

May 9, 2000

The Radiology Institute Imaging Center
Clinica Las Americas, Suite 202
ATTN: Luis Bonnet, Jr.
Administrator
Nuclear Medicine Laboratory
400 F.D. Roosevelt Avenue
Hato Rey, Puerto Rico 00918

SUBJECT: NRC INSPECTION REPORT 52-24969-01/00-01

Dear Mr. Bonnet:

As a result of the Nuclear Regulatory Commission (NRC) inspection conducted on April 20, 2000, an NRC Form 591, SAFETY INSPECTION, is issued for your NRC license. The enclosed form indicates that no items of non-compliance were found during the above described inspection of your licensed activities. Please retain the form in your files. No acknowledgment of this letter is required. However, should you have any questions, we shall be pleased to discuss them with you. In accordance with Section 2.790 of the NRC's "Rules of Practice," Part 2, Title 10, Code of Federal Regulations, a copy of this NRC Form 591 will be placed in the Public Document Room.

Thank you for your cooperation.

Sincerely,

/RA/

Mark S. Lesser, Chief
Materials Licensing/Inspection Branch 2
Division of Nuclear Materials Safety

Docket No. 030-30394
License No. 52-24969-01

Enclosure: NRC Form 591

cc w/encl:
Commonwealth of Puerto Rico

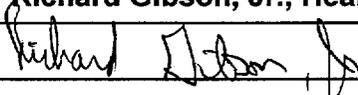
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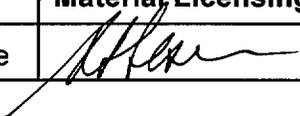
OFFICE	RII:DNMS						
SIGNATURE							
NAME	RGibson						
DATE	5/ 8 /00	5/ /00	5/ /00	5/ /00	5/ /00	5/ /00	5/ /00
COPY?	YES (NO)	YES NO					

OFFICIAL RECORD COPY DOCUMENT NAME: G:\DNMS\MLIB2\Radiology Inst. Imag591.WPD

**APPENDIX A
NUCLEAR MEDICINE INSPECTION RECORD (IP 87115)**

REGION II

Insp. Report #	00-01	License #	52-24969-01	Docket #	030-30394
Licensee Name	The Radiology Institute Imaging Center Clinica Las Americas, Suite 202				
Street Address	Nuclear Medicine Laboratory 400 F. D. Roosevelt Avenue				
City, State, Zip	Hato Rey, Puerto Rico 00918				
Location (Authorized Site) Being Inspected	same address mentioned above				
Licensee Contact Name	Carlos D. Garcia Rodriguez, MD, RSO			Phone #	787-765-7713
Priority	03	Program Code	02200	Description	Medical - QMP required
Date of Last Inspection:		April 2, 1997		Date of This Inspection	4/20/2000
Type of Insp.	Announced		Routine	<input checked="" type="checkbox"/>	Initial
	Unannounced	<input checked="" type="checkbox"/>	Special		
Next Insp. Date	4/2005	Normal		Reduced	
				Extended	<input checked="" type="checkbox"/>
Justification for change in normal inspection frequency:	The inspector extended the inspection frequency due to good performance by the licensee. This extension is in accordance with MC 2800. Since the last inspection, the licensee has changed RSO; however, the RSO has been a user for several years. No violations of NRC requirements were identified during the last inspection.				
Summary of Findings and Actions					
No violations, Clear 591 or letter issued		<input checked="" type="checkbox"/>	Non-cited violations		
Violation(s), 591 issued		Violation(s), letter issued			
Follow up on previous violations:					
Inspector - Printed Name	Richard Gibson, Jr., Health Physicist				
- Signature				Date	5/4/2000

Approved - Printed Name	Mark S. Lesser, Chief Material Licensing and Inspection Branch 2		
- Signature		Date	5/9/00

PART I-LICENSE, INSPECTION, INCIDENT/EVENT, AND ENFORCEMENT HISTORY		
1.	AMENDMENTS AND PROGRAM CHANGES	
License amendments issued since last inspection, or program changes noted in the license.		
AMENDMENT #	DATE	SUBJECT
04	2/20/98	amendment to change RSO, delete and add users
2.	INSPECTION AND ENFORCEMENT HISTORY	
Unresolved issues; previous and repeat violations; Confirmatory Action Letters; and orders.		
No violations of NRC requirements were identified during the last inspection.		
3.	INCIDENT/EVENT HISTORY	
List any incidents or events reported to NRC since the last inspection. Citing "None" indicates that regional event logs, event files, and the licensing file have no evidence of any incidents or events since the last inspection.		
A review of the license file, a search on NMED and an interview with cognizant licensee personnel indicated no incidents, recordable events, or misadministrations reported to the NRC since the last inspection.		

