

SAFETY INSPECTION

1. LICENSEE

Veterans Administration Medical Center  
One Veterans Plaza  
San Juan, Puerto Rico 00927-5800

2 REGIONAL OFFICE

U.S. Nuclear Regulatory Commission  
Region II, Suite 2900  
101 Marietta St., N.W.  
Atlanta, Georgia 30333

3. DOCKET NUMBER(S)

030-01514

4. LICENSE NUMBER(S)

52-04359-01

5. DATE OF INSPECTION

1/16/91

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. \_\_\_\_\_ of sealed sources were not performed at the proper frequencies. 10 CFR \_\_\_\_\_ License Condition Number \_\_\_\_\_

D. Records of \_\_\_\_\_ were not properly maintained. 10 CFR \_\_\_\_\_ 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. Failure to perform humidity tests on dose calibrator down to 10°C - 10 CFR 35.50 (b)(3)

I. Failure to label syringe that contained 100 µCi of <sup>99m</sup>Tc - 10 CFR 35.60.

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

K. 9106270353 Hector Bermudez  
(404) 331-7880

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]*  
SIGNATURE - LICENSEE

4/16/91  
DATE

*[Signature]*  
SIGNATURE - NRC INSPECTOR

1/16/91  
DATE

# SAFETY INSPECTION

1. LICENSEE <i>[Handwritten Signature]</i>		2. REGIONAL OFFICE REGION II U S NUCLEAR REGULATORY COMMISSION 101 MARIETTA STREET NW SUITE 2900 ATLANTA GA 30323	
3. DOCKET NUMBER(S) <i>30-31023</i>	4. LICENSE NUMBER(S) <i>52-25053-01</i>	5. DATE OF INSPECTION <i>12/29/92</i>	

**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. *SEE INDEX*
- 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 these 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 <i>9304300046</i>	DATE	SIGNATURE - NRC INSPECTOR <i>[Handwritten Signature]</i>	DATE <i>12/29/92</i>
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# SAFETY INSPECTION

1. LICENSEE

Memorial Hospital  
11500 N. F. R.

2. REGIONAL OFFICE

REGION II  
U S NUCLEAR REGULATORY COMMISSION  
101 MARIETTA STREET NW SUITE 2900  
ATLANTA GA 30323

3. DOCKET NUMBER(S)

30-21223

4. LICENSE NUMBER(S)

51-25058-011

5. DATE OF INSPECTION

12/29/92

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. Failure to maintain thyroid bioassay records  
10 CFR 35.515

B. Failure to perform thyroid bioassays within  
24 hours of Iodine-131 therapeutic administration  
License Condition #13

C. Incomplete Information on Instrument  
Calibration Records. (Licensee - Identified)  
(10 CFR 35.51(d)).