NRC FORM 591M PART 1
(10-2003)
10 CFR 2.201

U.S. NUCLEAR REGULATORY COMMISSION

SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE/LOCATION INSPECTED:	2. NRC/REGIONAL OFFICE
CentraState Healthcare System, Inc. 901 West Main Street Freehold, New Jersey 07728 REPORT Nos 2006001	**U.S. Nuclear Regulatory Commission** **Region I, 475 Allendale Road** **King of Prussia, Pennsylvania 19406-1415**

3. DOCKET NUMBER(S)	4. LICENSE NUMBER(S)	5. DATE(S) OF INSPECTION
030-08340	29-14966-01	March 9, 2006

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, NUREG-1600, to exercise discretion, were satisfied.

☐ Non-Cited Violation(s) was/were discussed involving the following requirement(s) and Corrective Action(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. This form is a NOTICE OF VIOLATION, which may be subject to posting in accordance with 10 CFR 19.11.

10 CFR 35.633(a)(1) requires, in part, that a licensee authorized to use a remote afterloader unit for medical use shall perform full calibration measurements on each unit before the first medical use of the unit.

10 CFR 35.633(b)(5) requires, in part, that full calibration measurements must include determination of timer accuracy and linearity over the typical range of use.

Contrary to the above, the license did not verify timer linearity over the typical range of use. Specifically, prior to the first medical use of their remote afterloader unit in December 2005, the licensee's full calibration measurements did not include a determination of timer linearity over the typical range of use.

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	Signature	Date
LICENSEE'S REPRESENTATIVE		Kim A. Kelly RN MS CNAA/BC	Kim A. Kelly	3/13/06
NRC INSPECTOR		Randolph C. Ragland Jr./Shirley Xu	Randolph C. Ragland Jr./Shirley Xu	3/13/2006

NRC FORM 591M PART 1 (10-2003) G:\Docs\CurrentInsp Record\R2S-14966-01.06-001.591P1.wpd