

DETAILS

1. Persons Attending

Licensee

Lawrence B. Johnson, M.D., Medical Director
William Paul Walker, Jr., M.D., Chairman, Radiology and Nuclear
Medicine Departments
Leonard L. McCants, General Counsel, D.C. General Hospital
Irving Kator, Attorney for Gul Chightai
Gul M. Chughtai, Physicist, D.C. General Hospital

U.S. Nuclear Regulatory Commission

Malcolm R. Knapp, Director, Division of Radiation Safety and Safeguards
James H. Joyner, Division Project Manager, Division of Radiation Safety
and Safeguards
John T. Greeves, Acting Deputy Director, Division of Radiation Safety
and Safeguards
Karla D. Smith, Regional Counsel
Daniel J. Holody, Jr., Enforcement Officer
Mohamed M. Shanbaky, Chief, Nuclear Materials Safety Section A
Josephine M. Piccone, Senior Health Physicist, Nuclear Materials
Safety Section A

2. Conference Summary

The issues identified in NRC Combined Report Nos. 030-01326/88-001 and 030-12537/88-001 and the synopsis of the NRC Office of Investigations (OI) Report No. 1-88-011 were discussed. Particular emphasis was focused on the apparent lack of management oversight which allowed the apparent violations to occur and the apparent material false statements and apparent false record by the Physicist.

Representatives of the licensee did not take issue with any of the apparent violations, but provided additional information in the following two areas:

- a. Regarding training, the licensee provided documentation of training announcements and attendance sheets (Attachment 1) to emphasize that they had been doing some training at the time of the initial inspection;
- b. A previous consultant had indicated to them that the sealed source inventory requirement had a yearly frequency and that they were performing this activity two times a year, rather than at the required quarterly frequency.

The Medical Director discussed improvements in the oversight of the radiation safety program. He stated that at the time of the inspection the program was fragmented, but that this was no longer true. The Radiation Safety Officer (RSO) is aware of his responsibilities and the Radiation Safety Committee has taken a more active role in the review of activities. He also discussed contributing factors to the apparent violations, namely, the deaths of the previous RSO and Teletherapy Physicist and the extensive renovation and asbestos removal in the Therapy Section. Additionally, the hospital is currently recruiting a Health Physicist who will function as the hospital's RSO.

With respect to the issue of false statements and falsification of a record, the hospital's attorney reiterated that hospital policy does not condone false statements and encourages employees to be candid and truthful.

The Physicist's attorney stated that his client had been candid at all times and made accurate reports. He submitted copies of the May, 1988 draft spot check (Attachment 2) which was sent to Health Physics Services, Inc. (HPSI) for typing. He also submitted copies of the Physicist's calendar (Attachment 3) and daily log (Attachment 4) which indicate that the Physicist had a meeting with HPSI on May 20, 1988 to discuss correction of the monthly spot check. In the attorney's chronology of events, the spot check record was corrected at this meeting (Attachment 5). Daily quality control test records (Attachment 6) were submitted to support the Physicist's claims that the light and radiation monitor were operational prior to May, 1988. Three monthly calibration sheets (Attachment 7) were provided to illustrate the proper signature of documents. The attorney summarized that his client's name must be cleared of the current allegations.

The hospital's representatives discussed the current status of the Physicist's employment and confirmed that he was not involved in any activities with NRC licensed radioactive materials. They further stated that the Physicist's present employment status was not solely a result of the NRC's actions.

The NRC enforcement policy was explained and licensee representatives were advised that the NRC discussion regarding appropriate enforcement action would be forthcoming under separate cover.

This Enforcement Conference was transcribed by a Court Reporter. Attachment 8 is the unedited transcript of the conference.

D.C. - 44
May 1967

Memorandum • Government of the District of Columbia

TO: See Distribution

Department,
Agency, Office:

FROM: Gul M. Chughtai *GMC*
Medical Physicist
Department of Radiology

Date: April 12, 1988

SUBJECT: Magnetic Resonance Imaging (MRI) Lecture

A lecture on Magnetic Resonance Imaging is scheduled for this Thursday, April 14, 1988 at 2:30 PM in the conference room. You are invited to attend. The following topics will be discussed:

- . A brief introduction
- . Comparison between different modality (CT, Ultrasound, Nuclear Medicine, MRI etc)
- . MRI clinical application etc. (VHS Tape 50 Min.)

Distribution List

Dr. P. Chamberlain
Dr. C. Edwards
Dr. J. Golding
Dr. H. Lee
Dr. J. Lee
Dr. J. LoPresti
Dr. V. Petrella
Dr. B. Ralls
Dr. E. Waddy
Dr. Wm. Walker
Dr. J. Allen

②

MEI Conference

4-14-88

2:30 p.m.

- 1) Jacqueline J. Valiant
- 2) M. M. J. D. D. D.
3. B.L. Kays

4. J. J. C. C.

5. C. C. C. C.

6. A. A. A.

7. M. Blackwell

4

1988

Memorandum

● Government of the District of Columbia

TO: Kenneth Dais, M.D.
Director
Cardiology Catherization Lab.

Department,
Agency, Office:

FROM: Gul M. Chughtai
Medical Physicist
Radiology



Date: April 14, 1988

SUBJECT: Radiation Safety Lecture

To comply with JCAH requirements, a lecture on Radiation Safety is scheduled on April 25th at 2:30 PM in the conference room of the Cath Lab. All those who are involved in the Application of Radiation in Medicine are invited to attend.



Memorandum

Government of the District of Columbia

TO: George France
Program Coordinator
Environmental Services
OB/GYN Bldg. Room AG 44

Department,
Agency, Office:

FROM: Gul M. Chughtai
Medical Radiation Physicist
Radiology Department

Date: May 4, 1988



SUBJECT: Radiation Safety Lecture

To comply with JCAH, Code of Regulations (10CFR 19.12) and NRC requirements, a Radiation Safety Lecture is scheduled on Thursday, May 12, 1988 at 1:00 pm in the hospital auditorum. All those workers who perform certain duties in Nuclear Medicine Section, Radiation Therapy and Radiology Dept. should attend this lecture. The following topics will be discussed:

- a) What is Radiation?
- b) Types of Radiation used in DCGH.
- c) How safe it is to work?
- d) Radiation Safety rules.
- e) Radiation dose limits.
- f) Background radiation etc.

If you have any questions please call Medical Physicist at X 7640.

cc: Dr. Lawrence Johnson
Dr. Wm. Paul Walker, Jr.
Dr. Kish

3

Radiation Safety Lecture for House Keep
Staff DCSA

5/12/88

Deborah Ramos
Nancy Adams
Kara

Felix J. Brooks

Venice Brown

Frank Cooper
Carmie W. Bostic

William Wilson

Daisy Johnson

HERB HILLMAN

George Francis

Alberta Watkins

Jackie F. Carter

Mary Linda Blake
Sandra Vaughn

Earl Alston

Odella Alston

Glen R. Yate

Wallace J. Huss

Frank Smith

Reginald Smith

Ellen F. Peterson

Sallie Eaton

Verril Wallace

Aurell Steaner
James J. Butler

M. Wright 5/12/88

9/15/88

- Brenda Ross MD OB/GYN resident
- Jennifer Carrington "
- Evelyn Potluri " "
- G. Hamed Intern - Howard Surgery
- S. M. Advani Intern - Howard Surgery

Topic Discuss Radiation Safety for
Brachytherapy, Teletherapy, Radioactive
therapy - for Nurses and Doctors

J. Wright
9/15/88

6

31 August-1988

Radiation Safety Briefing
for
Communication Dept.

Signature.

1. CAROLYN SCHIRROW

Carolyn Schirrow

2. RALPH SPIGGLE

Ralph Spiggle

3. BEATRICE - Emslein

Mrs Beatrice Emslein

⑦

By

Jim. Chugh
RSO

x 7640

Memorandum

Government of the District of Columbia

TO: Mrs. Nellie Robinson, R.N; M.S.
Assit. Administrator for Nursing Services

Department,
Agency, Office:

FROM: Gul M. Chughtai, M.S.
Medical Physicist



Date: 19 Oct 1988

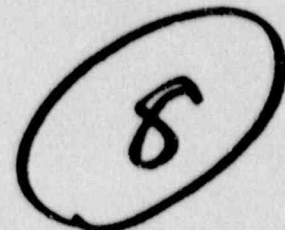
SUBJECT: Orientation and Training Program for Nursing Staff.

The extent of this training program will be to provide the basic principles and practices of radiation safety. There is a great misunderstanding and irrational fear among nurses and other hospital personnel who care for patients undergoing radium therapy or getting nuclear medicine scans. Series of lectures will be presented on :

- . Types of radiation
- . Occupational Permissible Radiation limits
- . Radiation Monitoring and Safety program
- . Basic principles of radiation protection
- . Prenatal Radiation and Fetus Exposure
- . Biological Consideration
- . Governmental Regulations

These lectures will be presented on weekly basis for six week and will be coordinated through the nursing training office. This will also comply with our ALARA (As Low As reasonably achievable) radiation safety program. Please provide me the list of those who are interested in this training program which will be started in January 1989. If you have any question or suggestion please contact me at ext. 7640.

- CC:
- . Executive Director
 - . Medical Director
 - . Dr. Paul Walker
 - . Dr. M. Kish



Memorandum

Government of the District of Columbia

TO: Dr. Cyril Brown, D.D.S.
Chairman, Dental Services.

Department,
Agency, Office:

FROM: Gul M. Chughtai, M.S.
Medical Physicist

Date: 12 Dec 1988

SUBJECT: Radiation Safety Briefing for Dental Personnel.

The objective of this briefing will be to provide the basic principles and practices of radiation safety. This is also to comply with our ALARA (As Low As Reasonably Achievable) radiation Safety Program which require that all the radiation workers will be briefed once a year on radiation safety. The following topics will be presented:

- . Types of radiation
- . Occupational Permissible Radiation limits
- . Radiation Monitoring and Safety program
- . Basic principles of radiation protection
- . Prenatal Radiation and Fetus Exposure
- . Biological Consideration
- . Governmental Regulations

Please provide me the list of radiation workers who will be attending this lecture, which is tentatively scheduled on 21 Dec 88 at 2:30 in the hospital auditorium. If any question regarding time schedual etc., please contact me at ext. 7640.

CC:

- . Executive Director
- . Medical Director
- . Chairman, Radiology Department
- . Chairman, Radiation Safety Committee

J/C

9

MONTHLY SPOT CHECK OF COBALT-60 TELETHERAPY UNIT

Month of : MAY 1988

INSTITUTION: D.C. GENERAL HOSPITAL, WASHINGTON D. C. 20003

SPOT CHECK PERFORMED BY: GUL M. CHUGHTAI, Medical Physicist

Date of Test : 5 / 5 / 88

I. DESCRIPTION OF UNIT:

- Manufacture: Picker Model#: Cobalt-60, C4 M/60 Teletherapy Unit
- Location : Room G-258 D.C. General Hospital
- Gantry : Mounted, 60 cm SAD with beam stopper
- Cobalt Source Activity: 4030 Ci (27 Sept 1983)
NPI-20-4000W, Serial # T-652
Installed on 9/23/1983
- Source Housing : Style 590C, Serial 168
- Collimator : Style 3347D, Serial 172 (Trimmers not Uranium)

II. SAFE / WARNING LIGHTS AND DEVICES :

- The following red lights are energized only while source is ON:

- On the control unit.
- In the front of the source housing.
- Over the door to the treatment room

	YES	NO
1. On the control unit.	✓	
2. In the front of the source housing.	✓	
3. Over the door to the treatment room		✓

- The following lights are energized only while the source is OFF:

- The green light on the control unit.
- The green light over the door of treatment room.
- The white ZONE GARD light.

	YES	NO
1. The green light on the control unit.	✓	
2. The green light over the door of treatment room.		✓
3. The white ZONE GARD light.	✓	

- The ratchet wheel on the front of the source housing can be seen, via the mirror and the T.V. system, to be turning to its full ON and OFF positions.
- Two different alarm devices (Prime Alert) located, one at the control area and the other on the wall inside treatment room, will signal red flashing light while the source is ON. When the source is off the green light on both is energized.

Both Prime Alarms functioning? — Yes ✓ No

III SAFETY SWITCHES AND INTERLOCKS:

- A. The treatment room door interlock switch and associated reset circuit are operating as required in the license.
- B. The emergency off bar switch on the Control Unit turns OFF the Co-60 beam when pressed.
- C. The ignition type keyed switch on the Control Console returns to its neutral position after being rotated and released to start a time.
- D. The beam cannot be turned ON without resetting the exposure timer after it has gone to zero time.

IV GANTRY MOTION MODE:

- A. The rotate, oscillate, skip and index mode operate properly.
- B. The tabs on the gantry compass card which set the angle limits for these modes were tested to determine if they remained set for repeated rotations of the gantry. All remained properly set for full gantry rotations. They are now the positive lock type tabs.

V TIMER VERIFICATION:

- A. Timer was checked with hand held watch. The results are shown below:

<u>Time setting</u> <u>on the control</u>	<u>Stop Watch</u> <u>Time measurement</u> (SECONDS)
0.1 (min) or 6 (seconds)	<u>6</u>
0.2 " 12 "	<u>11.5</u>
0.5 " 30 "	<u>31</u>
0.9 " 54 "	<u>54</u>
1.5 " 90 "	<u>91</u>
1.9 " 114 "	<u>114.5</u>
2.2 " 132 "	<u>131.5</u>

These values are within acceptable limits.

VI PATIENT VIEWING AND COMMUNICATING SYSTEM:

- A. The control circuit T.V. system is operating properly.
- B. The backup mirror system is aligned for patient viewing.
- C. The intercom is operating.

VII GAMMA RAY BEAM SYMMETRY & LIGHT FIELD ALIGNMENT:

The results of the beam symmetry for light vs radiation field are reported below:

1. The x-axis (from left to right): The variation of the field size at 50% optical density level was found to be $+1.5$ mm toward the entry wall and $+1.5$ mm toward the cysto wall.
2. The y-axis (from bottom to top): The variation of the field size at 50% optical density level was found to be $+1.0$ mm toward the entry wall and $+1.0$ mm toward the Back wall.

These are acceptable limits for beam uniformity.

VIII LIGHT SOURCE - DISTANCE LOCALIZER:

- A. The isocenter location was taken to be as 32.9 cm out from the $\emptyset 1$ collimator jaw (60 cm isocenter to the source). The light bar of the device was centered to the shadow of the crosswire. The results are shown below:

Device set for (cm)	Measured Source Distance (cm)
50	50.5
55	55
60	60

These are acceptable values.

IX COLLIMATOR SCALE CALIBRATION:

- A. Gantry at zero angle, SSD = 60 cm with trimmer bars attached
- B. The following are the results of measurements:

Scale Setting (cm x cm)	Light Field (cm x cm)
5 x 5	4.8 x 5.1
10 x 10	10.0 x 10.1
15 x 15	14.8 x 15.2

These are acceptable values.

X ISOCENTER STABILITY:

A. Using the shadow of the intersection of the collimator cursor wires as indicator of the gamma ray beam central axis location:

1. The isocenter was found to stay within 1.5 mm diameter circle for 280 degree rotation of the gantry.
2. The isocenter was found to stay within 1.0 mm diameter circle for full collimator rotation while the gantry was set to 270 deg. (horizontal beam).

XI RADIATION OUTPUT MEASUREMENT IN AIR

A. Calibration Instrument:

1. Electrometer: Capintec Digital Dosimetry System, Model 192, Serial #48294625 calibrated for the gamma-rays of Cobalt-60, by Capintec in December 1987.
2. Ionization Chamber Sr. # CII.66211, Calibrated on 10/28/87.
3. Chamber Factor (Cn): 1.000 Mode setting: Rate/Extended.
4. Temperature (T): 31.0 Deg.C. Pressure (P): 758.9 mm Hg.
5. $C_{t,P} = \frac{273.15 + T}{295.15} \times \frac{760}{P} = \dots$

B. Calibration Conditions & Test method:

(1). The chamber was set in air at the treatment system isocenter (60 cm SSD). Field Size was set at 10 cm x 10 cm with the trimmers attached. The exposure rate in air is corrected with temperature and pressure and chamber factor.

C. Timer Error Correction:

(1). Longer Timer Exposure (M1) for 2 min :

i. 230.3 ii. 230.5 Average (M1): 230.4 R

(2). Shorter Timer Exposure (Mn) for 0.5 min x 4 exposures:

i. 234.1 ii. 234.2 Average (Mn): 234.2 R

$$a = \frac{t(Mn - M1)}{n(M1) - Mn} \quad (\text{here } t = 2, n = 4)$$

a = +0.010

4) This agrees well with existing value

D. Exposure Rate in Air at 60 cm SSD for 10 cm x 10 cm :

$$X = \frac{M1}{t + a} \times Cn \times Ct,p \quad R/min$$

$$x = 118.4 \text{ R/min}$$

E. Calculated dose rate in air at 60 cm SSD for 10cm x 10cm field with physical decay correction (since 15 October 1983):

$$\text{Exposure Rate } X = \text{Exposure rate on (10/15/83)} \times e^{-\frac{0.693}{T} \times (t)} \quad \dots$$

$$x = 118.9 \text{ R/min}$$

F. PERCENT VARIATION IN MEASURED AND CALCULATED EXPOSURE RATE:

$$\% \text{ Variation} = \frac{\text{Measured} - \text{calculated}}{\text{calculated}} \times 100$$

$$= \frac{+0.4}{\text{-----}} \% \quad (\text{NRC accepts } +/- 3\%)$$

XII. CLINICAL ABSORBED DOSE RATES FOR 60 TO 80 CM SSD: The dose rate in air and absorbed dose rate at 60, ~~65~~ and ~~80~~ cm SSD are calculated for routine clinical treatment of patients. These values are calculated by applying a physical decay correction factor to the measured value on 15 October 1983. (The data is reported on next page).

APRIL	1968	MAY	1968	MAY	1968															
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
					1	2	1	2	3	4	5	6	7	8	9	10	11	12	13	14
10	11	12	13	14	15	16	15	16	17	18	19	20	21	12	13	14	15	16	17	18
17	18	19	20	21	22	23	22	23	24	25	26	27	28	19	20	21	22	23	24	25
24	25	26	27	28	29	30	29	30	31											

MAY

Monday

16

Eid al-Fitr

Tuesday

17

Physical Exam. 2:20

Wednesday

18

*n.m. semi annual insp.
(Cancelled)*

Thursday

19

*9:30 A.S.C. meeting.
Approval we as Q.E.*

Friday

20

*HPSI with Bill Walker
(@ 2:30 P.M. (Sibley proposed))*

Saturday

21

Armed Forces Day (USA)

Sunday

22

5/16/88 MAY 1988

5/16/88 Co-co Monthly Spot Check

5/16 Q.C. Committee Meeting @ 2:30

5/16 Meeting @ Dr. Johnson @ 11:00 AM

5/16 Meeting @ Dr. Nourji & Bill Walker

5/16 Had spot checks for 14 weeks

5/17 Physical Exam. @ 7:30

@ 2:30 meeting @ Dr. Chewaka

5/18 Nuc Med. Semi annual Was cancelled.

5/19 Radial Safety Committee members approved me as qualified expert physicist

5/20 Meeting @ Dr. Bill Walker @ 2:30 HPSI for proposal on safety. Correction of meeting spot check report. Dental Appointment @ VA Hosp. 2:30

~~5/28~~ To

5/28 to June 30/1988

@ San Antonio

Approved Wh by for 5/4/88



Health Physics Services, Inc.

4 Research Place, Suite 140
 Rockville, Maryland 20850
 Phone: (301) 670-1818 Toll Free: 800-638-8488

May 13, 1988

MONTHLY SPOT CHECK OF COBALT-60 TELE THERAPY UNIT

Month of: May 1988

INSTITUTION: D.C. GENERAL HOSPITAL, WASHINGTON, D.C. 20003

SPOT CHECK PERFORMED BY: GUL M. CHUGHTAI, MEDICAL PHYSICIST

Date of Test: May 5, 1988

I DESCRIPTION OF UNIT:

- A. Manufacturer: Picker Model# Cobalt-60, C4 M/60
Teletherapy Unit
- B. Location: Room G-258 D.C. General Hospital
- C. Gantry: Mounted, 60 cm SAD with beam stopper
- D. Cobalt Source Activity: 4030 Ci (27 Sept 1983)
NPI-20-4000W, Serial #T-652
Installed 9/23/83
- E. Source Housing: Style 590C, Serial 168
- F. Collimator: Style 3347D, Serial 172 (Trimmers not Uranium) :

II SAFE/WARNING LIGHTS AND DEVICES:

- A. The following red lights are energized only while source is on:

1. On the control unit
2. In the front of the source housing.
3. Over the door to the treatment room

Yes	No
✓	
✓	
	✓

- B. The following lights are energized only while the source is OFF:

1. The green light on the control unit.
2. The green light over the door of treatment room.
3. The white ZONE GARD light.

