

**SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION**

1. LICENSEE/LOCATION INSPECTED:

Radiation Oncology Associates  
7910 W. Jefferson Blvd.  
Fort Wayne, IN 46804

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)

030-36814

4. LICENSE NUMBER(S)

13-32551-01

5. DATE(S) OF INSPECTION

June 13-30, 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:

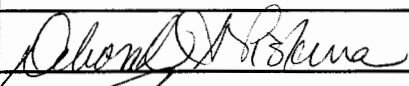
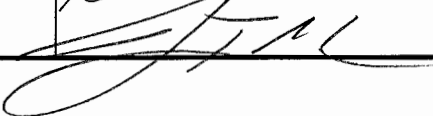
- 1. Based on the inspection findings, no violations were identified.
- 2. Previous violation(s) closed.
- 3. The violation(s), specifically described to you by the inspector as non-cited violations, are not being cited because they were self-identified, non-repetitive, and corrective action was or is 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	Deborah A. Piskura, Senior Health Physicist		6/30/16
BRANCH CHIEF	Aaron T. McCraw, Chief, MIB		6/30/16

**Docket File Information**  
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6. INSPECTION PROCEDURES USED  87132	7. INSPECTION FOCUS AREAS  03.01 - 03.07
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**SUPPLEMENTAL INSPECTION INFORMATION**

1. PROGRAM CODE(S)  02230	2. PRIORITY  2	3. LICENSEE CONTACT  Eric A. Lee, M.S., RSO	4. TELEPHONE NUMBER  (941) 468-4834
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Main Office Inspection      Next Inspection Date: June 13, 2018

Field Office Inspection \_\_\_\_\_

Temporary Job Site Inspection \_\_\_\_\_

**PROGRAM SCOPE**

This was a routine inspection of an outpatient cancer treatment center located on the QHG of Indiana, Inc. hospital campus (NRC license no. 13-01535-01). The radiation oncology department was staffed with 3 contract AMPs and 4 authorized physician users. The licensee administered approximately 150+ patient treatments annually utilizing its HDR; these treatments were for breast and gynecological cancer cases. All HDR patient treatments were administered by the attending radiation oncologist and the AMP. Service, maintenance, and source exchanges were performed by the HDR device manufacturer. The licensee provided physics support for I-125 permanent prostate implants performed by the hospital; this treatment modality had significantly decreased over the years with the last case implanted in October 2012.

This inspection consisted of interviews with select licensee personnel; a review of select records; a tour of the radiation oncology department; and independent measurements. The inspector observed the licensee staff administer one patient treatment utilizing its HDR unit. The inspector reviewed the patient's written directive and the treatment plan and interviewed the attending physician and AMP. The inspection included observations of HDR safety/QA checks, security of byproduct material, use of personnel monitoring, and patient surveys. This inspection included in-office review through June 30, 2016, to evaluate the licensee's annual training and dry runs of the emergency procedures provided to its staff as required by Section 35.610(d). No violations of NRC requirements were identified during this inspection.