

DOD/DEB

Caylor-Nickel
Medical Center

One Caylor-Nickel Square
Bluffton, Indiana 46714
219-824-3500

January 2, 1991

Mr. William H. Schultz, Chief
Nuclear Materials Safety, Section 1
U.S. Nuclear Regulatory Commission, Region III
799 Roosevelt Road
Glen Ellyn, IL 60137

REF: Caylor-Nickel Hospital
License No. 13-01629-04
Docket No. 030-00192

Dear Mr. Schultz:

In reply to your Notice of Violation letter, dated 11 December, 1990, the following corrective actions have been taken:

- (1) Violation 1: See Enclosure 1. Dr. Agnew, the Physicist for Radiation Therapy, has been performing timer linearity checks since 11/17/89, albeit using a stopwatch instead of radiation measurement. This was apparently due to misinterpretation of the requirements. When he became aware of the error, the procedure was changed to conform with NRC Regulations starting 8/31/90.
- (2) Violation 2: See Enclosure 2. Training of personnel who work in the vicinity of the teletherapy unit has now been performed and will be yearly, as required. This has been regularly accomplished for the Nuclear Medicine Section and will now be done for Radiation Therapy. Specifically, housekeeping personnel also receive this instruction upon employment.

It is hoped these procedural changes bring Caylor-Nickel into compliance.

Sincerely,

John P. Smith
John P. Smith, M.D.
Radiation Safety Officer

William F. Brockmann
William F. Brockmann, FACPE
President and CEO

JPS:WFB:ib
Enclosures: 2

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IE07

Regional Oncology Center
Parkview Memorial Hospital
2200 Randallia Drive
Fort Wayne, IN 46805
December 21, 1990

Dr. Smith
Wes Fulton
Radiology Department
Caylor Nickel Medical Center
One Caylor-Nickel Square
Bluffton N, 46714

Dear Dr. Smith and Mr. Fulton:

As a result of the inspection by the NRC Inspector in 1989, I checked the linearity of your cobalt therapy machine timer using radiation measurements on 9-5-89, and I sent her a copy of the data. The linearity was good.

I had not been aware of the change in the regulations for cobalt teletherapy, so I looked it up: 10CFR35 says that Annual calibrations and Monthly spot-check procedures are to include determinations of the "Timer Constancy and Linearity over the range of use."

I assumed from this that the linearity requirement could be met using a hand-held stopwatch, and we began checking the timer this way every month beginning 11/17/89. A stopwatch was used to check the timer at the Annual Calibration of 1/26/90 also.

But when I discovered that the inspectors want to see the timer checks made using radiation measurements, instead of a stopwatch, we changed the monthly check procedure and began making the timer checks using radiation measurements. This was inaugurated with the 8/31/90 Monthly spot-check, and has continued with every spot-check since. The next Annual Calibration due January, 1991, will also include timer checks using radiation measurements.

All timer checks done to date on the Caylor-Nickel Cobalt machine have given satisfactory constant and linearity.

I regret that that I misinterpreted the intent of the regulation, and hope that the NRC will be satisfied that the timer checks are currently being done in the proper manner.

Sincerely yours,

John F. Agnew MD

John F. Agnew, Ph.D.
Radiation Physicist

CAYLOR-NICKEL



RADIOLOGY(ONCOLOGY)
SECTION OPERATING
POLICY

subject

PROTOCOL HOUSEKEEPING
PERSONAL FOR ONCOLOGY

section

70 B (oncology) 90 10

- Administration
- Library
- Education
- Food Service
- Director Fin.
- Ass't Director Fin.
- Insurance
- Business Office
- Accounting
- Admissions
- Data Processing
- Switchboard
- Housekeeping
- Laboratory
- Pathology
- Purchasing/Supply
- Laundry
- Central Sterile
- Medical Records
- Microfilm
- Word Processing
- Director Nur.
- Ass't Director Nur.
- Supervisor Nur.
- 1 East
- 1 South
- Emergency Room
- 2 South
- 2 North
- OB/Nursery
- 3 South
- 3 North
- Pediatrics
- ICU/CCU
- Personnel
- Pharmacy
- Physical Testing
- Physical Therapy
- Plant Operations
- Professional Care
- Public Relations
- X-Ray
- Cardiac Testing
- Cardiac Laboratory
- Cardiac Rehab.
- Urology
- Surgery
- Volunteer Services
- Receptionists
- Clinic CEO
- CN Research Inst.