Yes	No
✓	
	✓
✓	

- C. The ratchet wheel on the front of the source housing can be seen, via the mirror and the T.V. system, to be turning to its full ON and OFF positions.

- D. Two different alarm devices (Prime ALERT) located, one at the control area and the other on the wall inside treatment room, will signal red flashing light while the source is ON. When the source is off, the green light on both is energized.

BOTH Prime Alerts are functioning ? ---- Yes - ✓ - No

Monthly Spot Check of Co-60 Teletherapy Unit
May 1988
D.C. General Hospital
Washington, D.C.

III SAFETY SWITCHES AND INTERLOCKS:

- A. The treatment room door interlock switch and associated reset circuit are operating as required in the license.
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Monthly Spot Check of Co-60 Teletherapy Unit
May 1988
D.C. General Hospital
Washington, D.C.

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These are acceptable values.

IX COLLIMATOR SCALE CALIBRATION:

- A. Gantry at zero angle, SSD = 60 cm with trimmer bars attached

Monthly Spot Check of Co-60 Teletherapy Unit
May 1988
D.C. General Hospital
Washington, D.C.

B. The following are the results of measurements:

<u>Scale Setting (cm x cm)</u>	<u>Light Field (cm x cm)</u>
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2. Ionization Chamber Sr. # CII.66211, Calibrated on 10/28/87.
3. Chamber Factor (Cn): 1.000 Mode setting: Rate/Extended.
4. Temperature (T): 31.0 Deg.C. Pressure (P): 758.9 mm Hg.

B. Calibration Conditions & Test Method:

1. The chamber was set in air at the treatment system isocenter (60 cm SSD). Field Size was set at 10 cm x 10 cm with the trimmers attached. The exposure rate in air is corrected with temperature and pressure and chamber factor.

Monthly Spot Check of Co-60 Teletherapy Unit
May 1988
D.C. General Hospital
Washington, D.C.

C. Timer Error Corrections:

1. Longer Timer Exposure (M1) for 2 min:

i. 230.0 ii. 230.5 Average (M1): 230.4 R

2. Short Time Exposure (Mn) for 0.5 min x 4 exposures:

i. 234.1 ii. 234.2 Average (Mn): 234.2 R

$$a = \frac{t(Mn - M1)}{n(M1) - Mn} \quad (\text{here } t = 2, n = 4)$$

$$a = +0.010$$

This agrees well with the existing value.

- D. Exposure Rate in Air at 60 cm SSD for 10 cm x 10 cm:

$$X = \frac{M1}{t + a} \times Cn \times Ct,p \quad \text{R/min}$$

$$X = 118.4 \text{ R/min}$$

- E. Calculated dose rate in air at 60 cm SSD for 10cm x 10cm field with physical decay correction (since 15 October 1983):

$$\text{Exposure Rate } X = \text{Exposure rate on (10/15/83)} \times e^{\frac{-0.693}{T} \times (t)}$$

$$X = 118.9 \text{ R/min}$$

- F. PERCENT VARIATION IN MEASURED AND CALCULATED EXPOSURE RATE:

$$\% \text{ Variation} = \frac{\text{Measured} - \text{calculated}}{\text{calculated}} \times 100$$

$$= +0.4\% \quad (\text{NRC accepts } +/- 3\%)$$

XII CLINICAL ABSORBED DOSE RATES FOR 60 CM TO 80 CM SSD:

The dose rate in air and absorbed dose rate at 60 cm, 65 and 80 cm SSD are calculated for routine clinical treatment of patients. These values are calculated by applying a physical decay correction factor to the measured value on 15 October 1983. (The data is reported on next page).

Monthly Spot Check of Co-60 Teletherapy Unit
May 1988
D.C. General Hospital
Washington, D.C.

Picker C4M/60
Cobalt-60 Teletherapy Unit
CALIBRATION*

<u>Field Area</u> <u>cm²</u>	<u>R/Min in Air</u> <u>60 cm SSD</u>	<u>RADS/Min given Dose Rate (0.5 cm)</u> <u>60 cm SSD</u>
16	113.2	107.4
25	114.3	108.7
35	115.4	110.3
50	116.8	111.9
75	118.7	114.1
100	120.0	115.8
150	121.9	118.6
200	123.4	120.6
225	123.9	121.4
250	124.5	122.2
300	125.4	123.6
400	126.9	126.0
600	127.9	129.0

* Trimmer bars attached
(for 100 cm², removing bars reduces air exposure rate by 1.9%)
‡ Central date: 5/15/88

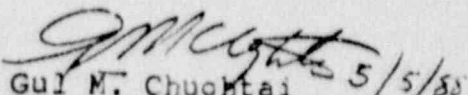
Adjusted Source Assay (NPI): 2175 Curies (5/15/88)
Virtual Source Center to Isocenter: 58.9 cm
Net shutter ON/OFF time effect: 0.28 second (9/23/86)
(subtract from computed Rx time)
Calibration date: 9/23/86

Picker shadow tray (2 x 3/8" Lucite), multiple computed Rx time
by 1.12


Monthly Spot Check of Co-60 Teletherapy Unit
May 1988
D.C. General Hospital
Washington, D.C.

Any questions on the above should be directed to the undersigned.
HEALTH PHYSICS SERVICES, INC.

Prepared by:


Gul M. Chughtai
Medical Physicist

Reviewed by:


William J. Walker, Ph.D., CHP
Senior Vice President and
Chief Scientist

/rd

QUALITY CONTROL TESTS FOR COBALT 60 TELE THERAPY UNIT

Month of March 1988

INSTITUTION: D.C. GENERAL HOSPITAL, WASHINGTON, D.C. 20003

A. DAILY Q.C. TESTS FOR:

1. SAFE/ WARNING LIGHTS AND DEVICES:

a. The following red lights are energized only while source is ON:

- 1. On the control unit.
- 2. In the front of the source housing.
- 3. Over the door to the treatment room.

b. The following lights are energized only while the source is OFF:

- 1. The green light on the control unit.
- 2. The green light over the door of treatment room.
- 3. The white ZONE GARD light.

c. The ratchet wheel on the front of the source housing can be seen, via the mirror and the T.V. system, to be turning to its full ON and OFF positions.

d. Two different alarm devices (Prime Alert) located, one at the control area and the other on the wall inside treatment room, will signal red flashing light while the source is ON. When the source is off the green light on both is energized.

2. PATIENT VIEWING AND COMMUNICATING SYSTEM:

- a. The control circuit T.V. system is operating properly.
- b. The backup mirror system is aligned for patient viewing.
- c. The intercom is operating.

Date:	3/1	3/2	3/3	3/4	3/7	3/8	3/9	3/10	3/11	3/14	3/15	3/16	3/17	3/18	3/21	3/22	3/23	3/24
sign	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]

① Primalarm - off, No electricity because off construction.

② intercom - off - No electricity construction.

QUALITY CONTROL TESTS FOR COBALT 60 TELE THERAPY UNIT

Month of April 1988

INSTITUTION: D.C. GENERAL HOSPITAL, WASHINGTON, D.C. 20003

A. DAILY Q.C. TESTS FOR:

1. SAFE/ WARNING LIGHTS AND DEVICES:

a. The following red lights are energized only while source is ON:

1. On the control unit.
2. In the front of the source housing.
3. Over the door to the treatment room.

b. The following lights are energized only while the source is OFF:

1. The green light on the control unit.
2. The green light over the door of treatment room.
3. The white ZONE GARD light.

c. The ratchet wheel on the front of the source housing can be seen, via the mirror and the T.V. system, to be turning to its full ON and OFF positions.

d. Two different alarm devices (Prime Alert) located, one at the control area and the other on the wall inside treatment room, will signal red flashing light while the source is ON. When the source is off the green light on both is energized.

2. PATIENT VIEWING AND COMMUNICATING SYSTEM:

- a. The control circuit T.V. system is operating properly.
- b. The backup mirror system is aligned for patient viewing.
- c. The intercom is operating.

Date:	4/1	4/2	4/3	4/4	4/5	4/6	4/7	4/8	4/9	4/10	4/11	4/12	4/13	4/14	4/15	4/16	4/17	4/18	4/19	4/20	4/21	4/22	4/23	4/24	4/25	4/26	4/27	4/28	4/29
sign	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>

*Make out of order - Callimator
Lamp - out*

QUALITY CONTROL TESTS FOR COBALT 60 TELE THERAPY UNIT

Month of May 1988

INSTITUTION: D.C. GENERAL HOSPITAL, WASHINGTON, D.C. 20003

A. DAILY Q.C. TESTS FOR:

1. SAFE/ WARNING LIGHTS AND DEVICES:

a. The following red lights are energized only while source is ON:

- 1. On the control unit.
- 2. In the front of the source housing.
- 3. Over the door to the treatment room.

b. The following lights are energized only while the source is OFF:

- 1. The green light on the control unit.
- 2. The green light over the door of treatment room.
- 3. The white ZONE GARD light.

c. The ratchet wheel on the front of the source housing can be seen, via the mirror and the T.V. system, to be turning to its full ON and OFF positions.

d. Two different alarm devices (Prime Alert) located, one at the control area and the other on the wall inside treatment room, will signal red flashing light while the source is ON. When the source is off the green light on both is energized.

2. PATIENT VIEWING AND COMMUNICATING SYSTEM:

a. The control circuit T.V. system is operating properly. - NO - ELECTRICITY

b. The backup mirror system is aligned for patient viewing.

c. The intercom is operating. NO - CONSTRUCTION HAS ELECTRICITY OFF.

Date: 5/3/88 5/4/88 5/5/88 5/6/88 5/7/88 5/8/88 5/9/88 5/10/88 5/11/88 5/12/88 5/13/88 5/14/88 5/15/88 5/16/88 5/17/88 5/18/88 5/19/88 5/20/88 5/21/88 5/22/88 5/23/88 5/24/88 5/25/88 5/26/88 5/27/88 5/28/88 5/29/88 5/30/88 5/31/88

sign: [Handwritten signatures]

5/31
M Jy,

① The Prealarm is off because of Construction - No Electricity.

② The intercom - off - No Electricity.

May 1988

ATTACHMENT 7



Government of the District of Columbia
 District of Columbia General Hospital
 19th Street and Massachusetts Avenue, S.E.
 Washington, D.C. 20003
 Telephone (202) 675-5000

Picker C4M/60
 Cobalt 60 Teletherapy Unit
CALIBRATION
 January 1, 1988 to January 31, 1988 #

Field Area cm ²	R/Min in Air 60 cm SSD	RADS/Min Given Dose Rate (0.5 cm)		
		60 cm SSD	65 cm SSD	80 cm SSD
16	118.4	112.2	95.6	63.4
25	119.5	113.5	97.0	64.2
35	120.6	115.1	97.9	65.0
50	122.0	116.9	99.8	66.0
75	123.9	119.3	101.8	67.3
100	125.3	121.0	103.3	68.3
150	127.4	123.8	105.6	69.3
200	129.0	126.0	107.5	71.2
225	129.5	126.9	108.3	71.7
250	130.1	127.7	109.0	72.2
300	131.0	129.2	110.2	73.0
400	132.5	131.6	112.2	74.3
600	133.5	134.7	114.9	76.0

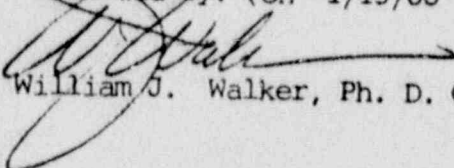
*Trimmer bars attached
 (for 100 cm², removing bars reduces air exposure by 1.9%)
 #Central date, 1/15/88

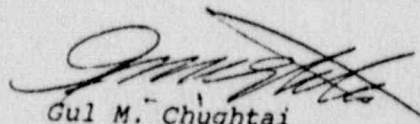
Adjusted Source Assay (NPI) = 2288 Curies (01/15/88)
 Virtual Source center to isocenter - 58.9cm
 Net shutter ON/OFF time effect = 0.01 minute (1/11/88)
 (subtract from computed Rx time)

Calibration date = 9/23/86

Picker shadow tray (2 x 3/8" Lucite), multiple computed Rx time by 1.12

Reviewed by: (on 1/15/88)


 William J. Walker, Ph. D. CHP


 Gul M. Chughtai
 Medical Physicist
 87-20
 1/15/88



Government of the District of Columbia
 District of Columbia General Hospital
 19th Street and Massachusetts Avenue, S.E.
 Washington, D.C. 20003
 Telephone (202) 675-5000

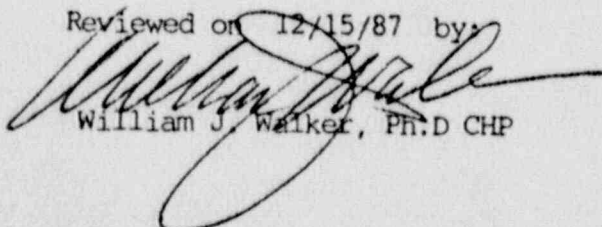
Picker C4M/60
 Cobalt-60 Teletherapy Unit
 CALIBRATION*
 December 1, 1987 to December 31, 1987 #

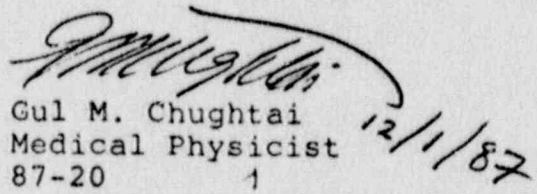
Field Area cm	R/Min in Air 60 cm SD	RADS/Min Given Dose Rate (0.5 cm)		
		60 cm SSD	65 cm SSD	80 cm SSD
16	119.7	113.5	96.7	64.1
25	120.8	114.8	98.1	64.9
35	122.0	116.4	99.0	65.7
50	123.4	118.2	100.9	66.7
75	125.3	120.6	102.9	68.1
100	126.7	122.4	104.5	69.1
150	128.8	125.2	106.8	70.1
200	130.5	127.4	108.7	72.0
225	131.0	128.3	109.5	72.5
250	131.6	129.1	110.2	73.0
300	132.5	130.6	111.4	73.8
400	134.0	133.1	113.5	75.1
600	135.8	136.2	116.2	76.9

*Trimmer bars₂ attached
 (for 100 cm, removing bars reduces air exposure rate by 1.9%)
 #Central date=12/15/87

Adjusted Source Assay (NPI) = 2313 Curies (12/15/87)
 Virtual source center to isocenter - 58.9 cm
 Net shutter ON/OFF time effect = 0.28 second (9/23/86)
 (subtract from computed Rx time)
 Calibration date = 9/23/86

Picker shadow tray (2 x 3/8" lucite), multiple computed Rx time
 by 1.12

Reviewed on 12/15/87 by:

 William J. Walker, Ph.D CHP


 Gul M. Chughtai
 Medical Physicist
 87-20 1
 12/11/87

Picker C4M/60
Cobalt-60 Teletherapy Unit
CALIBRATION*

May 1, 1988 to May 31, 1988

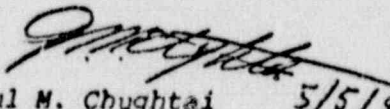
Field Area cm ²	R/Min in Air 60 cm SSD	RADS/Min given Dose Rate (0/.5cm) 60 cm SSD
16	113.2	107.4
25	114.3	108.7
35	115.4	110.3
50	116.8	111.9
75	118.7	114.1
100	120	115.8
150	121.9	118.6
200	123.4	120.6
225	123.9	121.4
250	124.5	122.2
300	125.4	123.6
400	126.9	126.0
600	127.9	129.00

* Trimmer bars attached
(for 100 cm², removing bars reduces air exposure rate by 1.9%)
Central date = 5/15/88

Adjusted Source Assay (NPI) = 2173 Curies (5/15/88)
Virtual Source Center to Isocenter - 58.9 cm
Net shutter ON/OFF time effect = 0.28 second (9/23/86)
(subtract from computed Rx time)

Calibration date = 9/23/86

Picker shadow tray (2 x 3/8" Lucite), mutiple computed Rx time
by 1.12


Gul M. Chughtai
Medical Physicist

5/5/88

ATTACHMENT 8

U. S. NUCLEAR REGULATORY COMMISSION
REGION I

Licensee: Government of the District of Columbia
District of Columbia General Hospital

Docket No.: 030-01326 and 030-12537

Enforcement Conference taken by and before
Loretta B. Devery, Registered Professional Reporter
and Notary Public, at the United States Nuclear
Regulatory Commission, Region I, 472 Allendale Road,
King of Prussia, Pennsylvania, on Wednesday, December
6, 1989, commencing at 11:00 A.M.

NRC Attendees: JAMES JOYNER
MALCOLM R. KNAPP
KARLA D. SMITH.
DANIEL J. HOLODY
MOHAMED M. SHANBAKY
JOSEPHINE M. PICCONE
JOHN GREEVES

NRC Attendees
via Telephone: JENNY JOHANSEN
JAY MCGURREN

Licensee Attendees: LAWRENCE JOHNSON, M.D.
WILLIAM PAUL WALKER, M.D.
GUL CHUGTAI

ALL POINTS REPORTING
723 Erlen Road
Norristown, PA 19401
(215) 272-6731

APPEARANCES:

MCCANTS & DUNBAR

BY: LEONARD L. MCCANTS, ESQ.
Suite 801, 8701 Georgia Avenue
Silver Spring, MD 20910
Counsel for D. C. General Hospital

KATOR, SCOTT & HELLER, CHTD.

BY: IRVING KATOR, ESQ.
1029 Vermont Avenue, N.W.
Suite 900
Washington, DC 20005
Counsel for Gul Chugtai

1
2 MR. JOYNER: Good morning. Thank you
3 very much for coming. My name is Jim Joyner. I'm the
4 Division Project Manager for the Division of Radiation
5 Safety and Safeguards, and I'll preside during the
6 conference today.

7 This is an enforcement conference, and
8 before we get too far along, I'd like to go around the
9 table and allow everyone here to introduce themselves
10 so that we'll all know who the players are.

11 My name is Jim Joyner.

12 MR. KNAPP: I'm Malcolm Knapp. I'm the
13 Director of the Division of Radiation Safety and
14 Safeguards.

15 MR. HOLODY: Dan Holody, Enforcement
16 Manager, Region I of the NRC.

17 MR. CHUGTAI: Gul Chugtai, Washington,
18 D.C. Hospital.

19 MR. KATOR: Irving Kator, attorney for
20 Mr. Chugtai.

21 MR. McCANTS: Leonard McCants. I'm the
22 general counsel to the D.C. General Hospital.

23 DR. JOHNSON: Lawrence Johnson, Medical
24 Director at D.C. General Hospital.

25 MR. GREEVES: John Greeves, Deputy

1 Director of DRSS here in Region I.

2 DR. SHANBAKY: My name is Mohamed
3 Shanbaky. I'm Section Chief for Licensing and
4 Inspection, Medical, Region I.

5 DR. PICCONE: Josephine Piccone. I'm a
6 Health Physicist in Dr. Shanbaky's section.

7 MS. SMITH: Karla Smith, Regional
8 Counsel, Region I.

9 MR. JOYNER: Before we go any further,
10 I'd like to ask Ms. Smith, who is our Regional
11 Counsel, to ask a couple questions.

12 MS. SMITH: This is an enforcement
13 conference between D.C. General Hospital and NRC, and
14 in our November 7, 1989 letter to D.C. General
15 Hospital, we understood from D.C. General that you
16 would bring Mr. Chughtai, and you were invited to bring
17 other members of the staff.

18 I'd like to direct this question to the
19 counsel for D.C. General: Do you have any objection
20 to any of the parties here today?

21 MR. McCANTS: I have no objection, and in
22 point of fact, we do expect Dr. Walker to attend this
23 session and will be here shortly.

24 MS. SMITH: All right then I'll turn it
25 back over to James Joyner, who is the Division Project

1 Manager, Division of Radiation Safety and Safeguards.

2 MR. JOYNER: What I'd like to do first is
3 to set out the agenda that I'd like for us to follow
4 today. I'll make some general opening remarks; I
5 would then ask Dr. Piccone to briefly address the
6 inspection and inspection findings, give you the
7 opportunity to respond, and then we'll make any
8 closing remarks, and you'll have the opportunity to
9 make some closing comments at the end. Also, of
10 course, we'll give you the opportunity to make an
11 opening statement, if you desire as well.

12 With that, let me provide some general
13 information regarding the enforcement conference and
14 its purpose. But I also would like to caution all of
15 you who are here that as this is an enforcement
16 conference, it is designed to be a very frank, candid
17 interchange between the NRC and the licensee. We
18 expect any comments that are made, any statements that
19 are made here today to be extremely forthright and
20 candid. And if it comes to our attention at some
21 point that any of the comments made were not
22 forthright, then we'll certainly take that into
23 consideration in determining what our final
24 enforcement action will be as well.

25 As you can note, we are having the

1 conference transcribed today and the parties will be
2 provided with a copy of the transcription once we
3 receive it back.

