

SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE/LOCATION INSPECTED: Beaumont Health System Department of Radiation Oncology 3601 W. Thirteen Mile Road Royal Oak, MI 48073 REPORT NUMBER(S) 2016-001	2. NRC/REGIONAL OFFICE Region III U. S. Nuclear Regulatory Commission 2443 Warrenville Road, Suite 210 Lisle, IL 60532-4352	
3. DOCKET NUMBER(S) 030-37359	4. LICENSE NUMBER(S) 21-01333-02	5. DATE(S) OF INSPECTION APRIL 29 th , 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:

1. Based on the inspection findings, no violations were identified.

2. Previous violation(s) closed.

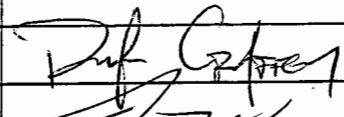
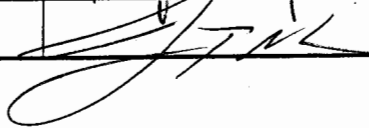
3. The violation(s), specifically described to you by the inspector as non-cited violations, are not being cited because they were self-identified, non-repetitive, and corrective action was or is being taken, and the remaining criteria in the NRC Enforcement Policy, to exercise discretion, were satisfied.

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	Ryan Craffey		4/29/16
BRANCH CHIEF	Aaron McCraw		5/2/16

Docket File Information

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6. INSPECTION PROCEDURES USED 87133	7. INSPECTION FOCUS AREAS All
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SUPPLEMENTAL INSPECTION INFORMATION

1. PROGRAM CODE(S) 02310	2. PRIORITY 2	3. LICENSEE CONTACT Ann Maitz, MS - RSO	4. TELEPHONE NUMBER (248) 551-1192
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Main Office Inspection Next Inspection Date: 04/29/2018

Field Office Inspection _____

Temporary Job Site Inspection _____

PROGRAM SCOPE

This was an unannounced routine inspection of a large medical institution which, in addition to maintaining a separate broad-scope materials license, was authorized by this specific license to use a Leksell Gamma System Model 24001 Type C gamma stereotactic radiosurgery unit on its campus in Royal Oak, Michigan. At the time of the inspection, the licensee performed 250-300 treatments a year for malignant brain and pituitary tumors, benign acoustic tumors, trigeminal neuralgia, and other conditions.

PERFORMANCE OBSERVATIONS

The inspector toured the gamma knife center in Royal Oak to evaluate the licensee's implementation of measures for hazard communication and exposure control. The inspector observed the planning, administration and verification of one brain cancer treatment during the inspection. The inspector conducted independent surveys of the facility and found no exposures to members of the public in excess of regulatory limits before or during the treatment. The licensee's staff also demonstrated the implementation of procedures for daily spot checks and the response to various emergency scenarios. Through these observations, demonstrations and other discussions, the inspector found the licensee's staff to be knowledgeable of radiation protection principles, GSR unit operation and regulatory requirements.

The inspector also reviewed a selection of relevant records including written directives, treatment plans and verifications, daily and monthly GSR unit quality control, annual full calibrations and annual radiation safety training documentation.

No violations of NRC safety requirements were identified as a result of this inspection.