

SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE/LOCATION INSPECTED:

Kirksville College of Osteopathic Medicine
A. T. Still University of Health Science
800 West Jefferson St.
Kirksville, MO 63501

REPORT NUMBER(S) 2019-001

2. NRC/REGIONAL OFFICE

Region III
U. S. Nuclear Regulatory Commission
2443 Warrenville Road, Suite 210
Lisle, IL 60532-4352

3. DOCKET NUMBER(S)

030-12369

4. LICENSE NUMBER(S)

24-17210-01

5. DATE(S) OF INSPECTION

05/07/2019

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:

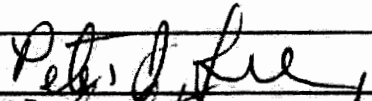
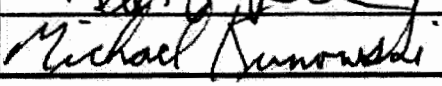
- ☒ 1. Based on the inspection findings, no violations were identified.
- ☐ 2. Previous violation(s) closed.
- ☐ 3. The violation(s), specifically described to you by the inspector as non-cited violations, are not being cited because they were self-identified, non-repetitive, and corrective action was or is being taken, and the remaining criteria in the NRC Enforcement Policy, to exercise discretion, were satisfied.

Non-cited violation(s) were discussed involving the following requirement(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 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	Peter J. Lee		5-29-19
BRANCH CHIEF	Michael Kunowski		5-29-19

Docket File Information

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6. INSPECTION PROCEDURES USED

87104

7. INSPECTION FOCUS AREAS

SUPPLEMENTAL INSPECTION INFORMATION

1. PROGRAM CODE(S)

03620

2. PRIORITY

1

3. LICENSEE CONTACT

Vineet Singh

4. TELEPHONE NUMBER

(660) 626-2455

☒ Main Office Inspection

Next Inspection Date: _____

☐ Field Office Inspection

☐ Temporary Job Site Inspection

PROGRAM SCOPE

The licensee had been conducting the final status survey and preparing for the license termination.

Performance Observations

During the inspection, the inspector discussed the final status survey with the licensee and conducted the confirmatory survey. During the confirmatory survey the inspector conducted the surface scan at selected laboratory fume hoods, benches, and floors. The inspector also requested the licensee to collect the smear samples at fume hood exhausts, sink traps. The inspector performed the calibration check of the LSC used to analyze the smears samples collected during the inspection. The results of surface scans and smears cannot be distinguished from the background.

Based on the results of final status survey and the confirmatory survey, the inspector determined that the facility met the criteria of unrestricted use.

No violations of NRC requirements were identified.