

## SAFETY AND COMPLIANCE INSPECTION

## 1. LICENSEE

DeKalb Memorial Hospital, Inc.  
P.O. Box 542  
Auburn, IN 46706

## 2. REGIONAL OFFICE

REGION III  
US NUCLEAR REGULATORY COMMISSION  
801 WARRENVILLE ROAD  
Lisle IL 60532-4351

## REPORT NUMBER(S)

## 3. DOCKET NUMBER(S)

030-13805

## 4. LICENSE NUMBER(S)

13-18506-01

## 5. DATE(S) OF INSPECTION

JANUARY 15, 1998

## 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 inspection findings are as follows:

- ☒ 1. Based on the inspection findings, no violations were identified.
- ☐ 2. The violation(s), specifically described to you by the inspector as non-cited violations, are not being cited because they were self-identified, non-repetitive, and corrective action was or is being taken, and the remaining criteria in the NRC Enforcement Policy, NUREG-1600, to exercise discretion, were satisfied. \_\_\_\_\_ non-cited violation(s) were discussed involving the following requirement(s): \_\_\_\_\_
- ☐ 3. During this inspection certain of your activities, as described below and/or attached, were in violation of NRC requirements and are being cited. This form is a NOTICE OF VIOLATION, which is required to be posted in accordance with 10 CFR 19.11.

9802090023 980115  
PDR ADOCK 03013805  
C PDR

## STATEMENT OF CORRECTIVE ACTIONS

I hereby state that, within 30 days, the actions described by me to the inspector will be taken to correct the violations identified. This statement of corrective actions is made in accordance with the requirements of 10 CFR 2.201 (corrective steps already taken, corrective steps which will be taken, date when full compliance will be achieved). I understand that no further written response to NRC will be required, unless specifically requested.

TITLE	PRINTED NAME	SIGNATURE	DATE
LICENSEE			
NRC INSPECTOR	S. J. Murray	[Signature]	1/15/98