

(10-2003)  
10 CFR 2.201

## SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

## 1. LICENSEE/LOCATION INSPECTED:

Thyroid & Diabetes Clinic  
9450 S. Saginaw Street, Suite G  
Grand Blanc, Michigan 48439

## 2. NRC/REGIONAL OFFICE

REGION III  
US NUCLEAR REGULATORY COMMISSION  
2443 WARRENVILLE ROAD, SUITE 210  
LISLE, ILLINOIS 60532

REPORT

2006-001

## 3. DOCKET NUMBER(S)

030-37101

## 4. LICENSEE NUMBER(S)

21-32608-01

## 5. DATE(S) OF INSPECTION

8/3/06

## 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 findings are as follows:



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

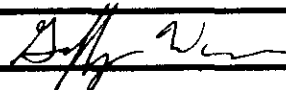
Signature

Date

LICENSEE'S  
REPRESENTATIVE

NRC INSPECTOR

Geoffrey M. Warren



8/3/06

**Docket File Information  
SAFETY INSPECTION REPORT  
AND COMPLIANCE INSPECTION**

1. LICENSEE <b>Thyroid &amp; Diabetes Clinic</b> REPORT NUMBER(S) 2006-001		2. NRC/REGIONAL OFFICE <b>Region III</b>	
3. DOCKET NUMBER(S) <b>030-37101</b>	4. LICENSE NUMBER(S) <b>21-32608-01</b>	5. DATE(S) OF INSPECTION <b>August 8, 2006</b>	
6. INSPECTION PROCEDURES USED <b>87131</b>	7. INSPECTION FOCUS AREAS <b>03.01 - 03.07</b>		
<b>SUPPLEMENTAL INSPECTION INFORMATION</b>			
1. PROGRAM CODE(S) <b>02200</b>	2. PRIORITY <b>3</b>	3. LICENSEE CONTACT <b>Hemant T. Thawani, M.D., RSO</b>	4. TELEPHONE NUMBER <b>810-603-9391</b>



Main Office Inspection

Next Inspection Date: **August 2009**

Field Office \_\_\_\_\_



Temporary Job Site \_\_\_\_\_

**PROGRAM SCOPE**

This was an initial inspection of activities performed under this NRC license.

Licensee was a clinic located in Flint, Michigan, that performed hyperthyroid treatments using iodine-131 in capsule form, acquired from a licensed radiopharmacy. Two technologists and one authorized user were involved in the treatments. Since the license was issued, the licensee had performed two procedures under the license. All waste was held for decay in storage or returned to the radiopharmacy. The clinic hours began at 1:00 pm Monday - Thursday, and at 10:00 am on Friday.

**Performance Observations**

No treatments were scheduled at the time of the inspection. Licensee personnel demonstrated procedures for package receipt, survey meter checks, wipe counter checks, dosage preparation, and area surveys. No concerns were noted regarding these procedures. Interviews of licensee personnel demonstrated adequate knowledge of radiation safety concepts and procedures. Radiation surveys indicated levels appropriate to licensee postings.

*Handwritten signature and date:*  
8/15/06