NRC FORM 591M PART 1 U.S. NUCLEAR REGULATORY COMMISSION					
ID CFR 2.201 SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION					
1. LICENSEE/LOCATION INSPECTED: 2. NRC/REGIONAL OFFICE					
Scheurer Hospital 170 North Caseville Road Pigeon, MI 48755			Region III U. S. Nuclear Regulatory Commission 2443 Warrenville Road, Suite 210 Lisle, IL 60532-4352		
REPORT NUMBER(S) 2021-001 3. DOCKET NUMBER(S)		4. LICENSE NUMBEF	R(S) 5. DATE(S) OF INSPECTION		ON
030-35444		21-32250-01			
030-35444 21-32250-01 August 10, 2021 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 (NRC) rules and regulatory Commission (NRC) rules and regulatory Commission (NRC) rules and regulatory Commission (NRC) specifically described to you by the inspector as non-cited violations, specifically described to you by the inspector as non-cited violations, specifically described to you by the inspector as non-cited violations, are not being cited because they were self-identified. □ 3. The violation(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.					
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	PRINTED NAME		SIGNATURE		DATE
LICENSEE'S REPRESENTATIVE					
NRC INSPECTOR	Ryan Craffey				
BRANCH CHIEF	Michael Kunowski				