PART II - INSPECTION DOCUMENTATION

NOTE: References that correspond to each inspection documentation topic are in Inspection Procedure 87115, Appendix B, "Nuclear Medicine Inspection References."

The inspection documentation part is to be used by the inspector to assist with the performance of the inspection. Note that not all areas indicated in this part are required to be addressed during each inspection. However, for those areas not covered during the inspection, a notation ("Not Reviewed" or "Not Applicable") should be made in each section, where applicable.

All areas covered during the inspection should be documented in sufficient detail to describe what activities and procedures were observed and/or demonstrated. In addition, the types of records that were reviewed and the time periods covered by those records should be noted. If the licensee demonstrated any practices at your request, describe those demonstrations. The observations and demonstrations you describe in this report, along with measurements and some records review, should substantiate your inspection findings. Attach copies of all licensee documents and records needed to support violations.

1.	ORGANIZATION AND SCOPE OF PROGRAM
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Management organization; authorities and responsibilities; authorized locations of use; type, quantity, and frequency of byproduct material use; staff size; mobile nuclear medicine service; limited distribution of pharmaceuticals; and research involving human subjects.

The Radiology Institute Imaging Center conducts diagnostic imaging and therapeutic diagnostic and treatment for hyperthyroidism in nuclear medicine, suite #202. Nuclear medicine is staffed with Carlos D. Garcia Rodriguez, M.D., physician in oncology and the Radiation Safety Officer; one Nuclear Medicine Technologist, Rayza Martinez; two Radiology Technicians, Brenda Melendec and Ada Ortiz (who is also a nurse); and one secretary. The licensee contracts with David Roe, Health Physicist as their consultant.

The Radiology Institute Imaging Center is owned by Luis Bonnet, Jr., the Administrator; Luis Bonnet, Sr., M.D., Chief Administrator; and Carlos Mendez, M.D.

The licensee conducts diagnostic imaging to approximately 10 to 18 patients per day for cardiac rest/stress tests, bone and renal scans, and thyroid scans. In addition, the licensee conducts therapeutic treatment of the thyroid for hyperthyroidism. The licensee treated 16 therapy patients since the last inspection dated April 2, 1997. Dr. Carcia ordered radiopharmaceutical from Asphord Carribean Pharmacy or Syncor in Puerto Rico in unit dosages for diagnostic and therapy treatments. No generators were ordered by the licensee. The patients were handled and administered radiopharmaceutical for diagnostic imaging by the NMT and the radiology technicians. Dr. Carcia administered the therapeutic procedures and read the diagnostic scans.

2.	MANAGEMENT OVERSIGHT
<p>Management support to radiation safety; Radiation Safety Committee; Radiation Safety Officer; and program audits, including as low as is reasonably achievable (ALARA) reviews.</p>	
<p>The inspector interviewed the nuclear medicine technologist, both radiology technicians and the oncologist in nuclear medicine to evaluate management's support and oversight of the radiation safety program. The inspector determined from discussion with the licensee and their consultant, and reviews of records that quarterly inspections and annual reviews of the radiation safety program were conducted by the consultant. In addition, Dr. Garcia conducts reviews of the policy and procedures relating to the radiation safety program. Records of quarterly inspection (audits) were reviewed by the inspector for the period February 3, 2000 to May 4, 1998. Records of the annual radiation safety program review were reviewed by the inspector for the the 1st quarter of 2000 (1/14/00) and the 1st quarter of 1999 (1/14/99). Both quarterly audits and annual reviews of the radiation safety program did not identify significant problems. The inspector determined that management supports the radiation safety program and is actively involved in licensed activities.</p> <p>The inspector determined, based on interviews with the licensee, reviews of records and observation that management oversight of the radiation safety program is established through the oncologist and the licensee's consultant. The inspector also determined that from review of the licensee's records and interviews with licensee's personnel, that the ALARA procedures are adequate. There were no violations of NRC requirements identified.</p>	
3.	FACILITIES
<p>Facilities as described; uses; control of access; and engineering controls.</p>	
<p>The inspector evaluated the licensee's facility to determine if it was as described in the license application and if it was adequate for conducting activities authorized by the license.</p> <p>From observations and interviews with the licensee, the inspector determined that in nuclear medicine, the licensee possessed two cameras for diagnostic imaging, a Capintec CRC-15 dose calibrator in the hot lab, syringe shields and pigs for the application of radiopharmaceuticals. Access to nuclear medicine is controlled by the staff in the areas.</p> <p>The inspector determined that the licensee's facility was as described in the license application. There were no violations of NRC requirements identified.</p>	

4.

