			Harrison
NRC Form 591 (12.81) 10 CFR 2.201	m in the second		G TT 186
1. LICENSEE	2	REGIONAL OFFI	CE
ST. LUKE'S MOSPITAL 7700 Parham Road Richmond, Virginia 23229		U. S. Muclear Regulatory Commission 101 Marietta Street, Suite 2900 Atlanta, Georgia 30303	
3. DOCKET NUMBER(S)	4. LICENSE NUMBER(S)		5. DATE OF INSPECTION
30-11338	45-16618-01		11/7/33
Licensee:			
2. The inspector also verified the those actions at this time. 3. During this inspection certain	steps you have taken to correct the violation of your activities, as checked below, were in ATION which is required to be posted in ac-	violation of NRC re	
	The state of the s	co. dance Titti 10 G.	
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
	sence of radioactive material. 10 CFR 20.20	3(f)(1), or (f)(2).	
C.	of sealed sources were not performed at the proper License Condition Number		
frequencies. 10 CFR		License	Condition Number
D. Records of		أنسين في السياس	were not properly maintained.
	or or	License Condition N	lumber
E. Documents were not prope	erly posted or otherwise made available. 10 (CFR 19.11.	
with 10 CFR	or or	License Condition N	lumber
		III be set	t the ulplations identified in the large shocked at
I hereby state that within 30 days the This statement of corrective actions in	e actions described by me to the inspector wi is made in accordance with the requirements	of 10 CFR 2.201. N	t the violations identified in the items checked above. to further response will be submitted unless required by

the NRC. IEO7/

8302150225 830117 NMS LIC30 45-16618-01 PDB PDR

SIGNATURE - LICENSEE

DATE

SIGNATURE - NRC INSPECTOR