

**Region I
NMSS Licensee Event Report**

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|-------------------|--|-------------|----------|
| Licensee | AGILENT TECHNOLOGIES | | |
| Event Description | NOTICE OF GEN LICENSE DEVICE W/HIGH REMOVABLE ACTIVITY | | |
| License # | 07-28762-02G | Docket # | 03002988 |
| Event Date | | Report Date | 5-22-02 |
| | | MLER-RI | 2002-029 |

1. REPORTING REQUIREMENT

| | |
|--|---|
| <input type="checkbox"/> 10 CFR 20.2201 Theft or Loss <input type="checkbox"/> 10 CFR 20.2203 30 Day Report <input type="checkbox"/> 10 CFR 30.50 Report <input checked="" type="checkbox"/> Other <u>10 CFR 31.5</u> | <input type="checkbox"/> 10 CFR 35.33 Misadministration <input type="checkbox"/> License Condition |
|--|---|

2. REGION I RESPONSE

| | | | | | | | |
|---|--|----------------|--|----------------|--|----------------|--|
| <input type="checkbox"/> Immediate Site Inspection <input type="checkbox"/> Special Inspection <input type="checkbox"/> Telephone Inquiry <input type="checkbox"/> Preliminary Report <input checked="" type="checkbox"/> Information Entered in RI Log <input type="checkbox"/> Report referred to: _____ | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%;">Inspector/Date</td><td></td></tr><tr><td>Inspector/Date</td><td></td></tr><tr><td>Inspector/Date</td><td></td></tr></table> <input type="checkbox"/> Daily Report <input checked="" type="checkbox"/> Review at next inspection | Inspector/Date | | Inspector/Date | | Inspector/Date | |
| Inspector/Date | | | | | | | |
| Inspector/Date | | | | | | | |
| Inspector/Date | | | | | | | |

3. REPORT EVALUATION

| | |
|---|--|
| <input checked="" type="checkbox"/> Description of Event <input checked="" type="checkbox"/> Levels of RAM Involved <input type="checkbox"/> Cause of Event | <input type="checkbox"/> Corrective Actions <input type="checkbox"/> Calculations Adequate <input type="checkbox"/> Additional Information Requested from Licensee |
|---|--|

4. SPECIAL INSTRUCTIONS OR COMMENTS

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| |
| |
| |

Public

X BY 6/4/02

Non-Public

Initials/Date

Completed by:

Beth Ullrich

Date

Initials/Date


6/4/02

Reviewed by:

John D. Kern

Date

6/10/2002

 **Agilent Technologies**
2850 Centerville Road
Wilmington, DE 19808

RECEIVED
REGION 1

2002 MAY 23 PM 1: 44

Division of Nuclear Materials Safety
U.S. Nuclear Regulatory Commission
Region I
475 Allendale Road,
King of Prussia, PA 19406

Re: Notice of General License device with high removable activity (NRC License 07-28762-02G)

May 22, 2002

Dear Sir or Madam,

Per the requirements of 10 CFR 31.5, I am notifying your office of the following devices returned by customers from which we have obtained removable activity wipes in excess of 0.005 μCi . Cells N0203, N0243, and F2784 were returned from overseas. We are in the process of contacting customers for usage information. All cells were evaluated by support engineering and their disposition is identified below. I will notify the cell supplier of the high wipe.

| Serial # | Model # | Activity (μCi) | Disposition | Comment |
|----------|---------|--------------------------------|-------------|---------------------------------|
| N0203 | G1533A | 0.016 | Scrapped | Cell 5 years old |
| N0243 | G1533A | 0.052 | Scrapped | Cell 5 years old |
| M2549 | 19233 | 0.023 | Scrapped | Cell 11 years old, source dirty |
| F1639 | 19233 | 0.006 | Scrapped | Cell 11 years old, source dirty |
| F2784 | 19233 | 0.006 | Scrapped | Cell 11 years old, source dirty |
| F3314 | 19233 | 0.040 | Scrapped | Cell 6 years old, source dirty |
| F4911 | 19235* | 0.011 | Scrapped | Cell 10 years old, source dirty |
| U0526 | G2397A | 0.008 | Scrapped | Cell 4 years old |

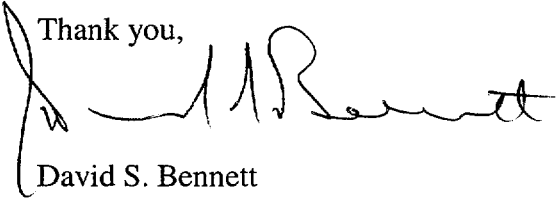
* Denotes a Specific License model.

Please note that these cells were returned to us ranging from May 2nd through the 16th. I have been out of the Little Falls office on special assignment for a Delaware State regulatory agency issue and have not made myself available to attend to these reporting responsibilities. I apologize for failing to comply with the five-day reporting requirement but all cells were processed and

isolated for disposal by our lab operators and support engineer without the need for any involvement on my part.

Please contact me at 302-633-8262 if there are any questions.

Thank you,

A handwritten signature in black ink, appearing to read "David S. Bennett". The signature is fluid and cursive, with a large initial "D" and "S".

David S. Bennett
Radiation Safety Officer