NRC FORM 591M 10 CFR 2.201			U.S. NUCLEAR REGULATORY COMMISSION			
SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION						
1. LICENSEE/LOCATION INSPECTED:  Mobridge Regional Hospital and Clinics  1401 10th Avenue West  Mobridge, SD 57601  REPORT NO.: 030-13207/2021-001			NRC/REGIONAL OFFICE  U.S. Nuclear Regulatory Commission Region IV, 1600 East Lamar Blvd. Arlington, Texas 76011-4511			
3. DOCKET NUMBER		4. LICENSE NUMBER		5. DATE(S) OF	F INSPECTION	
030-13207		40-17711-01		Ser	otember 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.						
<ul> <li>2. Previous violation(s) closed.</li> <li>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.</li> </ul>						
Non-Cited Violation(s) was/were discussed involving the following requirement(s):						
cited in acco	ordance with the NRC Er		below and/or attached, were orm is a NOTICE OF VIOLAT		RC requirements and are being be subject to posting in	
	with 10 CFR 19.11.					
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	PRINTE	) NAME	SIGNATURE		DATE	
LICENSEE'S REPRESENTATIVE						
NRC INSPECTOR	Luis N	lieves	Lizette Roldan-0		lly signed by Lizette Roldan-Otero 2021.10.20 14:11:55 -05'00'	
BRANCH CHIEF	Lizette Roldá	n-Otero, PhD	Lizette Roldan-0		lly signed by Lizette Roldan-Otero 2021.10.20 14:12:20 -05'00'	

## Bischoff, Kyle

From: Sent:	Casey Huffman ND-Bismarck <casey.huffman@commonspirit.org> Wednesday, October 20, 2021 3:44 PM</casey.huffman@commonspirit.org>
То:	Bischoff, Kyle
Subject:	[External_Sender] Re: NRC Inspection of Mobridge Regional Hospital and Clinics
Received, thank you.	
On Wed, Oct 20, 2021 at 3:15 <u>USE CAUTION - EXTERNAL E</u>	PM Bischoff, Kyle < <u>Kyle.Bischoff@nrc.gov</u> > wrote:  MAIL
Ms. Huffman,	
on October 20, 2021, the ins	ction of Mobridge Regional Hospital and Clinics on September 21, 2021. As we discussed pection did not identify any violations. The enclosed report presents the results of this attached report and maintain a copy for your records.
Please reply to the email ack	nowledging your receipt.
Also attached is NRC Form 3: Carol.Hill@nrc.gov with the o	13. If you decide to amend you license to remove the DU possession, please email completed Form 313.
Thank you,	
Kyle Bischoff	
Health Physicist	
U.S. Nuclear Regulatory Comm	ission
Region IV	
Division of Nuclear Materials S	afety
Materials Inspection Branch	
Office: 817-200-1259	

Email: Kyle.Bischoff@nrc.gov

\_\_

## Casey Huffman

Director of Diagnostic Imaging

Mobridge Regional Hospital

605-845-8176

Caution: This email is both proprietary and confidential, and not intended for transmission to (or receipt by) any unauthorized person(s). If you believe that you have received this email in error, do not read any attachments. Instead, kindly reply to the sender stating that you have received the message in error. Then destroy it and any attachments. Thank you.