



MATERIALS INSPECTION REPORT

State Form 9900465 (R0 / 9-22)

INDIANA DEPARTMENT OF HOMELAND SECURITY RADIOACTIVE MATERIALS CONTROL PROGRAM

302 West Washington Street, Room E208

Indianapolis, IN 46204

Telephone: (317) 232-2222

E-mail: RMCP@dhs.IN.gov

Website: www.in.gov/dhs

1. LICENSEE INFORMATION

Licensee Name	Address(es) Inspected
Report Number(s)	
License Number(s)	Date(s) of Inspection

2. STATEMENT OF CORRECTIVE ACTIONS

LICENSEE:

The inspection was an examination of the activities conducted under your license as they relate to radiation safety and to compliance with Indiana Department of Homeland Security Radioactive Materials Control Program license. The inspection consisted of selective examinations of procedures and representative records, interviews with personnel, and observations by the inspector. The inspection findings are as follows:

- ☐ 1. Based on the inspection findings, no violations were identified.
- ☐ 2. Previous violation(s) closed.
- ☐ 3. During this inspection, certain of your activities, as described below and/or attached, were in violation of Department requirements, and were assessed at Severity Level IV, in accordance with the Department Enforcement Policy
- A. 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, corrective action was or is being taken, and the remaining criteria in the Department Enforcement Policy were satisfied.
(Non-cited violation(s) was/were discussed involving the following requirement(s))
- B. The following violation(s) is/are being cited in accordance with Department Enforcement Policy. This form is a NOTICE OF VIOLATION, which may be subject to posting in accordance with 290 IAC 3.
(Violations and Corrective Actions)

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 290 IAC 3 (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 the Department will be required, unless specifically requested.

TITLE	PRINTED NAME	SIGNATURE	DATE
Licensee's Representative			
Department Inspector			
RMCP Director			