

NRC FORM 591M  
(04-2022)



U.S. NUCLEAR REGULATORY COMMISSION

**Materials Inspection Report**

<b>1. Licensee/Location Inspected:</b>  Bozeman Health Deaconess Hospital 915 Highland Blvd. Bozeman, Montana 59715  Report Number(s) 2023-001	<b>2. NRC/Regional Office</b>  Region IV U. S. Nuclear Regulatory Commission 1600 E. Lamar Boulevard Arlington, TX 76011-4511
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<b>3. Docket Number(s)</b> 030-33305	<b>4. License Number(s)</b> 25-10994-04	<b>5. Date(s) of Inspection</b> 12/12/2023 - 1/18/2024
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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.      2021-001

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)

**Violation listed on next page.**

**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	Michael R. Hart	1/18/2024
NRC INSPECTOR	James L. Thompson	James L. Thompson <small>Digitally signed by James L. Thompson Date: 2024.01.18 14:05:52 -0500</small>
BRANCH CHIEF	Lizette Roldan-Otero, PhD	LIZETTE ROLDAN-OTERO <small>Digitally signed by LIZETTE ROLDAN-OTERO Date: 2024.02.17 07:29:13 -06'00'</small>

### Materials Inspection Report (Continued)

10 CFR 19.13(b)(1) states, in part, that the licensee shall provide an annual report to each individual monitored under 10 CFR 20.1502 of the dose received that monitoring year if the individual's occupational dose exceeds 100 millirem TEDE.

Contrary to this, for calendar year 2022, the licensee failed to provide an annual report to each individual monitored under 10 CFR 20.1502 of the dose received that monitoring year if the individual's occupational dose exceeded 100 millirem TEDE. Specifically, four employees working in the nuclear medicine department received occupational doses that exceeded 100 millirem TEDE for calendar year 2022, and these individuals were not provided the annual reports for the dose received in the monitoring year.

The licensee corrected this violation by January 18, 2024, which consisted of summing the doses for each individual for the calendar year and documenting this dose on an NRC Form 5 and providing the forms to the individuals as required.

**From:** [James Thompson](#)  
**To:** [Hart, Mike](#)  
**Subject:** NRC Inspection Report  
**Date:** Thursday, January 18, 2024 2:07:00 PM  
**Attachments:** [591M for Bozeman Health.pdf](#)  
**Importance:** High

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Mike,

Attached is the report for the inspection performed at the Bozeman Health Deaconess Hospital in December. If you agree with the wording, please sign and send back to me. The best way to sign is to print it, sign it, and scan it and send back as PDF. If you try to sign electronically, it will erase my signature.

Thanks,  
-James