

DEPARTMENT OF VETERANS AFFAIRS Medical Center West Los Angeles Wilshire and Sawtelle Boulevards Los Angeles CA 90073

In Reply Refer To: 691/115 Docket No. 030-01213 License No. 04-00181-04

REPLY TO A NOTICE OF VIOLATION

United States Nuclear Regulatory Commission Region V 1450 Maria Lane Walnut Creek, CA 94596-5368

Dear Sir:

Enclosed are the original and two copies of the reply to the Notice of Violation dated March 15, 1994. The reply is filed in accordance with the provisions of 10 CFR 2.201, "Notice of Violation."

A copy of this reply will be forwarded to the U.S. Nuclear Regulatory Commission, ATTN: Document Control Desk, Washington, D.C. 20555 as required.

The items of noncompliance have been noted and immediate action taken. Steps will be taken to prevent repeat violations.

I certify that all information contained in this letter, including all supplements attached thereto, are true and correct to the best of my knowledge and belief.

Sincerely,

Director

Enclosure

West Los Angeles VA Medical Center Los Angeles, California 90073

RE: License #04-00181-04
Reply to Notice of Violation dated March 15, 1994

Response to Violation A, concerning failure to count Brachytherapy sources removed from a patient and returned to the Brachytherapy Storage Area to ensure that all sources taken from the storage area have been returned.

As stated in the above violation, the Brachytherapy sources in question were not promptly counted when returned to storage. The Brachytherapy Source Log has been redesigned (copy enclosed) and now includes provision for two sets of initials, one for the person performing the action and one for an observer to verify that the action has taken place. Verification of the source count will be required when the implant is removed.

Response to Violation B, concerning failure of the record to show the initials of the individual who removed the sources from storage and the initials of the individual who returned them to storage.

As stated in the violation, the record fails to show the initials of the individual who removed the sources from storage and the initials of the individual who returned them to storage. The revised Brachytherapy Source Log will make it clear who performs each of these actions and who verifies them.

Response to Violation C, concerning failure to include the survey instrument used or the initials of the individual who made the survey immediately after removing the last temporary implant source from a patient.

As stated in the violation, the record does not include the instrument used nor the initials of the individual performing the survey immediately after removing the last temporary implant from the patient. The current form does not provide a space for the instrument used in the survey. It has been revised to clearly indicate the required data elements: the name of the patient, the dose rate from the patient at one meter expressed in millirem per hour, the survey instrument used, and the initials of the individual who made the survey.

In order to prevent Brachytherapy Program failures in the future the Radiation Safety Officer will take a more active role in the program. He or the Associate Radiation Safety Officer will be present during all implants and all implant removals and he will personally make the final source count prior to the sources being returned to the vendor.

BRACHYTHERAPY SOURCE LOG

Received f	rom:				-	
Date:	Is	sotope:	Lo	ot Number	:	
Vendor Tra	nsport Co	ontainer Wipe	rest:	dpm		
Radiation	Level at	one Meter:	mr/	hr		
# of Ribbo	ns:	Ribbon Col	lor:			
Seeds per	Ribbon: _	Total	Number	of Seeds	:	
Activity p	er Seed:	mCi Total	Activit	у:	mCi	
Authorized	Personne			Init		Title
						ARSO BSC ABSC
Patient: _						
Date		Action			in	out

IMPLANT RECORD

Date:	Time:	Physician:
Patient:		SSN:
	Bed Number:	
No. of Source	ces Implanted:	Total Activity:
Implant Sour	rces Counted by: _	Verified by:
No. of Source	ces Returned to St	orage:
Counted by:	Verified	by:
Room Surveye	ed by:U	sing Model No.:
Serial Number	er: After	Implant Survey Results(mr/hr):
1. Foot of h	oed:	
2. Foot of 1	ped, shield in pla	ce:
3. Three fee	et from bed:	
4. Three fee	et from bed, shiel	d in place:
5. Six feet	from bed:	
6. Doorway:		
7. Middle of	Hallway:	
8. Public Ac	cess Areas:	
9. Vendor Tr	ansport Container	:
10. VA Trans	port Container: _	
Check List:	Radiation Warning	Sign Posted:
Instructions	Posted on Door:	Lead Shields in Place: _
Patient's Ch	art Labeled with	Radiation Warning Label:
Instructions	on Chart:	Lead Shields in Place:
Nurses Train	ed:	
Badge Check	in Sheet and Badge	es in Place:

