## SAFETY INSPECTION

1. LICENSEE		2. REGIONAL OFFICE	
St. Catherine Hospital 4321 Fir St. East Chicago, IN 46312		U.S. NUCLEAR REGULATORY COMMISSION REGION III 799 ROOSEVELT ROAD GLEN ELLYN, IL 60137	
DOCKET NUMBER(S)	4. LICENSE NUMBER(S	,	6. DATE OF INSPECTION
030-01590	13-01148-01		September 1, 1989
icensee:			
	regulations and the conditions of your personnel, and observations by the	ur license. The inspection of	on safety and to compliance with the Nuclear consisted of selective examinations of procedures a result of this inspection are as follows:
The inspector also verified the steps those actions at this time.	you have taken to correct the violat	tions identified during the l	ast inspection. We have no further questions on
3. During this inspection certain of yo THIS IS A NOTICE OF VIOLATIO	ur activities, as checked below, were N which is required to be posted in		
			was not properly posted to indicate the presence . 10 CFR 20.203(b), (c), (d), (e) or 34.42
B. Containers located in			were not properly
labeled to indicate the presence	of radioactive material. 10 CFR 20.	203(f)(1), or (f)(2).	
Пс		0	of sealed sources were not performed at the prope
			dition Number
D. Records of radioactive	waste surveys		were not properly maintained
10 CFR 35.92(b)			per
E. Documents were not properly po	osted or otherwise made available. 1	C CFR 19.11.	
F. Reports or notifications of			
with 10 CFR		or License Condition Numb	per
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13-01148-01	PNU		
his statement of corrective actions is mad			e violations identified in the items checked above rther response will be submitted unless required b
ne NRC.	_	0	
2 -07/ 11	110 1200	Sacr des	umous glick
SIGNATURE - LICENSE	DATE	SIGNATURE	- NRC INSPECTOR DATE