

**INTEGRATED MATERIALS PERFORMANCE EVALUATION PROGRAM**

**QUESTIONNAIRE**

**Name of State Program:** Rhode Island  
**Reporting Period:** 26 October 2007 to 28 October 2011

**A. GENERAL**

1. Please prepare a summary of the status of the State's or Region's actions taken in response to each of the open recommendations from previous IMPEP reviews.

The results of the 2007 IMPEP review were officially conveyed to Dr. Gifford in a letter dated 6 February 2008. The following recommendations were included:

1. The State should take appropriate measures to conduct Priority 1, 2 & 3 inspections and initial inspections in accordance with the inspection priority schedule in IMC 2800. (Section 3.2)
2. The State should develop a written documentation of its radioactive materials licensing program to ensure that a memorialized program exists to train and transfer knowledge to future, as well as current, staff. (Section 3.4)

The IMPEP mid-term review was conducted on 2 December 2009. The results of this review were conveyed to Raymond Rusin in a letter dated 15 January 2010. The status of the two open items from the 2007 IMPEP review was as follows:

1. The Program continues to have difficulty in completing inspections in accordance with the IMC 2800 inspection priority schedule.
2. The Program has not taken any action on this recommendation. The current Acting Program Supervisor (Ms. Horibin) noted the need to develop a procedures manual, and stated that work on a manual will begin in the future. This recommendation remains open and should be evaluated at the next IMPEP review.
3. This review also identified an additional item. During this review, it was determined that while our 2006 amendments to the radiation regulations had addressed the changes required under RATS item 1997-6, information regarding this update had never officially been closed out by NRC. A letter was sent to NRC on 7 December 2009 which provided the necessary information to address RATS item 1997-6.

A supplemental IMPEP mid-term review was conducted on 27 October 2010. The results of this review were conveyed to Raymond Rusin in a letter dated 23 March 2011. The status of the two open items from the 2007 IMPEP review was as follows:

1. Since the 2009 periodic meeting, one Priority 1 inspection was overdue. This inspection was due in August 2010; however, at the time of this meeting, the licensee was in the process of converting their radiography cell, which had previously been used as a temporary job site, into a fixed radiography cell which would then change the inspection priority to every two years (Priority 2). This recommendation remains open and should be evaluated at the next IMPEP review.

10/2011 - All inspections are now scheduled and conducted as required.

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- Due to other Program priorities, the Program staff has not completed actions related to this recommendation. Staff members are currently reviewing NRC, State and site-specific procedures to incorporate into written documentation for the licensing program. This recommendation remains open and should be evaluated at the next IMPEP review.

10/2011 - Program staffs continue to work on this. A revised Inspection Manual is awaiting final approval and the Enforcement Policy is undergoing final review.

- NRC letter of 14 January 2010 had previously indicated that the information contained in our letter of 7 December 2009 was sufficient to address RATS item 1997-6. This item is now closed.

### B. COMMON PERFORMANCE INDICATORS

#### I. Technical Staffing and Training

- Please provide the following organization charts, including names and positions:
  - A chart showing positions from the Governor down to the Radiation Control Program Director;  
⚡See Attached –Radiation Control Program Hierarchy chart – Exhibit A
  - A chart showing positions of the radiation control program, including management; and  
⚡See Attached –RI Dept of Health Organizational Structure chart – Exhibit B  
This organizational chart reflects shifts in Facilities Regulation that were just approved and in the process of implementation over the next 30-60 days.
  - Equivalent charts for sealed source and device evaluation, low-level radioactive waste and uranium recovery programs, if applicable.  
⚡Not Applicable
- Please provide a staffing plan, or complete a listing using the suggested format below, of the professional (technical) full-time equivalents (FTE) applied to the radioactive materials program by individual. Include the name, position, and, for Agreement States, the fraction of time spent in the following areas: administration, materials licensing & compliance, emergency response, low-level radioactive waste, uranium recovery, other. If these regulatory responsibilities are divided between offices, the table should be consolidated to include all personnel contributing to the radioactive materials program. If consultants were used to carry out the program's radioactive materials responsibilities, include their efforts:

