

SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE/LOCATION INSPECTED:

Dr. Charles Rasmussen/Dr. Michael Kenner
520 South Eagle Road, Suite 2205
Meridian, Idaho 83642

REPORT NO: 2010-001

2. NRC/REGIONAL OFFICE

U.S. Nuclear Regulatory Commission
Region IV, 612 East Lamar Blvd, Suite 400
Arlington, Texas 76011-4125

3. DOCKET NUMBER

030-35356

4. LICENSE NUMBER

11-27662-01

5. DATE OF INSPECTION

August 31, 2010

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 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 to exercise discretion, were satisfied.

☐ Non-Cited Violation(s) was/were discussed involving the following requirement(s) and Corrective Action(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.

Licensee's Statement of Corrective Actions for Item 4, above.

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

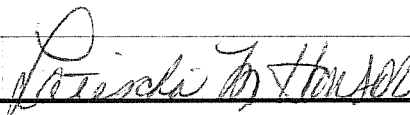
Signature

Date

LICENSEE'S
REPRESENTATIVE

NRC INSPECTOR

Latischa M. Hanson



09/22/2010

☐

Non-Public

☐

Sensitive – Security-Related

☒

Public

☒

Non-Sensitive

TRANSMISSION VERIFICATION REPORT

TIME : 09/22/2010 15:36
NAME : NRC RIV
FAX : 8178608188
TEL : 8178608100
SER.# : BROJ4J117485

DATE, TIME
FAX NO./NAME
DURATION
PAGE(S)

09/22 15:36
712088843805
00:00:29
02
COVERPAGE
OK
STANDARD
ECM

RESULT
MODE



UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION IV
612 EAST LAMAR BLVD, SUITE 400
ARLINGTON, TEXAS 76011-4125

DIVISION OF NUCLEAR MATERIALS SAFETY

DATE / TIME:

9/22/10 3:35pm

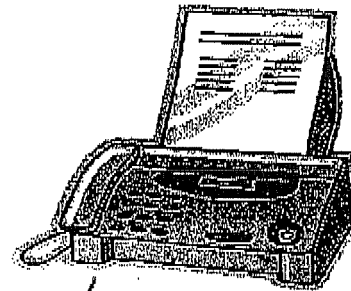
PRIORITY:

IMMEDIATELY

1-HOUR

2-4 HOUR

X



MESSAGE TO:

Mr. Charles F. Mussen / Mr. Michael

MESSAGE FROM:

Lateschi M. Hanson

NUMBER OF PAGES

2) PLUS TRANSMITTAL SHEET

TELECOPY NUMBER:

(202) 884-3805

VERIFICATION NUMBER:

CONTACT:

James Young, CMT

SPECIAL INSTRUCTIONS / ATTACHMENTS:

As per our telephonic discussion,
a copy of your clear inspection of
[illegible]



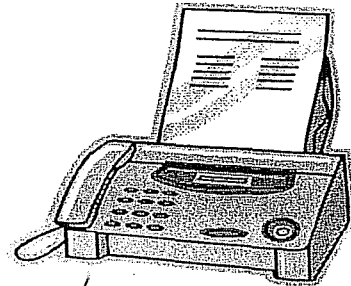
UNITED STATES
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ARLINGTON, TEXAS 76011-4125

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MESSAGE FROM:

Vaterick M. Hanson

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TELECOPY NUMBER: (208) 584-3805 VERIFICATION NUMBER: _____

CONTACT:

James Young, CNMT

SPECIAL INSTRUCTIONS / ATTACHMENTS:

*As per our telephonic discussion,
a copy of your clear inspection of
documented on the form 591m.*

[Signature]

TRANSMITTED AND VERIFIED BY:

DISPOSITION:

RETURN TO ORIGINATOR: _____

PLACE IN MAIL: _____

NAME

DATE

OTHER: _____