

## SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE/LOCATION INSPECTED:

Allen County Cardiology  
604 West Berry  
Fort Wayne, IN 46802

REPORT NUMBER(S) 2018001

2. NRC/REGIONAL OFFICE

Region III  
U. S. Nuclear Regulatory Commission  
2443 Warrenville Road, Suite 210  
Lisle, IL 60532-4352

3. DOCKET NUMBER(S)

030-35340

4. LICENSE NUMBER(S)

13-32243-01

5. DATE(S) OF INSPECTION

February 22, 2018

## 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:

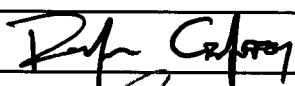
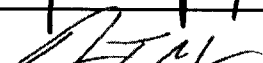
- ☒ 1. Based on the inspection findings, no violations were identified.
- ☒ 2. Previous violation(s) closed.
- ☐ 3. The violation(s), specifically described to you by the inspector as non-cited violations, are not being cited because they were self-identified, non-repetitive, and corrective action was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

Non-cited violation(s) were discussed involving the following requirement(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 in accordance with NRC Enforcement Policy. This form is a NOTICE OF VIOLATION, which may be subject to posting in accordance with 10 CFR 19.11.  
(Violations and Corrective Actions)

## 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	SIGNATURE	DATE
LICENSEE'S REPRESENTATIVE			
NRC INSPECTOR	Ryan Craffey		2/22/18
BRANCH CHIEF	Aaron McCraw		03/05/2018

**Docket File Information**

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3. DOCKET NUMBER(S)  030-35340	4. LICENSE NUMBER(S)  13-32243-01	5. DATE(S) OF INSPECTION  February 22, 2018	
6. INSPECTION PROCEDURES USED  87130	7. INSPECTION FOCUS AREAS		

**SUPPLEMENTAL INSPECTION INFORMATION**

1. PROGRAM CODE(S)  02201	2. PRIORITY  5	3. LICENSEE CONTACT  Naveen Lal, MD - RSO	4. TELEPHONE NUMBER  (260) 423-1331
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☒ Main Office Inspection      Next Inspection Date:      No Change

☐ Field Office Inspection \_\_\_\_\_

☐ Temporary Job Site Inspection \_\_\_\_\_

**PROGRAM SCOPE**

This was an unannounced escalated enforcement followup inspection of a private cardiology practice authorized to use byproduct material for diagnostic medical purposes at its clinic in Fort Wayne, Indiana. The purpose of this inspection was to verify the completion and assess the effectiveness of corrective actions for multiple violations identified during a routine inspection on October 18 and 21, 2016 (IR 03035340/2016001(DNMS)). As a result of that inspection and the ensuing investigation completed on March 9, 2017, the NRC identified a SLIII problem for failure to conduct daily and weekly area surveys as required and for failure to maintain complete and accurate records of these surveys. The NRC also identified SLIV violations during this inspection for failure to properly check incoming packages containing radioactive material and for failure to provide recurrent hazmat training.

**PERFORMANCE OBSERVATIONS**

The inspector confirmed that the licensee had taken corrective actions as described in its written response dated July 12, 2017. The inspector noted that the RSO reviewed and approved radiation safety records in a more timely fashion and maintained enhanced oversight of the program with near-daily observations of and discussions with the technologist. The RSO, as the owner of the clinic, also maintained a consistent and manageable workload for the technologist. In addition, the inspector noted that the licensee's health physics consultant had assessed the completion and effectiveness of corrective actions through quarterly audits, and that the revised schedule of periodic tasks for the technologist was more relevant to radiation safety requirements than previous iterations. The inspector also observed the administration of one cardiac stress test, the conduct of daily and weekly area surveys, the preparation of two packages for return to the radiopharmacy, and demonstrations by the technologist of package receipt and decay-in-storage waste handling. The inspector reviewed all daily and weekly survey records since the last inspection, a selection of package receipt and decay-in-storage waste handling records, and hazmat refresher training materials including tracking mechanisms.

The inspector identified no additional examples of these violations, and determined that the licensee had implemented effective corrective actions to restore compliance and address the potential for recurrence of each. Therefore, the SLIII problem and both SLIV violations are closed. No other violations of NRC requirements were identified.