NRC FORM 591M PART 1 (10-2003) 10 CFR 2.201					
	TY INSPECTION REPORT	AND COMPLIANCE			
 LICENSEE/LOCATION INSPECTED: Huron Regional Medical Center 172 Fourth Street Southeast Huron, South Dakota 57350 REPORT NUMBER(S) 05-01 		2. NRC/REGIONAL OFFICE USNRC Region IV 611 Ryan Plaza Drive Arlington, Texas 76011-4005			
REPORT NUMBER(S) U5-U1 3. DOCKET NUMBER(S)	4. LICENSEE NUMBER(S)	 	5. DATE(S) OF INSPECTION		
030-09603	40-15697-01		July 13, 2005		
LICENSEE:			•		
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: I. Based on the inspection findings, no violations were identified. I. Previous violation(s) specifically described to you by the inspector as non-cited violations, are not being cited because they were self-identified, non-petitive, and corrective action was or is being taken, and the remaining oriteria in the NRC Enforcement Policy, NUREG-1600, to exercise discretion, were satisfied. Inon-Cited Violation(s) was/were discussed involving the following requirement(s) and Corrective Action(s): A. 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		nature	Date	
LICENSEE'S REPRESENTATIVE					
NRC INSPECTOR	Lawrence Donovan	//F	RA//	7 /13/ 2005	
NRC FORM 591M PART 1 (10-2003)					

NRC FORM 591M PART 2 (10-2003)		U.	S. NUCLEAR REGULATORY COMMISSION
10 CFR 2.201	SAFETY INSPE		
	AND COMPLIAN	CTION REPORT	
1. LICENSEE		2. NRC/REGIONAL OFFICE	
Huron Medical Center REPORT NUMBER(S) 05-01		USNRC Region IV	
3. DOCKET NUMBER(S)	4. LICENSE NUMBER(S)		5. DATE(S) OF INSPECTION
030-09603	40-15697-01		7/13/2005
(Continued)			
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