

## RI - DNMS Licensee Event Report Disposition

Licensee: VCU

Event Description: Unplanned Contamination due to pipe crack

License No: 15-2048-17      Docket No: 030-03297      MLER-RI: 2005-064

Event Date: 9-13-05      Report Date: 9-14-05      HQ Ops Event #: 41993

1. REPORTING REQUIREMENT

<input type="checkbox"/> 10 CFR 20.1906 Package Contamination <input type="checkbox"/> 10 CFR 20.2201 Theft or Loss <input checked="" type="checkbox"/> 10 CFR 20.2203 30 Day Report <input type="checkbox"/> Other _____	<input type="checkbox"/> 10 CFR 30.50 Report <input type="checkbox"/> 10 CFR 35.3045 Medical Event <input type="checkbox"/> License Condition
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2. REGION I RESPONSE

<input type="checkbox"/> Immediate Site Inspection <input type="checkbox"/> Special Inspection <input type="checkbox"/> Telephone Inquiry <input type="checkbox"/> Preliminary Notification/Report <input checked="" type="checkbox"/> Information Entered in RI Log <input type="checkbox"/> Report Referred To: _____	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Inspector/Date</td> <td style="width: 50%;"><input type="text"/></td> </tr> <tr> <td>Inspector/Date</td> <td><input type="text"/></td> </tr> <tr> <td>Inspector/Date</td> <td><input type="text"/></td> </tr> <tr> <td><input type="checkbox"/> Daily Report</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Review at Next Inspection</td> <td></td> </tr> </table>	Inspector/Date	<input type="text"/>	Inspector/Date	<input type="text"/>	Inspector/Date	<input type="text"/>	<input type="checkbox"/> Daily Report		<input type="checkbox"/> Review at Next Inspection	
Inspector/Date	<input type="text"/>										
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<input type="checkbox"/> Daily Report											
<input type="checkbox"/> Review at Next Inspection											

3. REPORT EVALUATION

<input checked="" type="checkbox"/> Description of Event <input checked="" type="checkbox"/> Levels of RAM Involved <input checked="" type="checkbox"/> Cause of Event	<input checked="" type="checkbox"/> Corrective Actions <input checked="" type="checkbox"/> Calculations Adequate <input type="checkbox"/> Additional Information Requested from Licensee
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4. MANAGEMENT DIRECTIVE 8.3 EVALUATION

<input type="checkbox"/> Release w/Exposure > Limits <input type="checkbox"/> Repeated Inadequate Control <input type="checkbox"/> Exposure 5x Limits <input type="checkbox"/> Potential Fatality <input type="checkbox"/> If any of the above are involved: <input type="checkbox"/> Considered Need for IIT Decision/Made By/Date: _____	<input type="checkbox"/> Deliberate Misuse w/Exposure > Limits <input type="checkbox"/> Pkging Failure > 10 rads/hr or Contamination > 1000x Limits <input type="checkbox"/> Large # Indivs w/Exp > Limits or Medical Deterministic Effects <input type="checkbox"/> Unique Circumstances or Safeguards Concerns <input type="checkbox"/> Considered Need for AIT
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5. MANAGEMENT DIRECTIVE 8.10 EVALUATION (additional evaluation for medical events only)

<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
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6. SPECIAL INSTRUCTIONS OR COMMENTS

Non-Public      Inspector Signature: [Signature]      Date: 11/7/05

Public-SISP REVIEW COMPLETE      Branch Chief Initials: [Signature]      Date: 12/2/05