

SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

<p>1. LICENSEE/LOCATION INSPECTED:</p> <p>Insight Health Corporation 5775 Wayzata Blvd., Suite 400 Minneapolis, MN 55416 Location Inspected: Bennington, VT</p> <p>REPORT NUMBER(S) 2017001</p>	<p>2. NRC/REGIONAL OFFICE</p> <p>Region III U. S. Nuclear Regulatory Commission 2443 Warrenville Road, Suite 210 Lisle, IL 60532-4352</p>	
<p>3. DOCKET NUMBER(S)</p> <p>030-38590</p>	<p>4. LICENSE NUMBER(S)</p> <p>22-29403-01</p>	<p>5. DATE(S) OF INSPECTION</p> <p>2/25/2017</p>

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	Tara L. Weidner	<i>Tara Weidner</i> FOR TW	3/9/17
BRANCH CHIEF	Aaron McCraw	<i>Aaron McCraw</i>	3/9/17

Docket File Information

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6. INSPECTION PROCEDURES USED 87130	7. INSPECTION FOCUS AREAS 3.01 - 3.07
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SUPPLEMENTAL INSPECTION INFORMATION

1. PROGRAM CODE(S) 02220	2. PRIORITY 3	3. LICENSEE CONTACT Linda Bagley, Senior Vice President	4. TELEPHONE NUMBER (952) 513-6806
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Main Office Inspection Next Inspection Date: No Change

Field Office Inspection _____

Temporary Job Site Inspection 100 Hospital Drive, Bennington, VT

PROGRAM SCOPE

This was an assist inspection for Region III of a mobile nuclear medicine service provider utilizing fluorine-18 for PET scans. The coach was located at Southwestern Vermont Medical Center. They are at this location every Saturday from 7:00am - 5:00pm. Program oversight is provided by a corporate Radiation Safety Committee and a contract Radiation Safety Officer with West Physics. The Radiation Safety Officer visits the site two times per year and performs program audits, leak tests, inventories, instrument calibrations, and dosimetry reviews. Annual radiation safety training is done remotely by computer. HazMat training is done every three years and is completed on-line as well.

One nuclear medicine technologist and a CT technologist man the coach. On average 6 - 10 patients are scanned per day. Licensed material is delivered directly to the coach from PETNET (Woburn, MA). All dosages are assayed prior to administration. Surveys are performed at the end of the day and documented. All waste material is stored in the hot lab and disposed of as medical waste following decay to background.

PERFORMANCE OBSERVATIONS

The inspector toured the coach to evaluate the licensee's measures for materials security, hazard communication and exposure control. The inspector conducted independent and confirmatory surveys of the facility, and found no evidence of residual contamination or exposures distinguishable from background in any unrestricted areas. The inspector observed one patient administration, and noted the satisfactory use of ALARA practices and personnel dosimetry. The licensee's staff demonstrated the implementation of licensee procedures for receipt of packages containing licensed material, area surveys, and contamination control. Through these observations, demonstrations, and other discussions, the inspector found the licensee's staff to be knowledgeable of radiation protection principles and regulatory requirements. The inspector also reviewed a selection of available records, including dose calibrator quality control tests, routine area survey measurements, waste handling logs, and personnel dosimetry reports.

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