



**UNITED STATES  
NUCLEAR REGULATORY COMMISSION**

REGION III  
2443 WARRENVILLE RD. SUITE 210  
LISLE, IL 60532-4352

September 16, 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 03034325/2016011(DNMS) – PORTLAND VA  
MEDICAL CENTER, PORTLAND, OREGON**

Dear Mr. Adams:

On August 17, 2016, the U.S. Nuclear Regulatory Commission (NRC) conducted a routine inspection at the Portland VA Medical Center, Portland, Oregon. The inspection was limited to a review of activities authorized under Permit Number 36-01395-01. 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 to 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.

The following concerns were identified by the inspector and discussed with permittee management during the course of the inspection and at the exit meeting: 1) research labs where radioactive materials had been used were closed but not yet released for unrestricted use. The labs will remain in that state until the Radiation Safety Officer has time to complete the close-out surveys and release the labs for unrestricted use. The labs continue to be posted as having radioactive material although there is no radioactive material present; 2) inconsistencies were noted in the posting of emergency contact numbers and the location where radiation safety program documents were available for review; 3) an accumulation of radioactive waste was identified in a remote storage container; and 4) the 2015 annual audit report of the radiation safety program was still in draft form. We are providing these concerns for your awareness.

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 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. 36-01395-01

Enclosure:  
IR 03034325/2016011(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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Docket No. 030-34325  
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Enclosure:  
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OFFICE	RIII-DNMS		RIII-DNMS		RIII-DNMS		RIII	
NAME	Poston-Brown:ps PJPelke for		Null <sup>1</sup> (via-e-mail)		Pelke			
DATE	9/15/2016		9/15/2016		9/15/2016			

<sup>1</sup> - These individuals concurred on the enclosed report; review and concurrence received via e-mail

**OFFICIAL RECORD COPY**



**SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION**

<b>1. LICENSEE/LOCATION INSPECTED:</b>  Department of Veterans Affairs Under Secretary for Health Washington, D.C. Location: Portland VA Medical Center, Oregon  REPORT NUMBER(S) 2016011	<b>2. NRC/REGIONAL OFFICE</b>  Region III U. S. Nuclear Regulatory Commission 2443 Warrenville Road, Suite 210 Lisle, IL 60532-4352
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<b>3. DOCKET NUMBER(S)</b>  030-34325	<b>4. LICENSE NUMBER(S)</b>  03-23853-01VA	<b>5. DATE(S) OF INSPECTION</b>  August 17, 2016
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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	Martha Poston-Brown		9/15/2016
BRANCH CHIEF	Patricia J. Pelke		9/15/2016

**Docket File Information**

**SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION**

<b>1. LICENSEE/LOCATION INSPECTED:</b>  Department of Veterans Affairs Under Secretary for Health Washington, D.C. Location: Portland VA Medical Center, Oregon  REPORT NUMBER(S) 2016011	<b>2. NRC/REGIONAL OFFICE</b>  Region III U. S. Nuclear Regulatory Commission 2443 Warrenville Road, Suite 210 Lisle, IL 60532-4352
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<b>6. INSPECTION PROCEDURES USED</b>  87134, 87129	<b>7. INSPECTION FOCUS AREAS</b>  02.01-02.09
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**SUPPLEMENTAL INSPECTION INFORMATION**

<b>1. PROGRAM CODE(S)</b>  02110	<b>2. PRIORITY</b>  2	<b>3. LICENSEE CONTACT</b>  Craig Adams, NHPP	<b>4. TELEPHONE NUMBER</b>  (501) 257-1573
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<input type="checkbox"/> <b>Main Office Inspection</b>	<b>Next Inspection Date:</b> N/A
<input checked="" type="checkbox"/> <b>Field Office Inspection</b> <u>Portland, OR</u>	
<input type="checkbox"/> <b>Temporary Job Site Inspection</b>	

**PROGRAM SCOPE**

This was an unannounced inspection conducted for Region III of a permittee under the Department of Veterans Affairs (DVA) Master Materials License. The permittee was a Broad Scope Medical facility operating under a permit issued by the DVA's National Health Physics Program. The program included standard nuclear medicine, interventional radiology, as well as animal and human research. The permittee was approved for instrument calibration and for therapy using yttrium-90 (Y-90) Theraspheres. The PET/CT facilities were being remodeled and were not reviewed during this inspection. The Nuclear Medicine (NM) program had one NM authorized physician user (APU) and three certified nuclear medicine technicians (CNMT). Technetium-99m was received from Triad Isotopes.

Patient load varied but usually is 4-5 cardiac studies 2-3 bone and 2-3 other studies per day. Forty percent of the work was cardiac (rest and stress) the other sixty percent was mostly renal and bone, although the permittee occasionally performed lung, HIDA and gastric emptying studies. Iodine-131 was administered in capsules, which were supplied by Cardinal Health. All radioactive material (including orders for research in the laboratory buildings) was received and surveyed in the NM hot lab. Access to the hot lab was controlled via a pin coded door. Only the radiation safety officer (RSO) and the CNMT's had the access code. Deliveries require the vendor to contact a CNMT or the RSO to make the delivery. The radiation safety committee (RSC) met quarterly and at the time of the inspection had approved the 1 NM APU, 3 interventional radiologists as APU (for using the Y-90 microspheres) and 17 research projects (1 involving an animal study and 16 for cell tagging). There was currently no human research approved.

The RSO sits on both the Investigational Review Board and the Institutional Animal Care and Use Committees. Dosimetry was exchanged monthly. The inspector observed that patient administration and appropriate ALARA practices were in place. The inspector also reviewed 18 thyroid written directives and 16 Y-90 Theraspheres written directives, with no issues identified. The inspector also toured several research labs and the radioactive waste storage areas.

*Docket File Information (Continued)*

**SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION**

1. LICENSEE/LOCATION INSPECTED:

Department of Veterans Affairs  
Under Secretary for Health  
Washington, D.C.  
Location: Portland VA Medical Center, Oregon

REPORT NUMBER(S) 2016011

2. NRC/REGIONAL OFFICE

Region III  
U. S. Nuclear Regulatory Commission  
2443 Warrenville Road, Suite 210  
Lisle, IL 60532-4352

3. DOCKET NUMBER(S)

030-34325

4. LICENSE NUMBER(S)

03-23853-01VA

5. DATE(S) OF INSPECTION

August 17, 2016

**PROGRAM SCOPE**

The dose calibrator was maintained and geometry, accuracy, constancy and linearity were all current. Inventory and leak tests for the sealed source in inventory were performed as required. Various surveys for receipt of radioactive material, waste disposal and lab release were reviewed. Permitted radioactive material was appropriately secured. All equipment was appropriately calibrated.

No violations were identified. However, the inspector noted some concerns which were discussed with permittee management during the August 17 exit meeting. Specifically, the inspector identified the following: 1) There were research laboratories where permitted material was used and had been closed but not yet surveyed and released for unrestricted use. Further, some postings were not current. For example, there were research labs which were posted as having radioactive material present when research studies had stopped and no permitted material was present; 2) Inconsistencies were noted in the posting of emergency contact numbers and the location where radiation safety program documents were located for review; 3) An accumulation of radioactive waste was found in a remote storage container; and 4) The annual audit report for 2015 was still in draft form. The inspector indicated that these issues may be the result of limited resources for the broad radiation safety program at this facility.