

## OAKLAND IMAGING DIAGNOSTIC CENTER

Oakland Medical Group Division  
27483 Dequindre Suite 101  
Madison Heights, Michigan 48071  
(248) 544-9050



August 1, 2017

United States Nuclear Regulatory Commission  
Region III, Materials Licensing  
2443 Warrenville Road, Ste 210  
Lisle, IL 60532-4352

Re: Amendment to NRC License No. 21-25929-01  
Oakland Imaging Diagnostic Center

We would like to amend our current NRC license to reflect the following changes:

**Item #1** Please remove **Charles Feinman, D.O.** as the Radiation Safety Officer (RSO) and authorized user from our NRC license.

**Item #2** Please add **Christopher Sweet, M.D.** as the Radiation Safety Officer and authorized user for 35.100 and 35.200 on our NRC license.

He is currently an authorized user for 35.100, 35.200 on NRC license # 21-32035-01, Millennium Diagnostic Center. We have enclosed the preceptor forms for being RSO. Also the Letter of Understanding is enclosed.

If you have any questions or require additional information, please contact our physics consultant, Laura M. Luna, Medical Physics Consultants at 734-662-3197 or lluna@mpcphysics.com.

Sincerely,

A handwritten signature in black ink, appearing to read 'Harold Margolis', is written over a light blue horizontal line.

Harold Margolis, CEO.  
Executive Management  
Oakland Imaging Diagnostic Center

RECEIVED AUG 07 2017

## OAKLAND IMAGING DIAGNOSTIC CENTER

Oakland Medical Group Division  
27483 Dequindre Suite 101  
Madison Heights, Michigan 48071  
(248) 544-9050



August 1, 2017

Christopher Sweet, M.D.  
Radiation Safety Officer  
OAKLAND IMAGING DIAGNOSTIC CENTER  
27483 Dequindre, Suite 101  
Madison Heights, MI 48071

Re: Radiation Safety Officer / Executive Management  
Letter of Understanding

Dear Dr. Sweet:

You have been appointed the Radiation Safety Officer (RSO) of this facility for our United States Nuclear Regulatory Commission Materials License. This "Letter of Understanding" is prepared to comply with Title 10 Code of Federal Regulations (CFR) Part 35.24(b). This section of the regulations requires that you agree in writing to the following:

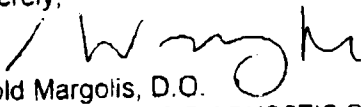
- Assume responsibility for implementing the Radiation Protection Program
- Ensure that radiation safety activities are being performed in accordance with our own approved procedures and all regulatory requirements.


Furthermore, in compliance with 10 CFR 35.24(e),(g), the executive management of this facility agrees to provide you as RSO:

- Specific written notation of your authority, duties and responsibilities, see attached.
- Sufficient authority, organizational freedom, time, resources and management prerogative to:
  1. Identify radiation safety problems;
  2. Initiate, recommend, or provide corrective actions;
  3. Stop unsafe operations; and,
  4. Verify implementation of corrective actions.

Our signatures noted below will attest to the issues noted above. Please make a copy of this document for your files and return the original to my attention.

Sincerely,

  
Harold Margolis, D.O.  
OAKLAND IMAGING DIAGNOSTIC CENTER

  
Christopher Sweet, M.D.  
OAKLAND IMAGING DIAGNOSTIC CENTER

# The American Board of Radiology

Organized through the cooperation of the  
American College of Radiology, the American Roentgen Ray Society,  
the American Radium Society, the Radiological Society of North America,  
the Section on Radiology of the American Medical Association,  
the American Society for Therapeutic Radiology and Oncology, the Association of  
University Radiologists, and American Association of Physicists in Medicine

Hereby certifies that

**Christopher Simon Sweet, M.D.**

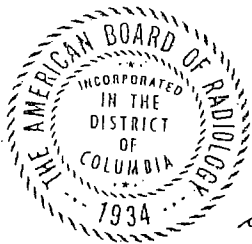
Has pursued an accepted course of graduate study  
and clinical work, has met certain standards and qualifications and  
has passed the examinations conducted under the authority of

The American Board of Radiology

On this twenty-seventh day of February, 1996  
Thereby demonstrating to the satisfaction of the Board  
that he is qualified to practice the specialty of

**Diagnostic Radiology**

with  
Added Qualifications in  
**Neuroradiology**



*Douglas Maynard MD*  
President

*Willie Jennelle MD*  
Secretary-Treasurer

*M. Paul Capp, M.D.*  
Executive Director

Valid through: February 2006



**RADIATION SAFETY OFFICER TRAINING  
AND EXPERIENCE AND PRECEPTOR ATTESTATION**  
[10 CFR 35.50]

APPROVED BY OMB: NO. 3150-0120  
EXPIRES: 06/30/2019

Name of Proposed Radiation Safety Officer

**CHRISTOPHER SWEET MD**

Requested Authorization(s) *The license authorizes the following medical uses (check all that apply):*

- 35.100   
  35.200   
  35.300   
  35.400   
  35.500   
  35.600 (remote afterloader)  
 35.600 (teletherapy)   
  35.600 (gamma stereotactic radiosurgery)   
  35.1000 ( \_\_\_\_\_ )

**PART I -- TRAINING AND EXPERIENCE**  
*(Select one of the four methods below)*

\*Training and Experience, including board certification, must have been obtained within the 7 years preceding the date of application or the individual must have obtained related continuing education and experience since the required training and experience was completed. Provide dates, duration, and description of continuing education and experience related to the uses checked above.

**1. Board Certification**

- a. Provide a copy of the board certification.
- b. Use Table 3.c. to describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license.
- c. Skip to and complete Part II Preceptor Attestation.

**OR**

**2. Current Radiation Safety Officer Seeking Authorization to Be Recognized as a Radiation Safety Officer for the Additional Medical Uses Checked Above**

- a. Use the table in section 3.c. to describe training in radiation safety, regulatory issues, and emergency procedures for the additional types of medical use for which recognition as RSO is sought.
- b. Skip to and complete Part II Preceptor Attestation.

**OR**

**3. Structured Educational Program for Proposed Radiation Safety Officer**

a. Classroom and Laboratory Training

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation			
Radiation protection			
Mathematics pertaining to the use and measurement of radioactivity			
Radiation biology			
Radiation dosimetry			

**Total Hours of Training:**

**RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**3. Structured Educational Program for Proposed Radiation Safety Officer (continued)**

**b. Supervised Radiation Safety Experience**

*(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)*

Description of Experience	Location of Training/ License or Permit Number of Facility	Dates of Training*
Shipping, receiving, and performing related radiation surveys		
Using and performing checks for proper operation of instruments used to determine the activity of dosages, survey meters, and instruments used to measure radionuclides		
Securing and controlling byproduct material		
Using administrative controls to avoid mistakes in administration of byproduct material		
Using procedures to prevent or minimize radioactive contamination and using proper decontamination procedures		
Using emergency procedures to control byproduct material		
Disposing of byproduct material		
Licensed Material Used (e.g., 35.100, 35.200, etc.)+ <div style="border: 1px solid black; height: 50px; width: 100%;"></div>		

+ Choose all applicable sections of 10 CFR Part 35 to describe radioisotopes and quantities used: 35.100, 35.200, 35.300, 35.400, 35.500, 35.600 remote afterloader units, 35.600 teletherapy units, 35.600 gamma stereotactic radiosurgery units, emerging technologies (provide list of devices).

**RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**3. Structured Educational Program for Proposed Radiation Safety Officer (continued)**

b. Supervised Radiation Safety Experience (continued)

*(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)*

Supervising Individual	License/Permit Number listing supervising individual as a Radiation Safety Officer
This license authorizes the following medical uses: <input type="checkbox"/> 35.100 <input type="checkbox"/> 35.200 <input type="checkbox"/> 35.300 <input type="checkbox"/> 35.400 <input type="checkbox"/> 35.500 <input type="checkbox"/> 35.600 (remote afterloader) <input type="checkbox"/> 35.600 (teletherapy) <input type="checkbox"/> 35.600 (gamma stereotactic radiosurgery) <input type="checkbox"/> 35.1000 ( _____ )	

c. Describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license.

Description of Training	Training Provided By	Dates of Training*
Radiation safety, regulatory issues, and emergency procedures for 35.100, 35.200, and 35.500 uses		
Radiation safety, regulatory issues, and emergency procedures for 35.300 uses		
Radiation safety, regulatory issues, and emergency procedures for 35.400 uses		
Radiation safety, regulatory issues, and emergency procedures for 35.600 - teletherapy uses		
Radiation safety, regulatory issues, and emergency procedures for 35.600 - remote afterloader uses		
Radiation safety, regulatory issues, and emergency procedures for 35.600 - gamma stereotactic radiosurgery uses		
Radiation safety, regulatory issues, and emergency procedures for 35.1000, specify use(s):		

**RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**3. Structured Educational Program for Proposed Radiation Safety Officer (continued)**

c. Training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license (continued)

Supervising Individual <i>If training was provided by supervising RSO, AU, AMP, or ANP. (If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.)</i>	License/Permit Number listing supervising individual
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License/Permit lists supervising individual as:

- Radiation Safety Officer     
 Authorized User     
 Authorized Nuclear Pharmacist  
 Authorized Medical Physicist

Authorized as RSO, AU, ANP, or AMP for the following medical uses:

- 35.100       35.200       35.300       35.400  
 35.500       35.600 (remote afterloader)       35.600 (teletherapy)  
 35.600 (gamma stereotactic radiosurgery)       35.1000 ( \_\_\_\_\_ )

d. Skip to and complete Part II Preceptor Attestation.

