

INSPECTION RECORD

Region: III

Inspection Report No. 2018001

License No. 24-17210-01

Docket No. 030-12369

Licensee: Kirksville College of Osteopathic Medicine
800 W. Jefferson Street
Kirksville, MO 63501

Locations Inspected: 800 W. Jefferson Street

Licensee Contact: Vineet Singh, Ph.D. Telephone No. 660-626-2455

Program Code: 03620 Priority: 5

Type of Inspection: () Initial (X) Routine () Announced
() Special (X) Unannounced

Last Inspection Date: 08/06/2013 Date of This Inspection: 08/15/2018

Next Inspection Date: 08/15/2023 (X) Normal () Reduced

Justification for reducing the routine inspection interval: N/A

Summary of Findings and Actions:

- () No violations cited, clear U.S. Nuclear Regulatory Commission (NRC) Form 591 or regional letter issued
- () Non-cited violations (NCVs)
- () Violation(s), Form 591 issued
- (X) Violation(s), regional letter issued
- () Follow-up on previous violations

Inspector(s) Kevin Null, Health Physicist

/RA GWarren for/
Signature

Date 9/11/2018

Approved Geoffrey Warren, Acting Chief, MIB

/RA/
Signature

Date 9/12/2018

PART I - LICENSE, INSPECTION, INCIDENT/EVENT AND ENFORCEMENT HISTORY

1. AMENDMENTS AND PROGRAM CHANGES SINCE LAST INSPECTION:

<u>AMENDMENT #</u>	<u>DATE</u>	<u>SUBJECT</u>
18	5/21/15	New Radiation Safety Officer
19	9/28/15	License renewal

2. INSPECTION AND ENFORCEMENT HISTORY:

The last inspection of this licensee was on 8/6/13. No violations of NRC requirements were identified.

3. INCIDENT/EVENT HISTORY:

No open items or events since the last routine inspection.

PART II - INSPECTION DOCUMENTATION

1. ORGANIZATION AND SCOPE OF PROGRAM:

Kirksville College of Osteopathic Medicine is authorized under NRC materials license No. 24-17210-01 to use licensed material for research and development, and in vitro and animal studies. Licensed material is authorized to be used on the licensee's campus in Kirksville, Missouri. The licensee primarily used low millicurie quantities of carbon-14 and hydrogen-3, and historically used and stored material in 2 buildings on campus. At the time of the inspection, the licensee had 5 approved laboratories, and 5 approved authorized users.

Licensed activities have not been conducted in either building since 2013, however, the licensee held some radioactive waste in storage, and some stock material was still being stored by at least 2 authorized users in separate laboratories in each building.

2. SCOPE OF INSPECTION:

Inspection Procedure(s) Used: 87126

Focus Areas Evaluated: All

The inspector toured both buildings and selected laboratories where licensed material was being stored, and the radioactive waste storage room. The inspector interviewed the RSO, Vice President and General Counsel for the University, 1 authorized user, and 1 laboratory worker trained to use and handle licensed material. During the tours and interviews, the inspector evaluated security of material stored in the laboratories and the waste storage room, the effectiveness of radiation safety training of an authorized user and radiation worker, the use and calibration of radiation detection equipment, and the performance of periodic surveys for contamination.

The inspector also reviewed records pertaining to area surveys, initial and refresher training of radiation workers, records of receipt, use, and storage of license material, and Radiation Safety Committee minutes. The inspector also observed an authorized user and the RSO conduct inventories of licensed material stored in an approved laboratory, and the radioactive material waste storage room

3. INDEPENDENT AND CONFIRMATORY MEASUREMENTS:

Using a Canberra model RadEyeG gamma survey meter calibrated on 9/12/17, the inspector performed independent surveys in two laboratories and the radioactive waste storage room. Radiation levels were essentially background, ranging from 0.03 - 0.05 mrem/hr.

4. VIOLATIONS, NCVs, AND OTHER SAFETY ISSUES:

- A. Title 10 of the Code of Federal Regulations (10 CFR) Part 20.1101(c) requires that the licensee shall periodically (at least annually) review the radiation protection program content and implementation

Contrary to the above, the licensee failed to periodically (at least annually) review its radiation program content and implementation for calendar years 2015 and 2016.

The inspector determined that the root cause of the first violation was a misunderstanding that Radiation Safety Committee meetings satisfied the requirement. As corrective action to restore compliance and to prevent recurrence, the licensee committed to conducting annual program reviews beginning with a review of calendar year 2017 to be completed before the end of 2018.

- B. 10 CFR 30.36(d) requires, in part, that licensees provide notification to the NRC in writing within 60 days of any of the following occurrences:

- (1) The license has expired,
- (2) The licensee has decided to permanently cease principal activities at the entire site or in any separate building or outdoor area that contains residual radioactivity such that the building or outdoor area is unsuitable for release in accordance with NRC requirements,
- (3) No principal activities under the license have been conducted for a period of 24 months, or
- (4) No principal activities have been conducted for a period of 24 months in any separate building or outdoor area that contains residual radioactivity such that the building or outdoor area is unsuitable for release in accordance with NRC requirements.

Contrary to the above, between approximately December 2015 and August 24, 2018, the licensee failed to notify the NRC that no principal activities under the license had been conducted for a period of 24 months. Specifically, the licensee last used licensed materials in approximately October 2013, so the licensee was required to make this notification to the NRC no later than 60 days after October 2015, or approximately December 2015.

The inspector determined that the root cause of this violation was due to an unawareness of the requirement. As corrective action to restore compliance and to prevent recurrence, the licensee submitted written notification to the NRC on August 24, 2018. In addition, the licensee plans to conduct meetings with the RSO and authorized users to determine if they will maintain or terminate the university's NRC license.

- C. Condition 18.A. of NRC Materials License No. 24-17201-01 requires, in part, that the licensee shall conduct its program in accordance with the statements, representations, and procedures contained in the application dated March 31, 2015.

Item 10e of the March 31, 2015 application, entitled "Survey", states that the licensee will conduct smears for contamination of the radioactive waste storage room on a quarterly basis.

Contrary to the above, from October 22, 2015, through August 15, 2018, the licensee failed to conduct smears for contamination of the radioactive waste storage room on a quarterly basis.

The inspector determined that the root cause of this violation was due to an oversight of NRC license requirements which resulted from a lack of conducting licensed activities over the last several years. As corrective action to restore compliance and to prevent recurrence, the RSO conducted smears for contamination in the radioactive waste storage room in August 17, 2018. The results were negative. In addition, since he now understands this requirement, he will continue performing smears in the future at the required frequency.

5. PERSONNEL CONTACTED:

Vineet Singh, Ph.D., RSO
Matthew R. Heeren, J.D., Vice President & General Counsel
Mr. Robert Ehrlich, Director of Facilities.

Telephonic exit meeting on August 20, 2018.

-END-