NRC FORM 591M PART 1 (10-2003) 10 CFR 2.201 SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION					
 LICENSEE/LOCATION INSPECTED: Garden State Medical Multi-Specialty Group, P.A. 53-59 Westfield Avenue Clark, New Jersey 07066 REPORT Nos 2006-001 			2. NRC/REGIONAL OFFICE U.S. Nuclear Regulatory Commission Region I, 475 Allendale Road King of Prussia, Pennsylvania 19406-1415		
3. DOCKET NUMBER(S)		4. LICENSE NUMBER(S)		5. DATE(S) OF INSPECTION	
030-21278		29-20863-01		July 25, 2006	
LICENSEE:		20 20000 01		001y 20, 2000	
 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: I. 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. 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	Stephen Hamman	n		RA/	7/25/06
NRC FORM 591M PART 1 (Rev. by RI 07/06) E:\Filenet\ML062210500.wpd SUNSI Review Completed By: /RA / STH X Public X					