NRC FORM 591M PART 1 U.S. NUCLEAR REGULATORY COMMISSION					
SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION					
1. LICENSEE/LOCATION I	NSPECTED:		2. NRC/REGIONAL OFFICE		
			UNITED STATES NUCLEAR REGULATORY COMMISSION		
South Bend Medical Foundation, Inc. 530 North Lafayette Blvd. South Bend, IN 46601			NUCLEAR REGULATORY COMMISSION REGION III		
South Bend, IN 46601			REGION III 2443 WARRENVILLE ROAD, SUITE 210 LISLE, IL 60532-4352		
			LIS	LE, IL 00532-4352	
REPORT 3. DOCKET NUMBER(S)	2006-001	4. LICENSEE NUMBER(S)	,,,	5. DATE(S) OF I	SPECTION
030-01	1582		0670-04	December	
LICENSEE:				LECOMIEY	10, R = 2
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.					
(Violations and Corrective Actions)					
(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.					
date when full compliance Title		erstand that no further writi Ited Name		required, unless specifically ignature	requested. Date
LICENSEE'S				ignature	Daio
REPRESENTATIVE					
NRC INSPECTOR	Robert P.	. Hays	1 dett	Han	12/13/00
NRC FORM 591M PART 1 (10-2003)				

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