

RI - DNMS Licensee Event Report

Disposition

Licensee:	Agilent Technologies				
Event Description:	WIPE Test In Excess of 0.005 microcuries				
License No:	07-28762-01	Docket No:	03032792	MLER-RI:	2006-040
Event Date:	09/22/06	Report Date:	10/06/06	HQ Ops Event #:	

1. REPORTING REQUIREMENT

<input type="checkbox"/> 10 CFR 20.1906 Package Contamination <input type="checkbox"/> 10 CFR 20.2201 Theft or Loss <input type="checkbox"/> 10 CFR 20.2203 30 Day Report <input checked="" type="checkbox"/> Other <u>10 CFR 31.5 (c)(5)</u>	<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	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 checked="" 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 checked="" type="checkbox"/> Calculations Adequate
<input checked="" type="checkbox"/> Cause of Event	<input checked="" 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
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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	

6. SPECIAL INSTRUCTIONS OR COMMENTS

Review only next routine inspection

<input type="checkbox"/> Non-Public	Inspector Signature: _____	Date: _____
<input checked="" type="checkbox"/> Public-SUNSI REVIEW COMPLETE	Branch Chief Initials:	Date: <u>11/14/06</u>