EQUIPMENT AND INSTRUMENTATION

Dose calibrator; instrumentation for assaying alpha- emitting and beta-emitting radionuclides; generators; syringes and vials; survey instruments; 10 CFR Part 21 procedures; and special equipment and instrumentation.

The staff in nuclear medicine along with the consultant conducts several quality control tests on the dose calibrator (a Capintec CRC-15 S/N 153729) to ensure accurate measurement of the unit dosages prior to the administration to patients.

Records of dose calibrator daily constancy checks were reviewed by the inspector for the period April 20, 2000 to May 1997. From the review of records and interview with the staff in nuclear medicine, the inspector determined that the licensee conducted constancy at the required intervals. The inspector also reviewed records of quarterly linearity for the period January 21, 2000 to April 7, 1997. The licensee conducts linearity by using both the decay and column methods down to less than 30 microcuries. Accuracy tests of the dose calibrator are conducted by the licensee annually. Last accuracy test was conducted on October 13, 1999. In addition, the licensee performed a geometry test on October 13, 1999. The licensee had change dose calibrators.

Survey instruments possessed by the licensee are a Biodex Model 14C, S/N 114136 calibrated annually by Mid-America Calibrators, and a Ludlum Model 14C, S/N 58745 calibrated by AM Calibrator Services. Records of survey instrument calibration were reviewed by the inspector for the period November 9, 1999 to October 14, 1997. Records were as required by NRC requirements.

The inspector determined that the licensee's equipment and instrumentation used were adequate, operable, calibrated and maintained. There were no violations of NRC requirements identified.

5.	MATERIAL USE, CONTROL, AND TRANSFER
<p>Materials and uses authorized; use of radiopharmaceuticals; security and control of licensed materials; and procedures for receipt and transfer of licensed material.</p>	
<p>During this inspection through discussions with the oncologist, NMT and the radiology technicians and review of records, the inspector determined that the licensee possessed technicium-99m in unit dosages for diagnostic imaging procedures to patients for cardiac, bone, renal, gall bladder and liver scans. In addition, the licensee possessed indium-111 and gallium for diagnostic procedures. The oncologist posted a chart for the range of the nuclear drugs administered to the patients. Patients dose and uptake records were reviewed by the inspector for the period April 17, 2000 to April 25, 1997. The oncologist performed thyroid uptakes and therapeutic treatment for hyperthyroidism by administering iodine-131 to patients. Since the last inspection, the oncologist conducted 16 therapy treatments. The inspector reviewed the records for the patients treated for hyperthyroidism and found the records and the written directives to be as required by the licensee's QMP.</p> <p>Packages containing radiopharmaceutical are delivered to the licensee during normal business hours by the licensee's supplier, Asphord Carribean Pharmalogic. The radiopharmaceutical is received by the NMT and the radiology technicians in the hot lab, who conducts the receipt surveys. The radioactive material is secured in the hot lab of nuclear medicine. Nuclear medicine is staffed during business hours and it is secured during close of business.</p> <p>The inspector observed the NMT and a radiology technician administered technicium-99m to two patients for a bone scan (29 millicuries of Tc-99m MDP), and renal scan (9.7 millicuries of Tc-99m Mag 3). The inspector determined that the NMT and the radiology technician did a good job in preparing the licensed material, instructing the patients and administering the dosages to the patients. In addition, the inspector determined that the staff in nuclear medicine was quite knowledgeable in radiation safety and safety procedures.</p> <p>The licensee possessed sealed sources for the quality checks of the dose calibrator: a cobalt-57, S/N A2360 containing 5.496 millicuries from North America; a cesium-137, S/N S356009-36 containing 0.209 millicuries from Dupont; and a barium-133, S/N S358005-01 containing 0.273 millicuries from Dupont.</p>	
6.	RADIOPHARMACEUTICAL THERAPY
<p>Safety precautions; surveys; and release criteria of patients and rooms.</p>	
<p>The oncologist was the only individual conducting radiopharmaceutical therapy at the facility. Since the last inspection, the oncologist conducted 16 therapeutic procedures by administering iodine-131 to patients for hyperthyroidism. No other therapy procedures have been performed by the licensee. All therapy procedures were performed for out going patients. Written directives were reviewed by the inspector and determined to be in accordance with the licensee's QMP. There were no violations of NRC requirements identified.</p>	

