NRC FORM 591M PART 1			U.S. NUCLEAR REGULATORY COMMISSION		
10 CFR 2.201 SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION					
1. LICENSEE/LOCATION INSPECTED			2. NRC/REGIONAL OFFICE		
Hospital Pavia Yauco			Region 1		
P.O. Box 5643 Yauco, PR 00698			2100 Renaissance Blvd Suite 100		
			King of Prussia, PA 19406-2713		
REPORT NUMBER(s) 2020001					
3. DOCKET NUMBER(S)		4. LICENSE NUMBER(S)		5. DATE(S) OF INSPECTIO	N
030-35597		52-25545-01		12/02/2020	
LCENSEE: 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 regulatory 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: I. Based on the inspection findings, no violations were identified. I. Previous violation(s) closed. Sthe violations(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, to exercise discretion, were satisfied. Non-cited violation(s) were discussed involving the following requirement(s): A. During this inspection, certain of your activities, as described below and/or attached, were in violation of NRC requirements and are being cited in accordance with the NRC Enforcement Policy. This form is a NOTICE OF VIOLATION, which may be subject to posting in accordance with 10 CFR 19.11. (Violations and Corrective Actions)					
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	Р	PRINTED NAME	SIG	IATURE	DATE
LICENSEE'S REPRESENTATIVE					
NRC INSPECTOR					
BRANCH CHIEF					