Name	Position	Area of Effort	FTE%	
			Materials	Other <sup>1</sup>
Raymond Rusin	Chief, OFR	Health Facility Licensing and Medicare/Medicaid Certification	Office Management	
<Vacant>	Health Program Evaluator	Health care facility licensing and Radiation Control Program	Program Management: State Licensing	
Dennis Klaczynski	Radiological Health Specialist.	Radiation Materials Licensing & Inspection	90%	10%
Charma Waring	Radiological Health Specialist	Licensing & Inspection	50%	50%
Shelley Regan	Industrial Hygienist	Emergency response, Equipment maintenance; GL-4 database	20%	80%
Bill Dundulis	Risk Assessment Toxicologist	Specialized licensing, Technical review; Emergency response	20%	20 <sup>2</sup> %

<sup>1</sup> FTE's <100% are utilized in X-Ray, Mammography (MQSA), Tanning, or other licensing support programs.

<sup>2</sup> Mr. Dundulis is .6 FTE assigned to other Divisional duties

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4. Please provide a listing of all new professional personnel hired into your radioactive materials program since the last review, indicate the date of hire; the degree(s) they received, if applicable; additional training; and years of experience in health physics or other disciplines, as appropriate.  
⚠ Not applicable – No new professional staff since last IMPEP. Note: Charma Waring left program in January 2009 and returned in June 2010.
5. Please list all professional staff who have not yet met the qualification requirements for a radioactive materials license reviewer or inspector. For each, list the courses or equivalent training/experience they need and a tentative schedule for completion of these requirements.  
⚠ Due to the timing of the due dates for the radiation therapy inspections and the offering of the Brachytherapy/Gamma Knife Course, Charma Waring has not been “signed-off” for therapeutic use of RAM. As of September 30, 2011, Ms. Waring has not been formally approved for large complex licensing actions or for major licensees as lead inspector.
6. Identify any changes to your qualification and training procedure that occurred during the review period.  
⚠ The Radiation Control Program has submitted comments concerning the proposed IMC-1248 revisions, but has not implemented any changes to our existing qualification & training program.
7. Please identify the technical staff that left your radioactive materials program during the review period and indicate the date they left.  
⚠ Jack Ferruolo, Supervising Radiological Health Specialist, retired in September 2008. Charma Waring left program in January 2009 and returned in June 2010.
8. List any vacant positions in your radioactive materials program, the length of time each position has been vacant, and a brief summary of efforts to fill the vacancy.  
⚠ Supervising Radiological Health Specialist position vacant since retirement of previous incumbent (Jack Ferruolo) in September 2008. Across the board state budget reductions are responsible for the continued vacant position. Justification requests submitted and pending re-allocation of funds and FTE to allow recruitment of a technical supervisor candidate. Not expected in state fiscal year 2012.
9. For Agreement States, does your program have an oversight board or committee which provides direction to the program and is composed of licensees and/or members of the public? If so, please describe the procedures used to avoid any potential conflict of interest.  
⚠ § 23-1.3-13 Radiation advisory commission. – There is created an advisory commission to be known as the state Radiation Advisory Commission (the Commission), which shall consist of eleven (11) members.  
The make-up of the committee, the term of appointment and the voting requirements all have a controlling interest in addressing potential conflicts. In addition, in the past, members who had a potential for a conflict would remove themselves from voting on the matter. The Commission functions as an “advisory” group with the Agency having the discretion to accept or reject direction from the commission.

## **II. Status of Materials Inspection Program**

10. Please identify individual licensees or categories of licensees the State is inspecting less frequently than called for in NRC’s Inspection Manual Chapter (IMC) 2800 and explain the reason for the difference. The list only needs to include the following information: license category or licensee name and license number, your inspection interval, and rationale for the difference.  
⚠ Not applicable.

