

## Region I - DNMS Licensee Event Report

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

License No:	07-28762-02G	Docket No:	03002988	MLER-RI:	2005-008
Event Date:		Report Date:	02/04	HQ Ops Event #:	

**1. REPORTING REQUIREMENT**

<input type="checkbox"/> 10 CFR 20.1906 Package Contamination	<input type="checkbox"/> 10 CFR 30.50 Report
<input type="checkbox"/> 10 CFR 20.2201 Theft or Loss	<input type="checkbox"/> 10 CFR 35.3045 Medical Event
<input type="checkbox"/> 10 CFR 20.2203 30 Day Report	<input type="checkbox"/> License Condition
XXX 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 Notification/Report	<input type="checkbox"/> Daily Report	
XXX Information Entered in RI Log	<input checked="" type="checkbox"/> Review at Next Inspection	
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

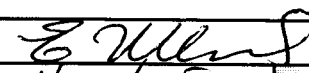
**4. MANAGEMENT DIRECTIVE 8.3 EVALUATION**


<input type="checkbox"/> Release w/Exposure > Limits	<input type="checkbox"/> Deliberate Misuse w/Exposure > Limits
<input type="checkbox"/> Repeated Inadequate Control	<input type="checkbox"/> Pkgng Failure > 10 rads/hr or Contamination > 1000x Limits
<input type="checkbox"/> Exposure 5x Limits	<input type="checkbox"/> Large# Indivs w/Exp > Limits or Medical Deterministic Effects
<input type="checkbox"/> Potential Fatality	<input type="checkbox"/> Unique Circumstances or Safeguards Concerns
If any of the above are involved:	
<input type="checkbox"/> Considered Need for IIT	<input type="checkbox"/> Considered Need for AIT
Decision/Made By/Date: _____	

**5. MANAGEMENT DIRECTIVE 8.10 EVALUATION (additional evaluation for medical events only)**

<input type="checkbox"/> Timeliness - Inspection Meets Requirements (5 days for overexposure / 10 days for underexposure)
<input type="checkbox"/> Medical Consultant Used-Name of Consultant/Date of Report: _____
<input type="checkbox"/> Medical Consultant Determined Event Directly Contributed to Fatality
<input type="checkbox"/> Device Failure with Possible Adverse Generic Implications
<input type="checkbox"/> HQ or Contractor Support Required to Evaluate Consequences

**6. SPECIAL INSTRUCTIONS OR COMMENTS**

Public:	<input checked="" type="checkbox"/>	Signature:	
Non-Public:	<input type="checkbox"/>	Date:	1/31/05

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

RECEIVED  
REGION 1

'04 OCT -4 P12 :52

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)

October 1, 2004

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  $\mu\text{Ci}$ . The cell was evaluated by support engineering and its disposition is identified below.

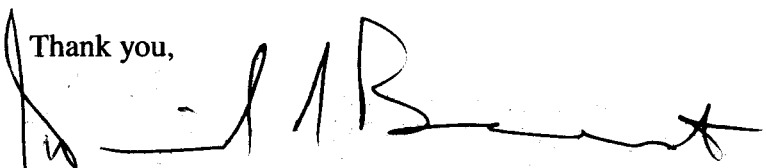
<u>Serial #</u>	<u>Model #</u>	<u>Activity (<math>\mu\text{Ci}</math>)</u>	<u>Disposition</u>
K0337	19233	0.005	Scrapped

Comments:

The cell was 10 years old. The source was dark and rusted..

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

Thank you,

  
David S. Bennett  
Radiation Safety Officer