

RI - DNMS Licensee Event Report Disposition

Licensee:	Charlotte Hungerford Hospital - State of CT Report				
Event Description:	Rpt from CT re: Alarming Monitors at Waste Hauler Site				
License No:	06-08349-04	Docket No:	03009293	MLER-RI:	2005-013
Event Date:	2-8-05	Report Date:	2-10-05	HQ Ops Event #:	

1. **REPORTING REQUIREMENT** *NA*

<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
<input type="checkbox"/> Other _____	

2. **REGION I RESPONSE**

<input type="checkbox"/> Immediate Site Inspection	Inspector/Date	<i>Beardsley 2/11/05</i>
<input type="checkbox"/> Special Inspection	Inspector/Date	
<input checked="" type="checkbox"/> Telephone Inquiry	Inspector/Date	
<input type="checkbox"/> Preliminary Notification/Report	<input type="checkbox"/> Daily Report	
<input checked="" 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 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** *NA*

<input type="checkbox"/> Release w/Exposure > Limits	<input type="checkbox"/> Deliberate Misuse w/Exposure > Limits
<input type="checkbox"/> Repeated Inadequate Control	<input type="checkbox"/> Pkging 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)** *NA*

<input type="checkbox"/> Timeliness - Inspection Meets Requirements (5 days for overdose / 10 days for underdose)
<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**

<input checked="" type="checkbox"/> Public	Inspector Signature: <i>[Signature]</i>	Date: <i>5-24-05</i>
<input type="checkbox"/> Non-Public <i>SISP review</i>	Branch Chief Initials: <i>[Signature]</i>	Date: <i>6/28/05</i>

ML051960536

U.S. NUCLEAR REGULATORY COMMISSION		Conversation Date: 2-10-05	
TELEPHONE CONVERSATION RECORD		Time:	
Mail Control No.:	License No.:	Docket No.:	
NA	06-08349-04	03009293	
Licensee/Applicant Participant(s):	Organization:	Telephone No.:	
Gerald Randall, RSO	Charlotte Hungerford Hospital	860-678-9082	
Person(s) Calling: Michelle Beardsley, RI			
Subject: Report from State of CT re: alarming monitors at waste hauler site			
<p>Summary:</p> <p>Regarding the above which indicated that a waste shipment from Charlotte Hungerford Hospital set off alarms at the waste haulers and was identified to be from the licensee, I asked Mr. Randall if the hospital had determined what this waste was found to contain. He stated that their analysis showed that it was patient excreta, i.e. a diaper contaminated with Tc-99m.</p>			
Action Required/Taken: Place in ADAMS.			
Prepared By: M. Beardsley /RA/		Date: 2-11-05	

Annex A

DOT-E 11406 SHIPPING APPROVAL FORM

Approval Number CT-CT-05-021

(Refer to E 11406 para. 8 a)

This shipment of waste or recycle materials contains unidentified radioactive material causing low level radiation outside the vehicle. Shipment is under Exemption DOT-E 11406 without a determination of materials meeting or not meeting the regulatory definition of radioactive material. The shipment is a minor radiological concern based on considerations of the U.S. Department of Transportation and the state radiation official signing this shipment approval document.

DETAILS of DETECTION SITE, MATERIALS, and ORIGIN

Facility: Name Torrington Transfer Station Type: Transfer Station

Address: Vista Road, Torrington CT

(1) Contact person: Dave Putterman Ph. 860-489-4376 Fax. 860-626-7093

X Highway or Rail Vehicle Type: Compacting Dumpster Id.No.: CX-5696

Company: Waste Management of Windsor Operator Name: JOSEPH SOLGOUIC

(2) Contact person: Ron Defrase 860-601-1972 Fax. 860-379-6891

Description of waste and release risk factors: Sole use Dumpster from Charlotte Hungerford Hospital in Torrington

Radiation Measurement

Date/time performed: 2/8/5 @ 10:30

mrem/h (max) 0.070 location on vehicle RH Side facing Compactor

Inst. Mfgr./type/model Ludlum 776 Bkg. mrem/h 0-006

Surveyor name: Gary J. McCahill Ph. 860-424-3029

Shipment Origin Company: Charlotte Hungerford Hospital Address: see #

Waste Origin: Charlotte Hungerford Hospital

(3) Contact person: Gerald Randall (RSO) Ph. 860-678-9082 Fax. 860-678-8273

RADIATION CONTROL OFFICIALS (Detection, Origin, Destination States)

Detection State Official (receiving radiation detection info) Name: Gary J. McCahill

(4) Organization Connecticut DEP Ph. 1-860-424-3029 Fax. 1-860-424-4065

Origin State Official (prior to detection) Name: Gary J. McCahill

(5) Organization Connecticut DEP Ph. 1-860-424-3691 Fax. 1-860-424-4065

Destination State Official (after detection) Name: Gary J. McCahill

(6) Organization Connecticut DEP Ph. 1-860-424-3029 Fax. 1-860-424-4065

DESTINATION for RADIOACTIVE MATERIAL IDENTIFICATION and/or DISPOSITION

If carrier and shipper to this location are different than (2) and (3), show info in REMARKS

Charlotte Hungerford Hospital Location: 540 Litchfield Street Torrington, CT 06790

(7) Contact person: Gerald Randall (RSO) Ph. 860-678-9082 Fax. 860-678-8273

License No: 06-08349-04
Permit No: 030 09293

APPROVAL of SHIPMENT and SPECIAL CONDITIONS

Conditions: Return to Hosp

(8) Signature: [Signature] Ph. 860-424-3029 Fax. 860-424-4065

Title: Radiation Control Physicist, Organization: Department of Environmental Protection, Date 02/8/05

IDENTIFICATION of RADIOACTIVE MATERIAL and DISPOSITION INFORMATION at DESTINATION

(9) Name: Gary J. McCahill Title: Radiation Control Physicist Date: _____
Organization: Department of Environmental Protection Ph. 860-424-3029 Fax. 860-424-4065

RECORD of TRANSMITTALS (Shipment Approvals and identification/disposition)

(Circumstances may influence distribution)

Shipment Approvals (Sent by (4) = (8) = (9) to (Show date sent)
OED CRCPD _____, (1) 2/8/5, (2) 2/8/5, (3) 2/8/05
(5) CT-DEP 2/8/5, (6) CT-DEP(duplicate), (7) _____, OTHER _____

Record of Identification and Disposition (Sent by (4) = (8) = (9) or other _____) to
OED CRCPD _____, (3) _____, (5) CT-DEP, (6) CT-DEP(duplicate),
(4) = (8) _____, OTHER _____

REMARKS, OTHER INFORMATION: CT-DEP Incident Number is 05-027

In case of emergency, notify the National Response Center ((800) 424-8802) and the (8) authorizing official and give the Exemption No. E 11406 and Approval No. The 24 hour Emergency Number for CT-DEP is 860-424-3333