NRC FORM 591M PART 1 (10-2011)* 10 CFR 2.201 SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION				
 LICENSEE/LOCATION INSPECTED: The Hospital of Central Connecticut 100 Grand Street New Britain, Connecticut 06050 		2. NRC/REGIONAL OFFICE U.S. Nuclear Regulatory Commission Region I, 2100 Renaissance Blvd, Suite 100 King of Prussia, Pennsylvania 19406-2713		
REPORT NUMBER(S) 2013-002				
3. DOCKET NUMBER(S)		4. LICENSE NUMBER(S) 06-02388-01		
030-01250	06-02	2388-01	04/29–30, 2013; 06/11/13 (exit meeting)	
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: Image: The violation of the activities conducted under 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: Image: The violation of the activities conducted under 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: Image: The violation of the activities on violations were identified. Image: The violation of the inspection as on -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. Image: Ima				
Statement of Corrective Actions				
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	Maryann Abogunde	e	/RA/	06/25/13
BRANCH CHIEF	James Dwyer	/	P. Lanzisera for/	7/9/13
*NRC FORM 591M PART 1 (10-2011) (RI Rev. 06/04/2012) G:\WordDocs\Current\Insp Record\R06-02388-01.2013001.591M-Part1.doc SUNSI Review Completed By: / RA / MAbogunde X Public X Non-Sensitive				