4 Our enforcement policy is designed to
5 accomplish several things. It is to ensure compliance
6 with the regulatory requirements. It is to obtain
7 prompt corrective action when violations do occur. It
8 is to deter future violations of the regulatory
9 requirements. And it is to encourage improved
10 licensee performance. When, as a result of our
11 inspection or other information, we determine that the
12 regulatory requirements have not been meticulously
13 followed, it is our responsibility to take prompt and
14 vigorous enforcement action once we have determined
15 all the facts. That is one of the reasons that we're
16 here today is to give you the opportunity to
17 contribute to additional factfinding on our part.

18 Enforcement conferences are held in
19 accordance with the enforcement policy which is in
20 part two of our regulations, and we have provided at
21 least the licensee with a copy of that requirement as
22 I understand. Is that correct?

23 DR. JOHNSON: Yes.

24 MR. JOYNER: If there are violations
25 which indicate that a civil penalty or further

1 escalated enforcement action might be appropriate, we
2 hold an enforcement conference in accordance with the
3 enforcement policy before we determine what that
4 enforcement action is likely to be.

5 During the course of the enforcement
6 conference, I want us to discuss the safety
7 significance of the violations or apparent violations,
8 their root causes and your corrective actions. I want
9 us to insure that we have a common understanding of
10 the facts associated with the inspection findings so
11 that we can then determine what the appropriate
12 enforcement action might be. I would expect you,
13 during the course of the enforcement conference, to
14 present any extenuating or mitigating circumstances
15 that might have contributed to the violations.

16 At a point later on, I will ask Mr.
17 Holody to explain to us what our options are with
18 respect to the enforcement policy. Do you have any
19 opening comments that you'd like to make before we get
20 further started?

21 MR. McCANTS: No, we do not.

22 MR. JOYNER: What I would like to
23 propose, and I appreciate you calling it out, one of
24 the things that I failed to point out is that in the
25 course of our questioning that is certain to follow,

1 please take the broadest possible interpretation of
2 the questions asked and try to provide the broadest
3 possible answers. As I indicated, this is a
4 factfinding mission on our part and we don't want to
5 overlook anything simply because we asked a question
6 perhaps in not exactly the right manner. So if you
7 have any question about exactly what we mean by the
8 questions that we ask, please ask right then and
9 there. Don't assume that we mean some narrow thing
10 when we might be looking for a broader picture.

11 As you're aware from having received the
12 inspection report, there were 13 apparent violations
13 identified during the course of the inspection
14 conducted by Dr. Piccone back in 1988. A subsequent
15 inspection early this year, in March, indicated that
16 the vast majority, if not all, of the apparent
17 violations that were identified during her inspection
18 last year had been corrected. As a result, I don't
19 want to take a lot of time going through the
20 individual apparent violations and trying to deal with
21 the specifics associated with them. However, if, as a
22 result of your reading of the inspection report, you
23 believe that there are factual errors associated with
24 those apparent violations, I certainly would hope you
25 will point those out to us today. This is your

1 opportunity to do that.

2 Otherwise, I would like to approach this
3 enforcement conference from the standpoint of looking
4 at the two broader issues associated with the
5 inspection. One is the lack of management attention
6 that allowed 13 apparent violations to occur, and that
7 is of great concern to us. The other issue, of
8 course, relates to what, as a result of our
9 investigation, was determined to be false statements
10 and false information that was provided to us during
11 the inspection or subsequent to the inspection. And
12 in particular, of course, we want to focus on that
13 issue because that is of extreme importance to us. We
14 are not at licensee facilities all the time. We
15 expect the radiation safety officer to function in our
16 stead when we are not there doing inspections. As a
17 result of some of the findings from this inspection,
18 it appears that the radiation safety officer and other
19 management were not doing their job, and as a result
20 of our coming to do the inspection, we find that we
21 are not provided the information that we need to make
22 reasonable and clear judgments on how your program has
23 been conducted.

24 As I indicated, we expect not only
25 meticulous attention to detail, but we expect extreme

1 candidness during the course of any of our
2 inspections.

3 MR. McCANTS: Let me just say one thing
4 for the record, and just in terms of your
5 introduction, let me say that I have with me Dr.
6 Lawrence Johnson, who is the Medical Director of the
7 hospital. Dr. Johnson obviously is responsible for
8 the entire treatment division of the hospital, and
9 ultimately is responsible for what we are here seeking
10 to deal with. But the person who is immediately
11 involved and immediately responsible for this would be
12 Dr. William Paul Walker who is not here now. So we're
13 going to go ahead with the conference with the
14 understanding that there may be some specifics that
15 Dr. Johnson may not be aware of; and indeed, if there
16 are areas that he cannot give you the very specifics
17 on, then I would like to have the record remain open
18 so that we can amend it if necessary in order to
19 include any information that Dr. Johnson may not be
20 privy to that Dr. Walker is.

21 MR. JOYNER: Is it your understanding
22 that he is enroute?

23 MR. McCANTS: Yes, that's correct.

24 MR. JOYNER: That is an option. And
25 because his input may be important to the factual

1 material that you'd like to provide, if you would like
2 to convene for say 30 minutes to see if he can get
3 here during that period of time, we're certainly
4 amenable to doing that. Is that appropriate? Would
5 you like to do that or would you prefer to proceed?

6 MR. McCANTS: No, we prefer to go ahead.

7 MR. JOYNER: Okay. I'd like to ask Dr.
8 Piccone to very quickly summarize what transpired
9 during the course of her inspection to provide a basis
10 then for our further discussions.

11 DR. PICCONE: Okay. In the course of the
12 first inspection, which was in June, 1988, there were
13 a number of problems that were related to the
14 teletherapy program. At this time, the hospital was
15 undergoing some renovation and asbestos removal, and
16 as a result of that, there were a number of areas with
17 the teletherapy unit that had been bypassed, the
18 radiation monitor that is located within the room, the
19 light that is required outside the door to indicate
20 machine on and off.

21 In addition to that, also connected with
22 the teletherapy program, were some problems with
23 notification by the hospital to NRC as regards changes
24 in personnel. There was a death or two of some
25 personnel in the hospital and a physicist had been

1 hired after that to fill that void, and NRC was not
2 notified of the death of the previous teletherapy
3 physicist nor was a request made to amend the license
4 to add a teletherapy physicist on the license so that
5 the hospital was operating under an NRC license for
6 approximately eight months without an authorized
7 teletherapy physicist.

8 So most of the violations connected with
9 the inspection at that time in the teletherapy
10 division have to do with these requirements to notify
11 NRC to amend the license, to have certain testing done
12 by a teletherapy physicist and to the systems that
13 were inoperable because of the renovation that was
14 going on.

15 There were three violations connected
16 with the nuclear medicine program. They were
17 concerned with the bioassay program and the constancy
18 test on the dose calibrator. And there were a couple
19 of violations, if you will, concerned with the overall
20 program, or the program in general, such as the
21 requirement for the audit, a formal audit.

22 Also in the follow-up of personnel
23 exposures, when film badges were missing or not
24 processed for some several months. And also training,
25 there was training violation primarily with the

1 individuals in the therapy department in that the
2 license had been renewed, they were not aware of this,
3 they were aware that the regulations had been revised.
4 They were not aware that it was a regulation that this
5 monitor be in place, and that if it wasn't, that they
6 should enter the room with a survey instrument. They
7 were unaware of all this information and confirmed
8 that they had been aware of the violation of the
9 license -- of the renewed license.

10 MR. JOYNER: Dr. Johnson, a question I
11 guess I would put to you to start with, in recognition
12 of Mr. McCant's statement that Dr. Walker may have
13 information that you do not, to the best of your
14 knowledge, do you admit the violations? Are there
15 some with which you take exception?

16 DR. JOHNSON: The hospital is not
17 challenging the NRC report and the list of violations.
18 We do have some additional information, however, on
19 the issue of the training of staff that Dr. Walker and
20 I believe Mr. Chugtai may have some additional
21 information. Apparently, there had been some
22 training, although staff who were questioned by the
23 inspectors, did not recall the exact nature of the
24 training, and obviously from your standpoint and from
25 our standpoint as well, if the staff cannot recollect

1 the training, the training could not have been as
2 effective as it should have been. But that is the
3 only additional bit of information relative to the
4 apparent violations that were identified during the
5 inspection.

6 As you pointed out in your introductory
7 comments, the hospital did proceed expeditiously to
8 correct the violations, and I believe as of the March
9 inspection and as of today, we are in compliance on
10 all of the issues that were identified in the
11 inspection.

12 MR. JOYNER: Mr. Chugtai, do you have
13 anything to add, as Dr. Johnson indicated you may have
14 some information relative to the training, is there
15 something to add to your standpoint?

16 MR. KATOR: Mr. Joyner, let me speak for
17 Mr. Chugtai as his attorney here. On one matter that
18 Dr. Johnson spoke to, Mr. Chugtai does take exception
19 to any statement in the report which would indicate
20 either directly or indirectly that there were any
21 false statements that were made that were attributable
22 to him. Now, if the synopsis that we have read and
23 the NRC report is intended to imply that Mr. Chugtai
24 did make false statements of any kind, that Mr.
25 Chugtai denies and we're here for the purpose of

1 showing that to be the case. So I wanted to, if Dr.
2 Johnson would permit me, simply to amend his statement
3 to take exception to that part of the report.

4 MR. JOYNER: Let me see if I can clarify
5 my position at this point. And that is I want to
6 separate to a large extent the issue of the alleged
7 false statements basically that our investigation
8 however concluded occurred from the other apparent
9 violations that were identified during Dr. Piccone's
10 inspection. And when I addressed the question, it was
11 related specifically to the 13 apparent violations
12 that were identified in the inspection report, with
13 respect to the safety program at D.C. General
14 Hospital.

15 The other thing that I want to avoid is
16 getting into a 3-way discussion here today. Our issue
17 is with D.C. General Hospital. They are the
18 responsible licensee, and while certainly Mr. Chugtai
19 is certainly welcome to provide statements, and I
20 would hope he would provide some information when we
21 get to, particularly to the issue of the false
22 statements and records, but at the moment I expect
23 that in answer to the question that I asked, for
24 example, if he has any additional information relative
25 to the training issue, as Dr. Johnson indicated he

1 might, I'd like to have that information, because I
2 want to clarify and clear up, to the extent we
3 possibly can, everything related to the 13 violations.

4 MR. KATOR: I understand. We have no
5 objection to that, but I did want to, with Dr.
6 Johnson's permission, amend his statement with respect
7 to exceptions to the report.

8 MR. JOYNER: Jenny and Jay, for your
9 benefit, Dr. Walker has just joined us so there's a
10 delay here while we get reorganized just a little bit.

11 MR. JOYNER: Good morning.

12 MR. McCANTS: Joining us is Dr. William
13 Paul Walker who is the Chairman of the Radiology and
14 Nuclear Medicine Department at D.C. General Hospital.

15 MR. JOYNER: Please welcome to the
16 conference. For the benefit of Dr. Walker so he'll
17 know who he's dealing with, I would like to one more
18 time go around the table so that you understand who
19 everyone is. My name is Jim Joyner. I'm the Division
20 Project Manager, and I'm today going to moderate the
21 conference.

22 MR. KNAPP: Malcolm Knapp, Director of
23 the Division of Radiation Safety and Safeguards.

24 MR. HOLODY: Dan Holody, Enforcement
25 Officer, Region I.

1 MR. CHUGTAI: Gul Chugtai, D.C. General
2 Hospital.

3 MR. KATOR: I'm Irving Kator, and I
4 represent Mr. Chugtai as his attorney.

5 MR. McCANTS: You know me.

6 MR. GREEVES: I'm John Greeves, Deputy
7 Director of DRSS Division here in Region I.

8 DR. SHANBAKY: I'm Mohamed Shankaby,
9 Section Chief for Medical Licensing and Inspection in
10 NRC Region I.

11 DR. PICCONE: Josephine Piccone, Health
12 Physicist in the Medical Licensing Inspection Section.

13 MS. SMITH: Karla Smith, Regional
14 Counsel, Region I.

15 MR. JOYNER: I know that Dr. Walker and
16 Dr. Johnson have had some telephone discussions over
17 the last month or so with Lee Bettenhausen, and Dr.
18 Bettenhausen is out ill today and not able to be here,
19 so to explain where he is for your benefit.

20 Please note, if you will, Dr. Walker, as
21 I have previously noted, that the conference is being
22 recorded today by a court reporter. And I went
23 through a brief summary of the purpose of the
24 conference, and basically it's a factfinding mission,
25 and we expect everyone who is present to be

1 straightforward and to take the broadest possible
2 interpretation of any questions that we ask so we can
3 get as much accurate factual information as possible.
4 And we thank you for joining us.

5 We had begun to address the specific
6 violations that occurred during the inspection that
7 Dr. Piccone performed in 1988 and specifically with
8 respect to corrective action. The question I had
9 asked shortly before your arrival was whether the
10 hospital is challenging the violations that were
11 indicated in the inspection report in any way or
12 whether you have accepted them, and you agree that
13 they were violations of the regulatory requirements.
14 And they had asked that to some extent we defer a
15 final answer until you arrived since you might have
16 some information that Dr. Johnson indicated he may not
17 be aware of. To your knowledge, and is it your
18 position that the violations occurred as stated or are
19 there exceptions that you'd like to take?

20 DR. JOHNSON: Perhaps it might help Dr.
21 Walker to appreciate the comments that I had made,
22 that the hospital was not challenging the inspection
23 report and the apparent violations except that there
24 was some additional information we wished to provide
25 relative to the training. And comments that I

1 anticipated Dr. Walker would make were specifically
2 related to the training of the technical staff
3 vis-a-vis the license and the the new regulations.

4 DR. WALKER: Yes. We had been doing some
5 training as far as the license is concerned and in
6 reference to Part 35. These were recorded in some of
7 the minutes, not in all of them, that we had and so we
8 had been doing that. The other thing too is the
9 inventory. We had been keeping inventory, not
10 orderly, but we had been doing them yearly, but that
11 was our understanding under the old license. At least
12 the physicist who was advising us up until that time
13 had said that that was adequate, and that's what we
14 had been doing.

15 MR. JOYNER: As I recall, in fact, the
16 inspection report I think says that some of the seal
17 source inventories were done on a semiannual basis
18 rather than a quarterly basis. It had been your
19 understanding, based on your previous physicist, the
20 teletherapy physicist who had consulted with you, that
21 that was adequate and met the regulatory requirements?

22 DR. WALKER: That's correct.

23 MR. JOYNER: Dr. Piccone, did those
24 requirements change in that old Part 35 to the new
25 Part 35?

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DR. PICCONE: No.

MR. JOYNER: So they were required quarterly previously, even though there may have been a misunderstanding on the part of your consultant.

DR. JOHNSON: I would also like to comment on what may be interpreted as extenuating circumstances. They certainly were unusual circumstances at our hospital. We had, within a one-year period, the untimely deaths of both our health physicist who was under contract with the hospital, Mr. Granke, and our radiation safety officer, Mr. Keyes. Prior to his death, Mr. Keyes had been the radiation safety officer and in fact before his death, we had begun a recruitment effort for a health physicist. After Mr. Keyes, the radiation safety officer's death, it was our intention to have the health physicist function as the radiation safety officer.

Also, Dr. Piccone had mentioned in her comments that at the time of the inspection we were undergoing fairly extensive reconstruction because we were replacing our cobalt unit with a linear accelerator. And in the process of the reconstruction, it was determined that there was a fair amount of asbestos in the ceiling, and most of

1 the structure where the new linear accelerator was to
2 be installed had to be demolished to remove the
3 asbestos. So there had been quite a bit of physical
4 change in the location.

5 I think, again, obviously the issue of
6 whether or not appropriate safety measures are
7 followed in the face of that kind of inspection is
8 really what's partly at issue here, and we certainly
9 recognize and agree with the findings from the report
10 relative to that, but I did want to make clear that
11 there were at least these three circumstances that we
12 feel were fairly unusual.

13 MR. HOLODY: When did the health
14 physicist take over the responsibilities of the
15 radiation safety officer?

16 DR. JOHNSON: The health physicist has
17 never taken over as radiation safety officer. The
18 current radiation safety officer, as you know, is Dr.
19 Sarshar, who replaced Mr. Keyes as the radiation
20 safety officer. We were preparing to have Mr. Chugtai
21 assume that responsibility when the findings of this
22 inspection were revealed to us.

23 MR. JOYNER: And when did Dr. Sarshar
24 take over the responsibility of the radiation safety
25 officer?

1 DR. JOHNSON: I don't know precisely.

2 DR. WALKER: I'm not certain either. I
3 think Mr. Keyes must have passed in May or June and --

4 MR. JOYNER: Of '87?

5 DR. JOHNSON: Yes.

6 DR. WALKER: Yes, '87, and when he
7 passed, we had submitted the name of our chief tech
8 for consideration and was told by you, meaning this
9 group, that his credentials were -- would not satisfy
10 that role. And so we resubmitted the the same of Dr.
11 Sarshar. And so it was around late summer, I believe,
12 when he became the R.S.O. and has been so since that
13 time. But as Dr. Johnson said, after the health
14 physicist -- Mr. Chugtai came aboard in late
15 November, the committee was in the process of
16 submitting his name to be the R.S.O. for the
17 institution.

18 MR. JOYNER: What was your relationship
19 with Dr. Sarshar with respect to the radiation safety
20 program, Mr. Chugtai?

21 MR. CHUGTAI: I was told by Dr. Walker
22 just to assist him whenever he needed some help. I
23 was not radiation safety official, I was not given any
24 responsibility until the committee approved me, so he
25 was in the process of approving my name. It was

1 taking a long time, so I was just assisting him.
2 Basically he was responsible for the radiation safety.

3 MR. HOLODY: What types of things did you
4 do while assisting him?

5 MR. CHUGTAI: Basically sometime
6 training, safety briefing, which I have the
7 documentation.

8 MR. JOYNER: Please, it was indicated
9 earlier in fact that you had some further information
10 with respect to safety.

11 MR. CHUGTAI: Unfortunately when you ask
12 the technologists, they don't remember those dates and
13 they can say nobody talked to us. January 15th I did,
14 15th, '88. I have the documentation. I did get 10
15 CFR 35 new guidelines, those radiation safety
16 inspections, safety program for the patients. On
17 January 26th, that was a radiation safety briefing
18 given to radiology tech staff, we discussed that.
19 Radiation therapy technologists, they were briefed on
20 March 3rd. So it's all documented on radiation safety
21 briefing because cobalt-60 emergency procedures,
22 radiation procedures, dose limits, density of R-35,
23 new guidelines at 2:30 P.M. So we have identification
24 here.

25 MR. JOYNER: Was there a program to

1 determine if the training had been effective? In
2 other words, were the people tested in any way,
3 questioned in any way at the conclusion of the
4 training to determine if they knew the material that
5 had been presented?

6 MR. CHUGTAI: We have no problem whenever
7 you give them training in simple way. They always
8 understand, they have no questions. So you always ask
9 and you check, but basically Dr. Sarshar was really
10 doing it after that. It was not primarily my
11 responsibility. I was not doing that.

12 DR. JOHNSON: But there was no specific
13 follow-up in terms of the effectiveness of the
14 training. No questionnaire or survey or other method.

15 MR. JOYNER: If I can summarize then, the
16 additional material or the information that you had
17 that you wanted to provide is basically that there was
18 training provided to the individuals, while it may not
19 have been effective, as was indicated when Dr. Piccone
20 questioned them. You wanted to at least get on the
21 record that training was provided and the dates that
22 that was provided.

23 DR. JOHNSON: Yes.

24 DR. WALKER: May I say one other thing?
25 The training was just for informational as well,

1 mainly because all of our techs have completed a
2 certified program. They're not all registered, but
3 they all have completed a certified program. And when
4 new techs come aboard, there's a packet that we give
5 them containing things that they need to know to
6 familiarize them with what's going on. So it's an
7 ongoing process. And so we were not starting from
8 scratch with anybody.

9 We do have a training program in the
10 department for training techs, radiological techs, and
11 so the amount of training that we were giving for the
12 techs at least was for -- was as an ongoing thing with
13 information to be gathered.

14 Now, we also have to train new doctors as
15 they come aboard too and so it's a process that goes
16 on throughout the year. When new residents and
17 fellows come aboard and will be exposed to some degree
18 to ionizing radiation, they have to undergo a program
19 and be put on the film badges. So it's something that
20 goes on throughout the year.

21 MR. JOYNER: Who provides that training
22 now?

23 DR. WALKER: That's been Mr. Chugtai's
24 responsibility. Before that time it was Mr. Keyes and
25 Mr. Granke partially. The physicist would come in and

1 do it, and in years past I had done some of that, so
2 had Dr. Sarshar and the other doctor in the Nuclear
3 Medicine Division.

