

SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE/LOCATION INSPECTED:

Phelps County Regional Medical Center
1000 West Tenth Street
Rolla, MO 65401

REPORT NUMBER(S) 12-001

2. NRC/REGIONAL OFFICE

Region III
U. S. Nuclear Regulatory Commission
2443 Warrenville Road, Suite 210
Lisle, IL 60532-4352

3. DOCKET NUMBER(S)

030-14804

4. LICENSE NUMBER(S)

24-18295-01

5. DATE(S) OF INSPECTION

1/26/12

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. 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, and corrective action was or is being taken, and the remaining criteria in the NRC Enforcement Policy, to exercise discretion, were satisfied.

1 Non-cited violation(s) were discussed involving the following requirement(s):

License Condition 15. A requires the licensee to conduct its program in accordance with application, dated 3/29/05. Appendix T of application requires that the patient's identity + prescribed radionuclide be identified prior to administration. Contrary to the above, on 11/21/11 the patient's identity and prescribed dose was not verified prior to an administration of TC-99m HDP. Specifically,

- ☐ 4. During this inspection, certain of your activities, as described below and/or attached, were in violation of NRC requirements and 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	DATE
LICENSEE'S REPRESENTATIVE	EDWARDS F DORNEY D.O.	<i>Edward F Dorney</i>	1/26/12
NRC INSPECTOR	Ken Lambert	<i>Ken Lambert</i>	1/26/12
BRANCH CHIEF	Tamara Bloomer	<i>Tamara Bloomer</i>	2/15/12

Tc-99m leucovorin was ordered and
Tc-99m HDP was administered.

Corrective actions included a conference
with the involved individual to discuss
the issue and procedure requirements. In
addition the incident was discussed
with all nuclear medicine technologists.

Docket File Information

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5. DATE(S) OF INSPECTION

January 26, 2011

6. INSPECTION PROCEDURES USED

87131, 87132

7. INSPECTION FOCUS AREAS

03.01-03.09

SUPPLEMENTAL INSPECTION INFORMATION

1. PROGRAM CODE(S)

2230

2. PRIORITY

2

3. LICENSEE CONTACT

Edward Downey, Jr, DO, RSO

4. TELEPHONE NUMBER

(573) 458-7906



Main Office Inspection

Next Inspection Date: January 2014



Field Office Inspection



Temporary Job Site Inspection

PROGRAM SCOPE

The licensee was a medical institution authorized by the license for 35.100, 35.200, 35.300 (including PET), and 35.400 byproduct materials. The licensee employed 4 full time nuclear medicine technologist (including lead tech) and one full time PET technologist. The licensee performed 7-10 diagnostic studies per day using Tc-99m including HIDA, bone scans. The licensee performed 2-3 I-123 whole body scans/week; 1-2 studies using I-131/week. The licensee performed about 1 hyperthyroid or ablation treatments/month daily using up to 150 mCi of I-131. The licensee was authorized for a GammaMed HDR. The licensee performed about 10 treatments/year with most being mammosite treatments, but included none this year to date of the inspection. Although authorized for low dose brachytherapy and seed implant procedures, the licensee has not performed any since the last inspection. The licensee's oncology department was staffed with one full time medical physicist who performed treatment setup.

PERFORMANCE OBSERVATIONS

The inspectors noted that the hot lab was secured from unauthorized access. The inspectors observed several diagnostic administrations of licensed materials including dose preparation and disposal. Licensee staff demonstrated dose calibrator constancy and linearity checks, well counter daily checks, package receipt surveys and wipes, waste disposal, daily and weekly surveys, and waste disposal. The inspector reviewed written directives, treatment plans and post treatment plans for several mammosite and gynecological treatments, and day of use checks of the HDR unit with no problems noted

The maximum personnel exposure were 504 mrem DDE and 2799 mrem SDE for 2011 through 10/14/11 (4th quarter results not yet received by licensee), and 360 mrem DDE and 2491 mrem SDE for 2010. The inspectors performed independent radiation surveys which indicated measurements consistent with licensee measurements.

The inspector issued a NCV for a licensee identified and corrected violation involving the failure of a nuclear medicine technologist to verify the patient's identity and prescribed radionuclide prior to administration. Specifically, the technologist administered 27 mCi of Tc-99m HTP for a bone scan than the prescribed 30 mCi of Tc-99m Myoview for a cardiac stress test.