SAFETY INSPECTION

SALETT INGLESTION	
1. LICENSEE NORMAN REGIONAL HOSPITAL P.O. BOX 1308 901 N. PORTLE STREET NORMAN, OKLAHDMA 73070-1308 3. DOCKET NUMBER(S) 14. LICENSE NUMBER(S)	REGIONAL OFFICE U. S. Nuclear Regulatory Commission Region IV 611 Ryan Plaza Dr., Ste. 1000 Arlington, Texas 76011
030-08497 35-14145	
Licensee:	
The inspection was an examination of the activities conducted under your license Regulatory Commissions (NRC) rules and regulations and the conditions of your and representative records, interviews, with personnel, and observations by the in 1. Within the scope of this inspection, no violations were observed. 2. The inspector also verified the steps you have taken to correct the violation.	license. The inspection consisted of selective examinations of procedures aspector. The findings as a result of this inspection are as follows:
those actions at this time.	
During this inspection certain of your activities, as checked below, were in THIS IS A NOTICE OF VIOLATION which is required to be posted in ac	
A	
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 20.20	3(f)(1), or (f)(2).
Пс	of sealed sources were not performed at the proper
frequencies, 10 CFR	
D. Records of or	
of Education (Control of Control	
E. Documents were not properly posted or otherwise made available. 10 CFR 19.11.	
E Reports or potifications of	
with 10 CFR or	License Condition Number were not made in accordance
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B712280235 B71209 REG4 LIC30 35-14145-02 PDR	IE-07
L_K	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.	1 / / / / / / / / / / / / / / / / / / /
SIGNATURE - LICENSEE DATE	Jerenzo Stallara 12/9/87