NRC Form 591		U.S. NUCLEAR REGULAT	ORY COMMISSION
12 01 SAFETY IN	SPECTION		
	2 REGIONAL OFFICE	1	12
ST MARY'S HOSPITAL	US NRC	REGUNI	Office
135 South CENTER STREET			
ORANGE, NJ 07051			1 19406
A. LICENSE NUMBER(S)		5. DATE OF INSPECTION	
030-19962 29-2059	1.01	OCTOBER .	23,1980
Licensee			
The inspection was an examination of the activities conducted under your licens			
Regulatory Commission's (NRC) rules and regulations and the conditions of your and representative records, interviews, with personnel, and observations by the in			
\mathbf{X} 1. Within the scope of this inspection, no violations were observed.	and the country of		
2. The inspector also verified the steps you have taken to correct the violatio those actions at this time.	ins identified during the l	ast inspection. We have no fu	rt er questions on
3 During this inspection certain of your activities, as checked below, were in			
THIS IS A NOTICE OF VIOLATION which is required to be posted in ad	cordence with 10 CFR 1	9.11.	
A		was not properly pc	ndicate the presence
of a			(c), (d), (e) or 34.42.
B. Containers located in			were not properly
labeled to indicate the presence of radioactive material. 10 CFR 20.20	3(f)(1), or (f)(2).		
		of sealed sources were not per	formed at the proper
frequencies 10 CFR		dition Number	
D. Records of			2 Martin States
himmed and a second	License Condition Num		properly maintained.
E. Documents were not properly posted or otherwise made evailable. 10	CFR 19.11.		
F. Reports or notifications of			made in accordance
with 10 CFR 0	License Condition Num	ber	and the second
<u></u> н			
9011280353 901023			
P011280353 901023 REG1 L1C30 29-20597-01 FDC			
 ,			
DESIGNATED ORIGINAL			
Cartified By: Shunge Villen	Seturn Ori	ginal to Region I	16.03
K		Buildi to Region I	1E:07
I hereby state that within 30 days the actions described by me to the inspector v This statement of corrective actions is made in accordance with the requirement	vill be taken to corract the of 10 CFR 2 201. No fu	e violations identified in the i orther response will be submit	tems checked above. red unless required by
the NRC.			
4184 1 1	51	1-110	, ,
SIGNATURE - LICENSEE DATE	augut	Allend	10/23/91
SIGNATURE - LICENSEE DATE	SIGNATURE	- NAC INSPECTOR	DATE