

**SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION**

<p>1. LICENSEE/LOCATION INSPECTED: Wyoming Medical Center 1233 East Second Street Casper, Wyoming 82601</p> <p>REPORT NO: 2010-001</p>	<p>2. NRC/REGIONAL OFFICE  U.S. Nuclear Regulatory Commission Region IV, 612 East Lamar Blvd, Suite 400 Arlington, Texas 76011-4125</p>	
<p>3. DOCKET NUMBER 030-03495</p>	<p>4. LICENSE NUMBER 49-00152-02</p>	<p>5. DATE OF INSPECTION April 21, 2010</p>

**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	Latischa M. Hanson/Vivian Campbell	<i>Latischa M. Hanson</i> <i>Vivian Campbell</i>	4/21/10 4/21/2010

Non-Public   
  Sensitive – Security-Related   
  Public   
  Non-Sensitive

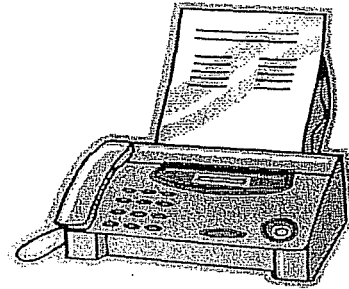


UNITED STATES  
 NUCLEAR REGULATORY COMMISSION  
 REGION IV  
 612 EAST LAMAR BLVD, SUITE 400  
 ARLINGTON, TEXAS 76011-4125

## DIVISION OF NUCLEAR MATERIALS SAFETY

DATE / TIME: 4/26/10 8:28am

PRIORITY:  
 IMMEDIATELY X  
 1-HOUR \_\_\_\_\_  
 2-4 HOUR \_\_\_\_\_



MESSAGE TO: Alan Douglas, RSO

MESSAGE FROM: Larisha Hanson, Region IV DnmO

NUMBER OF PAGES: 2 PLUS TRANSMITTAL SHEET

TELECOPY NUMBER: (301)233-4100 VERIFICATION NUMBER: (301)235-5433

CONTACT: @ Rocky Mountain Oncology

**SPECIAL INSTRUCTIONS / ATTACHMENTS:**

*Clear inspection form 591M for  
 the inspection I conducted at your  
 facility, Wyoming Medical Center,  
 on April 21, 2010.*

TRANSMITTED AND VERIFIED BY:

DISPOSITION:

RETURN TO ORIGINATOR: \_\_\_\_\_

PLACE IN MAIL: \_\_\_\_\_

NAME \_\_\_\_\_

DATE \_\_\_\_\_

OTHER: \_\_\_\_\_

TRANSMISSION VERIFICATION REPORT

TIME : 04/26/2010 09:44  
NAME : NRC RIV  
FAX : 8178608188  
TEL : 8178608100  
SER.# : BROJ4J117485

DATE, TIME 04/26 09:43  
FAX NO./NAME 73072334700  
DURATION 00:00:56  
PAGE(S) 02  
RESULT COVERPAGE  
MODE OK  
STANDARD  
ECM



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MESSAGE TO: Alan Douglas, RSO

MESSAGE FROM: Paescha Henson, Region IV DMMO

NUMBER OF PAGES 2 PLUS TRANSMITTAL SHEET

TELECOPY NUMBER: (301) 233-4900 VERIFICATION NUMBER: (301) 235-5433

CONTACT: @ Peak of Mountain Oncology

SPECIAL INSTRUCTIONS / ATTACHMENTS:

*Clean inspection form 591m for  
the inspection I conducted at your*