IE-07

PUBLIC

February 20, 1996

Radiation Protection Manager
EPA Region 5
U.S. Environmental Protection Agency
77 West Jackson Boulevard
Chicago, IL 60604-3507

Dear Sir:

In accordance with the 1992 Memorandum Of Understanding between the Nuclear Regulatory Commission (NRC) and the Environmental Protection Agency (EPA), I am enclosing the EPA Referral Form(s) on air emissions from a licensee recently inspected by NRC Region III staff. Should you require any additional information regarding the details of the air emissions, the resulting doses, or the methods used to obtain these doses, please refer these inquiries to the licensee representative indicated in the "Contact" entry on the Form. No violations associated with air effluents were identified during our inspection.

Please contact this office at (708) 829-9866 if you have any other questions regarding the inspection findings.

Sincerely,

Original Signed By
Thomas J. Kozak, Chief
Nuclear Materials Inspection
Branch 2

License No. 21-13255-01
Docket No. 030-02149

Enclosure: As stated

cc w/encl: F. Combs, NMSS

bcc w/encl: R. Lickus

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OFFICE	DNMS/RIII	N	DNMS/RIII	N				
NAME	TGo:brt TGO		Kozak TK					
DATE	02/01/96		02/16/96					

OFFICIAL RECORD COPY

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INSPECTION REFERRAL FORM

To: Regional Radiation Program Manager, Environmental Protection Agency
(see address of regional office on the back of the form)

From: Nuclear Regulatory Commission, Region III

Inspector: S. Mullay / T.Go Phone: (708) 829-9861

Inspection Dates: 01/25/96 License No(s): 21-13255-01

Licensee: Woodland Medical Group

Contact: Harold Daitch, M.D. Phone: (313) 348-8000

Address: 22341 W. Eight Mile Road

Detroit, MI 48219

Licensee's ALARA goal if greater than 20% of Appendix B, Part 20: N/A

_____ % Appendix B, Part 20 (_____ mrem)

If >20% Appendix B, has NRC approved this goal? ___ (Yes) ___ (No)

Classification of Effective Dose Equivalent:

Above licensee's ALARA goal? ___ (Yes) _✓_ (No)

Above NRC Regulatory Guide 8.37 ALARA Goal? ___ (Yes) _✓_ (No)
[100 μSv/yr (10 mrem/yr)]

Insufficient information to estimate dose? ___ (Yes) _✓_ (No)