SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION  1. LICENSEELOCATION INSPECTED:  Med Physics Inc  IS INCLEAR REGULATORY COMMISSION 2443 WARRENVILLE ROAD LISE IL 60552  REPORT NUMBER(S) 01870 /  1. LICENSEEN NUMBER(S) 01	NRC FORM (4-2008)	591M PART 1		U.S. 1	NUCLEAR REGULA	ATORY COMMISSION			
2. NRCPRESIONAL OFFICE   REGION III   STATE   NAMERING   NAME   NAMERING		SAFFTY INSPECTION	N REDOR	T AND COMPLIANCE IN	JODEOTION				
REGION III  SIZE STOCKED  REGION III  US NUCLEAR REGULATORY COMMISSION  2443 WARRENVILLE ROAD  LISLE IL 60532  A LICENSE NUMBERIS)  J - 2 Y & 2 - O - O - O - O - O - O - O - O - O -	1 LICENSEE		NEFOR		ISPECTION				
LICENSEE:    A	Med T 13321 Livon REPORT NU	hysics Inc Stark Ld So, MI 48160 IMBER(S) 2008 001		REGION III US NUCLEAR REGULATORY COMMISSION 2443 WARRENVILLE ROAD					
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:					5. DATE(S) OF IN				
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.    A. 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	LICENSEE: The inspection Regulatory C procedures a	on was an examination of the activities conduction was an examination of the activities conduction with commission (NRC) rules and regulations and the inspection findings, no violations	rsonnel, and ob	ryour license. The inspection consis servations by the inspector. The insp	tad of calcutive ave	ce with the Nuclear			
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  Statement of Corrective Actions  Statement of Corrective Actions  erreby state that, within 30 days, the actions described by me to the Inspector will be taken to correct the violations identified. This statement of rerective actions is made in accordance with the requirements of 10 CFR 2.201 (corrective steps already taken, corrective steps which will be taken, the 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  CENSEE	3. T	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 NUREC 1500 As							
Statement of Corrective Actions  Statement of Corrective Actions  Statement of Corrective Actions  Description of 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, to the 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  CENSEE  CENSEE  CENSEE  CENSEE  CENSEE  CENSEE  CENSEE	_	non-cited violation(s) were discus	sed involving th	e following requirement(s):					
Statement of Corrective Actions 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 prective actions is made in accordance with the requirements of 10 CFR 2.201 (corrective steps already taken, corrective steps which will be taken, the 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  CENSEE  RC INSPECTOR  CFORM \$51M PART 1 (41:2008)	4. Di	uring this inspection, certain of your activitles, ed. This form is a NOTICE OF VIOLATION, v	as described be which may be su	elow and/or attached, were in violation ubject to posting in accordance with 1	n of NRC requireme	ents and are being			
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TITLE PRINTED NAME SIGNATURE DATE  CENSEE  CFORM 591M PART 1 (41-2008)  75 / 54/88	hereby state t orrective actic ate when full (	hat, within 30 days, the actions described by reprise made in accordance with the requirement	me to the Inspec	ctor will be taken to correct the violation	ons identified. This corrective steps wh d. unless specificall	statement of ich will be taken,			
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NRC FORM 591X P/ (5-2002) 10 CFR 2 201	ART 3	Docket File SAFETY INSPE AND COMPLIAN	Information CTION REPORT	S. NUCLEAR REGULATORY COMMISSION
1, LICENSEE			2. NRC/REGIONAL OFFICE	
Medi Physics REPORT NUMBER(S)	2008-001		Region III	
DOCKET NUMBER(S)     4. LICENSE N		4. LICENSE NUMBER(S)		5. DATE(S) OF INSPECTION
030-29642 21		21-24828-01MD	)	10/24/2008
6. INSPECTION PROCEDURES USED 7.		7. INSPECTION FOCUS AI	7. INSPECTION FOCUS AREAS	
87127		3/01-07		
		SUPPLEMENTAL INSPI	ECTION INFORMATION	
1. PROGRAM CODE(S)	2. PRIORITY	3. LICENSEE CONTACT		4. TELEPHONE NUMBER
2500	2	Kristin Anson		734/427-1917
X Main Office	X Main Office Inspection		Next Inspection Date:	10/2010
Field Office	Field Office			
Temporary	Job Site			<u> </u>
		PROGRAI	M SCOPE	

PROGRAM SCOPE
Program Scope
87127

The licensee is a regional division of the GE Health Care pharmacy chain located in Livonia, MI. This radiopharmacy employs three pharmacists, two pharmacy techs and approximately twelve drivers. Currently the licensee has approximately 600+ customers located in the south central Michigan area. The pharmacy serves its customers from approximately 4:00am to 3:00pm daily including Saturdays and Sundays. Licensees first run starts about 4:30am and continues throughout the day. This pharmacy receives Mo99/Tc99m generators each week for the preparation of unit doses to be distributed to clients. This pharmacy does not at present distribute iodine-131.

## **Performance Observations**

During the inspection, the inspector toured the facility and observed the preparation of unit doses destined for clients. The inspector observed shipping procedures being performed and interviewed the staff concerning their roles in the process. The inspector determined that they possessed an adequate level of knowledge of shipping requirements. The inspector performed confirmatory surveys of the restricted area and the results were similar to those of the licensee. Conversations between the inspector and licensee staff provided assurances that licensee staff had an adequate knowledge of radiation safety.

Independent surveys performed by the inspector did not detect any unusual or unexpected readings. No abnormal conditions were detected.

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