UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION I
475 ALLENDALE ROAD, SUITE 102
KING OF PRUSSIA, PA 19406-1415

December 8, 2025

Dr. David J. Smith, Acting Director, DHA
Acting Principal Deputy Assistant
Secretary of Defense for Health Affairs
Defense Health Agency
7700 Arlington Boulevard, Suite #5101
Falls Church, VA 22042-5101

SUBJECT: DEFENSE HEALTH AGENCY - NRC INSPECTION REPORT 030-39046/2025-008

Dear Dr. David Smith:

This letter refers to the announced routine inspection conducted from August 25 through 27, 2025, with in-office review through November 18, 2025. The purpose of the inspection was to examine activities conducted under your broad scope license as they relate to public health and safety, and to confirm compliance with the U.S. Nuclear Regulatory Commission's (NRC) rules and regulations and with the conditions of your license. Within these areas, the inspection consisted of selected examination of procedures and representative records and interviews with personnel. A final exit briefing was conducted by telephone on December 4, 2025, and included COL Ricardo Reyes, Ph.D., your Radiation Safety Officer, as well as other Defense Health Agency Headquarters representatives.

Within the scope of this inspection, no violations of greater-than-minor significance were identified.

In accordance with Title 10 of the *Code of Federal Regulations* (10 CFR) 2.390 of the NRC's "Agency Rules of Practice and Procedure," a copy of this letter, its enclosure, and your response, should you choose to provide one, will be made available electronically for public inspection in the NRC Public Document Room or from the NRC's Agencywide Documents Access and Management System (ADAMS), accessible from the NRC website at http://www.nrc.gov/reading-rm/adams.html. To the extent possible, your response should segregate your response for health and safety matters from security matters, and further should not include any personal privacy, proprietary, or safeguards information so that as much of your response can be made available to the public without redaction.

If you have any questions regarding this matter, please contact Jason vonEhr of my staff at (610) 337-5256 or via electronic mail at Jason.vonEhr@nrc.gov.

Thank you for your cooperation.

Sincerely,

Monica Ford

Digitally signed by Monica Ford
Date: 2025.12.08 08:32:16 -05'00'

Monica L. Ford, Acting Chief
Medical and Licensing Assistance Branch
Division of Radiological Safety and Security
Region I

Docket No. 030-39046
License No. 45-35423-01

Enclosure:
NRC Inspection Report 030-039046/2025-008

cc w/ enclosure:
COL Ricardo Reyes, Ph.D.,
Radiation Safety Officer

SUBJECT: DEFENSE HEALTH AGENCY - NRC INSPECTION REPORT 030-39046/2025-008 DATED DECEMBER 8, 2025

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ADAMS ACCESSION NO. ML25253A375

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U.S. NUCLEAR REGULATORY COMMISSION
REGION I

Docket:	030-39046
License:	45-35423-01
Report:	2025-008
Licensee:	Defense Health Agency
Location Inspected:	Defense Health Headquarters, 7700 Arlington Boulevard, Falls Church, VA, 22042-5101
Inspection Dates:	August 25 - 27, 2025, with in-office review through November 18, 2025
Inspector:	Jason vonEhr, Senior Health Physicist Medical & Licensing Assistance Branch Division of Radiological Safety & Security
Approved By:	Monica L. Ford, Acting Chief Medical and Licensing Assistance Branch Division of Radiological Safety and Security
Attachment:	Supplementary Information

Enclosure

EXECUTIVE SUMMARY

Defense Health Agency, Defense Health Headquarters
NRC Inspection Report 030-39046/2025-008

An announced, routine inspection was performed of the Defense Health Agency (DHA) at the Defense Health Headquarters (DHHQ) from August 25 through August 27, 2025, with in-office review through November 18, 2025. The purpose of the inspection was to examine activities conducted under the U.S. Nuclear Regulatory Commission (NRC) broad scope license as they related to public health and safety, and to confirm compliance with the Commission's rules and regulations and with the conditions of the license. Within these areas, the inspection consisted of selected examination of procedures and representative records and interviews with personnel.

Program Overview

DHA is authorized by NRC License No. 45-35423-01 as a medical broad scope license to use a wide variety of byproduct material, both sealed and unsealed, for medical use, both diagnostic and therapeutic, as well as research, development, and other uses under Title 10 of the *Code of Federal Regulations* (10 CFR) Parts 30 and 35. These authorizations are utilized at 34 facilities across the United States and its territories as of Amendment No. 14 of the NRC license. The licensee's DHHQ facility was not authorized for the possession or use of NRC-licensed radioactive materials, however the personnel at this facility manage and provide oversight for the larger program, including permitting, management of internal inspections, evaluation of potential events reported from the sites, development and maintenance of DHA policies and procedures, and other activities related to the maintenance and implementation of the NRC broad scope license.

