

SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

<p>1. LICENSEE/LOCATION INSPECTED:</p> <p>Hayes Green Beach Memorial Hospital 321 East Harris Street Charlotte, MI 48813</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>030-31129</p>	<p>4. LICENSE NUMBER(S)</p> <p>21-26050-01</p>	<p>5. DATE(S) OF INSPECTION</p> <p>May 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	Ryan Craffey	<i>Ryan Craffey</i>	05/25/2017
BRANCH CHIEF	Aaron McCraw	<i>AJ Mil</i>	06/15/2017

Docket File Information

SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE/LOCATION INSPECTED: Hayes Green Beach Memorial Hospital 321 East Harris Street Charlotte, MI 48813 REPORT NUMBER(S) 2017001	2. NRC/REGIONAL OFFICE Region III U. S. Nuclear Regulatory Commission 2443 Warrenville Road, Suite 210 Lisle, IL 60532-4352
---	---

3. DOCKET NUMBER(S) 030-31129	4. LICENSE NUMBER(S) 21-26050-01	5. DATE(S) OF INSPECTION May 25, 2017
--------------------------------------	---	--

6. INSPECTION PROCEDURES USED 87130	7. INSPECTION FOCUS AREAS All
--	--------------------------------------

SUPPLEMENTAL INSPECTION INFORMATION

1. PROGRAM CODE(S) 02121	2. PRIORITY 5	3. LICENSEE CONTACT Mark Cimmerer, MD - RSO	4. TELEPHONE NUMBER (517) 543-1050
---------------------------------	----------------------	--	---

Main Office Inspection Next Inspection Date: 05/25/2022

Field Office Inspection _____

Temporary Job Site Inspection _____

PROGRAM SCOPE

This was an unannounced routine inspection of a community hospital authorized to use byproduct material for diagnostic medical purposes at its facility in Charlotte, Michigan. At the time of the inspection, one full-time and one part-time nuclear medicine technologist performed 10-15 diagnostic administrations per week (primarily cardiac stress tests) using unit doses from a local radiopharmacy. The department was open from 7:00 am to 3:30 pm Monday through Friday. The licensee retained the services of a medical physics consultant to audit the radiation protection program quarterly.

PERFORMANCE OBSERVATIONS

The inspector toured the hospital in Charlotte to evaluate the licensee's measures for materials security, hazard communication and exposure control. The inspector conducted independent surveys of the facility, and found no exposures in excess of regulatory limits or evidence of residual contamination in unrestricted areas. The inspector observed the administration of a cardiac stress test, and noted the satisfactory use of ALARA practices and personnel dosimetry. The licensee's staff demonstrated the implementation of procedures for package receipt, radioactive waste handling, area surveys, and spill response. The inspector also verified the licensee's latest inventory of sealed sources, and discussed with the staff the circumstances of an administration error which had occurred since the last inspection. A technologist had inadvertently ordered and administered a sestamibi dose instead of the intended MDP dose. The activity of Tc-99m was the same, however, and based on estimates of organ and whole-body dose to the patient, the licensee's consultant determined that a medical event had not occurred. The inspector reviewed and had no concerns regarding the consultant's assessment, or the licensee's corrective actions.

The inspector also reviewed a selection of other available records, including consultant audits, dose calibrator quality control records, sealed source inventories and leak tests, package receipt documentation, decay-in-storage waste disposal logs, hazmat training documentation and personnel dosimetry reports.

No violations of NRC requirements were identified as a result of this inspection.