



DEPARTMENT OF THE NAVY
NAVAL REGIONAL MEDICAL CENTER
CAMP PENDLETON, CALIFORNIA 92055

IN REPLY REFER TO:

*Clyde L. Hensley
Tele Conversation*

1982 JUL 29 PM 12:25

220:CH;hw
6470
Ser 82 254
27 July 1982

*7/30/80 to clarify comments
and get dates not provided during the inspection*

From: Commanding Officer, Naval Regional Medical Center, Camp Pendleton, Ca. 92055
To: United States Nuclear Regulatory Commission, Region V, 1450 Maria Lane, Suite 260, Walnut Creek, Ca., 94596

Subj: Corrective action to noted items of noncompliance

Ref: (a) U.S. NRC letter dated 11 June 1982

1. In accordance with reference (a) and verbal instructions given at the conference held on 24 June 1982 the following corrective actions and comments are herewith forwarded.

2. In order to provide easy reference, the noncompliance items are covered in the order presented in Appendix A of reference (a).

3. Items of noncompliance.

a. Item A: Portable survey instruments had not been calibrated as required.

Comment: There was a period between the last inspection on April 13, 1979 and June 1981 when the portable survey instruments were not calibrated every six months as required. However, since that time they had been calibrated in a timely manner, but proper documentation had not been provided by NAVELEXSENCFEN, San Diego. That command provides and maintains the subject instruments.

Corrective action: NAVELEX has been contacted and has provided the necessary documentation of calibrations and maintenance. A log book has been set up and will reflect calibrations performed and next calibration due dates.

b. Item B: Had not performed daily dose calibrator consistency checks.

Comment: This Command had been performing daily dose calibrator consistency checks, but not in strict compliance with Appendix D, Section 2, Item C of Regulatory Guide 10.8.

Corrective action: The required procedures have been established and will be carried out in strict compliance with Appendix D, Section 2, Item C of Regulatory Guide 10.8. Documentation will be maintained in both the worksheet and the log book.

c. Item G, 2: Quarterly dose calibrator linearity checks had not been performed.

Comment: Again linearity checks had been performed but not in the same manner as outlined in the Regulatory Guide.

*No 48 hour test
Hit or miss - if no patient
they would measure 24 hours
later -
Were not performed consistently & were
not documented*

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04-08313-03 PDR

Corrective action: This procedure has been initiated and will be carried out on a quarterly basis in strict compliance with Appendix D, Section 2 Item E. of Regulatory Guide 10.8 with documentation in the form of worksheets and log book.

d. Item C: Leak tests not performed at six months intervals.

Comment: Leak tests had been performed but not in the manner required by 10 CFR 35.14 (a) (1) (i). Documentation was not in proper form for presentation.

Corrective actions: Leak tests will be performed on a scheduled basis in accordance with 10 CFR 35.14 (e) (1) (i) and proper documentation in the form of worksheets and log book entries will be maintained.

e. Item D: No weekly surveys were performed for certain periods.

Corrective action: Weekly surveys will be performed without fail and proper documentation will be maintained in accordance with License Condition 15.

f. Item E.1: No monthly bioassays were performed on Nuclear Medicine Technologists during certain periods.

Comment: This requirement had been previously noted and bioassays were performed on necessary personnel for I-131. This Command was utilizing I-131 for diagnostic studies.

Corrective action: Bioassays are now being performed in compliance with License Condition 15 on all personnel working with small amounts of I-131 as well as all personnel working with authorized amounts of I-131. Both types of bioassays will be recorded in log book form and the Head, Nuclear Medicine Branch will be provided results in report form.

g. Item E.2: Only two quarterly thyroid count, performed on Clinical Laboratory Technician.

Comment: The dates in this noncompliance item are not correct. This item had been previously noted and had been corrected in January 1982. The Technician has had the required quarterly thyroid counts since that time.

Corrective action: Strict compliance with License Condition 15 will be adhered to and documentation will be in the form of log book entries and as presented above.

→ *Correct date per telegram 7/30/82 - Mr. Hensley doesn't know why technologist doesn't recall bioassays on June 1981 or Jan. of 1982 ??*
Had performed some leak test - Mr. Hensley indicated that he wasn't aware of the requirement or of the file where results were. ←

ii. Item F: Certain sources had not been included in physical inventory since receipt of same.

Corrective action: All sources have now been inventoried and will be on a continuing basis in accordance with 10CFR 35.14 (f) (2) and documentation will be in log book form.

i. Item G: Radiopharmaceuticals were being routinely ordered by the RSO.

Comment: As discussed at the enforcement conference, this item will be strictly adhered to; however, an amendment to our license will be requested to allow for more flexibility assuring only proper authority can initiate the orders.

Corrective action: Since the inspection all orders for radiopharmaceuticals have been signed by the Head, Nuclear Medicine Branch in accordance with License Condition 15.

j. Item H,1: Weekly training lectures had not taken place since June 24, 1981.

Comment: *Contrary to statements made during the inspection - Mr. Hensley said he* Weekly training sessions had taken place, in fact, we are extremely proud of the emphasis on the training of our Nuclear Medicine Technologists on their own initiative. The interest our Nuclear Medicine Physicians have in training and updating our diagnostic procedures has been very helpful. However, the maintenance of records is the noncompliance. *me.*

Corrective action: Our training sessions will continue and proper documentation in log book form will be done in compliance with License Condition 15.

Additional comment: An amendment to our license will be requested to better indicate the content and form of these training sessions.

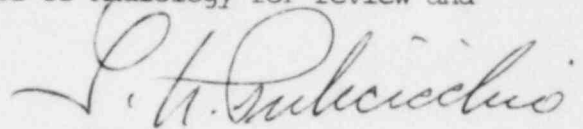
k. Item H,2: Formal one hour training course on Radiation Safety for Nursing staff and maintenance personnel had not been performed.

Comment: *stopped 6/24/81* One hour training lectures had been completed for X-ray Technicians. Operating Room personnel and maintenance personnel (Our Clinic Janitors). This was documented in the Training Log. In addition as indicated in Item H,2 of reference (a) the overall program was in the process of being set up. In fact the first lecture to the new personnel as part of their indoctrination to this command was given on 11 June 1982 and will be scheduled on a monthly basis to cover all new personnel and provide for a yearly refresher course for all required personnel.

Corrective action: Training of all necessary personnel will continue. All lectures and training sessions will be properly recorded in the Training log.

→ Asked Mr. Hensley why he told me this program had not been set up yet. Hadn't for new personnel or annual refresher - Not after 6/24/81 for the above.

4. As noted in your letter dated June 11, 1982 your concerns about the implementation of a management control system have been addressed. In addition to the already implemented controls discussed at the conference on June 24, the Chief of the Radiology Service has issued a direction to the Radiation Safety Officer that the Chief of Radiology will review all log books and records relating to all items of noncompliance on a bimonthly basis and in addition will be reviewed by the Radio-Isotope Committee on a quarterly basis. Items relating to Radiation Safety, training and the use of radioisotopes at this facility will be reviewed and discussed at the quarterly Isotope Committee meetings. All proceedings of the Isotope Committee meetings will be submitted to the Chief of Radiology for review and guidance.



L. U. PULICICCHIO

Discussed the inconsistency between licensee comments and statements made during the inspection. Mr. Hensley indicated that some CYA might be incorporated into the response. I told Mr. Hensley that the response was marginal but would be accepted based on our 7/30/82 telephone conversation.

WMB
7/30/82