



**UNITED STATES
NUCLEAR REGULATORY COMMISSION**

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

September 22, 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 03034325/2016010(DNMS) – CENTRAL TEXAS
VETERANS HEALTH CARE SYSTEM, TEMPLE, TEXAS

Dear Mr. Adams:

On August 29, 2016, the U.S. Nuclear Regulatory Commission (NRC) conducted a routine inspection at the Central Texas Veterans Health Care System, Temple, Texas. The inspection was limited to a review of activities authorized under Permit Number 42-10739-03. 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.

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

-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,



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

Docket No. 030-34325
License No. 03-23853-01VA
Permit No. 42-10739-03

Enclosure:
IR 03034325/2016010(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
Materials Licensing Branch
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Enclosure:
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OFFICE	RIV-DNMS	RIII-DNMS	RIII-DNMS	RIII
NAME	MPoston-Brown:ps <small>(via-e-mail)</small>	KNull <small>(via-e-mail)</small>	PJPelke	
DATE	9/22/2016	9/22/2016	9/22/2016	

OFFICIAL RECORD COPY



SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE/LOCATION INSPECTED:
 Department of Veterans Affairs
 Under Secretary for Health
 Washington, D.C.
 Location: Central Texas Veterans Health Care System
 Temple, TX
REPORT NUMBER(S) 2016010

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)
 03-23853-01 VA

5. DATE(S) OF INSPECTION
 August 29, 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	Martha Poston-Brown		9/22/2016
BRANCH CHIEF	Patricia J. Pelke		9/22/2016

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: Central Texas Veterans Health Care System
Temple, TX

REPORT NUMBER(S) 2016010

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 29, 2016

6. INSPECTION PROCEDURES USED

87131

7. INSPECTION FOCUS AREAS

02.01-02.09

SUPPLEMENTAL INSPECTION INFORMATION

1. PROGRAM CODE(S)

02120

2. PRIORITY

3

3. LICENSEE CONTACT

Craig Adams, NHPP

4. TELEPHONE NUMBER

(501) 257-1573

- Main Office Inspection** **Next Inspection Date:** N/A
- Field Office Inspection** Olin E. Teague VA Medical Center, Temple TX
- Temporary Job Site Inspection**

PROGRAM SCOPE

This was an unannounced inspection of a permittee under the Department of Veterans Affairs Master Materials License. The permittee had a nuclear medicine (NM) program approved for 10 CFR 35.100, 200 and 300 materials. The nuclear medicine department was authorized for a staff of six nuclear medicine technologists and one nuclear medicine supervisor, but at the time of the inspection, staffing consisted of four nuclear medicine technologists and a supervisor. The permittee is trying to fill the vacancies, but is having contracting issues. The work load in nuclear medicine was approximately 60% cardiac with the other 40% being divided between HIDA and bone studies. Patient throughput varied from 5-10 per day. The permittee had two SPECT/CT cameras but one of them was down due to computer issues. The permittee has been working to replace this unit but again is having contracting issues. The permittee was set up to do thyroid counts and had a new digital heart system. PET/CT is in a stand alone building with its own hot lab. Access to both hot labs is controlled via a pin coded door. Unit doses were received as needed from SPSI, a local radio-pharmacy located down the street, with the exception of fluorine-18 for PET which was shipped from Dallas by Cardinal Health. The permittee preferred to use xenon-133 for lung perfusions, and does 1 or 2 cases per week. Negative pressure balance was checked by the radiation safety officer (RSO) semi-annually.

Iodine-131 (I-131) is administered via capsules and occurs about twice a month. The permittee administered I-131 32 times in 2014, 30 times in 2015 and 10 times so far in 2016, and administered samarium-153 twice in 2015 but none so far this year. A sample of the written directives (WD) for 2014-2016 YTD were reviewed and no issues were identified. Standard protocol doses for NM and PET were captured in SOPs approved by the NM authorized users. The records associated with the two dose calibrators in NM and the one in the PET/CT building were reviewed and found to be current on linearity, accuracy and geometry. All survey meters were found to be in calibration. Leak test and sealed source inventories were conducted as required. The RSO audited the radiation safety program quarterly and included the audit results as part of the radiation safety committee meeting package. The RSC met quarterly and reported to the Environment of Care Committee.

Docket File Information (Continued)

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PROGRAM SCOPE

The permittee was approved for research, but research was not currently being conducted. Radiation staff consisted of the RSO and the Assistant RSO. The radiation safety staff was housed in a building separate from the VA Hospital but can reach the hospital using a battery powered cart in just a few minutes. The RSO maintained all records in this building along with a small counting lab.

Whole body dosimetry was provided by Mirian, and the facility badged 271 individuals and of those 271, 33 individuals were also assigned ring badges. Dosimetry records were reviewed and doses were as expected. The RSO contracted with a Medical Physics (MP) organization for leak test analysis, dosimetry review, survey review and WD review. The contracted MP organization also reviewed all RSO records.

No violations were identified.