

SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE/LOCATION INSPECTED: Memorial Hospital of Converse County 111 South 5 th Street Douglas, Wyoming 82633 REPORT NO: 2011-001		2. NRC/REGIONAL OFFICE U.S. Nuclear Regulatory Commission Region IV, 612 East Lamar Blvd, Suite 400 Arlington, Texas 76011-4125	
3. DOCKET NUMBER 030-35573	4. LICENSE NUMBER 49-27683-01	5. DATE OF INSPECTION April 19, 2011	

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.

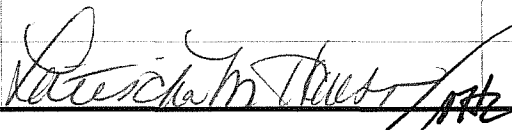
3. The violation(s), specifically described to you by the inspector as non-cited violations, are not being cited because they were self-identified, non-repetitive, and corrective action was or is being taken, and the remaining criteria in the NRC Enforcement Policy to exercise discretion, were satisfied.

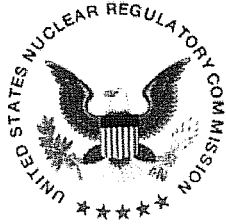
Non-Cited Violation(s) was/were discussed involving the following requirement(s) and Corrective Action(s):

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		05/12/11



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

F A C S I M I L E

Name: Dennis S. Yutani, M.D., RSO/Dee Dee Trimnal, CNMT
Licensee: Memorial Hospital of Converse County

License No.: 49-27683-01
Docket No.: 030-35573

Fax No.: (307) 358-1489
Phone No.: (307) 358-7303

From: Latischa M. Hanson, Health Physicist, Materials Inspection
Date: May 16, 2011
Subject: Clear Inspection Report – April 19, 2011 Inspection

Pages: 1+ Transmittal Sheet

As per our telephonic discussion, I am faxing you a clear NRC Form 591M which documents the inspection performed by myself, conducted at your facility on **April 19, 2011**. If you have any questions about the inspection or the 591 please call me at (817) 860-8286 or email me at Latischa.Hanson@nrc.gov.

Nuclear Materials Safety Branch A

TRANSMISSION VERIFICATION REPORT

TIME : 05/16/2011 10:25
NAME : NRC RIV
FAX : 8178608188
TEL : 8178608100
SER.# : BROJ4J117485

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