| NRC FORM 591M PART 1 (07-2012)* 10 CFR 2.201 SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION | | | | |
|--|---|---|--|--------------|
| 1. LICENSEE/LOCATION INSPECTED: Universidad Central Del Caribe School of Medicine Call Box 60327 Bayamón, Puerto Rico 00960-6032 REPORT NUMBER(S) 2018-001 | | NRC/REGIONAL OFFICE U.S. Nuclear Regulatory Commission Region I, 2100 Renaissance Blvd, Suite 100 King of Prussia, Pennsylvania 19406-2713 | | |
| 3. DOCKET NUMBER(S) 030-20225 | 4. LICENSE NUMBER(5 52-23059-01 | S) | 5. DATE(S) OF INSPECTION June 7-14, 2018 | |
| LICENSEE: The inspection was an examination of t Regulatory Commission (NRC) rules ar procedures and representative records, X 1. Based on the inspection fir 2. Previous violation(s) closes | d regulations and the conditions of interviews with personnel, and obsertings, no violations were identified | your license. The inspection servations by the inspector. | consisted of selective exam | ninations of |
| 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): 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 | Michael Reichard | Miller | Reval | 6/14/18 |
| BRANCH CHIEF | Arthur Burritt | /inth | The | 6/14/18 |
| *NRC FORM 591M PART 1 (07-2012) (RI Rev. 09/12/2013) G:\WordDocs\Current\Insp Record\R52-23059-01.2018001.591M-Part-1.doc | | | | |

Michael Reichard

SUNSI Review Completed By:

/RA/

Public

X Non-Sensitive