IMPLANT REMOVAL

Date:	Time implant Remov	ed:	
Physician:	Patien	t:	
SSN:	Pod:	Bed:	
Number of Source	ces Removed From Pa	tient:	
Counted by:	Verified by:		
Surveyed by: _	Instrument Mo	del:	
Serial Number:	Survey Res	ults (mr/hr):	
1. One meter fi	rom patient:		
2. Vendor's Tra	ansport Container:		
3. VA Med Cente	er Transport Contai	ner:	
4. Room After P	Removal of Transpor	t Containers:	
No discrepancie	es were found; the re	oom was released	for general use.
Radiation Physi	icist:	Da Da	te:



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Sincerely,

KENNETH J. CLARK

Difector

Enclosure

West Los Angeles VA Medical Center Los Angeles, California 90073

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In order to prevent Brachytherapy Program failures in the future the Radiation Safety Officer will take a more active role in the program. He or the Associate Radiation Safety Officer will be present during all implants and all implant removals and he will personally make the final source count prior to the sources being returned to the vendor.

BRACHYTHERAPY SOURCE LOG

from:					
	Isotope:	Lo	t Number	:	
ransport (Container Wipe 7	Test:	dpm		
n Level at	one Meter:	mr/	hr		
bons:	Ribbon Col	lor:			
r Ribbon:	Total	Number	of Seeds	:	
per Seed:	mCi Total	Activit	у:	mCi	
ed Personr	nel:		Init	ials	Title
					RSO
					ARSO
			_		BSC
					ABSC
			SSN		-
Time			Verif.	Inve	out
	ransport (n Level at bons: r Ribbon: per Seed: ed Personr	Isotope: ransport Container Wipe To the Level at one Meter: bons: Ribbon Color Ribbon: Total per Seed: mCi Total ed Personnel: Time Action	Isotope: Lo ransport Container Wipe Test: n Level at one Meter: mr/ bons: Ribbon Color: r Ribbon: Total Number per Seed: mCi Total Activit ed Personnel:	Isotope: Lot Number ransport Container Wipe Test: dpm In Level at one Meter: mr/hr In Level at one Meter: mr/hr	Isotope: Lot Number: ransport Container Wipe Test: dpm n Level at one Meter: mr/hr bons: Ribbon Color: r Ribbon: Total Number of Seeds: per Seed: mCi Total Activity: mCi ed Personnel: Initials SSN Time

IMPLANT RECORD

Date:	Time:	Physician:
Patient:		_ ssn:
Pod:	Bed Number:	
No. of Source	es Implanted:	Total Activity:
Implant Source	ces Counted by:	Verified by:
No. of Source	es Returned to Sto	rage:
Counted by:	Verified	by:
Room Surveyed	l by:Us	ing Model No.:
Serial Number	: After	Implant Survey Results(mr/hr):
1. Foot of be		
2. Foot of be	ed, shield in plac	e:
1. Three feet	from bed:	
4. Three feet	from bed, shield	in place:
5. Six feet f	rom med:	
6. Doorway: _		
7. Middle of	Hallway:	
B. Public Acc	ess Areas:	
9. Vendor Tra	nsport Container:	
10. VA Transp	oort Container:	
Check List: R	adiation Warning	Sign Posted:
Instructions	Posted on Door: _	Lead Shields in Place:
Patient's Cha	rt Labeled with R	adiation Warning Label:
Instructions	on Chart:	Lead Shields in Place:
Nurses Traine	d:	
Badge Check i	n Sheet and Badge	s in Place:

IMPLANT REMOVAL

Date: Time Implant Removed:	
Physician: Patient:	
SSN: Pod: Bed:	
Number of Sources Removed From Patient:	
Counted by: Verified by:	
Surveyed by: Instrument Model:	
Serial Number: Survey Results (mr/hr):	
1. One meter from patient:	
2. Vendor's Transport Container:	
3. VA Med Center Transport Container:	
4. Room After Removal of Transport Containers:	
No discrepancies were found; the room was release	ed for general use.
Radiation Physicist:	Date: