DED/DEB

NOV 0 7 1990

Mobile Cardiovascular Testing ATTN: Donald Schmidt, M.D. Medical Director 1218 Kilbourne Avenue Milwaukee, WI 53233

Gentlemen:

. . . .

As a result of the inspection conducted on October 25, 1990, a NRC Form 591, SAFETY INSPECTION, is issued for License No. 48-24566-01. You will note that this form indicates that no violation was noted. It is not necessary that you acknowledge receipt of this form.

I wish to express my appreciation for the cooperation extended to me during the inspection.

Sincerely,

Jamnes L. Cameron Radiation Specialist

Enclosure: NRC Form 591

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

RIII RIII GAL LOHS Cameron/ms Schultz 11/2/40 11-6-90

9011190258 901107 REG3 LIC30 48-24566-01 PDC

