

SAFETY INSPECTION

1. LICENSEE CAYLOR-NICKEL HOSPITAL, INC. 1 CAYLOR-NICKEL SQUARE BLUFFTON, INDIANA 46714	2. REGIONAL OFFICE U.S. NUCLEAR REGULATORY COMMISSION REGION III 799 ROOSEVELT ROAD GLEN ELLYN, IL 60137
--	--

3. DOCKET NUMBER(S) 030-01596/030-00192	4. LICENSE NUMBER(S) 13-01629-03/13-01629-04	5. DATE OF INSPECTION AUG. 29, 1989
--	---	--

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's (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 findings as a result of this inspection are as follows:

1. Within the scope of this inspection, no violations were observed.

2. The inspector also verified the steps you have taken to correct the violations identified during the last inspection. We have no further questions on those actions at this time.

3. During this inspection certain of your activities, as checked below, were in violation of NRC requirements.
THIS IS A NOTICE OF VIOLATION which is required to be posted in accordance with 10 CFR 19.11.

A. _____ was not properly posted to indicate the presence of a _____, 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).

C. _____ of sealed sources were not performed at the proper frequencies. 10 CFR _____ License Condition Number _____.

D. Records of WASTE DISPOSALS/WASTE SURVEYS were not properly maintained. 10 CFR 20.201(b), 20.301, 20.401(b) or License Condition Number -03 LICENSE.

E. Documents were not properly posted or otherwise made available. 10 CFR 19.11.

F. Reports or notifications of _____ were not made in accordance with 10 CFR _____ or License Condition Number _____.

H. 10 CFR 35.632(b)(4), 35.634(a)(1): FAILURE TO TEST TREATMENT TIMER FOR LINEARITY FROM 4/1/87 - 9/5/89 DURING MONTHLY SPOT CHECKS AND FULL CALIBRATIONS. (-04 LICENSE)

I. _____

J. _____

K. _____

8912120042 891124
 REG 3 LIC 30 PNU
 13-01629-03

I hereby state that within 30 days the actions described by me to the inspector will be taken to correct the violations identified in the items checked above. This statement of corrective actions is made in accordance with the requirements of 10 CFR 2.201. No further response will be submitted unless required by the NRC.

Wesley Felton SIGNATURE - LICENSEE	11/25/89 DATE	Colleen Casey SIGNATURE - NRC INSPECTOR	11/17/89 DATE
---------------------------------------	------------------	--	------------------

NRC Form 591
(12-81)
10 CFR 2.201

U.S. NUCLEAR REGULATORY COMMISSION

SAFETY INSPECTION

1. LICENSEE CAYLOR-NICKEL HOSPITAL, INC. 1 CAYLOR-NICKEL SQUARE BLUFFTON, INDIANA 46714	2. REGIONAL OFFICE U.S. NUCLEAR REGULATORY COMMISSION REGION III 799 POOSEVELT ROAD GLEN ELLYN, IL 60137
--	--

3. DOCKET NUMBER(S) 030-01596/030-00192	4. LICENSE NUMBER(S) 13-01629-03/13-01629-04	5. DATE OF INSPECTION AUG. 29, 1989
--	---	--

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's (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 findings as a result of this inspection are as follows:

- 1. Within the scope of this inspection, no violations were observed.
- 2. The inspector also verified the steps you have taken to correct the violations identified during the last inspection. We have no further questions on those actions at this time.
- 3. During this inspection certain of your activities, as checked below, were in violation of NRC requirements.
THIS IS A NOTICE OF VIOLATION which is required to be posted in accordance with 10 CFR 19.11.
 - A. _____ was not properly posted to indicate the presence of a _____, 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).
 - C. _____ of sealed sources were not performed at the proper frequencies. 10 CFR _____ License Condition Number _____.
 - D. Records of WASTE DISPOSALS/WASTE SURVEYS were not properly maintained. 10 CFR 20.201(b), 20.301, 20.401(b) or License Condition Number -03 LICENSE.
 - E. Documents were not properly posted or otherwise made available. 10 CFR 19.11.
 - F. Reports or notifications of _____ were not made in accordance with 10 CFR _____ or License Condition Number _____.
 - H. 10CFR 35.632(b)(4), 35.634(a)(1): FAILURE TO TEST TREATMENT TIMER FOR LINEARITY FROM 4/1/87 - 9/5/89 DURING MONTHLY SPOT CHECKS AND FULL CALIBRATIONS. (-04 LICENSE.)
 - I. _____
 - J. _____
 - K. _____

I hereby state that within 30 days the actions described by me to the inspector will be taken to correct the violations identified in the items checked above. This statement of corrective actions is made in accordance with the requirements of 10 CFR 2.201. No further response will be submitted unless required by the NRC.

SIGNATURE - LICENSEE 	DATE 	SIGNATURE - NRC INSPECTOR <i>Colleen Casey</i>	DATE 11/17/89
------------------------------	--------------	---	------------------