Inspection Findings

The NRC's collective inspection oversight from the independent inspections of DHA's facilities and the DHHQ's permitting, internal inspection program, unusual event monitoring, and the program's staffing and training provided a sufficient basis to demonstrate the safe and effective use of radioactive materials by DHA. No findings of greater-than-minor significance were identified through the NRC inspection activities during this routine inspection.

Corrective Actions

While the licensee did not need to provide corrective actions as a result of this inspection, the status of corrective actions from other NRC facility inspections were reviewed, with a focus on those whose nature necessitated longer timelines to address and implement.

REPORT DETAILS

1. Program Overview

The Defense Health Agency (DHA) was authorized by NRC License No. 45-35423-01 as a medical broad scope license to use a wide variety of byproduct material, both sealed and unsealed, for medical use, both diagnostic and therapeutic, as well as research, development, and other uses under 10 CFR Parts 30 and 35. These authorizations were utilized at 34 facilities across the United States and its territories as of Amendment No. 14 of the NRC license. While operating as a license of broad scope as covered in 10 CFR Part 33 and 10 CFR 35.15, DHA was unique among NRC licenses for its span of control in terms of the number of facilities as well as the scope of activities at those facilities.

Since the last NRC routine, programmatic inspection of DHA concluded in January 2024, four amendments (No. 11 through 14) of the DHA NRC license were issued. Each license amendment included items of routine maintenance for DHA's license and its span of control, such as additions and removals to the extensive list of Associate Radiation Safety Officers (ARSOs) and updates to facility street listings (e.g., street name updates, base name changes, et cetera). In addition to the above, Amendment No. 12 of the NRC license incorporated two new facilities that had been operating under independent NRC licenses: Walter Reed Army Institute of Research (formerly NRC License No. 19-35377-01) and U.S. Army Medical Research Institute for Infectious Diseases (formerly NRC License No. 19-11831-03). Amendment No. 13 of the NRC license included a new facility as part of the anticipation of the move for the General Leonard Wood Army Community Hospital and a series of corrections to the NRC's program codes associated with the DHA license. Amendment No. 14 of the NRC license returned the Defense Centers for Public Health – Dayton to the Department of the Air Force's Master Materials License (MML) (NRC License No. 45-23645-01NA).

Prior to the completion of the NRC's in-office review, one further amendment (No. 15) to DHA's license was issued, which addressed general maintenance including removal of certain brachytherapy authorizations, changes to ARSOs, and an update to a facility zip code.

At the completion of the NRC's in-office review, two further license actions remain under NRC review. These included: (1) the revision to DHA's financial assurance for its license under 10 CFR 30.35 as a result of the incorporation of the two facilities identified above on the issuance of Amendment No. 12 (Mail Control No. 642152); and (2) a request for an exemption from NRC requirements, specifically 10 CFR 35.13(d), in order to exercise the authority normally reserved to the NRC to approve ARSOs as an extension of the authority granted in 10 CFR 35.15 (Mail Control No. 645534).

The Defense Health Headquarters (DHHQ) was not authorized for the possession or use of NRC-licensed radioactive materials, however the personnel at this facility managed and provided oversight for the overall program, including permitting, management of internal inspections, evaluation of potential events reported from the sites, development and maintenance of DHA policies and procedures, and other activities related to the maintenance and implementation of the NRC broad scope license.

Finally, it is noted here that DHA has planned and communicated its intention to become an MML and has been developing an application to transition from a medical broad scope license to an MML. On the first day of the on-site inspection, August 25, 2025, the signed and completed application was provided to the NRC. The inspection did not include a review of the application nor inspect DHA against the elements associated with MML inspections, which are covered by Inspection Procedure (IP) 87129.

2. Observations and Findings

2.1. Inspection Scope

The purpose of the inspection was to review DHA's implementation of the broad-scope elements of its NRC license under NRC IP87134 "*Medical Broad-Scope Programs,*" with additional effort towards familiarizing DHA with elements that would be part of the NRC's biennial inspection for when it transitions to an MML.

This inspection was the concluding effort following the NRC's inspection oversight at DHA's implementing facilities, which included eleven planned inspections and one reactive inspection (related to a medical event) since the NRC's last routine inspection of DHA.

2.2. Facility Inspections and Results

The NRC staff performed a series of independent inspections across DHA's operations over the course of the inspection cycle since the last routine inspection. None of the inspections resulted in escalated enforcement (defined by the NRC Enforcement Policy[1] as findings of Severity Level III or higher). A brief summary with references to the Agencywide Documents Access and Management System (ADAMS) of these inspections is included below.

1) **Wright-Patterson U.S. Air Force Medical Center** (IR2024-001, ADAMS Package Accession No. ML24144A011): inspection on May 8, 2024, of a DHA Medical Treatment Facility (MTF), resulted in no violations identified.

