NRC FORM 591M PAF (10-2003)	RT 1		ι	J.S. NUCLEAR REGULATO	RY COMMISSION
10 CFR 2.201	SAFETY INSDE	CTION REPORT AN		E INSPECTION	
,	SAI LITINGFLO	TION KEPOKI AI	ID COMPLIANC	LINGFLOTION	
LICENSEE/LOCATION INSPECTED:     Deacones Billings Clinic Health System     P.O. Box 37000     Billings, Montana 59107  REPORT NUMBER(S) 2004-001			2. NRC/REGIONAL OFFICE  USNRC Region IV 611 Ryan Plaza Drive, Suite 400 Arlington, Texas 76011-4005		
3. DOCKET NUMBER(S)		4. LICENSEE NUMBER(S)		5. DATE(S) OF INSPECTION	
030-02389 LICENSEE:		25-01051-01		12-27-2004	
Nuclear Regulatory Comof procedures and representations of procedures and representations.  1. Based on th 2. Previous vious 3. The violation non-repetitive, exercise discreted.	mission (NRC) rules and a sentative records, interview e inspection findings, no violation(s) closed.  n(s), specifically described and corrective action was oftion, were satisfied.  Non-Cited Violation(s) was inspection certain of your a	conducted under your license regulations and the conditions ws with personnel, and observations were identified.  To you by the inspector as noning is being taken, and the remains/were discussed involving the activities, as described below a FION, which may be subject to	of your license. The inspections by the inspector. The cited violations, are not being criteria in the NRC Enfollowing requirement(s) and/or attached, were in vio	ection consisted of selective energy in the	xaminations ollows: elf-identified, 600, to
Licensee's Statement of Corrective Actions for Item 4, above.					
corrective actions is mad	n 30 days, the actions desc le in accordance with the re se will be achieved). I under Print	ribed by me to the inspector wi equirements of 10 CFR 2.201 ( stand that no further written re ed Name	I be taken to correct the vio corrective steps already tal sponse to NRC will be requ	plations identified. This staten ken, corrective steps which wi	ll be taken, ested. Date
NRC INSPECTOR	TOR Richard Leonardi		//	RA/	12-27-2004