

SAFETY INSPECTION

1. LICENSEE Mallinckrodt Medical, Inc. Nuclear Medicine Division P.O. Box 5840 St. Louis, MO 63134		2. REGIONAL OFFICE REGION II U S NUCLEAR REGULATORY COMMISSION 101 MARIETTA STREET NW SUITE 2900 ATLANTA GA 30323	
3. DOCKET NUMBER(S) 030-33626	4. LICENSE NUMBER(S) 24-25311-01ND	5. DATE OF INSPECTION 8-26-94	

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 _____ 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. LC # 25, Item 10-7, 3. Licensee representative failed to survey hands, clothing and feet prior to exiting restricted area on 8/26/94.

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PDR ADDCK 03033626
C PDR

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>[Signature]</i>	DATE 8-26-94	SIGNATURE -- NRC INSPECTOR <i>[Signature]</i>	DATE 8/26/94
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Mallinckrodt Medical, Inc.
Nuclear Medicine Division
P.O. Box 5840
St. Louis, MO 63134

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

3. DOCKET NUMBER(S)
030-33626

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5. DATE OF INSPECTION

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. LC#25, Item 10.11, E.3. Licensee routinely failed to record contamination survey results in units of dpm or microcuries.

B. _____

C. _____