

SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE/LOCATION INSPECTED: Genesis Diagnostic Center 3960 Patient Care Drive Lansing, MI 48911 REPORT NUMBER(S) 2009001	2. NRC/REGIONAL OFFICE REGION III US NUCLEAR REGULATORY COMMISSION 2443 WARRENVILLE ROAD Lisle IL 60532	
3. DOCKET NUMBER(S) 03036521	4. LICENSE NUMBER(S) 21-32498-01	5. DATE(S) OF INSPECTION 11/3/09

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.

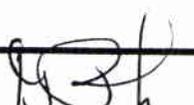
_____ non-cited violation(s) were discussed involving the following requirement(s):

- 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	G. Parker		11/3/09

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Docket File Information
SAFETY INSPECTION REPORT
AND COMPLIANCE INSPECTION

1. LICENSEE Genesis Diagnostic Center REPORT NUMBER(S) 2009-001		2. NRC/REGIONAL OFFICE Region III	
3. DOCKET NUMBER(S) 030-36521	4. LICENSE NUMBER(S) 21-32498-01	5. DATE(S) OF INSPECTION November 3, 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 David Anderson	4. TELEPHONE NUMBER 517/853-9123
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Main Office Inspection Next Inspection Date: 11/2014

Field Office _____

Temporary Job Site _____

PROGRAM SCOPE

The licensee is a medical services provider located in Ann Arbor, Michigan. They typically perform nuclear medicine services at this location, but due a depressed economic climate, they had not performed any tests this month.

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.

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