NRC FORM 591M PART 1 U.S. NUCLEAR REGULATORY COMMISSION									
10 CFR 2.201 SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION									
1. LICENSEE/LOCATION	N INSPECTED:		2. NRC/REGIONAL OFFICE						
Cardiovascular 1531 West 32nd Suite 208	l Street		Region III U. S. Nuclear Regulatory Commission 2443 Warrenville Road, Suite 210						
Joplin, MO 648	04		Lisle, IL 60532-4352						
REPORT NUMBER(S	2016-001		, <u></u>						
3. DOCKET NUMBER(S)		4. LICENSE NUMBER(S)		5. DATE(S) OF INSPECTION					
030-34915		24-32149-01		03/29/16, with in-or review through 04/26					
Regulatory Commission	n examination of the activities conduct on (NRC) rules and regulations and th sentative records, interviews with pers	e conditions of your	license. The inspection consist	ed of selective examinatior	s of				
✓ 1. Based on	1. Based on the inspection findings, no violations were identified.								
2. Previous v	2. Previous violation(s) closed.								
non-repeti									
	Non-cited violation(s) were discuss	ed involving the foll	lowing requirement(s):						
cited in ac with 10 CI	s and Corrective Actions)		OTICE OF VIOLATION, which m						
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,									
	ance will be achieved). I understand t	hat no further writte		red, unless specifically requ					
TITLE LICENSEE'S	PRINTED NAME		SIGNATURE		DATE				
REPRESENTATIVE									
NRC INSPECTOR	Dennis P. O'Dowd		Dennis P. O'Don	1	3/13/16				
BRANCH CHIEF	Aaron T. McCraw		FIM		5/13/16				

NRC FORM 591M PART 1 (07-2012)

NRC FORM 387 (RIII) (04-2012)



UNITED STATES NUCLEAR REGULATORY COMMISSION

REGION III 2443 Warrenville Road, Suite 210 Lisle, Illinois 60532-4352

TELEFAX TRANSMITTAL

DATE: 05/13/2016	NUMBER OF PAGES: (includin	g this page) 2	FAX NUMBER:	(417) 623-6424					
SEND TO: Clay Joyner / Eugene Langevin, M.D., / James C. Clouse, D.O., Radiation Safety Officer									
LOCATION: Cardiovascular Medicine									
FROM: (SENDER) Dennis P. O'Dowd, Health Physicist, U.S. Nuclear Regulatory Commission, Region III, DNMS, MIB									
TELEPHONE NUMBER		FAX NUMBER		(630) 515-1259					
If you do not receive the complete fax transmittal, please contact the sender as soon as possible at the telephone number provided above.									
Transmitted herein is NRC Form 591, Part 1, "Safety Inspection Report and Compliance Inspection," documenting the inspection of your licensed activities on March 29, 2016, with in-office review through April 26, 2016. Should you have any questions regarding this or any related matter, please do not hesitate to contact me.									
Thank you for your cooperation during this inspection.									
- 14									
NOTICE This message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential, or									

exempt from disclosure under applicable law. If the reader of this message is not the intended recipient or the employee responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify the sender immediately by telephone and return the original to the above address, by U.S. Mail. Thank you.