



UNITED STATES
NUCLEAR REGULATORY COMMISSION

REGION IV
611 RYAN PLAZA DRIVE, SUITE 400
ARLINGTON, TEXAS 76011-8064

MAR 29 1993

Docket: 030-01757
License: 17-12273-01

Veterans Administration Medical Center
ATTN: Robert Dawson
Hospital Director
510 East Stoner Avenue
Shreveport, Louisiana 71101-4295

SUBJECT: NRC INSPECTION REPORT 030-01757/93-01

The refers to the routine, unannounced inspection conducted by Mr. Richard A. Leonardi, Jr., of this office on March 16-17, 1993. The inspection included a review of activities authorized by Byproduct Material License No. 17-12273-01. At the conclusion of the inspection, the findings were discussed with members of your staff.

The inspection was an examination of the activities conducted under the license as they relate to radiation safety and to compliance with the Commission's rules and regulations and the conditions of the license. The inspection consisted of selective examinations of procedures and representative records, interviews of personnel, independent measurements, and observation of activities in progress.

No violations or deviations were identified; therefore, no response to this letter is required.

The inspector noted that the licensee had undergone an NRC approved Radiation Safety Officer change since the previous inspection. The inspector determined that the licensee had used a consulting physicist on a quarterly basis to provide guidance and conduct quarterly safety audits. The inspector noted that the licensee appeared effective in maintaining the radiation safety program.

In accordance with 10 CFR 2.790 of the NRC's "Rules of Practice," a copy of this letter will be placed in the NRC Public Document Room.

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PDR ADOCK 03001757
C PDR

JE071

Veterans Administration
Medical Center

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Should you have any questions concerning this letter, please contact the inspector identified above at (817) 860-8100.

Sincerely,

M. Linda McLean

for Charles L. Cain, Chief
Nuclear Materials Inspection Section

cc:
Louisiana Radiation Control Program Director

Milton D. Gross, M.D., Director
Nuclear Medicine Services (111E)
Department of Veterans Affairs
810 Vermont Avenue, NW
Washington, DC 20420

Veterans Administration
Medical Center

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bcc:

DMB - Original (IE-07)

JLMilhoan

LJCallan

DDChamberlain

MRodriguez, OC/LFDCB (4503)

*WLFisher

*CLCain

*RALeonardi

*NMIS

*MIS System

*RIV Files (2)

*REHall, URFO

*W/IFS Form

RIV:NMIS <i>ABZ</i>	C:NMIS <i>mm</i>			
RALeonardi	CLCain <i>for</i>			
03/26/93	03/29/93			

IFS Data Entry Form

Reviewed By: MLMDate: 3/29/93Site/Name: DAMC - Sheverson, LAReport Transmittal Date: 03/29/93Lead Inspector: R3LResponsible Org. Code: 4302Report End Date: 03/17/93Region: 4☐ Reactor/Vendor Inspection (IFS Option 1)☐ Docket Related/P21 Items (IFS Option 4)

Items Opened (Y/N): _____

Enter Log Number: _____

☒ Material Inspection (IFS Option 2)☐ LER Items (IFS Option 5)SR1 (Y/N): N

Enter LER Number: _____

Letter (Y/N): Y☐ Non-Docket Related Items (IFS Option 6)Clear (Y/N): YReport NBR
A 93001Docket NBR
030-01257

Materials Only

License NBR

17-12273-01

*Docket Name

B _____

C _____

Update? (Y/N): _____ Opened IR/LER/P21 LOG/IFS Number: _____

***Sequence NBR: 01 Item Type: _____ **Severity: _____ **Supplement: _____

Status	*UPD I/R	*Proj. Closeout	*Actual Closeout
A	_____	____/____/____	____/____/____
B	_____	____/____/____	____/____/____
C	_____	____/____/____	____/____/____

10 CFR

Materials Only
License Cond.

Tie Down

Title: _____ (55 character width)

*Closeout Org: _____ *Closeout EMP: _____ *Contact EMP: _____ *Procedure: _____ *Functl Area: _____

*Cause CD: _____ **EA Number: _____ **NOV/NNC Issue Date: ____/____/____

Text: _____

Update? (Y/N): _____ Opened IR/LER/P21 LOG/IFS Number: _____

***Sequence NBR: 02 Item Type: _____ **Severity: _____ **Supplement: _____

Status	*UPD I/R	*Proj. Closeout	*Actual Closeout
A	_____	____/____/____	____/____/____
B	_____	____/____/____	____/____/____
C	_____	____/____/____	____/____/____

10 CFR

Materials Only
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Tie Down

Title: _____ (55 character width)

*Closeout Org: _____ *Closeout EMP: _____ *Contact EMP: _____ *Procedure: _____ *Functl Area: _____

*Cause CD: _____ **EA Number: _____ **NOV/NNC Issue Date: ____/____/____

Text: _____

* Optional Fields.

** Severity, Supplement, and NOV/NCC only applicable for Violations; EA Number only applicable for Apparent Violations.

*** Sequence NBR is not applicable for docket related/P21, LER, or non-docket related items.

ITEMS CONTINUED? (Y/N): _____

Veterans Administration
Medical Center

-3-

bcc:

DMB - Original (IE-07)

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