



Materials Inspection Report

1. Licensee/Location Inspected: Barnes-Jewish St. Peter's Hospital 10 Hospital Dr. Dept. of Radiology St. Peters, MO 63376 Report Number(s) 2023-001	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) 030-17414	4. License Number(s) 24-18968-01	5. Date(s) of Inspection June 14, 2023
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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. During this inspection, certain of your activities, as described below and/or attached, were in violation of NRC requirements, and were assessed at Severity Level IV, in accordance with the NRC Enforcement Policy.
 - A. 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, corrective action was or is being taken, and the remaining criteria in the NRC Enforcement Policy were satisfied.
 (Non-cited violation(s) was/were discussed involving the following requirement(s))

 - B. The following violation(s) is/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 AND DATE
LICENSEE'S REPRESENTATIVE		
NRC INSPECTOR	Deborah A. Piskura, Senior Health Physicist	Deborah A. Piskura <small>Digitally signed by Deborah A. Piskura Date: 2023.06.22 10:10:29 -05'00'</small>
BRANCH CHIEF	Rhex A. Edwards, Chief, MIB	 <small>Digitally signed by Rhex A. Edwards Date: 2023.06.30 10:57:01 -05'00'</small>



Materials Inspection Record

1. Licensee Name: Barnes-Jewish St. Peters Hospital		2. Docket Number(s): 030-17414		3. License Number(s) 24-18968-01	
4. Report Number(s): 2023-001			5. Date(s) of Inspection: June 14, 2023		
6. Inspector(s): D. A. Piskura		7. Program Code(s): 02120	8. Priority: 3	9. Inspection Guidance Used: 87131	
10. Licensee Contact Name(s): Constance Courtois, M.D., RSO		11. Licensee E-mail Address:		12. Licensee Telephone Number(s): (636) 441-6500	

13. Inspection Type: <input type="checkbox"/> Initial		14. Locations Inspected: <input type="checkbox"/> Hybrid		15. Next Inspection Date (MM/DD/YYYY):	
<input type="checkbox"/> Routine	<input type="checkbox"/> Announced	<input checked="" type="checkbox"/> Main Office	<input type="checkbox"/> Field Office	<input type="checkbox"/> Normal	<input type="checkbox"/> Extended
<input checked="" type="checkbox"/> Non-Routine	<input checked="" type="checkbox"/> Unannounced	<input type="checkbox"/> Temporary Job Site	<input type="checkbox"/> Remote	<input type="checkbox"/> Reduced	<input checked="" type="checkbox"/> No change

16. Location(s) Inspected List:
Main Hospital
10 Hospital Dr.
St. Peters, Missouri, 63376

17. Scope and Observations:

This non-routine inspection was conducted to review the licensee's corrective actions taken in response to escalated enforcement action (EA-22-111) involving a violation of 10 CFR 35.40(b)(2), the failure to include all required information on written directives for administrations of radium-223 dichloride. Specifically, during a period of approximately four years, the written directives for 14 radium-223 dichloride administrations did not indicate the route of administration on the respective document.

The licensee's corrective actions included: (1) developing a new written directive form for all therapeutic radiopharmaceutical administrations, specifically indicating the "route of administration"; (2) providing refresher training to all nuclear medicine technologists with specific instruction on how to complete the new written directive form; and (3) creating a new audit form (to be used by the consulting physicist during quarterly program audits) to prompt the review of the route of administration on the written directives; the audit results would be reported to the radiation safety committee. The inspector reviewed the licensee's implementation of its corrective actions and confirmed that these actions, listed above, had been completed in accordance with its commitments in letter dated January 9, 2023 [ML23013A011].

During this follow up inspection, the inspector reviewed select records and interviewed licensee personnel. The licensee had not administered radium-223 dichloride treatments since the previous inspection.

No violations of NRC requirements were identified during this follow up inspection. The violations identified during the previous routine inspection (IR 03017414/2022001) are considered closed.

Signature and Date - Branch Chief



Digitally signed by Rhex A. Edwards
Date: 2023.06.30 10:56:21 -05'00'