| NRC FORM 591M PART 1 U.S. NUCLEAR REGULATORY COMMISSION (07-2012) 10 CFR 2.201 SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION | | | | | | |
|--|---|---|-----------------------|--|--|---|
| | | REPURT A | | | PECTION | |
| 1. LICENSEE | E/LOCATION INSPECTED: | | | 2. NRC/REGIONAL OFFICE | | |
| Consulting Cardiologists, P.C. 85 Seymour Street, Suite 719 Hartford, CT 06106 REPORT NUMBER(S) 2021-001 | | | | Region I U. S. Nuclear Regulatory Commission 2100 Renaissance Boulevard, Suite 100 King of Prussia, PA 19406-2713 | | |
| 3. DOCKET NUMBER(S) | | 4. LICENSE NUMB | BER(| R(S) 5. DATE(S) OF INSPECT | | ION |
| 030-30786 | | 06-28274-01 | | | 11/15/2021 -2/9/2022 | |
| Regulatory Commiss procedures and reprevalence of the procedure of the pro | in examination of the activities conduct ion (NRC) rules and regulations and the sentative records, interviews with persist the inspection findings, no violations with violation(s) closed. Itions(s), specifically described to you be itive, and corrective action was or is beau, were satisfied. Non-cited violation(s) were discussive in the inspection, certain of your activities, accordance with NRC Enforcement Policific FR 19.11. Is and Corrective Actions) | e conditions of you connel, and observations of your were identified. The inspector as being taken, and the sed involving the form | ur liivatic norne rei | cense. The inspection consisted one by the inspector. The inspector on the inspector of the | ed of selective examinate ection findings are as for cited because they were corcement Policy, to exempt of NRC requirements | ions of llows: re self-identified, rcise |
| Statement of Corrective Actions I hereby state that, within 30 days, the actions described by me to the Inspector will be taken to correct the violations identified. This statement of corrective actions is made in accordance with the requirements of 10 CFR 2.201 (corrective steps already taken, corrective steps which will be taken, date when full compliance will be achieved). I understand that no further written response to NRC will be required, unless specifically requested. | | | | | | |
| TITLE | PRINTED NAME | William Will | | SIGNATURE | ca, arnoss specimouny re | DATE |
| LICENSEE'S REPRESENTATIVE | | | | | | |
| NRC INSPECTOR | Shawn W. Seeley | | | | | |
| BRANCH CHIEF | Anne DeFrancisco | | | | | |