

**SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION**

1. LICENSEE/LOCATION INSPECTED: KHULLAR, MD ASSOCIATES, PLLC 38800 RYAN ROAD, Suite 102 STERLING HEIGHT, MI 48310 REPORT NUMBER(S) 2009-001		2. NRC/REGIONAL OFFICE NRC Region III 2443 WARRENVILLE RD Lisle, IL 60532	
3. DOCKET NUMBER(S) 030-37774		4. LICENSE NUMBER(S) 21-32701-01	5. DATE(S) OF INSPECTION June 9, 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 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)

**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	R. GATTONE / E. KULZER	<i>[Signature]</i>	6/9/09

**Docket File Information**  
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3. DOCKET NUMBER(S) 03037774		4. LICENSE NUMBER(S) 21-32701-01	5. DATE(S) OF INSPECTION 6/9/2009
6. INSPECTION PROCEDURES USED 87130		7. INSPECTION FOCUS AREAS 03.01-03.07	

**SUPPLEMENTAL INSPECTION INFORMATION**

1. PROGRAM CODE(S) 02201	2. PRIORITY 5	3. LICENSEE CONTACT Laura Luna	4. TELEPHONE NUMBER 734-662-3197
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Main Office Inspection                      Next Inspection Date: 06/09/2014

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

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

**PROGRAM SCOPE**

The licensee was a small cardiac practice. One nuclear medicine technologist (NMT) administered about 7 diagnostic unit dosages per day on Thursdays and Fridays from 9:00 a.m. to 1:00 p.m at the Sterling Heights facility. The licensee planned to begin administering diagnostic unit dosages on Tuesdays and Wednesdays from 9:00 a.m. to 1:00 p.m. at the Flint facility in July 2009.

**Performance Observations**

The inspectors observed: (1) an NMT prepare and administer a unit dosage of licensed material; (2) an NMT demonstrate how radioactive waste was disposed of; (3) an NMT demonstrate how packages were received from, and returned to, the supplier; (4) an NMT demonstrate how she would respond to a radioactive spill based on a scenario posed by the inspectors; (5) an NMT demonstrate how she had conducted dose calibrator constancy checks; (6) an NMT demonstrate how she had conducted daily survey instrument operability checks prior to use; (7) an NMT demonstrate how she had conducted area radiation surveys; (8) that licensed material was secured from unauthorized access; (9) that selected survey instruments were calibrated as required; and (10) that selected sealed sources were leak tested as required.

