

**SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION**

1. LICENSEE/LOCATION INSPECTED:

Indiana University Health Arnett, Inc.  
420 North 26th Street  
Lafayette, IN 47904

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)

030-34812

4. LICENSE NUMBER(S)

13-32087-01

5. DATE(S) OF INSPECTION

February 21, 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:

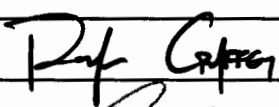
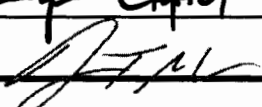
- 1. Based on the inspection findings, no violations were identified.
- 2. Previous violation(s) closed.
- 3. The violation(s), specifically described to you by the inspector as non-cited violations, are not being cited because they were self-identified, non-repetitive, and corrective action was or is 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)

**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		2/21/18
BRANCH CHIEF	Aaron McCraw		03/05/2018

**Docket File Information**

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6. INSPECTION PROCEDURES USED  87132	7. INSPECTION FOCUS AREAS  All
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**SUPPLEMENTAL INSPECTION INFORMATION**

1. PROGRAM CODE(S)  02230	2. PRIORITY  2	3. LICENSEE CONTACT  Siarhei Spirydovich, PhD - RSO	4. TELEPHONE NUMBER  (765) 448-6872
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Main Office Inspection      Next Inspection Date: 02/21/2020

Field Office Inspection \_\_\_\_\_

Temporary Job Site Inspection \_\_\_\_\_

**PROGRAM SCOPE**

This was an unannounced routine inspection of an outpatient cancer treatment center authorized to use byproduct material in a high dose-rate remote afterloader brachytherapy (HDR) unit at its facility in Lafayette, Indiana. Two authorized users and one medical physicist (also the Radiation Safety Officer) were actively involved in HDR treatments. Since the last inspection, the licensee had performed between zero and eight fractionated treatments per quarter, all of which had been for breast or gynecological cancers. Source exchanges were performed three times a year, and the licensee's Radiation Safety Committee (RSC) met quarterly.

**PERFORMANCE OBSERVATIONS**

The inspector toured the facility in Lafayette to evaluate the licensee's measures for materials security, hazard communication, and exposure control. The inspector was unable to observe the use of the HDR unit, as no treatments were scheduled for the day of the inspection. Instead, the licensee's staff demonstrated the conduct of daily spot checks and full calibrations of the unit, and discussed protocols for HDR treatments including survey meter use and emergency response. The inspector conducted independent surveys of the facility during these demonstrations; no readings outside the suite exceeded regulatory limits to members of the public.

The inspector reviewed a selection of written directives and associated planning and verification documentation for HDR treatments. These records provided high confidence that the licensee performed these treatments in accordance with the written directives. The inspector also reviewed a selection of other records, including annual audits of the radiation safety program, annual emergency training documentation, quarterly RSC meeting minutes, source exchange reports from the authorized service provider, and personnel dosimetry.

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