U.S. NUCLEAR REGULATORY COMMISSION



SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

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1. LICENSEE/LOCATION	ON INSPECTED:		2. NRC/REGIONAL OFFICE						
Department of Veterans Affairs Under Secretary of Health Washington, D.C. 20420 Location: Clement J. Zablocki VA Medical Center			Region III U. S. Nuclear Regulatory Commission 2443 Warrenville Road, Suite 210 Lisle, IL 60532-4352						
REPORT NUMBER(S) 03034325/2018006(DNMS)									
3. DOCKET NUMBER(S)		4. LICENSE NUMBER(S)		6. DATE(S) OF INSPECT	TION				
030-34325		03-23853-01VA		August 9, 2018					
LICENSEE:									
The inspection was an Regulatory Commissi procedures and repre	n examination of the activities conduction (NRC) rules and regulations and the sentative records, interviews with persithe inspection findings, no violations witolation(s) closed. ons(s), specifically described to you by the and corrective action was or is being the conductive and corrective action was or is being the conductive and corrective action was or is being the conductive action.	e conditions of your lice connel, and observation ere identified.	ense. The inspection consistence by the inspector. The inspector. The inspector in the inspection of t	ed of selective examina ection findings are as for the control of	ations of ollows: re 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):								
¥ 	Non-cited violation(s) were discuss	sed involving the follow	ing requirement(s).						
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	Kevin G. Null	10	La La		9/4/2018				
BRANCH CHIEF	Patricia J. Pelke	ls	avois Seece		9/4/2018				

NRC FORM 591M PART 3 (07-2012)		U.S. NU mation	CLEAR REGULATORY COMMISSION					
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6. INSPECTION PROCEDURES USE	:D	7. INSPECTION FOCUS AREAS						
87131 and 87134		All						
SUPPLEMENTAL INSPECTION INFORMATION								
1. PROGRAM CODE(S)	2. PRIORITY	3. LICENSEE CONTACT		4. TELEPHONE NUMBER				
2110	2	Paul Yurko		(410) 642-2411				
Main Office Inspec	tion	Next Inspection D	ate: N/A					
✓ Field Office Inspection Milwaukee, WI								
Temporary Job Site Inspection								
PROGRAM SCOPE								

This was a routine, unannounced inspection of a permittee under the Department of Veterans Affairs (DVA) Master Materials License (MML). The facility was a 600 bed hospital that operated an active nuclear medicine department, and a small research and development program. The permit authorized broad scope activities and was assigned a program code 02110 (medical broad scope) by the DVA. The permittee hired a full time Radiation Safety Officer in June 2018.

The nuclear medicine department was staffed by 3 full-time and 1 part-time certified nuclear medicine technologists. At the time of the inspection, the medical center had 4 RSC-approved physician users, and 2 authorized users for research studies. The nuclear medicine department performed 8 - 10 diagnostic procedures per day, most of which were cardiac studies, and administered 8 iodine-131 (capsule only), and 4 radium-223 therapy treatments in 2017. Nuclear medicine staff conducted diagnostic studies in 3 scanning rooms using 4 imaging cameras. Radioactive material was received and stored in an access-controlled storage room. The licensee received molydenum-99/technetium-99m generators (Mo-99/ Tc-99m) on a weekly basis and performed Mo-99 breakthrough as required in 10 CFR Part 35. Positron emission tomography studies were conducted 2 times per week by an outside contract service. RSC-approved research and development studies were conducted using low millicurie quantities of carbon-14, hydrogen-3, phosphorus-32, calcium-45, and sulphur-35.

Performance Observations

The inspector interviewed a select number of nuclear medicine staff, and discussed/observed the preparation, handling, and injection of radionuclides for diagnostic procedures. The inspector toured the nuclear medicine department and observed the use of the access-controlled coded entry to the waste storage and hot lab rooms, and the availability of calibrated survey meters and associated radiation protection equipment, e.g., remote handling tools, syringe shields, dose calibrator, and lead shielding, etc.

U.S. NUCLEAR REGULATORY COMMISSION NRC FORM 591M PART 3 (07-2012) 10 CFR 2.201 **Docket File Information (Continued)** SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION 1. LICENSEE/LOCATION INSPECTED: 2. NRC/REGIONAL OFFICE Department of Veterans Affairs Region III Under Secretary of Health U. S. Nuclear Regulatory Commission Washington, D.C. 20420 2443 Warrenville Road, Suite 210 Location: Clement J. Zablocki VA Medical Center Lisle, IL 60532-4352 REPORT NUMBER(S) 03034325/2018006(DNMS) 5, DATE(S) OF INSPECTION 4, LICENSE NUMBER(S) 3. DOCKET NUMBER(S)

PROGRAM SCOPE

03-23853-01VA

The inspector also toured 2 RSC-approved research and development laboratories, interviewed radiation workers, and noted procedures implemented for the security and safe use of permitted radioactive material. Radiation workers described and demonstrated the use of protective equipment, e.g., gloves, laboratory coats, survey instrumentation, etc., and the segregation/storage of radioactive waste.

The inspector reviewed a select sampling of records related to the use, storage, and disposal of permitted radionuclides in both the nuclear medicine department and research laboratories. This included results of the permittee's annual review of its radiation protection program for calendar year (CY) 2017, occupational dosimetry for CY's 2016, 2017, and 2018 to date, written directives for iodine-131 and radium-223 therapy procedures, records of survey meter calibration, waste disposal records, package receipt survey records, and records of initial and refresher training of nuclear medicine, research laboratory staff, and ancillary staff, e.g., housekeeping and medical center police.

No violations of NRC requirements were identified.

030-34325

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August 9, 2018