

## SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

## 1. LICENSEE/LOCATION INSPECTED:

Maui Memorial Medical Center  
221 Mahalani Street  
Wailuku, Hawaii (Island of Maui)

REPORT NO.: 2018-001

## 2. NRC/REGIONAL OFFICE

U.S. Nuclear Regulatory Commission  
Region IV, 1600 East Lamar Blvd  
Arlington, Texas 76011-4511

## 3. DOCKET NUMBER

030-03561

## 4. LICENSE NUMBER

53-13519-01

## 5. DATE(S) OF INSPECTION

February 6, 2018

## 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:

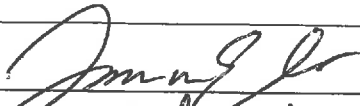

- ☒ 1. Based on the inspection findings, no violations were identified.
- ☐ 2. Previous violation(s) closed.
- ☐ 3. The violations(s), specifically described to you by the inspector as non-cited violations, are not being cited because they were self-identified, non-repetitive, and corrective action was 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	J. vonEhr		2-16-18
BRANCH CHIEF	Michael C. Hay		2/22/18

☐ Non-Public ☐ Sensitive – Security-Related

☒ Public

☒ Non-Sensitive

## VonEhr, Jason

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**From:** Philip Manly <pmanly@gammacorp.com>  
**Sent:** Thursday, February 22, 2018 11:15 AM  
**To:** VonEhr, Jason  
**Subject:** [External\_Sender] Re: FW: Maui Memorial Medical Center - Clear inspection Report

Yes, I received the inspection report.

On Feb 22, 2018 4:11 AM, "VonEhr, Jason" <[Jason.VonEhr@nrc.gov](mailto:Jason.VonEhr@nrc.gov)> wrote:

Phil,

I wanted to reach out and confirm your receipt of the below email and attached clear inspection report,

Thank you,

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Jason vonEhr

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**From:** VonEhr, Jason  
**Sent:** Friday, February 16, 2018 12:15 PM  
**To:** 'pmanly@gammacorp.com' <pmanly@gammacorp.com>  
**Subject:** Maui Memorial Medical Center - Clear inspection Report

Phil,

I'd like to thank you for your time this morning and the staff at Maui Memorial Medical Center during the NRC inspection in Maui on February 6, 2018. As I briefly discussed this afternoon, the NRC has determined that no violations of significance were identified. The attached NRC Inspection Report (NRC Form 591M) documents the results of the inspection. This does not require you to take any action and you are not required to sign it or return it. I do however request a courtesy email response from you acknowledging receipt.

If you have any further questions, please do not hesitate to ask,

--

**Jason vonEhr**

**Health Physicist**

**U.S. Nuclear Regulatory Commission, Region-IV**

**1600 East Lamar Boulevard**

**Arlington, Texas 76011-4511**

**Office: (817) 200-1186**

**Fax: (817) 200-1083**

**Email: jason.vonehr@nrc.gov**



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