

### SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE/LOCATION INSPECTED: Medi-Physics, Inc. d.b.a. GE Healthcare 3350 N. Ridge Ave. Arlington Hts., IL REPORT NUMBER(S) 2008-001		2. NRC/REGIONAL OFFICE Region III 2443 Warrenville Rd. Lisle, IL 60532	
3. DOCKET NUMBER(S) 030-08047	4. LICENSE NUMBER(S) 12-12836-02 E	5. DATE(S) OF INSPECTION 9/29/08	

**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) were discussed involving the following requirement(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)

*ed*

#### Statement of Corrective Actions

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			
NRC INSPECTOR	Robert G. Gathorne, Jr.	Robert G. Gathorne, Jr.	9/29/08

**Docket File Information**  
**SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION**

1. LICENSEE/LOCATION INSPECTED: <b>Medi-Physics, Inc. d/b/a GE Healthcare</b> REPORT NUMBER(S) 2008-001		2. NRC/REGIONAL OFFICE <b>REGION III</b>	
3. DOCKET NUMBER(S) <b>03008047</b>	4. LICENSE NUMBER(S) <b>12-12836-02E</b>	5. DATE(S) OF INSPECTION <b>9/29/08</b>	
6. INSPECTION PROCEDURES USED <b>87126</b>	7. INSPECTION FOCUS AREAS <b>03.01-03.08</b>		

**SUPPLEMENTAL INSPECTION INFORMATION**

1. PROGRAM CODE(S) <b>03253</b>	2. PRIORITY <b>5</b>	3. LICENSEE CONTACT <b>Mark Szczesniak, RSO</b>	4. TELEPHONE NUMBER <b>847-385-5649</b>
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Main Office Inspection      Next Inspection Date: 09/29/2013

Field Office Inspection \_\_\_\_\_

Temporary Job Site Inspection \_\_\_\_\_

**PROGRAM SCOPE**

The licensee distributed exempt quantities of C-14 and H-3 liquid and solid material in glass vials for research and development use. The radioactivity of the material was assayed by GE Health Care in the United Kingdom prior to receipt by the licensee.

**Performance Observations**

The inspector observed, among other things: (1) that byproduct material was possessed as authorized by IEMA License No. IL-01109-01, that expires on 3/31/12; (2) that vials of exempt material were not for use in, or application on, humans; (3) copies of the reports the licensee sent to the NRC in accordance with 10 CFR 32.20(b) dated 3/23/07 and 1/23/08; (4) selected records of transfer from 2007 indicating that the exempt quantities were below the limits in 10 CFR 30.71, Schedule B; (5) packages of exempt material that were received from GE Health Care in the United Kingdom that were labeled with the radioactivity of the contents; and (6) packages of exempt material that were received from GE Health Care in the United Kingdom with sealed glass vials containing the exempt material inside.