PURPOSE:

To ensure and to verify the safety of all employees (environmental) entering the (Oncology) area. All secure areas will be locked. And relocked upon leaving.

SCOPE:

The Oncology area will be secure after P.M. treatments are completed. Upon housekeeping arrival, the immediate area, Physician office and exam room are to be cleaned as per hospital protocol. In main control area, the door to the left of the control table is CO 60 room.

A-1. If red light is on above door, then DO NOT ENTER. Call housekeeping supervisor and they in turn will notify Director of Radiology and Radiation safety officer.

2. If red light is off, then proceed through door. Look straight ahead, if there is a green light flashing, then ALL CLEAR and proceed as normal.

3. If after proceeding through the door there is a flashing red light, close door, lock and notify your supervisor who in turn is to notify Director of Radiology and Radiation safety officer.

B-1. The door to the right of the control table is ortho voltage. If RED LIGHT IS ON ABOVE DOOR DO NOT ENTER. Notify housekeeping supervisor who in turn will notify Director of Radiology and radiation safety officer.

2. If no red light, then proceed as normal.

C. When cleaning within the Oncology area be very careful not to bump, move any equipment such as Laser lights, control stands and etc.

RESPONSIBILITY: Personnel from Radiology will in-service the housekeeping personnel yearly on the above contents, it is the responsibility of housekeeping to have the proper personnel assigned to that area attend the in-services.

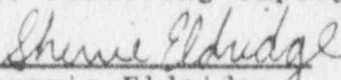
issued by <i>Wesley E. Fester</i>	approved by <i>William F. Proshman</i>	date issued <i>11-90</i>	supersedes issue date	pi
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INSERVICE

DATE: 11-20-90
TIME: 10:00 A.M.
PLACE: Workroom
SUBJECT: Protocol Housekeeping personnel for Oncology

PRESENT: Faye Osborn
Marge Foss
Betty Andrews
C. King
Melba Humphrey
Evelyn Hall
Janet Scheoff
Jeff Stiltner
Paul Perry
Marci Huber
Jerry Bauer
Carol Nelson
Sue Weaver
Joyce Harter
Geneva Prater
Lisa Bauer
Margret Morgan
Melanie Ginger
Darla Ledgerwood
Bev Taylor
Kathy Perry
Tina Arnold
Pam Masterson
Peg Williams
Marilyn Meeks
Cathy Frenzel
Donna Dillman
Tammy Terry
Lora Lane
Betty Downs

I went over the attached Policy with the following employees.


Sherrie Eldridge
Assistant Director
Environmental Services

2nd & 3rd ShiftsNAMESHIFTON/OFF DUTY

<u>NAME</u>	<u>SHIFT</u>	<u>ON/OFF DUTY</u>
Melochi Huber	3rd	on
Jimmy Bauer	2nd	on
Carl Nelson	3rd	on
Sue Weaver	3rd	on
Joseph Hartley	3rd	on
Geneva Prater	3rd	on
Lisa Bauer	2nd	on
Margaret Morgan	2nd	off
Melanie Singer	3rd	on
Darla Lidgwood	2nd	on
Ben Taylor	2nd	on
Wynny Perry	3rd	on
Tom Arnold	3rd	on
Pam Masterson	3rd	on
Dee Williams	3rd	on
Maxilyn Meeks	2nd	on
Cathy J. Freeman	3rd	on
Wanda Hillman	2nd	on
Jasmine Taylor	2nd	on
Sara Lane	2nd	on
Betty Downs	2nd	on

