

SAFETY INSPECTION

DMB COPY

1. LICENSEE

WATERTOWN MEMORIAL HOSPITAL
125 HOSPITAL DR.
WATERTOWN, WI 53094

2. REGIONAL OFFICE

U.S. NUCLEAR REGULATORY COMMISSION
REGION III
799 ROOSEVELT ROAD
GLEN ELLYN, ILLINOIS 60137

3. DOCKET NUMBER(S)

030-13891

4. LICENSE NUMBER(S)

48-18578-01

5. DATE OF INSPECTION

5-21-85

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's (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 findings as a result of this inspection are as follows:

- ☐ 1. Within the scope of this inspection, no violations were observed.
- ☐ 2. The inspector also verified the steps you have taken to correct the violations identified during the last inspection. We have no further questions on those actions at this time.
- ☒ 3. During this inspection certain of your activities, as checked below, were in violation of NRC requirements.
THIS IS A NOTICE OF VIOLATION which is required to be posted in accordance with 10 CFR 19.11.
- ☐ A. _____ was not properly posted to indicate the presence of a _____ 10 CFR 20.203(b), (c), (d), (e) or 34.42.
- ☐ B. Containers located in _____ were not properly labeled to indicate the presence of radioactive material. 10 CFR 20.203(f)(1), or (f)(2).
- ☐ C. _____ of sealed sources were not performed at the proper frequencies. 10 CFR _____ License Condition Number ~~13~~ **LETTER FROM NRC**
- ☒ D. Records of **VISITING PHYSICIAN'S PERMISSION TO USE BPM (AND HOSP. ADMIN.)** were not properly maintained. 10 CFR _____ or License Condition Number **13**
- ☐ E. Documents were not properly posted or otherwise made available. 10 CFR 19.11.
- ☐ F. Reports or notifications of _____ were not made in accordance with 10 CFR _____ or License Condition Number _____
- ☐ H. _____
- ☐ I. _____
- ☐ J. _____
- ☐ K. _____

8506170631 850521
REG3 LIC30
48-18578-01 PDR

I hereby state that within 30 days the actions described by me to the inspector will be taken to correct the violations identified in the items checked above. This statement of corrective actions is made in accordance with the requirements of 10 CFR 2.201. No further response will be submitted unless required by the NRC.

Beverly Lee M.D. 5/21/85 *Colleen C. Casey* 5/21/85
SIGNATURE - LICENSEE DATE SIGNATURE - NRC INSPECTOR DATE

IE0701