NRC FORM 591 Part 1 (7-91)

10 050 2 201

SAFETY INSPECTION

10 CFR 2.201	SAFEII	INSPECTION		Page 1 of
1. LICENSEE Hospital General San Carlos Call Box 8140 Santurce, PR 00909		2. REGIONAL OFFICE REGION II U S NUCLEAR REGULATORY COMMISSION 101 MARIETTA STREET NW SUITE 2900 ATLANTA GA 30323		
3. DOCKET NUMBER(S) 030-32713	4. LICENSE NUMBER(S 52-25195-01	5)	5. DATE OF INSPECTION 4-22-94	*
LICENSEE: The inspection was an examination of the act Regulatory Commission (NRC) rules and regu procedures and representative records, intervi follows: 1. Within the scope of this inspection,	alations and the conditional lews with personnel, and of	s of your license. The in observations by the insp	spection consisted of selective ex	caminations of
The inspector also verified the steps questions on those actions at this ti During this inspection certain of you NOTICE OF VIOLATION, which is re	me. ur activities, as described	below or attached, were	in violation of NRC requirements	
indicate the presence of a			was not properly purchased to the was not purchased to	o),(c),(d),(e) or 34.42.
Lamana	or License Condition N	or License	e Condition Numberwere not proper	
E. Reports or notification of		łumber	were not made in	accordance with
	2713 PDR			
I hereby state that, within 30 days, the actions above. This statement of corrective actions is unless required by the NRC.	made in accordance with	Inspector will be taken to high the requirements of 10 SIGNATURE ARCHN	CFR 2.201. No further response	n the items checked will be submitted
		Allahal	4/2/10	4-22-94