PERFORMANCE AND LIMITED REVIEW CHECKLIST

Licensee: DMC PHYSICIANS GROUP
Control No: 306824

The following performance indicators were reviewed:

Performance Indicator	Conclusion	If YES, explain:
Enforcement History	YES ____ NO__X__	
Loss of Material	YES ____ NO__X__	
Unauthorized Disposal or Release of Material	YES ____ NO__X__	
Overexposure	YES ____ NO__X__	

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

A186

LIMITED REVIEW ITEMS[1]

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

__X__ NRC-313 or appropriate equivalent signed and dated by senior licensee representative.

__X___ Place of use is a physical location (i.e., not P.O. Box, etc.)

__X__ RSO and key personnel are appropriately qualified.

__X___ Facilities and equipment are adequate.

__X___ All uses qualify for a categorical exclusion in 10 CFR Part 51.

__X___ Organizational structure conforms with applicable regulations and NUREG 1556 guidance[2] (appropriate individuals are present and are assigned necessary authority & responsibility) **NUREG NOT APPLICABLE FOR MEDICAL LICENSES**

__X___ The audit program structure conforms with applicable regulations and NUREG 1556 guidance[2].

__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 guidance[2].

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 guidance[2].*

NA *New high risk technology program conforms with regulations for similar technologies, guidance provided for similar technologies in NUREG 1556 guidance[2], and specific licensing conditions for the new technology.*

NA *Change in Control (Ownership) conforms with applicable regulations and NUREG 1556 guidance[2].*

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[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 guidance[2] 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

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