



DEPARTMENT OF VETERANS AFFAIRS

Medical Center  
5901 East Seventh Street  
Long Beach CA 90822

May 25, 1994

In Reply Refer To: 600/00

U.S. Nuclear Regulatory Commission  
Attention: Document Control Desk  
Washington D.C. 20555

**Reply to Notice of Violation:**

Docket No. 030-01215  
Received May 16, 1994,  
NRC License No. 04-00689-07

**Violation A:** The violation in the Nuclear Medicine treadmill room was caused by insufficient training, rapid turnover of physicians using the treadmill room and a lack of signage. The physicians and technologists using the room have received refresher training. To help prevent recurrence, several other steps have been taken as well. The treadmill room procedure was modified to include the removal of all radionuclides after an injection. The door to the inner room was moved to the hallway outside the previously unrestricted alcove area, to include the alcove in the restricted area. Also, signage was placed on the door to remind users to lock the room when it is unattended. Full compliance was achieved on 7-30-94.

The Research building (Bldg. 138) entrance doors' "hold open" feature has been disabled to prevent them from being left open when unattended and signage has been placed on the doors to remind users to maintain security. Full compliance was achieved on 7-30-93. To prevent future recurrence, security rules are being emphasized in all training given to Research personnel.

**Violation B:** This violation occurred due to the failure of the employee to follow proper radiopharmaceutical preparation procedures. All Nuclear Medicine personnel have received refresher training on the requirement for the use of syringe shields when handling radiopharmaceuticals. Weekly monitoring of the radiopharmacy preparation area is done by the Radiation Safety staff to ensure compliance and prevent recurrence. Compliance was achieved by 7-30-93.

**Violation C, 1:** We interpreted the requirement for protective clothing in radioisotope use areas noted in Regulatory Guide 10.8, Revision 2, Appendix I, "Rules for the Safe Use of Radiopharmaceuticals" as pertaining only to those individuals

210070

CURT# P418 544 792

7406220200 940525  
PDR ADOCK 03001215  
C PDR

JEON 1/0

using radiopharmaceuticals and not to clerical staff or other non-users in the area. We will submit a request for a license amendment to further clarify the rules for radiopharmaceutical usage. In the interim, refresher training has been given to all Research and Nuclear Medicine personnel, reminding them of the need for protective clothing when using by-product material. The Radiation Safety Office staff conducts weekly performance-based inspections of selected radioactive material use areas to insure compliance. Corrective items were completed by 8-5-93.

**Violation C, 2:** This violation was due to the failure of Nuclear Medicine personnel to follow survey procedures. A survey meter has been permanently installed at the exit of the restricted area in Nuclear Medicine to facilitate monitoring, and all Nuclear Medicine personnel have been instructed in its use. This meter is checked daily for operation and personnel are monitored weekly by Radiation Safety staff to ensure compliance with survey procedures following the use of radiopharmaceuticals. These corrective items were implemented by 7-30-93.

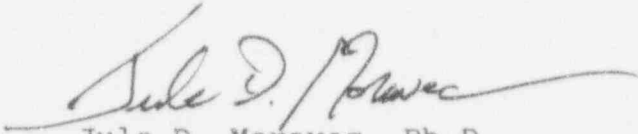
**Violation C, 3:** Weekly surveys for radioactive contamination were missed in some laboratories due to inadequate training of the personnel in the laboratories responsible for these surveys and lack of Approved User (Principal Investigator) oversight. Refresher training has been given to all Research Approved Users and memoranda outlining survey requirements have been circulated to reinforce the training. The Radiation Safety Office inspects each laboratory monthly and reports deficiencies to the Radiation Safety Committee for action. Compliance was achieved by 8-10-93.

**Violation D:** The possession limit for tritium (H-3) in one laboratory was exceeded one month due to a delay in picking up the radioactive waste and the early delivery of a new shipment of radioisotope. The Radiation Safety Committee has raised the allowable possession limits of some laboratories to prevent a reoccurrence. Compliance was achieved by 8-12-93.

**Violation E:** This violation was due to insufficient training of Nuclear Medicine Service's waste collection personnel in waste disposal procedures. Refresher training was given to this individual on 8-27-93, covering the need for labelling each radioactive waste container with the radionuclide being held for decay. The Radiation Safety Office inspects monthly to ensure all waste containers are labeled. Compliance was achieved by 8-27-93.

3

If there are any questions, please contact Mr. Steven Mills,  
Radiation Safety Officer, at (310) 494-2611 extension 2880.

A handwritten signature in cursive script, appearing to read "Jule D. Moravec". The signature is written in dark ink and is positioned above the typed name.

Jule D. Moravec, Ph.D.  
Medical Center Director

cc: NRC Regional Administrator, Region IV