

TO: David Collins

RE: Annual audit

Will the attached form be sufficient for the annual audit showing management's signature and corrective actions taken? If so, Then Jaca & Sierra and Soils and Materials will be using this format. Let me know if there is any area needs improvements.

Thanks!!!

David Rho

Received in Region II NE-5

MAY 16, 2001 cc: _____

David J. Collins

David J. Collins, Health Physicist
Division of Nuclear Materials Safety
USNRC Region II

Radiation Safety Inspection
Portable Gauge Audit

Institution's Name _____

Date: ____/____/____
Month Day Year

Performed by: David Rhoe

The following documents were reviewed and evaluated in regard to the NRC Regulations and conditions of the license:

ORGANIZATION

- | | | | |
|--|-----|----|----|
| 1. Storage area changed? | Yes | No | NA |
| • Maximum dose rate at 1 meter: _____ mR/hr | | | |
| 2. RSO changed? | Yes | No | NA |
| RSO duties: | | | |
| 1. Stop unsafe activates? | Yes | No | NA |
| 2. Proper use & maintenance? | Yes | No | NA |
| 3. Training of personnel (excess of 100 mRem)? | Yes | No | NA |
| 4. Hazmat training (1 every 3 yrs)? | Yes | No | NA |
| 4. Possession of a radiation survey meter? | Yes | No | NA |
| • Last calibration date: _____ | | | |
| 5. Personnel Dosimetry | Yes | No | NA |
| 6. Inventory of Sources/leak test | Yes | No | NA |
| 7. Posting of radiation signs – Notices
Notice to Employees, 206, and radiation signs | Yes | No | NA |
| 8. Radiation Incidents (Reports) | Yes | No | NA |
| 9. Safe storage of radiation sources | Yes | No | NA |
| 10. Shipper's papers | Yes | No | NA |
| 11. Operation /Emergency procedures (Responsibilities of the Gauge Users)? | Yes | No | NA |
| 12. 10 CRF regulations on file (Parts 19, 20, 21, 30, and 71) | Yes | No | NA |
| 13. Others: _____ | Yes | No | NA |

The following CPN AmBe/Cs sources were inventoried and leak tested.

Number	Model Number	Serial Number
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		

Management Signature: _____

Management's corrective actions:

- 1.
- 2.
- 3.
- 4.
- 5.