

27-01022-11
30-10362
7-86



DEPARTMENT OF THE ARMY
HEADQUARTERS, US ARMY COMMUNICATIONS-ELECTRONICS COMMAND
AND FORT MONMOUTH
FORT MONMOUTH, NEW JERSEY

REPLY TO
ATTENTION OF

AMSEL-SF-RIR

AMCSF-P/87-0058

13 April 1987

SUBJECT: Loss of Radioactive Test Sample, MX-7338/PDR-27()

THRU: Commander
U.S. Army Materiel Command
ATTN: AMCSF-P
5001 Eisenhower Avenue
Alexandria, Virginia 22333-0001

TO: U.S. Nuclear Regulatory Commission
Region I
631 Park Avenue
King of Prussia, Pennsylvania 19406

1. Reference:

- a. U.S. Nuclear Regulatory Commission Byproduct Material License Number 29-01022-11.
- b. Letter, Wisconsin Army National Guard (WIARNG), Service Battery, 1st Battalion 120th Field Artillery, 29 March 1987, subject as above (SAB).
- c. FONECON between 1LT L. Mueller, State Radiation Protection Officer, WIARNG and Mr. J. Furia, this office, 6 April 1987, SAB.

2. Reference 1a license, issued to this command, authorizes the possession and use of the MX-7338/PDR-27() Test Samples by the Department of the Army. In accordance with Title 10, Code of Federal Regulations Part 20.402, the following information regarding the loss of one each test sample is provided:

- a. Reference 1b and 1c informed this command of the loss of one each MX-7338/PDR-27() Radioactive Test Sample, containing 5 millicuries of Krypton-85. The MX-7338/PDR-27() is a five inch wand-shaped check source used to check the functional operation of the AN/PDR-27() standard Army beta-gamma radiation detection instrument (radiac set). The AN/PDR-27() Radiac Set is comprised of a metal carrying case housing the radiation detection instrument, the MX-7338/PDR-27(), Radioactive Test Sample, spare Geiger-Mueller tubes and other ancillary components.

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AMSEL-SF-RIR

SUBJECT: Loss of Radioactive Test Sample, MX-7338/PDR-27()

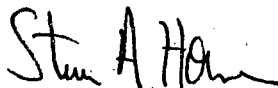
b. The MX-7338/PDR-27() samples were incorporated into the AN/PDR-27() Radiac Set assigned to Service Battery, 1st Battalion, 120th Field Artillery, WIARNG, Wisconsin Rapids, Wisconsin. During 14 March 1987, while conducting training exercises at Fort McCoy, Wisconsin, the sample was lost. Investigations and a physical search of the training site failed to locate the source.

c. Actions taken to prevent recurrences: Standard Operating Procedures for the check out and hand receipt of AN/PDR-27() Radiac Sets have been amended to include a physical inventory of each AN/PDR-27() Radiac Set and associated contents prior to issue, annotation of the serial number of the MX-7338/PDR-27() and physical verification that all test samples are chained to the AN/PDR-27() Radiac Set case.

3. Point of contact, this command, is Mr. Joseph Furia, AV 995-4427 or commercial (201) 544-4427.

4. CECOM - Providing Soldiers the Decisive Edge.

FOR THE COMMANDER:



STEVEN A. HORNE
Chief, Safety Office

CF:

C, NGB, ATTN: NGB-AVN-S

The Adjutant General, WIARNG, State Safety Office, ATTN: SRPO

REGION I
NMSS LICENSEE EVENT REPORT

License No. 29-01022-11

Docket No. 30-10362

MLER-RI-87- 86

I. ACTION CONTROL DATA

Licensee U.S. ARMY

Event Description loss of radioactive test sample

Event Date 3-29-87 Report Date 4-13-87

II. REPORTING REQUIREMENT

- | | |
|---|---|
| <input checked="" type="checkbox"/> 10 CFR 20.402 - theft or loss | <input type="checkbox"/> 10 CFR 35.42 Therapeutic Misadministration |
| <input type="checkbox"/> 10 CFR 20.403(a)(b) overexposure/release | <input type="checkbox"/> 10 CFR 35.43 Diagnostic Misadministration |
| <input type="checkbox"/> 10 CFR 20.405 - 30 day report | <input type="checkbox"/> -License Condition |
| <input type="checkbox"/> Other _____ | |

III. 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 _____ |

Licensee Representative and Title _____

- ☐ PM ☐ Daily Report

☒ Information entered - Region I log and Outstanding Items List

☒ Review at next routine inspection

IV. REPORT EVALUATION

- | | |
|--|---|
| <input checked="" type="checkbox"/> Description of Event | <input checked="" type="checkbox"/> Corrective Actions |
| <input checked="" type="checkbox"/> Levels of R/M involved | <input type="checkbox"/> Calculation Adequate |
| <input checked="" type="checkbox"/> Cause of Event | <input type="checkbox"/> Letter to Licensee requesting additional information |

Completed by: Betsy Ullrich

Date 5/4/87

Reviewed by: [Signature]

Date 6/28/87

V. SPECIAL INSTRUCTIONS OR COMMENTS