C Form 501		U.S. NUCLEAR REC	ULATORY COMMISSION
Grift 2:201	SAFETY	INSPECTION	
LICENSEE / NO		2. REGIONAL OFFICE	
Pharm - Corp of Moine		475 Allendele Read	
el Leightin Roud		1275 Allendole Roa	d
Phase - Corp of M. Bl Leightin Road Augusta, Maine Or	43:0	King of Prossio, PA	
DOCKET NUMBER(S)	4. LICENSE NUMBER		
030-30660	18-282	53-01 6/22/10	
censee			
1. Within the scope of this inspection, no views, with pendit inspection, no views, with the scope of this inspection, no views, and the steps you those actions at this time. 3. During this inspection certain of your actions at this time. 3. During this inspection certain of your actions at this time. 3. During this inspection certain of your actions at the steps you thus actions at the steps of a	sonnel, and observations by iolations were observed. I have taken to correct the vi ctivities, as checked below, v which is required to be poster	1 in accordance with 10 CFR 19.11 was not properly po	tion are as follows: ve no further questions on osted to indicate the presence 203(b), (c), (d), (e) or 34.4;
6. Containers located in			were not proper
labeled to indicate the presence of re	adioactive material. 10 CFR	20.203(f)(1), or (f)(2).	
[]c		of sealed sources were	e not performed at the prop
trequencies 10 CFR		License Condition Number	
D. Records of		or License Condition Number	vere not properly maintaine
10 CFR			
E. Documents were not properly poste	ed or otherwise made availab	le. 10 CFR 19.11.	
_			
F. Reports or notifications of		or License Condition Number	were not made in accordan
with 10 CER			
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with 10 CFR	3 900622 01 PDC		
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	ORICINAL		10 IE:07
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H         900924009           I.         REG1 LIC3           I.         REG1 LIC3           I.         DESIGNATED           Certified By:         Mustar           K         H	PRIGINAL Res J. Forgelon	REGION I	15:07
H         900924009           I         REG1 LIC3           IS-28233-           IS-2823-           IS-2823-           IS-282-           IS-282-           IS-282-           IS-282-	ORIGINAL Res J. Forgeton	REGION I	ed in the items checked abo
H         900924009           I         REG1 LIC3           IS-28233-           IS-2823-           IS-2823-           IS-282-           IS-282-           IS-282-           IS-282-	ORIGINAL Res J. Forgeton	REGION I	ed in the items checked abo
H     Sooy24009     REG1 LIC3     IS-28233-     DESIGNATED     Certifled By:      Musture     K     L hereby state that within 30 days the actions     This statement of corrective actions is made	ORIGINAL Res J. Forgeton	REGION I	ed in the items checked abo
H      Sooy24009:     REG1 LIC3     IS-28233-      DESIGNATED     OESIGNATED     OESIGNATED     K      I hereby state that within 30 days the actions     This statement of corrective actions is made	ORIGINAL Res J. Forgeton	REGION I	ed in the items checked abo be submitted unless required 6 /22

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