NRC FORM 591 PART 1
(7-91)
10 CFR 2.201

U.S. NUCLEAR REGULATORY COMMISSION

SAFETY INSPECTION

97-001

Page 1 of ____

1. LICENSEE	2. REGIONAL OFFICE
Department of the Army Walter Reed Army Medical Center Washington, D.C. 20307-5001	REGION I U S NUCLEAR REGULATORY COMMISSION 475 ALLENDALE ROAD KING OF PRUSSIA PA 19406-1415

3. DOCKET NUMBER(S)	4. LICENSE NUMBER(S)	5. DATE OF INSPECTION
030-01317	08-01938-02	February 11-14, 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.

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☐ 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.

DESIGNATED ORIGINAL
Certified by: M. A. Perkins

RETURN ORIGINAL TO REGION I

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☑ E. Reports or notification of Biossays The Nuclear Pharmacist were not made in accordance with 10 CFR 35.315 or License Condition Number _____.

☑ F. 19.12 Failure to provide 19.12 instruction to the nuclear pharmacist in the regulatory requirement to measure his thyroid burden after preparation of Iodine-131 therapy doses in accordance with 10 CFR 35.315(a)(8).

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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	DATE	SIGNATURE – NRC INSPECTOR	DATE
Michael J. Lippincott	14 Feb 97	Teresa Hall Dandois	2/14/97