

SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

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| 1. LICENSEE/LOCATION INSPECTED: Progress West Healthcare Center 2 Progress Point Parkway O'Fallon, MO 63368 REPORT NUMBER(S) 2019001 | 2. NRC/REGIONAL OFFICE Region III U. S. Nuclear Regulatory Commission 2443 Warrenville Rd, Suite 210 Lisle, IL 60532 | |
| 3. DOCKET NUMBER(S) 030-37397 | 4. LICENSE NUMBER(S) 24-32642-01 | 5. DATE(S) OF INSPECTION February 7, 2019 w/ in-office review till February 28, 2019 |

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)

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 | Zahid Sulaiman, Health Physicist | <i>Zahid Sulaiman</i> | 2/28/19 |
| BRANCH CHIEF | Aaron T. McCraw, Chief, MIB | <i>[Signature]</i> | 3/1/19 |

Docket File Information
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| 6. INSPECTION PROCEDURES USED 87131 | 7. INSPECTION FOCUS AREAS 03.01 - 03.07 |
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SUPPLEMENTAL INSPECTION INFORMATION

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|---------------------------------|----------------------|--|---|
| 1. PROGRAM CODE(S) 02120 | 2. PRIORITY 3 | 3. LICENSEE CONTACT Scott Austermann, Mgr Imaging Service | 4. TELEPHONE NUMBER (636) 344-1703 |
|---------------------------------|----------------------|--|---|

Main Office Inspection Next Inspection Date: 02/07/2022

Field Office Inspection _____

Temporary Job Site Inspection _____

PROGRAM SCOPE

This was a routine, unannounced inspection of a community hospital located in O'Fallon, Missouri, with authorization to use byproduct materials under 10 CFR Sections 35.100, 35.200, and 35.300. The nuclear medicine department was staffed with one full-time and two part-time nuclear medicine technologists (NMTs). The NMTs typically administered approximately 100 diagnostic doses monthly, and 2-3 iodine-131 (I-131 in capsules form only) therapy procedures annually. The diagnostic procedures included primarily cardiac stress test, HIDA, gastric emptying, lung scan using xenon-133, thyroid and hyperthyroid scans. Diagnostic doses were received as unit doses from a licensed radiopharmacy. All waste was either held for decay-in-storage or returned to the radiopharmacy.

Performance Observations:

The inspection consisted of interviews with select licensee personnel, a review of select records, and a tour of the nuclear medicine department. The inspector observed preparation and administration of Tc-99m for diagnostic procedures on three patients. The inspector: (1) observed the NMT conduct a physical inventory of sealed sources, and all sources were accounted for; (2) had the NMT demonstrate the package receipt surveys and wipes, dose calibrator constancy check, daily area surveys and weekly wipe tests, and proper handling of radioactive waste and disposal procedures.

The inspector reviewed the following records: quarterly program audits, written directives for I-131 therapy procedures, package receipts, waste disposal records, DOT Hazmat training, linearity and accuracy of the dose calibrator, instrument calibration, sealed source leak tests, daily area surveys, and weekly wipe tests. The inspector reviewed the dosimetry records for 2017 and through December 2018 indicating the maximum annual dose to be 138 mrem - DDE; and 527 mrem - SDE. The inspector conducted independent and confirmatory surveys and found no residual contamination or exposures to members of the public in excess of regulatory limits. Interviews with licensee personnel indicated adequate knowledge of radiation safety, emergency procedures, and NRC regulations. The inspector visited the old hot lab area that was converted to patient changing room and performed independent radiation measurement and found no residual contamination.

No violations of NRC requirements were identified as a result of this inspection.