



U.S. Nuclear Regulatory Commission
ATTN: Document Control Desk
Washington, DC 20555-0001

SUBJECT: REPLY TO A NOTICE OF VIOLATION; 030-03231/2021-0002

License number: 40-00238-04

On September 30, 2021 an authorized user signed and dated a written directive for a permanent prostate seed implant procedure. Contrary to 10 CFR 35.40(b)(6) the written directive did not contain the total source strength. The written directive was written to deliver a dose of 145Gy, an activity or source strength was not included.

The implant was performed November 11, 2021. The post implant written directive included the activity per seed and the total number of seeds, was filled out and signed before leaving the operating room. Contrary to 10 CFR 35.40(b)(6) the post implant written directive did not have the total activity calculated.

The total activity has been added to both forms. A copy of each is included with this letter. These forms will immediately replace the current forms.

Thank you,

Jim Mckee
Medical Physicist, RSO



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TE07
RCN-IV

Brachytherapy Written Directive and Data Record

Page 1 of 1

Patient Last Name: _____

First Name: _____

Date of Birth: _____

Patient MRN #: _____

- Prostate: Seed Implant HDR
- Bronchus
- Interstitial Mammosite Contura SAVI
- Cylinder Ovoid Tandem and Ovoid
- Tandem and Cylinder Frieberg Flap

Photograph

Treatment Site: _____

A Special Physics Consult is required for confirmation of dose distribution

A Special Treatment Procedure is required

Notes: Medical Necessity: _____

Isotope Used: IR-192 I-125 Total Source Activity: _____ mCi

Provider Name PRINTED: _____

Provider Signature: _____ Date: _____ Time: _____

Prescription: _____ Gray for _____ treatments for a _____ Gray Total.

Dose/fx (Gray): _____ at dose points / calc points / point A / Dist = cm from Source or applicator surface.

Notes: _____

Provider Name PRINTED: _____

Provider Signature: _____ Date: _____ Time: _____

Treatment Applications

Date	Dose Delivered	Cumulative Dose	Printed Name
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

**MONUMENT HEALTH CANCER CARE INSTITUTE
BRACHYTHERAPY SEED IMPLANT QUALITY
MANAGEMENT FORM**

The following form must be completed/reviewed for all brachytherapy procedures. The copy will be filed in the patient chart located in the Radiation Therapy Department.

I. REDUNDANT PATIENT IDENTIFICATION

A. Patient Name (*ask and record the patient's name*):

B. Redundant patient verification (*obtain and verify from the patient's chart at least one of the following*):

1. Patient Birth date:
2. Patient Social Security Number:
3. Patient Address:
4. Patient Signature:
5. Name on patient I.D. bracelet, hospital I.D. card, or medical insurance card:
6. Face photo:

C. Signature of person performing redundant patient ID:

D. Date and time of verification:

II. POST-TREATMENT VERIFICATION

A. Administered Treatment:

Treatment:

Dose:

Isotope:

Activity:

of Sources:

Total Activity:

Treatment Time:

B. Signature:

Date/time: