

# RI - DNMS Licensee Event Report Disposition

Licensee: INSPECTION & TESTING SERVICES INC

Event Description:

License No: 29- 31032-01      Docket No: 030 36902      MLER-RI: 2006-009  
 Event Date: 3-8-06      Report Date: 3-8-06      HQ Ops Event #:

**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 type="checkbox"/> Other _____	

**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	
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**

Review during next inspection

Non-Public      Inspector Signature: [Signature]      Date: 3.14.2006  
 Public-SISP REVIEW COMPLETE      Branch Chief Initials: [Signature]      Date: 3.14.2006



1601 Lower Road, Linden, New Jersey 07036  
Phone 908 862 4800, Fax 908 862 4825

March 8, 2006

U.S.N.R.C.  
Region I  
475 Allendale Road  
King of Prussia, PA 19406-1415

RECEIVED  
REGION I  
2006 MAR 10 PM 12:56

License No. 29-31032-01

Dear Sir or Madam

On March 8, 2006, Inspection & Testing Services, Inc. received leak test results for Spec model 300, Cobalt 60 exposure device, serial number 005, containing Cobalt 60 source, model number G-70, serial number GI-0603. The results indicated 0.0061 microcuries of contamination. This exceeded the 0.005 microcurie limit specified in U.S.N.R.C. regulations. In accordance with instructions from the manufacturer, we are returning the entire exposure device to SPEC for resolution of the situation.

When we receive the information from the manufacturer, we will notify the U.S.N.R.C. of their findings.

If you require any additional information, please contact me.

Sincerely,

Robert F. Plumstead  
Radiation Safety Officer

Page 1 of 1

*All analysis reports are the confidential property of Inspection & Testing Services, Inc. and its clients. The information contained therein may not be altered, published or reproduced, without prior written approval. Transmission or distribution to third parties requires the dual written consent of ITS, Inc. and its clients.*

NDT Field and Laboratory services · Consultancy · Product Evaluation · Metallurgical · Mechanical · Electrical Safety  
· Environmental · Chemical · Physical testing. Expert Witness · Failure Analysis. Specialty Engineering Services

# SENTINEL

6765 Langley Drive  
Baton Rouge, LA 70809  
Telephone (225) 751-5893



Co. Name Testimony Lab Inc P.O. No. \_\_\_\_\_

Street 47 Hudson St NRC or 29-31032-01  
State License No. \_\_\_\_\_

City, State Buffalo, NY

Projector Model No. SPER 300 Serial No. 005

Source Model No. G-70 Serial No. 610603 Curies 59

IR-192 \_\_\_\_\_ CO-60  CS-137 \_\_\_\_\_ DU  Other \_\_\_\_\_

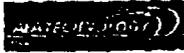
Wipe Performed By Mutia Matocow Date 2/20/06

The United States Nuclear Regulatory Commission requires that radiographic sources be tested for evidence of leaking at the time of manufacture and thereafter at not more than six month intervals. Each exposure device using Depleted Uranium (DU) shielding must be tested for DU contamination at intervals not to exceed twelve months.  
The amount of removable contamination must not exceed 0.005 microcuries. If the test shows more than 0.005 microcuries of removable contamination, the source and equipment must be immediately taken out of service and be repaired or disposed of.

SENTINEL, AEA Technology QSA Inc. Use Only  
Received On 2-27-07  
Processed at AEA Technology QSA on 3-1-07  
Radioassay .0061 Microcurie  
Test Performed By K. Hunter  
Next Leak Test Due 8-27-07

EA-1713-1 Rev. 0

White Original - Yellow AEA Technology QSA Inc. - Pink Customer



*BEW: Mutia Matocow*  
*1 page*