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NRC FORM \$91M PART 1 (10-2010)*		U	S. NUCLEAR REGULA	TORY COMMISSION
10 CFR 2.201	FETY INSPECTION REPORT		SPECTION	
1. LICENSEE/LOCATION INSPEC	TED:	2. NRC/REGIONAL OFFICE		
Charlotte Hungerford Hospital				
540 Litchfield Street		U.S. Nuclear Regulatory Commission Region I, 475 Allendale Road		
Torrington, CT 06790-0988		King of Prussia, Pennsylvanla 19406-1415		
	2011-001			
3. DOCKET NUMBER(S) 030-09293	4, LICENSE NUMBER(4. LICENSE NUMBER(S) 5. DATE(S) OF INSPECTION 06-08349-04 October 19 - 20, 2011		
LICENSEE:			2012001 10 201	
Regulatory Commission (NRC) procedures and representative	of the activities conducted under your rules and regulations and the conditior records, interviews with personnel, an n findings, no violations were identified	is of your licenso. The inspect d observations by the inspect	tion consisted of selectiv	e examinations of
2. Provious violation(s) ok	beed,			
	cally described to you by the inspector nd corrective action was or is being tai n, were satisfied.			
Non-Cited Vio	iation(s) was/were discussed involving	the following requirement(s)	and Corrective Action(s):	
dited. This for 10 CFR 35.24(f) required type of use permitted for each type of use Hungerford Wospital	ertain of your activities, as described b m is a NOTICE OF VIQLATION, which has in part that the Radiation Safety of by the license. Contrary to the ab- permitted by the license. Specifical is RSC did not have a user represent ify and add an AU for 10 CFR 35.30 Statement of Co	n may be subject to posting in (Committee (RSC) must inc ove, Charlotte Hungerford H ly, between Septembar 200 tative for 10 CFR 35.300. C 0 use by the next RSC meet	accordance with 10 CFF lude an authorized use lospital's RSC did not i and October 2011, Ch harlotte Hungerford Ho	(AU) for each nclude an AU arlotte
norabu state that within 30 days th	statement of Co e actions described by me to the inspe			nic crotomont of
prective actions is made in accorda	nce with the requirements of 10 CFR : ieved), I understand that no further with	2.201 (corrective steps alread	y taken, corrective steps	which will be taken.
Title	Printed Name		Ignature	Date
ICENSEE'S REPRESENTATIVE	JOHN J. CAPOBEAN			10/26/11
NRC INSPECTOR	Maryann Abogunde / Sandra	Gabriel When	Me Stuf Fu	10/25/11
BRANCH CHIEF	Marc S. Ferdas	ft n y	tot	10/27/11
91M PART 1 (Ri Rev. 08/10/2011	G	WordDocs\Current\Insp Reco	ord\R06-08349-04 2011-0	01.591MPart1.doc
UNSI Review Completed By:	/RA / MAbogunde		X Public X	Non-Sensitive
This doc	ument becomes an NRC Official Agency	· Record once it is signed by th	e Branch Chief N 12	(-00-
				TOTAL P.002