FAX NUMBER: 248 - 357 - 1745 ☐ **VERIFY BY CALLING SENDER**

FROM: *(SENDER)* D. A. Piskura

TELEPHONE NUMBER: 630 - 829 - 9867 FAX NUMBER: 630 - 515 - 1259

If you do not receive the complete fax transmittal, please contact the sender as soon as possible at the telephone number provided above.

MESSAGE

Dear Diane,

Attached is your copy of my inspection report for last week. I will drop the original in the mail. Please keep this form for your records.

Best Regards,

Debbie Piskura

NOTICE

This message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential, or exempt from disclosure under applicable law. If the reader of this message is not the intended recipient or the employee responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify the sender immediately by telephone and return the original to the above address , by U.S. Mail. Thank you.

NRC FORM 386 (RIII) (4-2004)

PRINTED ON RECYCLED PAPER

TRANSMISSION VERIFICATION REPORT

TIME : 10/27/2008 14:31
NAME : USNRC REGION3 DNMS
FAX : 6305151259
TEL :
SER.# : 000A7J925770

DATE,TIME	10/27 14:31
FAX NO./NAME	12483571745
DURATION	00:00:44
PAGE(S)	02
RESULT	OK
MODE	STANDARD ECM

NRC FORM 591M PART 1
(10-2003) 10 CFR 2.201

U.S. NUCLEAR REGULATORY COMMISSION

SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE/LOCATION INSPECTED:	2. NRC/REGIONAL OFFICE
Cardiovascular Associates, P.C. 27177 Lahser Road Suite 103 Southfield, MI 48034 REPORT NUMBER(S) 2008-001	**U.S. Nuclear Regulatory Commission** **Region III** **2443 Warrenville Road** **Suite 210** **Lisle, Illinois 60532-4351**

3. DOCKET NUMBER(S)	4. LICENSEE NUMBER(S)	5. DATE(S) OF INSPECTION
030-08670	21-15166-01	Oct. 22+23, 2008

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) was/were discussed involving the following requirement(s) and Corrective Action(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)

Licensee's Statement of Corrective Actions for Item 4, above.

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'S REPRESENTATIVE			
NRC INSPECTOR	Deborah A. Piskura	Deborah A. Piskura	10/27/08

KPP

NRC FORM 591M PART 3
(10-2003) 10 CFR 2.201

Docket File Information

U.S. NUCLEAR REGULATORY COMMISSION

SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE	2. NRC/REGIONAL OFFICE
Cardiovascular Associates, P.C. REPORT NUMBER(S) 2008-001	**Region III** **2443 Warrenville Road, Suite 210** **Lisle, IL 60532**

3. DOCKET NUMBER(S)	4. LICENSE NUMBER(S)	5. DATE(S) OF INSPECTION
030-08670	21-15166-01	October 22 & 23, 2008

6. INSPECTION PROCEDURES USED	7. INSPECTION FOCUS AREAS
87130	03.01 – 03.08

SUPPLEMENTAL INSPECTION INFORMATION

1. PROGRAM CODE(S)	2. PRIORITY	3. LICENSEE CONTACT	4. TELEPHONE NUMBER
02201	5	Cari Dzanbazoff, CNMT, RSO	248-357-1360

[X] Main Office Inspection — Next Inspection Date: October 2013

[X] Field Office 28295 Schoenherr Rd, Suite C, Warren, MI

[ ] Temporary Job Site Inspection

PROGRAM SCOPE

This licensee was a cardiac diagnostic office and authorized to use licensed material permitted by Sections 35.100 and 35.200, however the licensee only performed cardiovascular diagnostic procedures. The licensee operated at two locations of use in Southfield (open Mon. – Thurs.) and Warren (open Mon. & Thurs.), Michigan. The licensee was also authorized to perform studies at its West Bloomfield clinic but this location has not been active since June 2008; the inspector discussed the decommissioning timeliness requirements with the licensee.

The nuclear medicine department was staffed with 3 technologists who collectively performed approximately 150-175 diagnostic cardiac procedures monthly. The licensee received unit doses from a licensed radiopharmacy. The licensee's RSO/consultant audited the radiation safety program on a quarterly basis.

This inspection consisted of interviews with licensee personnel, a review of select records, tour of the nuclear medicine department within the clinic and independent measurements. The inspector observed the licensee personnel prepare, assay and administer two unit doses for cardiac resting studies and one unit dose for a stress test procedure. The inspection included observations of security of byproduct material, use of personnel monitoring, personnel surveys, and dose calibrator constancy QA checks.