

SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE/LOCATION INSPECTED: SSM Health DePaul Hospital - St. Louis Dept. of Nuclear Medicine 12303 DePaul Dr. Bridgeton, MO 63044 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) 030-02308	4. LICENSE NUMBER(S) 24-02490-03	5. DATE(S) OF INSPECTION December 13, 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:

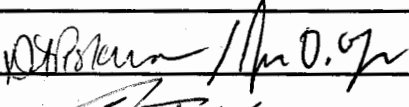
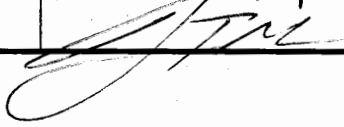
- 1. Based on the inspection findings, no violations were identified.
- 2. Previous violation(s) closed.
- 3. The violation(s), specifically described to you by the inspector as non-cited violations, are not being cited because they were self-identified, non-repetitive, and corrective action was or is 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	Deborah A. Piskura / Jason D. Draper		12/13/2017
BRANCH CHIEF	Aaron T. McCraw		12/21/17

Docket File Information

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6. INSPECTION PROCEDURES USED 87131 & 87132	7. INSPECTION FOCUS AREAS 03.01 - 03.07
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SUPPLEMENTAL INSPECTION INFORMATION

1. PROGRAM CODE(S) 02230	2. PRIORITY 2	3. LICENSEE CONTACT Joseph Pekala, CNMT, RSO	4. TELEPHONE NUMBER (314) 447-5981
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Main Office Inspection Next Inspection Date: 12/13/2019

Field Office Inspection DePaul Outpatient Cardiology/St. Joseph West

Temporary Job Site Inspection _____

PROGRAM SCOPE

This was an unannounced, routine inspection of a 400-bed hospital in Bridgeton, MO, authorized to use byproduct material for medical uses permitted by 10 CFR 35.100, 35.200, 35.300, 35.400, and 35.600. The nuclear medicine department was staffed with three full-time and one part-time nuclear medicine technologists (NMTs) who performed approximately 200-240 diagnostic nuclear medicine procedures monthly, and the radiation oncology department had an oncologist, an authorized medical physicist (AMP), a dosimetrist, and a nurse, and treated approximately 10 gynecological high dose rate brachytherapy (HDR) patients annually. The hospital also had an outpatient cardiology clinic with one full-time NMT who performed approximately 120-140 diagnostic nuclear medicine procedures monthly. The licensee administered permanent prostate implants at it's cancer care center at St. Joseph Hospital West. The implants were performed by an oncologist, an AMP, and a dosimetrist (approximately 25-30 iodine-125 prostate procedures annually).

Performance Observations

The inspectors toured the nuclear medicine department, outpatient cardiology clinic, radiation oncology department and cancer care center. In the nuclear medicine department and outpatient cardiology clinic, the inspectors interviewed licensee staff and management and observed package receipt and check-in. The inspectors observed the preparation and administration of various diagnostic doses of technetium-99m and indium-111. The inspectors reviewed records pertaining to dosimetry, package receipt, surveys and wipe tests, dose calibrator constancy, and quarterly audits, as well as a selection of written directives. In the radiation oncology department, the inspectors observed the HDR unit's security, emergency equipment and procedures, door interlock, radiation monitoring equipment, and prevention of operation of multiple devices in the room. The inspectors also observed the AMP perform the daily spot checks on the HDR unit and reviewed a selection of written directives. In the cancer care center, the inspectors interviewed licensee staff and reviewed a selection of prostate implant written directives and post-treatment plans. The inspectors performed independent and confirmatory radiation surveys which indicated results consistent with the licensee's survey records.

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