NRC FORM 591M PART 1
(07-2012)
10 CFR 2.201

U.S. NUCLEAR REGULATORY COMMISSION

SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE/LOCATION INSPECTED:	2. NRC/REGIONAL OFFICE
McLaren - Greater Lansing 401 W. Greenlawn Ave. Lansing, Michigan 48910 REPORT NUMBER(S) 2018001	Region III U. S. Nuclear Regulatory Commission 2443 Warrenville Road, Suite 210 Lisle, IL 60532-4352

3. DOCKET NUMBER(S)	4. LICENSE NUMBER(S)	5. DATE(S) OF INSPECTION
030-02037	21-04073-01	2/26/18

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 violations(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	Geoffrey Warren, Sr. HP		2/26/18
BRANCH CHIEF	Aaron McCraw		3/8/18

NRC FORM 591M PART 3
(07-2012)
10 CFR 2.201

U.S. NUCLEAR REGULATORY COMMISSION

Docket File Information

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3. DOCKET NUMBER(S)	4. LICENSE NUMBER(S)	5. DATE(S) OF INSPECTION
030-02037	21-04073-01	February 26, 2018

6. INSPECTION PROCEDURES USED	7. INSPECTION FOCUS AREAS
87131	03.01 - 03.09

SUPPLEMENTAL INSPECTION INFORMATION

1. PROGRAM CODE(S)	2. PRIORITY	3. LICENSEE CONTACT	4. TELEPHONE NUMBER
02120	5	Laura Luna, RSO	(734) 662-3197

☑ Main Office Inspection Next Inspection Date: 02/26/2021

☐ Field Office Inspection

☐ Temporary Job Site Inspection

PROGRAM SCOPE

This was an unannounced routine inspection. The licensee's main facility was a 250-bed hospital located in Lansing, Michigan, with authorization to use byproduct materials in 10 CFR 35.100, 35.200, and 35.300. At the main hospital, the licensee operated two nuclear medicine areas, general nuclear medicine and cardiology. Both areas together were staffed with nine full-time nuclear medicine technologists who rotated between the two areas as needed. The nuclear medicine staff typically administered 300 diagnostic doses monthly. Since the last inspection, the staff had performed four therapy procedures, including three radium-223 dichloride and one iodine-131 treatments, with the iodine in capsule form. The diagnostic procedures were predominately technetium-99m cardiac, bone, gastric, and hepatobiliary imaging. The department received unit doses as needed from a licensed nuclear pharmacy or prepared doses from bulk technetium obtained from the pharmacy. All waste was either held for decay-in-storage (DIS) or returned to the nuclear pharmacy.

The licensee also operated two other nuclear medicine facilities in the Lansing area under this license. According to the lead technologist at the main hospital, the facilities were run separately with no sharing of staff between the facilities.

Performance Observations: The inspector observed one diagnostic imaging procedure, including dose preparation and disposal, and package receipt surveys and wipes. Licensee staff demonstrated or described dose calibrator constancy, survey meter and wipe counter QC, a variety of diagnostic and therapeutic procedures, daily and weekly contamination surveys, and other procedures. The inspector noted no concerns with these activities. The inspector reviewed written directives for radiopharmaceutical therapies and identified no concerns. Review of dosimetry records indicated no exposures of regulatory concern. Interviews with licensee personnel indicated adequate knowledge of radiation safety concepts and procedures. The inspector performed independent and confirmatory radiation measurements which indicated results consistent with licensee survey records and postings.

No violations were identified during this inspection.