

NRC FORM 591M PART 1		U.S. NUCLEAR REGULATORY COMMISSION				
SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION						
1. LICENSE E/LOCATION INSPECTED:		2. NRC/REGIONAL OFFICE				
Bay Regional Medical Center		U.S. Nuclear Regulatory Commission				
1900 Columbus Ave		Region III 2443 Warrenville Road				
Bay City, mI		Suite 210				
REPORT NUMBER(S) 2-00 800)	LA LICENSEE NUM	Lisie, Illinois 6053				
3. DOCKET NUMBER(S)	4. LICENSEE NÜM		5. DATE(S) OF INS			
LICENSEE:			<u></u>			
The inspection was an examination of to compliance with the Nuclear Regula The inspection consisted of selective e and observations by the inspector. The	tory Commission (NR xaminations of proce e inspection findings	IC) rules and regulatio dures and representat	ns and the conditions	of your license.		
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 date when full compliance will be achieved).	e requirements of 10 CFR understand that no further	2.201 (corrective steps aire written response to NRC w	ady taken, corrective steps ill be required, unless speci	which will be taken.		
Title Pri	nted Name	Sig	nature	Date		
REPRESENTATIVE						
NRC INSPECTOR G. Park	w	187K		4/29/08		
NRC FORM 591M PART 1 (10-2003)						

NRC FORM 591M PAI	RT 3		U. 5	S. NUCLEAR REGULATORY COMMISSION		
(10-2003) 10 CFR 2.201		Docket File	e Information			
SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION						
LICENSEE Bay Regiona REPORT NUMBER(S)	l Med Ctr 2008-001		2. NRC/REGIONAL OFFICE Region III 2443 Warrenville Road Lisie, IL 60532			
3. DOCKET NUMBER(S) 030-13900		4. LICENSE NUMBER(S) 21-18585-01	21010, 12	5. DATE(S) OF INSPECTION 4/29/08		
6. INSPECTION PROCEDURES USED 87130			7. INSPECTION FOCUS AREAS 03.01-03.07			
	,	SUPPLEMENTAL INSP	ECTION INFORMATION			
1. PROGRAM CODE(S) 2120	2. PRIORITY 3	3. LICENSEE CONTACT Steve Gerhard	d	4. TELEPHONE NUMBER 989/894-6469		
Main Office Inspection Next Inspection Date: 4/2011 Field Office						
Temporary Jo	ob Site			· 		
		PROGRA	M SCOPE			
The licensee he hospital receive Cardinal Healt week using en treatments. S	nas three techs ves its radiopharing the This hospital capsulated iodirince the first of the techs version to the tech version to the techs version to the techs version to the tech version to	who perform appromaceuticals in the also performs apperforms apperforms appear, licensee	agricatio, imaging, an eximately 15 cardiac form of unit doses froximately two to the lso authorized to per has treated 6 patient	n. Licensee has a large and therapy procedures. procedures per day. This from both Amersham and lifee iodine therapies per form seed implant to using seeds.		
			Observations			
expedica lang	.			and staff members. Each chniques. Package receipt e handling practices. eading and were within the		
The inspector Techniques er knowledge of inspection.	observed the nu nployed by the s adiation safety.	clear medicine stated taff demonstrated During the course	aff perform injections I good handling pract e of the inspection, n	of radiopharmaceuticals. tices as well as adequate no abnormalities were		
The inspector No errors were inventory conti	reviewed written noted. The ins rol. No abnorma	directives for see pector reviewed that dities were detected	ed implants. All were he last shipment of se ed.	completed satisfactorily. eeds and the associated		