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OCT 22 1981

Lic. File

License No. 24-16206-01

Combustion Engineering, Inc.
ATTN: Mr. James A. Rode
Plant Manager
Route 21-A
Hematite, MO 63047

Gentlemen:

As a result of the inspection conducted on October 8, 1981, a Form NRC-591, INSPECTION FINDINGS AND LICENSEE ACKNOWLEDGEMENT, is issued for License No. 24-16206-01. You will note that this form indicates that no item of noncompliance was noted. It is not necessary that you complete Item 7 of this form nor that you acknowledge receipt of this form.

I wish to express my appreciation for the cooperation extended to me during the inspection.

TERMINATED
1083

Sincerely,

[Signature]
W. W. Shatterly,
Radiation Specialist

Enclosure: Form NRC-591

cc w/encl:
Mr. Harold E. Eskridge
NLS&A Supervisor

CERTIFIED MAIL - RETURN
RECEIPT REQUESTED

RIII

[Signature]
Shatterly/jp
10/19/81

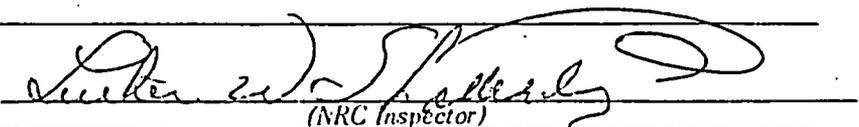
RIII

[Signature]
Wiedeman

D-68

U.S. NUCLEAR REGULATORY COMMISSION
OFFICE OF INSPECTION AND ENFORCEMENT

INSPECTION FINDINGS AND LICENSEE ACKNOWLEDGMENT

1. LICENSEE Combustion Engineering, Incorporated. Route 21-A Hematite, Missouri 63047		2. REGIONAL OFFICE U.S. Nuclear Regulatory Commission Office of Inspection & Enforcement Region III 799 Roosevelt Road Glen Ellyn, Illinois 60137	
3. DOCKET NUMBER(S) 030-10585	4. LICENSE NUMBER(S) 24-16206-01	5. DATE OF INSPECTION October 8, 1981	
6. INSPECTION FINDINGS The inspection was an examination of the activities conducted under your license as they relate to radiation safety and to compliance with the Commission's 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 findings as a result of this inspection are as follows:			
<input checked="" type="checkbox"/> No items of noncompliance or unsafe conditions were found.			
The following items of noncompliance related to records, signs, and labels were found:			
<input type="checkbox"/> A. Rooms or areas were not properly posted to indicate the presence of a RADIATION AREA. 10 CFR 20.203(b) or 34.42			
<input type="checkbox"/> B. Rooms or areas were not properly posted to indicate the presence of a HIGH RADIATION AREA. 10 CFR 20.203(c) (1) or 34.42			
<input type="checkbox"/> C. Rooms or areas were not properly posted to indicate the presence of an AIRBORNE RADIOACTIVITY AREA. 10 CFR 20.203(d)			
<input type="checkbox"/> D. Rooms or areas were not properly posted to indicate the presence of RADIOACTIVE MATERIAL. 10 CFR 20.203(e)			
<input type="checkbox"/> E. Containers were not properly labeled to indicate the presence of RADIOACTIVE MATERIAL. 10 CFR 20.203(f) (1) or (f) (2)			
<input type="checkbox"/> F. A current copy of 10 CFR 20, a copy of the license, or a copy of the operating procedures was not properly posted or made available. 10 CFR 20.206(b)			
<input type="checkbox"/> G. Form NRC-3 was not properly posted. 10 CFR 20.206(c)			
<input type="checkbox"/> H. Records of the radiation exposure of individuals were not properly maintained. 10 CFR 20.401(a) or 34.33(b)			
<input type="checkbox"/> I. Records of surveys or disposals were not properly maintained. 10 CFR 20.401(b) or 34.43(d)			
<input type="checkbox"/> J. Records of receipt, transfer, disposal, export or inventory of licensed material were not properly maintained. 10 CFR 30.51, 40.61 or 70.51			
<input type="checkbox"/> K. Records of leak tests were not maintained as prescribed in your license, or 10 CFR 34.25(c)			
<input type="checkbox"/> L. Records of inventories were not maintained. 10 CFR 34.26			
<input type="checkbox"/> M. Utilization logs were not maintained. 10 CFR 34.27			
<input type="checkbox"/> N. Records of radiation survey instrument calibration were not maintained. 10 CFR 34.24			
<input type="checkbox"/> O. Records of teletherapy electrical interlock tests were not maintained as prescribed in your license.			
<input type="checkbox"/> P. Other _____			
 _____ (NRC Inspector)			
7. The NRC Inspector has explained and I understand the items of noncompliance listed above. The items of noncompliance will be corrected within the next 30 days.			
_____ (Date)		_____ (Licensee Representative - Title or Position)	

