NRC FORM 591 PART 1 U.S. NUCLEAR REGULATED 19.1997)					
O CFR 2	201		CAFETY AND COMPL	ANOT WORKSTON	
			SAFETY AND COMPL	IANCE INSPECTION	
1. LICE	NSE			REGIONAL OFFICE	AND DESCRIPTION OF SECURITY OF
		Clinica Dr. Per P.O. Box 170	ea, Inc.	REGION II	
			o Rico 00681	US NUCLEAR REGULATORY COMMISSION	
				ATLANTA FEDERAL CENTER 61 FORSYTH ST SW STE 23T85	
REPORT NU'ABER(S)				ATLANTA GA 30303-3415	
DOCK	ET.	UME FR(S)	4. LICENSE NUMBER(S)	5. DATE(S) OF INSPECTION	
	MANAGED .	030-19630	52-19984-01	7/14/9	8
Regula	tery	tion was an examination of the Commission (NRC) rules and	regulations and the conditions of your li	as they relate to radiation safety and to compliance icense. The inspection consisted of selective examinates spector. The inspection findings are as follows:	with the Nuclear nations of procedures
V	1.	Based on the inspection find	ings, no violations were identified.		
	2.		action was or is being taken, and the re	n-cited violations, are not being cited because they we emaining criteria in the NRC Enforcement Policy, NU discussed involving the following requirement(s):	
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	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.			
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actions	is n	made in accordance with the re	equirements of 10 CFR 2.201 (corrective	will be taken to correct the violations identified. This is steps already taken, corrective steps which will be	
compli	ance	will be achieved). I understa TITLE	PRINTED NAME	RC will be required, unless specifically requested. SIGNATURE	DATE
LICENSEE			7.111.122.111112		
NRC	O IN	ISPECTOR	LEE A. FRANK	The American	7/10/00
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