

SAFETY INSPECTION

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1. LICENSEE

Hackensack Medical Center
30 Prospect Avenue
Hackensack, NJ 07601

2. REGIONAL OFFICE

REGION I
U S NUCLEAR REGULATORY COMMISSION
475 ALLENDALE ROAD
KING OF PRUSSIA PA 19406-1415

3. DOCKET NUMBER(S)

030-00245

4. LICENSE NUMBER(S)

29-02641-04

5. DATE OF INSPECTION

7/19/93

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 (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 described below or attached, were in violation of NRC requirements. This form 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. _____ of sealed sources were not performed at the proper frequencies. 10 CFR _____ or License Condition Number _____

☐ C. Records of _____ were not properly maintained. 10 CFR _____ or License Condition Number _____

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

☐ E. Reports or notification of _____ were not made in accordance with 10 CFR _____ or License Condition Number _____

☐ F. _____

DESIGNATED ORIGINAL RETURN ORIGINAL TO
REGION I

Certified By: Manuel

IE:07

0/1

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

9307300011 930719
PDR ADCCK 03000345
C PDR

DATE

SIGNATURE -- NRC INSPECTOR

Mary C. C. C.

DATE

7/19/93

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Page 2 of 2

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Hartness Medical Center

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475 ALLENDALE ROAD
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030-00345

4. LICENSE NUMBER(S)

29-02641

5. DATE OF INSPECTION

7/19/93

3. (Continued)

☐ G.☐ H.☐ I.☒ 4. The violations listed below are not being cited because they were self-identified, and corrective action was or is being taken, and the remaining criteria in 10 CFR 2, App. C, to exercise discretion were satisfied.☒ A.

The accuracy of the optical distance indicator was not reported on records of spot checks or full calibrations.

☒ B.

An individual other than the authorized teletherapy physicist performed a full calibration in 1993.

☐ C.