NRC FORM 591M PART 1 (07-2012)* 10 CFR 2:201					S. NUCLEAR REGU	LATORY CO	MMISSION
SAF	ETY INSPECTIO	N REPORT	AND COMF	PLIANCE IN	SPECTION		
LICENSEE/LOCATION INSPECTED: Pavia Hospital P.O. Box 11137 Santurce, Puerto Rico 00909-2137			2. NRC/REGIONAL OFFICE U.S. Nuclear Regulatory Commission Region I, 2100 Renaissance Blvd, Suite 100				
REPORT NUMBER 2018-001			King of Prussia, Pennsylvania 19406-2713				
		4. LICENSE NUMBER			5. DATE(S) OF INSPECTION		:
030-08181		52-	-15139-01		6/14/18		
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 inspection. The inspection findings are as follows: 1. Based on the inspection findings, no violations were identified. 2. Previous violation(s) closed. 3. The violation(s), specifically described to you by the inspector as non-cited violations, are not being cited because they were self-identified, non-repetitive, and corrective action was or is being taken, and the remaining criteria in the NRC Enforcement Policy, to exercise discretion, were satisfied. Non-cited violation(s) were discussed involving the following requirement(s) and corrective action(s): 4. During this inspection, certain of your activities, as described below and/or attached, were in violation of NRC requirements and are being cited in accordance with the NRC Enforcement Policy. This form is a NOTICE OF VIOLATION, which may be subject to posting in accordance with 10 CFR 19.11. (Violations and Corrective Actions)							
	State	ement of Co	orrective Ac	ctions			
I hereby state that, within 30 days, the actions described by me to the Inspector will be taken to correct the violations identified. This statement of corrective actions is made in accordance with the requirements of 10 CFR 2.201 (corrective steps already taken, corrective steps which will be taken, date when full compliance will be achieved). I understand that no further written response to NRC will be required, unless specifically requested.							
Title		Printed Name		Signature			Date
LICENSEE'S REPRESENTATIVE	Yamanis	Piver	9	7	pr-	7/	(3/18
NRC INSPECTOR	Shawn W. Seeley				3-	7/13	3/18
BRANCH CHIEF	Donna Janda			Home	na Jardi	7/	13/18
*NRC FORM 591M PART 1 (07-2012) (RI Rev. 09/12/2013	s) G:\W	ordDocs\Curre	ent\insp Record\	R52-15139-01.2018	001.591M-Par	11.doc
SUNSI Review Completed By:	All				x Public	x Non-	Sensitive

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