NRC FORM 591M PART				U.S. NUCLEAR REGU	LATORY COMMISSION	
(10-2003) 10 CFR 2 201	MODEOTION	DEDOOT AND C	OMBI IANO	MODEOTION		
SAFEIY	INSPECTION	REPORT AND C	OMPLIANCE	INSPECTION	AN	
1. LICENSEE/LOCATION INSI	PECTED:		2. NRC/REGIONAL C	OFFICE	<del>\</del>	
Advanced Cardiac Health Care 601 John Street						
			UNITED STATES NUCLEAR REGULATORY COMMISSION			
Suite 100			REGION III			
Kalamazoo, MI 490007			REGION III 2443 WARRENVILLE ROAD, SUITE 210 LISLE, IL 60532-4352			
REPORT 20	007-001	;		,		
3. DOCKET NUMBER(S)		4. LICENSEE NUMBER(S)		5. DATE(S)	OF INSPECTION	
030-344	102	21-2	6784-01	October	29 2007	
LICENSEE:						
				e to radiation safety and to con		
				<ul> <li>The inspection consisted of nspector. The inspection findir</li> </ul>		
1. Based on the in	spection findings, no v	iolations were identified.				
2. Previous violation	on(s) closed.					
11	• •	to you by the inspector as	non-cited violations	are not being cited because the	av were self-identified.	
	corrective action was			he NRC Enforcement Policy, N		
. <u>.</u> No	on-Cited Violation(s) w	as/were discussed involvi	ng the following requi	rement(s) and Corrective Action	n(s):	
		activities, as described belo TON, which may be subjec		vere in violation of NRC requirer	ments and are being	
	Corrective Actions)	,	,			
(Violations and	Confective Actions)					
				.,		
				•		
	Licensee'	s Statement of Corre	ctive Actions for	Item 4. above.	··	
I hereby state that, within 30				prrect the violations identified. T	his statement of	
corrective actions is made in	accordance with the	requirements of 10 CFR 2	201 (corrective steps	s already taken, corrective steps will be required, unless specific	which will be taken,	
Title	·	ted Name	on response to MIC	Signature	Date	
LICENSEE'S						
REPRESENTATIVE						
NRC INSPECTOR	Robert P.	Hays	( ) also	C) Ktown	10/29/07	
NRC FORM 591M PART 1 (10-	2003)					



NKC FORM 591M PART	3		U.S	S. NUCLEAR REGULATORY COMMISSIO		
10-2003)		Panisat Fila		novemment of the second of the		
10 CFR 2.201			Information			
			CTION REPORT			
		AND COMPLIAN	ICE INSPECTION	·		
. LICENSEE			2. NRC/REGIONAL OFFICE			
Advanced Cardiac Health Care			Region III			
REPORT NUMBER(S) 2007-001						
B. DOCKET NUMBER(S)		4. LICENSE NUMBER(S)		5. DATE(S) OF INSPECTION		
03034402		21-26784-01		October 29, 2007		
NSPECTION PROCEDURES USED		7. INSPECTION FOCUS AREAS				
87130 (10/24/02)		03.01 - 03.07				
			PECTION INFORMATION			
. PROGRAM CODE(S)	2. PRIORITY	B. LICENSEE CONTACT		4. TELEPHONE NUMBER		
02201	5	Chris Robbins,	, NMT	269/37 <u>3-</u> 1222		
X Main Office Ins	pection		Next Inspection Date:	October 2012		
Field Office						
	<b>5</b> 77 1 77			•		
Temporary Job	Site Inspection					
		PROGR4	AM SCOPE			
	rial is received t			sts procedures per week. o change in RSO since the		
		<u>Performance</u>	Observations			
(2) package ch (5) security of l	eck-in procedur	res and wipe test c s; (6) transportatio	•	(1) dose prep and safe use; y; (4) dose calibrator tests; iation safety program		