

SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

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| 1. LICENSEE/LOCATION INSPECTED: Saint Margaret Mercy healthcare Centers 5454 Hohman Avenue Hammond, IN 46320 | 2. NRC/REGIONAL OFFICE U.S. Nuclear Regulatory Commission Region III 2443 Warrenville Road Suite 210 Lisle, Illinois 60532-4351 |
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| REPORT NUMBER(S) 08-01 | 3. DOCKET NUMBER(S) 030-01602 | 4. LICENSEE NUMBER(S) 13-02047-02 | 5. DATE(S) OF INSPECTION May 12, 2008 |
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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. 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, NUREG-1600, to exercise discretion, were satisfied.

Non-Cited Violation(s) was/were discussed involving the following requirement(s) and Corrective Action(s):

- 4. During this inspection certain of your activities, as described below and/or attached, were in violation of NRC requirements and are being cited. This form is a NOTICE OF VIOLATION, which may be subject to posting in accordance with 10 CFR 19.11.
(Violations and Corrective Actions)

Licensee's Statement of Corrective Actions for Item 4, above.

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.

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|---------------------------|--------------|-----------|--------|
| Title | Printed Name | Signature | Date |
| LICENSEE'S REPRESENTATIVE | Ken Lambert | | 6/3/08 |
| NRC INSPECTOR | Ken Lambert | | 6/3/08 |

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AND COMPLIANCE INSPECTION**

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| 1. LICENSEE Saint Margaret Mercy Healthcare Centers REPORT NUMBER(S) 08-01 | | 2. NRC/REGIONAL OFFICE Region III 2443 Warrenville Road, Suite 210 Lisle, IL 60532 | |
| 3. DOCKET NUMBER(S) 030-01602 | 4. LICENSE NUMBER(S) 13-02047-02 | 5. DATE(S) OF INSPECTION May 12, 2008 | |
| 6. INSPECTION PROCEDURES USED 87131, 87132 | | 7. INSPECTION FOCUS AREAS 03-01 – 03-07 | |

SUPPLEMENTAL INSPECTION INFORMATION

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| 1. PROGRAM CODE(S) 2230 | 2. PRIORITY 2 | 3. LICENSEE CONTACT Renate Muller-Runkel, Ph.D., RSO | 4. TELEPHONE NUMBER 219/932-2300 |
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| <input checked="" type="checkbox"/> | Main Office Inspection | Next Inspection Date: <u>May 2010</u> |
| <input type="checkbox"/> | Field Office | |
| <input type="checkbox"/> | Temporary Job Site Inspection | |

PROGRAM SCOPE

The licensee was a medical institution with two authorized locations in Hammond and Dyer, Indiana. The licensee is authorized to use any byproduct materials for diagnostic and therapeutic medical procedures under 10 CFR 35.100, 200, 300, 400 and 600, including HDR. This inspection was conducted at the Hammond, Indiana facility. This facility conducts an average of 200 administrations/scan per month for routine diagnostic imaging, with approximately 60 percent cardiac studies, 15 percent bone scans, and 5-7 percent lung scans using xenon. The Hammond facility does not perform thyroid ablations, but performs 15-30 I-131 studies using less than 30 mCi. The facility employs 3 full time nuclear medicine technologists. The licensee performs approximately 30 therapy treatments per year using Ir-192 in an HDR unit. The facility also performs approximately 3 pd-103 seed prostate implant treatments per year.

Performance Observations

Interviews conducted with available staff revealed an adequate level of understanding of emergency and material handling procedures and techniques. Dose calibrator constancy checks, area surveys, package check-in procedures and injection techniques were successfully demonstrated or observed. The licensee possessed two Ludlum survey instruments that were within calibration. Proper personal dosimetry was observed worn by available staff during the inspection.

The hot-lab room was observed unlocked upon arrival, however a technologist was sitting at a computer station just outside the door and was able to maintain constant surveillance. When not under constant surveillance the hot lab door was closed and lock. Licensed material was not readily accessible to members of the general public.

Personal dosimetry records reviewed for 2006 indicated maximum doses of 634 mrem whole body and 1400 mrem extremity. Personal dosimetry records reviewed for 2007 indicated maximum doses of 431 mrem whole body and 1250 mrem extremity.

No violations were identified.