

Materials Inspection Report

1. Licensee/Location Inspected:			2. NRC/Regional Office					
1. Licensee/Location	i inspected.		2. MORegional Office					
Franciscan Hea	lth - Lafayette East							
Nuclear Medicine Dept.			Region III					
1701 S. Creasy	Ln.		U. S. Nuclear Regulatory Commission					
Lafayette, IN 47	905		2056 Westings Avenue, Suite 400					
, ,			Naperville, IL 60563-2657					
Report Number(s) 2	2025-001							
3. Docket Number(s)		4. License Number(s)		5. Date(s) of Inspection				
030-01642		13-09788-01		6/11/2025-6/12/2025				
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	Daniel Fiedorek		DANIEL FIEDOREK	Digitally signed by DANIEL FIEDOREK Date: 2025.06.18 08:53:27 -05'00'				
BRANCH CHIEF	Jonathan Pfingsten for Rhex	Edwards	JONATHAN PFINGSTEN	Digitally signed by JONATHAN PFINGSTEN Date: 2025.06.18 11:02:05 -05'00'				

NRC FORM 592M (10-04-2022) •••• **REQU					U.S. NU	JCLEAR REGULATORY COMMISSION	
200	Mate	erials Insp	ection	Record			
1. Licensee Name:	2. Docket Number(s):			3. Licens	3. License Number(s)		
Franciscan Health - Lafayette Ea	030-01642			13-09	13-09788-01		
4. Report Number(s):		5. Date(s) of Inspection:					
2025-001		6/11/2025-6/12/2025					
6. Inspector(s):		7. Program Code(s):		8. Priority:	9. Inspection Guidance Used:		
Daniel Fiedorek		02240		2	87130, 87132		
10. Licensee Contact Name(s):	-mail Address:			12. Licensee Telephone Number(s):			
David Reisman, Director of Radiology		lavid.reisman@franciscanalliance.org			765-337-3037		
13. Inspection Type: Initial 14. L	nspection Type: Initial 14. Locations Inspected: Hybrid				15. Next Inspection Date (MM/DD/YYYY):		
Routine Announced Main Office Fiel		d Office	6/11/	2027	✓ Normal Extended		
Non-Routine ✓ Unannounced	Temporary Job	Site Rem	ote			Reduced No change	
16. Location(s) Inspected List: 1701 S. Creasy Ln., Lafayette, IN 1710 Lafayette Rd., Crawfordsvil		3					

17. Scope and Observations:

This was an unannounced routine inspection of a large multi-site hospital with locations in Lafayette, Crawfordsville, and Rensselaer, Indiana licensed to use byproduct material under 10 CFR 35.100, 35.200, 35.300, and 35.1000 (Y-90 microspheres). The main hospital in Lafayette consisted of three hot labs for use in nuclear medicine administrations - one cardiac lab using exclusively Tc-99m for cardiac studies, one for general nuclear medicine studies and therapies under 35.300 and Y-90 microspheres, and one for positron emitting tomography (PET) nuclear medicine. The main hospital was staffed with three nuclear medicine technologists (NMTs), one PRN and one traveler. The main hospital performed approximately 50 studies per week in the cardiac nuclear medicine department and general nuclear medicine department and 25 studies per week in the PET nuclear medicine department. At the time of the inspection the licensee used F-18, Ga-68, and Cu-64 in their PET studies and was discussing internally adding cardiac PET as well. The licensee performed approximately one therapy, either I-131 or Y-90 microspheres, per month from the general nuclear medicine department. PET and therapeutic administrations, including Y-90, are only done from the Lafayette location. The Crawfordsville location was staffed with one NMT and two PRNs and performed approximately five general nuclear medicine studies, including cardiac stress tests, per day. The licensee also retained a contract physicist to perform quarterly program audits and instruments calibrations. The inspection consisted of a tour of all nuclear medicine departments in Lafayette and the nuclear medicine department in Crawfordsville as well as a review of relevant records in both locations. The inspector did not inspect the Rensselaer location as part of this inspection.

