

**SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION**

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|--|---|---|
| 1. LICENSEE/LOCATION INSPECTED:<br><br>Clark Memorial Hospital<br>1220 Missouri Ave.<br>Jeffersonville, IN 47130<br><br>REPORT NUMBER(S) 2019001 | 2. NRC/REGIONAL OFFICE<br><br>Region III<br>U. S. Nuclear Regulatory Commission<br>2443 Warrenville Road, Suite 210<br>Lisle, IL 60532-4352 |   |
| 3. DOCKET NUMBER(S)<br><br>030-01658   | 4. LICENSE NUMBER(S)<br><br>13-12367-01   | 5. DATE(S) OF INSPECTION<br><br>July 18, 2019, with in-office<br>review through July 25, 2019 |

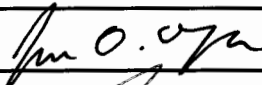

**LICENSEE:**  
 The inspection was an examination of the activities conducted under your license as they relate to radiation safety and to compliance with the Nuclear Regulatory Commission (NRC) rules and regulations and the conditions of your license. The inspection consisted of selective examinations 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             | Jason D. Draper, Health Physicist |  | 8/14/19 |
| BRANCH CHIEF              | Aaron T. McCraw                   |  | 8/16/19 |

## Draper, Jason

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**From:** Draper, Jason  
**Sent:** Monday, August 19, 2019 9:41 AM  
**To:** 'danieljaltman@gmail.com'  
**Cc:** 'Sarah Hughes'  
**Subject:** NRC Form 591M, Clark Memorial Hospital  
**Attachments:** NRC 591M - Clark Memorial Hospital signed.pdf

Dr. Altman,

As we discussed in our telephone call on Thursday, July 25, 2019, attached is the inspection report for the routine NRC inspection I performed at your facility in Jeffersonville, Indiana, on July 18, 2019. Please review and keep this document for your records. There is no response required, though I would appreciate an email confirming that you have received the document. Let me know if you have any questions.

In accordance with 10 CFR 2.390 of the NRC's "Rules of Practice," a copy of this letter, its enclosure, and your response, if you choose to provide one, will be made available electronically for public inspection in the NRC's Public Document Room or from the NRC's Agencywide Documents Access and Management System (ADAMS), accessible from the NRC's website at <http://www.nrc.gov/reading-rm/adams.html>. To the extent possible, your response should not include any personal privacy, proprietary, or safeguards information so that it can be made publicly available without redaction.

Jason Draper  
Health Physicist (Inspector)  
NRC/RIII/DNMS/MIB  
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