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

U.S. NUCLEAR REGULATORY COMMISSION

Docket File Information

SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE	2. NRC/REGIONAL OFFICE
Alliance Imaging REPORT NUMBER(S) 2009-001	**Region III**

3. DOCKET NUMBER(S)	4. LICENSE NUMBER(S)	5. DATE(S) OF INSPECTION
030-35070	34-26286-02	Feb 25, 2009

6. INSPECTION PROCEDURES USED	7. INSPECTION FOCUS AREAS
87130	03.01 - 03.07

SUPPLEMENTAL INSPECTION INFORMATION

1. PROGRAM CODE(S)	2. PRIORITY	3. LICENSEE CONTACT	4. TELEPHONE NUMBER
02220	5	Charleen Henderson	440/350-1242

[X] Main Office Inspection — Next Inspection Date: 2/2014

[ ] Field Office

[ ] Temporary Job Site

PROGRAM SCOPE

The licensee is a medical services provider located in Canton, Ohio. They perform mobile nuclear medicine services primarily in agreement states with additional locations in Indiana.

Performance Observations

Licensee demonstrated for the inspector the procedures used to calibrate instrumentation and perform nuclear medicine studies. Interviews of licensee personnel indicated an adequate level of knowledge of radiation safety.

Independent surveys indicated minimal results. Although licensee personnel are badged, readings for the past year for personnel were nominally at the minimum level. No violations of requirements were noted.

NRC FORM 591M PART 1
(4-2008)
10 CFR 2.201

U.S. NUCLEAR REGULATORY COMMISSION

SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE/LOCATION INSPECTED:	2. NRC/REGIONAL OFFICE
Alliance Imaging Co 4825 Higbee Ave N.W Canton, OH 44718 REPORT NUMBER(S) 2009001	REGION III US NUCLEAR REGULATORY COMMISSION 2443 WARRENVILLE ROAD LISLE IL 60532

3. DOCKET NUMBER(S)	4. LICENSE NUMBER(S)	5. DATE(S) OF INSPECTION
03035070	34-26286-02	Feb 25, 2009

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 violations(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)

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	G. Park	G Pk	3/25/09

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