

SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE/LOCATION INSPECTED: H&H Xray Services, Inc. P.O. Box 517 West Monroe, LA Field Office: 14251 West Hwy 30 Pocatello ID REPORT NO: 030-17191/2010-002	2. NRC/REGIONAL OFFICE U.S. Nuclear Regulatory Commission Region IV, 612 East Lamar Blvd, Suite 400 Arlington, Texas 76011-4125	
3. DOCKET NUMBER 030-17191	4. LICENSE NUMBER 17-19236-01	5. DATE OF INSPECTION 2/25/2010

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:

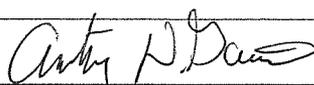
- 1. Based on the inspection findings, no violations were identified.
- 2. Previous violation(s) closed.
- 3. The violation(s), specifically described to you by the inspector as non-cited violations, are not being cited because they were self-identified, non-repetitive, and corrective action was or is 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 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	Printed Name	Signature	Date
LICENSEE'S REPRESENTATIVE			
NRC INSPECTOR	Anthony Gaines		03/0

TRANSMISSION VERIFICATION REPORT

TIME : 03/02/2010 15:23
NAME : USNRC RIV
FAX : 8178608263
TEL :
SER.# : BR0L2J847623

DATE, TIME	03/02 15:23
FAX NO./NAME	712082322772
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	ECM



UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION IV
812 EAST LAMAR BLVD, SUITE 400
ARLINGTON, TEXAS 76011-4125

F A C S I M I L E

Name: Wendy Burrington
Licensee: H&H X-ray Services, Inc.
License No.: 17-19236-01
Docket No.: 030-17191
Fax No.: 208 232 2772
Phone No.: 208 232 2663
From: Anthony Gaines/Marti Poston
Date: 3/2/2010
Subject: Clear Inspection Report, NRC Form 591M Part1
Pages: 1 + transmittal sheet

Miss Burrington,

I am faxing you an NRC Form 591M inspection report that documents the inspection conducted at your facility in Pocatello ID. No response or signature on your part is required. Please maintain the report for your records. If you have any questions about the inspection or the 591M please call me at 817 860 8252 or Ms Poston at 817 860-8181. Thank you.

Anthony Gaines
Senior Health Physicist Materials Inspector
Nuclear Materials Safety Branch A



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Anthony Gaines
Senior Health Physicist Materials Inspector
Nuclear Materials Safety Branch A