

SAFETY INSPECTION



1. LICENSEE NORTHERN MEDICAL IMAGING P. O. BOX 1010 BEMIDJI, MN 56601		2. REGIONAL OFFICE U.S. NUCLEAR REGULATORY COMMISSION REGION III 799 ROOSEVELT ROAD GLEN ELLYN, IL 60137	
3. DOCKET NUMBER(S) 030-10809	4. LICENSE NUMBER(S) 22-16328-01	5. DATE OF INSPECTION OCTOBER 24, 1990	

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's (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 findings as a result of this inspection are as follows:

- 1. Within the scope of this inspection, no violations were observed.
- 2. The inspector also verified the steps you have taken to correct the violations identified during the last inspection. We have no further questions on those actions at this time.
- 3. During this inspection certain of your activities, as checked below, were in violation of NRC requirements.
THIS IS A NOTICE OF VIOLATION which is required to be posted in accordance with 10 CFR 19.11.
 - A. _____ was not properly posted to indicate the presence of a _____ 10 CFR 20.203(b), (c), (d), (e) or 34.42.
 - B. Containers located in _____ were not properly labeled to indicate the presence of radioactive material. 10 CFR 20.203(f)(1), or (f)(2).
 - C. _____ of sealed sources were not performed at the proper frequencies. 10 CFR _____ License Condition Number _____
 - D. Records of daily decontamination surveys were not properly maintained.
~~XXXXXX~~ License Condition Number 10.
 - E. Documents were not properly posted or otherwise made available. 10 CFR 19.11.
 - F. Reports or notifications of _____ were not made in accordance with 10 CFR _____ or License Condition Number _____
 - H. Individual radiopharmaceutical doses were not assayed prior to administration at each site. License Condition No. 15.
 - I. A list of all hospitals or centers serviced in the States of Minnesota, South Dakota, Montana, and Wyoming was not submitted to Region III for calendar years 1988 and 1989. License Condition No. 10(f).
 - J. _____
 - K. _____
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I hereby state that within 30 days the actions described by me to the inspector will be taken to correct the violations identified in the items checked above. This statement of corrective actions is made in accordance with the requirements of 10 CFR 2.201. No further response will be submitted unless required by the NRC.

 SIGNATURE - LICENSEE	11/12/90 DATE	 SIGNATURE - NRC INSPECTOR	11/2/90 DATE
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