NRC FORM 591M PART 1 **U.S. NUCLEAR REGULATORY COMMISSION**
(10-2011)*
10 CFR 2.201

SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE/LOCATION INSPECTED:	2. NRC/REGIONAL OFFICE
MidState Medical Center 435 Lewis Avenue Meriden, CT 06451 REPORT NUMBER(S) 2016001	**U.S. Nuclear Regulatory Commission** **Region I, 2100 Renaissance Blvd, Suite 100** **King of Prussia, Pennsylvania 19406-2713**

3. DOCKET NUMBER(S)	4. LICENSE NUMBER(S)	5. DATE(S) OF INSPECTION
03001257	06-05686-02	11/16/2016

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:

[x] 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) 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 in accordance with the NRC Enforcement Policy. This form is a NOTICE OF VIOLATION, which may be subject to posting in accordance with 10 CFR 19.11. (Violations and Corrective Actions)

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	Robert Gallaghar	***/RA/***	11/16/16
BRANCH CHIEF	James Dwyer	***/RA/***	11/22/16

SUNSI Review Completed By: ***/ RA /*** RGallaghar [x] Public [x] Non-Sensitive

This document becomes an NRC Official Agency Record once it is signed by the Branch Chief