

**SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION**

1. LICENSEE/LOCATION INSPECTED: SSM Health St. Clare Hospital-Fenton  1015 Bowles Ave. Fenton, MO 63026  REPORT NUMBER(S) 2018001		2. NRC/REGIONAL OFFICE  Region III U. S. Nuclear Regulatory Commission 2443 Warrenville Rd, Suite 210 Lisle, IL 60532
3. DOCKET NUMBER(S) 030-02368	4. LICENSE NUMBER(S) 24-11585-01	5. DATE(S) OF INSPECTION April 13, 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):

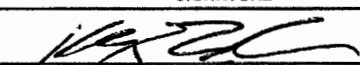

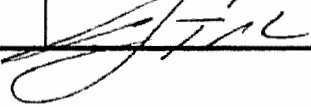
- 4. During this inspection, certain of your activities, as described below and/or attached, were in violation of NRC requirements and are being cited in accordance with NRC Enforcement Policy. This form is a NOTICE OF VIOLATION, which may be subject to posting in accordance with 10 CFR 19.11.  
(Violations and Corrective Actions)

License Condition 13. of NRC License No. 24-1158-01, Amendment No. 59, states in part, that the licensee shall conduct its program in accordance with the statements, representations, and procedures contained in the documents, including any enclosures, listed below. One of those documents is the license application dated April 20, 2015. Item 9, Titled "Facility Diagram", Attachment 2 of the application provides drawings of the locations, room numbers, and principal use of each room or areas where byproduct material is prepared, used or stored.

Contrary to the above, as of April 13, 2018, the licensee routinely prepared eggs with technitium-99m sulfur colloid, a byproduct material, in the microwave located in the staff lunch area, a location of use not identified  
Continued on next page.

**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	Kelly Pearce, VP Operations		5/10/18
NRC INSPECTOR	Zahid Sulaiman, Health Physicist		5-4-2018
BRANCH CHIEF	Aaron T. McCraw, Chief, MIB		5/8/18

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(Continued)

under Item 9, "Facility Diagram", of the license application dated April 20, 2015.

As a corrective action, the licensee immediately stopped using the microwave located at the staff lunch area and committed to obtain a microwave by May 4, 2018, dedicated only for the preparation of food containing byproduct materials, and it will be placed in the Hot Lab.

This is a Severity Level IV violation, in accordance with NRC Enforcement Policy, Section 6.3

**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)  02120	2. PRIORITY  3	3. LICENSEE CONTACT  Wallace Fuhrman, RSO	4. TELEPHONE NUMBER  (314) 268-4012
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Main Office Inspection      Next Inspection Date: 04/13/2021

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

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

**PROGRAM SCOPE**

This was a routine, unannounced inspection of a 200-bed community hospital authorized to use byproduct material permitted under 10 CFR 35.100, 35.200, 35.300 and 35.400. The licensee's nuclear medicine department was staffed with 2 full-time and a part-time nuclear medicine technologists (NMTs) who administered approximately 250 diagnostic doses per month for cardiac, gastric emptying, lung, bone, and HIDA scans. The licensee performed approximately 12 I-131 hyperthyroidism and ablations procedures in capsule form annually. The oncology department was staffed with two oncologists, a medical physicist and a dosimetrist who performed approximately 10 I-125 brachytherapy prostate seeds implant annually.

**PERFORMANCE OBSERVATIONS**

The inspection consisted of interviews with select licensee personnel; a review of select records; and tours of the nuclear medicine, and oncology departments. The inspector: (1) observed the NMT demonstrate package receipt and surveying procedures, daily dose calibrator constancy checks, daily area surveys and weekly wipe tests, and proper handling of radioactive waste and waste disposal procedures; (2) observed NMT conduct a physical inventory of sealed sources, and all sources were accounted for. The inspector reviewed six I-125 seeds implant written directives and treatment plans with the medical physicist. All procedures appeared to have been completed as planned and in accordance with the regulatory requirements. The inspector reviewed the following records: radiation safety committee minutes, quarterly program audits conducted by an outside consultant, package receipts, waste disposal records, DOT hazmat training, linearity and accuracy of the dose calibrator, and sealed source leak tests. The inspector reviewed the dosimetry records for 2016, and till February 28, 2018 indicating a maximum annual dose to be 305 mrem - DDE; and 1539 mrem - SDE. The inspector performed independent radiation measurements in each functional area which were consistent with licensee survey records and within regulatory limits.

The inspector identified one Severity Level IV violation of License Condition 13, of NRC License No. 24-11858-01, Amendment 59. The licensee routinely prepared eggs with technitium-99m sulfur colloid, a byproduct material, in the microwave located in the staff lunch area, an area not identified as a location of use in Item 9, "Facility Diagram", Attachment 2 of the license application dated April 20, 2015.

## Sulaiman, Zahid

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**From:** Fuhrman, Wally <Wally.Fuhrman@ssmhealth.com>  
**Sent:** Monday, April 30, 2018 12:25 PM  
**To:** Sulaiman, Zahid  
**Cc:** Brewer, Chris; Williams, Robert  
**Subject:** [External\_Sender] Nuclear Medicine Microwave in Hot Lab

**Importance:** High

Mr Sulaiman,

From our conversation today, Chris Brewer, Director of Radiology, stated there will be a commercial microwave in the Hot Lab of SSM St Clare Hospital in Fenton, Mo by Friday, May 4, 2018.

Thank you,

**Wally Fuhrman BA, RSO, CNMT, RT(R)(N)**  
**SSM Radiation Safety Consultant for St Louis Region**  
**SSM Network Radiation Safety Officer**  
**SSM Network Nuclear Medicine Consultant**  
**NM Coordinator for Missouri University-Columbia, Mo**

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