NRC FORM 591M



## U.S. NUCLEAR REGULATORY COMMISSION

	*****	Materials	nspection Repo	ort	
. Licensee/Location I	nspected:	2. N	RC/Regional Office		
Cassia Regional Hospital 1501 Hiland Avenue Burley, ID 83318			Region IV U. S. Nuclear Regulatory Commission 1600 E. Lamar Boulevard Arlington, TX 76011-4511		
Report Number(s) 20	24-001				
3. Docket Number(s) 4. License		4. License Numbe	er(s)		. Date(s) of Inspection
030-32333		11-27393-01	7393-01		4/2/2024
2. Previous 3. During the were ass A. The viole identified were say (Non-ci	ed, non-repetitive, corrective acti stisfied. ted violation(s) was/were discus	tivities, as describe ccordance with the o you by the inspection was or is being used involving the fo	ed below and/or attack NRC Enforcement Potor as non-cited viola taken, and the remain ollowing requirement(s	olicy. tions, are not bei ning criteria in the	ng cited because they were self-
(Violati			orrective Actions		
(Violati	hin 30 days, the actions described to	by me to the Inspecto	r will be taken to correct rective steps already ta	ken, corrective ste	ps which will be taken, date when fu
(Violati	ecordance with the requirements of nieved). I understand that no further	by me to the Inspecto f 10 CFR 2.201 (corr r written response to	r will be taken to correct rective steps already ta	ken, corrective ste	ps which will be taken, date when fu quested.
(Violati	cordance with the requirements of	by me to the Inspecto f 10 CFR 2.201 (corr r written response to	r will be taken to correct rective steps already ta	ken, corrective ste nless specifically red	ps which will be taken, date when fu quested.
I hereby state that, will actions is made in a compliance will be act	ecordance with the requirements of nieved). I understand that no further	by me to the Inspecto f 10 CFR 2.201 (corr r written response to	r will be taken to correct rective steps already ta	ken, corrective ste nless specifically red	ps which will be taken, date when fu quested.

Add Continuation Page

**KATANIC** 

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