



UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION I
475 ALLENDALE ROAD
KING OF PRUSSIA, PENNSYLVANIA 19406-1415

February 8, 2007

Docket No. 03001317

License No. 08-01738-02

Colonel Charles Callahan, MC
Deputy Commander for Clinical Services
Department of the Army
Walter Reed Army Medical Center
6900 Georgia Avenue, NW
Washington, DC 20307-5001

SUBJECT: INSPECTION 03001317/2007001, DEPARTMENT OF THE ARMY

Dear Colonel Callahan:

This letter forwards NRC Form 591, "Safety Inspection," indicating 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.

Current NRC regulations are included on the NRC's website at www.nrc.gov; select **Nuclear Materials; Medical, Academic, and Industrial Uses of Nuclear Material**; then **Toolkit Index Page**. The current Enforcement Policy is included on the NRC's website at www.nrc.gov; select **What We Do, Enforcement**, then **Enforcement Policy**. Or you may obtain these documents by contacting the Government Printing Office (GPO) toll-free at 1-888-293-6498. The GPO is open from 7:00 a.m. to 8:00 p.m. EST, Monday through Friday (except Federal holidays).

Your cooperation with us is appreciated.

Sincerely,

Original signed by Willie J. Lee

Willie J. Lee
Health Physicist
Medical Branch
Division of Nuclear Materials Safety

Enclosure:
NRC Form 591

cc:
LTC Mark Melanson, Ph.D., Radiation Safety Officer

DOCUMENT NAME: C:\FileNet\ML070390213.wpd

SUNSI Review Complete: WLee

After declaring this document "An Official Agency Record" it will be released to the Public.

To receive a copy of this document, indicate in the box: "C" = Copy w/o attach/encl "E" = Copy w/ attach/encl "N" = No copy

| | | | | | | | | |
|--------|---------|---------------------------------------|---------|--------------------------|---------|--------------------------|--|--|
| OFFICE | DNMS/RI | <input checked="" type="checkbox"/> N | DNMS/RI | <input type="checkbox"/> | DNMS/RI | <input type="checkbox"/> | | |
| NAME | WLee | | | | | | | |
| DATE | 2/8/07 | | | | | | | |

OFFICIAL RECORD COPY