

**SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION**

1. LICENSEE/LOCATION INSPECTED:

**Union Associated Physicians Clinic, LLC  
221 South 6<sup>th</sup> Street  
Terre Haute, IN 47807-42146**

2. NRC/REGIONAL OFFICE

**U.S. Nuclear Regulatory Commission  
Region III  
2443 Warrenville Road, Suite 210  
Lisle, Illinois 60532-4351**

REPORT NUMBER(S) **2011-01**

3. DOCKET NUMBER(S)  
**030-34580**

4. LICENSEE NUMBER(S)  
**13-32039-01**

5. DATE(S) OF INSPECTION  
**March 24, 2011**

**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:

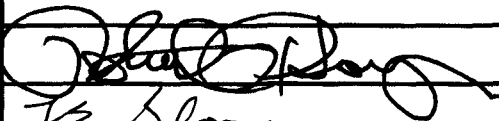
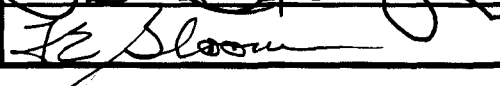
- 1. Based on the inspection findings, no violations were identified.
- 2. Previous violation(s) closed.
- 3. The violation(s), specifically described to you by the inspector as non-cited violations, are not being cited because they were self-identified, non-repetitive, and corrective action was or is 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

**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'S REPRESENTATIVE |                          |                                                                                      |                |
| NRC INSPECTOR             | <b>Robert P. Hays</b>    |  | <b>3/24/11</b> |
| Branch Chief              | <b>Tamara E. Bloomer</b> |  | <b>4/11/11</b> |

| NRC FORM 591 M PART 3<br>(06-2010)<br>10 CFR 2.201                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                          | U.S. NUCLEAR REGULATORY COMMISSION                                                                                                           |                                     |
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| <i>Docket File Information</i><br>SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                          |                                                                                                                                              |                                     |
| 1. LICENSEE<br>Union Associated Physicians Clinic, LLC<br>221 South 6 <sup>th</sup> Street<br>Terre Haute, IN 47807-4214<br>REPORT NUMBER(S) 2011-01                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                          | 2. NRC/REGIONAL OFFICE<br>U.S. Nuclear Regulatory Commission<br>Region III<br>2443 Warrenville Road, Suite 210<br>Lisle, Illinois 60532-4351 |                                     |
| 3. DOCKET NUMBER(S)<br>03034580                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 4. LICENSE NUMBER(S)<br>13-32039-01      | 5. DATE(S) OF INSPECTION<br>March 24, 2011                                                                                                   |                                     |
| 6. INSPECTION PROCEDURES<br>87130 (10/24/02)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 7. INSPECTION FOCUS AREAS<br>03.01-03.07 |                                                                                                                                              |                                     |
| SUPPLEMENTAL INSPECTION INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                                                                                                                                              |                                     |
| 1. PROGRAM<br>02201                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2. PRIORITY<br>5                         | 3. LICENSEE CONTACT<br>K. Namburi, MD, RSO                                                                                                   | 4. TELEPHONE NUMBER<br>812-232-0564 |
| <input checked="" type="checkbox"/> Main Office Inspection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                          | Next Inspection Date: <u>March 2016</u>                                                                                                      |                                     |
| <input type="checkbox"/> Field Office Inspection _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                          |                                                                                                                                              |                                     |
| <input type="checkbox"/> Temporary Job Site Inspection _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                          |                                                                                                                                              |                                     |
| PROGRAM SCOPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                          |                                                                                                                                              |                                     |
| <p>The licensee is a medical clinic located in Terre Haute, Indiana, authorized by the license to use any byproduct material as needed permitted by 10 CFR 35.100 and 35.200. Licensed activities were conducted only at the location indicated on the license.</p> <p>The nuclear medicine department was staffed with three nuclear medicine technologists (NMTs). The NMTs averaged 10 cardiac rest and stress diagnostic scans each weekday using myoview unit doses obtained from a Terre Haute nuclear pharmacy. All waste was either held for decay-in-storage (DIS) and unused doses returned to the nuclear pharmacy. No change in RSO or Chief NMT since the previous inspection. The inspector performed independent and confirmatory radiation measurements which indicated results consistent with licensee survey records and postings.</p> <p style="text-align: center;"><u>Performance Observations</u></p> <p>Interviews with licensee personnel indicated adequate knowledge of radiation safety concepts and procedures. The licensee's NMTs (Kristi Howe, Eric Hople) demonstrated/discussed: (1) survey meter use and calibrations; (2) package check-in procedures; (3) unit dose prep; (4) wipe test counting; (5) dosimetry (2009: 320mr DDE, 1310mr finger; 2010: 366mr DDE, 1090 finger); (6) waste handling; (7) sealed source inventories; (8) security of licensed material; (9) dose calibrator tests; (10) radiation safety program audits; and (11) one minor contamination event on 10/21/10, involving a drop of myoview on a treadmill. Contamination Surveys and cleanup well documented.</p> |                                          |                                                                                                                                              |                                     |