| NRC FORM 591M PART 1 U.S. NUCLEAR REGULATORY COMMISSION | | | | | | | | | |
|--|---|------------------------|--|--|---------|--|--|--|--|
| 10 CFR 2.201 SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION | | | | | | | | | |
| 1. LICENSEE/LOCATION INSPECTED: | | | 2. NRC/REGIONAL OFFICE | | | | | | |
| Methodist Physician Group/Methodist Hospital 5800 Broadway Merrillville, Indiana 46410 | | | Region III U. S. Nuclear Regulatory Commission 2443 Warrenville Road, Suite 210 Lisle, IL 60532-4352 | | | | | | |
| REPORT NUMBE | REPORT NUMBER(S) 2016-001 | | | | | | | | |
| 3. DOCKET NUMBER(S) | | 4. LICENSE NUMBER(S) | | 5. DATE(S) OF INSPECTION | | | | | |
| 030-35414 | | 13-32260-01 | | June 21 ,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 | 1. Based on the inspection findings, no violations were identified. | | | | | | | | |
| 2. Previo | Previous violation(s) closed. | | | | | | | | |
| non-re | 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. | | | | | | | | |
| | Non-cited violation(s) were discus- | sed involving the foll | owing requirement(s): | | | | | | |
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| cited i | 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. | | | | | | | | |
| (Violat | ions 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 REPRESENTATIV | Έ | | | | | | | | |
| NRC INSPECTOR | Geoffrey M. Warren | | MU_ | | 6/21/16 | | | | |
| BRANCH CHIEF | Aaron T. McCraw | | 1/7/12 | and the same of th | 6/30/16 | | | | |
| NRC FORM 591M PA | RT 1 (07-2012) | | 7/ | | | | | | |

| NRC FORM 591M PART 3 (07-2012) | | 2 - 1 - 1 - 5 - 1 - 5 - | | CLEAR REGULATORY COMMISSION | | | | |
|--|--|---------------------------|-------------------------------------|---------------------------------------|--|--|--|--|
| Docket File Information SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION | | | | | | | | |
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| 1. LICENSEE/LOCATION INSPECT | IEU: | | 2. NRC/REGIONAL OFFICE | | | | | |
| Methodist Physician Gro | Methodist Physician Group/Methodist Hospital | | | Region III | | | | |
| 5800 Broadway | | | U. S. Nuclear Regulatory Commission | | | | | |
| Merrillville, Indiana 464 | 10 | | 2443 Warrenville Road, Suite 210 | | | | | |
| DEDOOT NUMBER(S) 2016 | 001 | | Lisle, IL 60532-4353 | 2 | | | | |
| REPORT NUMBER(S) 2016- 3. DOCKET NUMBER(S) | -001 | 4. LICENSE NUMBER(S | ·) | 5. DATE(S) OF INSPECTION | | | | |
| 3. DOCKET NUMBER(3) | | | | | | | | |
| 030-35414 | | 13-32260-01 | | June 21, 2016 | | | | |
| 6. INSPECTION PROCEDURES USED | | 7. INSPECTION FOCUS AREAS | | · · · · · · · · · · · · · · · · · · · | | | | |
| 87130 | | 03.01 - 03.09 | | | | | | |
| | SUPPLEM | IENTAL INSPECTI | ON INFORMATION | | | | | |
| 1. PROGRAM CODE(S) | 2. PRIORITY | 3. LICENSEE CONTAC | Г | 4. TELEPHONE NUMBER | | | | |
| 02201 | 5 | Matthew Rodrigo | ıez, M.S., RSO | (219) 884-9180 | | | | |
| ✓ Main Office Inspe | ction | Next Inspection | Date: June 21, 2 | 021 | | | | |
| ☐ Field Office Inche | ation | | | | | | | |
| Field Office Inspe | Cuon | | | | | | | |
| Temporary Job Si | ite Inspection | | | | | | | |
| | | PROGRAM SO | PODE | | | | | |
| This was a routine, unannounced inspection. The licensee was a cardiology clinic located in Merrillville, Indiana, with authorization to use byproduct materials in Sections 35.100 and 35.200. Licensed activities were conducted only at the location indicated on the license. The nuclear medicine department was staffed with one full-time and one part-time nuclear medicine technologists. The technologists typically administered 140 diagnostic doses monthly, limited to cardiac stress tests. The department received unit doses as needed from a licensed nuclear pharmacy. All waste was either held for decay-in-storage (DIS) or returned to the nuclear pharmacy. | | | | | | | | |
| Performance Observations: The inspector observed one diagnostic administration of licensed material, including dose preparation and disposal. Licensee personnel demonstrated morning checks, package receipt surveys and wipes, and daily and weekly contamination surveys, and described waste handling and disposal and other activities. The inspector noted no concerns with these activities. Interviews with licensee personnel indicated adequate knowledge of radiation safety concepts and procedures. Review of dosimetry records indicated no exposures of regulatory concern. The inspector performed independent and confirmatory radiation measurements which indicated results consistent with licensee survey records and postings. | | | | | | | | |
| No violations were identified during this inspection. | | | | | | | | |
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