



**UNITED STATES
NUCLEAR REGULATORY COMMISSION**
REGION III
2443 WARRENVILLE RD. SUITE 210
LISLE, IL 60532-4352

August 24, 2016

Mr. Craig Adams, Director
National Health Physics Program (115 HP/NLR)
Department of Veterans Affairs
Veterans Health Administration
2200 Fort Roots Drive
North Little Rock, AR 72114

**SUBJECT: NRC INSPECTION REPORT 03034325/2016004(DNMS) – HUNTER HOLMES
MCGUIRE VA MEDICAL CENTER, RICHMOND, VIRGINIA**

Dear Mr. Adams:

On July 25, 2016, the U.S. Nuclear Regulatory Commission (NRC) conducted a routine inspection at the Hunter Holmes McGuire VA Medical Center, Richmond, Virginia. The inspection was limited to a review of activities authorized under Permit Number 45-09413-06. The inspector conducted an exit meeting with the management and staff at the facility at the completion of the inspection.

The inspection was an examination of activities conducted under the permit as they relate to radiation safety and compliance with the Commission's rules and regulations. Within these areas, the inspection consisted of selective examinations of procedures and representative records, interviews with personnel, independent measurements, and observation of activities in progress. Within the scope of the inspection no violations of NRC requirements were identified; therefore, no response to this letter or the enclosed NRC Form 591M is required.

In accordance with Title 10 of the *Code of Federal Regulations* (CFR) 2.390 of the NRC's "Rules of Practice," a copy of this letter and its enclosure will be available electronically for public inspection in the NRC's Public Document Room or from the NRC's Agencywide Documents Access and Management System (ADAMS), accessible from the NRC's website at <http://www.nrc.gov/reading-rm/adams.html>.

C. Adams

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Should you have any questions concerning this inspection or the enclosed report, please contact Kevin Null of my staff at (630) 829-9854.

Sincerely,



Patricia J. Pelke, Chief
Materials Licensing Branch
Division of Nuclear Materials Safety

Docket No. 030-34325
License No. 03-23853-01VA
Permit No. 45-09413-06

Enclosure:
IR 03034325/2016004(DNMS)

C. Adams

-2-

Should you have any questions concerning this inspection or the enclosed report, please contact Kevin Null of my staff at (630) 829-9854.

Sincerely,

/RA/

Patricia J. Pelke, Chief
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Enclosure:
IR 03034325/2016004(DNMS)

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DATE	8/19/2016		8/19/2016		8/24/2016			

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SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

<p>1. LICENSEE/LOCATION INSPECTED: Department of Veterans Affairs Under Secretary for Health Washington, D.C. Location: Hunter Holmes McGuire VA Medical Center Richmond, Virginia</p> <p>REPORT NUMBER(S) 2016004</p>	<p>2. NRC/REGIONAL OFFICE Region III U. S. Nuclear Regulatory Commission 2443 Warrenville Road, Suite 210 Lisle, IL 60532-4352</p>
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<p>3. DOCKET NUMBER(S) 030-34325</p>	<p>4. LICENSE NUMBER(S) 03-23853-01VA</p>	<p>5. DATE(S) OF INSPECTION July 25, 2016</p>
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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	Shawn W. Seeley		8/24/2016
BRANCH CHIEF	Patricia J. Pelke		8/24/2016

Docket File Information

SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE/LOCATION INSPECTED: Department of Veterans Affairs Under Secretary for Health Washington, D.C. Location: Hunter Holmes McGuire VA Medical Center Richmond, Virginia REPORT NUMBER(S) 2016004	2. NRC/REGIONAL OFFICE Region III U. S. Nuclear Regulatory Commission 2443 Warrenville Road, Suite 210 Lisle, IL 60532-4352
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3. DOCKET NUMBER(S) 030-34325	4. LICENSE NUMBER(S) 03-23853-01VA	5. DATE(S) OF INSPECTION July 25, 2016
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6. INSPECTION PROCEDURES USED 87131	7. INSPECTION FOCUS AREAS 02.01-02.09
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SUPPLEMENTAL INSPECTION INFORMATION

1. PROGRAM CODE(S) 02120	2. PRIORITY 3	3. LICENSEE CONTACT Craig Adams, NHPP	4. TELEPHONE NUMBER (501) 257-1573
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Main Office Inspection **Next Inspection Date:** N/A
 Field Office Inspection Richmond, VA
 Temporary Job Site Inspection

PROGRAM SCOPE

This was a routine unannounced inspection of a broad scope VA permittee licensed for 35.100, 35.200, and 35.300 materials, iodine-125 and palladium-103 under 35.400, and hydrogen-3 and any material with atomic numbers 1-83 for research. The Nuclear Medicine (NM) Department is staffed with four certified nuclear medicine technologists (NMT) and consisted of a hot lab, one treadmill, and four cameras. The Radiation Safety Officer (RSO) is full-time employee. They also utilize the services of a consultant company, Krueger-Gilbert, that conducted radiation safety training, DOT/Hazmat training, instrument calibration, sealed source inventory and leak tests, surveys, ALARA reviews, and audits. A Radiation Safety Committee, which met quarterly, provided oversight for the program, that included approving new authorized users.

NM operated between 6:00 am and 4:00 pm Monday through Friday, with occasional evening or weekend hours. On average 10 studies were performed daily using technetium-99m unit doses provided by Cardinal Health and five PET studies daily using fluorine-18 unit doses provided by IBA Molecular. All doses were assayed in the dose calibrator prior to administration. Iodine-131 is only utilized as capsules on an out-patient basis, approximately 12-15 times per year. Although authorized, no in-patient treatment have been conducted for some time. Written directives and patient release criteria were followed in accordance with the regulations. A review of several patient files did not reveal any issues or discrepancies.

The inspector observed an NMT perform a variety of tasks including: disposing of waste, demonstrating the package receipt procedure, and end of the day surveys. The NMT demonstrated a good understanding of radiation safety principles, as well as security practices. Radiation surveys were taken during these activities. All readings were in compliance with regulatory requirements and consistent with permittee postings.

Radiation Oncology performed two iodine-125 prostate implant procedures using preloaded needles each Tuesday of every month, except on the third Tuesday. A few times per year palladium-103 seeds were used. At the time of the inspection, there was only one operating room available for implant procedures. However, the permittee hopes to get another operating room in the near future so more implants can be performed. In addition, the permittee plans to add HDR to the permit once the shielded room has been completed.

Docket File Information (Continued)
SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

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PROGRAM SCOPE

The research department had one authorized user who was using hydrogen-3 and carbon-14. All use logs and survey records were adequate with no concerns identified.

The permittee is planning to add yttrium-90 microspheres under 35.1000. Authorized user training is currently underway, and the permittee will be submitting an amendment early this Fall.

The following records were reviewed: annual program reviews, audits, dosimetry, radiation safety committee minutes, leak tests and inventory, training, shipping and receipt logs, routine area surveys, and instrument calibrations. No concerns were identified.

The inspector determined that NHPP oversight, licensing, and inspection activities were adequate. This was based upon a review of permit amendment actions and inspection reports. The permittee requested for and received amendments prior to conducting permitted activity. Furthermore, the inspector verified that corrective actions were taken and implemented as a result of 5 violations cited by the NHPP during their last inspection.

An exit briefing was held with the nuclear medicine and radiation oncology personnel, as well as several administrative officers to discuss the results of the inspection. An NHPP staff member attended via teleconference as well.

Within the scope of the inspection, no violations were noted.