| NRC FORM 591M (10-2003) | PART 3 | | | U.S. NUCLEAR REGULATORY COMMISSION | | | | | |
|---|---|---|--|---|--|--|--|--|--|
| 10 CFR 2.201 Docket File Information | | | | | | | | | |
| | | SAFETY INSPE | CTION REPORT | | | | | | |
| 1. LIČENSEE | <u> </u> | <u> </u> | 2. NRC/REGIONAL OFFICE | | | | | | |
| Cardiology Associates, Inc. | | | Region III 2443 Warrenville Road | d | | | | | |
| REPORT | 2006-001 | | Lisle, IL 60532 | | | | | | |
| 3. DOCKET NUMBER(S) 030-36946 | | 4. LICENSE NUMBE 13-32580-01 | R(S) | 5. DATE(S) OF INSPECTION April 11, 2006 | | | | | |
| 6. INSPECTION PROCEDURES USED | | 7. INSPECTION FO | CUS AREAS | | | | | | |
| 87130 | | 03.01-03.07 | | | | | | | |
| | S | | ECTION INFORMATION | | | | | | |
| 1. PROGRAM | 2. PRIORITY | 3. LICENSEE CONT | | 4. TELEPHONE NUMBER | | | | | |
| 2201 | G5 | John Kobayashi, | MD, RSO | 574-234-9001 | | | | | |
| X Main Office | Inspection | | Next Inspection Date: | April 2011 | | | | | |
| Field | | | | | | | | | |
| Temporary J | Job Site | | | - | | | | | |
| | | PROGRA | M SCOPE | | | | | | |
| | | - | | | | | | | |
| INITIAL INSPEC | TION | | | | | | | | |
| received and all consultant perfo The licensee bee | This active clinic performs approximately 80 diagnostic cardiology procedures monthly using Tc99m Myoview. One full-time technologist currently performs all patient procedures. Generators are not received and all material is obtained from an area nuclear pharmacy in the form of unit doses. An outside consultant performs quarterly program audits which appears to adequately maintain program compliance. The licensee began operations in September 2005 and is operational Monday-Thursday, 8:00am-5:00pm. This facility may include Fridays in the near future. | | | | | | | | |
| | | Performance | e Observations | | | | | | |
| material handlin | ng procedures and t | techniques. Dose of | an adequate level of un calibrator constancy ch successfully described o | derstanding of emergency and necks, daily surveys, waste or observed. | | | | | |
| Licensed materi review and was | al was observed ac not readily access | dequately secured visible to members of | with a touch pad lock o the general public. | on the hot lab door during the | | | | | |
| The licensee exchanges personal dosimetry quarterly with a NVLAP approved vender. Records reviewed indicated whole-body readings for 2005 of 263 mRem and 440 mRem extremity. YTD 2006 records have not as yet been received. However, based on statements made by the technologist and observed handling and injection technique, 2006 exposure results are not likely to exceed 10 CFR Part 20 limits. | | | | | | | | | |
| Independent measurements taken indicated a maxImum reading of 0.5mr/hr in the hot-lab area and essentially background (0.02mr/hr) in the imaging and unrestricted areas. | | | | | | | | | |
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NRC FORM 591M PART 3 (10-2003)

| (10-2003) 10 CFR 2.201 | | | U.S. NUCLEAR REGU | LATORY COMMISSION | |
|--|---|---|---|---|--|
| SAFETY INSP | PECTION REPORT AN | D COMPLIANCE | INSPECTION | | |
| 1 LICENSEE/LOCATION INSPECTED Cardiology Associates, I Centennial Medical Squa 621 Memorial Drive South Bend, IN 46601-1 REPORT 2006-00 | Inc. are, Suite 502 1066 | U.S. Nuclear Region III 2443 Warren | 2. NRC/REGIONAL OFFICE U.S. Nuclear Regulatory Commission | | |
| 3. DOCKET NUMBER(S) | 4. LICENSEE N | UMBER(S) | | OF INSPECTION | |
| 030-36946 | 13-32580-01 | | APRiL 11 | 2006 | |
| LICENSEE: | | | | / | |
| 2. Previous violation(s) clo 3. The violation(s), specific non-repetitive, and correcti exercise discretion, were sa Non-Cited 4. During this inspection ce | r Regulatory Commission (N selective) examinations of projector. The inspection findin infindings, no violations were identifiers. Used. cally described to you by the inspective action was or is being taken, and | RC) rules and regula ocedures and represe lgs are as follows: ied. or as non-cited violations, a the remaining criteria in th volving the following require | tions and the conditions antative records, intervie the not being cited because the e NRC Enforcement Policy, N ement(s) and Corrective Action are in violation of NRC require | of your license. ews with personnel, ey were self-identified, UREG-1600, to n(s): | |
| cited. This form is a NOTIC | tive Actions) | | | | |
| Lereby state that, within 30 days, th | Licensee's Statement of C | spector will be taken to con | ect the violations identified. T | This statement of | |
| Left cited. This form is a NOTIC (Violations and Correct) (Violations | Licensee's Statement of C ne actions described by me to the in ance with the requirements of 10 C | spector will be taken to con -R 2.201 (corrective steps a | ect the violations identified. T already taken, corrective steps | s which will be taken, | |
| Licensee'S REPRESENTATI | Licensee's Statement of C ne actions described by me to the in ance with the requirements of 10 CI hieved). I understand that no further | spector will be taken to con -R 2.201 (corrective steps a | ect the violations identified. T already taken, corrective steps vill be required, unless specific | s which will be taken, cally requested. | |
| I hereby state that, within 30 days, the corrective actions is made in accord date when full compliance will be act Title | Licensee's Statement of C ne actions described by me to the in ance with the requirements of 10 CI hieved). I understand that no further | spector will be taken to con -R 2.201 (corrective steps a | ect the violations identified. T already taken, corrective steps vill be required, unless specific | s which will be taken, cally requested. | |