4 MR. JOYNER: Is there a formalized
5 program? In other words, records are kept to make
6 sure that everyone who is required to receive this
7 training actually receives it? Is there an annual
8 retraining requirement for the technologists or
9 others, and is there a program for making sure that
10 that training is given to everyone?

11 DR. WALKER: Yes, there was. For the
12 other doctors when they come aboard, they cannot do
13 some of the procedures until they at least have had so
14 many hours of the training program. For the techs, we
15 try to put it on three or four times a year. I don't
16 remember the exact time, but we do keep records of it
17 because it's an ongoing thing that we have built into
18 the program.

19 MR. JOYNER: The only additional comment
20 I guess I'd like to make in some particular area is
21 that I think it's incumbent upon management to somehow
22 make sure the training that's provided is effective,
23 and whether that's by a formal testing procedure, a
24 written exam of some sort. It can be 10, 15, 20
25 questions, multiple choice, whatever might be your

1 choice, could be an oral exam, if you will, provided
2 on an individual basis by Mr. Chughtai or whomever. It
3 could be a program of observation and questions over
4 the next week or two by yourself or someone else, but
5 I think that management does have an obligation to
6 make sure that if they provide training that the
7 people understand. And while I can appreciate your
8 asking it at the conclusion of the training does
9 anyone have any questions, does everybody understand
10 the material, it would appear as a result of the
11 inspection that Dr. Piccone did that everyone didn't
12 understand the material and didn't understand the
13 specifics that were required to assure that the safety
14 program was working as it was intended. And I think
15 that some of the violations that she identified would
16 certainly indicate that people didn't understand what
17 their overall responsibility to safety might be. That
18 it could be harmful to them that some of the lights
19 the safety interlocks weren't working properly and
20 that they could potentially enter the teletherapy room
21 while the source was -- while the beam was still on.
22 And the same kind of thing is going to apply even
23 after you put your linear accelerator into use, even
24 though we won't be regulating that particular
25 activity.

1 Is there an understanding on your part as
2 to why the radiation safety officer wasn't fulfilling
3 his responsibility to make sure that the program
4 requirements were in place and were being followed?

5 DR. WALKER: I assume by that you mean
6 why wasn't Dr. Sarshar doing that?

7 MR. JOYNER: That's correct.

8 DR. WALKER: As I stated, he had just
9 assumed that responsibility and hasn't been in there
10 that long. And shortly afterwards, we got the health
11 physicist, and so we were planning to transfer it over
12 to the health physicist. So Dr. Sarshar's
13 responsibility was to primarily look at the film badge
14 reports and those kind of things to make sure those
15 individuals outside of the department, you know, had
16 their badges and were adequately monitored and those
17 kind of things. So it was an interim-type thing.

18 And so he was also in the process of
19 familiarizing himself with what was expected of him in
20 the long run because he didn't know, he didn't know.
21 Because the first person we put up we had thought was
22 going to be the individual because Mr. Keyes had been
23 a tech and had assumed that responsibility and had
24 done a pretty good job of it, and so we were hoping
25 that the other tech that we put up would be likewise.

1 But since it didn't occur, we were in the process of
2 trying to now gird up Dr. Sarshar in the meantime
3 until the health physicist had taken over that
4 responsibility.

5 MR. JOYNER: What changes have taken
6 place since then in order to provide us with assurance
7 that someone is now watching the program? And I think
8 that's what we're looking to get today.

9 DR. JOHNSON: We recognize as a result of
10 the survey that the program that Dr. Walker just
11 described was a fragmented one. We had
12 responsibilities charged between Mr. Chugtai and the
13 radiation safety officer, and we have not consolidated
14 all these responsibilities under the radiation safety
15 officer. So I think that would probably be the major
16 change.

17 I think the fragmentation probably
18 contributed substantially to at least the opportunity
19 for the program not to be carried out as vigorously as
20 it needs to be. I'm fairly confident at this point
21 that Dr. Sarshar most understands his responsibilities
22 as a radiation safety officer and is carrying them
23 out. Also, the Radiation Safety Committee of the
24 medical staff has taken on a more active role in the
25 review of these activities. So my sense is that this

1 combination of changes that have been made will
2 prevent this kind of incident from recurring.

3 MR. JOYNER: Can one of you describe the
4 kinds of activities that the committee is now
5 performing that would provide us with that increased
6 assurance?

7 DR. JOHNSON: I think Dr. Walker,
8 perhaps. He's a member of the Radiation Safety
9 Committee.

10 DR. WALKER: The committee is responsible
11 for, first of all, the yearly audit, the ones who are
12 responsible for seeing that this is carried out and
13 reported back to the executive committee. They're
14 responsible for reports on the film badges. The
15 R.S.O. reports to them about the film badge reports
16 and about other safety lectures. The safety lectures,
17 the committee keeps a copy of that. All the work done
18 by the consulting physicists, because we have two
19 consulting physicists now, all the reports go back to
20 this committee and they're responsible for maintaining
21 that and for also seeing that the recommendations are
22 carried out by getting reports from the various
23 departments and whatnot that are responsible for this.
24 And they're responsible for checking the credentials
25 on all individuals who apply for use of materials; and

1 they're responsible for -- not for getting out the
2 waste, but for seeing that -- for getting the reports
3 on what happens to all the waste materials.

4 MR. JOYNER: When is or was the last
5 annual audit?

6 DR. WALKER: In October, I believe.

7 MR. JOYNER: Were there any findings as a
8 result of that review?

9 DR. WALKER: The only finding was that
10 the cobalt machine I think was still considered to be
11 not operable, if you will. I don't like to use that
12 term because I think it still gives good treatment, I
13 would stake it on that, but there are some problems
14 with the mechanics of that the unit. It's old and
15 it's noted each time by the consulting physicist. And
16 so that was one of the major ones. I believe that was
17 it.

18 One other thing they're responsible for
19 too, and that's the safety manual. They have to
20 review the safety manual and update it every year.

21 MR. JOYNER: Is there an external audit
22 performed? Do you have a consultant physicist? Dr.
23 Dye I think has been your consultant teletherapy
24 physicist. Does he or someone else review the
25 program, come in and make sure that the dose

1 calibrator checks have been done, make sure that the
2 monthly spot checks on the teletherapy machine have
3 been done, those kinds of activities, the kinds of
4 things that apparently weren't done prior to Dr.
5 Piccone's inspection and resulted in that large number
6 of violations?

7 DR. WALKER: Heretofore he has not.
8 Remember what I said now, we have two physicists
9 groups who are doing the various procedures that need
10 to be done. Doctor Dye is responsible primarily for
11 the therapy end of it and he reviews the activities of
12 that area. He does not leak test the seal sources
13 however. That's the responsibility of the other
14 group, but he does the spot checks.

15 To answer the question about the audit of
16 the activities, admittedly the audit, at least in the
17 fashion that we are doing now, had not been done up
18 until after Dr. Piccone's inspection. So this is the
19 second time we've done the audit, so we're now in the
20 process of tightening up that area every year.

21 MR. JOYNER: And that's the annual review
22 by the Radiation Safety Committee?

23 DR. WALKER: Yes.

24 MR. JOYNER: So at this point, there's
25 not someone who's looking to determine if the nuclear

1 medicine program has been done properly? There's not
2 an independent review to determine if that's been
3 done. The radiation safety officer has that
4 responsibility. Do you think that he is today
5 fulfilling that? Is he checking the daily dose
6 calibrator checks to make sure that they're done and
7 they're done properly? Is he observing the techs to
8 make sure that they're wearing gloves when they're
9 required to and they're wearing lab coats and that
10 they're following the normal checks to make sure that
11 there's no contamination around at the close of the
12 day, those kinds of things?

13 I want to make sure that part of the
14 program is being followed, and similarly that someone,
15 perhaps Dr. Dye, is doing it, is looking as closely at
16 the teletherapy program to make sure that all those
17 requirements are being met as well.

18 DR. WALKER: Remember I said that Sarshar
19 himself has to report to the committee and it's the
20 committee that watches over his activities as well as
21 ourselves, because we all have to give them reports on
22 a quarterly basis. And so all of this is looked at,
23 the activities of the little satellite areas go to the
24 committee, and so it's the committee who is
25 responsible for seeing that all this is done and

1 making records of it. But we have to keep those, we
2 keep those records in the department, but the report
3 goes to them. And so it's a circular thing, so to
4 speak, but we don't have any outside person doing
5 that.

6 MR. JOYNER: Mr. Chugtai, as the medical
7 physicist, are you involved in any checks of the type
8 that we've been describing?

9 MR. CHUGTAI: At this time, no, I'm not
10 involved in any of those activities because we have a
11 teletherapy physicist coming in and Health Physics is
12 coming that covers nuclear medicine.

13 MR. JOYNER: That's the name of the firm,
14 Health Physics?

15 MR. CHUGTAI: Health Physics Service.
16 They're taking care of nuclear medicine.

17 MR. JOYNER: Do they send someone to the
18 facility periodically to review activities?

19 MR. CHUGTAI: Yes.

20 MR. JOYNER: How often, do you know?

21 MR. CHUGTAI: Monthly.

22 MR. HOLODY: Monthly?

23 MR. CHUGTAI: Yes, they are coming in.

24 MR. HOLODY: How long of a visit is that
25 when they come in?

1 MR. CHUGTAI: I don't know, I haven't
2 been there.

3 MR. JOYNER: Do you know, Dr. Walker?

4 DR. WALKER: I don't know. But it's
5 pretty extensive because they attend the meetings too
6 of the department and so it's pretty extensive. And
7 they also do the leak tests on the cobalt as well.

8 MR. JOYNER: When they come in, do they
9 provide a report to the committee of their findings?

10 DR. WALKER: Yes.

11 MR. JOYNER: What's the committee's
12 action as a result of receiving those reports?

13 DR. WALKER: The committee looks at the
14 report and gets the report from the department
15 concerning the recommendations, making sure that the
16 recommendations are done. So there's a follow-up
17 there.

18 MR. JOYNER: There's a follow-up and a
19 tracking to make sure that the things that are
20 recommended or at least addressed even if there's a
21 decision not to implement them for some reason?

22 DR. WALKER: Yes.

23 DR. JOHNSON: And the committee also
24 reports not only the minutes of their deliberations
25 and discussions but any recommendations from the

1 committee itself go to the executive committee of the
2 medical-dental staff. And the Executive Director of
3 the hospital and myself as Medical Director sit on
4 that committee and receive reports from the Radiation
5 Safety Committee. So that any issues that required
6 attention outside the department would be brought to
7 the attention of the hospital administration through
8 that mechanism.

9 MR. JOYNER: Are you personally
10 comfortable with the program as it exists today?

11 DR. JOHNSON: Yes. I think we're in
12 much, much better position than we were at the time of
13 this inspection. I do want to add that we are in the
14 process of recruiting a health physicist. We feel we
15 need to have someone who can function and carry out
16 these activities related to our license. So we are at
17 this point recruiting a health physicist.

18 DR. WALKER: Who we would like to be the
19 R.S.O. too, because that's with all the requirements
20 and whatnot that you have now, that's a lot of work
21 for a clinician to try to do in addition to all of his
22 other activities. So it's a bit burdensome for him.

23 MR. JOYNER: And I understand that, and
24 that's one of the reasons for my questions is
25 recognizing that a physician is presently holding that

1 responsibility, it makes it difficult for him by
2 himself to assure that everything is being done
3 properly which is why he needs the support of the
4 Radiation Safety Committee, perhaps external
5 consultants of some sort to look at the daily details
6 that he may not have time to do. But I want to make
7 it clear that it's management's responsibility as the
8 NRC licensee to make sure that those things somehow
9 are done. And if that means providing additional
10 staff, as you are looking to do, that's fine. And I
11 hope that that individual is provided the right
12 charter and held accountable then for making sure that
13 the program is run properly.

14 MR. HOLODY: Let me point out also that
15 we expect that in discharging that responsibility,
16 management, the radiation safety officer and any
17 consultants that you would utilize not only look at
18 records or insure that the tests, the sources are
19 done, but they actually walk through the facility when
20 people are doing their jobs to make sure that they are
21 in fact doing what they're supposed to be doing and
22 they understand any of the training that you may have
23 provided to them.

24 Too often we see situations where
25 consultants may come in for a couple hours in the

1 evening when there's very little activity and check
2 records. And we expect more than that. It's usually
3 when you fail to do those kinds of things that these
4 kinds of problems then exist.

5 DR. SHANBAKY: I want to get back to Dr.
6 Walker's statement about the October audit findings.
7 You said that one of the major findings in the audit
8 was the inoperability of the teletherapy unit, I
9 understand. Is this machine still in use at your
10 hospital?

11 DR. WALKER: Yes, it is. But I said I
12 didn't like to use the term inoperability, suboptimal,
13 if you will, but it's operable and it's safe. We've
14 been reporting that and watching it very closely with
15 the microscope almost since you all have been there.

16 DR. SHANBAKY: Can you be a little bit
17 more specific about what is the audit findings
18 regarding the teletherapy unit?

19 DR. WALKER: One of the problems that we
20 have with it is the isocenter. If you move the tube,
21 the isocenter is not correct. So we treat all our
22 patients using 10 gamma fields, for instance.

23 The head makes a noise when you do turn
24 it and we've had it checked time and time again. We
25 don't know why it does that, but it does. If you

9

1 change -- we have an old unit that treats -- that was
2 designed for 60 centimeters so, you know the problems
3 that we had with some of those and feelings of
4 physicists and therapists about that. If you try to
5 go beyond that, the treatment field size is not
6 correct. So we have to stay within that 60 centimeter
7 distance or else do some -- if we do any other
8 treatments, we have to do some elaborate set-ups.
9 Basically, that's it, the noise, the apparent swivel
10 in the head when you move it and those kind of
11 limitations, but that's basically it.

12 DR. SHANBAKY: Are you comfortable that
13 the noise is not related to any component that may
14 affect the safe operation of the equipment -- of the
15 machine?

16 DR. WALKER: Yes.

17 DR. SHANBAKY: How did you reach this
18 conclusion?

19 DR. WALKER: By the number of checks that
20 the physicist does. He checks it every time he comes.
21 We've had the manufacturer come in and check it
22 numerous times and he can't find anything. It's a
23 cracking kind of noise when you move it, when you
24 swivel it and it may be due to stress of the metal. I
25 don't know.

1 MR. JOYNER: Are any specific precautions
2 taken when the head is moved, for example, like making
3 sure that there's not a patient underneath the head
4 while that movement is taking place? Have you felt it
5 necessary to do that? Because I know we had at least
6 one instance a couple, three years ago when -- and it
7 may be a totally different teletherapy machine, but
8 when the head of a teletherapy machine did detach and
9 fall on to the patient. And again, I don't know
10 whether there's any similarities between the two
11 devices at all, but at least it's something that you
12 should be conscious of when you're running your
13 program.

14 DR. WALKER: Yes, we are conscious of
15 that. I don't think there's a danger of that, but for
16 instance we don't do rotational therapy anymore. So
17 it's all, you know, we have to use multiple fields and
18 this kind of thing, so we don't. There's nothing
19 elaborate, just trying to bide the time until our new
20 equipment is in.

21 MR. JOYNER: When do you expect that to
22 occur?

23 DR. WALKER: By the end of this month.
24 Santa Claus is coming to us.

25 MR. KNAPP: I would note that when that

1 head detached in the other case, the patient was
2 killed.

3 DR. WALKER: Yeah, I heard about it. So
4 we do very little movement. The techs have been
5 instructed, as you know, about checking the fields.
6 In fact, we check the light fields double time before
7 treating a patient and don't move the patient while
8 under -- I mean don't move the head while the patient
9 is under the machine. And importantly, we've got a
10 hand crank table, so they've got to manually do that.
11 So we don't have to worry about mechanical failures.
12 These are the kinds of things that are checked monthly
13 by the physicist. He checks them and he puts my name
14 in, Dr. Walker says it's all right, and we call the
15 manufacturer back every time to look at it, and he
16 says he can't find what it is.

17 MR. JOYNER: Are there any other
18 questions around the table relative to the management
19 control issue?

20 MR. HOLODY: I just want to make sure at
21 least my understanding is correct with respect to
22 those 13 violations then that were part of the
23 inspection report, not the other two issues that were
24 still to be discussed. It's my understanding that you
25 admit the 13 violations had occurred, with the

1 exception of the training issue, in that training was
2 provided. Although, you did admit that there was no
3 follow-up to verify that the individuals understood
4 the training that they had received; is that correct?

5 DR. JOHNSON: That's correct.

6 MR. JOYNER: Now, let's move on to the
7 next phase. Let me just stop a minute. Jenny, do you
8 or Jay have a question from headquarters?

9 MS. JOHANSEN: No.

10 MR. MCGURREN: No questions.

11 MR. JOYNER: With that, I'd like to move
12 on to the second issue, and the one which to us is of
13 considerable importance. As I indicated at the
14 beginning, we depend upon receiving very accurate
15 information from our licensees, and we have to depend
16 upon that because we're not there the vast majority of
17 the time. As a result of some of the activities
18 during the course of the inspection, it appears that
19 certain information was not accurate that was provided
20 to us. As a result of that, we requested that our
21 Office of Investigations conduct an investigation to
22 determine if the material -- if the information had
23 been provided accurately or if a false statement or
24 false information had been provided.

25 It was their conclusion that in fact the

1 information had been falsified and that false
2 statements were made during the course of the
3 inspection. Obviously of very great importance to us,
4 and it is on that basis that we have asked in
5 particular Mr. Chughtai to be here today, because we
6 wanted to give you the opportunity to provide any
7 additional information related to the facts that have
8 been provided to you already and be able to take any
9 information into consideration in determining what
10 enforcement action to take, and keeping in mind that
11 we hold the licensee accountable even when individual
12 members of the staff may not perform as they would
13 prefer, if that in fact occurred. With that, I'd
14 certainly like to give you the opportunity to address
15 the information that has been provided to us and I
16 think was provided to you. Yes?

17 MR. McCANTS: Thank you. Let me just say
18 for the record that licensee, D.C. General Hospital,
19 obviously share your concern about any apparent false
20 statements, intentional or otherwise, made by any of
21 its employees. The hospital does not condone nor has
22 it ever condoned or encouraged, and indeed to the
23 contrary, encourage our employees to be forthright and
24 candid and to tell the truth, particularly as it
25 relates to these particular issues, because the

1 hospital obviously is concerned about your concerns
2 but also about our concerns as well. And if indeed
3 employees are making false statements and not being
4 candid, then the hospital can be liable in terms of
5 its license with you, but also civilly in terms of
6 potential lawsuits.

7 So the hospital is quite aware of the
8 fact that we are concerned about this particular
9 issue, and I just wanted the record to reflect that
10 the hospital in no way condones or indeed at this
11 particular juncture even suggests that a false
12 statement has been made. But indicate that if in fact
13 there was a finding to that effect, then obviously the
14 hospital does not condone it.

15 I have invited to come with me, Mr.
16 Kator, who is an attorney representing Mr. Chugtai,
17 because again, we believe that these issues are of
18 such importance, and the fact that you have raised
19 these issues, that Mr. Chugtai indicated that he
20 thought that he should have counsel to represent him
21 on these issues. He vigorously denies that any false
22 statements or false reports were made. He denied it
23 to the hospital to Dr. Johnson and Dr. Walker and to
24 myself. We being in the position of having
25 received the report and a synopsis of the O.I.,

1 we felt that it was important that Mr. Chugtai be
2 given his day in court. So he has his attorney here
3 who will respond to your questions related to this
4 issue.

5 MR. KATOR: Thank you, Mr. McCants.

6 Speaking on behalf of Mr. Chugtai, we subscribe to the
7 statements made by Mr. McCants regarding candor and
8 honesty in making reports, and state for the record
9 that Mr. Chugtai has at all times been candid and has
10 given honest and correct reports with respect to
11 carrying out his responsibilities. Let me also say
12 that what we have seen, in connection with this report
13 about Mr. Chugtai, has been made available to me is
14 the report dated November 7th, the letter to the
15 Government of the District of Columbia, D.C. General
16 Hospital, which includes a synopsis. We have not
17 seen, Mr. Joyner, any of the specific statements,
18 investigator notes or other materials that have been
19 obtained during the course of the investigation. We
20 have made a request for such information and
21 presumably that will be forthcoming.

22 For that purpose, I would request -- we
23 want to respond as fully as we can at this time -- I
24 would request that the record be kept open so we have
25 an opportunity to review those statements to determine

1 whether there's additional information which should be
2 made available to you. Obviously, this is a matter of
3 great importance to Mr. Chugtai. This is his living;
4 this is his livelihood. Statements of this kind go to
5 his reputation and go to the question of whether he
6 can make a living in this particular field. So it is
7 a matter of grave concern, and that's why he's asked
8 me to join him here.

9 Now, we're prepared to give you all
10 information that we have. I do want to summarize this
11 and then let you ask Mr. Chugtai questions, if that's
12 satisfactory, Mr. Joyner.

