

### SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE/LOCATION INSPECTED: <i>MP Biomedicals LLC</i> <i>29525 Fountain Parkway</i> <i>Solon, Oh 44139</i> REPORT NUMBER(S) <i>2009-001</i>		2. NRC/REGIONAL OFFICE REGION III US NUCLEAR REGULATORY COMMISSION 2443 WARRENVILLE ROAD LISLE IL 60532	
3. DOCKET NUMBER(S) <i>03036437</i>	4. LICENSE NUMBER(S) <i>34-23925-01E</i>	5. DATE(S) OF INSPECTION <i>10/20/09</i>	

**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	<i>G. Parker</i>	<i>[Signature]</i>	<i>10/20/09</i>

*[Handwritten mark]*

(10-2003)  
10 CFR 2.201

**Docket File Information**  
**SAFETY INSPECTION REPORT**  
**AND COMPLIANCE INSPECTION**

1. LICENSEE <b>MP Biomedicals</b> REPORT NUMBER(S) <b>2009-001</b>		2. NRC/REGIONAL OFFICE <b>Region III</b> <b>2443 Warrenville Road</b> <b>Lisle, IL 60532</b>	
3. DOCKET NUMBER(S) <b>030-36968</b>	4. LICENSE NUMBER(S) <b>34-23925-01E</b>	5. DATE(S) OF INSPECTION <b>10/20/09</b>	
6. INSPECTION PROCEDURES USED <b>87125</b>	7. INSPECTION FOCUS AREAS <b>03.01-03.07</b>		
<b>SUPPLEMENTAL INSPECTION INFORMATION</b>			
1. PROGRAM CODE(S) <b>3253</b>	2. PRIORITY <b>5</b>	3. LICENSEE CONTACT <b>Bill Richardson</b>	4. TELEPHONE NUMBER <b>440/337-1200</b>
<input checked="" type="checkbox"/> Main Office Inspection		Next Inspection Date: <b>10/2014</b>	
<input type="checkbox"/> Field Office _____			
<input type="checkbox"/> Temporary Job Site _____			

**PROGRAM SCOPE**

Licensee is a small biomedical manufacturer located in Solon, Ohio. Licensee distributes small radiax check sources associated with its main line products. Licensee does not maintain an inventory of material. Licensee uses the just in time approach in that sources arrive at the facility as detection products are coming off the assembly line and are then attached prior to final shipment to end users.

**Performance Observations**

The inspector toured the facilities and interviewed authorized users and staff members. Licensee was able to produce the last distribution list for the number of sources distributed in 2008. Sources are not possessed under the distribution license but under a separate State of Ohio possession license.

No abnormalities were noted during this inspection.

