

SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE/LOCATION INSPECTED:

St. Mary's Health Center
100 St. Mary's Medical Center
Jefferson City, Missouri 65101

2. NRC/REGIONAL OFFICE

U.S. Nuclear Regulatory Commission
Region IV, 612 East Lamar Blvd, Suite 400
Arlington, Texas 76011-4125

REPORT NO:

2011-001

3. DOCKET NUMBER

030-12819

4. LICENSE NUMBER

24-17477-01

5. DATE OF INSPECTION

September 22-November 9, 2011

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.

☐ Non-Cited Violation(s) was/were discussed involving the following requirement(s) and Corrective 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

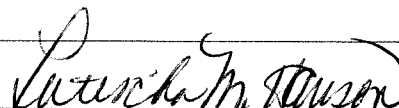
Signature

Date

LICENSEE'S
REPRESENTATIVE

NRC INSPECTOR

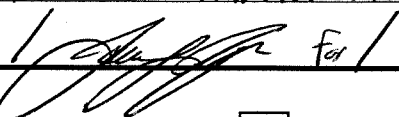
Latischa M. Hanson



November 9, 2011

BRANCH CHIEF

M. Vasquez



11/25/2012

☐

Non-Public

☐

Sensitive – Security-Related

☒

Public

☒

Non-Sensitive



UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION IV
1600 EAST LAMAR BLVD
ARLINGTON, TEXAS 76011-4511

F A C S I M I L E

Name: Jeffrey L. Patrick, M.D., RSO/Richard Weaver, CNMT
Licensee: St. Mary's Health Center

License No.: 24-17477-01
Docket No.: 030-12819

Fax No.: (573) 659-8617
Phone No.: (573) 761-7091

From: Latischa M. Hanson, Health Physicist, Materials Inspection
Date: January 11, 2012
Subject: Clear Inspection Report – September 22, 2011 Inspection

Pages: 1+ Transmittal Sheet

Please find attached a clear NRC Form 591M which documents the inspection performed by myself, conducted at your facility on **September 22, 2011**. If you have any questions about the inspection or the 591 please call me at (817) 200-1286 or email me at Latischa.Hanson@nrc.gov.

Nuclear Materials Safety Branch A

TRANSMISSION VERIFICATION REPORT

TIME : 01/18/2012 13:08
NAME :
FAX : 8172001188
TEL :
SER.# : BROL1J323442

DATE, TIME	01/18 13:00
FAX NO./NAME	716602007084
DURATION	00:00:53
PAGE(S)	02
RESULT	OK
MODE	STANDARD ECM