

SAFETY INSPECTION

Perry DMB

1. LICENSEE <i>Bass Memorial Baptist Hospital 600 South Monroe Enid, OK 73701</i>	2. REGIONAL OFFICE <i>U.S. Nuclear Regulatory Commission Region IV 611 Ryan Plaza Drive, Suite 1000 Arlington, Texas 76012</i>
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3. DOCKET NUMBER(S) <i>030 13286</i>	4. LICENSE NUMBER(S) <i>35-13821-02</i>	5. DATE OF INSPECTION <i>April 21, 1983</i>
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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. _____
 - I. _____
 - J. _____
 - K. _____

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.

8305030310 830421 NMS LIC30 35-13821-02 PDR SIGNATURE - LICENSEE	 SIGNATURE - NRC INSPECTOR DATE <i>4/21/83</i>
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SHOPENN, NOAH M.

INSPECTOR'S REPORT
 Office of Inspection and Enforcement

REVIEWER

INSPECTORS

LICENSEE/VENDOR Bass Memorial Baptist Hospital	TRANSACTION TYPE <input checked="" type="checkbox"/> I - INSERT <input type="checkbox"/> M - MODIFY <input type="checkbox"/> D - DELETE <input type="checkbox"/> R - REPLACE	DOCKET NO. (8 digits) OR LICENSE NO. (BY PRODUCT) (13 digits) 03013286	REPORT		NEXT INSPEC DATE	
			NO	SEQ	MO	YR
			8301	A	05	87
				B		
				C		
				D		

PERIOD OF INVESTIGATION/INSPECTION	INSPECTION PERFORMED BY	ORGANIZATION CODE OF REGION/HQ CONDUCTING ACTIVITY (See IEMC 0530 "Manpower Reporting - Weekly Manpower Reporting" for code)
FROM: MO DAY YR 04 21 83	TO: MO DAY YR 04 27 83	1 - REGIONAL OFFICE STAFF 2 - RESIDENT INSPECTOR 3 - PERFORMANCE APPRAISAL TEAM
	OTHER	REGION DIVISION BRANCH 4 B A

REGIONAL ACTION (Check one box only)	TYPE OF ACTIVITY CONDUCTED (Check one box only)		
<input checked="" type="checkbox"/> 1 - NRC FORM 591 <input type="checkbox"/> 2 - REGIONAL OFFICE LETTER	<input checked="" type="checkbox"/> 02 - SAFETY <input type="checkbox"/> 03 - INCIDENT <input type="checkbox"/> 04 - ENFORCEMENT <input type="checkbox"/> 05 - MGMT. AUDIT	<input type="checkbox"/> 06 - MGMT. VISIT <input type="checkbox"/> 07 - SPECIAL <input type="checkbox"/> 08 - VENDOR <input type="checkbox"/> 09 - MAT. ACCT.	<input type="checkbox"/> 10 - PLANT SEC. <input type="checkbox"/> 11 - INVENT VER <input type="checkbox"/> 12 - SHIPMENT/EXPORT <input type="checkbox"/> 13 - IMPORT <input type="checkbox"/> 14 - INQUIRY <input type="checkbox"/> 15 - INVESTIGATION

INSPECTION/INVESTIGATION FINDINGS (Check one box only)	TOTAL NUMBER OF VIOLATIONS AND DEVIATIONS	ENFORCEMENT CONFERENCE HELD	REPORT CONTAIN 2790 INFORMATION	LETTER OR REPORT TRANSMITTAL DATE
<input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	A B C D	A B C D	A B C D	MO DAY YR 04 21 83
1 - CLEAR 2 - VIOLATION 3 - DEVIATION 4 - VIOLATION & DEVIATION		1 - YES	1 - YES	

MODULE INFORMATION														MODULE INFORMATION																	
REC ORD	MODULE NUMBER INSP					PRIORITY	DIRECT INSPECTION EFFORT IN STAFF HOURS EXPENDED THIS INSPECTION	PERCENTAGE COMPLETED	TO DATE	STATUS	MODULE REQ FOLLOWUP					REC ORD	MODULE NUMBER INSP					PRIORITY	DIRECT INSPECTION EFFORT IN STAFF HOURS EXPENDED THIS INSPECTION	PERCENTAGE COMPLETED	TO DATE	STATUS	MODULE REQ FOLLOWUP				
TYPE	NUMBER	PHASE	MANUAL CHAPTER	PROCEDURE NUMBER	LEVEL						PHASE	MANUAL CHAPTER	PROCEDURE NUMBER	LEVEL	TYPE	NUMBER	PHASE	MANUAL CHAPTER	PROCEDURE NUMBER	LEVEL	PHASE						MANUAL CHAPTER	PROCEDURE NUMBER	LEVEL		
B	53	07	03	B	A	1					B					A															
B	57	07	10	B	A	3	10.00				B					A															
B	59	27	06	B	A	0					B					A															
B	58	67	01	B	A	0					B					A															

* CIRCLE SEQUENCE IF VIOLATION OR DEVIATION

MMS