

### SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE/LOCATION INSPECTED: <b>Advanced Nuclear Medicine, LLC 2008 West Blvd. Kokomo, IN 46902</b>		2. NRC/REGIONAL OFFICE <b>U.S. Nuclear Regulatory Commission Region III 2443 Warrenville Road Lisle, Illinois 60532-4351</b>	
REPORT <b>2007-001</b>			
3. DOCKET NUMBER(S) <b>030-36381</b>	4. LICENSEE NUMBER(S) <b>13-32467-01</b>	5. DATE(S) OF INSPECTION <b>April 18, 2007</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:

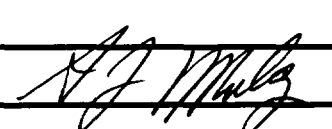
- 1. Based on the inspection findings, no violations were identified.
- 2. Previous violation(s) closed.
- 3. The violation(s), specifically described to you by the inspector as non-cited violations, are not being cited because they were self-identified, non-repetitive, and corrective action was or is 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

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>4/18/07</b>

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

1. LICENSEE <b>Advanced Nuclear Medicine, LLC</b> REPORT NUMBER(S) <b>2007-001</b>		2. NRC/REGIONAL OFFICE <b>Region III</b> <b>2443 Warrenville Road</b> <b>Lisle, IL 60532</b>	
3. DOCKET NUMBER(S) <b>030-36381</b>	4. LICENSE NUMBER(S) <b>13-32467-01</b>	5. DATE(S) OF INSPECTION <b>April 18, 2007</b>	
6. INSPECTION PROCEDURES <b>87131</b>	7. INSPECTION FOCUS AREAS <b>03.01-03.07</b>		

**SUPPLEMENTAL INSPECTION INFORMATION**

1. PROGRAM <b>2200</b>	2. PRIORITY <b>G3</b>	3. LICENSEE CONTACT <b>Todd Reyburn, MD, RSO</b>	4. TELEPHONE NUMBER <b>765-454-9729</b>
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Main Office Inspection      Next Inspection Date: **April 2010**

Field \_\_\_\_\_

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

**PROGRAM SCOPE**

This active medical program performs about 40 diagnostic nuclear medicine procedures monthly. Approximately 25 percent of the program is cardiac imaging with the remainder consisting of bone, HIDA, etc. Licensed material is obtained from an area pharmacy in the form of unit doses. One full-time technologist is currently on staff.

The licensee also performs approximately 5 iodine-131 HTT's annually in capsule form with doses less than 33 millicuries. No other radiopharmaceutical treatments are performed.

A medical consultant is available quarterly to audit the existing program which adequately oversees licensed activities.

The technologist is on site 8:00am-5:00pm Monday through Friday, however, nuclear medicine procedures are performed Monday and Friday with cardiac imaging performed exclusively on Thursdays.

**Performance Observations**

Interviews conducted with the technologist revealed an adequate level of understanding of emergency and material handling procedures and techniques. Daily dose calibrator checks, package surveys and wipes, patient injections and area surveys, were successfully described/demonstrated. QMP reviews for 2006 and 2007, included properly documented written directives, patient instructions, and patient identity verification.

A record review of dosimetry readings for 2006 revealed maximum whole body and extremity readings of 100 mrem and 440 mrem respectively. YTD 2007 whole-body exposures were 20 mrem and 50 mrem extremity readings were indicated.

Overall, licensed material was observed adequately secured and/or under surveillance during the review and was not readily accessible to members of the general public. Independent measurements taken in the hot lab area revealed 1.0 mr/hr behind the lead shield and essentially background (0.02mr/hr) in restricted and unrestricted areas. Available survey instrumentation was calibrated and compared well with the NRC instrument.