

**SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION**

1. LICENSEE/LOCATION INSPECTED:

Complete Health Systems  
5084 Villa Linde Parkway  
Suite 7  
Flint, MI 48532

REPORT NUMBER(S) 2017001

2. NRC/REGIONAL OFFICE

Region III  
U. S. Nuclear Regulatory Commission  
2443 Warrenville Rd, Suite 210  
Lisle, IL 60532

3. DOCKET NUMBER(S)

030-36714

4. LICENSE NUMBER(S)

21-32543-01

5. DATE(S) OF INSPECTION

May 26, 2017

**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 in accordance with 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             | Zahid Sulaiman, Health Physicist | <i>Zahid Sulaiman</i> | 5/26/17 |
| BRANCH CHIEF              | Aaron T. McCraw, Chief, MIB      | <i>[Signature]</i>    | 6/14/17 |

