

## SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE/LOCATION INSPECTED:  
Bates County Memorial Hospital  
615 West Nursery Street  
Butler, Missouri 64730

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

030-14114

4. LICENSE NUMBER

24-18740-01

5. DATE OF INSPECTION

September 21-November 8, 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

*Latischa M. Hanson*

November 8, 2011

BRANCH CHIEF

*G. M. Vasquez*

*G. M. Vasquez*

*1/30/2012*

☐ 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:** James R. Bergh, M.D., RSO/Chris Pope, Director Radiology  
**Licensee:** Bates County Memorial Hospital

**License No.:** 24-18740-01  
**Docket No.:** 030-14114

**Fax No.:** (660) 200-7084  
**Phone No.:** (660) 200-7085

**From:** Latischa M. Hanson, Health Physicist, Materials Inspection  
**Date:** January 11, 2012  
**Subject:** Clear Inspection Report – September 8, 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 8, 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](mailto:Latischa.Hanson@nrc.gov).

Nuclear Materials Safety Branch A