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11. Please provide the number of routine inspections of Priority 1, 2, and 3 licensees, as defined in IMC 2800 and the number of initial inspections that were completed during each year of the review period.

△Refer to Exhibit C

12. Please submit a table, or a computer printout, that identifies inspections of Priority 1, 2, and 3 licensees and initial inspections that were **conducted overdue**.

At a minimum, the list should include the following information for each inspection that was conducted overdue during the review period:

△Refer to Exhibit E – pending.

13. Please submit a table or computer printout that identifies any Priority 1, 2, and 3 licensees and initial inspections that are currently overdue, per IMC 2800. At a minimum, the list should include the same information for each overdue inspection provided for Question 12 plus your action plan for completing the inspection. Also include your plan for completing the overdue inspections.

△Refer to Exhibit D – no active license inspections are overdue at this time.

14. Please provide the number of reciprocity licensees that were candidates for inspection per year as described in IMC 1220 and indicate the number of reciprocity inspections of candidate licensees that were completed each year during the review period.

△Refer to Exhibit F – pending.

In general, any Category A or Category B approvals would be a candidate for inspection, if they actually entered the state (i.e., some companies maintain a reciprocity approval “just in case” they need to provide short notice services for existing clients). Category C approvals are generally not candidates for inspection. However, they are reviewed on an individual basis (e.g., scope of work, client, past compliance history, etc.) to determine if they should be scheduled for a reciprocity inspection.

### III. Technical Quality of Inspections

15. What, if any, changes were made to your written inspection procedures during the reporting period?

△No significant changes to Inspection Procedures Manual or inspection forms though June 2011. The Agency began transition to our equivalent of the new NRC IMC 2800 (including revised inspection frequencies) in July 2011.

16. Prepare a table showing the number and types of supervisory accompaniments made during the review period. Include:

△Accompaniments – 2007 to 2011: Due to the loss of the technically qualified supervisor (Mr. Ferrulo) in 2008, no official “supervisory” accompaniments occurred during this period.

17. Describe or provide an update on your instrumentation, methods of calibration, and laboratory capabilities. Are all instruments properly calibrated at the present time? Were there sufficient calibrated instruments available throughout the review period?

△Instrument calibration is provided by equipment mfg. and/or outside vendors. All field instruments are calibrated on an annual frequency and rotated such that sufficient quantities of instruments will be available for use during calibration periods. Laboratory capabilities are limited-the state laboratory no longer has the capabilities to provide assistance with evaluating wipes or other field samples. The Memorandum of agreement with the Nuclear Science Center was terminated by the Science Center on 18 July 2003. Calibration of instruments has become an issue with the present budget constraints; some of the Program’s equipment is overdue for calibration. The paperwork submitted for current survey instruments overdue for calibration have been delayed by the RI Department of Administration.

**IV. Technical Quality of Licensing Actions**

18. How many specific radioactive material licenses does your program regulate at this time?

Refer to Exhibit D: 49 specific licensees

19. Please identify any major, unusual, or complex licenses which were issued, received a major amendment, were terminated, decommissioned, submitted a bankruptcy notification or renewed in this period.

Rhode Island Hospital is our most complex licensee and had requested a number of significant license amendments during the period of this review. While other licenses have been issued, renewed, terminated or decommissioned during the period of this review, none of them would be considered complex or unusual licensing actions that required a disproportionate amount of staff effort for review. However, it should be noted that licensing certain new technologies (e.g., PET and PET/CT), where regulatory jurisdiction is shared with other Health Department agencies, does require a high degree of coordination (and some additional meetings) to ensure that no regulatory approvals are granted until all agencies are ready to proceed with licensing. There were no bankruptcy notifications submitted during the period of this review.

20. Discuss any variances in licensing policies and procedures or exemptions from the regulations granted during the review period.

