

Docket File Information
SAFETY INSPECTION REPORT
AND COMPLIANCE INSPECTION

1. LICENSEE Lakeview Diagnostics REPORT NUMBER(S) 2006-001		2. NRC/REGIONAL OFFICE Region III	
3. DOCKET NUMBER(S) 030-36222	4. LICENSE NUMBER(S) 21-32444-01MD	5. DATE(S) OF INSPECTION 03/05/2008	
6. INSPECTION PROCEDURES USED 87127	7. INSPECTION FOCUS AREAS 3/01-07		

SUPPLEMENTAL INSPECTION INFORMATION

1. PROGRAM CODE(S) 2500	2. PRIORITY 2	3. LICENSEE CONTACT David Schmitt	4. TELEPHONE NUMBER 810/987-3317
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Main Office Inspection Next Inspection Date: 04/10
 Field Office _____
 Temporary Job Site _____

PROGRAM SCOPE

Program Scope
87127

The licensee is an independent radiopharmacy located in Port Huron, MI. This radiopharmacy employs one pharmacist, and one pharmacy tech who doubles as the driver. Currently the licensee has approximately 50+ customers located in the north eastern Michigan area. The pharmacy does not currently service Canada, but plans to expand in that direction. The pharmacy serves its customers from approximately 4:00am to 3:00pm daily including Saturdays and Sundays. Licensees first run starts about 4:30am and continues throughout the day. This pharmacy receives Mo99/Tc99m generators each week for the preparation of unit doses to be distributed to clients.

Performance Observations

During the inspection, the inspector toured the facility and observed the preparation of unit doses destined for clients. The inspector observed shipping procedures being performed and interviewed the staff concerning their roles in the process. The inspector determined that they possessed an adequate level of knowledge of shipping requirements. The inspector performed confirmatory surveys of the restricted area and the results were similar to those of the licensee. Conversations between the inspector and licensee staff provided assurances that licensee staff had an adequate knowledge of radiation safety.

Independent surveys performed by the inspector did not detect any unusual or unexpected readings. No abnormal conditions were detected.



SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE/LOCATION INSPECTED: <i>LakeView Diagnostic 2001 Eleventh Ave Port Huron, MI 48060</i> REPORT NUMBER(S) <i>2008001</i>		2. NRC/REGIONAL OFFICE U.S. Nuclear Regulatory Commission Region III 2443 Warrenville Road Suite 210 Lisle, Illinois 60532-4351	
3. DOCKET NUMBER(S) <i>030-36222</i>	4. LICENSEE NUMBER(S) <i>21-32444-01MD</i>	5. DATE(S) OF INSPECTION <i>Mar 5, 2008</i>	

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	<i>G. Parker</i>		<i>3/5/08</i>