13 MR. JOYNER: Please proceed.

14 MR. KATOR: Fine. As we understand the
15 issue -- I need to say that because, as I say, I've
16 not seen all the materials -- we understand the issue
17 -- and please correct me if I'm wrong, or if I've
18 misinterpreted any of the information that we do have,
19 as we understand the issue, it relates to a May, 1988
20 report completed by Mr. -- or prepared by Mr. Chugtai.
21 It's called a Monthly Spot Check of Cobalt-60
22 Teletherapy Unit, and it was dated May, 1988. I'm
23 speaking to that issue. If that is the correct issue,
24 Mr. Joyner.

25 MR. JOYNER: That is in fact, I believe,

1 Mr. Kator, the correct issue.

2 MR. KATOR: All right. I just want to
3 make sure that's it. In connection with that specific
4 report, let me give just a little background. Mr.
5 Chugtai was at that time working under the supervision
6 of a Dr. Bill Walker, William Walker, of the Health
7 Physics Services, who I believe were contracting at
8 that time -- contractors to the hospital and were
9 supplying certain services regarding the equipment.

10 Mr. Chugtai would prepare the monthly
11 spot check of the unit and would send that report to
12 Health Physics Services for their preparation and
13 final typing format. And at that time, those reports
14 were signed by Mr. Chugtai and by Dr. Walker, each
15 monthly report. So in the months of -- I'll just take
16 1988 -- this had gone on a little bit before that, in
17 1988, in January a monthly spot check was prepared by
18 Mr. Chugtai who found that the equipment was in proper
19 working order and made the proper report to Health
20 Physics. The report was signed and sent to the proper
21 sources.

22 In March, he made the same report;
23 however, construction had started in another room at
24 the end of February, I believe, and the light, the
25 light over the door to the unit was in fact covered

1 with a tape. The light was visible, the light was
2 working, but it was covered, it was not disconnected.

3 In March, Mr. Chugtai made the report
4 that the equipment was okay and the light was working.
5 The light was working and Mr. Chugtai so reported. In
6 April, he reported similarly that the equipment was
7 okay and the light was working. In May of 1988,
8 during the construction again, the bulb over the
9 treatment door was broken. This was noted by Mr.
10 Chugtai in the May report, completed -- that he
11 completed and sent to Health Physics for typing. Now,
12 that report came back to Mr. Chugtai on May 17th or
13 May 18th. Mr. Chugtai completed the May report on May
14 5. He sent it in to Health Physics. It was returned
15 to him, which is the normal procedure. It comes back
16 after it's finalized by Health Physics and reviewed by
17 Dr. Walker. That was the purpose of that. It came
18 back to him.

19 In that, Mr. Chugtai noted that in the
20 May report that had come back to him from Health
21 Physics, the information that he had included on his
22 draft report to Health Physics was not included in the
23 final report that Health Physics prepared. The report
24 for May was similar to the report for April. The
25 additional information that Mr. Chugtai had submitted

1 for the May report was not included.

2 Mr. Chugtai called this to the attention
3 of Dr. Walker. He called Dr. Walker and told him that
4 the report was wrong. Dr. Walker said well, we have a
5 meeting on May 20th to review another proposal and we
6 wanted to talk to you about something else and we will
7 correct the report at that time. Mr. Chugtai met with
8 Dr. Walker, showed him the original draft, which I
9 have and I do want to make a part of the record. It
10 will show -- and I show it to you, Mr. Joyner, just to
11 show you, make clear what I'm referring to, the May
12 report prepared by Mr. Chugtai included some boxes
13 indicating that that light was not working. Mr.
14 Chugtai showed Dr. Walker that report. Dr. Walker, in
15 the presence of Mr. Chugtai, called a typist named
16 Robin; is that correct, Mr. Chugtai?

17 MR. CHUGTAI: Yes.

18 MR. KATOR: And showed her that the lines
19 that Mr. Chugtai had included on the draft report, the
20 boxes, were not included on the report. She said that
21 the word processor couldn't create these kinds of
22 lines. Dr. Walker gave the report to another staff
23 person named Bernie?

24 MR. CHUGTAI: Yes.

25 MR. KATOR: For correction. That report

1 was corrected while Mr. Chugtai was with Dr. Walker by
2 Bernie who typed that additional information on to the
3 report. That additional information had been
4 originally submitted by Mr. Chugtai, but had been
5 inadvertently left off in the typing process.

6 MR. McCANTS: I just wanted it clear for
7 the record now when we're talking about Dr. Walker, we
8 are not talking about this Dr. Walker.

9 MR. KATOR: We are now we are talking
10 about William Walker.

11 MR. McCANTS: Madam Reporter, just for
12 the record.

13 MR. KATOR: He's not a medical doctor.
14 At that time, again in the presence of -- I show you
15 now, Mr. Joyner, the -- you can see where the -- this
16 is the final report, it's the final report, and you
17 can see where the boxes were typed on. You can see
18 it's obviously been put in by a typewriter. And that
19 would indicate that it was made consistent with report
20 that Mr. Chugtai originally submitted.

21 Now, I noted -- but let me continue on in
22 that vein. That report was then -- it had been
23 signed, keep that in mind, that the original report
24 when it was sent in had -- the original report was
25 signed by Walker when it came back to Mr. Chugtai. In

1 this instance, Walker's name was already on the last
2 page of that report. Now, I point out it's not
3 unusual the last -- that report, the spot check,
4 includes the Cobalt-60 teletherapy unit calibration
5 which is done on a monthly basis. That report, and I
6 have one here for the -- this is January of 1988, and
7 I'll show that to you. That's signed and dated by Dr.
8 Walker and Mr. Chugtai, signed and dated by both those
9 persons.

10 Now, I say that since apparently the
11 conclusion seems to be that since the reports, the
12 monthly reports for January, February and March were
13 somehow not dated and the May report was dated, that
14 somehow that makes it suspect and therefore, it must
15 be falsification.

16 Now, if that's the whole basis for the
17 NRC conclusion, or the IGE conclusion, then obviously
18 it has no support in the fact. You can't conclude
19 that a report is false because the previous month's
20 report was not dated and this one was. This report,
21 when it was typed, I'm talking now about the May final
22 report, when it was typed by Health Physics, it was
23 determined -- decided by Dr. Walker -- and I'm
24 guessing because he never told me this -- that he
25 wanted to distinguish this report as an amended report

1 in some way by putting a date on it. Mr. Chughtai
2 dated it, his report. Dr. Walker, on the telephone,
3 directed Mr. Chughtai simply to write a date, the date,
4 that was the 20th, I believe, on that report. That
5 was the date that this meeting occurred. He directed
6 Mr. Chughtai to put that date. That's his signature,
7 Dr. Walker's signature, Mr. Chughtai's signature. The
8 date was put there by Chughtai next to his name. The
9 date was put there at Walker's direction in his
10 presence with his pen. He told Mr. Chughtai, "Just put
11 it down. I'm on the telephone." Now, that's why that
12 report has a date and that's the way those dates are
13 there. There's nothing inaccurate; there's nothing
14 wrong about those reports.

15 Now, there's additional evidence that
16 this occurred, just as I've stated. Mr. Chughtai, as
17 you noted when he spoke of the training on the
18 radiotherapy, is inclined to keep records of when
19 certain events occur. He keeps two calendars, and I'm
20 going to give you copies of these, we can make, show
21 you the original books if you want to see them. This
22 is one calendar indicates that on Friday, May 20, he
23 has a meeting with Bill Walker at 2:30 P.M. I want to
24 show that to you.

25 A second record shows -- I have given you

1 copies of other pages to show that this is obviously a
2 normal business record. A second report shows -- a
3 second calendar shows that on May 20, he had a meeting
4 with Dr. Bill Walker at 2:30, H.P.S.I., that's the
5 Health Physics group, for a proposal on Sibley and
6 correction of monthly spot check report. Correction
7 of monthly spot check report. I might add on the 27th
8 he had a dental appointment. And these records are
9 all included.

10 I indicate that to show you that this is
11 made in the normal course of business, indicates that
12 he went to see Walker to correct that report. This is
13 not June, Mr. Joyner, this is May, May, before any
14 inspection was made, before Dr. Piccone or anyone else
15 came to that hospital, he had a meeting with Walker to
16 correct the May report. What he was correcting was
17 the fact that that May report did not, as typed by
18 Health Physics, did not include the information Mr.
19 Chughtai had made available to be included in the
20 report which showed that the light on the unit was not
21 working.

22 MR. JOYNER: Can I interrupt you just for
23 a moment to clarify for my own purposes the
24 distinction between this first document you handed me,
25 the calendar, and this document you just handed me

1 which appears to be a reproduction of a logbook
2 similar to the one that Mr. Chughtai has with him.

3 MR. KATOR: That's right.

4 MR. JOYNER: So there is a logbook; you
5 have a logbook?

6 MR. CHUGTAI: Here's the logbook.

7 MR. JOYNER: And this information came
8 from --

9 MR. KATOR: There it is, you can take a
10 look at that, if you like.

11 MR. JOYNER: Okay.

12 MR. KATOR: And the other is a calendar
13 book that he does keep.

14 MR. JOYNER: Okay, fine. Thank you. Go
15 ahead.

16 MR. KATOR: So it's clear he went to
17 Walker to correct the report. And as I indicated,
18 that's the correction that was made. It was signed,
19 as I indicated, how it was signed. And I also
20 indicated before the dated signatures were not unusual
21 in these calibration reports. I believe I showed you
22 one for January of '88. Here's one for December of
23 '87. Again, this is part of the information included
24 in the Monthly Spot Check Report. Again, those are
25 dated both by Dr. Walker and by Mr. Chughtai,

1 indicating again, simply that it's not unusual.

2 Let me state further, however, though
3 that I have here, and I'm going to give you copies of
4 reports by the technician, and I understand this
5 though, as I take it from the synopsis, that the
6 leading tech, a Miss Gant, has indicated that the beam
7 indicator at the entrance to the treatment room and
8 the permanent radiation monitor had been inoperable
9 since February, 1988, when the hospital began
10 construction for the removal of asbestos.

11 We state emphatically, and for the
12 record, that statement is incorrect. That statement
13 is not only incorrect because we say so, Mr. Chugtai
14 says so, Miss Gant's reports that she makes each month
15 which indicates the following red lights -- this is
16 called a quality control test for Cobalt-60
17 teletherapy unit made each month by the leading
18 tech -- indicates for the month of May -- indicates
19 she says since February -- indicates that in March and
20 in February, March, April, May, that the light was
21 working. She does take time to say the prime alarm is
22 off because of construction, no electricity. The
23 intercom is off, no electricity, but she indicates in
24 completing her report that the lights were working.
25 The lights that we have in question here.

1 Let me state further that -- and you can
2 speak, Mr. Chugtai can speak to this since it's
3 obviously hearsay on my part, but he has spoken to
4 Miss Gant and she indicates that she may well have
5 been incorrect as to when the light became inoperable
6 or when it wasn't working. It was not working at one
7 point, that was in May, and that was the time that Mr.
8 Chugtai in fact reported it. Now, let me show you
9 this report. Those are reports prepared by Miss Gant.

10 MR. JOYNER: Miss Gant indicates on this
11 report, which is the quality control test for
12 Cobalt-60 teletherapy unit and which for each month at
13 the bottom of the page has a number of dates
14 indicated, followed by her initials presumably,
15 someone's initials, she indicates on the one for
16 February, 1988, that days missed because of asbestos
17 removal. Does that mean that the unit was not
18 operated on those dates?

19 MR. KATOR: What does that mean, do you
20 know?

21 DR. WALKER: Yes.

22 MR. JOYNER: Dr. Walker indicates that's
23 what that means. Okay, please proceed, go ahead.

24 MR. KATOR: All right. The only other
25 point I want to make, and I did speak to the fact that

1 Mr. Chughtai had spoken to Miss Gant and indicated that
2 she was not sure really whether it wasn't back, that
3 part or not, but the plastic was on the light. And I
4 do want to say this: That the light was covered, it
5 was visible, but there was a piece of plastic that was
6 placed over the light in the process of construction,
7 but the light was working, it was visible on the
8 console. It was visible above the door. It may well
9 be that Miss Gant simply didn't recognize that the
10 light was in fact working, but the light was working
11 and was visible.

12 I think that completes the information
13 that I have to supply, given the fact that it's the
14 May report. And I want to simply summarize by saying
15 there's never been any falsification of any records or
16 reports by Mr. Chughtai. The reports he gave were
17 entirely accurate. I've explained the dating of the
18 reports. Why anyone would possibly conclude from the
19 fact that the report was dated while the previous
20 month was not, that somehow it was fraud, I don't
21 know. But I think we're able to document the fact
22 that Mr. Chughtai had the meeting on May 20th with Dr.
23 Walker and it was for the purpose of correcting that
24 May report. And that report was corrected, and all
25 you have, Mr. Joyner, is an amended report. Because

1 of a typographical error for the non-inclusion of
2 material that Mr. Chugtai made available to Health
3 Physics initially, that's all that occurred here this.
4 Maybe a misunderstanding, but certainly there's no
5 inaccuracy. There's no falsification of any reports
6 by the -- certainly not by the hospital and certainly
7 not by Mr. Chugtai.

8 Now, I think to the extent that I know
9 that being the charge that responds to it. I'd be
10 happy to try to answer any questions or have Mr.
11 Chugtai answer any questions, if you like.

12 MR. JOYNER: Let me start with one, and
13 certainly would encourage anyone who has any on this
14 side of the table to ask them, or even your side of
15 the table as far as that goes.

16 Is any of this information information
17 that is new since the time of our investigation?
18 Because certainly our investigator interviewed Mr.
19 Chugtai as well as Dr. Walker, the other Dr. Walker,
20 and perhaps this Dr. Walker as well, talked to I think
21 Miss Gant, talked to at least one of the typists at
22 Health Physics Services, Incorporated, and at no time
23 did any of them, to my knowledge, reveal any of the
24 information that you have provided today. So I'm
25 trying to determine, you know, if this is something

1 that's new, then we need to know that, and if it's not
2 new, if it existed at the time of the investigation,
3 then why it didn't come out during the course of the
4 investigation.

5 MR. KATOR: Maybe that's why God made
6 lawyers, you know. The information was available, so
7 in that sense it's not new. Obviously, it wasn't, but
8 it was. To my knowledge, Mr. Chugtai did not make
9 available his calendar, simply didn't occur to him to
10 make that available, was any kind of evidence that in
11 fact the report that he had gone to see Walker on that
12 date. So that's different.

13 With respect to what was said at Health
14 Physics, Dr. Walker, frankly he's got his own
15 bailiwick to protect. He was concerned presumably
16 with any allegation of fraud. And I believe I spoke
17 to him. I believe he is attempting to say that well,
18 we have nothing to do with this; this is all something
19 of Mr. Chugtai's doing. He signed that report. He
20 signed that report. That report is dated.

21 I tried to get a hold of Bernie and I
22 haven't been able to, who actually did the typing on
23 the report. So in that sense, this is new. I don't
24 know whether your investigators had access to Miss
25 Gant's reports, I don't know, but they were available,

1 presumably.

2 MR. CHUGTAI: Yeah.

3 MR. KATOR: Did you make them available
4 to anyone?

5 MR. CHUGTAI: He didn't ask.

6 MR. HOLODY: I have a question for Mr.
7 Chugtai. When you completed the report that was on
8 the 20th of May, when you completed the signature for
9 Mr. Walker --

10 MR. CHUGTAI: The amendment was on the
11 20th.

12 MR. HOLODY: What did you do with that
13 report?

14

14 MR. CHUGTAI: I gave it to them to make
15 sure.

16 MR. HOLODY: Who's them?

17 MR. CHUGTAI: Dr. Walker.

18 MR. HOLODY: So it would have been in the
19 files of --

20 MR. CHUGTAI: Health Physics.

21 MR. KATOR: In the --

22 MR. HOLODY: Health Physics. What did
23 you do with all other reports prior to that month,
24 April, May?

25 MR. CHUGTAI: They were with us; they

1 were at D.C. General Hospital, the other reports.

2 MR. HOLODY: So why was this report sent
3 back over to -- did you have a copy of this report at
4 the hospital?

5 MR. CHUGTAI: I received a copy. I
6 received a copy at the D.C. General Hospital when I
7 discovered this discrepancy.

8 MR. HOLODY: When was that?

9 MR. CHUGTAI: I think the 17th or 18th of
10 May.

11 MR. HOLODY: After you had received the
12 completed report, you said you gave it to the
13 consultant?

14 MR. CHUGTAI: Right.

15 MR. HOLODY: Did you have a copy at the
16 hospital?

17 MR. CHUGTAI: I got the original copy.
18 They sent me the original.

19 MR. HOLODY: The corrected copy, what did
20 you do with that?

21 MR. CHUGTAI: This is the corrected copy
22 I brought.

23 MR. HOLODY: What did you do with it at
24 that time? Did you put it in the filing system?

25 MR. CHUGTAI: Yeah, it's filed. It was

1 filed.

2 MR. HOLODY: Where?

3 MR. CHUGTAI: In my office.

4 MR. HOLODY: In your office?

5 MR. CHUGTAI: Yes.

6 MR. HOLODY: Just like all the other
7 reports?

8 MR. CHUGTAI: Yeah, that's right.

9 MR. HOLODY: When we did our inspection
10 in June, you did not have that report available; is
11 that correct?

12 MR. CHUGTAI: That was in June, that
13 time, no, the report was still with them at Health
14 Physics.

15 MR. HOLODY: So you didn't file it
16 immediately, you gave it to Health Physics?

17 MR. CHUGTAI: Because they were taking
18 long time.

19 MR. KATOR: He did say he left it with
20 Health Physics and they sent it out; is that right,
21 Mr. Chugtai?

22 MR. CHUGTAI: After correction.

23 MR. JOYNER: That meeting took place at
24 Health Physics, Incorporated's facilities?

25 DR. PICCONE: And they sent it to you

1 after reproduction, did you say?

2 MR. HOLODY: When did you receive that
3 copy of that report to put in the file, after May
4 20th, sometime after May 20th when you dated it May
5 20th for Dr. Walker and May 5th, there was the May 5th
6 date was on it for yourself. When did that report
7 make it into the D.C. General file at the hospital?

8 MR. CHUGTAI: I think after the
9 inspection, they sent it. That's why they got two
10 copies, NRC received two copies. One was uncorrected,
11 one was correct, this one. That's why I think it
12 happened after inspection, I believe.

13 MR. KATOR: After June 6th.

14 MR. CHUGTAI: After June, he have, and
15 those reports were always delayed one month or, you
16 know, two months, or sometime they would call it --
17 this one page of the calibration report I used to get
18 in 15 days period because we have to treat the
19 patients, so that one page report was more important
20 than the whole report. On this he was signing and he
21 was dating.

22 MR. KATOR: Is there any concern on your
23 part? Let me understand what it is.

24 MR. HOLODY: The April -- and when was
25 the spot check done originally, the May spot check?

1 MR. CHUGTAI: May 5th.

2 MR. HOLODY: And you received the report
3 back from the consultant close to the 20th?

4 MR. CHUGTAI: Around the 17th or 18th.

5 MR. HOLODY: So that was about two weeks
6 after the check?

7 MR. CHUGTAI: Yes.

8 MR. HOLODY: You gave them the report
9 back on the 20th after you had corrected it?

10 MR. CHUGTAI: Right.

11 MR. HOLODY: But you did not receive it?

12 MR. CHUGTAI: No.

13 MR. HOLODY: What you're saying, until
14 sometime after we did our inspection, which I believe
15 was the 6th of June --

16 MR. CHUGTAI: That's right.

17 MR. JOYNER: And at our request, you
18 provided -- when you received that back after Dr.
19 Piccone's request during the course of the inspection,
20 when you received that report back from Dr. Walker,
21 Dr. Walker's organization anyway, you then provided a
22 copy to Dr. Piccone?

23 MR. CHUGTAI: Everything. That's why
24 they got hold of two copies. One was corrected, the
25 other was uncorrected.

1 MR. JOYNER: That's why who got two
2 copies?

3 MR. CHUGTAI: One copy goes to Dr.
4 Walker, my supervisor, this was uncorrected, that
5 copy, so they got hold of two copies.

6 MR. JOYNER: So Dr. Paul Walker's files
7 may have then two copies of the May monthly spot
8 check?

9 MR. CHUGTAI: Yes.

10 MR. JOYNER: One prior to the corrections
11 being added?

12 MR. CHUGTAI: Right.

13 MR. JOYNER: And then subsequent to that.
14 Dr. Walker, do you know if that's the case one way or
15 the other? Do you have more than one report, to your
16 knowledge, or not?

17 DR. WALKER: I don't know. When Dr.
18 Piccone came, she asked the tech who supplied her with
19 copies of all the materials that we had had, and if
20 there were two copies, then they would be there.