No significant variances or exemptions were issued during the period of this review.

21. What, if any, changes were made in your written licensing procedures (new procedures, updates, policy memoranda, etc.) during the reporting period?

**NEW SECURITY CHECKLISTS AS PER NRC** Revised licensing checklists have been prepared for reviewer use, particularly with regard to medical licensing. In addition, RI-specific regulatory guides (comparable to NUREG 1556 series) have been issued for human-use licenses and academic, research and development, and other licenses of limited scope. RI-specific forms comparable to the latest (2007) NRC forms utilized to document training, experience and preceptor attestation for medical use licensees have been created.

22. Identify by licensee name and license number any renewal applications that have been pending for one year or more. Please indicate why these reviews have been delayed and describe your action plan to reduce the backlog.

Renewal reviews were delayed for a number of reasons, primarily staffing and other actions in the program. During this period 2007 – 2011 attempts were initiated to decrease this backlog by Administrative means.

**V. Technical Quality of Incident and Allegation Activities**

23. For Agreement States, please provide a list of any reportable incidents not previously submitted to NRC (See Procedure SA-300, *Reporting Material Events*, for additional guidance, OMB clearance number 3150-0178). The list should be in the following format:

All “reportable events” were reported to the NRC and were uploaded to the NMED database.

24. Identify any changes to your procedures for responding to incidents and allegations that occurred during the period of this review.

No changes to our protocols for handling incidents or allegations were implemented during the period of this review.

## C. NON-COMMON PERFORMANCE INDICATORS

### I. Compatibility Requirements

25. Please list all currently effective legislation that affects the radiation control program. Denote any legislation that was enacted or amended during the review period.

△All specific enabling authority for the radiation control program is pursuant to *RIGL 23-1.3 - Radiation Control*. [<http://www.rilin.state.ri.us/Statutes/TITLE23/23-1.3/INDEX.HTM>]. There have been no changes to our enabling legislation during the period of this review.

26. Are your regulations subject to a "Sunset" or equivalent law? If so, explain and include the next expiration date for your regulations.

△The *Rules and Regulations for the Control of Radiation* are not subject to a specific "sunset" law per se. However, RIGL 42-35-4.1 requires that all regulations promulgated by state agencies be administratively refilled every five years to remain in effect. The radiation control regulations were last administratively refilled in January 2007 and will not be due for refiling again until January 2012. [<http://www.rilin.state.ri.us/Statutes/TITLE42/42-35/42-35-4.1.HTM>]

27. Please review and verify that the information in the enclosed State Regulation Status (SRS) sheet is correct. For those regulations that have not been adopted by the State, explain why they were not adopted, and discuss actions being taken to adopt them.

△The last major amendments to Rules and Regulations for the Control of Radiation were in September 2006 [i.e., through RATS 2005-3]. The June 2007 and October 2007 amendments only implemented fee schedule revisions and did not address any other technical issues. It did not appear that any of our current licensees would be subject to the requirements under RATS 2006-2. License amendments were issued (where necessary) in April 2008 to address RATS 2007-4, and in October 2008 to address RATS 2006-3, until the regulations could be amended. Additional regulation amendments are currently under review which will address the following RATS worksheets: 2004-1; 2006-1; 2006-2; 2006-3; 2007-1; 2007-2; 2007-3; 2007-4; 2008-1 and 2009-1.

If legally binding requirements were used in lieu of regulations and they have not been reviewed by NRC for compatibility, please describe their use.

△The April 2008 and October 2008 license amendments noted above have been reviewed by NRC for compatibility.

28. If you have not adopted all amendments within three years from the date of NRC rule promulgation, briefly describe your State's procedures for amending regulations in order to maintain compatibility with the NRC, showing the normal length of time anticipated to complete each step.

