

TRANSMISSION VERIFICATION REPORT

TIME : 04/09/2008 16:37
NAME : NRC RIV
FAX : 8178608188
TEL : 8178608100
SER.# : BROJ4J117485

DATE, TIME 04/09 16:36
FAX NO./NAME 718085474507
DURATION 00:00:24
PAGE(S) 02
RESULT COVERPAGE
MODE OK
STANDARD
ECM



UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION IV
611 RYAN PLAZA DRIVE, SUITE 400
ARLINGTON, TEXAS 76011-4006

DIVISION OF NUCLEAR MATERIALS SAFETY

FAX Priority

Immediately: _____

1 hour: _____

2-4 hours: _____



FAX To: Brian Oyadomari

Telecopier Number: 808 547-4507

Number of Pages: 1 + Transmittal Sheet

Verification Number: _____

FAX From: Richard Leonard

If there is a problem with the FAX receipt - please contact the following number:



UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION IV
611 RYAN PLAZA DRIVE, SUITE 400
ARLINGTON, TEXAS 76011-4005

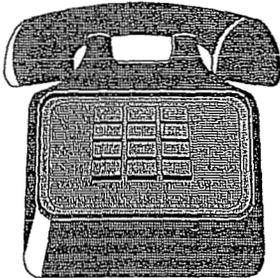
DIVISION OF NUCLEAR MATERIALS SAFETY

FAX Priority

Immediately: _____

1 hour: _____

2-4 hours: _____



FAX To: Brian Oyadomari

Telecopier Number: 808 547-4507

Number of Pages: 1 + Transmittal Sheet

Verification Number: _____

FAX From: Richard Leonardi

If there is a problem with the FAX receipt - please contact the following number:

Contact Number: (817) 860-8187

COMMENTS or Special Instructions:

Transmitted and Verified By: _____ Date: _____

Disposition: Return to Originator Place in Mail Other: _____

SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE/LOCATION INSPECTED: The Queens Medical Center 1301 Punchbowl Street Honolulu, Hawaii 96813		2. NRC/REGIONAL OFFICE USNRC Region IV 611 Ryan Plaza Drive Arlington, Texas 76011-4005	
REPORT NUMBER(S) 2008-001			
3. DOCKET NUMBER(S) 030-14522	4. LICENSEE NUMBER(S) 53-16533-02	5. DATE(S) OF INSPECTION March 28, 2008	

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 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 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	Signature	Date
LICENSEE'S REPRESENTATIVE			
NRC INSPECTOR	Richard Leonardi		4/9/2008