**OR**

**4. Authorized User, Authorized Medical Physicist, or Authorized Nuclear Pharmacist identified on the licensee's license**

- a. Provide license number.
- b. Use the table in section 3.c. to describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license.
- c. Skip to and complete Part II Preceptor Attestation.

**PART II – PRECEPTOR ATTESTATION**

Note: This part must be completed by the individual's preceptor. The preceptor does not have to be the supervising individual as long as the preceptor provides, directs, or verifies training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each.

**First Section**

Check one of the following:

**1. Board Certification**

I attest that CHRISTOPHER SWART MD has satisfactorily completed the requirements in  
Name of Proposed Radiation Safety Officer

10 CFR 35.50(a)(1)(i) and (a)(1)(ii); or 35.50 (a)(2)(i) and (a)(2)(ii); or 35.50(c)(1).

**OR**

**2. Structured Educational Program for Proposed Radiation Safety Officers**

I attest that \_\_\_\_\_ has satisfactorily completed a structural educational  
Name of Proposed Radiation Safety Officer

program consisting of both 200 hours of classroom and laboratory training and one year of full-time radiation safety experience as required by 10 CFR 35.50(b)(1).

**OR**

RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Preceptor Attestation (continued)

First Section (continued)

Check one of the following:

3. Additional Authorization as Radiation Safety Officer

I attest that CHRISTOPHER SWEET MD is an  
Name of Proposed Radiation Safety Officer

Authorized User

Authorized Nuclear Pharmacist

Authorized Medical Physicist

identified on the Licensee's license and has experience with the radiation safety aspects of similar type of use of byproduct material for which the individual has Radiation Safety Officer responsibilities

AND

Second Section

Complete for all (check all that apply):

I attest that CHRISTOPHER SWEET MD has training in the radiation safety, regulatory issues, and  
Name of Proposed Radiation Safety Officer

emergency procedures for the following types of use:

35.100

35.200

35.300 oral administration of less than or equal to 33 millicuries of sodium iodide I-131, for which a written directive is required

35.300 oral administration of greater than 33 millicuries of sodium iodide I-131

35.300 parenteral administration of any beta-emitter, or a photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required

35.300 parenteral administration of any other radionuclide for which a written directive is required

35.400

35.500

35.600 remote afterloader units

35.600 teletherapy units

35.600 gamma stereotactic radiosurgery units

35.1000 emerging technologies, including:

[Empty box for emerging technologies]



RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

AND

Third Section  
Complete for ALL

I attest that CHRISTOPHER SWEET MD has achieved a level of radiation safety knowledge  
Name of Proposed Radiation Safety Officer  
sufficient to function independently as a Radiation Safety Officer for a medical use licensee.

Fourth Section  
Complete the following for Preceptor Attestation and signature

I am the Radiation Safety Officer for OAKLAND IMAGING DIAGNOSTIC CENTER  
Name of Facility

License/Permit Number: 21-25929-01

Name of Preceptor	Signature	Telephone Number	Date
CHARLES FEINMAN DO	Charles H Feinman DO	(248) 544-9050	8-1-17

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Express **US Airbill** Public Tracking Number **8113 1433 4607**

**1 From**  
Date: 7/31/07  
Sender's Name: [Redacted] Phone: 248 544-9050  
Company: OAKLAND IMAGING DIAG CENTER  
Address: 27483 DEQUINDRE RD STE 101  
City: MADISON HEIGHTS State: MI ZIP: 48071-5700

**2 Your Internal Billing Reference**

**3 To**  
Recipient's Name: [Redacted] Phone: 763 829 9500  
Company: [Redacted]  
Address: 2443 W...  
City: Livonia State: MI ZIP: 48150-4102

**4 Hold/Waitlist**  
Hold/Waitlist: [Redacted]  
Hold Security: [Redacted]



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**0215** Recipient's Copy

**4 Express Package Services** \* to most locations

**Next Business Day**  
 FedEx First Overnight  
 FedEx Priority Overnight  
 FedEx Standard Overnight

**2 or 3 Business Days**  
 FedEx 2Day A.M.  
 FedEx 2Day  
 FedEx Express Saver

**5 Packaging** \* Reduced rates with FedEx  
 FedEx Envelope\*  FedEx Pak\*  FedEx Box  FedEx Tube  Other

**6 Special Handling and Delivery Signature Options** Fees may apply. See the FedEx Service Guide.

Saturday Delivery  
 No Signature Required  
 Direct Signature  
 Indirect Signature

**Does this shipment contain dangerous goods?**  
 No  Yes  Yes (Shipper's Declaration not provided)  Dry Ice  Cargo Aircraft Only

**7 Payment Method**  
Enter FedEx Acct. No. or Credit Card No. below. Obtain Receipt from Shipper.  
 Sender Pays  Recipient  Third Party  Credit Card  Cash/Check

Total Packages: [Redacted] Total Weight: [Redacted] Credit Card Auth: [Redacted]

**811**

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See the FedEx Service Guide for details.