

DCD/DCB

NOV 05 1990

Northern Medical Imaging
P.O. Box 1010
Bemidji, MN 56601

Gentlemen:

As a result of the inspection conducted on October 24, 1990, a NRC Form 591, SAFETY INSPECTION, is issued for License No. 22-16328-01. The enclosed form sets forth the violation noted. 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.

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

Sincerely,

Gary L. Shear
Senior Radiation Specialist

Enclosure: NRC Form 591

cc w/enclosure:
DCD/DCB(RIDS)

R111

Shear/mc

Handwritten signatures and dates:
11/4/90
CONRAD
11/4/90

9012180191 901120
REG3 LIC30
22-16328-01 PDR

IE07

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. _____

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.

~~030-10809~~
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SIGNATURE - LICENSEE

DATE

David Shear
SIGNATURE - NRC INSPECTOR

11/2/90
DATE