1. LICENSEE CHARLESTON AREA MEDICAL CENTER P.O. BOX 1547 CHARLESTON, WV 25304		REGIONAL OFFICE U.S. NUCLEAR REGULATORY COMMISSION 101 MARIETTA ST, NW SUITE 2900 ATLANTA, GA 80023
030-18982	4. LICENSE NUMBER(S) 47-15473-0210	6. DATE OF INSPECTION
nd reprosentative records, interviews, with 1. Within the scope of this inspection,	h personnel, and observations by the ini no violations were observed.	license. The inspection consisted of selective examinations of procedures spector. The findings as a result of this inspection are as follows: ns identified during the last inspection. We have no further questions on
	our activities, as checked below, were in DN which is required to be posted in ac	cordance with 10 CFR 19.11.
C		License Condition Number were not properly maintaine
D. Records of 10 CFR		r License Condition Number
E. Documents were not properly	posted or otherwise made available. 10	CFR 19.11.
E. Documents were not properly	posted or otherwise made available. 10	CFR 19.11. were not made in accordan r License Condition Number
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