

SDP/EA REQUEST & STRATEGY FORM

Case Data		Disputed: <input type="checkbox"/>	Related Cases: <input type="text"/>
SDP/EA No.: 01-061	Number: 2	Docket No.: 030-33792	
Request Date: 03/14/01	Region: 1	Case Type: R	Small Entity: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Licensee: Professional Services Industries,		Facility / City: Pittsburgh, PA	
License No.: 12-16941-03		Last Day of Insp.: 12/23/01	
Insp. Rpt No.: 01-001	Keywords: 040514, 100305		ES: SLM
Facts (EATS):	Apparent violation of radiography certification requirement 34(43)(a)(1).		

Discussion (if required):

SDP	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Assessment:	<input type="checkbox"/> Green <input type="checkbox"/> White <input type="checkbox"/> Yellow <input type="checkbox"/> Red NOV <input type="checkbox"/> Yes <input type="checkbox"/> No
Wrongdoing	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
OI Ref. Date:	OI Rpt. No.: OI Rpt Date:
DOJ Referral?	<input type="checkbox"/> No <input type="checkbox"/> Yes Ref. Date: Action Date: <input type="checkbox"/> Decline <input type="checkbox"/> Accept
Additional OI Status	<input type="checkbox"/> OI Investigating <input type="checkbox"/> OI needs to be notified <input type="checkbox"/> OI/OE dispute memo needed
	<input type="checkbox"/> Additional coordination needed <input type="checkbox"/> Awaiting DOJ <input type="checkbox"/> Needs coordination with DOJ
Escalated Action	
Consequence:	<input type="checkbox"/> Actual <input checked="" type="checkbox"/> Potential <input type="checkbox"/> Reg. Impact <input type="checkbox"/> Willfulness
Prior Esc. Action?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes EA: 99-194 Date: 10/22/99
ID Credit?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> TBD SL: IV
CA Credit?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> TBD Supp: 6C
CP?	<input checked="" type="checkbox"/> No CP <input type="checkbox"/> Base <input type="checkbox"/> Double Base <input type="checkbox"/> Other: _____
Discretion or Order? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain: _____	
Future Action	
Conference?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Open <input type="checkbox"/> Closed Additional: _____
Action?	<input type="checkbox"/> No Violation <input type="checkbox"/> Re-panel <input type="checkbox"/> PEC Letter <input type="checkbox"/> Choice Letter <input type="checkbox"/> Choice Call <input checked="" type="checkbox"/> SL IV NOV <input type="checkbox"/> Re-caucus
	<input type="checkbox"/> Region Issue Esc. Action <input type="checkbox"/> Full Package Review by HQ <input type="checkbox"/> DEDR Review <input type="checkbox"/> Commission <input type="checkbox"/> Disagreement <input type="checkbox"/> NCV
Other Action?	_____

Participants: Region Copies to: Joe Nick, George Pangburn, Dan Holody, Frank Costello, John Kinneman

OE Copies to: J. Luehman, S. Merchant OGC/OI Copies to: Brad Fewell, E. Wilson, M. Fitzgibbon

Program Office Copy to: Brian Smith Other: _____

Remarks/Comments/Lessons Learned: Based on additional information regarding the the radiographer's training, and his belief that he was in compliance with NRC requirements when he performed radiography, the previous Panel participants agree that RI should issue a SL IV NOV.

Approved, Dir. OE: **/RA-JGL/**
Date: 03/14/01