

SAFETY INSPECTION

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1. LICENSEE

Harley Medical Cent
One Harley Plaza
Flint, MI 48502

2. REGIONAL OFFICE

REGION III
U S NUCLEAR REGULATORY COMMISSION
799 ROOSEVELT ROAD
GLEN ELLYN IL 60137

3. DOCKET NUMBER(S)

100-01992

4. LICENSE NUMBER(S)

21-00338-02

5. DATE OF INSPECTION

February 27, 1992

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 (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 described below or attached, were in violation of NRC requirements. This form 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. _____ of sealed sources were not performed at the proper frequencies, 10 CFR _____ or License Condition Number _____.

☐ C. Records of _____ were not properly maintained, 10 CFR _____ or License Condition Number _____.

☐ D. Documents were not properly posted or otherwise made available, 10 CFR 19.11.

☐ E. Reports or notification of _____ were not made in accordance with 10 CFR _____ or License Condition Number _____.

☒ F. Failure to perform dose calibration frequency checks frequently with highest doses administered to a patient as per 10 CFR 35.50 (b) (3).

9204100082 920320
REG3 LIC30
21-00338-02 PDR

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

DATE

SIGNATURE - NRC INSPECTOR

DATE

Sander Handes

3/27/1992

3/17/92

SAFETY INSPECTION

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1. LICENSEE

Harley Medical Center
One Harley Plaza
Flint, MI 48602

2. REGIONAL OFFICE

REGION III
U.S. NUCLEAR REGULATORY COMMISSION
799 ROOSEVELT ROAD
GLEN ELLYN, IL 60137

DOCKET NUMBER(S)

100-01992

4. LICENSE NUMBER(S)

21-0038-42

5. DATE OF INSPECTION

February 27, 1992

3. (Continued)

☒ G.

Failure to conduct annual refresher training for various auxiliary staff members

(housekeeping and transporters) as per License Condition 15.A., referencing the application
dated August 2, 1989, Item A.1.

☐ H.

Joan Dandy 3/2/1992

☐ I.

4. The violations listed below are not being cited because they were self-identified, and corrective action was or is being taken, and the remaining criteria in 10 CFR 2, App. C, to exercise discretion were satisfied.

☐ A.☐ B.☐ C.