In Reply Refer To: License: 05-26854-01 Docket: 030-29534/90-01

Department of the Army
Evans Army Community Hospital
Preventive Medicine - RPO
ATTN: Colonel John Parker, M.D.
Hospital Commander
Fort Carson, Colorado 80913-5207

Gentlemen:

Thank you for your letter of November 8, 1990, in response to our letter and attached Notice of Violation both dated October 15, 1990. We have reviewed your reply and find it responsive to the concerns raised in our Notice of Violation. In consideration of your reply concerning Violation B having been self-identified, we are withdrawing Violation B in accordance with the discretion authorized by 10 CFR 2, Appendix C, Section V.G., which relates to licensee identified Severity Level IV or V violations. We will review the implementation of your corrective actions during a future inspection to determine whether full compliance has been achieved and will be maintained.

Sincerely,

A. Bill Beach, Director Division of Radiation Safety and Safeguards

cc: Montana Radiation Control Program Director

bcc w/copy of licensee letter: DMB - Original (IE-07) ABBeach MRodriguez, OC/LFDCB (MS 4503) WLFisher NMSIS RIV Files (2)

RIV:NML9/rt WLHolley:ch //0/40 C:NMLS 1 FT WLFisher RDMartin LAYandell CLCain WLHolley MIS System RSTS Operator

D:DRSS ABBeach

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DEPARTMENT OF THE ARMY U.S. ARMY MEDICAL DEPARTMENT ACTIVITY FORT CARSON, COLORADO 80913-5101

November 8, 1990

U.S. Nuclear Regulatory Commission ATTN: Document Control Desk Washington, D.C. 20555 NOV 1 3 1990

Gentlemen:

In response to your Notice of Violation; License: 05-26854-01, Docket: 3029534/90-01, resulting from the Radiation Safety Inspection on September 13, 1990, we have taken steps to correct the violations noted. I appreciate the professionalism of your inspectors and the courtesy they extended to my staff.

Reference paragraph A of the violation notice: The Radiation Safety
Program review by the Radiation Safety Committee had not been conducted for 1988 and 1989 due to an oversight by the Radiation Safety Officers at the time and an oversight by the Radiation Safety Committee. As a result, annual program reviews for 1988 and also 1989 have been conducted, documented and reviewed by the Radiation Safety Committee. For each year, the Committee reviewed summaries of the following documentation to include identifying trends, problem areas and good things. Radiation Safety Committee Minutes, training records, survey frequency and results, personnel occupational radiation exposure records, incidents, leak tests and source accountability were reviewed. Problem areas identified or actions requiring attention will be addressed and tracked by our current Radiation Safety Committee.

The requirement to conduct an annual Radiation Safety Program review is currently written into our hospital regulation on radiation safety and also in our management commitment to maintain doses as low as reasonably achievable (ALARA). We shall ensure the policies and procedures are adhered to in the future, and will schedule our program audits annually in the quarter following the close of the calendar year.

Reference paragraph B of the violation notice: Leak tests for our radiation sealed sources noted had not been performed as indicated due to an oversight of the radiation safety officers at those times. The problem was identified by our Committee in September 1989 and the sources have since been leaked tested in September 1989, March 1990 and September 1990 and have not been found to be leaking at each testing. We currently have an automated listing of all our sealed sources and a controlled materials document register grand system that has aided in source accountability and leak test scheduling. We do not foresee any problems in this area in the future.

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Reference paragraph C of the violation notice: The calculations to determine the amount of time needed to reduce the concentration of Xenon-133 in the room to the occupational limit was not calculated in the past due to an oversight of the radiation safety officers. We currently have calculated the time required for evacuation of Xenon-133 from the room and have posted the time at the door. The airflow measurements and time for evacuation will be re-evaluated semiannually. This requirement will also be scheduled on our master annual calendar for the Radiation Safety Program.

Sincerely,

_lotn S. Parker Colonel, U.S. Army

Commanding

Copy Furnished:

U.S. Nuclear Regulatory Commission, Region IV, 611 Ryan Plaza Drive, Suite 1000, Arlington, Texas 76011

In Reply Refer To: License: 05-26854-01 Docket: 30-29534/90-01

Department of the Army
Evans Army Community Hospital
Preventive Medicine - RPO
ATTN: Colonel John Parker, M.D.
Hospital Commander
Fort Carson, Colorado 80913-5207

Gentlemen:

This refers to the routine, unannounced radiation safety inspection conducted by Mr. Wesley Holley of this office on September 13, 1990, of the activities authorized by NRC Byproduct Material License No. 05-26854-01, and to the discussion of our findings held by the inspector with members of your staff at the conclusion of the inspection.

The inspection was an examination of the activities conducted under the license as they relate to radiation safety and to compliance with the Commission's rules and regulations and the conditions of the license. The inspection consisted of selective examinations of procedures and representative records, interviews of personnel, independent measurements, and observations by the inspector.

