NRC Form 591
(12-81)
10 CFR 2.201

U.S. NUCLEAR REGULATORY COMMISSION

SAFETY INSPECTION

1. LICENSEE	2. REGIONAL OFFICE
Quakertown Community Hospital 11Th Street and Park Avenue Quakertown, Pennsylvania 18951	US NRC Region I 631 Park Ave King of Prussia, Pennsylvania 19406

3. DOCKET NUMBER(S)	4. LICENSE NUMBER(S)	5. DATE OF INSPECTION
030-03107	37-08336-02	23 Sept 86

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. 10 CFR 71 Requires that shippers comply with 49CFR 170-189. Package were not wiped in accordance with 49CFR 173.443a

☐ I. _____

☐ J. _____

☐ K. DESIGNATED ORIGINAL
Certified By: Sharon

RETURN ORIGINAL TO
REGION I

IE:07

0/1

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
Patricia Williams	9/23/86	Val R. Scarill	23 Sept 86