

SAFETY INSPECTION

DMB COPY

1. LICENSEE  Lakeview Hospital 10010 West Bluemound Road Milwaukee, Wisconsin 53226		2. REGIONAL OFFICE  U.S. NUCLEAR REGULATORY COMMISSION REGION III 799 ROOSEVELT ROAD GLEN ELLYN, IL 60137	
3. DOCKET NUMBER(S)  030-03446	4. LICENSE NUMBER(S)  48-04585-01	5. DATE OF INSPECTION  September 20, 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.
- ☒ 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 \_\_\_\_\_
- ☐ D. Records of \_\_\_\_\_ were not properly maintained. 10 CFR \_\_\_\_\_ or License Condition Number \_\_\_\_\_
- ☐ 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. ~~Surveys of the Nuclear Medicine Department were not performed daily as required.~~  
License Condition 16.
- ☒ I. ~~Wipe tests of the Nuclear Medicine Department were not performed weekly as required.~~  
License Condition 16.
- ☐ J. \_\_\_\_\_
- ☐ K. \_\_\_\_\_
- 8510010622 850920  
REG3 LIC30  
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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.

<i>James J. Thurmond</i> SIGNATURE - LICENSEE	9/20/85 DATE	<i>Daryl L. Shear</i> SIGNATURE - NRC INSPECTOR	9/20/85 DATE
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