

### SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE/LOCATION INSPECTED: <b>Cardiovascular Consultants of Marion, PC 1123 North Western Ave. Marion, IN 46592</b>		2. NRC/REGIONAL OFFICE <b>U.S. Nuclear Regulatory Commission Region III 2443 Warrenville Road Lisle, Illinois 60532-4351</b>	
REPORT                      2006-001			
3. DOCKET NUMBER(S) <b>030-35639</b>	4. LICENSEE NUMBER(S) <b>13-32301-01</b>	5. DATE(S) OF INSPECTION <b>December 20, 2006</b>	

**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.

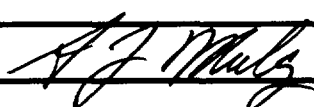

\_\_\_\_\_ Non-Cited Violation(s) was/were discussed involving the following requirement(s) and Corrective Action(s):

- 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.

Title	Printed Name	Signature	Date
LICENSEE'S REPRESENTATIVE			
NRC INSPECTOR	<b>S. J. Mulay</b>		<b>12/28/06</b> 

**Docket File Information**  
**SAFETY INSPECTION REPORT  
AND COMPLIANCE INSPECTION**

1. LICENSEE  <b>Cardiovascular Consultants of Marion, PC</b>	2. NRC/REGIONAL OFFICE  <b>Region III 2443 Warrenville Road Lisle, IL 60532</b>
REPORT <b>2006-001</b>	

3. DOCKET NUMBER(S) <del>030-35639</del> <b>030-35639</b>	4. LICENSE NUMBER(S) <del>53-02243-01</del> <b>13-32301-01</b>	5. DATE(S) OF INSPECTION <b>December 20, 2006</b>
--	---	--

6. INSPECTION PROCEDURES USED <b>87130</b>	7. INSPECTION FOCUS AREAS <b>03.01-03.07 (except waste disposal)</b>
---	---

**SUPPLEMENTAL INSPECTION INFORMATION**

1. PROGRAM <b>2201</b>	2. PRIORITY <b>G5</b>	3. LICENSEE CONTACT <b>Gary Frick, DO., RSO</b>	4. TELEPHONE NUMBER <b>765-651-9347</b>
---------------------------	--------------------------	--	--

<input checked="" type="checkbox"/> Main Office Inspection	Next Inspection Date: <b>December 2011</b>
<input type="checkbox"/> Field	_____
<input type="checkbox"/> Temporary Job Site	_____

**PROGRAM SCOPE**

This active clinic performs approximately 50 cardiology procedures monthly using Tc99m Myoview. One full-time technologist and the RSO currently perform all patient procedures. Generators are not received and all material is obtained from an area nuclear pharmacy in the form of unit doses. The clinic is operational M-Th. 8:30am-5:00pm.

**Performance Observations**

Interviews conducted with the technologist revealed an adequate level of understanding of emergency and material handling procedures and techniques. Dose calibrator constancy checks, daily surveys and injection technique were successfully demonstrated and/or observed.

Licensed material was observed under adequate surveillance during the review. According to the technologist, the overall building is locked after hours.

Independent measurements taken indicated a maximum reading of 0.4 mr/hr in the hot-lab/imaging area (patient present) and 0.3 mr/hr in unrestricted areas.

The licensee indicated that an evaluation will be performed to ascertain if the overall exposure from licensed operations would exceed 10 percent of the limits specified in 10 CFR 20.1201(a).

TRANSMISSION VERIFICATION REPORT

TIME : 12/28/2006 14:21  
NAME : US NRC RIII DNMS  
FAX : 6305151259  
TEL :

DATE, TIME	12/28 14:21
FAX NO./NAME	17656519346
DURATION	00:00:41
PAGE(S)	02
RESULT	OK
MODE	STANDARD ECM