10-2003) 10 CFR 2.201 SAFET	Y INSPECTI	ON REPORT AND CO	MPLIANCE INSPI	ECTION	
. LICENSEE/LOCATION	INSPECTED:	, [2.	NRC/REGIONAL OFFICE		
Lancaster General Hospital			REGION I US NUCLEAR REGULATORY COMMISSION		
Lancast	er, PA		475 ALLENDALE ROKING OF PRUSSIA,	OAD	
REPORT 04-01		Ta Hornor			
DOCKET NUMBER(S)		4. LICENSEE NUMBER(S) 37-11860	1.01	5. DATE(S) OF	FINSPECTION
ICENSEE:	<u> </u>	-1-11966		-160-61	· U7
luclear Regulatory Con	mmission (NRC) rule	activities conducted under your licer es and regulations and the condition interviews with personnel, and obse	ns of your license. The ins	spection consisted of s	elective examinations
i i		s, no violations were identified.			
2. Previous vio	plation(s) closed.				
non-repetitive,	n(s), specifically desc and corrective action tion, were satisfied.	cribed to you by the inspector as nor n was or is being taken, and the rem	n-cited violations, are not be aining criteria in the NRC E	ning cited because they nforcement Policy, NUF	were self-identified, REG-1600, to
	•	on(s) was/were discussed involving the	ne following requirement(s)	and Corrective Action/s	s):
		·			
	nonantie-	Marin anti-state	nd/or chick		
d. During this i	inspection certain of is a NOTICE OF VI	your activities, as described below a IOLATION, which may be subject to	uruvor aπached, were in viol posting in accordance with	ation of NRC requirements 10 CFR 19.11.	ents and are being
(Violations	and Corrective Action	ons)	•		
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			•		
•					
	1 •	- Ci-i-	A		
orrective actions is mad ate when full compliand Title	n 30 days, the action de in accordance wit	's Statement of Corrections described by me to the inspector with the requirements of 10 CFR 2.201 I understand that no further written reprinted Name	will be taken to correct the vi (corrective steps already ta response to NRC will be req	riolations identified. This	vhich will be taken.
LICENSEE'S REPRESENTATIVE					
NRC INSPECTOR		Bermudez	Justa 1	rand	10/21/04
RC FORM 591M PART 1					
				NRC-00:	2