NRC FORM 591 PART 1 (7-91) 10 CFR 2.201

SAFETY INSPECTION

| | | | Page 1 of | |
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| 1. LICENSEE | | 2. REGIONAL OFFICE | | |
| V. A. Medical Center | | REGION II U S NUCLEAR REGULATORY COMMISSION 101 MARIETTA STREET NW SUITE 2900 ATLANTA GA 30323 | | |
| San Juan, PR | | | | |
| 3. DOCKET NUMBER(S) 4. LICENSE NUMBER(S | | S) | 5. DATE OF INSPECTION | |
| 030-03514 52-04359 | | -01 | May 17, 18, 20, 26, 1993 | |
| regulatory Commission (NRC) rules and regulatory commission (NRC) rules and regulatory follows: | lations and the conditions ews with personnel, and o | s of your license. The in- observations by the inspe | to radiation safety and to compliance with the Nuclear spection consisted of selective examinations of actor. The findings as a result of this inspection are as | |
| Within the scope of this inspection, r | no violations were observe | ed. | | |
| The inspector also verified the steps questions on those actions at this tin | you have taken to correctine. | t the violations identified | during the last inspection. We have no further | |
| During this inspection certain of your NOTICE OF VIOLATION, which is recommendation. | activities, as described to juired to be posted in acc | pelow or attached, were i cordance with 10 CFR 19 | n violation of NRC requirements. This form is a | |
| A | | | was not properly posted to | |
| | indicate the presence of a | | | |
| В | | | | |
| performed at the proper frequencies. 10 CFR or License Condition Number | | | | |
| C. Records of | | | | |
| 10 CFR | | | were not properly maintained. | |
| D. Documents were not properly posted or otherwise made available. 10 CFR 19.11. | | | | |
| The state of the s | | | | |
| E. Reports or notification of | | | | |
| homesuposed | | | were not made in accordance with | |
| | 10 CFR or License Condition Number | | | |
| X F. Failure to source check survey instrument used to demonstrate | | | | |
| compliance with 10 CFR 35 on May 17, 1993. [10 CFR 35.51(e)] | | | | |
| | | | | |
| 94041201 FDR ADD | 05 930603 CK 03003514 | 1 | | |
| I hereby state that, within 30 days, the actions above. This statement of corrective actions is runless required by the NRC. | described by me to the In | nspector will be taken to the requirements of 10 (| correct the violations identified in the items checked CFR 2.201. No further response will be submitted | |
| SIGNATURE - LICENSEE DATE | | SIGNATURE - NBC INS | PECTOR DATE | |
| EDC 6 Jake Jake 1 6-3-93 | | Mefacil | Server 5/26/23 | |

U.S. NUCLEAR REGULATORY COMMISSION NAC FORM 591 PART 2 (7-91). ** SAFETY INSPECTION 10 CFR 2.201 Page 2 of 2 2. REGIONAL OFFICE 1. LICENSEE V. A. Medical Center U S NUCLEAR REGULATORY COMMISSION 101 MARIETTA STREET NW SUITE 2900 San Juan, PR ATLANTA GA 30323 5. DATE OF INSPECTION 4. LICENSE NUMBER(S) 3. DOCKET NUMBER(S) May 17, 18, 20, 26, 1993 52-04359-01 030-03514 (Continued) Failure to perform thyroid bioassays on individuals who handled G. quantities in excess of one millicurie of iodine-131 on November 5 and December 2, 1991, [License Condition No. 21] 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. Failure to Notify the NRC of a diagnostic misadministration within 15 days. [10 CFR 35.33(c), version in effect in 1991]