2) **Defense Centers for Public Health – Dayton** (IR2024-002, ADAMS Package Accession No. ML24144A018): inspection on May 9, 2024, of a DHA facility with 10 CFR Part 30 operations, resulted in no violations identified. Note that as mentioned in Section 1 of this report: as of Amendment No. 14 of the DHA license, this facility was removed from the DHA license and returned to the Department of the Air Force's MML.

3) **David Grant U.S. Air Force Medical Center** (IR2024-003, ADAMS Package Accession No. ML24340A042): inspection on June 24, 2024, of a DHA MTF, resulting in two Severity Level IV violations and two non-cited violations (consistent with Section 2.3.2 of the NRC Enforcement Policy). The violations included the failures to: (1) provide complete and accurate information in accordance with 10 CFR 30.9(a), concerning 35.50(c)(2), and 35.50(d); and (2) calibrate

[1] The NRC's Enforcement Policy is available online at: https://www.nrc.gov/about-nrc/regulatory/enforcement/enforce-pol.html, and was last revised August 12, 2025, ADAMS Accession No. ML25224A097

instrumentation required by 10 CFR 35.60(a) in accordance with nationally recognized standards or the manufacturer's instructions. The non-cited violations involved the failures to: (1) have written directives dated by an authorized user (AU); and (2) create and retain a record of the basis for release of an individual administered NRC-licensed radioactive material in accordance with 10 CFR 35.2075(a).

4) **Tripler Army Medical Center** (IR2024-004, ADAMS Package Accession No. ML24340A049): inspection on September 18, 2024, of a DHA MTF, resulted in no violations identified.

5) **Naval Hospital Jacksonville** (IR2024-005, ADAMS Package Accession No. ML25016A099): inspection on November 14, 2024, of a DHA MTF, resulted in no violations identified.

6) **Defense Centers for Public Health – Aberdeen** (IR2025-001, ADAMS Package Accession No. ML25016A146) – inspection on January 13, 2025, of a DHA facility with 10 CFR Part 30 operations, resulted in two Severity Level IV violations. The violations included the failures to: (1) ensure a container containing licensed material was adequately labeled in accordance with 10 CFR 20.1904(a); and (2) ensure that a transport container was secured with a positive fastening device to prevent unintentional opening during normal transport in accordance with 49 CFR 173.412(d).

7) **Walter Reed Army Institute of Research** (IR2025-002, ADAMS Package Accession No. ML25030A079) – inspection on January 23, 2025, of a DHA facility with 10 CFR Part 30 operations, resulted in no violations identified.

8) **U.S. Army Medical Research Institute for Infectious Diseases** (IR2025-003, ADAMS Package Accession No. ML25030A090) – inspection on January 24, 2025, of a DHA facility with 10 CFR Part 30 operations, resulted in three Severity Level IV violations. The violations involved one failure to provide notice to the NRC concerning the absence of principal activities at two facilities in accordance with 10 CFR 30.36(d), as well as two further violations associated with NRC security requirements, which are documented in the non-public version of the NRC's inspection report.

9) **William Beaumont Army Medical Center** (IR2025-004, ADAMS Package Accession No. ML25065A037) – inspection on February 24-25, 2025, of a DHA MTF, resulted in two violations that the NRC exercised enforcement discretion to not pursue any enforcement action in accordance with Enforcement Guidance Memorandum 13-003 "*Interim Guidance for Dispositioning Violations Involving 10 CFR 35.60 and 10 CFR 35.63 for the Calibration of Instrumentation to Measure the Activity of Rubidium-82 and the Determination of Rubidium-82 Patient Doses,*" dated April 18, 2013 (ADAMS Accession No. ML13101A318).

10) **Madigan Army Medical Center** (IR2025-005, ADAMS Package Accession No. ML25086A222) – inspection on March 11-12, 2025, of a DHA MTF, resulted in a combined violation of 10 CFR 35.40(a) and the licensee's commitment to the Yttrium-90 Licensing Guidance as they related to the preparation of written directives across the facility's therapy programs.

11) **Dwight David Eisenhower Army Medical Center** (IR2025-006, ADAMS Package Accession No. ML25142A105) – inspection on May 13, 2025, of a DHA MTF, resulted in a Severity Level IV violation. This violation involved the failure to secure radioactive material in the facility's PET [positron emission tomography] department hot lab in accordance with 10 CFR 20.1801.

12) **Walter Reed National Military Medical Center** (IR2025-007, ADAMS Package Accession No. ML25163A106) – reactive inspection on June 10, 2025, of a DHA MTF following a medical event, resulted in three Severity Level IV violations. These violations involved the failures to: (1) provide a timely report to the NRC following identification of a medical event in accordance with 10 CFR 35.3045(c); (2) retain copies of written directives in accordance with 10 CFR 35.2040; and (3) implement procedures that provide high confidence to determine if a medical event has occurred in accordance with 10 CFR 35.41(a).

