NRC FORM 591M PART 1			U.S. NUCLEAR REGULATORY COMMISSION		
SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION					
LICENSEE/LOCATION INSPECTED: Cardiology Associates, LLC d/b/a MedStar Health Cardiology Associates 1133 21 st Street, NW, 7 th Floor Washington, DC 20037 REPORT NUMBER(S) 2016-001		2. NRC/REGIONAL OFFICE U.S. Nuclear Regulatory Commission Region I, 2100 Renaissance Blvd, Suite 100 King of Prussia, Pennsylvania 19406-2713			
3. DOCKET NUMBER(S) 030-20994	4. LICENSE NUMBER(08-23	s) 376-01	5. DATE(S) OF INSPECT	o, 2016	
LICENSEE:					
The inspection was an examination of the activities conducted under your license. The inspection consisted of selective examinations of procedures and representative records, interviews with personnel, and observations by the inspection. The inspective examinations of procedures and representative records, interviews with personnel, and observations by the inspector. The inspective examinations of procedures and representative records, interviews with personnel, and observations by the inspector. The inspective examinations of procedures and representative records, interviews with personnel, and observations by the inspector. The inspection findings are as follows: Image: the inspection of the activities of 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 discribed. Image: the inspection, were astisfied. Image: the inspection, were discussed involving the following requirement(s) and corrective action(s): Image: the inspection, certain of your activities, as described below and/or attached, were in violation of NRC requirements and are being cited in accordance with the NRC Enforcement Policy. 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	Janice Nguyen	gane	eë Nguyen	10-20-16	
BRANCH CHIEF	James P. Dwyer	CD		11/12/12	
*NRC FORM 591M PART 1 (07-2012) (RI Rev. 09/12/2013) G:\WordDocs\Current\Insp Record\R08-23376-01.2016-001.591M-Part1.doc					
SUNSI Review Completed By:	/ RA / Janice Nguyen		X Public X	Non-Sensitive	