NRC FORM 591M PART 1		U	S. NUCLEAR REGULATO	RY COMMISSION				
(10-2003) 10 CFR 2.201								
SAF	ETY INSPECTION REPORT	AND COMPLIANCE	E INSPECTION					
1. LICENSEE/LOCATION INSPEC	TED:	2. NRC/REGIONAL OFFICE						
dba Baker Hughes Oilfiel	Id Operations, Inc.	USNRC Region IV 611 Ryan Plaza Drive, Suite 400 Arlington, Texas 76011-4005						
Baker Hughes Oilfield Operations, Inc. dba Baker Hughes INTEQ 1610 St. Etienne Road Broussard, Louisiana		Arlington, Texas 76011-4005						
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REPORT NUMBER(S) 2005 3. DOCKET NUMBER(S)	4. LICENSEE NUMBER(S		5. DATE(S) OF INSPECTION					
030-32818	17-27437-01		August 9, 2005					
LICENSEE:								
The inspection was an examination of the activities conducted under your license as they relate to radiation safety and to compliance with the Nuclear Regulatory Commission (NRC) rules and regulations and the conditions of your license. The inspection consisted of selective examinations of procedures and representative records, interviews with personnel, and observations by the inspector. The inspection findings are as follows: X 1. Based on the inspection findings, no violations were identified. 2. Previous violation(s) closed. 3. The violation(s), specifically described to you by the inspector as non-cited violations, are not being cited because they were self-identified, non-repetitive, and corrective action was or is being taken, and the remaining criteria in the NRC Enforcement Policy, NUREG-1600, to exercise discretion, were satisfied.								
Non-C								
Non-Cited Violation(s) was/were discussed involving the following requirement(s) and Corrective Action(s):								
	ion certain of your activities, as described be OTICE OF VIOLATION, which may be subj			nd are being				
(Violations and Corrective Actions)								
Licensee's Statement of Corrective Actions for Item 4, above.								
I hereby state that, within 30 days, the actions described by me to the inspector will be taken to correct the violations identified. This statement of								
	cordance with the requirements of 10 CFR 2. e achieved). I understand that no further writt							
Title	Printed Name		nature	Date				
LICENSEE'S REPRESENTATIVE								
	sti Maier, Health Physicist	/F	RA/	8/09/2005				
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