NRC FORM 591 PART 1 (7-91)			U.S. NUCLEAR R	REGULATORY COMMISSIC
10 CFR 2.201	SAFETY	INSPECTION		
				Page 1 of
Medical Associates a County 239 East Brown Stree East Strendsburg P	а.	475 ALL	LI CLEAR REGULATORY CO ENDALE ROAD F PRUI SIA PA 19406-141	
DOCKET NUMBER(S)	4. LICENSE NUMBER	5)	5. DATE OF INSPECTION	1
030-33093	33 - 30022	- 01	211/34	
CENSEE: he inspection was an examination of the ac egulatory Commission (NRC) rules and reg rocedures and representative records, interv illows:	ulations and the condition	s of your license. The insp	pection consisted of select	tive examinations of
1. Within the scope of this inspection.	no violations were observ	ed.		
2. The inspector also verified the step questions on those actions at this t		of the violations identified o	luring the last inspection.	We have no further
3. During this inspection certain of yo NOTICE OF VIOLATION, which is re	ur activities, as described equired to be posted in ac	below or attached, were in cordance with 10 CFR 19.1	violation of NRC requiren	nents. This form is a
A		an a	was not prop	erly posted to
indicate the presence of a			10 CFR 20.	203(b),(c),(d),(e) or 34.42
В			of sealed so.	urces were not
performed at the proper freq	uencies. 10 CFR	or License	Condition Number	······
C. Records of				roperly maintained.
10 CFR				
D. Documents were not proper	y posted or otherwise man	de available, 10 CFR 19.11		
E. Reports or notification of			were not ma	in accordance with
10 CFR				in accordance with
P. DESKGNATED OR	CINA			
Certific ' by:	a. Perfin			
	nang caliners (na diga mata gya ta dipana na dip			
180046				
hereby state that, within 30 days, the action bove This statement of corrective actions i nless required by the NRC.	is described by me to the is made in accordance wit	Inspector will be taken to o h the requirements of 10 C	porrect the violations ident FR 2.201. No further resp	ified in the items checked
	T			
SIGNATURE LICENSEE	DATE	SIGNATURE NRC INSP	FCTOR	DATE