

Docket: 50-131/82-01

OCT 22 1982

Omaha Veterans Administration Hospital
 ATTN: R. L. Turcotte
 Hospital Director
 4101 Woolworth Avenue
 Omaha, Nebraska 68105

Gentlemen:

This refers to the inspection conducted by Mr. L. A. Yandell of this office on September 30, 1982, of activities authorized by NRC Operating License R-57, and to the discussion of the inspection findings held by Mr. Yandell with you and Mr. A. J. Blotcky at the conclusion of the inspection.

Areas examined during the inspection and our findings are documented in the enclosed inspection report. Within these areas, the inspection consisted of selective examination of procedures and representative records, interviews with personnel, and observations by the NRC inspector.

Within the scope of the inspection, no violations or deviations were identified.

In accordance with 10 CFR 2.790(a), a copy of this letter and the enclosure will be placed in the NRC Public Document Room unless you notify this office, by telephone, within 10 days of the date of this letter and submit written application to withhold information contained therein within 30 days of the date of this letter. Such application must be consistent with the requirements of 2.790(b)(1).

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OFFICE	KPS-C	RPS-C	RRPB2	DRRP&EP	RA-RIW
SURNAME	LYandell:cs	WDJohnson	WCSeidle	JGagliardo	JCollins
DATE	10/14/82	10/19/82	10/14/82	10/19/82	10/27/82

Omaha Veterans Administration
Hospital

-2-

Should you have any questions concerning this inspection, we will be pleased to discuss them with you.

Sincerely,

Original Signed By
W. C. Seidle
W. C. Seidle, Chief
Reactor Project Branch 2

Enclosure:
Appendix - NRC Inspection Report 50-131/82-01

cc w/enclosure:
Omaha Veterans Administration Hospital
ATTN: A. J. Blotcky
Reactor Supervisor
4101 Woolworth Avenue
Omaha, Nebraska 68105

bcc to DMB for Dist.:

BC
PM
AEOD
ELD
IE File
NRR/DHFS/OLB
NRR/DSI/RAD
RES
LPDR
NRC PDR
NSIC
NTIS

bcc Dist. by RIV:

Regional Administrator
RRI
Section Chief
MIS Section
TP Branch
RPB-1
RPB-2 Files
Kansas State Dept. Health
Nebraska State Dept. Health

OFFICE ▶							
SURNAME ▶							
DATE ▶							