77710B
Module No. 987102
4/C 15
EPI License Date 03-18-81
MEDICAL INSPECTION REPORT

Inspection Report No. 81-01

Licensee (Name and address)

Combustion Engineering, Inc
Route 21-A

Hermitage, MISSOURI 63047

Licensee Contact: H.A. LESKRIDGE Telephone No. (314) 296-5640

License No. 24-16206-01 Docket No. 030-10585

Last Amendment No. 1 Date of Amendment: MAR 18 1981

Category: E Priority: 4

Date of Inspection: OCT 8 1981

Type of Inspection: Announced Initial
 Unannounced Special
 Reinspection

* JAMES A ROBE, PLANT manager

Summary of Findings and Action:

- No Noncompliance, Clear 591 issued Action on Previous N/C
- Noncompliance, 591 issued Regional Action
- Noncompliance, Appendix A Hq Action

* EXIT INTERVIEW

Inspector: John W Shatteray OCT 8, 1981
(Signature) (Date Signed)

Approved: Paul E. Hudson 10/14/81
(Signature) (Date Signed)

5. TRAINING RETRAINING AND INSTRUCTION TO WORKERS

a. Training program specified in L/C or application: Yes _____ No

b. If training program is required, describe scope of program: _____

c. Retraining required: Yes _____ No

If "Yes" is retraining: Complete _____ Incomplete _____

1) Are tests and/or examinations required: Yes _____ No _____

2) If "Yes" are records available: Yes _____ No _____

3) Reviewed test results: Yes _____ No _____

4) Period reviewed: _____

5) Comment (per cent completed, test results, etc.): _____

d. Training provided, but not covered above: No

e. Instructions to workers in accord with 10CFR 19.12: Yes No

6. RADIOLOGICAL PROTECTION PROCEDURES

a. OPERATING AND EMERGENCY PROCEDURES

- 1) Required by L/C or application: Yes _____ No _____
- 2) Provided, but not required by L/C or application: Yes _____ No _____
- 3) Procedures reviewed: Yes _____ No _____
- 4) Appeared Adequate: Yes _____ No _____
- 5) Comments (personnel's understanding of procedures): _____

b. Changes in procedures since last inspection: Yes _____ No N/A

- 1) Were changes authorized: Yes _____ No _____
- 2) Comments: 1ST INSPECTION

7. INSTRUMENTATION

a. Type(s) of radiation survey instruments on hand as per L/C, application or equivalent: Yes _____ No _____

- 1) If "No" list changes: _____

b. Capability of radiation survey instruments adequate for program:

Yes No

c. Calibration of instruments required: Yes No

d. If "Yes" instruments calibrated in accord with requirements:

Yes No

e. Comment: PAC-45 S/N 230 alpha counter 09-08-81
Nuc Chicago S/N 1434 X2 " " "
Model RM-15 Eberline S/N 788 alpha survey " " "17
model RM-15 Eberline S/N 772 alpha survey " " "

P-4
Item 11
Quarterly
last calibrated

8. MATERIALS

a. Radioactive material secured to prevent unauthorized removal from:

1) Restricted area: Yes No

2) Unrestricted area (20.207): Yes No

b. Method of control appears adequate: Yes No

c. Comment: _____

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Item 9

9. FACILITIES

a. Facilities described in letter or application: Yes _____ No

b. Facilities inspected: Yes _____ No _____

c. Comment: _____

10. POSTING AND LABELING

a. Posting and labeling in accord with 10CFR 20.203: Yes No

b. Comment: _____

11. RECEIPT AND TRANSFER OF MATERIAL

a. Procedures for picking up and receiving packages (10CFR 20.205 (b)(c)):
Yes No