2.3. Observations and Findings

The NRC inspector performed a review across a number of program areas that DHA uses to provide oversight, control, and response to its organization and authorized facilities. These are divided below into a series of categories that overlap between the medical broad scope license that DHA presently operates and is responsible for as well as the elements that DHA would be responsive for following its transition to an MML.

2.3.1. DHA Permitting

DHA's permitting process was sophisticated and run by knowledgeable staff, consistent with the needs of DHA, particularly for the span of control and extent of facilities. Over the course of the nine quarters the NRC inspector reviewed as part of the inspection (from Fiscal Year (FY) 2023 Quarter 3 through FY2025 Quarter 3), DHA performed 137 discrete permitting reviews. These actions included 70 reviews of AUs, 1 each authorized medical physicist (AMP) and authorized nuclear pharmacist (ANP), 26 ARSOs[2], and 39 other actions. These other actions included approving new or removing old radioactive material authorizations or medical modalities, adding or subtracting from a facility's restricted areas of use, and updating addresses for facilities. Two technical staff were primarily responsible for these reviews, in addition to the DHA Radiation Safety Officer (RSO).

As part of the NRC's inspection oversight, a sample review was conducted of these permitting actions, including approximately 11 percent of AU approvals, both AMP and ANP approvals, a non-medical facility Alternate RSO[3], and approximately 15 percent of facility change approvals.

[2] Note that ARSO reviews performed within DHA are then aggregated and submitted to the NRC for review and approval for DHA's NRC license, as approval of these individuals is not delegated via 10 CFR 35.15.

[3] Only operations governed by 10 CFR Part 35 are eligible for ARSOs. However, for the purpose of local command and control of facilities, DHA appointed non-medical "Alternate" RSOs to its 10 CFR Part 30 facilities. Being outside of 10 CFR Part 35, these individuals would not be eligible to be added to the NRC license and therefore were not reviewed as part of normal NRC licensing oversight.

Regarding the review of named individuals (AUs, ANP, AMP, and the Alternate RSO), no deficiencies were identified. While observations were made regarding the manner and discipline in terms of documentation for these actions, the licensee routinely received and requested information adequate to reach a reasonable conclusion that was consistent with NRC regulations and published NRC guidance. With respect to facility approvals, the NRC inspector provided observations regarding the routine use of informal communications that supplemented the facilities' formal requests and documented supporting information. While in general sufficient information existed between staff experience at the subject facilities, informal communications, and other documentation to make a reasonable determination, gaps were identified between NRC guidance (generally the NUREG-1556 series) and/or licensing practices and DHA's permitting. Certain actions did not include commensurate information, however these gaps were not deemed significant in terms of the actual or potential health, safety, or security consequences. These observations were passed back to DHA for review and consideration as it progresses to formalizing its permitting program towards that of an MML.

While not strictly part of the permitting process, DHA had a tiered approval process for research protocols, depending on the estimated radiation dose to the patient. Eight such protocols were approved at the lower tier (local facility's Radiation Safety Committee) in calendar year 2024. The inspector reviewed a sample of these protocols to assess their dose conclusions and means, methods, and procedures described for the research. No issues were identified concerning the nature of the research (performed consistent with 10 CFR 35.6(b)). No research protocols had been requested or approved during the inspection period under a 'higher' tier of approval (i.e., requiring DHHQ involvement).

An inconsistency with NRC practices was identified with regards to five DHA permits that authorized the subject facilities for 10 CFR 35.300 without an apparent restriction, while the facilities' corresponding AUs did not include any individual with qualifications beyond 10 CFR 35.392 and 35.394. Therefore, these facilities would not be permitted to possess, manipulate, or administer radioactive materials under 10 CFR 35.300 outside of sodium-iodide iodine-131 and the administration of this material would be limited to oral administration. While it does not appear that the subject facilities engaged in activities inconsistent with the limitations of the corresponding AUs, the inconsistency with NRC practices created the potential for misunderstandings to arise or unauthorized activities to be performed. This observation was passed back to DHA for review and consideration

Two minor violations were identified that were most adjacent to the DHHQ permitting review process. These concerned DHA's failures to: (1) provide notice to the NRC within 30 days of the cessation of the performance of an ARSO; and (2) provide notice to the NRC following the absence of principal activities for 24 months at an individually licensed facility. While DHA regularly submitted license amendments to remove ARSOs[4], generally on a quarterly basis, there was not more frequent communication from DHA to ensure the 30-day notification requirement was being met. DHA did not appear to recognize that this notification requirement 10 CFR 35.14(b)(1) was not exempted for their medical broad scope license under 10 CFR 35.15(e). This was

