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
Bronson South Haven Hospital 955 South Bailey Avenue South Haven, MI 49090-0489 REPORT NUMBER(S) 2017001	Region III U. S. Nuclear Regulatory Commission 2443 Warrenville Road, Suite 210 Lisle, IL 60532-4352

3. DOCKET NUMBER(S)	4. LICENSE NUMBER(S)	5. DATE(S) OF INSPECTION
030-32015	21-26266-01	January 13, 2017; In office review through April 17, 2017

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 violations(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)

Contrary to Title 10 of the Code of Federal Regulations (CFR) 30.34(b)(1), the licensee failed to receive written consent from the Commission prior to transferring control of NRC License 21-26266-01. Specifically, on November 8, 2016, the licensee transferred control of their NRC license from South Haven Community Hospital, to Bronson Health Care Group without receiving prior written consent from the NRC.

The root cause of this violation was lack of understanding of the requirement as it pertained to their change of ownership. As corrective action, the licensee filed a transfer of control request on January 20, 2017. The request was approved and a license amendment was issued on March 30, 2017. In addition, the licensee has updated their procedure to reflect that the NRC be notified of any future transfer of control.

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	Brian Reitz, Radiology Manager	Brian Reitz	4-17-17
NRC INSPECTOR	Edward F. Harvey	Edward Harvey	4/17/17
BRANCH CHIEF	Aaron T. McCraw	Aaron T. McCraw	4/17/17

NRC FORM 591M PART 3
(07-2012)
10 CFR 2.201

U.S. NUCLEAR REGULATORY COMMISSION

Docket File Information

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

SUPPLEMENTAL INSPECTION INFORMATION

1. PROGRAM CODE(S)	2. PRIORITY	3. LICENSEE CONTACT	4. TELEPHONE NUMBER
02120	3	Amanda Bittrick, CNMT, RSO	(269) 637-5271

☑ Main Office Inspection Next Inspection Date: January 13, 2017

☐ Field Office Inspection

☐ Temporary Job Site Inspection

PROGRAM SCOPE

This was a routine, unannounced inspection of a licensee authorized to use byproduct material for diagnostic and therapeutic medical procedures under 10 CFR 35.100, 200, and 300. The in office review consisted of an evaluation of a transfer of control request and corrective action plan submitted by the licensee. The licensee staffed one full time and two part time technologists that performed approximately 1-5 diagnostic administrations per day. Although authorized, the licensee had not performed any therapeutic administrations under 10 CFR 35.300 since the last inspection. The licensee retained the services of a medical physics consultant to perform quarterly audits of the nuclear medicine department.

The inspector observed nuclear medicine staff demonstrate package receipt and surveying procedures, daily dose calibrator constancy checks, daily surveys, and waste disposal procedures. There were no patient procedures scheduled on the day of the inspection; however, the technologist demonstrated adequate knowledge of radiation protection principles and emergency procedures in the event of a spill when explaining the administration process to the inspector.

The inspector reviewed a selection of licensee records, including program audits, dose calibrator linearity records, dose calibrator accuracy records, source inventories, survey meter calibration records, package receipt logs, and dosimetry with no issues noted. In addition, the inspector performed independent surveys, which revealed no readings that would indicate residual contamination or exposures to members of the public in excess of regulatory limits.

One violation of NRC requirements, described in Part 1 of this record, was identified during this inspection.