7.	QUALITY MANAGEMENT PROGRAM (QMP) AND MISADMINISTRATIONS
QMP - written directives, implementation, reviews, and records; misadministrations - identification, notifications, reports, and records.	
<p>The inspector reviewed the licensee's QMP and the implementation of the written directives for 16 patients treated for hyperthyroidism with iodine-131. The inspector determined from the review of the records and a discussion with the oncologist, that there were no misadministrations or reportable events since the last inspection.</p>	

8.	AREA RADIATION SURVEYS AND CONTAMINATION CONTROL
Radiological surveys; air sampling; leak tests; inventories; handling of radioactive materials; records; and public doses.	
<p>The inspector evaluated the licensee's survey procedures through reviewing daily radiation survey and weekly contamination survey records of the facility for the period April 19, 2000 to May 1997 for the daily radiation and weekly contamination surveys. The inspector determined from review of records and discussions with the staff in nuclear medicine, that the surveys were conducted by the NMT and the radiology technicians.</p> <p>The inspector determined that the licensee performed quarterly inventories and six months leak tests of the sealed sources in their possession. Completion of the tests was verified by the licensee's consultant every quarter during his visits. Records of leak tests and inventories were reviewed by the inspector for the period April 14, 2000 to May 27, 1997. Records were as required by NRC requirements.</p>	

9.	TRAINING AND INSTRUCTIONS TO WORKERS
Interviews and observations of routine work; staff knowledge of all routine activities; 10 CFR Part 20 requirements; therapy training and postulated emergency situations; supervision by authorized users.	
<p>Through discussion and interviews with the staff in nuclear medicine and review of training records, the inspector determined that the staff was trained in radiation safety annually by the consultant. The consultant also provided quarterly refresher updates of the radiation safety program and radiation safety. Records of annual training were reviewed for the dates March 16, 1999, March 6, 1998 and May 14, 1997. The records were as required by NRC requirements. The inspector determined that the licensee performed adequate radiation safety training to the staff in accordance with NRC regulatory requirements.</p>	

10.	RADIATION PROTECTION
Radiation protection program with ALARA provisions; external and internal dosimetry; exposure evaluations; dose records; and patient release.	
<p>The inspector reviewed the licensee's program for monitoring occupational radiation doses to assess whether the licensee's radiation protection program included ALARA provisions. The inspector reviewed radiation exposure records for the period January 31, 2000 to April 31, 1997. The inspector verified that the licensee exchanged dosimetry at the required monthly frequency and that dosimetry was issued for personnel whole body and extremity exposure. The inspector determined that dosimetry was exchanged by Landauer monthly. The maximum whole body reviewed was 50 mrem and the maximum extremity reviewed was 580 mrem by the inspector.</p>	
<p>The inspector reviewed the licensee's program for administering radiopharmaceutical to patients. The inspector reviewed patient dose records (administered in unit dosages) for the period April 19, 2000 to April 1997. The patients were administered technicium-99m for cardiac, bone, liver scans and etc.</p>	
<p>The licensee's program for monitoring personnel external exposures met NRC regulatory requirements. The inspector determined that the licensee was maintaining personnel radiation exposures and dose to patients ALARA and that no NRC regulatory radiation exposure limits had been exceeded. There were no violations of NRC requirements identified.</p>	
11.	RADIOACTIVE WASTE MANAGEMENT
Disposal; effluent pathways and control; storage areas; transfer; packaging, control, and tracking procedures; equipment incinerators, hoods, vents and compactors; and records.	
<p>Through discussion with the staff in nuclear medicine, and review of the radioactive waste disposal records, the inspector evaluated whether the licensee disposed of radioactive waste in accordance with NRC requirements. From a discussion with the NMT, review of records and observation, the inspector determined that the spent syringes and shielded pigs were returned to the supplier. Solid radioactive waste generated were stored by the licensee for decay-in-storage by holding for 10 half-lives. After the waste was held for the required time, the licensee surveyed and removed the labels of the waste that can be released as ordinary trash. Records of radioactive waste disposed by the licensee were reviewed by the inspector for the period March 13, 2000 to May 27, 1997. The inspector determined that the licensee disposed of radioactive waste safely and in accordance with NRC requirements.</p>	
12.	DECOMMISSIONING
Records of radiological conditions; decommissioning plan/schedule; notification requirements; cost estimates; funding methods; financial assurance; and Timeliness Rule requirements.	
This section is not applicable to the licensee's current radiation safety program.	

