

SAFETY INSPECTION

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| 1. LICENSEE U.S. Navy Naval Hospital Corpus Christi, TX 78419-5200 | | 2. REGIONAL OFFICE U. S. Nuclear Regulatory Commission Region IV 611 Ryan Plaza Dr., Suite 1000 Arlington, Texas 76011 | |
| 3. DOCKET NUMBER(S) 30-29462/89-01 | 4. LICENSE NUMBER(S) 45-23645-01 NA | 5. DATE OF INSPECTION April 27, 28, 1989 | |

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. _____
- ☐ I. _____
- ☐ J. _____
- ☐ K. _____

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.

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REG4 LIC40
45-23645-01NA PDC

SIGNATURE - LICENSEE

DATE

SIGNATURE - NRC INSPECTOR

DATE

ORIGINAL TO LICENSEE

U.S. NUCLEAR REGULATORY COMMISSION

PRINCIPAL INSPECTOR (Name last, first and middle initial)

INSPECTOR'S REPORT
Office of Inspection and Enforcement

REVIEWER
Holley, W.L.
Cain, C.L.

INSPECTORS

| LICENSEE/VENDOR | TRANSACTION TYPE | DOCKET NO. (8 digits) OR LICENSE NO. (BY PRODUCT) (13 digits) | REPORT | | NEXT INSP. DATE | |
|---|--|---|--------|-----|-----------------|----|
| | | | NO | SEQ | MO | YR |
| U.S. Navy Naval Hospital Corpus Christi, TX 78419-5200 | A I - INSERT M - MODIFY D - DELETE R - REPLACE | 03029462 | 8901 | A | | |
| | | | | B | | |
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| PERIOD OF INVESTIGATION/INSPECTION | | | | | | | INSPECTION PERFORMED BY | | ORGANIZATION CODE OF REGION/HQ CONDUCTING ACTIVITY (See IEMC 0530 Manpower Reporting - Weekly Manpower Reporting for code) | | |
|------------------------------------|-----|----|----|-----|----|--|---|-------|--|----------|--------|
| FROM | | | TO | | | | 1 - REGIONAL OFFICE STAFF 2 - RESIDENT INSPECTOR 3 - PERFORMANCE APPRAISAL TEAM | OTHER | REGION | DIVISION | BRANCH |
| MO | DAY | YR | MO | DAY | YR | | | | | | |
| 04 | 27 | 89 | 04 | 28 | 89 | | | 4 | 3 | 4 | |

| REGIONAL ACTION (Check one box only) | | TYPE OF ACTIVITY CONDUCTED (Check one box only) | | | |
|---|--|---|--|--|---|
| K | 1 - NRC FORM 581 2 - REGIONAL OFFICE LETTER | K | 02 - SAFETY 03 - INCIDENT 04 - ENFORCEMENT 05 - MGMT. AUDIT | 06 - MGMT. VISIT 07 - SPECIAL 08 - VENDOR 09 - MAT. ACCT. | 10 - PLANT SEC. 11 - INVENT. VER. 12 - SHIPMENT/EXPORT 13 - IMPORT |
| | | | | | 14 - INQUIRY 15 - INVESTIGATION |

| INSPECTION/INVESTIGATION FINDINGS (Check one box only) | | | | TOTAL NUMBER OF VIOLATIONS AND DEVIATIONS | | | | ENFORCEMENT CONFERENCE HELD | | | | REPORT CONTAIN 2790 INFORMATION | | | | LETTER OR REPORT TRANSMITTAL DATE | | | |
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| MODULE INFORMATION | | | | | | | | | | | | | | MODULE INFORMATION | | | | | | | | | | | | | | | | | | | | | | |
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| MODULE NUMBER INSP | | | | | | | | | | MODULE REQ FOLLOWUP | | | | MODULE NUMBER INSP | | | | | | | | | | MODULE REQ FOLLOWUP | | | | | | | | | | | | |
| REC | ORD | TYPE | NUMBER | PHASE | MANUAL | CH | ER | PROCEDURE | NUMBER | LEVEL | PRIORITY | DIRECT INSP. TIME/STAFF HOURS EXPENDED THIS INSPECTION | PERCENTAGE COMPLETED | TO DATE | STATUS | PHASE | MANUAL | CH | ER | PROCEDURE | NUMBER | LEVEL | PRIORITY | DIRECT INSP. TIME/STAFF HOURS EXPENDED THIS INSPECTION | PERCENTAGE COMPLETED | TO DATE | STATUS | PHASE | MANUAL | CH | ER | PROCEDURE | NUMBER | LEVEL | | |
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| B | | | 5871 | 10 | 01 | | | | | A | | 0103 | 10 | 01 | C | | B | | | | | | | A | | | | | | | | | | | | |
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| B | | | 5838 | 22 | | | | | | A | | 0103 | 10 | 01 | C | | B | | | | | | | A | | | | | | | | | | | | |
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