1. UCENSEE United Respital, Cester Por Rox 1680 Clarkelburg, W 26301 4. LICENSEE NUMBER(5) 030-12117 5. DATE OF INSPECTION 2. LICENSEE Number(8) 030-12117 4. LICENSEE Number(8) 030-12117 4. LICENSEE Number(8) 030-12117 4. LICENSEE Number(8) 030-12117 5. DATE OF INSPECTION 2. LICENSEE The inspection was an examination of the activities conducted under your license as they relate to radiation safety and to compliance with the Nuclea Regulatory Commission (NRC) nites and regulations and the conditions of your license. The inspection sonisted of selective examinations of procedups and representative records, interviews with personnel, and observations by the inspection. The findings as a result of this inspection are at relations on those actions of this time, and the conditions were observed 2. The inspector also verified the steps you have taken to correct the volistions identified during the last inspection. We have no further questions on those actions of 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 MOLATION, which is required to be posted in accordance with 10 CFR 19.11. A was not properly posted to hindcale the presence of a 10 CFR 2000(b)(c)(d)(e) or 34.42. Of sealed sources were not properly posted for otherwise made available. 10 CFR 19.11. E. Reports or notification of or License Condition Number were not properly maintained. 10 CFR 2000(b)(c)(d) (e) or 34.42. Of sealed sources were not properly posted or otherwise made available. 10 CFR 19.11. E. Reports or notification of or License Condition Number were not properly posted in the Items checked above. This statement of corrective actions is made in accordance with the requirements of 10 CFR 201. No further response will be submitted united in the Items checked above. This statement of corrective	(7-91) 10 CFR 2.201	SAFETY	INSPECTION		
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NRC FORM 591 Part 1 (7-91)