21 MR. JOYNER: At that point, based on --

22 MS. JOHANSEN: Could Dr. Walker repeat
23 his answer? We couldn't quite hear him.

24 MR. JOYNER: Basically he said, if I can
25 state for you, basically he said when Dr. Piccone was

1 there, he asked for information and the tech provided
2 whatever happened to be in his file.

3 DR. WALKER: Keeping in mind, however, I
4 was just starting to say that that would have been
5 prior to the receipt of the corrected copy by Mr.
6 Chugtai in accordance with the information he just
7 provided.

8 MS. JOHANSEN: Okay, thank you.

9 DR. PICCONE: I think I'd like to clarify
10 that point, because during the inspection, they could
11 not produce any spot checks. And Mr. Chugtai, when
12 asked for the May spot check, said it was still with
13 Health Physics so I saw no copies of any spot checks.

14 MR. KATOR: Mr. Chugtai said it was still
15 with Health Physics, that's what he said.

16 DR. PICCONE: He said it was with Health
17 Physics.

18 MR. KATOR: That's right, that's where it
19 was. That's what he said here.

20 MR. JOYNER: What we're referring to is
21 only the May report, although she couldn't find any
22 other. Is there any knowledge at this point of where
23 the others were?

24 MR. CHUGTAI: The others were available,
25 I think.

1 MR. JOYNER: They weren't available
2 apparently during the inspection.

3 MR. CHUGTAI: I think they were asked
4 later on, not during the inspection. She asked May
5 report, but she saw the other reports. Yes, the other
6 reports were available. You have the copies; Miss
7 Gant has the copies.

8 MR. KATOR: We have copies of them.

9 MR. CHUGTAI: They were available.

10 MR. JOYNER: A question relative to the
11 inspection report. There is a fair amount of
12 information in the inspection report related to the
13 activities leading up to our investigation,
14 information that existed at the time of the
15 inspection. Do you have any corrections to make to
16 the information that's in the inspection report?

17 MR. KATOR: What do you have specific
18 reference to, Mr. Joyner?

19 MR. JOYNER: Well, anything that happens
20 to be in there relative to information provided by Mr.
21 Chughtai or others related to the monthly spot check
22 records that are in question.

23 MR. KATOR: You're talking about number
24 13 in the report or 11? I'm sorry.

25 MR. JOYNER: Yeah, I think it's going to

1 be the section of the report identified as 11. That's
2 what refers to the cobalt teletherapy program.

3 MR. KATOR: Well, the material on page 6
4 under 11 I'm not sure that we can respond to.

5 MR. JOYNER: I understand.

6 MR. KATOR: This is a matter relating to
7 the hospital.

8 MR. JOYNER: Well, for example, on page 7
9 in the third paragraph, certainly you may not be in a
10 position to challenge our interpretation or
11 understanding of what the radiation therapy technician
12 said, but there's at least information that relates to
13 the matter.

14 MR. KATOR: Yes, and we did take
15 exception to that. I explained that the light was not
16 off since February, and I think she would probably now
17 state that maybe she was incorrect when she said it
18 was off. I don't know about this. Mr. Chugtai, what
19 about the monitor; is that something else?

20 MR. CHUGTAI: That's the prime alert.

21 MR. KATOR: Well, we would take exception
22 to much, of course, as we stated, that appears in the
23 third or in the -- yes, the third paragraph on page 7,
24 and I think -- so again, the rest of the materials
25 relate really to hospital failures or alleged

1 failure.

2 MR. JOYNER: Let me proceed a little bit
3 then. My understanding, and I'll ask Dr. Piccone to
4 correct me if I make a misstatement, but my
5 understanding of the events that occurred during the
6 inspection suggest that she talked to Miss Gant,
7 perhaps other technologists as well, and that she then
8 addressed the matter with Mr. Chugtai and asked Mr.
9 Chugtai if he was aware that the indicator light had
10 not been operating. Do you remember that part of the
11 inspection, Mr. Chugtai?

12 MR. CHUGTAI: Yeah, she asked me and I
13 told her that up to April there's no problem. It has
14 been -- maybe Mrs. Gant was telling her differently.
15 In my absence, she asked her and the light was covered
16 fully with plastic, so I told her up to January,
17 February, March, April, we have no problem with the
18 light because it's interconnected with console unit.
19 Nobody has come in and cut the wires.

20 I asked asbestos people, I asked them if
21 you people have available unit. No, we just put up a
22 tunnel. So we just go to the teletherapy unit. The
23 bulbs were up at the light -- the plastic was. I was
24 doing a monthly spot check, you could see the light,
25 it was clear. The only thing it was functioning May,

1 and June when she came, Dr. Piccone, in June, it was
2 not working. May it was not working, okay.

3 MR. JOYNER: At what point in May do you
4 think that it wasn't working at all?

5 MR. CHUGTAI: They removed end of April
6 the asbestos, and first week of May when I noticed the
7 bulbs were broken. So we could not find the proper
8 size of the bulb; they're very tiny bulbs. So it was
9 not operating in May, June, July. We fix it somewhere
10 in August. The bulbs were not available till August.

11 MR. HOLODY: When did you say the
12 asbestos was removed?

13 MR. CHUGTAI: I mean the tunnel, sometime
14 the end of April or May, I don't know the exact date,
15 but when May report, the bulbs were broken and I saw
16 it and the lights were not functioning.

17 MR. JOYNER: And based on the information
18 that you provided here today, that suggests that your
19 Monthly Spot Check Report done on May the 5th stated
20 that?

21 MR. CHUGTAI: They were not working.
22 That's why the Health Physics did not -- they were
23 just following computer-created reports, and they did
24 not correct it in their word processors, these lines,
25 because this report was different than January,

1 February, March, April.

2 MR. JOYNER: Now, when Dr. Piccone was
3 there on June the 6th, what day of the week -- do you
4 remember, Dr. Piccone, what day of the week June the
5 6th was, Monday, Tuesday, Wednesday?

6 MR. CHUGTAI: I think it was Monday.

7 MR. GREEVES: Tuesday.

8 MR. JOYNER: It was a Tuesday.

9 MR. CHUGTAI: I had just come back from
10 San Antonio. I was in the process of moving my family
11 from San Antonio to Washington.

12 MR. JOYNER: My understanding is that Dr.
13 Piccone asked you if you were aware that the indicator
14 light was not functioning. And do you remember what
15 your response to her was at that time?

16 MR. CHUGTAI: I told her it was
17 functioning. I don't know what in the way she asked
18 me the question. I may have misunderstood her
19 question. If she would have asked me in May or June,
20 I told her it was functioning till April. I don't
21 know when, but I think when she talked to Miss Gant, I
22 think she said it never working or not working since
23 February that's what confused the whole situation.

24 My significant approach was nobody
25 disconnected the light, the console is functioning.

1 You can see the red light, green light on the console
2 when you turn it on. So they were never disconnected.
3 I told her up to April we have no problem, my report
4 says. We have documents, Mrs. Gant was checking every
5 day and it works. In May, I have changed the report.
6 I said this is not functioning, so we made the report.
7 In June, it was not functioning. July, it was not
8 functioning. Somewhere in August we got the bulbs and
9 it started functioning in August. The problem
10 actually started when the asbestos people removed the
11 tunnel and they broke those two tiny bulbs and then
12 you can see the bulbs. Before this you could not see
13 it.

14 MR. JOYNER: And you think that was in
15 the latter part of May that the bulbs were broken upon
16 removal of the tunnel?

17 MR. CHUGTAI: In the early part of May.

18 MR. JOYNER: Dr. Piccone, perhaps I can
19 ask you to recall, if you can, the discussion you had
20 with Mr. Chughtai during the course of the inspection
21 relative to the bulbs or to that indicator light and
22 to your understanding, your recollection of what his
23 response was as to when it stopped working or what his
24 understanding was on when it was working or not
25 working.

1 DR. PICCONE: When I asked Mr. Chugtai
2 about the lights, I asked him at the same time about
3 the monitor, so I spoke to the two issues on how long
4 the lights were working and the monitor, the prime
5 alert monitor. And Mr. Chugtai stated that before he
6 left on his trip to Texas, that the systems were
7 working, and when he came back, they were not.

8 MR. JOYNER: Can you address that?

9 MR. CHUGTAI: I don't remember I told you
10 Texas or Texas issue. I don't know. Did I tell you
11 about Texas trip? I told you up to April it was
12 working and in May and June, I reported it was not
13 working. So I never discussed anything, my trip with
14 you, to Texas.

15 MR. KATOR: Mr. Joyner, if I may, could I
16 ask Dr. Piccone if she made notes of her conversations
17 with him, with Mr. Chugtai?

18 DR. PICCONE: Of that, no.

19 MR. JOYNER: During the course of your
20 interview with the investigator, Mr. Cullings, did you
21 indicate to him at any point that you thought that
22 there was a misunderstanding; that in fact that the
23 report had been corrected because of a very legitimate
24 reason?

25 MR. CHUGTAI: I told him exactly, yes, I

1 told him what was oversight, overlooked by Health
2 Physics. It's not our facility, it's not D.C. General
3 Hospital. I just give my report to them. I don't
4 know what they have done with the draft, original
5 draft. Then they came back to get another copy of the
6 draft from me. I mean, I don't know, I have to tell
7 you, but they have their own letters and they remember
8 questioning me, so they don't have a copy of the
9 draft.

10 MR. JOYNER: They being Health Physics
11 Services?

12 MR. CHUGTAI: Right. They got another
13 copy from the files, so I provided them.

14 MP JOYNER: And you in fact provided us
15 today with a copy of your draft. Is that what that
16 represents?

17 MR. CHUGTAI: Yes.

18 MR. JOYNER: Was that available when the
19 investigator was there and you showed that to the
20 investigator as well?

21 MR. CHUGTAI: Yeah, I told him everything
22 that I'm telling you right now. I showed him this
23 draft and I told him that they overlooked it, they
24 have not put it properly. And now since then Dr.
25 Walker never talked to me, Bill Walker, he just left

1 the company, he's no longer with the company, and
2 that's it.

3 MR. JOYNER: Can you spend a minute or
4 two describing for me your conduct of the monthly spot
5 checks? In other words, how you go about performing,
6 at that time at least, how you went about performing
7 the monthly spot checks so I can understand, you know,
8 just kind of step me through your preparation, your
9 actual conduct and your documentation, if you will, of
10 what was done.

11 MR. CHUGTAI: Actually we never had
12 equipment. We have to go and borrow equipment from
13 Health Physics.

14 MR. JOYNER: You so you borrowed the
15 equipment from Health Physics to perform the radiation
16 measurements?

17 MR. CHUGTAI: Radiation measurements
18 light, check radiation safety checks, timer checks,
19 output checks, whatever is the spot check, we were
20 doing it on a monthly basis. So I just take the
21 report and send it to Health Physics and Dr. Walker
22 will look into it, and if there's any problem, he will
23 call me. If no problem, he will just give it to the
24 typist and feed it into the computer system and send
25 us the reports back.

1 MR. JOYNER: Obviously this is a fairly
2 complex procedure to go through.

3 MR. CHUGTAI: Right.

4 MR. JOYNER: Do you have a checklist or
5 do you use a checklist to do that, to make sure that
6 you cover everything? Do you simply take the previous
7 month's report and mark on a copy of the previous
8 month's report in order to walk through it?

9 MR. CHUGTAI: We have a checklist which
10 we just follow it, a standard checklist. Dr. Walker
11 told me, actually he was my guide, he was adviser and
12 consultant too, so considering that, I was depending
13 on him, he was the so-called qualified expert. And
14 later on we came to know that neither he's qualified,
15 neither I am qualified because nobody approved us
16 after six months went by. And when I asked him to
17 submit the paper, it was six months, and nobody has
18 notified NRC about this change. So I just follow
19 whatever he told me under his direction. Everything
20 was done under his direction. If he's satisfied, I
21 was satisfied. I was taking it at whatever he will
22 tell me.

23 MR. JOYNER: So you had a typed
24 checklist?

25 MR. CHUGTAI: Right.

1 MR. JOYNER: A formalized checklist and
2 you used the borrowed equipment from Health Physics to
3 make the measurements that were required and you
4 recorded the raw data on your form?

5 MR. CHUGTAI: That's right.

6 MR. JOYNER: You made observations, for
7 example, were lights working, etc., as you went
8 around?

9 MR. CHUGTAI: Right.

10 MR. JOYNER: Did you normally do the spot
11 check when the unit was being operated or on the
12 weekend, in the evening? What was your normal
13 practice?

14 MR. CHUGTAI: Sometime during the lunch
15 time or the evening when the unit is free, I will wait
16 till the business is over and the unit is available.

17 MR. JOYNER: Okay. Now, I would think
18 that some of the measurements require that the
19 instrument be turned on. Are you able to do that by
20 yourself and make the measurements?

21 MR. CHUGTAI: Yeah, it's a very simple
22 unit, just turn the machine on, simple one-key
23 operation. You turn the console on and the light will
24 come on and the radiation will come on, because you
25 don't need two people to operate the machine.

1 MR. JOYNER: So you were able to make the
2 measurements and make the other recordings that were
3 necessary simply by yourself?

4 MR. CHUGTAI: Yes.

5 MR. JOYNER: During a lunch break or
6 whatever, when the machine was not in use?

7 MR. CHUGTAI: Yes. Bill Walker was with
8 me only one time when we were doing full calibration.
9 Briefly he was there in January, I believe. I believe
10 it was January.

11 MR. JOYNER: Then once you completed the
12 checklist, you would send that by mail to Health
13 Physics Services?

14 MR. CHUGTAI: No, I'd take it by myself
15 and return the equipment too.

16 MR. JOYNER: And return the equipment and
17 leave with Dr. Walker the completed checklist?

18 MR. CHUGTAI: Right.

19 MR. JOYNER: And then they would arrange
20 for that to be typed?

21 MR. CHUGTAI: Final.

22 MR. JOYNER: In a final form, and Dr.
23 Walker would review that, the data, the measurement
24 data. Did he do any independent calculations, do you
25 know, or was that part of his requirement?

1 MR. CHUGTAI: Yes, he will check, yes, he
2 will check. If the difference is more than 3 percent,
3 he would call me. If it is within 3 percent or 5
4 percent then --

5 MR. JOYNER: Three percent of?

6 MR. CHUGTAI: Three percent.

7 MR. JOYNER: Of what?

8 MR. CHUGTAI: Of the previous month.

9 MR. JOYNER: Of the previous month's
10 data?

11 MR. CHUGTAI: Then he will call me, but
12 it never happened. We were very steady.

13 MR. JOYNER: Following the typing, he
14 would, I presume, review it and sign it. At least he
15 signed it, you don't know if he reviewed it or not, I
16 suppose, but he signed it and then he would mail that
17 to you?

18 MR. CHUGTAI: Yeah.

19 MR. JOYNER: And you would then, when you
20 received it back now, you had signed obviously your
21 draft?

22 MR. CHUGTAI: Right.

23 MR. JOYNER: Your checklist, when you
24 sent that over to him, so then you signed the final
25 version when it came back and you dated it with the

1 date that you had actually performed the check; is
2 that correct?

3 MR. KATOR: Are you speaking, Mr. Joyner,
4 of the May report itself?

5 MR. JOYNER: Any one.

6 MR. KATOR: Some of them I take it were
7 not dated. See, that's the problem apparently.

8 MR. JOYNER: Problem or not, you know,
9 I'm just trying to step through the process and find
10 out on any given month what's the normal process, make
11 sure I understand the process.

12 MR. KATOR: The calibration report, that
13 was always dated. That's included in that spot check
14 monthly, but those final reports had a date on them,
15 but were not dated next to the signatures; is that
16 correct?

17 MR. CHUGTAI: Right.

18 MR. KATOR: As a normal process, it would
19 be returned to you in the mail, any given month will,
20 spot check now?

21 MR. CHUGTAI: Yes.

22 MR. KATOR: Now, the one that you get
23 back in the mail doesn't have your signature on it
24 because you didn't sign that. What you signed is your
25 draft, correct?

1 MR. CHUGTAI: I signed it already when I
2 go there, take it over, I sign the last page presuming
3 that everything will be okay. This will save me
4 another trip.

5 MR. KATOR: So when you return the
6 equipment and deliver your draft --

7 MR. CHUGTAI: I would sign.

8 MR. KATOR: They provide you with the
9 final page which has your signature block on it?

10 MR. CHUGTAI: Because there's nothing, I
11 mean, mathematical or something, if a correction has
12 to be made, maybe next to the last page, but the last
13 page, to save me another trip going there to sign it,
14 so I would sign it there without any date.

15 MR. JOYNER: I guess I am curious as to
16 why go through this somewhat complex process. Why not
17 simply deliver your draft, have Dr. Walker review it
18 and sign that document and put that in the file?

19 MR. CHUGTAI: That's what he suggested,
20 so I was trusting that, so it was working. There were
21 no problems.

22 MR. JOYNER: And then some reason,
23 unknown to yourself, on this particular occasion there
24 was a hand drawn in information on the form, the May
25 form, that the typist didn't type, and when you were

1 visiting with Dr. Walker on May the 20th, he picked up
2 the phone and called the typist, who was in the
3 building I guess where he works, and asked her, and
4 she said that the reason that she didn't type it on
5 there was because her word processor didn't permit her
6 to add that information?

7 MR. CHUGTAI: That's right.

8 MR. JOYNER: Did you ask him why he might
9 have signed this form without it reflecting what was
10 in your draft?

11 MR. JOYNER: No, I didn't ask him.

12 DR. PICCONE: I have one additional
13 question. Mr. Chugtai, on the prime alert, when was
14 the prime alert inoperable?

15 MR. CHUGTAI: What time frame you are
16 talking?

17 MR. KATOR: She said when it been
18 inoperable.

19 DR. PICCONE: When was the prime alert
20 inoperable, the indicator, from February on?

21 MR. CHUGTAI: Yeah, I see, up to April,
22 no problem, January, February. See, they didn't touch
23 our machines, they not mess up with our wires.
24 Because when the electricity is off, then you cannot
25 operate Cobalt-60 therapy. So we have electricity

1 there. They did not touch our system because asbestos
2 was going in the next room, it was not with Cobalt-60,
3 so it was being operated.

4 The problem started in April -- I mean
5 May when they remove all those structures and wires
6 were cut or some disconnection was done and they were
7 leaking. Also, you know, they become defective after
8 May.

9 DR. PICCONE: So both systems were not
10 operating from May?

11 MR. CHUGTAI: Yeah, May. And even if you
12 notice that there were communication system, though it
13 was hanging from the wall, it was still functioning
14 during construction, it was functioning.

15 MR. KATOR: Are you guessing about the
16 prime alert or do you know for a fact that it wasn't
17 working? I mean, are you assuming it wasn't working
18 or do you know, I mean, now without looking at
19 records?

20 MR. CHUGTAI: They were not working after
21 May, and we asked the therapy department to either buy
22 a new one or just to correct it. We found out they
23 were leaking or defective batteries.

24 MR. KATOR: What I take, Mr. Joyner, from
25 this comment, I did make it myself, about the computer

1 didn't have -- apparently they had a format already in
2 the machine to complete the reports, and they just
3 knocked in the numbers and the format was there. This
4 was not in their format and so it was done by -- I
5 think it's evident it was done by a machine other than
6 that particular one that did the report.

7 MR. JOYNER: Had you ever had occasion,
8 prior to May of 1988, to add additional material to
9 the report?

10 MR. CHUGTAI: No, never.

11 MR. JOYNER: Because in the previous time
12 period, the previous month, there had not been any
13 anomalies; is that correct?

14 MR. CHUGTAI: There was no problem.

15 DR. PICCONE: One additional question,
16 please. With Health Physics Services, after they
17 reviewed your report, did they send you the original
18 or a copy of the report?

19 MR. CHUGTAI: The original.

20 DR. PICCONE: They sent you the original?

21 MR. CHUGTAI: Yes, plus they keep copies
22 too.

23 MR. JOYNER: Now, when you're referring
24 to the original, you're referring to the retyped
25 original?

1 MR. CHUGTAI: Yes.

2 MR. JOYNER: And they returned at the
3 same time your draft?

4 MR. CHUGTAI: Yes.

5 MR. JOYNER: Is that correct?

6 MR. CHUGTAI: Right.

7 MR. KATOR: Is that right?

8 MR. CHUGTAI: Yes.

9 DR. PICCONE: When you went to have the
10 report amended, was just the first page amended or was
11 the entire report redone?

12 MR. CHUGTAI: I think the first page,
13 because that is the only problem there. The rest of
14 the report was okay, no problem with that.

15 MR. JOYNER: What we'd like to do is for
16 perhaps 10 minutes take a break and caucus amongst
17 ourselves and give you the opportunity to take a break
18 as well and then we'll reconvene I would say in 10
19 minutes.

20 DR. JOHNSON: Before you do that, I just
21 would like to make a comment about Mr. Chugtai's
22 current status with the hospital.