[4] As of Amendment No. 14, there were 45 ARSOs authorized on the DHA license, approximately 2/3 of which were active-duty military personnel, and thus there was regular turnover across the DHA organization.

deemed minor in its significance because DHA would communicate these on only slightly longer timelines to the NRC through its regular license amendments. Regarding the inactive facility notification, the NRC inspector noted that the subject regulation (10 CFR 30.36(d)) was a finding from the NRC's inspection of U.S. Army Medical Research Institute for Infectious Diseases. During the NRC's review of permitting actions, it was noted that Naval Hospital Bremerton, a separately authorized MTF in Bremerton, Washington, had not performed principal activities since approximately December 2021. While DHA communicated that it was obligated to other organizations, including Congress, should it seek to close a DHA facility, the NRC inspector communicated that a relief pathway was available to DHA through the adjacent regulation in 10 CFR 30.36(f). This was deemed minor in its significance because the limited risk significance of the retained radioactive material at the subject facility, and that this material was retained, secured, and monitored, and the facility continued to be staffed with qualified personnel with continued oversight by the assigned ARSO and DHHQ personnel. Minor violations, consistent with the NRC Enforcement Policy[1], Section 2.3.1, do not warrant enforcement action, but must be corrected.

No deficiencies in DHA's permitting actions were identified of a more-than-minor nature that would warrant formal enforcement action by the NRC through this inspection.

2.3.2. DHA Internal Inspection Program

DHA staff performed "Site Assistance Visits" (SAVs) at the various DHA sites, which essentially mirrored the NRC's inspection program, but was further combined with the DHA's X-ray program oversight (which was outside of the NRC's jurisdiction as it concerned machine-produced radiation). According to the licensee's Annual Radiation Safety Program Reviews and other DHA documentation, 16 SAVs were completed in each calendar year 2023 and 2024, with 9 further started in 2025 through May. Consistent with DHA Radiation Safety Standard Operation Procedure "*Site Assistance Visits,*" these visits were targeted to be performed once every 24 months, not to exceed 30 months, for the facilities identified on the DHA NRC license. This would meet or exceed the NRC's established inspection criteria for the DHA facilities, consistent with the facility's underlying authorizations, resulting program codes, and the NRC's Inspection Manual Chapter 2800 (Revised June 2023, ADAMS Accession No. ML23102A025), Section 6 "*Inspection Scheduling*." DHA had five technical staff who, at least in part, were involved in the implementation of the SAVs, in addition to the DHA RSO.

The NRC reviewed documentation of the most recent SAV, including the facility response, if one was required in response to any DHA SAV findings, as part of each NRC facility inspection (described above in Section 2.2). The NRC's review of the DHA SAV documentation concluded that detailed inspections were performed by the DHA staff, and that the SAV generally demonstrated adequate understanding of NRC inspection guidance and regulatory requirements. The NRC inspector observed that documentation, at times, did not provide sufficient information on identified findings to support the conclusion of a noncompliance, or if so, what the appropriate severity level would be consistent with the NRC Enforcement Policy. As an example, a security noncompliance was identified during a DHA SAV associated with an unsecured and unsupervised hot lab door at a facility. This would ordinarily be identified as a potential violation of either 10 CFR 20.1801 or 20.1802, depending on the nature of the noncompliance. However, the report did not describe or otherwise indicate the type or

quantity of radioactive material present in the unsecured/unsupervised hot lab, which would be necessary to inform the severity level of the subject violation relative to 10 CFR Part 20 Appendix C, consistent with the NRC Enforcement Policy, normally against either Section 6.7.c(10) or 6.7.d(6).

During the NRC inspection cycle, 6 of the NRC's 12 facility inspections resulted in no findings, while the 6 inspections with findings resulted in violations of a diverse nature, save for the issue with medical facility written directives, governed by 10 CFR 35.40 and 35.41, or through commitments to NRC licensing guidance in the case of emerging medical technologies. It was noted that of the 6 facilities with violations identified by the NRC, 2 facilities were non-medical facilities, and of the 4 medical facilities, 3 had issues that at least in part included findings related to written directives. Of these 3 with written directive issues, 1 facility's SAV fully identified and addressed the written directive issue just two months prior to the NRC's on-site inspection, and therefore the NRC dispositioned that issue as a non-cited violation. Written directives were therefore a continuing inspection concern both for the NRC's facility inspections as well as for DHA's SAVs.

DHA's most recent facilities incorporated into the NRC license were Walter Reed Army Institute of Research and the U.S. Army Medical Research Institute for Infectious Disease, both of which were incorporated on September 13, 2024, with the issuance of Amendment No. 12 of the NRC license. While the NRC inspected these facilities on January 23 and January 24, 2025, respectively, DHA had up to September 2026 to perform their SAV, which the inspector verified was already accounted for by the SAV tracking program.

