

SAFETY INSPECTION

1. LICENSEE St. Luke's Hospital S of Middleboro 52 Oak Street Middleboro, Massachusetts 02346		2. REGIONAL OFFICE U.S. Nuclear Regulatory Commission 475 Allendale Road King of Prussia, Pennsylvania 19406		
3. DOCKET NUMBER(S) 030-15235		4. LICENSE NUMBER(S) 20-19027-01		5. DATE OF INSPECTION 9/18/90

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's (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 checked below, were in violation of NRC requirements.  
**THIS 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. Containers located in \_\_\_\_\_ were not properly labeled to indicate the presence of radioactive material. 10 CFR 20.203(f)(1), or (f)(2).

C. Physical inventories for 2nd Qtr of '90 of sealed sources were not performed at the proper frequencies. 10 CFR 35.39 License Condition Number \_\_\_\_\_

D. Records of Dose Cal. retest for 2nd Qtr not recorded were not properly maintained. 10 CFR 35.50 or License Condition Number \_\_\_\_\_

E. Documents were not properly posted or otherwise made available. 10 CFR 19.11.

F. Reports or notifications of \_\_\_\_\_ were not made in accordance with 10 CFR \_\_\_\_\_ or License Condition Number \_\_\_\_\_

H. Radiation Safety Officer did not sign break test reports, physical inventories, or dose calibrator linearity and accuracy reports. <sup>35.50</sup> <sup>35.59</sup>

I. Removable contamination survey not performed in several areas of Nuc. Med. Dept. Hot Lab and Scanning Area. <sup>35.70</sup>

J. \_\_\_\_\_

K. \_\_\_\_\_

DESIGNATED ORIGINAL Return Original to Region I

Certified By: Sheryl Villan ME07

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.

<u>A. Paul Minise</u> SIGNATURE - LICENSEE	<u>9/18/90</u> DATE	<u>Sharon R. Contenanche</u> SIGNATURE - NRC INSPECTOR	<u>9/18/90</u> DATE
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