

NRC FORM 591M PART 1 <small>(07-2012) 10 CFR 2.201</small>		U.S. NUCLEAR REGULATORY COMMISSION	
SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION			
1. LICENSEE/LOCATION INSPECTED: Hillsdale Community Health Center 168 S. Howell Street Hillsdale, MI 49242 REPORT NUMBER(S) 2018001		2. NRC/REGIONAL OFFICE Region III U. S. Nuclear Regulatory Commission 2443 Warrenville Road, Suite 210 Lisle, IL 60532-4352	
3. DOCKET NUMBER(S) 030-29588	4. LICENSE NUMBER(S) 21-24813-01	5. DATE(S) OF INSPECTION January 25, 2018	

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)

1) License Condition 14 of NRC license 21-24813-01, Amendment No. 18, required, in part, that the licensee conduct its program in accordance with procedures contained in their letter dated March 5, 2012. That letter stated that the licensee will implement and maintain written procedures for area surveys. The licensee's "Area Survey Procedure" step B.1 required the licensee to perform contamination surveys by conducting wipe tests of all administration areas weekly.

Contrary to the above, on numerous occasions prior to the inspection, including January 11, 2018, and January 15, 2018, the licensee performed administrations of Tc-99m sestamibi in the stress lab room, but failed to perform a wipe test within a week of those administrations. This violation occurred because the licensee did not include the stress lab as a location to perform contamination surveys in their wipe log book.

(Continued on Part 2)

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	Cynthia Morgan	<i>Cynthia Morgan</i>	2-8-18
NRC INSPECTOR	Jason D. Draper Robert G. Gattone, Jr.	<i>Jason D. Draper</i> <i>Robert G. Gattone, Jr.</i>	2/7/18 2/7/18
BRANCH CHIEF	Adam T. McCae	<i>Adam T. McCae</i>	2/7/18

SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE/LOCATION INSPECTED:

Hillsdale Community Health Center
168 S. Howell Street
Hillsdale, MI 49242

REPORT NUMBER(S) 2018001

2. NRC/REGIONAL OFFICE

Region III
U. S. Nuclear Regulatory Commission
2443 Warrenville Road, Suite 210
Lisle, IL 60532-4352

3. DOCKET NUMBER(S)

030-29588

4. LICENSE NUMBER(S)

21-24813-01

5. DATE(S) OF INSPECTION

January 25, 2018

(Continued)

(Continued from Part 1)

As corrective actions, the licensee stated that they will update their wipe test log book to include a place to log contamination surveys of the stress lab and they will add a reminder in their electronic tracking system.

2) Title 10 CFR 35.67(g) required, in part, that the licensee conduct a semi-annual physical inventory of all the sealed sources in the licensee's possession.

Contrary to the above, between December 7, 2016, and January 25, 2018, a period of greater than a year, a physical inventory of 8 of the licensee's 14 sealed sources was not performed. This violation occurred because the licensee misunderstood the requirement, believing that sealed sources that had decayed below the exempt quantity activity no longer needed to be included in the semi-annual physical inventory.

As corrective actions, the licensee performed a physical inventory of all sealed sources and stated that they will add the 8 sealed sources back to their electronic list of sources to be inventoried.

Docket File Information

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6. INSPECTION PROCEDURES USED 87130	7. INSPECTION FOCUS AREAS 03.01-03.07	

SUPPLEMENTAL INSPECTION INFORMATION

1. PROGRAM CODE(S) 02121	2. PRIORITY 5	3. LICENSEE CONTACT Cynthia Morgan, RSO	4. TELEPHONE NUMBER (517) 437-5153
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Main Office Inspection Next Inspection Date: 1/25/2023

Field Office Inspection _____

Temporary Job Site Inspection _____

PROGRAM SCOPE

This was an unannounced routine inspection of a hospital nuclear medicine department authorized for 35.100 and 35.200 materials and activities in Hillsdale, MI. The licensee routinely used various forms of Tc-99m for a variety of nuclear medicine procedures as well as I-123 capsules for thyroid diagnostic studies. At the time of the inspection, the licensee received only unit doses from a radiopharmacy in Holland, OH, but until October 2017, the licensee also received Mo-99/Tc-99m generators as well. The licensee employed four nuclear medicine technologists (NMTs) and had recently switched from one contracted medical physics consultant to another for the performance of their quarterly audits and equipment calibrations. The inspectors performed additional in-office review of the licensee's proposed corrective actions, and performed a telephonic exit meeting with the RSO on February 6, 2018.

PERFORMANCE OBSERVATIONS

The inspectors observed the licensee's demonstration of package receipt and dose calibrator use. Through these observations, combined with interviews of available staff, licensee personnel demonstrated an adequate level of understanding of emergency and material handling procedures and techniques. The inspectors observed that licensed material was adequately secured and not readily accessible to members of the public. The licensee possessed a radiation survey meter that was calibrated and operational. Independent radiation measurements by the inspectors did not indicate readings in excess of 10 CFR Part 20 limits in restricted or unrestricted areas. Personal whole body and extremity dosimetry badges were observed being worn by the staff during the inspection.

The inspectors reviewed a selection of licensee records, including quarterly audits, source inventories and leak tests, equipment calibration records, package receipt logs, training records, and dosimetry records. The highest annual whole body and extremity doses to any individual were 623 mrem and 22090 mrem, respectively. The inspectors identified that although the licensee administered Tc-99m in their cardiac stress lab, that location was not included on their weekly contamination survey log and the licensee had not been performing weekly wipe tests. The inspectors also identified that while the licensee was performing quarterly physical inventories of sealed sources, the physical inventories since December 7, 2016, only included 6 of the licensee's 14 sealed sources. The inspectors verified that the licensee still possessed all 14 of the sealed sources. These issues resulted in two Severity Level IV violations.