



**CONTAINS INFORMATION PROTECTED BY THE PRIVACY ACT**

GE Aerispace

GE Aerispace  
PO Box 8555 Princeton PA 19107

June 19, 1989

U.S. Nuclear Regulatory Commission  
Division of Radiation Safety & Safeguards  
Region 1  
475 Allendale Road  
King of Prussia, PA 19406

License No. 37-02006-05

Docket No. 030-06046

MLER-8 9-082

Gentlemen:

On May 25, 1989, we were notified by telephone call from R.S. Landauer Inc. that one of our first quarter 1989 TLD visitor's badges indicated the following radiation exposure:

- Deep 190 mr/hr
- Shallow 1360 mr/hr
- Beta 1170 mr/hr.

Our records indicated that this badge was issued to a GE employee (b)(6) on 1/3/89. Mr. (b)(6) is not a regular radiation dosimeter badge user and during an interview he indicated that he only used this badge for a few days in early January. Mr. (b)(6) was issued the badge to permit him to access a room containing a Triotech krypton-85 parts leak detection system. However, Mr. (b)(6) work did not involve the Triotech system in any way. In fact, this system has been out of service for several years. The equipment Mr. (b)(6) was operating was an electric shock test device located 15 feet 9 inches from the leak test system. The highest level of radiation measured at the surface of the krypton-85 leak test equipment was 0.4 mr/hr and the radiation at the shock test station was essentially background (0.01 - 0.02 mr/hr).

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Pressure gauge readings indicate that no krypton gas was lost from the leak detector during this time frame. No automatic radiation alarms were recorded and the exhaust ventilation system has been functioning without interruption.

A second employee assigned to work with Mr. (b)(6) during this time period had a minimal exposure reading for his dosimeter badge.

It is my considered opinion that the radiation dose indicated on the badge in question is not representative of any dose actually received by Mr. (b)(6). There is a possibility that this badge was improperly stored on or near the leak detection equipment for the balance of the quarter but

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RED1 LYC30  
37-02006-05 CDC

DESIGNATED ORIGINAL

Certified By *T. Allish*

17:18 02:17 53.

Information in this record was deleted in accordance with the Freedom of Information Act, exemptions 6  
FOIA- 2007-3087

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this has not been confirmed. A thorough investigation is currently under way and I will issue a final report as soon as it is complete.

Sincerely,

*Alfred W. Kobylinski - R.S.O.*

Alfred W. Kobylinski  
Radiation Safety Officer

AMK/ezb

ccs: G. D. Chilton  
S. J. Mucha, M.D.  
D. M. Sternberg

(b)(6)

*ezb*

REGION I  
NRCSS LICENSEE EVENT REPORT

License No. 37-02006-05

Docket No. 030-06046

MLER-RI-89 -082

I. ACTION CONTROL DATA

Licensee GENERAL ELECTRIC COMPANY - GE AEROSPACE

Event Description apparent overexposure

Event Date FIRST QUARTER 1989 Report Date 6-19-89

II. REPORTING REQUIREMENT

- |   |   |
|---|---|
| <input type="checkbox"/> 10 CFR 20.402 - theft or loss            | <input type="checkbox"/> 10 CFR 35.93 Therapeutic Misadministration |
| <input type="checkbox"/> 10 CFR 20.403(a)(b) overexposure/release | <input type="checkbox"/> 10 CFR 35.93 Diagnostic Misadministration  |
| <input checked="" 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 type="checkbox"/> Corrective Actions                                   |
| <input checked="" type="checkbox"/> Levels of R/M involved | <input type="checkbox"/> Calculation Adequate                                 |
| <input type="checkbox"/> Cause of Event                    | <input type="checkbox"/> Letter to Licensee requesting additional information |

Completed by: E. Ullrich Date 7/7/89

Reviewed by: [Signature] Date 8/1/89

V. SPECIAL INSTRUCTIONS OR COMMENTS

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