

SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE/LOCATION INSPECTED:

Medial Clinic of Northville
Northville, MI 48167

REPORT

2. NRC/REGIONAL OFFICE

U.S. Nuclear Regulatory Commission
Region III
2443 Warrenville Road
Suite 210
Lisle, Illinois 60532-4351

3. DOCKET NUMBER(S)

030-35012

4. LICENSEE NUMBER(S)

21-32174-01

5. DATE(S) OF INSPECTION

Nov. 28, 2005

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 inspection

- ☒ 1. Based on the inspection findings, no violations were identified.
- ☐ 2. Previous violation(s) closed.
- ☐ 3. The violation(s), specifically described to you by the inspector as non-cited violations, are not being cited because they were self-identified, non-repetitive, and corrective action was or is being taken, and the remaining criteria in the NRC Enforcement Policy, NUREG-1600, to exercise discretion, were satisfied.

_____ Non-Cited Violation(s) was/were discussed involving the following requirement(s) and Corrective Action(s):

- ☐ 4. During this inspection certain of your activities, as described below and/or attached, were in violation of NRC requirements and are being cited. This form is a NOTICE OF VIOLATION, which may be subject to posting in accordance with 10 CFR 19.11.

(Violations and Corrective Actions)

Licensee's Statement of Corrective Actions for Item 4, above.

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	Signature	Date
LICENSEE'S REPRESENTATIVE			
NRC INSPECTOR	Deborah A. Piskura	<i>DA Piskura</i>	11/28/05

NRC FORM 591M PART 3

(10-2003)
10 CFR 2.201U.S. NUCLEAR REGULATORY
COMMISSION*Docket File Information*
**SAFETY INSPECTION REPORT
AND COMPLIANCE INSPECTION**

1. LICENSEE Medical Clinic of Northville REPORT NUMBER(S) 2005-001		2. NRC/REGIONAL OFFICE Region III 2443 Warrenville Road, Suite 210 Lisle, IL 60532	
3. DOCKET NUMBER(S) 030-35012	4. LICENSE NUMBER(S) 21-32174-01	5. DATE(S) OF INSPECTION Nov. 28, 2005	
6. INSPECTION PROCEDURES 87130	7. INSPECTION FOCUS AREAS 03.01, 03.02, 03.03, 03.04, 03.05, 03.06, 03.07, and 03.08		
SUPPLEMENTAL INSPECTION INFORMATION			
1. PROGRAM CODE(S) 02201	2. PRIORITY G 5	3. LICENSEE CONTACT Won Chae, M.D., RSO	4. TELEPHONE NUMBER 248.349.1900
<input checked="" type="checkbox"/> Main Office Inspection		Next Inspection Date: 11/2010	
<input type="checkbox"/> Field			
<input type="checkbox"/> Temporary Job Site			

PROGRAM SCOPE

This licensee was a private practice multi-specialty diagnostic clinic and authorized to use licensed material permitted by Sections 35.100 and 35.200. The nuclear medicine department was staffed with one part-time technologist and one temporary technologist who performed approximately 5-10 diagnostic nuclear medicine procedures daily. The licensee received unit doses from a licensed radiopharmacy. At the time of this inspection, the clinic conducted studies on Mondays and Tuesdays. The clinic retained the services of a consulting physics group to conduct quarterly audits of the radiation safety program.

This inspection consisted of interviews with licensee personnel, a review of selected records, tour of the nuclear medicine department, and independent measurements.