- 1) Incoming shipments monitored: Yes No
- 2) Records of monitoring maintained (10CFR 20.401(b)): Yes No
- 3) Records reviewed by NRC inspector: Yes No
- 4) Period reviewed: _____

b. Procedures for opening packages (10CFR 20.205(d)): Yes No

c. Comment: _____

*Sources kept inside Building for
calibration checks,*

3) Comment: _____

g. Pocket dosimeters used: Yes _____ No

1) Type used: _____

2) Frequency of recharging: _____

3) Frequency of reading: _____

4) Comment: _____

h. Direct radiation surveys of restricted and/or unrestricted areas being made:

Yes _____ No

N/A

1) Records of surveys being maintained: Yes _____ No _____

2) Records of surveys reviewed: Yes _____ No _____

3) Period reviewed: _____

4) Comments: _____

13. PERSONNEL RADIATION PROTECTION - INTERNAL

a. Potential for exposure of individuals to airborne radioactive materials

exists: Yes _____ No

1) If "Yes" does program for monitoring and control exist: Yes _____ No _____

2) Program for monitoring and control appears adequate: Yes _____ No _____

b. Comments: _____

c. Respiratory protection program required by L/C or application:

Yes _____ No _____

1) If "Yes" were respiratory protection procedures reviewed:

Yes _____ No _____

2) Respiratory protection procedures appear adequate: Yes _____ No _____

3) Comments: _____

d. Bioassay program required: Yes _____ No _____

1) If "Yes" was bioassay program reviewed: Yes _____ No _____

2) Bioassay program appear adequate: Yes _____ No _____

3) Comments: _____

e. Smears and air samples

1) Monitoring for airborne radioactivity is conducted (20.103):

Yes _____ No _____

a. Records of monitoring reviewed: Yes _____ No _____

b. Period reviewed: _____

c. Records of monitoring appears adequate: Yes _____ No _____

2) Smear surveys being conducted (20.201, b): Yes _____ No _____

a. Records of smear surveys reviewed: Yes _____ No _____

b. Period reviewed: _____

c. Records appeared adequate: Yes _____ No _____

3) Comments: _____

P-4
Item - 15
At 67115
HC-13

14. LEAK TESTS

- a. Leak tests required: Yes No
- b. If "Yes" leak tests conducted: Yes No
- c. Records of leak tests maintained: Yes No
- d. Leak tests records reviewed: Yes No
- e. Period reviewed: Mar thru w Sept, 1981
- f. Records of leak tests appear adequate: Yes No
- g. Comments: _____

15. RADIOACTIVE EFFLUENT CONTROL AND WASTE DISPOSAL

- a. Byproduct material released to atmosphere and/or sewer (20.106 and 20.303):
Yes No
- b. Records of releases or radioactive effluents maintained (20.401): N/A
Yes No
- 1) Period reviewed: _____
- 2) Records appear adequate: Yes No
- c. Solid waste disposal method: N/A
- 1) Records of disposal maintained (30.51): Yes No
- 2) Surveys of waste prior to disposal made (20.201): Yes No
- 3) Period reviewed: _____
- 4) Records of surveys appear adequate (20.401): Yes No
- d. Comments: _____

16. SHIPPING INCIDENTS

a. Have any shipping incidents occurred since (date) None

1) Was incident documented: Yes _____ No _____

2) If "Yes" documentation appears adequate: Yes _____ No _____

b. Comments (reports to DOT, etc.): _____

17. NOTIFICATIONS AND REPORTS

a. Licensee in compliance with 10CFR 19.13 (reports to individuals):

Yes _____ No _____

b. Licensee in compliance with 10CFR 20.405 (over exposures):

Yes _____ No _____

c. Licensee in compliance with 10CFR 20.403 (incidents):

Yes _____ No _____

d. Licensee in compliance with 10CFR 20.402 (theft or loss):

