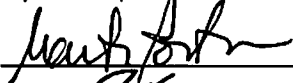



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|  |           |                  |   |  |                                       |                                       |       |
|--|-----------|------------------|---|--|---------------------------------------|---------------------------------------|-------|
| Initial  | Announced | X                | Unannounced                                       | X  | Routine                               | Special                               | Other |
| NRC FORM 591M PART 3<br><small>(10-2003)<br/>10 CFR 2.201</small>  |           |                  |   | U.S. NUCLEAR REGULATORY COMMISSION   |                                       |                                       |       |
| Docket File Information<br><b>SAFETY INSPECTION REPORT<br/>AND COMPLIANCE INSPECTION</b>   |           |                  |   |  |                                       |                                       |       |
| 1. LICENSEE<br><b>Kootenai Medical Center</b>  |           |                  |   | 2. NRC/REGIONAL OFFICE<br>U.S. Nuclear Regulatory Commission<br>Region IV, 612 East Lamar Blvd, Suite 400<br>Arlington, Texas 76011-4125 |                                       |                                       |       |
| REPORT NO: 030- <sup>32264</sup> <del>03226</del> /2016-001  |           |                  |   |  |                                       |                                       |       |
| 3. DOCKET NUMBER<br><sup>32264</sup><br>030- <del>03226</del> - <sup>143</sup>   |           |                  | 4. LICENSE NUMBER<br>11-27301-01                  |  | 5. DATE OF INSPECTION<br>June 1, 2016 |                                       |       |
| 6. INSPECTION PROCEDURES USED<br>87131, 87132  |           |                  | 7. INSPECTION FOCUS AREAS<br>All                  |  | 8. INSPECTOR<br>Poston                |                                       |       |
| <b>SUPPLEMENTAL INSPECTION INFORMATION</b>   |           |                  |   |  |                                       |                                       |       |
| 1. PROGRAM CODE<br>2230  |           | 2. PRIORITY<br>2 | 3. LICENSEE CONTACT<br>Rhonda Pryne, CMNT and RSO |  |                                       | 4. TELEPHONE NUMBER<br>(208) 625 5252 |       |
| <input checked="" type="checkbox"/> Main Office Inspection    2003 Kootenai Health Way Coeur d'Alene ID    Next Inspection Date: <u>June 2018</u><br><input type="checkbox"/> Field Office _____<br><input type="checkbox"/> Temporary Job Site Inspection _____   |           |                  |   |  |                                       |                                       |       |
| <b>PROGRAM SCOPE</b>   |           |                  |   |  |                                       |                                       |       |
| <p>This was a routine unannounced inspection of a medical licensee approved for 100, 200, 300, 600 and 1000 material. The nuclear medicine program runs with 4 nuclear med techs but one has recently resigned so they will be operating with three until he can be replaced. The department has two cameras and throughput is 10-12 patients per day. 40-50% of the cases are bone, 20% HIDA, 10% Gastric and the remainder are cardiac. The licensee completed 21 iodine ablations since the previous inspection and used I-131 for therapy 31 times since the previous inspection. Greater than 20% of each of these modalities of patient treatment were reviewed and found to be adequate. Iodine is administered via capsule. Other NM procedures are administered using unit doses provide by Cardinal Health driving from Spokane. Cardinal Health makes an average of 3 deliveries a day, but there is an option for fourth deliver if needed. Cardinal Health does the quality assurance for the dose calibrator (AtomLab 200 S/N 5062309) and its backup (AtomLab 100 S/N 1685007). Linearity, geometry and accuracy were reviewed and determined to be adequate. Written directives are covered in department protocols as well as maintained in the computer. Radiation Safety Committee meeting minutes since the last inspection were reviewed and no issues were identified. The inspector observed three cases during the course of the inspection, radiation control and ALARA practices were appropriate. Access to the hot lab is controlled with a pin coded door. A badge scan is required to access the door to the Nuclear Medicine department. Training records were reviewed on the computer and no issues were identified. The corrective action committed to as a result of the previous inspection's NOV was reviewed and determined to be adequate.</p> <p>HDR use is down at the hospital. The HDR is used on average once per month. Treatments are primarily tandem/ovoid, vaginal cuff and mammosite. Varian services the HDR and performed the source exchange. The source is exchanged quarterly. Current activity was 12.907 Curies. The HDR is secured to a wall in the treatment vault using a thick metal cable and padlock. Keys to the padlock are controlled by the medical physicist. The vault is equipped with video feed, a source interlock, intercom, area monitors and emergency stop buttons. The AMP completes a QA checklist on each day of treatment. Several patient treatment records were reviewed and no issues were identified.</p> <p>Survey meters in use and posting/labeling in both department was reviewed and no issues were identified. The annual radiation safety audits could not be found but were provided via email.</p> <p>A clear 591 was issued from the office and the previous NOV was closed.</p> |           |                  |   |  |                                       |                                       |       |

NRC FORM 591M PART 3 (Rev. by RIV 03/09)

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 Supervisory Review By: 

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