NRC FORM 591M PART 1
(07-2012)*
10 CFR 2.201

U.S. NUCLEAR REGULATORY COMMISSION

SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE/LOCATION INSPECTED:	2. NRC/REGIONAL OFFICE
Hartford Hospital 80 Seymour Street Hartford, CT 06102-5037 REPORT NUMBER 2016-001	U.S. Nuclear Regulatory Commission Region I, 2100 Renaissance Blvd, Suite 100 King of Prussia, Pennsylvania 19406-2713

3. DOCKET NUMBER	4. LICENSE NUMBER	5. DATES OF INSPECTION
030-01239	06-00253-04	11/21/16 with in-office review through 1/9/17

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) and corrective action(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 the 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)

See Pages 2 & 3 for details

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	Donna Handley	Donna Handley	1/20/17
NRC INSPECTOR	Shawn W. Seeley		1/12/17
BRANCH CHIEF	James P. Dwyer		1/27/17

SUNSI Review Completed By: *SSeeley*

☒ Public ☒ Non-Sensitive

This document becomes an NRC Official Agency Record once it is signed by the Branch Chief

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(Continued)

A. Condition19 of NRC License No. 06-00253-04, Amendment No. 118, requires that the licensee conduct its program in accordance with the statements, representations, and procedures contained in the application dated January 28, 2015.

Specifically, the Hartford Hospital procedure titled, "Daily Startup, QA and Safe Use of Radiopharmaceuticals" requires the licensee to perform daily constancy tests for dose calibrators before first patient use and conduct radiation level measurements at the end of the work day in the areas utilized that day.

Contrary to the above, on October 2, 15, and 29, 2016, the licensee failed to perform daily constancy test on the dose calibrator prior to first patient use and did not follow written area procedures that required end of the day surveys be conducted.

The licensee retrained the applicable staff on the required functions to perform when using licensed material immediately after the inspection.

B. Condition19 of NRC License No. 06-00253-04, Amendment No. 118, requires that the licensee conduct its program in accordance with the statements, representations, and procedures contained in the application dated January 28, 2015.

Specifically, the Hartford Hospital policy number 7909, titled, "Radiation Safety for Personnel Monitoring" and the procedure titled, "Procedures for the Safe Use of Unsealed Licensed Material", require staff to wear extremity dosimeters while administering licensed material.

Contrary to the above, on November 21, 2016, the licensee failed to wear an extremity dosimeter while administering licensed material. Specifically, an authorized user was observed injecting Xofigo, Ra-223, into a patient without wearing their extremity badge as required.

The licensee retrained the applicable staff on the required functions to perform when using licensed material immediately after the inspection.

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(Continued)

C. 10 CFR 35.75 requires, in part, that the licensee shall maintain a record of the basis for authorizing the release of an individual in accordance with 35.2075(a).

Contrary to the above, on November 21, 2016, the licensee did not maintain a record of the basis for authorizing the release of an individual in accordance with 35.2075(a). Specifically, the licensee was not maintaining a record of the basis for authorizing the release of an individual in accordance with 35.2075.

The licensee revised the written directive on November 28, 2016, and all applicable staff were trained on the use of the revised form on December 2, 2016.