

DESIGNATED ORIGINAL SAFETY INSPECTION  
Certified By: Brenda Platchek

1. LICENSEE <u>Blwestern, Zimman, Cooperman and Leichter, M.D.S. P.A. 591 East 27th Street Paterson, N.J. 07504</u>		2. REGIONAL OFFICE <u>U.S. NRC, Region I 631 Park Avenue King of Prussia, PA 19406</u>	
3. DOCKET NUMBER(S) <u>030-02533 030-00346</u>	4. LICENSE NUMBER(S) <u>29-11187-01 29-02819-03</u>	5. DATE OF INSPECTION <u>August 29, 1985</u>	

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's (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 findings as a result of this inspection are as follows:

- ☒ 1. Within the scope of this inspection, no violations were observed, x for Teletherapy License No 29-02819-03
- ☒ 2. The inspector also verified the steps you have taken to correct the violations identified during the last inspection. We have no further questions on those actions at this time.
- ☒ 3. During this inspection certain of your activities, as checked below, were in violation of NRC requirements, x for License No. 29-11187-01  
**THIS IS A NOTICE OF VIOLATION** which is required to be posted in accordance with 10 CFR 19.11.
- ☐ A. \_\_\_\_\_ was not properly posted to indicate the presence of a \_\_\_\_\_ 10 CFR 20.203(b), (c), (d), (e) or 34.42.
- ☐ B. Containers located in \_\_\_\_\_ were not properly labeled to indicate the presence of radioactive material. 10 CFR 20.203(f)(1), or (f)(2).
- ☐ C. \_\_\_\_\_ of sealed sources were not performed at the proper frequencies. 10 CFR \_\_\_\_\_ License Condition Number \_\_\_\_\_
- ☒ D. Records of dose calibrator check of I-131 capsule administered to patient were not properly maintained. 1009 or License Condition Number 17
- ☐ E. Documents were not properly posted or otherwise made available. 10 CFR 19.11.
- ☐ F. Reports or notifications of \_\_\_\_\_ were not made in accordance with 10 CFR \_\_\_\_\_ or License Condition Number \_\_\_\_\_
- ☐ H. \_\_\_\_\_
- ☐ I. \_\_\_\_\_
- ☐ J. \_\_\_\_\_
- ☐ K. \_\_\_\_\_

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I hereby state that within 30 days the actions described by me to the inspector will be taken to correct the violations identified in the items checked above. This statement of corrective actions is made in accordance with the requirements of 10 CFR 2.201. No further response will be submitted unless required by the NRC.

<u>Patricia Hickman, R.T.</u> SIGNATURE - LICENSEE	<u>8/29/85</u> DATE	<u>C. J. Oberer</u> SIGNATURE - NRC INSPECTOR	<u>8/29/85</u> DATE
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RETURN ORIGINAL TO  
REGION I

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