The inspector reviewed the organization of the nuclear medicine department and also the effectiveness of the radiation safety committee and the radiation protection officer (RPO) in managing the various aspects of your radiation safety program. He noted an improvement in the radiation safety aspect of your nuclear medicine program with the recent installation of the new RPO staff. Although violations were identified during this inspection, the inspector observed that the present individuals appeared to function well in their respective roles and generally directed program audits that identified and corrected potential safety problems.

The inspector observed that licensed material was adequately secured and used in accordance with applicable Commission regulations. Interviews of the licensee's staff demonstrated that they were informed regarding operating and emergency procedures pertaining to the use of radioactive material in nuclear medicine.

As stated above, during this inspection, certain of your activities were found not to be conducted in full compliance with NRC requirements. Consequently, you are required to respond to this matter in writing, in accordance with the provisions of Section 2.201 of the NRC's "Rules of Practice," Part 2, Title 10, Code of Federal Regulations. Your response should be based on the specifics contained in the Notice of Violation enclosed with this letter.

RIV: NMOROA WLHolley: lm C:NMLS/WHO

D:DRSS ABBeach

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In accordance with 10 CFR 2.790 of the Commission's regulations, a copy of this letter, the enclosures, and your response to this letter will be placed in the NRC Public Document Room.

The response directed by this letter and the accompanying Notice is not subject to the clearance procedures of the Office of Management and Budget as required by the Paperwork Reduction Act of 1980, PL 96-511.

Should you have any questions concerning this letter, we will be pleased to discuss them with you.

Sincerely,

Original States Care

A. Bill Beach, Director Division of Radiation Safety and Safeguards

Enclosure: Appendix - Notice of Violation

oc:

Colorado Radiation Control Program Director

bcc:
DMB - Original (IE-07)
RDMartin
ABBeach
LAYandell
MRodriguez, OC/LFDCB (4503)
*WLFisher
*CLCain
*WLHolley
*NMSIS
*MIS System
*RIV Files (2)
*RSTS Operator
*REHall, URFO

*W/766

APPENDIX NOTICE OF VIOLATION

Department of the Army Evans Army Community Hospital Fort Carson, Colorado Docket No. 30-29534/90-01 License No. 05-26854-01

During an NRC inspection conducted on September 13, 1990, violations of NRC requirements were identified. In accordance with the "General Statement of Policy and Procedure for NRC Enforcement Actions," 10 CFR Part 2, Appendix C (1990), the violations are listed below:

A. 10 CFR 35.22(b)(6) requires the radiation safety committee to review annually, with the assistance of the radiation safety officer, the radiation safety program.

Contrary to the above, the inspector determined that a radiation safety program review of the licensee's nuclear medicine department had not been performed for 1988 and 1989.

This is a Severity Level IV violation (Supplement VI).

B. 10 CFR 35.59(b)(2) requires, in part, a licensee in possession of a sealed source to test the source for leakage at intervals not to exceed 6 months.

Contrary to the above, the inspector determined that the licensee had not performed leak tests between February 17, 1988, and September 24, 1989, for sealed sources (Cs-137, 252 μ Ci, Amersham CDR.5623814, and Ba-133, 286 μ Ci, Amersham BDR.562 2499 MA).

This is a Severity Level IV violation (Supplement VI).

C. 10 CFR 35.205(c) requires that before receiving, using, or storing a radioactive gas, the licensee shall calculate the amount of time needed after a spill to reduce the concentration in the room to the occupational limit listed in Appendix B to Part 20 of this chapter. The calculation must be based on the highest activity of gas handled in a single container, the air volume of the room, and the measured available air exhaust rate.

Contrary to the above, the inspector determined that the licensee had never performed the calculation to determine the amount of time needed after a spill of Xe-133 to reduce the concentration in the room to the occupational limit up to the time of this inspection on September 13, 1990. Xe-133 procedures had been performed during this period.

This is a Severity Level IV violation (Supplement VI).

Pursuant to the provisions of 10 CFR 2.201, Evans Army Community Hospital is hereby required to submit a written statement or explanation to the U.S. Nuclear Regulatory Commission, ATTN: Document Control Desk, Washington, D.C.

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20555 with a copy to the Regional Administrator, Region IV, within 30 days of the date of the letter transmitting this Notice of Violation (Notice). This reply should be clearly marked as a "Reply to a Notice of Violation" and should include for each violation: (1) the reason for the violation, or, if contested, the basis for disputing the violation, (2) the corrective steps that have been taken and the results achieved, (3) the corrective steps that will be taken to avoid further violations, and (4) the date when full compliance will be achieved. If an adequate reply is not received within the time specified in this Notice, an order may be issued to show cause why the license should not be modified, suspended, or revoked, or why such other action as may be proper should not be taken. Where good cause is shown, consideration will be given to extending the response time. Under the authority of Section 182 of the Act, 42 U.S.C. 2232, this response shall be submitted under oath or affirmation.

Dated at Arlington, Texas this 15th day of October 1990