

SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE/LOCATION INSPECTED: Kootenai Medical Center 2003 Kootenai Health Way Couer d'Alene ID REPORT NO: 030-32264/2016-001	2. NRC/REGIONAL OFFICE U.S. Nuclear Regulatory Commission Region IV, 1600 East Lamar Blvd Arlington, Texas 76011-4511
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3. DOCKET NUMBER 030-32264	4. LICENSE NUMBER 11-27301-01	5. DATE OF INSPECTION June 1, 2016
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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	Martha Poston	<i>Martha Poston</i>	6-13-16
BRANCH CHIEF	Ray L. Kellar, P.E.	<i>Ray Kellar</i>	6/16/16

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

Poston-Brown, Martha

From: Poston-Brown, Martha
Sent: Monday, June 13, 2016 10:48 AM
To: 'RPryne@kh.org'
Subject: Inspection documentation from June 1, 2016 inspection
Attachments: 591 Part 1.pdf

Rhonda –

Attached please find a NRC Form 591 Part 1 for my inspection conducted June 1st at Kootenai Medical Center. This document indicates that the inspection is clear and the previous violation is closed. This is for your records there is not a need to sign or return. Please let me know if you have any questions or need any additional information. Thank you.

Marti

Marti Poston
Health Physicist
Nuclear Materials Safety Inspections Branch
Division of Nuclear Materials Safety
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