SAFETY INSPECTION

1. LICENSEE

HOSPITAL DE DAMAS PONCE BYPASS PONCE, PR 00731 2. REGIONAL OFFICE

U.S. NUCLEAR REGULATURY COMMISSION 101 MARIETTA STNW SUITE 2900 ARBANTA GA 30323

3. DOCKET NUMBER(S)

030-03521

4. LICENSE NUMBER(S)

52-10270-01

5. DATE OF INSPECTION

0/8/90

Licensee:	
The inspection was an examination of the activities conducted under your license as they related Regulatory Commission's (NRC) rules and regulations and the conditions of your license. The and representative records, interviews, with personnel, and observations by the inspector. The	inspection consisted of selective examinations of procedures
Within the scope of this inspection, no violations were observed.	
The inspector also verified the steps you have taken to correct the violations identified those actions at this time.	during the last inspection. We have no further questions on
3. Euring this inspection certain of your activities, as checked below, were in violation of THIS IS A NOTICE OF VIOLATION which is required to be posted in accordance with	
	was not properly posted to indicate the presence
of a	
	were not properly
B. Containers located in labeled to indicate the presence of radioactive material. 10 CFR 20.203(f)(1), or (f)	
C	of sealed sources were not performed at the proper
frequencies 10 CFR	License Condition Number
D. Records of	were not properly maintained.
10 CFR or License Cor	ndition Number
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 Co	ndition Number
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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.

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SIGNATURE - NRC INSPECTOR

Q/8/90