



UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION III
2443 Warrenville Road, Suite 210
Lisle, Illinois 60532-4352

TELEFAX TRANSMITTAL

DATE: 1/30/2006 NUMBER OF PAGES: 2
(including this page)

SEND TO: Michelle

LOCATION: Charlevoix Area Hospital

FAX NUMBER: 231-547-8086 ☐ **VERIFY BY CALLING SENDER**

FROM: Debbie Piskura
(SENDER)

TELEPHONE NUMBER: 630-829-9867 FAX NUMBER: 630-515-1259

If you do not receive the complete fax transmittal, please contact the sender as soon as possible at the telephone number provided above.

MESSAGE

Attached please find revised/corrected Form 591.
Please disregard/destroy the form I left on the
19th. So sorry for the omission!
Best regards,
Debbie Piskura

NOTICE

This message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential, or exempt from disclosure under applicable law. If the reader of this message is not the intended recipient or the employee responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify the sender immediately by telephone and return the original to the above address, by U.S. Mail. Thank you.

SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE/LOCATION INSPECTED:

Charlevoix Area Hospital
Charlevoix, MI

REPORT NUMBER(S) 2006-001

2. NRC/REGIONAL OFFICE

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

3. DOCKET NUMBER(S)

030-34992

4. LICENSEE NUMBER(S)

21-32168-01

5. DATE(S) OF INSPECTION

Jan. 19, 2006

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

Deborah A. Piskura

1/19/06

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 Charlevoix Area Hospital REPORT NUMBER(S) 2006-001		2. NRC/REGIONAL OFFICE Region III 2443 Warrenville Road, Suite 210 Lisle, IL 60532	
3. DOCKET NUMBER(S) 030-34992	4. LICENSE NUMBER(S) 21-16268-01	5. DATE(S) OF INSPECTION Jan. 19, 2006	
6. INSPECTION PROCEDURES USED 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) 02121	2. PRIORITY G 5	3. LICENSEE CONTACT Carl D. Harlan, M.D., RSO	4. TELEPHONE NUMBER 231.574.4024
<input checked="" type="checkbox"/> Main Office Inspection Next Inspection Date: Jan. 2011			
<input type="checkbox"/> Field _____			
<input type="checkbox"/> Temporary Job Site _____			

PROGRAM SCOPE

This licensee was a small hospital (25 beds capacity) and authorized to use licensed material permitted by Sections 35.100 and 35.200. The nuclear medicine department was staffed with one full-time technologist and two half time technologists who performed approximately 30-40 diagnostic nuclear medicine procedures per month. The licensee received unit doses from a licensed radiopharmacy. The majority of the studies were bone, cardiac, and gall bladder imaging. The licensee retained the services of a consulting physicist to review its radiation safety program every calendar quarter.

This inspection consisted of interviews with licensee personnel, a review of select records, tour of the nuclear medicine department, and independent measurements. The inspector observed licensee personnel demonstrate dose calibrator QA tests, and radiation surveys.