

SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE/LOCATION INSPECTED: Daviess Community Hospital 1314 E. Walnut St. P.O. Box 760 Washington, IN 47501 REPORT NUMBER(S) 2021-001	2. NRC/REGIONAL OFFICE Region III U. S. Nuclear Regulatory Commission 2443 Warrenville Road, Suite 210 Lisle, IL 60532-4352
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3. DOCKET NUMBER(S) 030-10475	4. LICENSE NUMBER(S) 13-16138-01	5. DATE(S) OF INSPECTION 1/6/2021 - 2/12/2021
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LICENSEE:

The inspection was an examination of the activities conducted under your license as they relate to radiation safety and to compliance with the Nuclear Regulatory Commission (NRC) rules and regulations and the conditions of your license. The inspection consisted of selective examinations of procedures and representative records, interviews with personnel, and observations by the inspector. The inspection findings are as follows:

- 1. Based on the inspection findings, no violations were identified.
- 2. Previous violation(s) closed.
- 3. The violation(s), specifically described to you by the inspector as non-cited violations, are not being cited because they were self-identified, non-repetitive, and corrective action was or is being taken, and the remaining criteria in the NRC Enforcement Policy, to exercise discretion, were satisfied.

_____ Non-cited violation(s) were discussed involving the following requirement(s):

- 4. During this inspection, certain of your activities, as described below and/or attached, were in violation of NRC requirements and are being cited in accordance with NRC Enforcement Policy. This form is a NOTICE OF VIOLATION, which may be subject to posting in accordance with 10 CFR 19.11.
(Violations and Corrective Actions)

Statement of Corrective Actions

I hereby state that, within 30 days, the actions described by me to the Inspector will be taken to correct the violations identified. This statement of corrective actions is made in accordance with the requirements of 10 CFR 2.201 (corrective steps already taken, corrective steps which will be taken, date when full compliance will be achieved). I understand that no further written response to NRC will be required, unless specifically requested.

TITLE	PRINTED NAME	SIGNATURE	DATE
LICENSEE'S REPRESENTATIVE	Jonathon Berger M.D., RSO		
NRC INSPECTOR	Robert G. Gattone, Jr.	Robert G. Gattone <small>Digitally signed by Robert G. Gattone Date: 2021.02.12 15:41:30 -06'00'</small>	
BRANCH CHIEF	Michael Kunowski	Michael A. Kunowski <small>Digitally signed by Michael A. Kunowski Date: 2021.02.16 08:41:06 -06'00'</small>	

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Daviess Community Hospital
1314 E. Walnut St.
P.O. Box 760
Washington, IN 47501

REPORT NUMBER(S) 2021-001

2. NRC/REGIONAL OFFICE

Region III
U. S. Nuclear Regulatory Commission
2443 Warrenville Road, Suite 210
Lisle, IL 60532-4352

3. DOCKET NUMBER(S)

030-10475

4. LICENSE NUMBER(S)

13-16138-01

5. DATE(S) OF INSPECTION

1/6/2021 - 2/12/2021

(Continued)

Regarding the violation of Title 10 CFR 71.5, 49 CFR 172.702, 49 CFR 171.704(c) that was identified from the last inspection: The cause of the violation was that the licensee was not aware of the recurrent training requirement. As correction action, the licensee committed to ensuring that its nuclear medicine technologist complete the required recurrent hazmat training every 3 years, and will add this training schedule to it's calendar.

The inspector: (1) observed documents showing hazmat training certificates of completion on 11/28/2017 & 9/22/2020 and there were no issues; (2) read annual audit records for the licensee's ALARA program per 20.1101(c) for 2017-2021; (3) read the licensee's safe use for unsealed radioactive materials; (4) read the licensee's unsealed radioactive materials spill response procedure; (5) read dosimeter badges results for 2017 through 2020; (6) noted that the licensee used I-131 less than 30 mCi in capsule form and written directives and verifying that the dose was per the written directive; (7) noted that there were no deviations for 35.200 and 35.300; (8) read the licensee's documents for the dose calibrator calibrations; (9) the licensee used proper survey meters and they were calibrated as required; (10) read leak test records and inventories for sealed sources; (11) observed records for patient release; (12) noted that the licensee secured it's radioactive material; (13) the hot lab had proper shielding; and (14) saw a photo showing how the licensee administered radioactive material to patients.

No violations of NRC requirements were identified as a result of this inspection.

Docket File Information

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6. INSPECTION PROCEDURES USED IP 87131	7. INSPECTION FOCUS AREAS 03.01-03.06
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SUPPLEMENTAL INSPECTION INFORMATION

1. PROGRAM CODE(S) 02120	2. PRIORITY 3	3. LICENSEE CONTACT Jonathon Berger, M.D., RSO	4. TELEPHONE NUMBER (260) 438-9538
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Main Office Inspection Next Inspection Date: _____

Field Office Inspection _____

Temporary Job Site Inspection _____

PROGRAM SCOPE

This was a remote routine inspection of a small 60-bed community hospital authorized for 35.100, 35.200, and 35.300 materials and uses, and prepackaged kits authorized under 31.11. The licensee employed one full-time nuclear medicine technologist. Approximately 15 studies per week are performed, Mo of bulk, Tc-99m day-Friday. Studies included cardiac, bone, HIDA, lung for Tc-99m and not xenon, whole body scans using I-123. The licensee utilized unit doses from a local nuclear pharmacy and received 50 mCi of bulk Tc-99m for emergency studies daily. The licensee performed approximately one thyroid therapy treatment monthly using I-131 (<30 mCi in capsule form only). All waste was held for decay or returned to the nuclear pharmacy. Program audits were conducted semi-annually by the RSO with assistance of a medical physics consultant.



Materials Inspection Record

1. Licensee Name: Daviness Community Hospital		2. Docket Number(s): 030-10475		3. License Number(s) 13-16138-01	
4. Report Number(s): 2021-001			5. Date(s) of Inspection: 1/6/2021 - 2/12/2021		
6. Inspector(s): Bob Gattone		7. Program Code(s): 02120	8. Priority: 3	9. Inspection Guidance Used:	
10. Licensee Contact Name(s): Jonathon Berger, M.D., RSO		11. Licensee E-mail Address: N/A		12. Licensee Telephone Number(s): 260-438-9538	
13. Inspection Type: <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Routine <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Non-Routine <input type="checkbox"/> Unannounced		14. Locations Inspected: <input checked="" type="checkbox"/> Main Office <input type="checkbox"/> Field Office <input type="checkbox"/> Temporary Job Site <input checked="" type="checkbox"/> Remote		15. Next Inspection Date (MM/DD/YYYY): 01/06/2024 <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Extended <input type="checkbox"/> Reduced <input type="checkbox"/> No change	

16. Scope and Observations:

This was a remote routine inspection of a small 60-bed community hospital authorized for 35.100, 35.200, and 35.300 materials and uses, and prepackaged kits authorized under 31.11. The licensee employed one full-time nuclear medicine technologist. Approximately 15 studies per week are performed, Monday-Friday, of bulk Tc-99m. Studies included cardiac, bone, HIDA, lung for Tc-99m and not xenon, and whole body scans using I-123. The licensee utilized unit doses from a local nuclear pharmacy and received 50 mCi of bulk Tc-99m for emergency studies daily. The licensee performed approximately one thyroid therapy treatment monthly using I-131 (<30 mCi in capsule form only). All waste was held for decay or returned to the nuclear pharmacy. Program audits were conducted semi-annually by the RSO with assistance of a medical physics consultant.

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