

November 21, 1989

Bruce S. Mallet, Ph.D., Chief
Nuclear Materials Safety Branch
United States Nuclear Regulatory
Commission
Region III
799 Roosevelt Road
Glen Ellyn, Illinois 60137

Lin. file
~~21-01394-01~~
~~30-02022~~ 21-03194-01
30-11510 21-03194-04

Dear Dr. Mallet:

Attached please find our corrective action steps for the violations identified in the inspection conducted on September 26, 1989.

If you have any further questions or require any further information please do not hesitate to contact me.

Sincerely,

Richard L. Taylor, M.D.
Richard L. Taylor, M.D.

RT:mjs

9001300356 891121
REGS LIC30 FDC
21-01394-04

1. 10 CFR35.22 (a)(1)

Composition of the Radiation Safety Committee:

The committee composition has been readjusted and the new committee membership as indicated below will begin first quarter (February) 1990 -

Dr. Richard Taylor, Radiology, Radiology Safety Officer
Dr. S. Donald Zaentz, Medical Oncology
Dr. Mohinder Chadha, Pathology
Alice Ford, Nuclear Medicine Technologist
Randy Kelley, Administrative Representative
Jerry Wolcott, Radiology Manager
Diana Mason-Brown, R.N., B.A.
Imogene Fischer, R.N.

The recomposition improves the nursing representation. In the past nursing was represented by the quality assurance director who was also a nurse. In the future the representative will be a specific individual separate from quality assurance. The physician representation has been addressed to involve physicians who will be consistently available and interested in committee participation. The administrative representative is the vice president of human resources. A technologist was added to represent another user.

2. a). Failed to meet quarterly meeting requirements. Cannot deny that there is no documentation to support meetings during the third quarter 1985 and 1987. Only reasons that can be identified would involve a lack of a quorum or cancelled due to summer vacations.

To correct this we will, (1) notify committee members either via phone or memo forty-eight hours prior to the meeting, and (2) postpone meetings instead of cancelling. An agenda outline has been developed to facilitate a more efficient and complete meeting.

- b). Patient dose assayed prior to administration - I 131 therapy dose.

We will obtain shielding immediately so this can be accomplished and we will document results.

- c). Survey meters be calibrated at least annually. The Victoreen 492 is not used any more and that is why it is not calibrated. The instrument currently being used for nuclear medicine was out being calibrated and that is why it was not available to be surveyed. We will check to see if there are loan instruments which are available for use while ours is being calibrated.

10 CFR35.615 (d) (4) Record of radiation monitor checks in the entrance of the telepathy room.

Monitor life is in place and functioning. We have developed a daily log check list (attached) to document these checks.

RADIATION SAFETY COMMITTEE

11:30 a.m.

November 21, 1989

Nursing Conf. Room

A G E N D A

- I. Review of past minutes
- II. Credentials
 - °Qualifications for new applicants
 - °Review of individuals currently using NRC licensed radioactive material
- III. Review of new use of by product material (uses). Request for use of NRC licensed radioactive materials within the institution.
- IV. Report On:
 - Overexposure
 - Accident
 - Spills
 - Losses/Theft
 - Unauthorized receipts, uses, transfers, disposals
 - Mis-administration
 - Deviation from approved radiation safety practice - (including corrective action of necessary)
 - Any incidents involving by product material (cause and action taken)
- V. Changes in Radiation Safety Procedures
 - Policy & Procedure changes
 - Updates
 - Reviews
- VI. Radiation dose records of all personnel working with by product material - occupational radiation exposure.
 - (Annual review of Radiation Safety Program)
- VII. Quality Assurance Activities
- VIII. Continuing Education

EMMA L. BIXBY HOSPITAL
POLICY AND/OR PROCEDURE

TITLE: THERAPY MONITOR & DOOR SAFETY CHECK

POLICY STATEMENT:

NCR, requirement 10 CFR 35.615 (d), requires that a licensee shall maintain a record of safety checks. Paragraph (d)(3) requires a radiation monitor in the entrance of the teletherapy room be checked with a dedicated check source for proper operation each day before the teletherapy unit is used.

The door to the therapy room will also be check daily.

Policy # <u>RAM 5.5/RAM 6.9</u>
Effective Date <u>11-15-89</u>
Supersedes _____
Date _____

DAILY CHECKS: (except Saturday, Sunday or Holidays, if the unit is not use

Month: _____ 19____.

Day:	Performed by:	Day:	Performed by:
1. _____	_____	17. _____	_____
2. _____	_____	18. _____	_____
3. _____	_____	19. _____	_____
4. _____	_____	20. _____	_____
5. _____	_____	21. _____	_____
6. _____	_____	22. _____	_____
7. _____	_____	23. _____	_____
8. _____	_____	24. _____	_____
9. _____	_____	25. _____	_____
10. _____	_____	26. _____	_____
11. _____	_____	27. _____	_____
12. _____	_____	28. _____	_____
13. _____	_____	29. _____	_____
14. _____	_____	30. _____	_____
15. _____	_____	31. _____	_____
16. _____	_____		

SOURCE NCR, 10 CFR 35.615 (d)(3)/Richard L. Taylor, M.D.

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Respiratory Therapy Manual
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- SAGE CENTER (ALM)
- SOCIAL WORK (SWM)
- VOLUNTEERS (VTM)

Reviewed	
Date	Signature

A copy of all policies shall be forwarded to Administration.

November 21, 1989

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SOURCE NCR, 10 CFR 35.615 (d)(3)/Richard L. Taylor, M.D.

Richard L. Taylor