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JAN 7 1994

Computerized Medical Imaging ATTN: Dennis Wolf Radiation Safety Officer 719 W. Hamilton Ave. Suite B Eau Claire, WI 5470' License No. 48-24533-01 Docket No. 030-28773

Dear Mr. Wolf:

1 . . .

During the inspection conducted December 3, 1993, 1 inadvertently issued a violation for failing to leak test a cobalt-57 flood source. Since cobalt-57 is not regulated by the NRC, a revised NRC Form 591, SAFETY INSPECTION is being issued to you. The form sets forth the violation noted during the inspection pertaining to your failure to test the geometry dependence of your dose calibrator following repair of the device. Please acknowledge receipt of this form by signing and dating in the appropriate space on all copies. You are requested to retain the original and return four signed and dated copies to this office within ten days of the receipt of this letter.

I wish to express my appreciation for the cooperation extended to me during the inspection. I regret any inconvenience caused by the erroneous violation.

Sincerely,

Original Signed By David W. Nelson Radiation Specialist

RIII TANJ Nelson/bt 01/07/94

Halt 1/7/94

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| NRC FORM 591 PART 1 (7-91) | | U.S. NUCLEAR REGULATORY COMMISSIO | |
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| 10. CF# 2.201 | SAFETY | INSPECTION | |
| | | Page 1 of | |
| 1. LICENSEE Computerized Medical Imaging 719 W. Hamilton Ave. Ste. B Eau Claire, WI 54701 | | 2. REGIONAL OFFICE REGION III U S NUCLEAR REGULATORY COMMISSION 799 ROOSEVELT ROAD GLEN ELLYN IL 60137 | |
| 3. DOCKET NUMBER(S) | 4. LICENSE NUMBER(S | 5. DATE OF INSPECTION | |
| 030-28773 | 48-24533-01 | December 3, 1993 | |
| rocedures and representative records, sllows: | interviews with personnel, and o | our license as they relate to radiation safety and to compliance with the Nucl s of your license. The inspection consisted of selective examinations of observations by the inspector. The findings as a result of this inspection are | |
| 3. During this inspection certain | steps you have taken to correct this time. | t the violations identified during the last inspection. We have no further | |
| A | | was not properly posted to | |
| indicate the presence of | â | . 10 CFR 20.203(b),(c),(d),(e) or 34.42 | |
| B | | | |
| performed at the proper | frequencies. 10 CFR | or License Condition Number | |
| C. Records of | | were not properly maintained. | |
| 10 CFR | or License Condition N | | |
| | operly posted or otherwise made | | |
| E. Reports or notification o | | were not made in accordance with | |
| 10 CFR | 10 CFR or License Condition Number | | |
| | | to test geometry dependence of dose | |
| | C-10R) following re | | |
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| | | | |
| hereby state that, within 30 days, the ad bove. This statement of corrective action nless required by the NRC. | ctions described by me to the in ons is made in accordance with | spector will be taken to correct the violations identified in the items checked the requirements of 10 CFR 2.201. No further response will be submitted | |
| IGNATURE - LICENSEE | DATE | SIGNATURE - NRC INSPECTOR DATE 12/3/93 | |
| FORM 591 Fart 1 (7-91) | ODICINA | L TO LICENSEE | |