EA No. 94-061
MN No. 94-53

U.S. NUCLEAR REGULATORY COMMISSION
REGION I

Enforcement Conference Report No. 030-03078/94-002

Docket No. 030-03078

License No. 37-06855-01 Priority 3 Category G Program Code 02120

Licensee: City Avenue Hospital
Graduate Health Systems
(formerly Osteopathic Medical Center of Philadelphia)
4150 City Avenue
Philadelphia, Pennsylvania 19131-1696

Facility Name: City Avenue Hospital
Graduate Health Systems

Enforcement Conference Conducted At: King of Prussia, Pennsylvania

Enforcement Conference Conducted On: April 14, 1994

Prepared by: Richard W. McKinley, Health Physicist 4/19/94 date

Approved by: Jenny M. Johansen, Chief 4/19/94 date
Medical Inspection Section
Division of Radiation Safety and Safeguards

Enforcement Conference Summary: An Enforcement Conference was held at the NRC Region I Office in King of Prussia, Pennsylvania on April 14, 1994 to discuss the apparent violations identified during a routine inspection conducted on March 16, 1994. Corrective actions taken and planned by the licensee since the inspection were also discussed. Enforcement options available to the Commission were explained.

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DETAILS

1. Attendees

City Avenue Hospital
Graduate Health Systems

Thomas J. Campione, Vice President for Clinical and Support Services
George L. Popky, M.D., Chairman, Department of Radiology
and Radiation Safety Officer
Jordan Felder, Attorney
Art Samiljan, Consultant

NRC:

Charles W. Hehl, Director, Division of Radiation Safety and Safeguards
Ronald R. Bellamy, Chief, Nuclear Materials Safety Branch
Jenny M. Johansen, Chief, Medical Inspection Section
Daniel J. Holody, Enforcement Officer
Karla Smith, Regional Counsel
Richard McKinley, Health Physicist

2. Summary:

Representatives of City Avenue Hospital (formerly Osteopathic Medical Center of Philadelphia) met with NRC representatives on April 14, 1994, in the Region I Office at King of Prussia, Pennsylvania. The meeting was open to members of the public. In his opening remarks, Mr. C. William Hehl explained the purpose of the conference. Dr. Ronald R. Bellamy asked the licensee if there were any omissions of facts or corrections that they noted in the NRC Inspection Report No. 030-03078/94-001 that was sent to the licensee on April 6, 1994. The licensee preferred to go over the apparent violations in the sequential order as they appeared in the inspection report.

Mr. Thomas J. Campione discussed City Avenue Hospital's continued commitment to conduct licensed activities in accordance with regulatory requirements. The licensee then presented its views of the apparent violations included in the inspection report. The licensee admitted some and denied some of the apparent violations. The licensee presented a professional certificate showing that a member of the Radiation Safety Committee (RSC) was a representative of the nursing service denying the first stated apparent violation. The licensee presented minutes of RSC meetings of May 4, 1992, and June 1993, as well as for February 21, 1994, and April 12, 1994. The minutes from 1992 and 1993 corrected part of the second stated apparent violation. The licensee admitted, however, that meetings for the first quarter of 1992 and meetings for the third and fourth quarters of 1993 were never held. The minutes for the 1994 meetings were presented as corrective actions.

The licensee then presented signed records of dose calibrator accuracy tests dated March 13, 1991, and February 18, 1993. Dose calibrator linearity tests were submitted for April 26, 1991, June 24, 1992, August 11, 1992, and November 2, 1992. Records for checks on xenon traps and records of survey instrument calibrations for 1991 and 1992 were also presented. These records corrected, in part, the third stated apparent violation. The licensee admitted there were no records of ventilation checks and, in fact, the checks were not performed.

The licensee admitted that written directives had never been issued and that quarterly audits of the Quality Management Program (QMP) had never been done. The licensee presented as corrective actions a revised QMP with procedures designed to ensure its implementation. The licensee committed to submitting the revised QMP by mail and to designate the Radiation Safety Officer as responsible for calling and recording meetings, maintaining records, instructing appropriate personnel regarding QMP requirements, and ensuring that QMP audits are done.

The Enforcement Officer explained to the licensee the NRC's Enforcement Policy and the options available to the Commission.

Mr. Hehl thanked the representatives for their presentations. The meeting was adjourned. Subsequent to the meeting NRC representatives reviewed the documents submitted by the licensee (see attachments). Based on the review of the nursing certification records, the apparent violation of 10 CFR 35.22(a)(1) was withdrawn. Based on the review of dose calibrator records, the apparent violations of 10 CFR 35.50(e) were withdrawn. Based upon the review of survey instrument calibration records, the apparent violations of 10 CFR 35.51(d) were withdrawn. Part of the apparent violation of 10 CFR 35.205(e) and all of the apparent violations of 10 CFR 30.52(b) were withdrawn. All other apparent violations stand as originally issued.