

U.S. NUCLEAR REGULATORY COMMISSION

REGION III

Report No. 030-10966/91002(DRSS)

Docket No. 030-10966

License No. 13-16404-01

Licensee: Winona Memorial Hospital
3232 N. Meridian Street
Indianapolis, IN 46208

Meeting Conducted: October 1, 1991

Meeting At: Region III Office, Glen Ellyn, Illinois

Type of Meeting: Enforcement Conference

Inspection Conducted: September 5, 1991

Inspector: Kenneth J. Lambert
Kenneth J. Lambert
Radiation Specialist

Oct 9, 1991
Date

Reviewed By: William H. Schultz
William H. Schultz, Chief
Nuclear Materials Safety
Section 1

10-9-91
Date

Approved By: John A. Grobe
John A. Grobe, Chief
Nuclear Materials Safety
Branch

10-9-91
Date

Meeting Summary

Enforcement Conference on October 1, 1991 (Report No. 030-10966/91002(DRSS))
Areas Discussed: A review of the apparent violations and areas of concern identified during the inspection, and corrective actions taken or planned by the licensee. The enforcement options pertaining to the apparent violations were also discussed with the licensee.

DETAILS

1. Persons Present at Conference

Winona Memorial Hospital

R. G. Tank, Chief Operating Officer
D. Parsinger, Director, Medical Imaging
P. Hargan, M.D., Radiation Safety Officer

U.S. Nuclear Regulatory Commission, Region III

C. E. Norelius, Director, Division of Radiation Safety and Safeguards
C. D. Pederson, Director, Enforcement and Investigation Staff
B. A. Berson, Regional Counsel
W. H. Schultz, Chief, Nuclear Materials Safety Section 1
C. H. Weil, Enforcement Specialist
K. J. Lambert, Radiation Specialist
E. Kiine, Enforcement Specialist, Office of Enforcement
J. Schlueter, Program Specialist, NMSS
J. Pelchat, Enforcement Specialist, Office of Enforcement

2. Enforcement Conference

An enforcement conference was held in the NRC Region III office on October 1, 1991. This conference was conducted as a result of the preliminary findings of the inspection conducted on September 5, 1991, in which apparent violations of NRC regulations and license conditions were identified. Inspection findings are documented in Inspection Report No. 030-10966/91001(DRSS), transmitted to the licensee by letter dated September 25, 1991.

The purpose of this conference was to (1) discuss the apparent violations, causes, and the licensee's corrective actions; (2) discuss several areas of concern; (3) determine if there were any escalating or mitigating circumstances; and (4) obtain any information which would help determine the appropriate enforcement action.

The licensee's representatives did not contest any of the apparent violations and were in agreement with the NRC's understanding of the areas of concern.

The licensee's representatives described the events which lead to the violations, including root causes and corrective actions taken. In summary, the corrective actions are: 1) the Chief Operating Officer will be attending the Radiation Safety Committee meetings; 2) the licensee has added monthly, quarterly, semiannual and annual requirements into a computer based calendar program to inform them when the items are due to be performed; and 3) the licensee has submitted the attached corrective action plan, which contains a list of items the Radiation Safety Committee will review at its meetings.

At the conclusion of the meeting, the licensee was informed that they would be notified in the near future of the final enforcement action.

Attachment: As stated

CORRECTIVE ACTION PLAN

In order to assure timeliness of surveys and required tests, those items that are to be done at monthly or greater intervals have been logged into the computer in Nuclear Medicine as well as the computer in the Director's office. This will automatically display a message on the computer screen as a reminder.

The following will be done for the next 12 month period:

- Item 1 Dose calibrator linearity test records will be reviewed at the Radiation Safety Committee meeting quarterly.
- Item 2 The dose calibrator accuracy test records will be reviewed at the Radiation Safety Committee during the fourth quarter meeting. This will include a check for the Radiation Safety Officer's signature.
- Item 3 Leak test records will be reviewed at the Radiation Safety Committee meeting during the second quarter meeting. This will include a check for the Radiation Safety Officer's signature.
- Item 4 Radiation Safety Meetings will be held during the calendar quarter.
- Item 5 The Radiation Safety Officer, Administrative, and Nursing Representative will attend all Radiation Safety Committee meetings. Should any one of these individuals not be available, the meeting will be rescheduled for the next available date within the calendar quarter.
- Item 6 The Xenon trap survey records will be reviewed at the monthly Radiology Section meetings for the next 3 months and quarterly thereafter at the Radiation Safety Committee if there are no identified problems during the first 3 months. The semiannual ventilation survey will be presented to the Radiation Safety Committee at the second quarter and fourth quarter meeting.
- Item 7 Records of end of day surveys will be presented to the Radiation Safety Committee quarterly.
- Item 8 Refer to items one and two.
- Item 9 The calculated evacuation time and safety procedures will be presented to the Radiation Safety Committee at the second quarter meeting. These items will be dated and posted in the appropriate areas.
- Item 10 Physical inventories will be maintained and presented to the Radiation Safety Committee on a quarterly basis.