△The protocols currently used to maintain compatibility with NRC regulations are essentially identical to those which have been utilized by the Radiation Control Program since receipt of the Agreement in 1980:

1. Applicable NRC regulations (and any applicable SSRs) are reviewed by senior staff who generate proposed amendments that are compiled in accordance with our existing regulation format. The length of time for this step is highly variable and depends on the number and complexity of regulations to be reviewed.
2. Once the proposed regulatory changes have been compiled into a "Draft Regulations" document, it is presented to our Radiation Advisory Commission for their review and comments. This is typically accomplished within a month of document completion.
3. At this stage the "Draft" document is typically assigned to the Regulations Subcommittee for further review and modification to produce a "Final" document. This document then comes back to the Commission for additional review before going to public hearing. Although the Commission is only advisory in nature (i.e., does not have any statutory oversight authority), the Radiation Control Program will generally attempt to address any of their concerns before bringing proposed amendments to public hearing. As with step 1, the length of time for this step



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is highly variable and depends on the number and complexity of regulations to be reviewed.

4. After the public hearing and comment period the "Final" document is adopted as regulation. The public hearing/comment process is governed by our State Administrative Procedures Act, which establishes certain minimum time periods for the various steps in the process. It typically takes approximately 8-10 weeks from the time that a set of proposed amendments is initially posted for public hearing and the time that they are actually in effect. Regulations which receive multiple or highly technical comments may require additional time for proper review.

### **II. Sealed Source and Device (SS&D) Evaluation Program *NOT APPLICABLE FOR RHODE ISLAND***

29. Prepare a table listing new and amended (including transfers to inactive status) SS&D registrations of sources and devices issued during the review period. The table heading should be:
30. Please include information on the following questions in Section A, as they apply to the SS&D Program:
  - Technical Staffing and Training - Questions 2-9
  - Technical Quality of Licensing Actions - Questions 18-22
  - Technical Quality of Incident and Allegation Activities - Questions 23-24

### **III. Low-level Radioactive Waste Disposal Program *NOT APPLICABLE FOR RHODE ISLAND***

31. Please include information on the following questions in Section A, as they apply to the Low-Level Radioactive Waste Disposal Program:
  - Technical Staffing and Training - Questions 2-9
  - Status of Materials Inspection Program - Questions 10-14
  - Technical Quality of Inspections - Questions 15-17
  - Technical Quality of Licensing Actions - Questions 18-22
  - Technical Quality of Incident and Allegation Activities - Questions 23-24

### **IV. Uranium Recovery Program *NOT APPLICABLE FOR RHODE ISLAND***

32. Please include information on the following questions in Section A, as they apply to the Uranium Recovery Program:
  - Technical Staffing and Training - Questions 2-9
  - Status of Materials Inspection Program - Questions 10-14
  - Technical Quality of Inspections - Questions 15-17
  - Technical Quality of Licensing Actions - Questions 18-22
  - Technical Quality of Incident and Allegation Activities - Questions 23-24

Radiation Control Program  
Radiation Materials Inspections  
2008-2011

Exhibit C

10/07/2011

		Priority			Total Inspections 2008
		1	2	3	
2008	Total Licenses/ Priority	4	3	3	10
	Routine Inspections	4	3	3	10
	Initial Inspections	0	0	0	0
	Late Inspections	2	1	2	5
					<b>20</b>
2009	Total Licenses/ Priority	3	2	2	7
	Routine Inspections	3	2	2	7
	Initial Inspections	0	0	0	0
	Late Inspections	1	2	0	3
					<b>14</b>
2010	Total Licenses/ Priority	3	7	3	13
	Routine Inspections	2	7	3	12
	Initial Inspections	1	0	0	1
	Late Inspections	0	4	0	4
					<b>26</b>
2011	Total Licenses/ Priority	4	0	2	6
	Routine Inspections	2	0	2	4
	Initial Inspections	0	0	0	0
	Late Inspections	1	0	0	1
					<b>10</b>



