

SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE/LOCATION INSPECTED: Cardiac Care Associates, PC 1205 S. Main Street Suite 101 Crown Point, IN 46307 REPORT NUMBER(S) 2011-001		2. NRC/REGIONAL OFFICE Region III: 2443 Warrenville Rd., Ste. 210 Lisle, IL 60532-4352	
3. DOCKET NUMBER(S) 030-33947		4. LICENSE NUMBER(S) 13-26674-01	5. DATE(S) OF INSPECTION 11/21/2011

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, 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'S REPRESENTATIVE			
NRC INSPECTOR	Deborah A. Piskura	<i>Deborah A. Piskura</i>	11/21/2011
BRANCH CHIEF	Tamara E. Bloomer	<i>Tamara Bloomer</i>	11/21/11

Docket File Information
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6. INSPECTION PROCEDURES USED 87130		7. INSPECTION FOCUS AREAS 03.01 - 03.07	

SUPPLEMENTAL INSPECTION INFORMATION

1. PROGRAM CODE(S) 02201	2. PRIORITY 5	3. LICENSEE CONTACT Trent G. Orfanos, M.D., RSO	4. TELEPHONE NUMBER (219) 662-0137
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Main Office Inspection Next Inspection Date: Nov. 2016

Field Office Inspection _____

Temporary Job Site Inspection _____

PROGRAM SCOPE

The licensee was a private practice full service cardiac clinic authorized to use licensed material permitted by Sections 35.100 and 35.200. The licensee employed one full-time technologist who performed approximately 70 diagnostic nuclear procedures per month. Nuclear medicine studies were performed Monday through Thursday. The licensee received unit doses from a licensed radiopharmacy. The licensee retained the services of a consulting physicist who audited the radiation safety program on a quarterly basis.

This inspection consisted of interviews with licensee personnel, a review of selected records, tour of the nuclear medicine department, and independent measurements. The inspector observed licensee personnel administer two unit doses for two cardiac imaging studies. The inspection included observations of dose calibrator QA checks, security of licensed material, use of personnel monitoring, and area surveys.