

# RI - DNMS Licensee Event Report Disposition

Licensee:	EPSILON		
Event Description:	Abnormal Failure of Pin that Moves shutter mechanism on a gauge		
License No: 37 28586-01	Docket No: 030 31956	MLER-RI:	2005-71
Event Date: 10-31-05	Report Date:	HQ Ops Event #:	42100

**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 style="width: 100%;"> <tr> <td style="width: 50%;">Inspector/Date</td> <td style="width: 50%;"></td> </tr> <tr> <td>Inspector/Date</td> <td></td> </tr> <tr> <td>Inspector/Date</td> <td></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		Inspector/Date		Inspector/Date		<input type="checkbox"/> Daily Report		<input type="checkbox"/> Review at Next Inspection	
Inspector/Date											
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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 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	<input type="checkbox"/> Deliberate Misuse w/Exposure > Limits <input type="checkbox"/> Pkgng 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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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 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**

Reviewed During inspection

<input type="checkbox"/> Non-Public <input checked="" type="checkbox"/> Public-SISP REVIEW COMPLETE	Inspector Signature: _____ Branch Chief Initials: _____	Date: 1/3/2006 Date: 1/3/2006
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⑤ 1/3/06

## RI - DNMS Licensee Event Report Disposition

Licensee: EPSILON

Event Description: Radiation Event Under 10 CFR 30.50 - Gauge Failure

License No: 37 28586 Docket No: 030 31956 MLER-RI: 2005-~~271~~  
 Event Date: 8-27-05 Report Date: \_\_\_\_\_ HQ Ops Event #: 41952

**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
<input checked="" type="checkbox"/>	Other <u>10 CFR 30.50</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
<input checked="" type="checkbox"/>	Information Entered in RI Log	<input type="checkbox"/>	Review at Next Inspection
<input type="checkbox"/>	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 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**

Reviewed during inspection

Non-Public

Inspector Signature: \_\_\_\_\_

Date: 1/3/2006

Public-SISP REVIEW COMPLETE

Branch Chief Initials: \_\_\_\_\_

Date: 1/3/2006