

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

RECEIVED
REGION 1

2002 AUG -7 PM 1:40

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)

August 6, 2002

Dear Sir or Madam,

Per the requirements of 10 CFR 31.5, I am notifying your office of a general license device returned to our site by an overseas customer from which we have obtained a removable activity wipe in excess of 0.005 μCi . The cell was evaluated by support engineering and its disposition is identified below. I will notify the cell supplier of the high wipe.

<u>Serial #</u>	<u>Model #</u>	<u>Activity (μCi)</u>	<u>Disposition</u>
K0365	19233	0.033	Scrapped

Comments:

The cell was 8 years old and the source was dirty.

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

Thank you,



David S. Bennett
Radiation Safety Officer

Region I NMSS Licensee Event Report

Licensee	AGILENT TECHNOLOGIES
Event Description	Notice of General License w/High Removable Activity

License #	07-28762-02G	Docket #	03002988	MLER-RI	2002-051
Event Date	2002	Report Date	8/7/02		

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 10 CFR 31.5	<input type="checkbox"/> 10 CFR 35.33 Misadministration <input type="checkbox"/> License Condition
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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 type="checkbox"/> Description of Event <input 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
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4. SPECIAL INSTRUCTIONS OR COMMENTS

Public

Non-Public

Completed by:	<div style="text-align: center;">Initials/Date</div>	Date	<div style="text-align: center;">Initials/Date</div> <div style="text-align: center;">8/22/02</div>
Reviewed by:	<div style="text-align: center;">Initials/Date</div>	Date	<div style="text-align: center;">Initials/Date</div> <div style="text-align: center;">8/22/2002</div>