13.	TRANSPORTATION
<p>Quantities and types of licensed material shipped; packaging design requirements; hazardous materials (HAZMAT) communication procedures; unit dose return; return of sources; procedures for monitoring radiation and contamination levels of packages; HAZMAT training; and records and reports.</p>	
<p>The inspector evaluated the licensee's procedures for transporting radioactive material. From discussion with the staff in nuclear medicine, the inspector determined that spent or used radiopharmaceutical is shipped to the supplier for proper disposal and solid radioactive waste is kept at the facility for decay-in-storage. There were no violations of NRC requirements identified.</p>	
14.	NOTIFICATIONS AND REPORTS
<p>Theft; loss; incidents; overexposures; change in Radiation Safety Officer (RSO), authorized user, or nuclear pharmacist; and radiation exposure reports to individuals.</p>	
<p>A search of NMED, review of the license file, and an interview with the licensee, indicated that no reportable events involving overexposure, misadministration or lost of licensed material occurred since the last NRC inspection. The licensee maintains the required radiation exposure reports of personnel. There were no violations of NRC requirements identified.</p>	
15.	POSTING AND LABELING
<p>Notices; license documents; regulations; bulletins and generic information; posting of radiation areas; and labeling of containers of licensed material.</p>	
<p>During the tour of the facility, the inspector noted the appropriate postings. The postings included NRC Form-3, information regarding where documents of the regulation can be found, and "CAUTION: RADIOACTIVE MATERIAL", signs on the entrance to nuclear medicine. In addition, there were proper labels on containers and equipment containing radioactive material. There were no violations of NRC requirements identified.</p>	
16.	INDEPENDENT AND CONFIRMATORY MEASUREMENTS
<p>Areas surveyed; comparison of data with licensee's results and regulations; and instrument type and calibration date.</p>	
<p>The inspector performed a radiation survey in the general areas of nuclear medicine and on the surface of waste containers and storage areas in the hot lab. Radiation measurements indicated < 0.1 mr/hr. In addition, the inspector conducted a contamination survey in the hot lab and the adjacent rooms in nuclear medicine. The inspector conducted the contamination survey with the licensee's survey instrument (Biodex, S/N 114136) due to the NRC thin window instrument was not functional. Instrument used by the inspector to conduct the radiation survey was a Ludlum Model 2401-EC, NRC S/N 013008G, calibrated on March 20, 2000. The inspector determined based on independent radiation measurements that the licensee met the NRC requirements for unrestricted areas.</p>	

17.	VIOLATIONS, NON-CITED VIOLATIONS (NCVs) AND OTHER SAFETY ISSUES						
State requirement and how and when licensee violated the requirement. For NCVs, indicate why the violation was not cited. Attach copies of all licensee documents needed to support violations.							
An NRC Form 591 (clear inspection) was issued. There were no violations of NRC requirements identified.							
18.	PERSONNEL CONTACTED						
Identify licensee personnel contacted during the inspection (including those individuals contacted by telephone). Use # to indicate individual present at entrance meeting. Use * to indicate individual present at exit meeting.							
	Name	Title	Phone No.	In Person or By phone			
	#*Carlos D. Garcia Rodriguez, M.D.	Oncologist, RSO	787-765-7713	In Person			
	Rayza Martinez	Nuclear Medicine Technologist	787-765-7713	In Person			
	Brenda Melendec	Radiology Technician	787-765-7713	In Person			
	Ada Ortiz	RT, Nurse	787-765-7713	In Person			
	#David Roe	Consultant		In Person			
19.	PERFORMANCE EVALUATION FACTORS						
A.	Lack of senior management involvement with the radiation safety program and/or RSO oversight.			Y		N	X
B.	RSO too busy with other assignments.			Y		N	X
C.	Insufficient staffing.			Y		N	X
D.	RSC fails to meet or functions inadequately.		N/A	X	Y		N
E.	Inadequate consulting services or inadequate audits conducted.		N/A		Y		N X
REMARKS: (Consider the above assessment and/or other pertinent Performance Evaluation Factors (PEFs) with regard to the licensee's oversight of the radiation safety program.)							
None							

