

SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE/LOCATION INSPECTED:

Cardiac Specialists of St. Luke's (LLC)
222 South Woods Mill Road
Suites 500/510 North
Chesterfield, MO 63017

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)
030-38267

4. LICENSEE NUMBER(S)
24-32734-01

5. DATE(S) OF INSPECTION
April 15, 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:

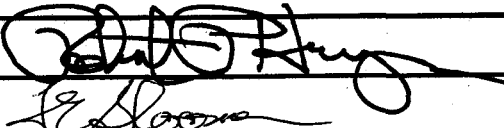

- ☒ 1. Based on the inspection findings, no violations were identified.
- ☐ 2. Previous violation(s) closed.
- ☐ 3. The violation(s), specifically described to you by the inspector as non-cited violations, are not being cited because they were self-identified, non-repetitive, and corrective action was 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	Robert P. Hays		4/15/2011
Branch Chief	Tamara E. Bloomer		4/26/11

NRC FORM 591 M PART 3
(06-2010)
10 CFR 2.201

U.S. NUCLEAR REGULATORY COMMISSION

Docket File Information
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1. LICENSEE Cardiac Specialists of St. Luke's (LLC) 222 South Woods Mill Road Suites 500/510 North Chesterfield, MO 63017 REPORT NUMBER(S) 2011-01		2. NRC/REGIONAL OFFICE U.S. Nuclear Regulatory Commission Region III 2443 Warrenville Road, Suite 210 Lisle, Illinois 60532-4351	
3. DOCKET NUMBER(S) 03038267		4. LICENSE NUMBER(S) 24-32734-01	
		5. DATE(S) OF INSPECTION April 15, 2011	
6. INSPECTION PROCEDURES 87130 (10/24/02)		7. INSPECTION FOCUS AREAS 03.01-03.07	

SUPPLEMENTAL INSPECTION INFORMATION

1. PROGRAM 2201	2. PRIORITY 5	3. LICENSEE CONTACT A. Pearson, M.D., RSO	4. TELEPHONE NUMBER 314-205-6699
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☒ **Main Office Inspection** Next Inspection Date: April 2016

☐ **Field Office Inspection** _____

☐ **Temporary Job Site Inspection** _____

PROGRAM SCOPE

The licensee was a cardiac clinic authorized by the license to use any byproduct material as needed for any imaging and localization study permitted by 10 CFR 35.200 at the location specified on the license. The nuclear medicine department was staffed with one nuclear medicine technologist (NMT) who conducted an average of 8 patient cardiac studies, normally both rest and stress tests, using myoview, Wednesday and Friday each week. The licensee received unit doses as ordered from a local nuclear pharmacy. All waste was held for decay-in-storage (DIS) or returned to the nuclear pharmacy as a limited quantity shipment. The inspector performed independent and confirmatory radiation measurements which indicated results consistent with licensee survey records and postings.

Performance Observations

During this initial inspection, the licensee's NMT, Dan Burgard, was unavailable during the inspection and only a records review was accomplished. A review of the licensee records determined: (1) that each package was surveyed and wipe tested with no dpm above trigger levels; (2) that whole body and finger dosimetry was used (<10% of Part 20 limits); (3) that dose calibrator constancy tests are performed each day of use, tested quarterly for linearity, and accuracy tests performed annually; (4) safe use practices including lab coats, syringe shields, and gloves; (5) adequate security of licensed material; (6) radiation safety program audits are conducted semi-annually; (7) rad waste records maintained; (8) sealed source inventory and leak tests are conducted as required; and (9) no contamination events documented.