(7-91)

SAFETY INSPECTION

10 CFH 2.7201 Page 1 of 2 2 REGIONAL OFFICE Kapiolani Medical Center REGION V U.S. NUCLEAR REGULATORY COMMISSION 1319 Puncher Street 1450 MARIA LANE SUITE 210 Honolulu, HI 96826 WALNUT CREEK CA 94596-5368 5. DATE OF INSPECTION 4. LICENSE NUMBER(S) 3. DOCKET NUMBER(S) February 8, 1994 LICENSEE The inspection was an examination of the activities conducted under your license as they relate to radiation safety and to compliance with the Nuclear Regulatory Commission (NRC) rules and regulations and the conditions of your license. The inspection consisted of selective examinations of procedures and representative records, interviews with personnel, and observations by the inspector. The findings as a result of this inspection are as fellows: Within the scope of this inspection, no violations were observed. The inspector also verified the steps you have taken to correct the violations identified during the last inspection. We have no further questions on those actions at this time. During this inspection certain of your activities, as described below or attached, were in violation of NRC requirements. This form is a NOTICE OF VIOLATION, which is required to be posted in accordance with 10 CFR 19.11. was not properly posted to 10 CFR 20.203(b),(c),(d),(e) or 34.42. indicate the presence of a of snaled sources were not performed at the proper frequencies. 10 CFR or License Condition Number were not properly maintained. Records of or License Condition Number __ Documents were not properly posted or otherwise made available. 10 CFR 19.11. were not made in accordance with E. Reports or notification of or License Condition Number The Radioimmunoussay Laboratory work areas have not been surveyed with a survey meter and low energy games scintillation detectors of least daily while working with radinative natorials in November and December 1993, and January thru Fab 7, 1994. Licous Condition 20. B. (Item 7.0, Letter detal 10/8/93) I hereby state that, within 30 days, the actions described by me to the inspector will be taken to correct the violations identified in the items checked above. This statement of corrective actions is made in accordance with the requirements of 10 CFR 2.201. No further response will be submitted unless required by the NRC SIGNATURE - NRC INSPECTOR SIGNATURE - LICENSEE - Level & Wen

NRC FORM 593 Part 1 (7-91)

10 CFR 2.201"

SAFETY INSPECTION

Page 2 of 2

Kapiolani Medical Conter 1319 Punahau Street Honolula, H1 96826

2. REGIONAL OFFICE

U S NUCLEAR REGULATORY COMMISSION 1450 MARIA LANE SUITE 210 WALNUT CREEK CA 94596-5368

3. DOCKET NUMBER(S)

030 - 33285

4. LICENSE NUMBER(S)

5. DATE OF INSPECTION

February 8, 1994

1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	dividuals working 10 the room where the Arradiator 12 located " is not provided with film bodge or TLD dosimeters as wired by himme Condition 20. B (I tom 2 a, Letter dated labor 8, 1993) minimum distribute activity was not determined for the instrument of for measuring wipe fort survey data since the Income was as in 113193. License Condition 20. B (I tom 8.6, Letter tod Oct 8, 1993)
	ns listed below are not being cited Locause they were self-identified, and corrective action was or is being taken, and the riteria in 10 CFR 2, App. C, to exercise discretion were satisfied.
A	
B.	
LJc	