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SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE/LOCATION INSPECTED: Three Rivers Health 701 S. Health Parkway Three Rivers, MI 49093 REPORT NUMBER(S)	2. NRC/REGIONAL OFFICE U.S. Nuclear Regulatory Commission Region III 2443 Warrenville Road Suite 210 Lisle, Illinois 60532-4351
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3. DOCKET NUMBER(S) 030-33650	4. LICENSEE NUMBER(S) 21-26599-01	5. DATE(S) OF INSPECTION April 4, 2008
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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.

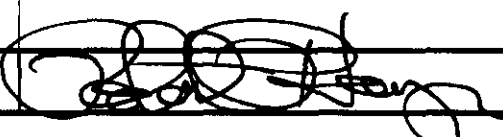
3. The violation(s), specifically described to you by the inspector as non-cited violations, are not being cited because they were self-identified, non-repetitive, and corrective action was or is being taken, and the remaining criteria in the NRC Enforcement Policy, NUREG-1600, to exercise discretion, 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	Robert P. Hays		4/4/08

**SAFETY INSPECTION REPORT
AND COMPLIANCE INSPECTION**

1. LICENSEE Three Rivers Health REPORT NUMBER(S) 2008-001		2. NRC/REGIONAL OFFICE Region III 2443 Warrenville Road, Suite 210 Lisle, IL 60532	
3. DOCKET NUMBER(S) 03033650	4. LICENSE NUMBER(S) 21-26599-01	5. DATE(S) OF INSPECTION April 4, 2008	
6. INSPECTION PROCEDURES USED 87130 (10/24/02))		7. INSPECTION FOCUS AREAS 03.01-03.07	

SUPPLEMENTAL INSPECTION INFORMATION

1. PROGRAM CODE(S) 02121	2. PRIORITY 5	3. LICENSEE CONTACT Tim Dumont, NMT	4. TELEPHONE NUMBER 269-273-9654
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Main Office Inspection Next Inspection Date: **April 2013**

Field Office _____

Temporary Job Site Inspection _____

PROGRAM SCOPE

The licensee was a medical institution staffed with one FT contract nuclear medicine technologist (NMT) who routinely conducted an average of 1-4 diagnostic tests procedures per day including cardiac stress tests. Licensed material is delivered by a nearby South Bend, IN nuclear pharmacy. No change in NMT since the previous inspection.

Performance Observations

During the inspection, the licensee's NMTs demonstrated/discussed: (1) dose prep and safe use; (2) package check-in procedures and wipe test counting; (3) dosimetry; (4) dose calibrator tests; (5) security of license materials; (6) delivery and return transportation procedures; (7) radiation safety program reviews; and (8) minor contamination events.