# 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

| | | | |
|---|---|---|---|
| | 10 CFR 20.1906 Package Contamination | | 10 CFR 30.50 Report |
| | 10 CFR 20.2201 Theft or Loss | | 10 CFR 35.3045 Medical Event |
| | 10 CFR 20.2203 30 Day Report | | License Condition |
| X | Other 10 CFR 31.5(c)(5) | | |

2. REGION I RESPONSE

| | | | |
|---|---|---|---|
| | Immediate Site Inspection | Inspector/Date | |
| | Special Inspection | Inspector/Date | |
| | Telephone Inquiry | Inspector/Date | |
| | Preliminary Notification/Report | ✓ | Daily Report |
| X | Information Entered in RI Log | ✓ | Review at Next Inspection |
| | Report Referred To: | | |

3. REPORT EVALUATION

| | | | |
|---|---|---|---|
| ✓ | Description of Event | ✓ | Corrective Actions |
| ✓ | Levels of RAM Involved | ✓ | Calculations Adequate |
| ✓ | Cause of Event | ✓ | Additional Information Requested from Licensee |

4. MANAGEMENT DIRECTIVE 8.3 EVALUATION

| | | | |
|---|---|---|---|
| NA | Release w/Exposure > Limits | NA | Deliberate Misuse w/Exposure > Limits |
| NA | Repeated Inadequate Control | NA | Pkging Failure>10 rads/hr or Contamination>1000x Limits |
| NA | Exposure 5x Limits | NA | Large# Indivs w/Exp>Limits or Medical Deterministic Effects |
| NA | Potential Fatality | NA | Unique Circumstances or Safeguards Concerns |

If any of the above are involved:

| | | | |
|---|---|---|---|
| NA | Considered Need for IIT | NA | Considered Need for AIT |

Decision/Made By/Date:

5. MANAGEMENT DIRECTIVE 8.10 EVALUATION (additional evaluation for medical events only)

| | |
|---|---|
| NA | Timeliness - Inspection Meets Requirements (5 days for overdose / 10 days for underdose) |
| NA | Medical Consultant Used-Name of Consultant/Date of Report: |
| NA | Medical Consultant Determined Event Directly Contributed to Fatality |
| NA | Device Failure with Possible Adverse Generic Implications |
| NA | HQ or Contractor Support Required to Evaluate Consequences |

6. SPECIAL INSTRUCTIONS OR COMMENTS

Review during next routine inspection

☐ Non-Public

☒ Public-SUNSI REVIEW COMPLETE

Inspector Signauture: Date:

Branch Chief Initials: Date: 11/14/6

Location of File: G:\Reference\Blank Forms\LER FORM.wpd

Rev. 02/25/05