

DESIGNATED ORIGINAL

SAFETY INSPECTION

Certified By: DN

1. LICENSEE

Medical Center Hospital of Vermont
Colchester Ave.
Burlington, VT 05401

2. REGIONAL OFFICE

U.S. NRC, Region I
631 Park Ave.
King of Prussia, PA 19406

3. DOCKET NUMBER(S)

030-00509
030-03289

4. LICENSE NUMBER(S)

44-10187-02
44-10187-03

5. DATE OF INSPECTION

May 1 and 2, 1985

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. for License No. 44-10187-02
- ☒ 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. (License No. 44-10187-03)
- ☒ 3. During this inspection certain of your activities, as checked below, were in violation of NRC requirements. (License No. 44-10187-03)
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 _____

☒ D. Records of wipe test surveys were not properly maintained. _____ or License Condition Number 20

☐ 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. Survey instrument calibration not always performed within the required annual frequency. License Condition No. 20

☒ I. Radiation Safety Committee has not met at the required frequency. License Condition No. 20.

☒ J. Dose calibrator linearity and accuracy checks not always performed at the required frequencies. License Condition No. 20

☐ K. 8505280372 850502
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44-10187-02 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.

Timothy A. Neale
SIGNATURE - LICENSEE

5-2-85
DATE

C. J. Oberg
SIGNATURE - NRC INSPECTOR

5/2/85
DATE

SECTION COPY
REGION I

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