20.	SPECIAL CONDITIONS OR ISSUES	
NONE	<input checked="" type="checkbox"/>	Special license conditions; year-2000 effects of computer software.
PART III - POST- INSPECTION ACTIVITIES		
1.	REGIONAL FOLLOWUP ON PEFs	
None		
2.	DEBRIEF WITH REGIONAL STAFF	
Post-inspection communication with supervisor, regional licensing staff, Agreement State Officer; and/or State Liaison Officer.		
The inspector informed his branch chief of the inspection findings. There were no licensing action outstanding during the time of this inspection.		
3.	YEAR-2000 ISSUES	
Convey, to the NMSS Year-2000 Coordinator, all year-2000 licensee-identified problems and corrective actions taken.		
Not applicable		

TO ADVANCE TO NEXT SECTION OF FORM - PUSH PAGE DOWN KEY

**APPENDIX A - ATTACHMENT A
DECOMMISSIONING TIMELINESS INSPECTION ATTACHMENT**

Licensee:		Date of Inspection:	
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1. COMPLIANCE WITH DECOMMISSIONING TIMELINESS RULE

(NOTE: Repeat the answers given in Section 12 of the main body of the inspection record. The issues in subsequent sections are dependent on the answers to these questions.)

A.	License to conduct a <i>principal activity</i> <u>has</u> expired or been revoked:	Y		N	
B.	Licensee <u>has</u> made a decision to permanently cease <i>principal activities</i> at the entire site, or any separate buildings, or any outdoor areas, including inactive burial grounds:	Y		N	
C.	A 24-month duration has passed in which no <i>principal activities</i> have been conducted under the license at the site, or at any separate buildings, or any outdoor areas, including inactive burial grounds:	Y		N	
D.	If "Yes" to either A or B or C above:				
	(1) Identify Site/Bldg./Area:				
	(2) Date of occurrence of A, B, or C:				

2. NOTIFICATION REQUIREMENTS

A.	Licensee has provided written notification to U.S. NRC within 60 days of the occurrence of 1.A., 1.B., or 1.C. above.	Y		N	
	If "Yes," date of notification:				
B.	If the licensee is requesting to delay initiation of the decommissioning process, the licensee <u>has</u> provided written notification to NRC within 30 days of occurrence of 1.A., 1.B., or 1.C. above:	N/A	Y	N	
	If "Yes," date of notification:				

Basis for Findings:

3. DECOMMISSIONING PLAN/SCHEDULE REQUIREMENTS

A.	Licensee is required to submit a decommissioning plan per 10 CFR 30.36(g), 40.42(g), 70.38(g), or 10 CFR Part 72?	N/A	Y	N	
	If "No" to 3.A., answer the following items B - F:				
B.	The decommissioning work scope is covered by current license conditions.	Y		N	

C.	Decommissioning has been initiated within 60 days of notification to NRC, or NRC has granted a delay.		Y			N	
D.	If licensee has initiated decommissioning, give date the decommissioning was initiated:						
E.	If decommissioning has been completed, it was completed within 24 months of notification to NRC.	N/A		Y		N	
F.	If decommissioning is still scheduled to be completed, it is on schedule to be completed within 24 months of notification to NRC.						
		N/A		Y		N	
Basis for Findings:							
If "Yes" to 3.A., answer the following items G - J:							
G.	The decommissioning plan has been submitted to NRC within 12 months of notification.		Y			N	
If "Yes," date of submittal:							
If NRC approved, date of NRC approval:							
H.	Has the licensee submitted an alternative schedule request?		Y			N	
If "Yes," date of submittal:							
I.	If decommissioning has been completed, it was completed within 24 months after approval of the decommissioning plan.	N/A		Y		N	
J.	If decommissioning is still scheduled to be completed, it is on schedule to be completed within 24 months after approval of the decommissioning plan.						
		N/A		Y		N	
Basis for Findings:							
Violations identified, if any:							

END