Last	SFY'11	SFY'12	SFY'13	SFY'14	SFY'15	SFY'16	Radiation Control Program		#
Inspt.	Inspt.	Inspt.	Inspt.	Inspt.	Inspt.	Inspt.			Lic.
Date	Due	Due	Due	Due	Due	Due	License #		
	Jul 10 - Jun 11	Jul 11-Jun 12	Jul 12 - Jun 13	Jul 13 - Jun 14	Jul 14 - Jun 15	Jul 15 - Jun 16		Radioactive Materials	
Color code	Pending	Overdue	Scheduled	Proposed					
							<b>02500 - Nuclear Pharmacies - Every 2 years</b>		<b>1</b>
1/27/10		Jan'12		Jan'14		Jan'16	3B-114-01	CARDINAL HEALTH	1
							<b>03320 - Industrial Radiography - Annually</b>		<b>4</b>
11/8/10	10/26/11	Nov'11	Nov'12	Nov'13	Nov'14	Nov'15	3D-005-01	ELECTRIC BOAT CORPORATION	1
7/29/10	7/29/10	Jul'11	Jul'12	Jul'13	Jul'14	Jul'15	3D-065-01	THIELSCH ENGINEERING INC	1
1/19/10	10/25/11	Jan'12	Jan'13	Jan'14	Jan'15	Jan'16	3D-117-01	OCEAN STATE TECHNICAL SERVICES	1
4/27/10	6/9/11	Apr'12	Apr'13	Apr'14	Apr'15	Apr'16	3D-140-01	PRIMARY FLOW SIGNAL INC	1
							<b>03510 - Self Shielded Irradiators - 5 yrs.</b>		<b>1</b>
10/1/08				Oct'13			3E-100-01	RHODE ISLAND BLOOD CENTER	1
							<b>01100 - Academic Type A Broadscope - 3 yrs.</b>		<b>2</b>
6/22/10			Jun'13				3K-036-01	BROWN UNIVERSITY	1
4/7/10			Apr'13				3K-040-01	UNIVERSITY OF RHODE ISLAND	1
							<b>03620 - Research/ Development Other - 5 yrs.</b>		<b>2</b>
6/18/08			Jun'13				3K-123-01	PROVIDENCE COLLEGE	1
5/29/08			May'13				3K-136-01	VERO SCIENCE LLC	1
							<b>02400 - Veterinary Non-Human - 5 yrs.</b>		<b>1</b>
11/29/06	10/27/11	Nov'11					3K-126-01	OCEAN STATE VETERINARY	1
							<b>03120 - Measuring System Fixed Gauges - 5 yrs.</b>		<b>1</b>
8/28/08			Aug'13				3L-055-01	OSRAM SYLVANIA PRODUCTS INC	1
							<b>03121 - Measuring System Portable Gauges - 5 y</b>		<b>10</b>
4/11/07		Apr'12					3L-015-01	RI DEPT OF TRANSPORTATION	1
3/28/06	3/28/11						3L-050-01	GEISSER ENGINEERING CORP.	1
5/22/08			May'13				3L-065-02	THIELSCH ENGINEERING INC	1
9/15/05	3/4/11					Sept'15	3L-079-01	GZA GEOENVIRONMENTAL INC	1
6/17/08			Jun'13				3L-083-01	PK ASSOCIATES	1
12/8/08							3L-096-01	PROF. SERVICE INDUSTRIES, INC	1
3/16/10					Mar'15		3L-107-01	PAUL B ALDINGER & ASSOCIATES	1
8/5/08				Aug'13			3L-119-01	TERRACON ENVIRONMENTAL	1
11/29/06		Nov'11					3L-135-01	HALEY AND ALDRICH INC	1
	3/2/11				May'15		3L-141-01	DiPrete Engineering Associaties	1
							<b>02310 - Stereotactic Radiosurgery - 3 yrs.</b>		<b>1</b>
8/2/10				Aug'13			7A-051-02	RHODE ISLAND HOSPITAL	1
							<b>02120 - ? -Stereotactic Radiosurgery - 3 yrs.</b>		<b>7</b>
11/9/10	11/9/10			Nov'13			7B-012-01	SOUTH COUNTY HOSPITAL	1
3/17/08	3/29/11			Mar'14			7B-016-01	NEWPORT HOSPITAL	1
2/5/10			Feb'13				7B-019-01	LANDMARK MEDICAL CENTER	1

