

SAFETY INSPECTION

DMB

1. LICENSEE

COMANCHE COUNTY MEMORIAL HOSPITAL
P.O. Box 148
LAWTON, OKLAHOMA 73501

2. REGIONAL OFFICE

U.S. Nuclear Regulatory Commission
Region IV
611 Ryan Plaza Dr., Ste. 1000
Arlington, Texas 76011

3. DOCKET NUMBER(S)

30-12272

4. LICENSE NUMBER(S)

35-17144-01

5. DATE OF INSPECTION

MARCH 14, 1985

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. _____
- 8504190545 850314
REG4 LIC30
35-17144-01 PDR

DESIGNATED ORIGINAL

Certified By *Stacey Munter*

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

DATE

SIGNATURE - NRC INSPECTOR

DATE

Lorenzo Hilborn

3/14/85

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