

INSPECTOR'S R DRT
 Office of Inspection and Enforcement
KHM FNUKHM, DELUNIV
REVIEWED

CRQ

INSPECTORS

LICENSEE VENDOR		TRANSACTION TYPE	DOCKET NO (BOTH) OR LICENSE NO (BY PRODUCT) (13 digits)		REPORT	NEXT INSPEC DATE																					
<i>Central Montana Hospital</i>		X - INSERT M - MODIFY D - DELETE R - REPLACE	03014819		N S M R	0792 8 C D																					
			1 2		14 16 18																						
PERIOD OF INVESTIGATION / INSPECTION		INSPECTION PERFORMED BY		ORGANIZATION CODE OR REGION/HQ CONDUCTING ACTIVITY (6000 NRC 0530 MANAGEMENT ASSISTANCE - REPORTING TO NRC) / REGION DIVISION BRANCH																							
FROM: MD DAY YR		TO: MD DAY YR		X - REGIONAL OFFICE STAFF - RESIDENT INSPECTOR - PERFORMANCE APPRAISAL TEAM OTHER				44	3	4																	
27/11/89 07/11/89		28						23	24	25																	
26		TYPE OF ACTIVITY CONDUCTED (CHECK ONE BOX ONLY)				27 28																					
REGIONAL ACTION (Check one box only)		<input checked="" type="checkbox"/> 02 - SAFETY <input type="checkbox"/> 03 - INCIDENT <input type="checkbox"/> 04 - ENFORCEMENT <input type="checkbox"/> 05 - MGMT AUDIT		<input type="checkbox"/> 06 - MGMT VISIT <input type="checkbox"/> 07 - SPECIAL <input type="checkbox"/> 08 - VENDOR <input type="checkbox"/> 09 - MAT ACCT		<input type="checkbox"/> 10 - PLANT SEC. <input type="checkbox"/> 11 - INVENT. VER. <input type="checkbox"/> 12 - SHIPMENT/EXPORT <input type="checkbox"/> 13 - IMPORT		NRC FORM 801 OR REG LETTER ISSUED		14 - INQUIRY 15 - INVESTIGATION																	
<input checked="" type="checkbox"/> 1 - NRC FORM 801 <input type="checkbox"/> 2 - REGIONAL OFFICE LETTER										MD DAY YR	MD DAY YR																
29		INSPECTION / INVESTIGATION FINDINGS (Check one box only)		TOTAL NUMBER OF VIOLATIONS AND DEVIATIONS		ENFORCEMENT CONFERENCE HELD		REPORT CONTAIN 2700 INFORMATION		LETTER OR REPORT TRANSMITTAL DATE																	
A	B	C	D	A	B	C	D	A	B	C	D																
<input checked="" type="checkbox"/> 1 - CLEAR <input type="checkbox"/> 2 - VIOLATION <input type="checkbox"/> 3 - DEVIATION <input type="checkbox"/> 4 - VIOLATION & DEVIATION				<input type="checkbox"/> 01 1 1 1				<input type="checkbox"/> 1 - YES				<input type="checkbox"/> 1 - YES															
30		40-41		42		43		44		45		46															
MODULE INFORMATION												MODULE INFORMATION															
REC ORD	MODULE NUMBER INSP				DIRECT INSPEC TORY REPORT IN STAFF HOURS EXEMPTED THIS INSPECTION		MODULE REQ FOLLOWUP		REC ORD	MODULE NUMBER INSP				DIRECT INSPEC TORY REPORT IN STAFF HOURS EXEMPTED THIS INSPECTION		MODULE REQ FOLLOWUP											
TYPE NUMBER	PHASE	MANUAL	CHAPTER	PROCEDURE	NUMBER	LEVEL	SC00	PHASE	MANUAL	CHAPTER	PROCEDURE	NUMBER	LEVEL	SC00	PHASE	MANUAL	CHAPTER	PROCEDURE	NUMBER	LEVEL	SC00	PHASE	MANUAL	CHAPTER	PROCEDURE	NUMBER	LEVEL
01530703	A	0,0,0																									
Exit/Entrance Interview (No 100C)	B																										
01583821	A	0,0,21,0,0,0																									
Radiation Protection (100C Required)	B																										
0158711001	A	0,0,21,0,0,0																									
Materials Programs (100C Required)	B																										
01530801	A																										
0 CIRCLE SEQUENCE # VIOLATION OR DEVIATION	B																										
12345	B	13	14	15	16	17	18	19	20	21	-	22	23	24	25	-	27	28	29	30	31	-	33	34	35	36	

8910260124 891018

REG4 LIC30

25-18307-01

PNU

NO

SED

58711001

	A	B	C	D	E	F	G	H	I	J	K	L	SITE RELATED	SUPL
A	1	2	3	*	5	6	7	D	AC					
C										BD				
D														

INSPECTOR'S REPORT
(Continuation)
Office of Inspection and Enforcement

03014819 8901

1 VIOLATION OR DEVIATION (Enter up to 2400 characters for each item. If the text exceeds this number, it will be necessary to paraphrase. Limit lines to 80 characters each.)

2
3 10 CFR 35.51(a)(3) requires that licensees conspicuously note on the
4 survey instrument the apparent exposure rate from a dedicated check source
5 as determined at the time of calibration, and the date of calibration.6 Contrary to the above, as of July 11, 1989, a dedicated check source was
7 not provided for a Ludlum Model 6 survey meter.

8 This is a Severity Level IV violation. (Supplement VI)

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