

SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

<p>1. LICENSEE/LOCATION INSPECTED:</p> <p>Good Samaritan Hospital 520 South 7th Street Vincennes, IN 47591</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>030-01600</p>	<p>4. LICENSE NUMBER(S)</p> <p>13-01787-01</p>	<p>5. DATE(S) OF INSPECTION</p> <p>10/31/2017</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	Dennis P. O'Dowd	<i>Dennis P. O'Dowd</i>	10/31/2017
BRANCH CHIEF	Aaron T. McCraw	<i>[Signature]</i>	11/16/17

Docket File Information

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<p>6. INSPECTION PROCEDURES USED</p> <p>87131 & 87132</p>	<p>7. INSPECTION FOCUS AREAS</p> <p>3.01-3.07</p>
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SUPPLEMENTAL INSPECTION INFORMATION

<p>1. PROGRAM CODE(S)</p> <p>02120</p>	<p>2. PRIORITY</p> <p>3</p>	<p>3. LICENSEE CONTACT</p> <p>Mark Beanblossom, RSO</p>	<p>4. TELEPHONE NUMBER</p> <p>(636) 798-2250</p>
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Main Office Inspection Next Inspection Date: 10/31/2020

Field Office Inspection _____

Temporary Job Site Inspection _____

PROGRAM SCOPE

This was a routine inspection of a community hospital, with 235 beds, authorized under NRC license to use byproduct materials for medical uses permitted by 10 CFR 35.100, 35.200, 35.300, and 35.400. The nuclear medicine department was staffed with four full-time nuclear medicine technologists (NMT) who performed approximately 300 diagnostic nuclear medicine procedures monthly. The licensee received unit and bulk doses from a licensed radiopharmacy. Doses were primarily technetium-99m for cardiac, bone scan, lung, HIDA, renal, gastric emptying and other studies. No iodine-131 therapy procedures have been performed since last inspection. The licensee administered 15 Xofigo radium-223 (Ra-223) treatments since the last inspection. The brachytherapy program was limited to strontium-90 (Sr-90) eye applicator treatments only (six treatments since the last inspection). In the past year, the licensee transferred all other brachytherapy sources for disposal, along with transferring its HDR sources and removing HDR authorization from the license.

Performance Observations

This inspection consisted of interviews with select licensee personnel; tours of the nuclear medicine department and radioactive material storage areas; independent measurements; and a review of select records. No patient administrations were performed at the time of the inspection. Interviews with licensee personnel indicated an adequate level of understanding of emergency and material handling procedures and techniques, and knowledge of radiation safety concepts. The licensee's staff discussed and/or successfully demonstrated (with no issues identified) the following: (1) package check-in procedures; (2) security of licensed material; (3) unit dose prep and safe use; (4) daily surveys and weekly wipe tests; (5) survey meter use and calibrations; (6) waste handling; (7) sealed source inventories and leak tests; (8) dose calibrator tests; (9) radiation safety program audits. (10) HAZMAT refresher training; (11) contamination events (none); and (12) dosimetry. Written directives were reviewed for those materials and uses requiring a written directive, with no issues noted. An outside consultant performed quarterly program audits that appeared to be adequate to maintain

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3. DOCKET NUMBER(S) 030-01600	4. LICENSE NUMBER(S) 13-01787-01	5. DATE(S) OF INSPECTION 10/31/2017
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6. INSPECTION PROCEDURES USED 87131 & 87132	7. INSPECTION FOCUS AREAS 3.01-3.07
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Main Office Inspection Next Inspection Date: 10/31/2020

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PROGRAM SCOPE

(cont'd. from previous page)

program compliance. Licensed material was observed as adequately secured during the review and was not readily accessible to members of the general public. Survey meters were found to be calibrated and operational. The inspector performed independent and confirmatory radiation measurements that indicated results consistent with licensee survey records and postings. Independent measurements taken did not indicate readings in excess of 10 CFR Part 20 limits in restricted or unrestricted areas. Personal dosimetry was observed being worn by the staff during the inspection. Dosimetry records reviewed for the previous years since the last inspection through YTD 2017 indicated whole body and extremity exposures <10% of the annual regulatory limits.

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