2.3.3. DHA Unusual Occurrence Oversight

The NRC performed a sample review of licensee events and "unusual occurrences" that occurred over the scope of the NRC inspection. The licensee generally had excellent documentation of the unusual occurrences, including classification as involving radioactive materials (versus machine-produced radiation or other medical issues outside the NRC's jurisdiction) or other matters associated with NRC jurisdiction. These events included 50 incidents[5] in calendar year 2021, 57 in 2022, 75 in 2023, and 57 in 2024.

Regarding the NRC-reportable events over the last four years:

- One incident was reportable to the NRC in 2021. Nuclear Material Events Database (NMED) 210213, associated with the loss of brachytherapy sources at Naval Medical Center San Diego - Balboa, was dispositioned by the NRC through the issuance of IR2021-002 (EA-21-132), ADAMS Package Accession No. ML21175A159;
- One incident was reportable to the NRC in 2022. NMED 220497, associated with a yttrium-90 microsphere medical event at Walter Reed National Military Medical Center, was dispositioned by the NRC through the issuance of IR2023-001, ADAMS Package Accession No. ML23215A127). In addition, another incident was reported to the NRC regarding the identification of radioactive material from

[5] DHA documentation of unusual incidents includes both events associated with NRC-licensed activities and those outside of the NRC's jurisdiction. An average of approximately 28 events each year involved NRC-licensed radioactive materials across the years discussed in this report.

Brooke Army Medical Center being identified in a local landfill. Although there was not sufficient information to decisively conclude the event was reportable to the NRC, the available information suggested it may not have been reportable. The NRC's documentation of this incident was within the non-public ADAMS Accession No. ML22311A479[6].

- Three incidents were reportable to the NRC in 2023. NMED 230139 and 230333, both associated with the loss of radioactive material associated with diagnostic seed localization, both at Brooke Army Medical Center, were collectively dispositioned by the NRC through the issuance of IR2023-002, ADAMS Package Accession No. ML24008A023. NMED 230325, associated with a contaminated package at Keesler Medical Center, was dispositioned by the NRC through internal review, see non-public document located at ADAMS Accession No. ML25027A405;
- No incidents were reportable to the NRC in 2024 through the DHA broad scope license. However, it is noted that DHA's use of generally-licensed radioactive material under 10 CFR Part 31, while not covered by this inspection or the medical broad scope license, included two reportable incidents to the NRC. Both incidents involved leaking sealed sources for generally-licensed devices. These were verified by the inspector as received and appropriately dispositioned by NRC headquarters personnel within the NRC's Web-Based Licensing system. In addition, at a DHA facility outside of the United States and therefore outside of NRC jurisdiction, an additional incident occurred that DHA provided a courtesy notification to the NRC. The NRC's documentation of this incident was within the non-public ADAMS Accession No. ML24306A132[7]; and
- One incident was reportable to the NRC through the start of the inspection in 2025. NMED 250269, associated with a yttrium-90 microsphere medical event at Walter Reed National Military Medical Center, was dispositioned by the NRC through a reactive inspection, ADAMS Package Accession No. ML25163A106, and referenced within this inspection report in Section 2.2.

DHA's Procedures Manual No. 6055.01, (dated September 8, 2023), titled "*Notifications and Reports for Radiation Safety Unusual Occurrences*," generally described how the licensee expected events within the DHA structure and at its facilities to be reported to the DHHQ organization. A general observation from the NRC's inspections of DHA facilities was that the DHHQ/DHA procedures were not found to be consistently known to the DHA regulated community. An example of which was during the reactive inspection to the medical event, captured in Section 2.2, Item 12, where the gap between the facility understanding and the DHHQ expectations contributed to a violation of NRC requirements related to the late reporting of the medical event to the NRC.

2.3.4. Staffing and Training

DHA staff reporting to DHHQ included funding for approximately 13 personnel at the time of the NRC inspection, 8 of which were filled, with 3 of the 5 vacancies expected to be filled imminently. DHA's DHHQ organization included representative officers from each of the three armed services (Army, Navy, Air Force) and health physicists, with a mixture of both civilian and active duty. While DHA, as a federal organization, faced challenges in both maintaining staff and hiring new talent, there was and been adequate staffing over the inspection cycle to maintain the safe oversight of the medical broad

[6] Non-public NRC documents will not be hyperlinked as part of this report.

scope license. DHHQ staff provided management and oversight of both NRC and non-NRC licensed activities.

DHA reported that three staff were hired since the last NRC routine inspection. Each staff member had prior professional experience either within DHA itself, the NRC, or other organizations with significant radiation safety and/or health physics programs. Against this, DHA further reported that six staff departed its DHHQ program since the last routine inspection (four civilian and two active-duty). Of these six staff, two of these staff were among the new-hire population (i.e., these two staff were both hired and were lost since the last NRC routine inspection).