Yes _____ No _____

e. Comments: _____

18. POSTING OF NOTICES

a. Licensee in compliance with 10CFR 19.11(a) or (b): Yes _____ No

b. Licensee in compliance with 10CFR 19.11(c): Yes No _____

c. Comments: _____

19. ENVIRONMENTAL MONITORING PROGRAM

a. Environmental Monitoring Program required: Yes _____ No

b. If "Yes" records reviewed: Yes _____ No _____

c. Period reviewed: _____

d. Records appeared adequate: Yes _____ No _____

e. If Environmental Program is not required, briefly describe any existing program: _____

20. CONFIRMATORY MEASUREMENTS

a. Independent measurements made by inspector: Yes _____ No

b. Comments (describe type, results, comparison with licensee results): _____

FOLLOW-UP ON BULLETIN 79-19

1. If the licensee has received Bulletin 79-19 but does not ship waste, check this line and fill out response form 1.

2. If the licensee ships waste for offsite burial:

a. Does the licensee have current copies of DOT and NRC shipping regulations? Yes ___ No ___

b. Does the licensee have on hand a set of current requirements placed on waste burial firms by the States of Nevada, South Carolina or Washington or the waste collector if a contractor is used? Yes ___ No ___

c. Procedures

(1) Written and management approved procedures? Yes ___ No ___

(2) Procedures insure that waste shipped will conform to limits at burial site with respect to chemical and physical form and quantity of radioactive material in consignee's license? Yes ___ No ___

(3) Procedures include requirements of applicable NRC and DOT regulations? Yes ___ No ___

d. Training

(1) Licensee has provided training for personnel involved in the transfer of radwaste? Yes ___ No ___

(2) This training is documented? Yes ___ No ___

e. Does the licensee have an audit program for his radwaste shipping activities? Yes ___ No ___

f. Has the licensee conducted an audit of waste shipment activities? Yes ___ No ___

When? _____

Describe audit scope and findings. _____

3. If the licensee has no waste packages on hand to inspect, check this line and send response form 2 if all findings are satisfactory ____.
4. If the licensee has a package(s) available to inspect, perform the inspection and send response form 3 if packages are satisfactory ____.
5. If deficiencies in the above are noted use form 4 in your response to headquarters. Document below which licensee actions are needed to bring program up to requested level.

U.S. NUCLEAR REGULATORY COMMISSION
OFFICE OF INSPECTION AND ENFORCEMENT

REGION III

Docket No. 030-10585

License No. 24-16206-01

Licensee: Combustion Engineering Inc
Route 21-AD
Hematite, Mo 63047

Inspection Dates: Oct 8, 1981

Inspector(s): L. W. Shatterly

Scope of Inspection: In addition to a routine, complete inspection of the licensed program, this inspection also sought to verify that the licensee had taken the actions required by IE Bulletin 79-19 with respect to activities related to the transfer, packaging and shipping of low-level radioactive waste material.

Summary of Findings and Proposed Enforcement Action: This licensee does not ship radioactive waste for disposal by burial. If in the future this policy changes, IE Bulletin 79-19 will be implemented.

BYPRODUCT MATERIAL LICENSE
INFORMATION UPDATE FORM

Licensee: Combustion Engineering Inc.

Location: Hematite MO
(City) (State) (Zip)

License No.: 24-16206-01 Docket No.: 03010585

INFORMATION TO BE UPDATED (CIRCLE APPROPRIATE NUMBER(S))

1. Category and/or priority: From _____ To _____
2. Last inspection date: From 0974 To 0577
3. Next inspection date: From 0378 To 0580
4. Priority program code: From _____ To _____
5. Other: (specify) _____

Reason for update (narrative description of reason for update, such as appropriate Manual Chapter reference, licensee representative contact including date and method of contact, or other reason for update):

inspection performed 5/77- info not included
on computer files

Section Chief Approval: [Signature] (Initials)

Update placed on license (if appropriate) by: N/A (Initials)

Update entered on section's IBM master listing of regional licenses by: Km 7/24/78 (Initials)

Inspector: FJ BORST 7/6/78 (Date) Section Chief: [Signature] 7/6/78 (Date)

Original to license file
cc: MRPS Chief
Information Coordinator