

SAFETY INSPECTION

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1. LICENSEE <i>Kaiser Permanente Medical Center 12301 SNOW Rd. PARMA, OH 44130</i>		2. REGIONAL OFFICE REGION III U S NUCLEAR REGULATORY COMMISSION 801 WARRENVILLE ROAD LISLE IL 60532-4351	
3. DOCKET NUMBER(S) <i>030-31430</i>	4. LICENSE NUMBER(S) <i>34-26092-01</i>	5. DATE OF INSPECTION <i>4/11/97</i>	

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:

<input type="checkbox"/>	1. Within the scope of this inspection, no violations were observed.
<input checked="" type="checkbox"/>	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.
<input type="checkbox"/>	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.
<input type="checkbox"/>	A. _____ was not properly posted to indicate the presence of a _____ 10 CFR 20.203(b),(c),(d),(e) or 34.42.
<input type="checkbox"/>	B. _____ of sealed sources were not performed at the proper frequencies. 10 CFR _____ or License Condition Number _____.
<input type="checkbox"/>	C. Records of _____ were not properly maintained. 10 CFR _____ or License Condition Number _____.
<input type="checkbox"/>	D. Documents were not properly posted or otherwise made available. 10 CFR 19.11.
<input type="checkbox"/>	E. Reports or notification of _____ were not made in accordance with 10 CFR _____ or License Condition Number _____.
<input checked="" type="checkbox"/>	F. <i>The licensee disposed 2 pair of gloves contaminated with TC99m radiounclide in a "Clean" Trash located in the licensee's Hot Lab. This "Clean" trash is not regularly surveyed. This is a violation License Condition 18 Item 11.1 "Procedures for Waste disposal"</i>

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PDR ADOCK 03031430
C PDR

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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 <i>Salvatore J. Sordale</i>	DATE <i>4-11-97</i>	SIGNATURE - NRC INSPECTOR <i>[Signature]</i>	DATE <i>4/11/97</i>
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