Last	SFY'11	SFY'12	SFY'13	SFY'14	SFY'15	SFY'16	Radiation Control Program		#
Inspt.	Inspt.	Inspt.	Inspt.	Inspt.	Inspt.	Inspt.			Lic.
Date	Due	Due	Due	Due	Due	Due	License #		
	Jul 10 - Jun 11	Jul 11-Jun 12	Jul 12 - Jun 13	Jul 13 - Jun 14	Jul 14 - Jun 15	Jul 15 - Jun 16		Radioactive Materials	
Color code:	Pending	Overdue	Scheduled	Proposed					
7/2/09			Jul'12				7B-020-01	KENT HOSPITAL	1
4/2/08	4/2/11	Merging with RWH		Apr'14			7B-025-01	ST JOSEPH HOSPITAL	1
			Dec'12				7B-035-01	WESTERLY HOSPITAL	1
3/22/11	3/22/11			March '14			7B-043-01	MEMORIAL HOSPITAL OF RHODE ISLAND	1
<b>02230 - High Med-Pulsed Dose Afterloader - 2 yrs</b>									<b>3</b>
		Dec'11		Dec'13		Dec'15	7B-038-03	NORTH MAIN RADIATION ONCOLOGY	1
		Dec'11		Dec'13		Dec'15	7B-053-02	RADIATION ONCOLOGY SERVICES, RI	1
n/a	not sourced						7B-139-01	ROGER WILLIAMS RADIATION THERAPY LLC	1
<b>02201 - Medical Private Practice - 5 yrs.</b>									<b>10</b>
5/23/07		May'12					7B-073-02	RICHARD P SANANTONIO MD	1
3/19/10					Mar'15		7B-120-01	JOHN D LOWNEY DO	1
1/12/05	5/3/11						7B-121-01	RHODE ISLAND CARDIOLOGY CENTER	1
6/12/08			Jun'13				7B-125-01	CARDIOVASCULAR ASSOCIATES, RI	1
3/11/10					Mar'15		7B-130-01	GLL CARDIOLOGY LLC	1
3/10/10					Mar'15		7B-132-01	PETER TILKEMEIER MD	1
9/9/05	Inactive						7B-133-01	DIGIRAD IMAGING SOLUTIONS INC	1
12/27/05	5/25/11					Dec'15	7B-134-01	CARDIOLOGY SPECIALISTS LLC	1
5/18/08			May'13				7B-137-01	CARDIOVASCULAR INSTITUTE, NE PC	1
6/12/08			Jun'13				7B-138-01	CARDIOLOGY ASSOCIATES INC	1
<b>02220 - Mobile Nuclear Medicine Services - 5 yrs</b>									<b>1</b>
Ltd 2/11/10					Feb'15	Jul'15	7B-131-01	RHODE ISLAND P.E.T. SERVICES LLC	1
<b>02110 - Medical Institution Broadscope - 3 yrs.</b>									<b>3</b>
10/19/10	10/19/10			Oct'13			7D-026-01	ROGER WILLIAMS MEDICAL CENTER	1
4/15/10			Apr'13			Apr'16	7D-045-02	WOMEN & INFANTS HOSPITAL	1
8/15/10	8/15/10			Aug'13			7D-051-01	RHODE ISLAND HOSPITAL	1
<b>03710 - Civil Defense - 5 yrs.</b>									<b>2</b>
3/4/10	3/30/11				Mar'15		8A-009-01	RIEMA	1
3/4/10	3/30/11				Mar'15		8A-009-02	RIEMA	1