S/AW: DSK:

MEDICAL CONSULTANTS IMAGING CO.

April 14, 1994

B.J. Holt, Chief
Nuclear Materials Inspection
Section 1
U.S. Nuclear Regulatory Commission
Region III
801 Warrenville Road
Lisle, IL 60532-4351

RE: License No. 34-26286-01
Docket No. 030-32080

Dear Ms. Holt:

The following is in response to the Notice of Violation dated April 1, 1994 with regard to the inspection of our facility conducted on February 24, 1994. The responses are prepared in the same order as the listed violations.

1. Supervision

a. We were cited because we failed to perform monthly reviews of supervised individual's use of radioactive materials. For the scope of our program, our license appears to be a very extensive document spanning an application from February, 1991 through a barrage of correspondence dealing with specific modifications to our program throughout much of 1992. In our correspondence dated September 1, 1992 under Item 4.a., we did commit to periodic review by the supervised individual's use of materials on a quarterly basis. In fact, we do review our byproduct material program on a quarterly basis through the use of NMA Medical Physics Consultation. They provide quarterly audits of our program in which the records from all mobile coaches are brought in to our central office and formally reviewed with MCIC personnel. This includes a review of the status of licensing conditions, personnel dosimetry, administrative and educative concerns, health physics activities (use of gloves, syringes, adequate shielding, monitoring in restricted areas, security, etc.), radiopharmaceutical usage to include kit preparation, patient dosage records, potential misadministrations, sealed source inventories, leak test results, RSO reviews, survey records for daily and weekly area surveys, performance of wipe tests, package receipt and return record keeping, required postings at our hot lab and on each of the coaches, equipment evaluation to include survey meter

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calibrations, dose calibrator accuracy, constancy, linearity and geometry evaluations, etc., and commitments to our Quality Management Program including required record keeping and so forth. The Radiation Safety Officer formally reviews the summary of the findings and signs off acknowledgment of this review as such.

However in a subsequent correspondence from the NRC dated September 15, 1992 and our response to that correspondence dated October 8, 1992, we committed to the supervised individual's use of materials on a monthly basis. The monthly review commitment apparently became obscure and it must be for this reason that Mr. Slawinski cited us with not performing the monthly review.

b. The corrective steps that have been taken as of this writing is that we have issued a policy statement that an authorized user will perform monthly reviews of supervised individual's use of materials with regard to patient examinations, compliance with procedure control and record keeping. Documentation of this review will be kept on file. The more extensive quarterly review as discussed above will be maintained, but an abbreviated review will be conducted on a monthly basis. (See attached)

c. Corrective steps that will be taken to avoid further violation is that the monthly reviews will be reviewed on a quarterly basis to insure their availability and documentation.

d. Full compliance will be met as of the writing of this correspondence.

2. D.O.T. Compliance

a. Transporting of Radioactive Waste and Dose Calibrator Source

1. Mr. Slawinski cited us for not transporting technetium waste and our Cs-137 dose calibrator check source in compliance with limited quantity shipments under D.O.T. regulations. This citation occurred because we were not cognizant of the fact that radioactive materials retained within our coach were being transported in a manner that required D.O.T. packaging, surveys, and compliance. We do comply with D.O.T. requirements when radioactive materials are being shipped to the coach or from the coach but had not viewed transporting the materials while they were

retained in the coach as leaving the confines of our mobile vans and therefore, requiring repackaging as such.

2. Regardless, the corrective step that has been taken is to identify the Sharps container, which is a permanently mounted steel container on the wall of our coach, as a limited quantity shipping container. This container will be placarded with a statement that says "This package conforms to the conditions and limitations specified in 49 CFR 173.421 for accepted radioactive materials, limited quantity, n.o.s., UN2910." Similarly, an ammo can or comparable container will be used to transport our dose calibrator Cs-137 standard. This will also be indentified as a limited quantity shipping container and will be placarded as specified under D.O.T. regulations.

3. Corrective steps taken to avoid further violations will be a quarterly confirmation that waste material and the Cs-137 dose calibrator reference standard are being transported in accordance with D.O.T. regulations.

4. Full compliance has been met as of this writing.

b. D.O.T. Package Surveys and Contamination Levels

1. As stated above, we did not view transporting the waste and cesium standard within the coach as being under the auspices of D.O.T. compliance. For this reason, we were not performing package surveys and wipe tests as required to comply with D.O.T. regulations.

2. Corrective steps that have been taken are that we are now surveying the labeled waste container and ammo can (or equivalent) for contamination and exposure levels at the surface.

3. Corrective steps that will be taken to avoid further violations is that we will confirm on a quarterly basis that, in fact, these procedures are being performed.

4. Full compliance will be met as of this writing.

We hope the above information meets with the Commission's approval. If additional information is needed, please feel free to contact us.

Sincerely,

Gregory Hedegore
Vice President of Operations

REVIEW OF SUPERVISED INDIVIDUALS

QUALITY MANAGEMENT PROGRAM

OBJECTIVE

Confirmatory review of the use of materials and patient examination, radiopharmaceutical selection, dose administration, compliance with procedure control and record keeping, will insure MCICo and their accounts, produce excellent patient care, film quality and maintain excellence throughout the mobile fleet.

The following will be followed each month and reviewed by the Radiation Safety Officer.

PROCEDURE

1. 20% of all exams performed will be randomly pulled from a given account each month. Areas to be reviewed are as follows:

   Filming
   Image quality
   Proper Annotations
   Patient Positioning
   Correct Protocols
   Proper Radiopharmaceutical Selection
   Proper Dosing
   Proper Recording of Radiopharmaceuticals used

2. A copy of the written evaluation will be kept at the offices of MCICo.

3. In the event a problem is found, the technologist or party responsible for the error will be given a written warning and corrective action will be taken.

4. The RSO or Radiologist may at any time request additional films or documents to be assessed.

5. These records will be made available to the respective hospitals if requested for JCAHO audits.

MONTHLY REVIEW

SUPERVISED INDIVIDUAL'S USE OF MATERIAL WITH REGARD TO PATIENT EXAMINATION, COMPLIANCE WITH PROCEDURE CONTROL AND RECORD KEEPING WAS CONDUCTED FOR THE MONTH OF _____.

_____ _____

REVIEWER DATE

COACH #: REVIEW DATE:

DATE	LOCATION	SURFACE SURVEY mR/hr	SURFACE WIPE NET DPM	INITIALS

THIS PACKAGE COMFORMS TO THE CONDITIONS AND LIMITATIONS SPECIFIED IN 49 CFR 173.421 FOR EXCEPTED RADIOACTIVE MATERIAL, LIMITED QUANTITY, nos UN2910.

LIMITED.RLO