

APPENDIX

NOTICE OF VIOLATION

Veterans Administration Medical Center  
Wichita, Kansas

Docket: 30-09472/89-01  
License: 15618-01

During an NRC inspection conducted on August 29, 1989, violations of NRC requirements were identified. In accordance with the "General Statement of Policy and Procedure for NRC Enforcement Actions," 10 CFR Part 2, Appendix C (1989) (Enforcement Policy), the violations are listed below:

1. 10 CFR 35.22(b)(6) requires that an annual review of the radiation safety program be performed by the Radiation Safety Committee with the assistance of the Radiation Safety Officer.

Contrary to the above, the inspector determined on August 29, 1989, that an annual review of the radiation safety program had not been performed for the period June 8, 1987, to August 29, 1989.

This is a Severity Level IV violation. (Supplement VI)

2. 10 CFR 35.51(a) requires, in part, that licensees calibrate the survey instruments used to show compliance with regulatory requirements annually and following repair.

Contrary to the above, as of August 29, 1989, the survey instrument, Technical Associates, Model TBM-3, SN 076126, used in the blood laboratory had not been calibrated since July 23, 1986.

This is a Severity Level IV violation. (Supplement VI)

3. 10 CFR 35.92(b) requires that records of disposal of byproduct material held for decay-in-storage be retained for 3 years and include the date of the disposal, the date on which the byproduct material was placed in storage, the radionuclides disposed, the survey instrument used, the background dose rate, the dose rate measured at the surface of each waste container, and the name of the individual who performed the disposal.

Contrary to the above, as of August 29, 1989, the records of disposal of byproduct material held for decay-in-storage did not include the survey instrument used, the background dose rate, and the dose rate measured at the surface of each waste container.

This is a Severity Level V violation. (Supplement VI)

Pursuant to the provisions of 10 CFR 2.201, Veterans Administration Medical Center is hereby required to submit to this office, within 30 days of the date of the letter transmitting this Notice, a written statement or explanation in

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reply, including for each violation: (1) the reason for the violation if admitted, (2) the corrective steps which have been taken and the results achieved, (3) the corrective steps which will be taken to avoid further violations, and (4) the date when full compliance will be achieved. Where good cause is shown, consideration will be given to extending the response time.

Dated at Arlington, Texas,  
this 16th day of October 1989

**INSPECTOR'S REPORT**  
 Office of Inspection and Enforcement

Holley, Wesley L.  
 REVIEWER: C. Cain  
 OMC

INSPECTORS

LICENSEE/VENDOR: <u>VA Medical Center</u> <u>901 General Washington Blvd.</u> <u>Wichita, Kansas 67211</u>	TRANSACTION TYPE: X <input type="checkbox"/> - INSERT <input type="checkbox"/> - MODIFY <input type="checkbox"/> - DELETE <input type="checkbox"/> - REPLACE	DOCKET NO. (60011): <u>03009472</u>	REPORT NO. SEC. MO. YR. <u>8901A0192</u>	NEXT INSP. DATE: MO. DAY. YR. <u>0192</u>
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PERIOD OF INVESTIGATION/INSPECTION: FROM: MO. DAY. YR. <u>082989</u> TO: MO. DAY. YR. <u>082989</u>	INSPECTION PERFORMED BY: X <input type="checkbox"/> 1 - REGIONAL OFFICE STAFF <input type="checkbox"/> 2 - RESIDENT INSPECTOR <input type="checkbox"/> 3 - PERFORMANCE APPRAISAL TEAM OTHER:	ORGANIZATION CODE OF REGION/HQ CONDUCTING ACTIVITY (See IEMC D.S. "Manpower Reporting - Weekly Manpower Reporting" for code): REGION: <u>4</u> DIVISION: <u>3</u> BRANCH: <u>4</u>
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REGIONAL ACTION (Check one box only): <input checked="" type="checkbox"/> 1 - NRC FORM 501 <input checked="" type="checkbox"/> 2 - REGIONAL OFFICE LETTER	TYPE OF ACTIVITY CONDUCTED (Check one box only): X <input type="checkbox"/> 02 - SAFETY (fee) <input type="checkbox"/> 03 - INCIDENT <input type="checkbox"/> 04 - ENFORCEMENT <input type="checkbox"/> 05 - MGMT AUDIT <input type="checkbox"/> 06 - MGMT VISIT <input type="checkbox"/> 07 - SPECIAL (fee) <input type="checkbox"/> 08 - VENDOR <input type="checkbox"/> 09 - MAT ACCT <input type="checkbox"/> 10 - PLANT SEC <input type="checkbox"/> 11 - INVENT. VER <input type="checkbox"/> 12 - SHIPMENT/EXPORT <input type="checkbox"/> 13 - IMPORT <input type="checkbox"/> 14 - INQUIRY (no fee) <input type="checkbox"/> 15 - INVESTIGATION
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INSPECTION INVESTIGATION FINDINGS (Check one box only): A B C D X <input type="checkbox"/> 1 - CLEAR <input type="checkbox"/> 2 - VIOLATION <input type="checkbox"/> 3 - DEVIATION <input type="checkbox"/> 4 - VIOLATION & DEVIATION	TOTAL NUMBER OF VIOLATIONS AND DEVIATIONS: A B C D <u>03</u>	ENFORCEMENT CONFERENCE HELD: A B C D 1 - YES	REPORT CONTAIN 2700 INFORMATION: A B C D 1 - YES	LETTER OR REPORT TRANSMITTAL DATE: NRC FORM 501 OR REG LETTER ISSUED: MO. DAY. YR. <u>101689</u> REPORT SENT TO HQ FOR ACTION: MO. DAY. YR.
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MODULE INFORMATION												MODULE INFORMATION											
REC. ORD.	MODULE NUMBER INSP.			PRIORITY	DIRECT INSP. TECH. EFFORT IN STAFF HOURS EXPENDED THIS INSPECTION	PERCENTAGE COMPLETED TO DATE	STATUS	MODULE REQ FOLLOWUP				REC. ORD.	MODULE NUMBER INSP.			PRIORITY	DIRECT INSP. TECH. EFFORT IN STAFF HOURS EXPENDED THIS INSPECTION	PERCENTAGE COMPLETED TO DATE	STATUS	MODULE REQ FOLLOWUP			
TYPE	NUMBER	PHASE	MANUAL CHAPTER					PROCEDURE NUMBER	LEVEL	PHASE	MANUAL CHAPTER	PROCEDURE NUMBER	LEVEL	TYPE	NUMBER					PHASE	MANUAL CHAPTER	PROCEDURE NUMBER	LEVEL
B	530703	A	0,00	-	-	-					B	<del>530800</del>	A	0	2,00	C							
B	587100	A	0,04	1,00	C					B	<del>530800</del>	A	0	1,00	C								
B	583822	A	0,03	1,00	C					B	592702	A	0,01	-	-	-							
B	586740	A	0,01	1,00	C																		

