

SAFETY INSPECTION

Page 1 of 2

1. LICENSEE Kuaikini Medical Center 347 North Kuaikini Street Honolulu, Hawaii 96817		2. REGIONAL OFFICE REGION V U.S. NUCLEAR REGULATORY COMMISSION 1450 MARIA LANE SUITE 210 WALNUT CREEK, CA 94596-5308	
3. DOCKET NUMBER(S) 030-13337	4. LICENSE NUMBER(S) 53-17797-01	5. DATE OF INSPECTION January 8-9, 1992	

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. Contrary to 10 CFR 35.70(e), a radiation survey for removable contamination was not conducted in all areas where radiopharmaceuticals were routinely prepared for use, administered and stored during the week of April 15-21, 1990.

9203130007 920124
REG5 LIC30
53-17797-01 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>Raymond T. Allen</i>	DATE 2/19/92	SIGNATURE - NRC INSPECTOR <i>David R. Shaw</i>	DATE 1/24/92
---	-----------------	---	-----------------

SAFETY INSPECTION

Page 2 of 2

1. LICENSEE

Kuakini Medical Center
347 North Kuakini Street
Honolulu, Hawaii 96817

2. REGIONAL OFFICE

REGION V
U.S. NUCLEAR REGULATORY COMMISSION
1450 MARIA LANE SUITE 210
WALNUT CREEK, CA 94596-5368

3. DOCKET NUMBER(S)

030-13337

4. LICENSE NUMBER(S)

63-17797-01

5. DATE OF INSPECTION

January 8-9, 1992

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.

Radiation survey results expressed in $\mu\text{R}/100$ square centimeters and thyroid monitoring results expressed in units of activity, were not adequately documented in records of weekly radiation surveys and thyroid bioassay measurements conducted since the last inspection. 10 CFR 20.401(b) and 10 CFR 35.315(a)(8).

☐ B.☐ C.