

SAFETY INSPECTION

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1. LICENSEE

MUSKOGEE REGIONAL MEDICAL CENTER
300 ROCKEFELLER DRIVE
MUSKOGEE, OKLAHOMA 74401

2. REGIONAL OFFICE

REGION IV
U S NUCLEAR REGULATORY COMMISSION
611 RYAN PLAZA DRIVE SUITE 400
ARLINGTON TX 76011-8064

3. DOCKET NUMBER(S) / REPORT No.

030-02922/97-01

4. LICENSE NUMBER(S)

35-13157-01

5. DATE OF INSPECTION

JAN 8-9, 1997

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 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 described below or attached, were in violation of NRC requirements. This form 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. _____ of sealed sources were not performed at the proper frequencies. 10 CFR _____ or License Condition Number _____.

☐ C. Records of _____ were not properly maintained. 10 CFR _____ or License Condition Number _____.

☐ D. Documents were not properly posted or otherwise made available. 10 CFR 19.11.

☐ E. Reports or notification of _____ were not made in accordance with 10 CFR _____ or License Condition Number _____.

☒ F. NUCLEAR MEDICINE PERSONNEL DO NOT ROUTINELY MONITOR THEIR HANDS FOR CONTAMINATION UNTIL THE END OF THE DAY OF WORK (LICENSE CONDITION 17A)

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PDR ADDCK 03002922
C 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.

SIGNATURE -- LICENSEE

DATE

SIGNATURE -- NRC INSPECTOR

DATE

[Signature]

1/9/97

[Signature]

97
1/9/97

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3. (Continued)

G.

H.

I.

4. The violations listed below are not being cited because they were self-identified, and corrective action was or is being taken, and the remaining criteria in 10 CFR 2, App. C, to exercise discretion were satisfied.

A.

NUCLEAR MEDICINE PERSONNEL DID NOT RECEIVE ANNUAL TRAINING AS DESCRIBED IN THE HOSPITAL TRAINING PROGRAM SUBMITTED WITH THE APPLICATION DATED 2/14/90 (LICENSE CONDITION 14A) IN CALENDAR YEAR 1996.

B.

THE LICENSEE'S DOSE CALIBRATOR WAS NOT CHECKED FOR LINEARITY IN THE FIRST CALENDAR QUARTER OF 1995 (~~1996~~ (10 CFR 35.50))

C.