At the Lafayette location, the inspector toured the general nuclear medicine, PET, and cardiac nuclear medicine departments. In all three departments the licensee demonstrated daily instrument quality control (QC) testing, package receipt surveys, and verified the location of sealed sources listed on the most recent inventory. The inspector observed the administration of one Ga-68 PET dose in the PET department and two administrations of Tc-99m in the cardiac nuclear medicine department. The inspector also observed receipt of the Ga-68 dose from the radiopharmacy. The inspector discussed radiation safety principles, licensee procedures, and regulatory requirements with all three NMTs and found all three to be knowledgeable of radiation safety principles and relevant

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Materials Inspection Record (Continued)

regulatory requirements. The inspector also discussed licensee procedures for performing Y-90 therapies, including package receipt, dose preparation, post administration surveys, and waste handling. Independent surveys taken in all three departments showed no radiation levels in excess of appropriate postings in restricted or unrestricted areas. No issues were identified from touring the departments in Lafayette.

The Inspector also toured the licensee's nuclear medicine department in Crawfordsville. The licensee demonstrated daily instrument QC, package receipt surveys, and verified the location of sealed sources listed on the most recent inventory. The inspector discussed radiation safety principles, regulatory requirements, and licensee procedures with the NMT and found them to be knowledgeable of radiation safety principles and relevant regulatory requirements. The inspector also took independent surveys and found radiation levels did not exceed regulatory limits in restricted or unrestricted areas and that all postings were adequate. No issues were identified from touring the Crawfordsville nuclear medicine department.

The inspector also reviewed records of annual refresher training, HAZMAT training, daily surveys, weekly wipe tests, decay-in-storage disposal, source transfer of old flood sources, survey meter and instrument calibrations, quarterly program audits, instrument QC, sealed source inventories and leak tests, radiation safety committee minutes, and dosimetry for both locations. Additionally, the inspector reviewed written directives and release calculations for I-131 administrations and written directives and documentation for Y-90 microsphere administrations in Lafayette. No issues were identified from the records review.

No violations of NRC requirements were identified from this inspection.

Signature and Date - Branch Chief

JONATHAN PFINGSTEN

Digitally signed by JONATHAN PFINGSTEN

Date: 2025.06.18 11:01:46 -05'00'

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From: Daniel Fiedorek
To: Reisman David

Cc:Blackburn Staci; Dymek Maksym SSubject:RE: NRC Visit Thursday 6/12/25Date:Monday, June 23, 2025 11:04:00 AMAttachments:NRC 591M Francisican Lafyette.pdf

Hi David,

Please see the attached Inspection Report detailing my inspection of Franciscan Health Lafayette earlier this month. As discussed during the inspection, no violations were identified and no further action is required on your end other than keeping a copy of this report with your NRC records.

If you have any questions, please feel free to reach out and I will do the best I can to answer them.

Thanks!

Daniel

Daniel Fiedorek
U.S. NRC | Region III
Division of Radiological Safety and Security (DRSS)
Materials Inspection Branch (MIB)
daniel.fiedorek@nrc.gov | 630-829-9836



From: Reisman David < David. Reisman@franciscanalliance.org>

Sent: Thursday, June 19, 2025 9:07 AM

To: Daniel Fiedorek < Daniel. Fiedorek@nrc.gov>

Cc: Blackburn Staci <Staci.Blackburn@franciscanalliance.org>; Dymek Maksym S

<Maksym.Dymek@franciscanalliance.org>

Subject: [External_Sender] NRC Visit Thursday 6/12/25

Daniel,

It was nice to meet you, Rex, & Patrick, Last week 6/12/25 for onsite materials license inspection, 13-09788-01.

We have our RSC Radiation safety committee meeting schedule Monday 6/23/25, I'll report inspection went well, no violations noted.

When you have a chance, please send Materials Inspection Report 6/11 Crawfordsville, 6/12 Lafayette, I'll include in our RSC Committee meeting review.

Appreciate your support!

David Reisman
Director, Radiology
Franciscan Health-Lafayette
1701 S. Creasy Lane
Lafayette IN 47905
Phone: (765) 502-4742

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