

SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE/LOCATION INSPECTED: <i>Regional Medical Imaging</i> <i>3346 Lennon Rd</i> <i>Flint, MI 48532</i> REPORT NUMBER(S) <i>2010-001</i>	2. NRC/REGIONAL OFFICE REGION III US NUCLEAR REGULATORY COMMISSION 2443 WARRENVILLE ROAD Lisle IL 60532	
3. DOCKET NUMBER(S) <i>03031367</i>	4. LICENSE NUMBER(S) <i>21-26076-01</i>	5. DATE(S) OF INSPECTION <i>4/29/10</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>4/29/10</i>

RPB

Docket File Information
SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE/LOCATION INSPECTED: Regional Medical Imaging REPORT NUMBER(S) 2010-001		2. NRC/REGIONAL OFFICE REGION III	
3. DOCKET NUMBER(S) 030-31367	4. LICENSE NUMBER(S) 21-26076-01	5. DATE(S) OF INSPECTION April 29, 2010	
6. INSPECTION PROCEDURES USED 87130	7. INSPECTION FOCUS AREAS 03.01 - 03.07		

SUPPLEMENTAL INSPECTION INFORMATION

1. PROGRAM CODE(S) 2200	2. PRIORITY 3	3. LICENSEE CONTACT Randy Hicks, M D	4. TELEPHONE NUMBER 810-732-1919
----------------------------	------------------	---	-------------------------------------

Main Office Inspection Next Inspection Date: 04/29/2013

Field Office Inspection _____

Temporary Job Site Inspection _____

PROGRAM SCOPE

Licensee is a medium sized medical institution located outside Flint, Michigan. Licensee has three nuclear medicine technologists and is involved in imaging studies and additionally performs some work with therapeutic and diagnostic iodine. Licensee uses unit doses of radiopharmaceuticals from the local Cardinal Health Pharmacy.

PERFORMANCE OBSERVATIONS

Licensee performs imaging studies on approximately twenty patients per day using unit doses from Cardinal Health. As of the date of the inspection, licensee has had little difficulty in obtaining technetium for its studies. The inspector observed the injection of radiopharmaceuticals and did not see any problems. Questioning of the staff by the inspector determined that the staff was adequately versed in radiation safety. Dosimetry readings for the past year were low with no unusual readings. The inspector performed surveys of the hot lab and injection room area. The results obtained by the inspector were similar to those of the licensee.

No violations of NRC requirements were noted.