NRC FORM 591M PART 1 U.S. NUCLEAR REGULATORY COMMISSION (10-2003)					
SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION					
1 LICENSEE/ OCATIO		. Lotton the ont	2. NRC/REGIONAL OFFICE		
LICENSEE/LOCATION INSPECTED:     Department of the Army			2. TROREGIOTAL OFFICE		
Martin Army Community Hospital			U.S. Nuclear Regulatory Commission		
Fort Benning, Georgia 31905-5637			Region I, 475 Allendale Road King of Prussia, Pennsylvania 19406-1415		
REPORT Nos 2006-001			King of Prussia, Pe	emsyrvania 19400-1	410
3. DOCKET NUMBER(S)		4. LICENSE NUMBER(S)		5. DATE(S) OF INSPECTION	
030-01351		10-06493-02		October 23, 2006	
LICENSEE:					
Nuclear Regulatory Comr of procedures and repres	mission (NRC) rules and entative records, intervi	d regulations and the con	license as they relate to radia ditions of your license. The ir observations by the inspector d.	nspection consisted of sele	ctive examinations
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):					
[ Not-Offen Application(a) Massivere discussed involving the following requirement(a) and ostrocave violation(a).					
[					
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.					
Licensee's Statement of Corrective Actions for Item 4, above.					
I hereby state that within	30 days, the actions de	escribed by me to the inst	pector will be taken to correct	the violations identified. T	his statement of
corrective actions is made	e in accordance with the	e requirements of 10 CFF	t 2.201 (corrective steps alrea ritten response to NRC will b	idy taken, corrective steps e required, unless specifica	which will be taken, ally requested.
Title	Prin	ted Name	Sig	nature	Date
LICENSEE'S REPRESENTATIVE	N/A -		7	del	<b>&gt;</b>
	Bryan A. Parker, I	Health Physicist	Bral	11h	10/23/06
NRC FORM 591M PART	1 (Rev. by RI 07/06)				
SUNSI Review Completed By: /RA/ X Public X Non-Sensitive					

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