NRC FORM 591 PART 1			U.S. NUCLEAR REGU	LATOFY COMMISSIO	
7-91) 0 (FP 2.20)	SAFETY	INSPECTION	1		
0 (14 2.20)				Page 1 of	
	- a se Desa de	2. REGIONAL OFFICE			
LICENSEE THE MEDICAL CSINT	The UP DILLOUTE		ION I		
501 WAST 14/46			NUCLEAR REGULATORY COMMI	SSION	
Ro bax 1640			ALLENDALE ROAD S OF PRUSSIA PA 19406-1415		
Will Mary My Bill	WATE 19277				
DOCKET NUMBER(S)	4. LICENSE NUMBER		5. DATE OF INSPECTION		
030- 01303	. 07-1215		4-718-93		
030 - 30420	07-1218	3-04	7 7 7 7 12 12		
	and a second				
ICENSEE: he inspection was an examination of the I	schulties conducted under s	our license as they rela	te to radiation safety and to com	cliance with the Nucle	
legulatory Commission (NRC) rules and re	egulations and the condition	is of your license. The	inspection consisted of selective	examinations of	
rocedures and representative records, inte illows:	erviews with personnel, and	observations by the ins	pector. The findings as a result i	of this inspection are	
1	an an a' an taon ann an Anna Anna Anna Anna An An an Anna Anna				
1. Within the scope of this inspectio	in, no violations were obser	ved.			
-			a construction of the second sec		
 The inspector also verified the still questions on those actions at this 		ct the violations identified	ed during the last inspection. We	have no further	
3. During this inspection certain of	nur antivitat as decrited	below or attached wer	e in violation of NRC requirement	ts. This form is a	
NOTICE OF VIOLATION, which is	required to be posted in a	cordance 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			of sealed source	s were not	
performed at the proper fr	equencies. 10 CFR	or Licer	se Condition Number		
C. Records of			were not prop	erly maintained.	
Lawrence of the second se					
10 CFR	or License Condition	Number	and a second		
D. Documents were not prop	erly posted or otherwise ma	de available. 10 CFR 1	9.11.		
E. Reports or notification of			were not made	in accordance with	
10 CFR	or License Condition	Number			
F	وجوارة فلولو مراجع ماليته ماسيا		20		
DESIGNATED	BIGINAL R	ETURN ORIGINAL REGION I	.10	-	
DESIGNALLAN	0	nt.oron	DR		
Descent and the	marks		07		
Certified By: M	the second s	Same and the second second			
DESIGNATED C					
Certified By:				and and the second data in the second second data	
Certified By:		Inspector will be taken	to correct the violations identifie	d in the items checke	
Certified By:	ions described by me to the	Inspector will be taken th the requirements of	to correct the violations identifie 10 CFR 2.201. No further respon	d in the items checke se will be submitted	
Certified By:	ions described by me to the	Inspector will be taken th the requirements of	to correct the violations identifie 10 CFR 2.201. No further respon	d in the items checke se will be submitted	
Certified By:	ions described by me to the	Inspector will be taken th the requirements of SIGNATURE NRC	10 CFR 2.201. No further respon	d in the items checke se will be submitted DATE	
Certified By:	ions described by me to thi is is made in accordance w DATE	th the requirements of	10 CFR 2.201. No further respon	se will be submitted	