

SAFETY INSPECTION

DMB (IE07)

1. LICENSEE Dept. OF THE ARMY Brooke Army Medical Center Ft. Sam Houston, Tx 78234		2. REGIONAL OFFICE U. S. Nuclear Regulatory Commission Region IV 611 Ryan Plaza Dr., Ste. 1000 Arlington, Texas 76011	
3. DOCKET NUMBER(S) 030-3258	4. LICENSE NUMBER(S) 42-01368-01	5. DATE OF INSPECTION May 23-24, 1983	

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 \_\_\_\_\_ were not properly maintained. 10 CFR \_\_\_\_\_ or License Condition 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 Condition Number \_\_\_\_\_
- ☐ H. \_\_\_\_\_
- ☐ I. \_\_\_\_\_
- ☐ J. \_\_\_\_\_
- ☐ K. 8307120005 830524  
NMS LIC30  
42-01368-01 PDR

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

DATE

ORIGINAL TO LICENSEE

BROWN, ROBERT C

REVIEWER

INSPECTOR'S REPORT  
Office of Inspection and Enforcement

INSPECTORS ROBERT C BROWN

LICENSEE/VENDOR

TRANS ACTION  
TYPE

DOCKET NO. (8 digits) OR LICENSE  
NO. (BY PRODUCT) (13 digits)

REPORT

NEXT INSP. DATE

NO

SEQ.

MO.

YR.

DEPT OF THE ARMY  
BROOK ARMY MEDICAL CENTER  
FORT SAM HOUSTON, TX  
78234

☒ - INSERT  
☐ - MODIFY  
☐ - DELETE  
☐ - REPLACE

03003258

8301

A

B

C

D

PERIOD OF INVESTIGATION/INSPECTION

INSPECTION PERFORMED BY

ORGANIZATION CODE OF REGION/HQ CONDUCT-  
ING ACTIVITY (See IEMC 0530 "Manpower Report-  
ing—Weekly Manpower Reporting" for code)

REGION

DIVISION

BRANCH

4

B1

A

FROM

TO

☒ 1 - REGIONAL OFFICE STAFF

OTHER

2 - RESIDENT INSPECTOR

3 - PERFORMANCE APPRAISAL TEAM

MO. DAY YR. MO. DAY YR.  
05 23 83 05 24 83

REGIONAL ACTION  
(Check one box only)

TYPE OF ACTIVITY CONDUCTED (Check one box only)

☒ 1 - NRC FORM 591  
☐ 2 - REGIONAL OFFICE LETTER

☒ 02 - SAFETY  
☐ 03 - INCIDENT  
☐ 04 - ENFORCEMENT  
☐ 05 - MGMT. AUDIT

06 - MGMT. VISIT  
07 - SPECIAL  
08 - VENDOR  
09 - MAT. ACCT.

10 - PLANT SEC.  
11 - INVENT. VER.  
12 - SHIPMENT/EXPORT  
13 - IMPORT

14 - INQUIRY  
15 - INVESTIGATION

INSPECTION/INVESTIGATION FINDINGS  
(Check one box only)

TOTAL NUMBER  
OF VIOLATIONS AND  
DEVIATIONS

ENFORCEMENT CONFERENCE  
HELD

REPORT CONTAIN 2,790  
INFORMATION

LETTER OR REPORT TRANSMITTAL DATE

A B C D  
☒ 1 - CLEAR  
☐ 2 - VIOLATION  
☐ 3 - DEVIATION  
☐ 4 - VIOLATION & DEVIATION

A B C D A B C D  
00 1 1 1 1 1 1 1

A B C D  
1 - YES

1 - YES

NRC FORM 591  
OR REG  
LETTER ISSUED

REPORT SENT  
TO HQ. FOR  
ACTION

MO. DAY YR. MO. DAY YR.

MODULE INFORMATION

MODULE INFORMATION

REC. ORD.		MODULE NUMBER INSP.					PRIORITY	DIRECT INSPEC- TION EFFORT IN STAFF HOURS EXPENDED THIS INSPECTION	PERCENTAGE COMPLETED TO DATE	STATUS	MODULE REQ. FOLLOWUP					PRIORITY	DIRECT INSPEC- TION EFFORT IN STAFF HOURS EXPENDED THIS INSPECTION	PERCENTAGE COMPLETED TO DATE	STATUS	PHASE	MANUAL CHAPTER	PROCEDURE NUMBER	LEVEL																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
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VIOLATION OR DEVIATION