NRC FORM 591M PART (10-2003)	Γ1	,	U	.S. NUCLEAR RI	EGULATORY COMMISSION
io CFR 2.201					
SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION					
LICENSEE/LOCATIO Corry Momorial I			2. NRC/REGIONAL OFFICE		
Corry Memorial Hospital 612 West Smith Street			U.S. Nuclear Regulatory Commission		
Corry, PA 16407			Region I, 475 Allendale Road		
			King of Prussia, Pennsylvania 19406-1415		
REPORT Nos 2003-001				•	
3. DOCKET NUMBER(S	'	4. LICENSE NUMBER(S)	5. DATE(S) OF	INSPECTION
030-3591	<i>(</i>	37-30712-01		- ANU ARLY	1 13,0000
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. 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		ited Name	Signatu		Date
LICENSEE'S REPRESENTATIVE			11		
NRC INSPECTOR	S. I. MUL	AY	ALI	Mula	1/15/08
NRC FORM 591M PART 1 (Rev. by RI 07/06) P:\Inspect Info\F\ELDNOT\CPT\2007\10-15-07\CORRY Part 1.wpd					
SUNSI Review Com	pleted By:/ <i>RA</i> /	/	ХР	ublic X	Non-Sensitive