



DEPARTMENT OF VETERANS AFFAIRS
Medical Center
West Los Angeles
Wilshire and Sawtelle Boulevards
Los Angeles CA 90073

In Reply Refer To: 691/115
Docket No. 030-01213
License No. 04-00181-04

REPLY TO A NOTICE OF VIOLATION

United States Nuclear Regulatory Commission
Region V
1450 Maria Lane
Walnut Creek, CA 94596-5368

Dear Sir:

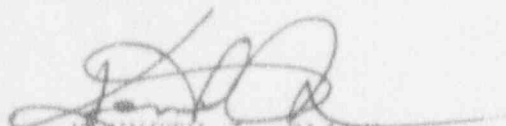
Enclosed are the original and two copies of the reply to the Notice of Violation dated March 15, 1994. The reply is filed in accordance with the provisions of 10 CFR 2.201, " Notice of Violation."

A copy of this reply will be forwarded to the U.S. Nuclear Regulatory Commission, ATTN: Document Control Desk, Washington, D.C. 20555 as required.

The items of noncompliance have been noted and immediate action taken. Steps will be taken to prevent repeat violations.

I certify that all information contained in this letter, including all supplements attached thereto, are true and correct to the best of my knowledge and belief.

Sincerely,


KENNETH J. CLARK
Director

Enclosure

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West Los Angeles VA Medical Center
Los Angeles, California 90073

RE: License #04-00181-04
Reply to Notice of Violation dated March 15, 1994

Response to Violation A, concerning failure to count Brachytherapy sources removed from a patient and returned to the Brachytherapy Storage Area to ensure that all sources taken from the storage area have been returned.

As stated in the above violation, the Brachytherapy sources in question were not promptly counted when returned to storage. The Brachytherapy Source Log has been redesigned (copy enclosed) and now includes provision for two sets of initials, one for the person performing the action and one for an observer to verify that the action has taken place. Verification of the source count will be required when the implant is removed.

Response to Violation B, concerning failure of the record to show the initials of the individual who removed the sources from storage and the initials of the individual who returned them to storage.

As stated in the violation, the record fails to show the initials of the individual who removed the sources from storage and the initials of the individual who returned them to storage. The revised Brachytherapy Source Log will make it clear who performs each of these actions and who verifies them.

Response to Violation C, concerning failure to include the survey instrument used or the initials of the individual who made the survey immediately after removing the last temporary implant source from a patient.

As stated in the violation, the record does not include the instrument used nor the initials of the individual performing the survey immediately after removing the last temporary implant from the patient. The current form does not provide a space for the instrument used in the survey. It has been revised to clearly indicate the required data elements: the name of the patient, the dose rate from the patient at one meter expressed in millirem per hour, the survey instrument used, and the initials of the individual who made the survey.

In order to prevent Brachytherapy Program failures in the future the Radiation Safety Officer will take a more active role in the program. He or the Associate Radiation Safety Officer will be present during all implants and all implant removals and he will personally make the final source count prior to the sources being returned to the vendor.

IMPLANT RECORD

Date: _____ Time: _____ Physician: _____

Patient: _____ SSN: _____ - _____ - _____

Pod: _____ Bed Number: _____

No. of Sources Implanted: _____ Total Activity: _____

Implant Sources Counted by: _____ Verified by: _____

No. of Sources Returned to Storage: _____

Counted by: _____ Verified by: _____

Room Surveyed by: _____ Using Model No.: _____

Serial Number: _____ After Implant Survey Results(mr/hr):

1. Foot of bed: _____

2. Foot of bed, shield in place: _____

3. Three feet from bed: _____

4. Three feet from bed, shield in place: _____

5. Six feet from bed: _____

6. Doorway: _____

7. Middle of Hallway: _____

8. Public Access Areas: _____, _____, _____, _____

9. Vendor Transport Container: _____

10. VA Transport Container: _____

Check List: Radiation Warning Sign Posted: _____

Instructions Posted on Door: _____ Lead Shields in Place: _____

Patient's Chart Labeled with Radiation Warning Label: _____

Instructions on Chart: _____ Lead Shields in Place: _____

Nurses Trained: _____

Badge Check in Sheet and Badges in Place: _____

IMPLANT REMOVAL

Date: _____ Time Implant Removed: _____

Physician: _____ Patient: _____

SSN: _____ - _____ - _____ Pod: _____ Bed: _____

Number of Sources Removed From Patient: _____

Counted by: _____ Verified by: _____

Surveyed by: _____ Instrument Model: _____

Serial Number: _____ Survey Results (mr/hr):

1. One meter from patient: _____

2. Vendor's Transport Container: _____

3. VA Med Center Transport Container: _____

4. Room After Removal of Transport Containers: _____

No discrepancies were found; the room was released for general use.

Radiation Physicist: _____ Date: _____