | | | | |
| | | | | | | | | |
| Franciscan Healthcare - Munster | | | Region III | | | | | |
| 7905 Calumet Avenue | | | U. S. Nuclear Regulatory Commission | | | | | |
| Munster, IN 46321 | | | 2443 Warrenville Road, Suite 210 | | | | | |
| | | | Lisle, IL 60532-435 | 2 | | | | |
| REPORT NUMBER(S) 2016-001 | | | | | | | | |
| 3. DOCKET NUMBER(S) | | 4. LICENSE NUMBER(| 5) | 5. DATE(S) OF INSPECTION | | | | |
| 030-11477 | | 13-16680-01 | | April 11, 2016 | | | | |
| 6. INSPECTION PROCEDURES USED | | 7. INSPECTION FOCU | S AREAS | | | | | |
| 87131 | | All | All | | | | | |
| SUPPLEMENTAL INSPECTION INFORMATION | | | | | | | | |
| 1. PROGRAM CODE(S) | 2. PRIORITY | 3. LICENSEE CONTAC | | 4. TELEPHONE NUMBER | | | | |
| 02120 | 3 | Arti Raj, MD - F | SO | (219) 922-4250 | | | | |
| Main Office Inches | ntion. | | | | | | | |
| ✓ Main Office Inspec | Stion | Next Inspection | Date. 04/11/20 | | | | | |
| Field Office Inspec | ction | and the second s | | | | | | |
| Temporary Job Si | te Inspection | | | | | | | |
| | | 36.124 Marie 11 11 11 11 11 11 11 11 11 11 11 11 11 | | | | | | |
| | | PROGRAM S | COPE | | | | | |
| This was an unannounced routine inspection of a small acute-care facility authorized to use byproduct material for | | | | | | | | |
| medical purposes at its facility in Munster, Indiana. At the time of the inspection, one full-time and one part-time | | | | | | | | |
| | | | | daily, and four to five cardiac | | | | |
| stress tests on Mondays, | | | | | | | | |
| unsealed byproduct mate | | | | | | | | |
| physics consultant to review the content and implementation of the radiation safety program quarterly. | | | | | | | | |
| PERFORMANCE OBSERVATIONS | | | | | | | | |
| | | | | | | | | |
| The inspector toured the facility in Munster, Indiana to evaluate the licensee's measures for materials security, hazard | | | | | | | | |
| communication, and exposure control. The inspector conducted independent and confirmatory surveys of the facility | | | | | | | | |
| and found no contamination or exposures to members of the public in excess of regulatory limits. The inspector | | | | | | | | |
| observed the conduct of two hepatobiliary scans, receipt of packages containing byproduct material, and the conduct of | | | | | | | | |
| a dose calibrator linearity check using the decay method. The licensee's staff also demonstrated the implementation of | | | | | | | | |
| licensee procedures for decay-in-storage waste handling and area surveys. Through these observations, demonstrations, | | | | | | | | |
| and other discussions, the inspector found the licensee's staff to be knowledgeable of radiation protection principles and | | | | | | | | |
| licensee procedures. | | | | | | | | |
| The inspector also reviewed a selection of relevant records, including quarterly audits, dose calibrator quality control | | | | | | | | |
| documentation, sealed source inventory and leak tests, waste disposal documentation, daily package receipt and area | | | | | | | | |
| survey records, as well as dosimetry reports, the results of which indicated that the licensee maintained occupational | | | | | | | | |
| exposures well below annual regulatory limits. | | | | | | | | |
| No violations of NDC requirements were identified as a regult of this inspection | | | | | | | | |
| No violations of NRC requirements were identified as a result of this inspection. | | | | | | | | |
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