

4E07
PUBLIC 1/1

February 1, 1995

Radiation Protection Manager
EPA Region 5
U.S. Environmental Protection Agency
77 West Jackson Boulevard
Chicago, IL 60604-3507

Dear Sir:

In accordance with the 1992 Memorandum Of Understanding between the Nuclear Regulatory Commission (NRC) and the Environmental Protection Agency (EPA), I am enclosing the EPA Referral Form(s) on air emissions from a licensee recently inspected by NRC Region III staff. Should you require any additional information regarding the details of the air emissions, the resulting doses, or the methods used to obtain these doses, please refer these inquiries to the licensee representative indicated in the "Contact" entry on the Form.

Please note if this inspection found violation(s) of Severity Level V or greater associated with air effluents, we are enclosing a copy of the inspection report.

Please contact this office at (708) 829-9836 if you have any other questions regarding the inspection findings.

Sincerely,

Original Signed by B. J. Holt

9502080031 950201
PDR ADOCK 03033503
C PDR

B. J. Holt, Chief
Nuclear Materials Inspection
Section 1

License No.: 13-26472-01MD
Docket No.: 030-33503

Enclosure: As stated

cc w/encl: F. Combs, NMSS

bcc w/encl: R. Lickus

DOCUMENT NAME: G:\LTRS2LIC\MTLS\030\95333503.L01

To receive a copy of this document, indicate in the box: "C" = Copy without attachment/enclosure "E" = Copy with attachment/enclosure "N" = No copy

OFFICE	DRSS/RIII	DRSS/RIII	DRSS/RIII		
NAME	Gattone:jaw	Cameron	Holt		
DATE	01/27/95	01/ /95	01/21/95		

OFFICIAL RECORD COPY

070034

INSPECTION REFERRAL FORM

To: Regional Radiation Program Manager, Environmental Protection Agency
(see address of regional office on the back of the form)

From: Nuclear Regulatory Commission, Region III__

Inspector: Jamnes Cameron_____	Phone: (708_) 829-9833_____
Inspection Dates: 12-21-94_____	License No(s): 13-26472-01_____
Licensee: Premier Pharmacy Services, P.C._____	
Contact: Steve Piepenbrink, RSO_____	Phone: (317-873-4821_____
Address: 1711 West 15th Street Indianapolis, IN 46202_____	

Licensee's ALARA goal if greater than 20% of Appendix B, Part 20: N/A_____ % Appendix B, Part 20 (N/A_____ mrem)
If >20% Appendix B, has NRC approved this goal? N/A____ (Yes) ____ (No)

<u>Classification of Effective Dose Equivalent:</u>	
Above licensee's ALARA goal?	N/A (Yes) ____ (No)
Above NRC Regulatory Guide 8.37 ALARA Goal? [100 μ Sv/yr (10 mrem/yr)]	____ (Yes) X ____ (No)
Insufficient information to estimate dose?	____ (Yes) X ____ (No)