



Young

ST. MARY'S HOSPITAL
M · I · L · W · A · U · K · E · E

February 21, 1994

W.L. Axelson, Director.
USNRC, Region III,
801 Warrenville Road,
Lisle, Illinois 60532-4351
REF: 48-01825-01

Dear Mr. Axelson:

In response to the notice of violation letter dated February 3, 1994; the following corrective actions are submitted.

1. In response to violation #1, compliance with 10 CFR 35.22(a) (3) - This facility has taken the following corrective action: We have assigned additional management personnel (Director of Medical Imaging and Director of Risk Management) to the Radiation Safety Committee.
2. In response to violation #2, compliance with 10 CFR 35.22(b)(5) - The agenda of items for discussion will at each meeting include discussion of all incidents recordable or reportable concerning the use of byproduct material . The minutes will be recorded, transcribed and distributed to each committee member and the Vice President of Operations.
3. In response to violation #3, compliance with 10 CFR 35.315(a)(7) - We have instituted a procedure to ensure that the patient room will be wipe tested for removable contamination. The room will not be re-assigned until removable contamination is less than 200 disintegrations per minute per 100 square centimeters per NRC standard. Records of the results of the survey will be maintained in the Nuclear Medicine Department.
4. In response to violation #4, compliance with 10 CFR 35.205(b) - copies of semi-annual airflow checks will be posted in rooms where Xenon 133 is used. Ventilation studies utilizing Xenon 133 will not be performed unless the current semi-annual check indicates the presence of negative pressure. A copy of this report will be maintained in the Radiation Safety Officers files. Xenon ventilation studies will not be performed if negative pressure is not present.
5. In response to violation #5, compliance with 10 CFR 35.205(e) Be advised that copies of the ventilation report will be posted in the room and kept on file in the Radiation Safety Officer's office.

6. In response to violation #6, compliance with 10 CFR 35.70(a) Be advised that all technologists have been re-instructed to perform radiation surveys at the end of each day.
7. In response to violation #7, compliance with Conditions 6, 7 and 8 of License No. 48-01828-01 - An amendment request was submitted to the NRC November 26, 1993 requesting authorization for increased possession limit of Iodine 125.
8. In response to violation #8, compliance with 10 CFR 31.11(c)(1) - We have requested an amendment from NRC dated November 26, 1993 requesting increased possession limits of Iodine-125, iodine-131, selenium-75, and/or iron-59 in excess of 200 microcuries.

All of the above corrective actions have been implemented as of the date of this letter. Items 7 and 8 corrective actions were implemented immediately after the inspection November 15, 1993. Documentation of the corrective actions will be maintained for review by regulatory personnel upon their request. Management oversight of the byproduct material program will be conducted by the hospital Vice President of Operations, Director of Medical Imaging, Radiation Safety Officer and the Radiation Safety Committee. Monitoring will be conducted on a quarterly basis by the RSO and/or his designee. Reports will be presented to management for their review.

We thank you for your cooperation in this matter.

Sincerely,

Colleen Mahoney

Colleen Mahoney,
V.P. Operations

Yu Kong Chan

Yu Kong Chan, Ph.D.
Radiation Safety Officer