

# SAFETY INSPECTION

1. LICENSEE

*Ford Government Medical Center  
235 North Pearl Street  
Beverly, Massachusetts 02401*

2. REGIONAL OFFICE

REGION I  
U.S. NUCLEAR REGULATORY COMMISSION  
475 ALLENDALE ROAD  
KING OF PRUSSIA PA 19406-1413

3. DOCKET NUMBER(S)

*030-01953/30-07496-01*

4. LICENSE NUMBER(S)

*20-12838-01*

5. DATE OF INSPECTION

*June 22-3, 1994*

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.
- 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 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 *a written directive (3-131, 3/24/94)* were not properly maintained. 10 CFR *35.2* 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. \_\_\_\_\_  

9407180113 940623  
 PDR ADOCK 03001953  
 C PDR  
 150013

DESIGNATED ORIGINAL

Certified by: *J. Namy*

RETURN ORIGINAL TO  
REGION I

IE-07

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

*Craig Alan R. [Signature]*

DATE

*6/23/94*

SIGNATURE - NRC INSPECTOR

*Richard W. McKinley [Signature]*

DATE

*6/23/94*

# SAFETY INSPECTION

1. LICENSEE <i>Good Samaritan Medical Center 135 North Pearl Street Brockton, Massachusetts 01901</i>		2. REGIONAL OFFICE REGION I U S NUCLEAR REGULATORY COMMISSION 475 ALLENDALE ROAD KING OF PRUSSIA PA 19406-1415	
3. DOCKET NUMBER(S) <i>030-01953/20-09476-01</i>	4. LICENSE NUMBER(S) <i>20-12828-01</i>	5. DATE OF INSPECTION <i>June 22-3, 1994</i>	

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. *10CFR35.22(a)(3) states, that to establish a quorum and to conduct business, at least one-half of the Radiation Safety Committee's membership must be present. Contrary to the above, on 7/30/92 the Edward Memorial Hospital Radiation Safety Committee met and conducted business without a quorum.*

B. *10CFR35.50(b)(3) states, in part that each dose calibrator shall be tested for linearity at least quarterly. Contrary to the above, the dose calibrator test for linearity was not performed during the first quarter of 1992 at Edward Memorial Hospital.*

C. \_\_\_\_\_

*J. Mays*