

Metropolitan Hospital+

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Docket No. 030-12684
License No. 45-17395-01

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

Gentlemen:

Subject: Reply to Notice of Violation (Fax Report 05/28/91)

This refers to the inspection conducted by Mr. Wade Loo of the Regional Atlanta office on April 16, 1991 and subsequent notice of violation (letter dated May 23, 1991) and Fax report (dated May 28, 1991). The hospital (Metropolitan Hospital) acknowledges the violations of NRC requirements, as noted in the Notice of Violation. The hospital has an independent Radiation Health Physicist perform our semi-annual survey since the inception of the hospital. The violations cited have not been noted on previous semi-annual independent surveys and were not suspected at this time, as the NRC inspection was one month before our regularly scheduled semi-annual survey. However, violations did, in fact, occur. It was felt that the Nuclear Medicine Technologist, for whatever reason, became lax in performing the required surveys which she had performed in the past. For this reason and others not pertinent to the NRC inspection, the technologist was dismissed. We believe that this action along with the hiring of another Nuclear Medicine technologist will lead to compliance of all regulations, not just those concerned in the survey. However, two other steps will also be implemented to ensure that record keeping is up-to-date, as required by NRC standards. First, survey results will be reviewed at each Radiation Safety Committee Quarterly Meeting. Second, is periodic random checking of survey records and personnel practices within the department for as long as deemed necessary to ensure compliance on a regular basis. This will be overseen by the Radiation Safety Officer, who at times may delegate the responsibility to the nuclear medicine technologist supervisor. A new nuclear medicine technologist has been hired, and the last inspection report has been reviewed with him, and the importance of complying with all regulations stressed. You will find response to each of the violations noted on pages 2-5. In general, the reason for a violation, corrective action, future corrective action and date when full compliance will be achieved is essentially the same.

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Violations:

- A. 10 CFR 35.39 (g) Sealed source inventory quarterly inventory not conducted 1st quarter 1991.
1. This was a violation on previous inspection, but corrective action had been taken. There have been no violations on semi-annual inspections. It is believed that the technologist became lax in performing the required surveys, but the reason is not evident. This violation would have been discovered by the semi-annual survey scheduled for May.
 2. Corrective action. The technologist has been dismissed.
 3. Corrective steps to prevent further occurrences.
 - a. The surveys will be reviewed at each Radiation Safety Committee meeting on a quarterly basis.
 - b. Periodic inspection of surveys and records will be performed by the Radiation Safety Officer or his designee until we are reasonably sure that requirements are being met on a daily basis.
 4. Expect full compliance immediately.
- B. 10 CFR 35.70 (a) Daily survey when radiopharmaceuticals used; lack of survey on nights and/or weekends 1st quarter 1991.
1. There have been no violations on semi-annual inspections. It is believed that the technologist became lax in performing the required surveys, but the reason is not evident. This violation would have been discovered by the semi-annual survey scheduled for May.
 2. Corrective action: The technologist has been dismissed. The new nuclear medicine technologist has been instructed to ensure that all temporary week-end and night technologists are informed of the regulations and required surveys.
 3. Corrective steps to prevent further occurrences:
 - a. The surveys will be reviewed at each Radiation Safety Committee Meeting on a quarterly basis.

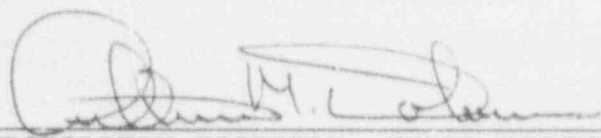
- b. Periodic inspection of surveys and records will be performed by the Radiation Safety Officer or his designee until we are reasonably sure that all requirements are being met on a daily basis.
 4. Expect full compliance immediately.
- C. 10 CFR 35.50 (b) (1) Dose calibrator constancy testing whenever Radiopharmaceuticals are used. Lack of testing on weekends.
1. There have been no violations of semi-annual inspections. It is believed that the technologist became lax in performing the required surveys, but the reason is not evident. This violation would have been discovered by the semi-annual survey scheduled for May.
 2. Corrective action: The technologist has been dismissed. The new nuclear medicine technologist has been instructed to ensure that all temporary week-end and night technologists are informed of the regulations and required surveys.
 3. Corrective steps to prevent further occurrences:
 - a. The surveys will be reviewed at each Radiation Safety Committee Meeting on a quarterly basis.
 - b. Periodic inspection of surveys and records will be performed by the Radiation Safety Officer or his designee until we are reasonably sure requirements are being met on a daily basis.
 4. Expect full compliance immediately.
- D. Condition 13 of NRC License #45-17395-01: Wearing protective clothing; Technologist not wearing lab coat during administration of radiopharmaceutical.
1. I believe that the problem was that our technologist became lax in conforming to professional standards by not wearing her lab coat. She had been wearing a lab coat in the past.

2. Corrective action: The technologist has been dismissed. The new technologist has been instructed about proper protective clothing when using radiopharmaceuticals, (ie. preparation and/or injection).
 3. Corrective steps to prevent further recurrences: Periodically, technologist will be observed for technique in conforming with regulations concerning protective clothing during administration of radiopharmaceuticals or preparation of radiopharmaceuticals.
 4. Expect full compliance immediately.
- E. 10 CFR 35.70 (h) Retain records three years for surveys to detect removable contamination weekly and lack of records for survey 1st quarter 1991, and daily survey with radiation detection instrument and lack of records for 1st quarter 1991.
1. There have been no violations on semi-annual inspection. It is believed that the technologist became lax in performing the required surveys, but the reason is not evident. This violation would have been discovered by the semi-annual survey scheduled for May.
 2. Corrective action: The technologist has been dismissed.
 3. Corrective steps to prevent further occurrences:
 - a. The surveys will be reviewed at each Radiation Safety Committee meeting on a quarterly basis.
 - b. Periodic inspection of surveys and records will be performed by the Radiation Safety Officer or his designee until we are reasonably sure that requirements are being met on a daily basis.
 4. Expect full compliance immediately.
- F. 10 CFR 35.50 (e) Retain records three (3) years, constancy checks with dedicated check source daily basis and lack of records for 1st quarter, 1991.
1. There have been no violations on semi-annual inspections. It is believed that the technologist became lax in

in performing the required surveys, but the reason is not evident. This violation would have been discovered by the semi-annual survey scheduled for May.

2. Corrective action: The technologist has been dismissed.
3. Corrective steps to prevent further occurrences:
 - a. The surveys will be reviewed at each Radiation Safety Committee Meeting on a quarterly basis.
 - b. Periodic inspection of surveys and records will be performed by the Radiation Safety Officer or his designee until we are reasonably sure that requirements are being met on a dialy basis.
4. Expect full compliance immediately.

Metropolitan Hospital acknowledges that violations cited in Notice of Violation did occur. Metropolitan Hospital also reaffirms that it is committed to observing all the NRC regulations, not only those in violation, but all NRC Regulations concerning activities where radioactive material is used. To this end, we believe that corrective action which has been taken and will be observed as noted above will be adequate to correct violations noted and prevent future violations. We believe that we are in full compliance with NRC regulations as of this date.


METROPOLITAN HOSPITAL, CHIEF EXECUTIVE OFFICER June 21, 1991
date


RADIATION SAFETY OFFICER 21 June 91
date