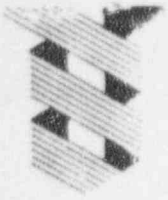

Technologist reminded the technologists that they must be always vigilent in seeing that the correct syringe is used for the correct patient.

This misadministration was reported by phone to me on 11/18/87. While filing a copy of the report of it in her records on 11/18/87 the Chief Technologist discovered the original and copy of a 8/10/87 letter to me in her files. She immediately forwarded the original to me with a note asking if this meant that the misadministration was not reported to me. The misadministration was not reported to me. I am now reporting it to you. I am clear that this was an oversite as she has reported misadministrations to me prior and after this one promptly and willingly. We have discussed the matter and she will make sure that in future I am informed by phone as well as by mail. Details of this misadministration and action taken are in the attached letter to me dated 8/10/87. The referring physician was Dr R. Robinson.

Names of individuals involved in both events are on file in my office.

Sincerely,

M. Rosemary Kennedy
Radiation Safety Officer

c.c. Gerald M. Kolodny M.D., Chairman, Radiation Safety Committee
Malcolm Weiner, Associate Vice President

REGION I
MASS LICENSEE EVENT REPORT

License No. 20-00742-1[illegible]

Docket No. 030-09062

MLER-RI-87-198

I. ACTION CONTROL DATA

Licensee BETH ISRAEL HOSPITAL

Event Description two (2) diagnostic misadministrations

Event Date 11/17/87 Report Date 11/20/87

II. REPORTING REQUIREMENT

[ ] 10 CFR 20.402 - theft or loss

[ ] 10 CFR 20.403(a)(b) overexposure/release

[ ] 10 CFR 20.405 - 30 day report

[ ] Other

[ ] 10 CFR 35.33 Therapeutic Misadministration

[X] 10 CFR 35.33 Diagnostic Misadministration

[ ] License Condition

III. REGION I RESPONSE

[ ] Immediate Site Inspection Inspector Date

[ ] Special Inspection Inspector Date

[ ] Telephone Inquiry Inspector Date

Licensee Representative and Title

[ ] PN [ ] Daily Report

[X] Information entered - Region 1 log and Outstanding Items List

[X] Review at next routine inspection

IV. REPORT EVALUATION

[X] Description of Event

[X] Levels of R/M involved

[X] Cause of Event

[X] Corrective Actions

[X] Calculation Adequate

[ ] Letter to Licensee requesting additional information

Completed by: [signature] Date 12/7/87

Reviewed by: [signature] Date 12/14/87

V. SPECIAL INSTRUCTIONS OR COMMENTS

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