

DMB COPY

SEP 03 1985

St. John's Regional Medical Center
ATTN: Calvin Clyde Young, M.D.
2727 McClelland Boulevard
Joplin, Missouri 64801

License No. 24-01090-03
License No. 24-01090-02

Gentlemen:

As a result of the inspection on August 22, 1985, a Form NRC-591, SAFETY INSPECTION, is issued. The enclosed form sets forth the item of noncompliance noted. Please acknowledge receipt of this form by signing and dating in the appropriate space on all copies. You are requested to retain the original and return four signed and dated copies to this office within ten days.

I wish to express my appreciation for the cooperation extended to me during the inspection.

Sincerely,

Gary L. Shear
Radiation Specialist

Enclosure: Form NRC-591

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RIII 9/3/85
GLS yes
Shear/Jp
08/30/85

R. Wiedeman
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