NRC FORM 591M PART 1 (4-2008) 10 CFR 2.201			U	U.S. NUCLEAR REGULATORY COMMISSION		
SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION						
LICENSEE/LOCATION INSPECTED: North Lincoln Country Hospital District 901 Adams Street Afton, WY REPORT NO.: 2021-001			NRC/REGIONAL OFFICE U.S. Nuclear Regulatory Commission Region IV, 1600 East Lamar Blvd Arlington, Texas 76011-4511			
3. DOCKET NUMBER 4. LICENSE NUMB		ER	5. DATE(S)	OF INSPECTION		
030-39232		49-35596-01		5. DATE(S) OF INSPECTION 7/21/2021		
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 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 inspection findings are as follows: 1. Based on the inspection findings, no violations were identified. 2. Previous violation(s) closed. 3. The 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.						
		cussed involving the f	following requirement(s) and Cor	rective Action	(s):	
4. 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 may be subject to posting in accordance with 10 CFR 19.11.						
Licensee's Statement of Corrective Actions for Item 4, above. 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			Δ.			
NRC INSPECTOR	Marti Pos	ston	hathatoiti	_	7/21/21	
BRANCH CHIEF	Lizette Rolda	an-Otero L	izette Roldan-Ot	ero Digita	lly signed by Lizette Roldan-Otero 2021.09.04 12:38:12 -05'00'	
NRC FORM 591M PART	1	-				
Non-Public	Sensitive - Sec	curity-Related	x	Public	X Non-Sensitive	