

INSPECTORS

LICENSEE/VENDOR	TRANSACTION TYPE	DOCKET NO. (8 digit)	REPORT				NEXT INSP. DATE
			NO.	SEC.	MO.	YR.	
<i>McLurtin Memorial Hosp.</i>	X I - INSERT M - MODIFY D - DELETE R - REPLACE	030-12310	8901	A	12	93	

PERIOD OF INVESTIGATION/INSPECTION						INSPECTION PERFORMED BY		ORGANIZATION CODE OF REGION/HQ CONDUCTING ACTIVITY (Use IEMC 0530 Manual Reporting - Weekly Manual Reporting to Code)			
FROM	TO					1 - REGIONAL OFFICE STAFF	OTHER	REGION	DIVISION	BRANCH	
MO DAY YR	MO DAY YR	MO DAY YR	MO DAY YR	MO DAY YR	MO DAY YR	2 - RESIDENT INSPECTOR		4	3	4	
12 06 89	12 06 89					3 - PERFORMANCE APPRAISAL TEAM					

REGIONAL ACTION (Check one box only)		TYPE OF ACTIVITY CONDUCTED (Check one box only)												
1 - NRC FORM 801	2 - REGIONAL OFFICE LETTER	<input checked="" type="checkbox"/> 01 - SAFETY (fee)	<input type="checkbox"/> 02 - INCIDENT	<input type="checkbox"/> 03 - ENFORCEMENT	<input type="checkbox"/> 04 - MGMT VISIT	<input type="checkbox"/> 05 - SPECIAL (fee)	<input type="checkbox"/> 06 - VENDOR	<input type="checkbox"/> 07 - MAT ACCT	<input type="checkbox"/> 10 - PLANT SEC	<input type="checkbox"/> 11 - EVENT VER	<input type="checkbox"/> 12 - SHIPMENT/EXPORT	<input type="checkbox"/> 13 - IMPORT	<input type="checkbox"/> 14 - INQUIRY (no fee)	<input type="checkbox"/> 15 - INVESTIGATION

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	MO	DAY	YR	MO	DAY	YR
<input checked="" type="checkbox"/>				0	1							12	26	89			

MODULE INFORMATION											MODULE INFORMATION														
REC. ORD.	MODULE NUMBER INSP.				MODULE REQ FOLLOWUP						REC. ORD.	MODULE NUMBER INSP.				MODULE REQ FOLLOWUP									
TYPE	PHASE	SERIAL	CHAPTER	PROCEDURE NUMBER	LEVEL	PRIORITY	DIRECT REPORTING EFFORT IN STAFF HOURS EXPENDED THIS INSPECTION	PERCENTAGE COMPLETED TO DATE	STATUS	PHASE	SERIAL	CHAPTER	PROCEDURE NUMBER	LEVEL	PRIORITY	DIRECT REPORTING EFFORT IN STAFF HOURS EXPENDED THIS INSPECTION	PERCENTAGE COMPLETED TO DATE	STATUS	PHASE	SERIAL	CHAPTER	PROCEDURE NUMBER	LEVEL		
0	530703					A	0,01	---		0	504850					A	0	1,00	C						
	management meetings										Inspection of Waste Sampling Requirements														
0	587100					A	0,04	1,00	C	0	580800					A	0	1,00	C						
	licensed materials programs										initial inspection														
0	583822					A	0,02	1,00	C	0	592702					A	0,00	---							
	radiation protection										followup on violations														
0	586740					A	0,00	1,00	C																
	transportation																								

Mark through module numbers not reviewed. Fill in leading 0's for hours.

