

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 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 31.5 (c)(5)</u>		

2. REGION I RESPONSE

<input type="checkbox"/>	Immediate Site Inspection	Inspector/Date	<u> </u>
<input type="checkbox"/>	Special Inspection	Inspector/Date	<u> </u>
<input type="checkbox"/>	Telephone Inquiry	Inspector/Date	<u> </u>
<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
<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 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

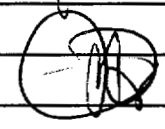
<input checked="" type="checkbox"/>	Release w/Exposure > Limits	<input checked="" type="checkbox"/>	Deliberate Misuse w/Exposure > Limits
<input checked="" type="checkbox"/>	Repeated Inadequate Control	<input checked="" type="checkbox"/>	Pkging Failure > 10 rads/hr or Contamination > 1000x Limits
<input checked="" type="checkbox"/>	Exposure 5x Limits	<input checked="" type="checkbox"/>	Large# Indivs w/Exp > Limits or Medical Deterministic Effects
<input checked="" type="checkbox"/>	Potential Fatality	<input checked="" type="checkbox"/>	Unique Circumstances or Safeguards Concerns
If any of the above are involved:			
<input checked="" type="checkbox"/>	Considered Need for IIT	<input checked="" type="checkbox"/>	Considered Need for AIT
Decision/Made By/Date: <u> </u>			

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

<input checked="" type="checkbox"/>	Timeliness - Inspection Meets Requirements (5 days for overdose / 10 days for underdose)
<input checked="" type="checkbox"/>	Medical Consultant Used-Name of Consultant/Date of Report: <u> </u>
<input checked="" type="checkbox"/>	Medical Consultant Determined Event Directly Contributed to Fatality
<input checked="" type="checkbox"/>	Device Failure with Possible Adverse Generic Implications
<input checked="" type="checkbox"/>	HQ or Contractor Support Required to Evaluate Consequences

6. SPECIAL INSTRUCTIONS OR COMMENTS

Review Aug next routine inspection

☐ Non-Public Inspector Signature:  Date:
☒ Public-SUNSI REVIEW COMPLETE Branch Chief Initials: Date: 11/14/06