| NRC FORM 591M PART 1 (10-2003) 10 CFR 2.201 | | | U.S. NUCLEAR REGULATORY COMMISSION | | | | | |
|--|---------------------------------------|---|--|--------------------------------|---------------------|--|--|--|
| SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION | | | | | | | | |
| LICENSEE/LOCATION INSPEC | | - CONTROL OF THE | 2. NRC/REGIONAL OFFICE | | | | | |
| | | | | | | | | |
| Metro Cardiovascular Diagnostics 11115 New Halls Ferry Road Suites 301-302 | | | U.S. Nuclear Regulatory Commission Region III | | | | | |
| Suites 301-302 Florissant, MO 63033 | | | 2443 Warrenville Road Suite 210 | | | | | |
| REPORT NUMBER(S) | | | Lisle, Illinois 60532-4351 | | | | | |
| DOCKET NUMBER(S | 5) | 4. LICENSEE NUM | | 5. DATE(S) OF INSI | PECTION | | | |
| 030-37587 | | 24-32636-01 | | September 25, 2 | September 25, 2008 | | | |
| LICENSEE: | | | | | | | | |
| The inspection was an e to compliance with the N The inspection consisted | luclear Regulat I of selective e | tory Commission (NF xaminations of proce | RC) rules and regulati dures and representa | ions and the conditions | of your license. | | | |
| and observations by the | | | | | | | | |
| 1. Based on the insp | ection 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): | | | | | | | | |
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| | | | | e in violation of NRC requirem | nents and are being | | | |
| | IOTICE OF VIOLA orrective Actions) | TION, which may be subj | ect to posting in accordance | ce with 10 CFR 19.11. | | | | |
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| | | | ective Actions for Item 4 | | - 1 | | | |
| 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 v Title | vill be achieved). I | understand that no furthe | r written response to NRC | will be required, unless speci | ifically requested. | | | |
| LICENSEE'S | Pri | nted Name | | Signature | Date | | | |
| REPRESENTATIVE | | | | | | | | |
| NRC INSPECTOR | Robe | ert P. Hays | Vacate | Harris | 9/25/2008 | | | |
| NRC FORM 591M PART 1 (10-200 |)3) | | | | | | | |

| NRC FORM 591M PART 3 (10-2003) 10 CFR 2.201 | | | | U.S. NUCLEAR REGULATORY COMMISSION | | | | |
|---|-------------------------|--|-----------------|---|--|--|--|--|
| SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION | | | | | | | | |
| 1. LICENSEE 2. NRC/REGIONAL OFFICE | | | | | | | | |
| | scular Diagnosti | | | Road, Suite 210 | | | | |
| REPORT NUMBER(S) 2008-001 | | Lisle, IL 60532 | | <u> </u> | | | | |
| 3. DOCKET NUMBER(S) 03037587 | | 4. LICENSE NUMBER(S) 24-32636-01 | | 5. DATE(S) OF INSPECTION September 25, 2008 | | | | |
| 6. INSPECTION PROCEDURES USED 87130 (10/24/02) | | 7. INSPECTION FOCUS AREAS 03.01-03.07 | | | | | | |
| SUPPLEMENTAL INSPECTION INFORMATION | | | | | | | | |
| 1. PROGRAM CODE(S) 02201 | 2. PRIORITY 5 | 3. LICENSEE CONTACT J. H. Siddiqui, M.D., RSO | | 4. TELEPHONE NUMBER 314-921-6200 | | | | |
| X Mai | n Office Inspection | | Next Inspection | Date: September 2013 | | | | |
| Field Office | · | | · | | | | | |
| Temporary Job Site Inspection Dan Burchard, NMT | | | | | | | | |
| | | PROGRA | M SCOPE | | | | | |
| The licensee was a cardiology clinic with the location as specified on the license in the St. Louis, MO, vicinity. The clinic was staffed with one part-time nuclear medicine technologist who performs 5-8 patient procedures using Myoview only on Thursdays each week. Licensed material is received from a nearby nuclear pharmacy. Waste is either held for decay in storage or returned to the nuclear pharmacy for disposal. Inspector area surveys of the storage, injection area, hot lab, stress lab, and scanning area did not reveal any unusual or elevated readings. Performance Observations During the inspection, the licensee's NMT demonstrated/discussed: (1) unit dose prep and safe use; (2) package check-in and return procedures; (3) wipe test counting; (4) dose calibrator tests; (5) security of license materials; (6) radiation safety program reviews; (7) surveys; (8) sealed source inventory; (9) dosimetry; and (10) any minor contamination events (none). | | | | | | | | |
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