

**SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION**

<p>1. LICENSEE/LOCATION INSPECTED:</p> <p>West Michigan Cancer Center 200 North Park St. Kalamazoo, Michigan 49007</p> <p>REPORT NUMBER(S) 2018001</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>
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<p>3. DOCKET NUMBER(S)</p> <p>030-36539</p>	<p>4. LICENSE NUMBER(S)</p> <p>21-32501-01</p>	<p>5. DATE(S) OF INSPECTION</p> <p>March 28, 2018</p>
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**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. *From report 2016001*
- 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	Geoffrey Warren, Sr. HP	<i>[Signature]</i>	3/28/18
BRANCH CHIEF	Aaron McCraw	<i>[Signature]</i>	4/26/2018

**Docket File Information**

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6. INSPECTION PROCEDURES USED  87132	7. INSPECTION FOCUS AREAS  03.01 - 03.09
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**SUPPLEMENTAL INSPECTION INFORMATION**

1. PROGRAM CODE(S)  02230	2. PRIORITY  2	3. LICENSEE CONTACT  Paul Jursinic, Ph.D, RSO	4. TELEPHONE NUMBER  (269) 373-7407
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Main Office Inspection      Next Inspection Date: 03/28/2020

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

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

**PROGRAM SCOPE**

This was an unannounced routine inspection. The licensee was a cancer center located in Kalamazoo, Michigan, with authorization to perform radiation therapy using a high dose rate (HDR) remote afterloader device. Radiation oncology was staffed with two physician authorized users and three physicists who performed approximately nine HDR fractions weekly, limited to gynecological procedures. HDR procedures were performed Mondays, Wednesdays, and Fridays. The licensee was associated with Borgess Medical Center.

Performance Observations: Licensee personnel demonstrated and described daily quality control for the HDR unit, procedures for the planning and performance of treatments, and other procedures. The inspector noted no concerns with these activities. The inspector reviewed written directives for HDR treatments and identified no concerns. Interviews with licensee personnel indicated adequate knowledge of radiation safety concepts and procedures. Review of dosimetry records indicated no exposures of regulatory concern. The inspector performed independent and confirmatory radiation measurements which indicated results consistent with licensee survey records and postings.

The licensee was previously cited in Report No. 2016001 for the failure to provide training at least annually to all individuals who operate the HDR unit. The licensee has implemented corrective actions as described and all personnel have been trained annually since the previous inspection. Based on this, the violation is closed.

No violations were identified as a result of this inspection.

*Handwritten:* RHP for ATM 4/26/2018