23 MR. JOYNER: Go ahead.

24 DR. JOHNSON: We took the allegations of
25 falsification of the record very seriously, saw this

1 as a fairly grave matter, and I think after the verbal
2 reports that were given to us either at or surrounding
3 the exit interview, I think shortly following that,
4 there were one or more telephone calls to the NRC, I
5 believe to Dr. Piccone, to try to get some indication
6 of when we might get a final report so that we could
7 decide what appropriate action to take.

8 I think the next official indication that
9 something else was going to happen came with the
10 Office of the Inspector, the inspector arrived to do
11 the investigation, and it was at that time that the
12 hospital decided that given the gravity of these
13 allegations, even though we had not gotten an official
14 report from the NRC, that we terminated Mr. Chugtai as
15 an employee of the hospital -- or I made a proposal as
16 the Medical Director to terminate Mr. Chugtai. And in
17 accordance with the Civil Service Procedures, he was
18 allowed an appeal, and he appealed to the Executive
19 Director of the hospital my proposal to terminate him.

20 I discussed the action with the Executive
21 Director, and we agreed to sustain the termination but
22 allowed him to continue as an employee, although not
23 performing any activities related to the license, as a
24 temporary employee pending the final report from the
25 NRC. And as you can see from the record, quite a bit

1 of time elapsed from the time of the inspection until
2 the final report. During all that time, Mr. Chugtai
3 has been continued as a temporary employee of the
4 hospital. He has not performed any activities related
5 to the license as we have indicated previously.

6 I just wanted to make that statement to
7 indicate to you in reference to the comment you made
8 at the very beginning of this section of the
9 discussion that you considered management as having
10 some considerable responsibility in this matter even
11 though an individual employee may be acting
12 independently, and we agreed with that and thought
13 that this was a fairly serious allegation and thought
14 that we were obligated as a minimum to take the action
15 that we did take.

16 MR. KATOR: Mr. Joyner, let me add to
17 that, if I may, now whether the hospital acted
18 properly or not, you know, in my view that's another
19 matter, but let me say that this will show clearly, of
20 course, how important these allegations are; they
21 affect the man's livelihood.

22 He was in a probationary period, as I
23 recall, Dr. Johnson, and was terminated before the end
24 of that based on the whimsy of some individual who
25 said oh yeah, it didn't work in February, when in fact

1 we can show it did work in February. I think it's so
2 unfair that the NRC -- that your investigators go out
3 and make these unsubstantiated, I believe,
4 unsubstantiated allegations for the record on which
5 your licensee feels compelled to act and these are,
6 you know, in any other forum, this is an allegation,
7 that's all. It is somebody said something.

8 There has to be an opportunity for the
9 employee, for the accused at least to rebut it. This
10 is the first time that opportunity in any real sense
11 has been provided, and yet a lot of damage has already
12 been done to Mr. Chughtai which I hope can be corrected
13 by having the record clearly state here that there's
14 no evidence of any falsification. Thank you.

15 MR. JOYNER: And I appreciate your
16 comments. Let me just add that the timeliness
17 associated with our having this enforcement conference
18 today was to a large extent impacted by the fact that
19 the investigator, in the midst of his investigation,
20 had to stop and have open heart surgery for a
21 quadruple bypass, which he by the way just had to have
22 repeated about a month and a half ago as well. So one
23 reason why he's not even here today, as a matter of
24 fact, is because he's still recuperating from his most
25 recent surgery. So it would have normally been our

1 intent to give you this opportunity much sooner, but
2 because of his illness, he was not able to finish his
3 report and his investigation and therefore get it to
4 us.

5 MR. McCANTS: I just want to state one
6 other thing for the record. Dr. Johnson, in his
7 statement about the hospital's action, I want the
8 record to reflect and be clear that that was not the
9 sole and only reason why Mr. Chughtai was placed in a
10 temporary status. He was a probationary employee.
11 This matter did come to the attention of the
12 administration of the hospital and they did make this
13 decision, but the decision as to his present
14 employment status was not based solely on these
15 allegations. I think the record should reflect that
16 there may be other things as well.

17 MR. JOYNER: Thank you. What we'll do is
18 we'll take a break for 10 minutes or so, and what I
19 will do is to terminate the telephone conversation or
20 the telephone call with headquarters for the moment
21 and then reestablish it. And the purpose of that, of
22 course, is to provide D.C. General and the other staff
23 here an opportunity to discuss this among themselves
24 without the NRC overhearing it if they desire to do
25 so.

1 you'd be so kind as to bear with me.

2 To your recollection, to your best
3 knowledge at this point, recognizing that this is more
4 than a year after the fact, when did the indicator
5 lights go out of the service? Was there any
6 continuity? Was there a period, to your recollection,
7 in which they were out of service? Did they function
8 for some long period and then maybe for short periods
9 they were out? Do you have any specific recollection
10 that you can provide to help us with that matter?

11 DR. WALKER: No, I cannot. When we
12 decided to continue operations, if you will, of the
13 unit, it was after we had realized that the scope of
14 removal of the asbestos was going to take as long as
15 it did, because we were under the impression that it
16 would only be -- first of all they said 2, 3 days. As
17 they got into the project, it goes worse and worse and
18 worse. And we were getting requests to treat patients
19 and requests to send patients out, and some of the
20 patients were quite ill. So we had -- we thought that
21 maybe what we could do is treat patients in the
22 afternoons after the individuals would complete
23 removing the asbestos. They would give us a reading
24 and make sure the area was safe and we would go in and
25 treat the patients.

1 Now, the area, it was like a mine shaft
2 to get into the other room. They put up these
3 protective barriers and put in a lot of things, but
4 the electricity in the cobalt room itself was not
5 altered in any manner so that those things appeared to
6 work. The lighting around was not and hall lighting
7 in the area was not and there was some kind of barrier
8 above so that they did not have to disturb the cobalt
9 room in and itself even all along as the project got
10 larger, because it expanded not only from the adjacent
11 room but into the adjacent area on the other side of
12 the cobalt room to some degree. But because the
13 manner in which the room was constructed that the
14 electricity in that area need not have been changed
15 that much for them to take down these things and do
16 their work.

17 I think we might have been
18 non-operational at least for any long period of time
19 for maybe two weeks at most and then we started,
20 gradually started back up after 5:00 and we'd do only
21 the serious patients at first. So we were treating
22 maybe 2, 3 patients a day. And as you saw by Mrs.
23 Gant's notations, there was some days we didn't do
24 anybody at all because the area was not considered to
25 be safe, because the area was not safe after they took

1 their measurements.

2 But it was summertime, hot, it was really
3 appalling to even try to operate. But as I said,
4 because of the circumstances, we continued. And all
5 things being equal, we thought the area was safe to go
6 in and operate. And even in retrospect, the cobalt
7 was giving us what we thought it was giving, but we
8 continued to operate to some degree on a very small
9 scale. So I don't know, I don't know to answer your
10 question.

11 MR. JOYNER: Did you ever personally
12 observe the indicator lights after the plastic tunnel
13 was erected to see how readily observable they were
14 through the plastic or paper or whatever they put up?

15 DR. WALKER: I can't recall, no.

16 MR. JOYNER: Any other questions along
17 that particular vein? Let me address a question to
18 Mr. Chughtai, if I might. Mr. Chughtai, during your
19 interview with Mr. Cullings, one of the things he
20 asked you about was the date, and we've addressed this
21 to some length, but he asked you about the date on the
22 Monthly Spot Check Report next to the signatures. And
23 if I recall the interview, basically you said you
24 didn't know where the date next to Dr. Walker's name
25 came from, you had no recollection of that whatsoever.

1 Today, however, you've indicated that you
2 put that date on that report at Dr. Walker's direction
3 or with his assent while he was talking on the
4 telephone to someone. Can you help us understand the
5 difference between those two statements?

6 MR. CHUGTAI: I think he was so abrupt he
7 never gave a chance to think of it. Dr. Bill Walker
8 refused to meet him. He went to see Dr. Walker first.

9 MR. JOYNER: We're talking about Mr.
10 Cullings now?

11 MR. CHUGTAI: Right. He refused to even
12 talk to him. You know, he's from ex-NRC, he's an NRC
13 man.

14 MR. JOYNER: Dr. Walker formerly worked
15 for the NRC?

16 MR. CHUGTAI: And everybody from NRC they
17 know by first name, so Dr. Walker refused to talk to
18 him. And then he came in D.C. General Hospital and he
19 approached Dr. Johnson and Mr. Dandridge. He came
20 with --

21 MR. KATOR: Well, first you refused to
22 talk to him.

23 MR. CHUGTAI: I refused to talk to him
24 without counseling. I said I need also to sit down
25 and look into my diary and notes or recollection. I

1 was kind of mixed up, and at that time I was not sure
2 what should I tell him.

3 MR. KATOR: Then you did the interview
4 because --

5 MR. CHUGTAI: Dr. Johnson told me to.
6 Dr. Johnson, Mr. Dandridge said tell them whatever you
7 know. Why should I lie or make a wrong statement? I
8 was not going to get a medal from D.C. Hospital, I
9 should say yes, it's working or not working. They're
10 just making a mole out of mountains. Dr. Piccone
11 misunderstood either me or she misunderstood Miss
12 Gant. So I told them look, I have to look into my
13 diary, my records and my meeting with Dr. Bill Walker.
14 He should be here talking to me, he should be ready to
15 either correct me if I am wrong or he should say
16 something, but he never talked to me after that and
17 this is it.

18 MR. JOYNER: Let me try to recapture that
19 then. When Mr. Cullings, our investigator, came
20 initially and wanted to talk with you, you asked for
21 the opportunity to discuss it with counsel?

22 MR. CHUGTAI: Yeah, I told him that.

23 MR. JOYNER: Before he interviewed you?

24 MR. CHUGTAI: Yes. He said --

25 MR. JOYNER: And he subsequently though

1 did interview you?

2 MR. CHUGTAI: Well, he said no, you
3 don't need, you know, I like to talk to you. I will
4 get FBI here; I will get subpoena power. He was
5 really kind of harassment situation the way he
6 approached me, and I have no choice just to listen to
7 my superiors which is Dr. Johnson and Mr. Dandridge
8 and talk to him.

9 So then I decided so I have to tell him
10 whatever I know. I'm telling you today there's
11 nothing what I told him that it was not my intention
12 to hide something. It was purely speculation or
13 misunderstanding on behalf of Dr. Piccone. Maybe she
14 asked question differently, you know, I took it
15 differently. She did not specify any dates or month,
16 and so she just went along on that information given
17 to her by Mrs. Gant. Mrs. Gant tell her that no
18 teletherapy training was given. I show you the
19 records. I give it on January 15th, January 23rd,
20 March 3rd, I have the documentation. And she told her
21 that no training has been given, nobody talked to us.

22 She talked to nuclear medicine technologist
23 Frazier. Miss Viola, she refused, nobody talked to
24 us. I give her nuclear medicine training. So how can
25 these technicians tell you that is like word of the

1 Bible and when we tell or doctor tell, physicist, this
2 is wrong. This is the thing which bothers me. They
3 always respect whatever the technician will tell them,
4 wrong or right. Whatever I told her, that was wrong
5 and that she called lying or misstatement, and then
6 she put my future on the line just for
7 misunderstanding or approaching a different way.

8 MR. JOYNER: Let me just state that Dr.
9 Piccone's job as an inspector is to gather facts from
10 a variety of people.

11 MR. CHUGTAI: Sure, I have no objection
12 to that.

13 MR. JOYNER: And certainly when she
14 talked to the technologists, they gave her certain
15 information.

16 MR. CHUGTAI: The technologist told me
17 she was horrified, she was confused. She was
18 approached with a different attitude and she was
19 completely, completely confused. That's what she told
20 me the other day. She said, "I don't know whether the
21 lights working or not. There was a plastic on it.
22 There was a hall of plastic." She was not sure what
23 she told her.

24 Now she given to Mr. Cullings under oath
25 that light was never working and she has signed on

1 those which is confusing too, but she told me the
2 other day about, you know, her approaching her, the
3 way she asked her, she has no choice just to say
4 everything yes, no, yes, no. So if I am being
5 punished on the statement of Mrs. Gant, I don't know
6 how we can justify it. She is the only one.

7 MR. JOYNER: Let me just say that while I
8 can appreciate your position and your feeling that
9 you're being punished, it is our desire to get to the
10 facts. And we got some preliminary information during
11 the inspection as a result of questioning, Dr. Piccone
12 questioning the technologists, questioning you, there
13 appeared to be some inconsistencies. We got a piece
14 of paper which also appeared to be inconsistent with
15 other information that we had received. It's our
16 obligation to, and the in the best way possible, try
17 to get to the bottom of the discrepancies. And the
18 way we do that is to turn it over to our Office of
19 Investigations. They then go out and do interviews,
20 and one such interview with you when they finally did
21 get to interview you.

22 MR. CHUGTAI: I have no objection to
23 that.

24 MR. JOYNER: They asked you about the
25 dates on that Monthly Spot Check Report, and I don't

1 mean to sound harassing because I'm trying to give you
2 the opportunity to provide a statement, a factual
3 statement, to help us understand the difference
4 between the record that we have which says that when
5 interviewed by Mr. Cullings in October of 1988, you
6 said I don't know where the dates came from, the date
7 in particular I think next to Dr. Walker's name, I
8 don't know where that came from. Today you seem very
9 positive, which is fine, you seem very positive that
10 the date was put there by yourself at Dr. Walker's
11 direction.

12 You know, you have to understand, I'm
13 trying to resolve the discrepancies still, the
14 differences between a statement you made back in
15 October and a statement you made to us today. I'm not
16 trying to entrap anyone, I'm simply trying to
17 understand and resolve the discrepancies.

18 MR. KATOR: Well Mr. Joyner, those
19 statements are not inconsistent. It's simply that at
20 that time he indicated that he wasn't sure he was
21 approached.

22 MR. JOYNER: He said he didn't know who
23 put the date, where it came from.

24 MR. KATOR: That's right. I haven't seen
25 the record. Can we take a look at the report at this

1 point?

2 MR. JOYNER: I'm sorry, I'm not at
3 liberty to let you do that today. I understand the
4 position that that puts you in and I understand if you
5 haven't already, that you plan to request that.

6 MR. KATOR: We have.

7 MR. JOYNER: And I think that it will be
8 made available to you based on the information that
9 I've been given. However, I'm not personally at
10 liberty to provide that to you today.

11 MR. KATOR: All right, but you understand
12 my problem.

13 MR. JOYNER: I do indeed and it's a
14 difficulty that we just have to live with today. Do
15 you have any enlightening statement that might help us
16 to understand that discrepancy at this point, given
17 the fact that you don't have the record to look at
18 etc.?

19 MR. KATOR: Were you confused? Was it a
20 misunderstanding? Did you know what they were talking
21 about? You know, what was it, you weren't sure what
22 the question was or what it related to specifically in
23 the time frame? I guess that's what Mr. Joyner is
24 asking.

25 MR. JOYNER: Exactly.

1 MR. CHUGTAI: I think I was under the
2 impression that he was just trying to target me. I
3 was told by a couple of people that they're just
4 trying to get something. I was not even responsible
5 as radiation safety officer. I just came a board. I
6 was trying to get my paper together, and I don't know
7 why she was talking. She asked a couple of times from
8 nuclear medicine technologist about me. I was driving
9 my car from my home to reach D.C. General Hospital.
10 Dr. Walker called me and now she's here, you better
11 come here. I was their only physicist to help them.
12 I have the feeling that she was trying to pick up
13 something on me.

14 MR. KATOR: Were you confused then about
15 giving any kind of information? Did you think it
16 would be used against you?

17 MR. CHUGTAI: Right.

18 MR. KATOR: Is that what you were
19 concerned?

20 MR. CHUGTAI: Right. So I was not sure
21 what I'm talking and I have to look into my record of
22 reports and statements and the meeting with Dr.
23 Walker. They didn't go after Dr. Walker or anybody
24 else, they just, you know, asking me.

25 MR. GREEVES: Do you recall making the

1 statement that you don't know who put that date there?

2 MR. CHUGTAI: To Mr. Cullings?

3 MR. HOLODY: What Mr. Cullings asked was
4 who wrote 5/20/88 alongside Bill walker's name.

5 MR. CHUGTAI: At that time I was not
6 sure. I was kind of mixed up.

7 MR. HOLODY: He asked did you write it
8 and you said no.

9 MR. CHUGTAI: Right.

10 MR. KATOR: And he's correcting the
11 record now to state that he did. Is that correct, Mr.
12 Chugtai?

13 MR. CHUGTAI: Yes.

14 MR. JOYNER: Any other questions from our
15 side? Jenny, do you or Jay have any questions there
16 relative to this issue?

17 MR. MCGURREN: Can you hear us?

18 MR. JOYNER: We certainly can.

19 MR. MCGURREN: We have a couple of
20 questions here, and really one of them is really a
21 thought, and it is are there any plans to ask Dr.
22 William Walker if he directed Mr. Chugtai to place the
23 date beside the signature on the May 20 corrected Spot
24 Check Report? That's one thought. And are there any
25 plans to ask the typist, I think who was, Bernie, is

1 that the name, whether he or she -- how he or she
2 recollects the correction of the May 20 Spot Check
3 Report?

4 MR. JOYNER: Those are certainly
5 questions that we have to resolve, and I agree that
6 they are matters that we need to look into.

7 MR. MCGURREN: And we have another couple
8 of thoughts.

9 MR. JOYNER: Do you have, specifically
10 though, do you have any questions for D.C. General or
11 Mr. Chugtai? Because I don't want to hold them
12 unnecessarily. So if you have questions for them, I'd
13 like to resolve those.

14 MR. MCGURREN: I'd like to get back to
15 the area of questioning that concerns the responses
16 that Mr. Chugtai gave to Dr. Piccone regarding the
17 lights above the door. And I would like to know first
18 of all if Dr. Piccone can remember precisely what she
19 asked Mr. Chugtai and what his response was, and also
20 ask Mr. Chugtai to clearly state once again what he
21 recollects was his response to Dr. Piccone's
22 questions. This regards the lights above the door and
23 I think also the monitor light.

24 MR. KATOR: This is with the
25 understanding that Dr. Piccone has indicated that she

1 made no record of that conversation, has no note
2 concerning it.

3 MR. MCGURREN: Well, maybe the best place
4 to start would be her best recollection of what she
5 can remember asking and what Mr. Chughtai responded,
6 and then ask Mr. Chughtai to indicate what his best
7 recollection of his response was.

8 I think the record right now -- I think
9 we went over it pretty quickly, and often when you get
10 a transcript, you look back and you say gee, I wish
11 I'd asked another question in that area, and I just
12 feel that right now I would hope that the transcript
13 was a little more clear on this particular area. I
14 was wondering if we could revisit it.

15 MR. JOYNER: Certainly. Go ahead, Dr.
16 Piccone.

17 DR. PICCONE: My best recollection is
18 that I asked the question how long were the lights and
19 the monitor inoperable. Since they were inoperable on
20 the day of the inspection, for how long have these
21 things been inoperable.

22 MR. MCGURREN: Both the lights above the
23 door?

24 DR. PICCONE: On the monitor.

25 MS. JOHANSEN: Prime alert.

1 MR. MCGURREN: And the prime alert.

2 MR. KATOR: You asked about both of them?

3 DR. PICCONE: Yes.

4 MR. HOLODY: What was the response?

5 DR. PICCONE: The response was they were
6 operating before I left and when I've come back,
7 they're not working.

8 MR. MCGURREN: And you don't remember
9 what he meant as to before I left and when I came
10 back?

11 DR. PICCONE: At the time of the
12 inspection, he told us that he had just returned from
13 Texas.

14 MR. MCGURREN: All right. Can we ask Mr.
15 Chughtai if he'd care to respond how he remembers it?

16 MR. CHUGTAI: I remember very clearly I
17 told her that we have no problem till April, and after
18 we removed the asbestos in May, it was not
19 functioning. That was very clear in very, very simple
20 English, I told her and she would just pay attention
21 to technologist statement rather than physicist
22 statement.

23 MR. KATOR: Was it in May that you left,
24 in any event, on your trip? Was it in May?

25 MR. CHUGTAI: My trip was the end of May,

1 yes. It was not working in May and I reported it in
2 my report and draft, and she is just trying to prove
3 something, I just don't know what.

4 MR. JOYNER: Did you get your answer. I
5 mean, did you hear the answer satisfactorily? I think
6 Jenny wants to ask something.

7 MS. JOHANSEN: I have one question.
8 Josie, were you one on one with Mr. Chugtai at this
9 time or did you have other NRC representatives with
10 you?

11 DR. PICCONE: There were two other NRC
12 representatives with me at the inspection.

13 MS. JOHANSEN: So they heard Mr.
14 Chugtai's response?

15 DR. PICCONE: I can't be positive to say
16 that they were both in the area with me, but for the
17 inspection, we were generally always together, but I
18 couldn't definitely say they were there.

