



### Materials Inspection Report

<b>1. Licensee/Location Inspected:</b>  Indiana University-IUPUI/IU Medical Center Campus 1120 W. Michigan St Radiation Safety Room 159 Indianapolis, IN 46202-5111  <b>Report Number(s)</b> 2025-001	<b>2. NRC/Regional Office</b>  Region III U. S. Nuclear Regulatory Commission 2056 Westings Avenue, Suite 400 Naperville, IL 60563-2657
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<b>3. Docket Number(s)</b> 030-09792	<b>4. License Number(s)</b> 13-02752-08	<b>5. Date(s) of Inspection</b> 1/7-10/2025 thru 1/24/2025
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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	D.A. Piskura, Senior Health Physicist	Deborah A. Piskura <small>Digitally signed by Deborah A. Piskura Date: 2025.01.28 14:13:54 -06'00'</small>
BRANCH CHIEF	Rhex A. Edwards, Chief, MIB	 <small>Digitally signed by RHEX EDWARDS Date: 2025.01.28 15:38:01 -06'00'</small>



### Materials Inspection Record

1. Licensee Name: Indiana University-IUPUI/IU Med. Ctr.	2. Docket Number(s): 030-09792	3. License Number(s) 13-02752-08
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4. Report Number(s): 2025-001	5. Date(s) of Inspection: 1/7-10/2025, with in-office review thru 1/24/2025
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6. Inspector(s): D. A. Piskura	7. Program Code(s): 02240	8. Priority: 2	9. Inspection Guidance Used: 87134
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10. Licensee Contact Name(s): Chris Harvey, RSO	11. Licensee E-mail Address: charvey@iu.edu	12. Licensee Telephone Number(s): 317-274-0332
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13. Inspection Type: <input type="checkbox"/> Initial <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Announced <input checked="" type="checkbox"/> Non-Routine <input type="checkbox"/> Unannounced	14. Locations Inspected: <input type="checkbox"/> Hybrid <input type="checkbox"/> Main Office <input checked="" type="checkbox"/> Field Office <input type="checkbox"/> Temporary Job Site <input type="checkbox"/> Remote	15. Next Inspection Date (MM/DD/YYYY): <input type="checkbox"/> Normal <input type="checkbox"/> Extended <input type="checkbox"/> Reduced <input checked="" type="checkbox"/> No change
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16. Location(s) Inspected List:

IU Health Methodist  
1701 N. Senate Boulevard, Indianapolis, IN

17. Scope and Observations:

This was a special, announced, inspection conducted to review the source reloading of the licensee's Leksell Perfexion GSR unit. The licensee contracted the services of an authorized service provider to perform the GSR unit reloading.

This inspection consisted of interviews with selected licensee personnel; review of selected records, and a tour of department. This inspection included in-office review through January 24, 2025, to verify data entry updates and to confirm the the receipt of the licensee's material by the authorized entity.

No violations of NRC requirements were identified during this inspection.

Signature and Date - Branch Chief

Digitally signed by RHEX EDWARDS  
Date: 2025.01.28 15:37:31 -06'00'