

SAFETY INSPECTION

DCD
IE-01
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1. LICENSEE

N. Indiana Oncology Center of
Porter Memorial Hospital, LLC

2. REGIONAL OFFICE

REGION III
U S NUCLEAR REGULATORY COMMISSION
801 WARRENVILLE ROAD
LISLE IL 60532-4351

3. DOCKET NUMBER(S)

040-09003

4. LICENSE NUMBER(S)

SUB-1546

5. DATE OF INSPECTION

2/28/97

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. _____

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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.

SIGNATURE - LICENSEE

9704080177 970228
PDR ADOCK 04009003
C PDR

DATE

SIGNATURE - NRC INSPECTOR

Robert E. Lathrop Jr.

DATE

2/28/97

CONVERSATION RECORD

TIME DATE
14:45 2/20/97☐ VISIT☐ CONFERENCE☒ TELEPHONE☐ INCOMING☒ OUTGOING

NAME OF PERSON(S) CONTACTED OR IN CONTACT

Adrianne Beyers

ORGANIZATION (OFFICE, DEPT. ETC.)

N. Indiana Oncology Center

TELEPHONE NO.

219-942-5745

SUBJECT

Initial inspection

SUMMARY

The inspector announced the initial inspection tentatively scheduled for 2/28/97. The inspector requested that the licensee not make any changes in its scheduling of patients to accommodate the inspector.

The licensee suggested that the inspector contact Kathy Blakely or Jennifer Braun upon arrival.

ACTION REQUIRED

NAME OF PERSON DOCUMENTING CONVERSATION

Bob Gattone

SIGNATURE

Robert G. Gattone Jr.

DATE

2/20/97

ACTION TAKEN

SIGNATURE

TITLE

DATE