19 MS. JOHANSEN: Okay.

20 MR. JOYNER: Mr. Chugtai, do you have a
21 recollection?

22 MR. CHUGTAI: One to one. She secretly
23 went outside, took Mrs. Gant in the corridor and then
24 she asked, and then she asked me and she was trying to
25 weigh the conflict between two different statements,

1 and I remember very well she took Mrs. Gant away.
2 Another thing, I'd like to make a point --

3 MR. JOYNER: When she asked you the
4 questions, was anyone else present?

5 MR. CHUGTAI: No, not at all. I'd like
6 to make one more statement which is very interesting.
7 When Dr. Piccone came in, I was the only one, she was
8 talking to me. I was helping her through to make the
9 inspection go well. I was not fully aware of
10 consultant physicist, Health Physics. They were
11 responsible for those. I was not radiation safety
12 officer, I was just helping her because Dr. Walker
13 called me to go and help her too.

14 So when we went there, Mrs. Gant, she was
15 not wearing a film badge or her coat and she was
16 treating a patient. It was just for information. So
17 she was standing outside with me and when Mrs. Gant
18 came out of the Cobalt-60 room, she was kind of scared
19 when she showed her card, like FBI, NRC inspector.
20 She got scared to death. She ran out. She does not
21 have film badge or coat. She came back after 5 or 15
22 minutes with a coat and film badge. She was very
23 confused, scared of that so. She could ask her
24 anything, she would tell you yes or no. That's the
25 thing I noticed, that she was completely confused and

1 scared. And she can make any statement at that time
2 when she ask her. It happened a couple of times,
3 she's, you know, she can -- she does not remember
4 properly sometime. You ask one week and next week she
5 will tell you a different story.

6 MS. JOHANSEN: I have one question.

7 MR. JOYNER: You're interrupting Mr.
8 Chugtai.

9 MS. JOHANSEN: Sorry.

10 MR. CHUGTAI: So I think one other point
11 I will say that she was kind of a little bit confused
12 when Dr. Piccone was talking to her in my absence.
13 When I told Dr. Piccone, I told -- I stick to it, and
14 I can prove it, nobody touched Cobalt-60 teletherapy
15 unit, nobody came to cut the wires. Everything was
16 functioning properly. It happened only the bulbs
17 broke in May when those people came and took those
18 asbestos corridors out. And that's when we have a
19 problem in May, June, July. Miss Gant does not tell
20 her properly. It's not my problem. We have
21 documentation showing that she was checking every day.
22 She has it signed. I asked her the other day, and
23 truthfully she said, "I don't remember what I told
24 her. What the hell do I remember, there's plastic all
25 over."

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MR. JOYNER: Okay, Jenny, go ahead if you have a question right now.

MS. JOHANSEN: Yes. Could Mr. Chugtai tell us the specific dates that he left for San Antonio or for Texas and the specific dates that he did get back?

MR. JOYNER: Do we have those records?

DR. PICCONE: We only have May 20th in fact.

MR. CHUGTAI: I left San Antonio on the 28th of May.

MS. JOHANSEN: And then he got back June?

MR. CHUGTAI: June 3.

MR. JOYNER: June 3.

MS. JOHANSEN: Okay.

MR. JOYNER: Do you have any other questions?

MS. JOHANSEN: I don't.

MR. MCGURREN: I just want to make sure, has a copy of that May 5th spot check draft been made a part of the record?

MR. JOYNER: It will be.

MR. MCGURREN: Okay, good.

MR. KATOR: Mr. Joyner, a question if I may. Keeping in mind that I have not had the benefit

1 of any of the exhibits or inspection reports or notes
2 or anything else, Mr. McCants asked me what I thought
3 was a pertinent question, he said where's the
4 falsification. And I'm reviewing what you say in the
5 synopsis, I'm trying to attempt to find that as well.
6 What specifically, you know --

7 MR. JOYNER: I'll be glad to try to
8 answer that if I might.

9 MR. KATOR: If you will let me just
10 clarify what I mean. With respect to the May report,
11 specifically what's the falsification? What is the
12 allegation with respect to that report?

13 MR. JOYNER: It is alleged, if you will,
14 that the original report was amended, changed to
15 reflect information that was revealed at the time of
16 the inspection. In other words, changed after the
17 fact, backdated to reflect information that existed at
18 the time of the inspection and so falsified to that
19 extent.

20 MR. KATOR: So it was revised in order to
21 accord with the findings that Dr. Piccone made on June
22 6?

23 MR. JOYNER: That is what our
24 investigator concluded, yes.

25 MR. KATOR: So that the report that

1 presumably -- let me ask this, did Dr. Piccone find a
2 draft report of the May when she made her review on
3 June 6th? Was there a draft report?

4 MR. JOYNER: Dr. Piccone?

5 DR. PICCONE: No, there was no report.

6 MR. KATOR: You never saw a report, it
7 was not made available to you?

8 DR. PICCONE: No.

9 MR. KATOR: Did you ask Health Physics?

10 DR. PICCONE: I did not. That's part of
11 the O.I. investigation.

12 MR. JOYNER: She asked Mr. Chugtai for
13 information relative to the spot check. She may have
14 asked other members of the D.C. General staff, for
15 example, as Dr. Walker indicated earlier, had he been
16 asked for that, he would have referred her probably to
17 the technologist to pull it out of the files. Nothing
18 was available.

19 DR. PICCONE: That was one of the items
20 we requested at the exit, and that was one of the
21 items that the hospital sent me in the packet of
22 material that they sent after the inspection.

23 MR. KATOR: They sent you the draft
24 report?

25 DR. PICCONE: No, they sent me the spot

1 check as we've seen it today.

2 MR. JOYNER: As marked up, as we've seen
3 it today.

4 MR. KATOR: The draft?

5 DR. PICCONE: No, sir.

6 MR. JOYNER: It was our understanding
7 what you would now refer to as the revised version of
8 the spot check report.

9 MR. KATOR: The final?

10 MR. JOYNER: Of the final, and that's the
11 only document.

12 MR. KATOR: What date's on it?

13 MR. JOYNER: And the information that was
14 there reflected a difference from our understanding of
15 what existed at the time that the spot check was
16 actually done.

17 MR. KATOR: Say that again. It reflected
18 a difference?

19 MR. JOYNER: Correct.

20 DR. PICCONE: The spot check as we
21 received it reflected the condition at the inspection
22 but did not reflect what was stated at the time of the
23 inspection.

24 MR. JOYNER: Reflected a difference then
25 between what we observed at the time of our inspection

1 and what we understood to exist, the conditions that
2 we understood to exist at the time the spot check was
3 actually done.

4 MR. KATOR: So it did reflect the
5 conditions of --

6 MR. JOYNER: That she found at the time
7 of her inspection.

8 MR. KATOR: And the only way then, the
9 only basis for your allegation of falsification, I
10 presume, is that it was not consistent with what Miss
11 Gant or other people had said with respect to the
12 condition of the light?

13 MR. JOYNER: And was not consistent with
14 what Dr. Piccone believed that Mr. Chugtai had told
15 her at the time of the inspection; is that correct?

16 DR. PICCONE: Right.

17 MR. KATOR: That wouldn't go -- maybe he
18 made an incorrect statement, that doesn't go really to
19 the falsification of the report. I'm just trying to
20 understand, please bear with me, just to understand
21 what the allegation is so that I can really address
22 it. And I do hope you'll keep the record open so that
23 when I have a chance to see your investigative
24 reports, if there's any need, we can make additional
25 response and clarify some other areas. I'm simply not

1 seeing that and I operate in the dark with respect to
2 that, but I understand that what you're saying now as
3 to what the allegation is based on. I have a
4 challenge as to whether that really represents
5 falsification of a document, even if it were as you
6 say. She simply had some evidence from somebody or
7 allegations that the light didn't work and Chughtai
8 says it didn't work. I think his word is as good as
9 anyone else. But now I think we've presented evidence
10 to show that the light was working during that period
11 of time and that the report was fully consistent with
12 the conditions that Dr. Piccone found when she got
13 there and what Mr. Chughtai said, it was in his report.
14 I don't think that can be gainsaid at this point.

15 MR. McCANTS: Doesn't that report
16 supposedly reflect the condition as of the time of the
17 inspection and not when she got there? I mean, she
18 was there in June. I mean, the report is supposed to
19 reflect the condition as of May.

20 MR. JOYNER: That's correct.

21 MR. McCANTS: So what we're really
22 talking about is whether the condition in May was
23 consistent with the reported information. That's the
24 issue. Isn't that the issue?

25 MR. JOYNER: That would be correct, Mr.

1 McCants, yes. And what we're saying is that there
2 were discrepancies between what we understood the
3 conditions to be and the way that they were described
4 on this report when it was submitted to us, plus the
5 fact that the reports submitted to us reflected these
6 additions to it which had not existed on previous
7 reports that we had seen in the records.

8 If in fact, if you assume that the
9 information we received was accurate, i.e., that some
10 of this equipment had been out of service since
11 February and yet the February, March, April reports
12 did not reflect that, I'm talking of the Monthly Spot
13 Check Reports did not reflect at any time that any of
14 that equipment was out of service, after we go and
15 raise the question as a result of information we
16 received during the June inspection and then we
17 receive the May report and the May report now reflects
18 what we have been told during the inspection and it's
19 different from the February, March, April reports,
20 then it raised questions in our mind, combined with
21 the conflicting information that we had received from
22 various parties. It raised questions in our mind as
23 to the accuracy of the May report.

24 MR. McCANTS: No, no, what it reflects is
25 the accuracy of the reports in February, March, April,

1 because the May is correct.

2 MR. JOYNER: But it appeared to us that
3 there was at least the possibility that the May report
4 after the fact had been changed to reflect the
5 conditions reported to us during the inspection.

6 MR. McCANTS: But then you would have to
7 have a report which showed something different.

8 MR. JOYNER: And I understand that. I
9 understand your point.

10 MR. McCANTS: And then corrected. I'm
11 just -- it's kind of hard for me to understand.

12 MR. GREEVES: There are two May reports,
13 right? We all have copies of two May reports, the one
14 that was amended and the one that you amended,
15 correct? So there are two May reports.

16 MR. KATOR: One is an amended one, that's
17 right.

18 MR. GREEVES: The question is when was
19 the amended report actually created. Was it in May or
20 some later date. Isn't that the issue, Jim?

21 MR. JOYNER: Yes, that would be the issue
22 that would make it a falsification.

23 MR. KATOR: You say if it were, so your
24 question is when was that May the second -- May report
25 created. Was it created after --

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MR. JOYNER: After June 6th.

MR. KATOR: After June 6th?

MR. GREEVES: Right, that's the question.

MR. KATOR: Well, I don't see any evidence that it was created. What evidence is there that it was created after that? No allegation of that either.

MR. JOYNER: Our investigators determined, as I think is stated in the synopsis, that the only report retained by Health Physics Services is what appears to be the unedited, unchanged report. That, to the best of their knowledge, was the May report. The report that was submitted to us for whatever reason is different from that report.

MR. KATOR: But that report was signed by -- it's his signature. He hasn't denied that, I take it.

MR. JOYNER: Well, as we've heard today though, the only thing that was actually changed was the first page.

MR. KATOR: That's right, but you said you had another report there.

MR. JOYNER: We now have this other report which does not reflect any difference from the February, March, April reports.

1 MR. KATOR: So the only way -- the only
2 basis you have then as far as the previous reports are
3 concerned, the March, April up to May, the only basis
4 for your saying that there was anything incorrect in
5 the May report was that you had information from Miss
6 Gant that those lights were working and therefore,
7 those reports were presumably incorrect, the lights
8 were not working and you had a report.

9 MR. JOYNER: We heard that I think from
10 Miss Gant, but I think we also heard that from another
11 technologist as well.

12 DR. PICCONE: Yes, from the second tech
13 Jacqueline Holland, H-O-L-L-A-N-D.

14 MR. KATOR: And that's the evidence on
15 which?

16 MR. JOYNER: So it was more than simply
17 Mr. Chughtai's word against Miss Gant's word. We had
18 corroborating information at the time of the
19 inspection to say that Miss Gant -- that agreed with
20 Miss Gant's statement.

21 MR. KATOR: You had it from Jacqueline
22 Holland, that's the corroboration you're referring to?

23 MR. JOYNER: That's the initial
24 corroboration that we had.

25 MR. KATOR: Do we have a statement from

1 her? It's pointed out to me by Mr. McCants that on
2 page 7 of the report only speaks to one technician,
3 not two, page 7, third paragraph speaks of one
4 technician. It talks about two technicians when
5 talking about unaware of being -- their being unaware
6 of regulatory requirements.

7 MR. JOYNER: And I acknowledge that's
8 what the report says.

9 MR. KATOR: That's right.

10 MR. JOYNER: Are there other questions
11 from your side?

12 MR. KATOR: No. I would appreciate, Mr.
13 Joyner, I made the request before, let me repeat it
14 now so we make sure we have made the necessary
15 requests for the documents, I understand they will be
16 made available to me. I did speak to Mr. White, I
17 believe, who indicated that upon request, the
18 documents would be made available. I would like the
19 opportunity once we receive those documents to be able
20 to provide for the record any additional statements
21 either in the form of affidavits or any other way so
22 that we can maybe then see more specifically what the
23 allegations are and we can respond to them.

24 MR. JOYNER: I don't think that's unfair.
25 Do you agree that we can hold the record open that

1 long? We certainly want to be fair to Mr. Chugtai.

2 MR. KATOR: Yes, that's very important.

3 MR. JOYNER: And I certainly do not want
4 to proceed precipitously. We will, if there's any
5 change in that position, then I will certainly inform
6 you. But as of this moment then, I'm willing to hold
7 the record open to give you a reasonable opportunity
8 to receive that document and those documents, whatever
9 they might be, and to provide input.

10 MR. KATOR: That's fine, and I have --
11 we've mailed that to Mr. White. I have another letter
12 that I did make up that I can give you at this time if
13 you think that would speed the process.

14 MR. JOYNER: If you've already made the
15 request, then I think that nothing more needs to be
16 done from this point.

17 MR. KATOR: All right.

18 MR. JOYNER: Dr. Johnson, any questions
19 or comments from your side?

20 DR. JOHNSON: No other comments.

21 MR. McCANTS: Let me ask you one
22 procedural question, sir. With respect to the -- this
23 is, as you indicated, an enforcement conference, and I
24 guess the next question is whether you would consider
25 or have considered or intend to consider any type of

1 penalty in connection with those items that we have
2 admitted or deficiencies that we have admitted having
3 been made.

4 MR. JOYNER: And my next step was to ask
5 Mr. Holody to address that question in particular.

6 MR. HOLODY: I guess we're through with
7 all the questioning for the particular issues. Okay,
8 I'll summarize then. What we'll do is review the
9 inspection report as well as our investigation report
10 and also review the findings of this conference, the
11 information that was presented by you and Mr. Chugtai.

12 We will make a decision on what the appropriate
13 violations are, and after having made that decision,
14 we will determine what the appropriate enforcement to
15 take. Our enforcement policy which is in 10 CFR, Part
16 2, Appendix C, essentially let's three options for the
17 NRC. First is a notice of violation which I think we
18 have issued once in the past two inspections. There
19 was a violation identified I think during the
20 inspection in '85. If not then, it was in '83. It's
21 just a presentation of what the specific requirement
22 was and what the violation was that occurred.

23 The second option is to similarly issue a
24 notice of violation with a civil penalty amount
25 attached. And third option is we can issue an order,

1 we can modify, suspend or revoke your license.
2 Modification orders would include things where we will
3 require some type of assessment in your program; we
4 could remove individuals from involvement in
5 activities based on their prior performance. We will
6 take into consideration everything that's been told us
7 and we'll make such a decision as to what the
8 appropriate enforcement action is.

9 If we take any of the latter two actions,
10 that is a civil penalty or any type of an order, we
11 will issue a press release with that action. We will
12 await your receipt of the action, but we will not --
13 but the question of the press release is not
14 negotiable. It's an NRC policy to issue it in all
15 types of actions like this. So I wanted you to be
16 aware of that in the event either of those two actions
17 are taken. Whatever action we would take, you would
18 have the opportunity to respond to and provide your
19 arguments in writing. And if there were any type of
20 an order, there would be hearing rights to the
21 hospital as well as any other affected individual.

22 MR. McCANTS: Well, in that regard, let
23 me -- and I guess that's what I was coming to this
24 particular point -- let me just ask and implore you to
25 take the route that I think that is justified in this

1 particular case which is just a notice of violation.

2 D.C. General is a public hospital. It is a
3 hospital that treats those who are in need of health
4 care in the District of Columbia area but cannot
5 afford it. It's a hospital of last resort. This
6 hospital is doing all it can to provide the best
7 possible care for those people with limited resources.

8 The hospital is in the throes of many,
9 many crises at this point, in particular budget
10 crisis, and we have reached a point now where we are
11 trying to provide quality care with a very limited
12 budget. We are beginning to get the public to be
13 confident in the service the hospital provides. Any
14 additional adverse publicity or findings by this
15 agency with respect to the violation that we have
16 noted here I think just adds another nail to the
17 potential coffin of a good public institution.

18 As we all need, and I understand that you
19 have your job to do and I appreciate that, you've done
20 a thorough job, but also I think that the violations
21 that Dr. Johnson and Dr. Walker have candidly admitted
22 were violations that were of some importance but not
23 major. There are items relating to, in many
24 instances, just things that people that you hired to
25 do did not do. They're not major policy kinds of

1 considerations. They're basically mechanical kinds of
2 things, keeping bulbs in and making sure that they
3 work and monitoring things, amending licenses. They
4 are mechanical kinds of violations that can be
5 corrected if given the right staff people to do it.
6 And we have now put in place the right people to do
7 those kinds of things.

8 We don't think that this will be repeated
9 again. I don't see any evidence of it. I think Dr.
10 Johnson and Dr. Walker and myself and others who are
11 concerned about this recognize that this is something
12 that we have to pay a lot of attention to and pay
13 close attention to, and we intend to do that. And I
14 think as evidenced by what they have done since the
15 inspection almost a year ago in June of 1988, it
16 clearly indicates that our intention clearly is to
17 maintain all the necessary safeguards to insure that
18 we comply with the NRC rules and regulations. And
19 we're going to do that.

20 So I just ask you in your consideration
21 to consider the hospital, consider what we've done in
22 the past, consider what we have done since the
23 inspection and to give us the penalty that I think is
24 deserved in this case which is a notice of violation.

25 We are in the throes of, as I indicated

1 before, very monumental changes in hospital and in
2 health care generally, and we don't need and we cannot
3 afford any additional bad publicity. Thanks.

4 MR. JOYNER: Thank you, Mr. McCants.

5 MR. KATOR: Mr. Joyner, let me just --
6 you are through with questions, I believe?

7 MR. JOYNER: Yes, sir.

8 MR. KATOR: I only have one concluding
9 statement to make. As we indicated before, this kind
10 of action even that you have taken to date is highly
11 adverse to Mr. Chughtai's means of making a living. I
12 would hope, based on the information we provided here
13 plus the information that we will provide after we
14 receive the investigative reports, will put you in
15 position to in some way or other, and I don't know
16 exactly how you do this, but insofar as Mr. Chughtai is
17 concerned, it is absolutely essential that his name be
18 cleared. I think the evidence here that we've
19 presented of the meetings that he has had with Health
20 Physics in connection with correction of the May
21 report are more than compelling and would overcome the
22 statements of technicians who say well maybe the light
23 was on, maybe it was off.

24 I understand that's in your judgment at
25 this point, but I would hope that you would, not

1 unless you are absolutely convinced by a preponderance
2 of the evidence, and I think that's the standard that
3 ought to be used here since you're dealing with really
4 a man's livelihood, that unless you're convinced by a
5 preponderance of the evidence that there was, as you
6 allege, falsification, that otherwise Mr. Chugtai in
7 some fashion -- that the NRC would clear his name
8 completely so that he could continue in his chosen
9 profession. I appreciate the opportunity to be here
10 this morning and hope it has been useful to you in
11 assuring that Mr. Chugtai at no time made false
12 statements or made false reports.

13 MR. JOYNER: And I appreciate that. I
14 thank you all for coming and taking this fairly
15 lengthy period of time out of your schedules to meet
16 with us and to provide information today. We will, as
17 I indicated early on, provide all the parties with a
18 copy of the transcript of today's enforcement
19 conference for your use as soon as we get it and can
20 get it reproduced and get it out to you.

21 So we will, I'm sure, stay in touch and
22 we will, as I promised, unless I notify you otherwise,
23 we will await further input from you in particular
24 before we proceed with any adverse action.

25 It's our understanding as we sit here

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today that Mr. Chughtai is not involved with license activities at the D.C. General Hospital.

MR. KATOR: That's right.

MR. JOYNER: And so regardless of the conclusion we come to, there is no need, at least in my view, at this point to take any precipitous action relative to that. With that, I close the conference and thank you very much for coming.

(Proceedings closed.)