DHA developed and issued a new Standard Operating Procedures titled "*Authorizations/Permits Reviewers/Inspectors Qualifications,*" dated February 27, 2025, that defined and described qualifications for its technical staff. This document references and incorporates the NRC's training document (Inspection Manual Chapter 1248[7]), and therefore generally parallels the qualifications process and expectations of the NRC technical staff, though for a more limited scope of activities commensurate with DHA's licensed activities.

While the wider federal government continues to face staffing and budgetary pressures, the current and immediate staffing forecast appears to adequately address the needs of DHA and its oversight of its facilities across the country.

2.3.5. Dosimetry Program

DHA maintained a very large dosimetry program across its nearly 150 MTFs distributed over nine Defense Health Networks, including the 31 MTFs associated with NRC licensed activities. Outside of these facilities were 3 additional facilities engaged in 10 CFR Part 30 activities, including activities such as sample analysis and research and development. According to DHA's program documents, the program administered an average of 3,500 and 3,600 dosimeters exchanged quarterly, between 225 and 250 dosimeters exchanged monthly, and between 30 and 50 fetal badges at any one time. The licensee received, quarterly, anywhere from 30-45 ALARA Level I notifications ["*As Low As Reasonably Achievable*" – representing administrative limits on occupational radiation exposures], as well as between 10-15 more significant ALARA Level II notifications. These included both machine-produced radiation and exposure resulting from NRC-licensed activities. The inspector reviewed the dosimetry program, the means of data collection and analysis, and an example of anomalous dosimetry results. While additional examples were requested by the inspector, these were not provided by the cessation of the in-office review on November 18, 2025, partly as a result of the lapse of appropriations and federal government shutdown between October 1, 2025, and November 13, 2025.

In a review of an extreme anomalous exposure, the inspector found that DHA performed a thorough dose estimation and reconstruction, however DHA did not provide a commensurate level of effort to demonstrate that the anomalously high occupational exposure recorded by the dosimeter did not represent the individual's extremity

[7] NRC inspection manual chapters can be found online at: https://www.nrc.gov/reading-rm/doc-collections/insp-manual/manual-chapter/index.html. While the current version of this report is from April 2013, it is acknowledged that this inspection manual chapter was currently under review for revision.

exposure. Specifically, an extremity dosimeter worn by a nuclear medicine technologist for the assigned period April 24, 2023, through July 17, 2023, was reported by the Naval Dosimetry Center as having an exposure of 132.961 rem on August 8, 2023, approximately 80 times higher than the individual's average of the four monitoring periods preceding the exposure. The subject facility suspended licensed activities in the nuclear medicine department until an investigation was completed. This investigation was performed and completed with a report dated August 10, 2023. As this was completed within 30 days with a conclusion that the dose was not representative of the individual's true exposure, and supplied a dose estimate less than the annual limits in 10 CFR 20.1201(a)(2)(ii), the licensee was not required to notify the NRC within 30 days in accordance with 10 CFR 20.2203(a)(2)(i).

2.3.6. Other Broad Scope Elements

Other aspects of the NRC's oversight of the DHA medical broad scope were addressed via the individual site inspections. The elements of IP87134 "*Medical Broad-Scope Programs*" for: (1) security and control of licensed material; (2) shielding of licensed material; (3) comprehensive safety measures; (4) radiation instrumentation and surveys; and (5) radiation safety training and practices were largely addressed via the independent NRC inspections at the sites (described in Section 2.2 above). DHHQ personnel provided oversight or had their implementation, for example the development, issuance, and maintenance of overarching procedures or administrative instructions to direct, the oversight provided via the SAVs and permitting, oversight of the overall dosimetry program, and the acquisition and maintenance of survey instrumentation to support the SAV program. The NRC's review of the remaining elements (management oversight, licensee review of licensed activities performed by contracted personnel, other medical uses of byproduct material or radiation from byproduct material) were addressed via the aggregate of the discussions in Sections 2.3.1 through 2.3.5.

2.3.7. Closure of Prior Enforcement

During the inspection period the NRC issued enforcement against DHA related to a continuing review from the prior inspection cycle. Specifically, the NRC issued IR2023-002 on February 22, 2024, related to Enforcement Action (EA) 23-090 and EA-23-149, related to a pair of reportable events regarding the loss of licensed material (referenced in Section 2.3.3 above). This resulted in a Notice of Violation and assessment of a civil penalty on July 1, 2024 (ADAMS Package Accession Number ML24008A023), involving one Severity Level III violation against 10 CFR 20.1801 and a Severity Level IV violation of 10 CFR 20.1802.

