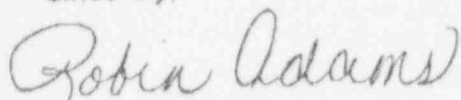


awareness and attention to detail in multiple locations cannot be adequately maintained to the intended level of the program without the support and reinforcement of those with operational management responsibility. The most exceptional RSO would be hard pressed to maintain a compliant program without this support.

I hope this clears up the perception that Mr. Prendergast apparently received from the November 16th letter.

Sincerely,



Robin Adams
Medical/Surgical/Oncology Director

RA:ko

SUMMARY RESPONSE TO NOTICE OF VIOLATIONS
(September 27, 1994)

VIOLATION A:

1. Reason for Violation:

Since this physician had applied for and received practice privileges as a Radiologist, he assumed that this approval included the authorization to administer I-131 of > 30 microcuries, and that any required regulatory paperwork was addressed by the institution.

2. Corrective Steps and Results Achieved:

A. Medical Director, Radiology and Administration, Medical Staff Office informed of violation and requirements for licensure amendments to authorize new users.

B. License amendment submitted and approval received.

3. Corrective Steps to Avoid Further Violations:

Future physician applications for practice privileges will result in RSO/RSC review for appropriate NRC licensure amendment revisions prior to the initiation of physician practice.

Site and document audits will be randomly done to monitor for compliance with authorized user/supervision regulations.

4. Date When Full Compliance will be Achieved: Immediately.

VIOLATION B:

1. Reason for Violation:

Previous interpretations of 10 CFR 20.1802 were incorrectly interpreted to indicate that an unlocked "hot lab" door was acceptable because it was located within the confines of a locked door.

2. Corrective Steps to Avoid Further Violations:

A cipher lock has been placed on the "hot lab" door resulting in appropriate security through the distribution of the combination only to authorized users.

3. Corrective Steps to Avoid Further Violations:

Routine, random audits will be initiated to monitor compliance with security status.

4. Date of Full Compliance: November 30, 1994.

VIOLATION C:

1. Reason for Violation:

Inattention to detail and poor documentation mechanism.

2. Corrective Steps and Results Achieved:

Documentation process enhanced to allow for ease of staff compliance and all staff informed of requirements and process. Initial review indicates appropriate awareness of requirements and consistent hand monitoring and documentation of same.

3. Corrective Steps to Avoid Further Violations:

Random audits will be used to monitor consistent compliance. Staff awareness will be reinforced through a radiation safety inservice in early December.

4. Date for Full Compliance: Immediately.

Violation D:

1. Reason for Violation: Inattention to detail.

2. Corrective Steps and Results Achieved:

Process of patient verification identification by the two methods reviewed and posted for staff reviews.

3. Corrective Steps to Avoid Further Violations:

Routine audits will be performed to monitor compliance with patient identification process. Noncompliance with the process will be addressed through the appropriate educational and/or disciplinary process.

4. Date of Compliance: Immediately.