

SAFETY INSPECTION

1. LICENSEE Castle Medical Center 640 Ulukahi Street Kailua, Hawaii 96734-4498		2. REGIONAL OFFICE REGION V U S NUCLEAR REGULATORY COMMISSION 1450 MARIA LANE SUITE 210 WALNUT CREEK CA 94596-5368	
3. DOCKET NUMBER(S) 030-11883	4. LICENSE NUMBER(S) 93 53-16929-01	5. DATE OF INSPECTION February 9-10, 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 follows:

- 1. Within the scope of this inspection, no violations were observed.
- 2. 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.
- 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 VIOLATION**, which is required to be posted in accordance with 10 CFR 19.11.
 - A. _____ was not properly posted to indicate the presence of a _____, 10 CFR 20.203(b), (c), (d), (e) or 34.42.
 - B. _____ of sealed sources were not performed at the proper frequencies. 10 CFR _____ or License Condition Number _____
 - C. Records of _____ were not properly maintained. 10 CFR _____ or License Condition Number _____
 - D. Documents were not properly posted or otherwise made available. 10 CFR 19.11
 - E. Reports or notification of _____ were not made in accordance with 10 CFR _____ or License Condition Number _____
 - F. _____

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 - LICENSEE 9404080224 940225 PDR ADOCK 03011883 C PDR	DATE	SIGNATURE - NRC INSPECTOR <i>[Signature]</i>	DATE 2/25/94
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3. (Continued)

G. _____

H. _____

I. _____

4. The violations listed below are not being cited because they were self-identified, and corrective action was or is being taken, and the remaining criteria in 10 CFR 2, App. C, to exercise discretion were satisfied.

A. Contrary to 10 CFR 35.32(e), the licensee modified the quality management program on 10/11/93 using the revised written directive form and did not furnish a copy of the modification to the NRC until January 21, 1994.

B. Contrary to 10 CFR 35.51(a)(3), the licensee did not have the apparent exposure rate from a dedicated check source as determined at the time of calibration and the date of calibration ~~XXXXXX~~ was not noted on the Victoreen Model 190 (Thyac V) survey instrument, and the survey meter was used to show compliance with 10 CFR Part 35.

C. _____

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