Mark through module numbers not reviewed. Fill in leading 0's for hours.

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**INSPECTOR'S REPORT  
 (Continuation)**

Office of Inspection and Enforcement

BOCKET NO. (15 41810) OR LICENSE NO. (BY PRODUCT) (15 61910)		REPORT NO.		MODULE NUMBER		VIOLATION SEVERITY OR DEVIATION		DATE DELETED		SP.
		NO.	SEC.	1	2	3	4	5	6	D
03009472		8901	A							
			B							
			C							
			D			X				6

VIOLATION OR DEVIATION IS DESCRIBED IN 200 CHARACTERS FOR EACH ROW. IF THE TOTAL EXCEEDS THIS NUMBER, IT WILL BE NECESSARY TO PARAPHRASE. LIMIT LINES TO 20 CHARACTERS EACH.

1	Contrary to 10CFR 35.22 (b) (6), the licensee
2	did not perform an annual review of their
3	radiation safety program.
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**INSPECTOR'S REPORT**  
 (Continuation)  
 Office of Inspection and Enforcement

LOCKET # OR ISRN OR LICENSE NO. (BY PRODUCT) (13 SIGNS)		REPORT		MODULE NUMBER		VIOLATION SEVERITY OR DEVIATION		SITE RELATED		SUPP.
NO.	LED	NO.	LED	1	2	3	4	5	6	7
03009472		2901	A							
			B							
			C							
			D							
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VIOLATION OR DEVIATION (Enter up to 2420 characters for each item. If the text exceeds this number, it will be necessary to paraphrase. Limit lines to 80 characters each.)

- 1 Contrary to 35.51 (a), the licensee
- 2 was using TA model TBM-3, SN 076126
- 3 in the Blood Lab and it was last calibrated
- 4 on 7/23/86.
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**INSPECTOR'S REPORT**  
 (Continuation)  
 Office of Inspection and Enforcement

BUCKET NO. (8 DIGITS) OR LICENSE NO. (BY PRODUCT) (13 DIGITS)		REPORT		MODULE NUMBER					
03009472		NO	SEC	ST-71001					
			A	VIOLATION SEVERITY OR DEVIATION				SITE RELATED	
			B	1	2	3	4	5	6
			C						AC
			D						BD
							X		6

VIOLATION OR DEVIATION (Enter up to 2400 characters for each item. If the text exceeds this number, it will be necessary to paraphrase. Limit lines to 80 characters each.)

- 1 *Contrary to 10CFR 35.93, the licensee*
- 2 *did not maintain the waste disposal*
- 3 *Survey records.*
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