The licensee's response to the event was to migrate its diagnostic seed localization program to the use of alternative, non-radioactive technologies. The NRC's review of permitting actions in Section 2.3.1 above included review of actions terminating this authorization for facilities that previously performed this type of operation. As a result of the termination of the authorization across the DHA program, and no anticipation of a restart of this type of licensed activities, there was a sufficient basis for confidence that

the same type of loss of radioactive material and its circumstances would not recur. Therefore, the NRC's considered the matter of the prior escalated enforcement closed.

2.4. Conclusion

The NRC's collective inspection oversight from the independent inspections of DHA's facilities and the DHHQ's permitting, SAVs, unusual event monitoring, and the program's staffing and training provided a sufficient basis to demonstrate the safe and effective use of radioactive materials by DHA. No findings of greater-than-minor significance were identified through the NRC inspection activities during this routine inspection.

The NRC will continue to review the licensee's compliance with respect to the findings identified at DHA's facilities over the course of the inspection cycle as part of the next inspection cycle.

3. Corrective Actions

While no formal corrective actions were necessary as a direct result of the NRC's inspection at DHHQ, the NRC's inspection included the review of the corrective actions described as a result of the site inspections performed at DHA's facilities. These included items such as the decommissioning status at two facilities associated with the U.S. Army Medical Research Institute for Infectious Diseases and laboratories at the Walter Reed Army Institute of Research. Regarding the NRC's findings relative to written directives, DHA developed guidance on written directives (dated October 1, 2024) in response to both NRC observations as well as its own SAVs. This guidance largely re-iterated existing NRC regulations (10 CFR 35.40) but included a template for consideration by sodium-iodide iodine-131 therapies or diagnostic uses involving over 30 microcuries. While acknowledging the issuance of this document, the NRC noted that this document represented guidance and was not a mandatory directive to the DHA sites, and that two of the NRC's written directive findings were identified (Section 2.2 of this report, Item Nos. 10 and 12) during inspections that occurred after this DHA guidance was issued.

4. Exit Meeting Summary

The licensee acknowledged the observations and preliminary findings presented by the NRC following the onsite inspection on August 27, 2025. The NRC conducted a final exit briefing via teleconference on December 4, 2025, with DHA representatives, including: COL Ricardo Reyes, Ph.D, RSO, and his staff at DHHQ. The licensee again acknowledged the findings presented and did not dispute any of the facts presented at the time of the final exit meeting.

SUPPLEMENTARY INFORMATION – HEALTH AND SAFETY

LIST OF PERSONS CONTACTED

Dr. David J. Smith, Acting DHA Director
Dr. Glendon Diehl, Acting DHA Deputy Director
Dr. Paul R. Cordts, Deputy Assistant Director, Medical Affairs, and Radiation Safety Committee Chair
RADM Matthew Case, Acting Assistant Director, Health Care Administration
COL Ricardo Reyes, Ph.D., DHA, RSO, Radiation Safety Director
Shabbir Shivji, DHA Radiation Safety Deputy Chief for Licensing
LTC William (Shaun) Bosley, Chief, Army DHA Radiation Safety Operations
CDR Brandon Russell, Chief, Navy DHA Radiation Safety Operations
Gilbert (Neil) Keeney, DHA Radiation Safety Health Physicist
Kaylie Hammersborg, DHA Radiation Safety Health Physicist
Edga Garcia-Kelly, Branch Chief, DHA Radiation Safety Allegations
Banny Lazareno, Program Analyst, DHA Radiation Safety Program

INSPECTION PROCEDURES USED

87134 - Inspection of Medical Broad-Scope Programs

ITEMS OPENED, CLOSED, AND DISCUSSED

Opened

None

Closed

030-39046/2023-002-01 030-39046/2023-002-02	VIOL	10 CFR 20.1801 and 10 CFR 20.1802 – collectively the failures to secure radioactive material from unauthorized removal or access.

Discussed

030-39046/2024-003-03, 030-39046/2025-005-01, 030-39046/2025-007-02, & -03	VIOL	10 CFR 35.40, 10 CFR 35.41, 10 CFR 35.2040, and License Condition 25 – collectively the failures to prepare and retain written directives in accordance with NRC requirements.
030-39046/2025-003-01	VIOL	10 CFR 30.36(d) – failure to provide notice within 24 months of no principal activities at a separate authorized facility.

LIST OF ACRONYMS AND ABBREVIATIONS USED

ADAMS	Agencywide Documents Access and Management System
AMP	Authorized Medical Physicist
ANP	Authorized Nuclear Pharmacist
ARSO	Associated Radiation Safety Officer
AU	Authorized User
CFR	*Code of Federal Regulations*
DHA	Defense Health Agency
DHHQ	Defense Health Headquarters
EA	Enforcement Action
FY	Fiscal Year
IP	Inspection Procedure
MML	Master Materials License
MTF	Medical Treatment Facility
NMED	Nuclear Material Events Database
NRC	Nuclear Regulatory Commission
RSO	Radiation Safety Officer
SAV	Site Assistance Visit