

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

RECEIVED
REGION 1

2003 SEP -9 PM 1: 26

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)

September 8, 2003

Dear Sir or Madam,

Per the requirements of 10 CFR 31.5, I am notifying your office of the following devices returned to us by customers from which we have obtained removable activity wipes in excess of 0.005 μCi . The cells were evaluated by support engineering and their disposition is identified below. I have contacted the customer for further information and will notify the cell supplier of the high wipes.

Serial #	Model #	Activity (μCi)	Disposition	Comments
U1024	G2397A	0.009	Scrapped	Source was corroded Cell was 5 years old
K1597	19233	0.104	Scrapped	Source was dark and dirty Cell was 8 years old.

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
Event Description	Notice of General License Device with High Removable
Activity	

License #	07-28762-02	Docket #	03002988	MLER-RI	2003-053
Event Date	9/2003	Report Date	9-8-03		

1. REPORTING REQUIREMENT

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

2. REGION I RESPONSE

<input type="checkbox"/> Immediate Site Inspection	Inspector/Date	
<input type="checkbox"/> Special Inspection	Inspector/Date	
<input type="checkbox"/> Telephone Inquiry	Inspector/Date	
<input type="checkbox"/> Preliminary Report	<input type="checkbox"/> Daily Report	
<input type="checkbox"/> Information Entered in RI Log	<input checked="" type="checkbox"/> Review at next inspection	
<input type="checkbox"/> Report referred to:		

3. REPORT EVALUATION

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

4. SPECIAL INSTRUCTIONS OR COMMENTS

Public Non-Public

Completed by:	<div style="font-size: 1.5em; font-family: cursive;">B. Ullrich</div>	Date	9/10/03
Reviewed by:	<div style="font-size: 1.5em; font-family: cursive;">J. D. [Signature]</div>	Date	9/10/03