

PERFORMANCE AND LIMITED REVIEW CHECKLIST

Licensee: DMC PHYSICIANS GROUP
Control No: 306824

The following performance indicators were reviewed:

<u>Performance Indicator</u>	<u>Conclusion</u>	<u>If YES, explain:</u>
Enforcement History	YES ___ NO <u>X</u>	
Loss of Material	YES ___ NO <u>X</u>	
Unauthorized Disposal or Release of Material	YES ___ NO <u>X</u>	
Overexposure	YES ___ NO <u>X</u>	

If any of the above items are checked "YES", perform a Comprehensive Review using the applicable guidance contained in NUREG 1556. If all boxes are checked "NO," perform a Limited Review. An exception must be approved by a supervisor, documented on this form, or a copy of the documentation must be attached to this document for placement in the docket file.

Additional Information or Explanation of Exception

Comprehensive Review ___
Limited Review X

Toye L Simmons 9/19/00

Reviewer / Date

Supervisor / Date

A/86

LIMITED REVIEW ITEMS¹

Licensee: DMC Physicians Group (formerly Woodland Medical Group)
License or Docket No: 030-02149
Control No: 306824

- NRC-313 or appropriate equivalent signed and dated by senior licensee representative.
- Place of use is a physical location (i.e., not P.O. Box, etc.)
- RSO and key personnel are appropriately qualified.
- Facilities and equipment are adequate.
- All uses qualify for a categorical exclusion in 10 CFR Part 51.
- Organizational structure conforms with applicable regulations and NUREG 1556 guidance² (appropriate individuals are present and are assigned necessary authority & responsibility) **NUREG NOT APPLICABLE FOR MEDICAL LICENSES**
- The audit program structure conforms with applicable regulations and NUREG 1556 guidance².
- NA** New authorizations requested by the licensee and any major program elements which require change as a result of the new authorization structure conform with applicable regulations and NUREG 1556 guidance².

Major program changes, new high risk technology programs, and changes in control (ownership) normally require only a focused review of the specific changes. If these changes are so extensive that a Comprehensive Review of the entire application is needed, obtain Branch Chief approval before proceeding. Each of the following three items must be marked with NA or a check and the change briefly identified.

- NA** *Major program change conforms with applicable regulations and NUREG 1556 guidance².*
- NA** *New high risk technology program conforms with regulations for similar technologies, guidance provided for similar technologies in NUREG 1556 guidance², and specific licensing conditions for the new technology.*
- NA** *Change in Control (Ownership) conforms with applicable regulations and NUREG 1556 guidance².*

¹ Use either a check mark to designate a satisfactory response, "NA" to designate not applicable or "D" to designate deficiency as appropriate.

² Reviewers are reminded licensees have the flexibility to provide information equivalent to that requested in NUREG 1556.

- YES A brief overview of the remainder of the application found the major areas discussed in the guidance² described in Section 8 of the appropriate NUREG 1556 series are present. (No NUREG for medicals Reg Guide 10.8, Rev 2 - 1987 used) SEE ATTACHMENT.
- NO An obvious failure or a deficiency in a significant area resulted in a thorough review of that area.
- NO A Comprehensive Review was conducted and the reason for changing from Limited Review to a Comprehensive Review is documented on the "Performance and Limited Review Check List."
- NA Appropriate additional information was requested (circle as appropriate: phone log / e-mail/ fax/ letter/ _____)

REVIEWER CERTIFICATION

This review was performed in accordance with guidance provided BY NRC Management and "POLICY AND GUIDANCE DIRECTIVE PG 83-2, REVISION 1, SUPPLEMENT 1, 'RENEWAL OF MATERIALS LICENSES.'"

Toye L. Simmons
Toye L. Simmons

9/19/00
Date

ATTACHMENT

reg guide 10.8/rev.2 1987 ✓=procedures addressed in renewal

- Item 8-Training for Individuals working in or frequenting restricted areas (A)
- Item 9-Facilities and Equipment
- Item 9.2-Survey meter Calibration (B)
- Item 9.3-Dose Calibrator Calibration (C)
- Item 9.4-Personnel Monitoring Program (D)
- NA Item 9.5 Imaging Equipment - Mobile Nuclear Medicine (E)
- Item 10.1 - Radiation Safety Program-RSC/RSO (F)
- Item 10.2 - Radiation Safety Program-ALARA Program (G)
- Item 10.3 - Radiation Safety Program-Leak Test (H)
- Item 10.4 - Radiation Safety Program-Safe Use of Radiopharmaceuticals (I)
- Item 10.5 - Radiation Safety Program-Spill Procedures (J)
- Item 10.6 - Radiation Safety Program-Ordering and Receiving (K)
- Item 10.7 - Radiation Safety Program-Opening Packages (L)
- Item 10.8 - Radiation Safety Program-Unit Dosage Records (M.1)
- Item 10.9 - Radiation Safety Program-Multidose Vial Records (M.2)
- Item 10.10-Radiation Safety Program-Moly Concentration Records (M.3)
- NA Item 10.11-Radiation Safety Program-Implant Source Use Records
- Item 10.12-Radiation Safety Program-Area Survey Procedures (N)
- Item 10.13-Radiation Safety Program-Air Concentration Control (O)
- NA* Item 10.14-Radiation Safety Program-Radiopharmaceutical Therapy (P)
- NA Item 10.15-Radiation Safety Program-Implant Therapy (Q)
- Item 11 - Waste Management (R)

* Licensee authorized for 35.300 excluding I-131 for thyroid CA