

**SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION**

1. LICENSEE/LOCATION INSPECTED: Kansas City Cardiology Associates, Inc. Leek Summit, MO		2. NRC/REGIONAL OFFICE U.S. Nuclear Regulatory Commission Region III 2443 Warrenville Road, Suite 210 Lisle, Illinois 60532-4351	
REPORT NUMBER(S) 2006-001			
3. DOCKET NUMBER(S) 030-35345	4. LICENSEE NUMBER(S) 24-32245-01	5. DATE(S) OF INSPECTION March 7, 2006	

**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

- 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.

Title	Printed Name	Signature	Date
LICENSEE'S REPRESENTATIVE			
NRC INSPECTOR	Deborah A. Piskura		3/7/06

**Docket File Information**  
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AND COMPLIANCE INSPECTION**

1. LICENSEE <b>Kansas City Cardiology Associates, Inc.</b> REPORT NUMBER(S) <b>2006-001</b>	2. NRC/REGIONAL OFFICE <b>Region III</b> <b>2443 Warrenville Road, Suite 210</b> <b>Lisle, IL 60532</b>
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3. DOCKET NUMBER(S) <b>030-35345</b>	4. LICENSE NUMBER(S) <b>24-32245-01</b>	5. DATE(S) OF INSPECTION <b>Mar. 7, 2006</b>
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6. INSPECTION PROCEDURES <b>87130</b>	7. INSPECTION FOCUS AREAS <b>03.01, 03.02, 03.03, 03.04, 03.05, 03.06, 03.07, and 03.08</b>
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**SUPPLEMENTAL INSPECTION INFORMATION**

1. PROGRAM CODE(S) <b>02201</b>	2. PRIORITY <b>G 5</b>	3. LICENSEE CONTACT <b>James E. Sear, M.D.</b>	4. TELEPHONE NUMBER <b>816.525.1600</b>
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Main Office Inspection      Next Inspection Date: Mar. 2011

Field \_\_\_\_\_

Temporary Job Site \_\_\_\_\_

**PROGRAM SCOPE**

This licensee was a private practice cardiac diagnostic office, with two locations of use, and authorized to use licensed material permitted by Section 35.200. The nuclear medicine department was staffed with two full-time technologists who performed approximately 250 diagnostic procedures monthly. The licensee received unit doses from a licensed radiopharmacy. The clinic retained the services of a consulting physicist who audited the radiation safety program on a quarterly basis.

This inspection consisted of interviews with licensee personnel, a review of select records, tour of the nuclear medicine department, and independent measurements. The inspector observed the licensee personnel prepare, assay and administer a cardiac stress test procedure. The inspector observed licensee personnel demonstrate dose calibrator QA tests, and radiation surveys.