RC Form 591 2-81)			U.S. NUCLEAR REGULATORY COMMISSION
CFR 2.201	SAFETY I	NSPECTION	DMB COPY
LICENSEE	# / Antibiotic interfactor and the second s second second s second second se second second second second second s second second second second second sec	2. REGIONAL OFFIC	CE
Haas and Associates 705 Franklin Severe		U.S. NUCLEAR REGULATORY COMMISSION REGION III	
DOCKET NUMBER(S)	4. LICENSE NUMBER(S		5. DATE OF INSPECTION
030-18507	13-24347-01		Morch 10, 1986
 Prepresentative records, interviews, with p Within the scope of this inspection, no The inspector also verified the steps yo those actions at this time. During this inspection certain of your THIS IS A NOTICE OF VIOLATION A 	ersonnel, and observations by the violations were observed. bu have taken to correct the violat activities, as checked below, were which is required to be posted in	inspector. The finding ions identified during t in violation of NRC rec accordance with 10 CF	R 19.11. was not properly posted to indicate the present . 10 CFR 20.203(b), (c), (d), (e) or 34.4
B. Containers located in labeled to indicate the presence of			were not proper
D, Records of			of sealed sources were not performed at the prope Condition Number were not properly maintained lumber
E. Documents were not properly post			
F. Beports or optifications of			
with 10 CFR		or License Condition N	were not made in accordanc
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ereby state that within 30 days the action	described by me to the inspector in accordance with the requirement	will be taken to correct	t the violations identified in the items checked above of further response will be submitted uplaced above
iereby state that within 30 days the actions is statement of corrective actions is made i e NRC.	81 860310	will be taken to correct	t the violations identified in the items checked above o further response will be submitted unless required t
nereby state that within 30 days the actions is statement of corrective actions is made i e NRC. 86032100 REG3 LIC	81 860310	will be taken to corrections of 10 CFR 2.201. N	t the violations identified in the items checked above o further response will be submitted unless required to a line with the submitted unless required to a line with the submitted unless required to

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