

CORPORATE OFFICE  
1001 PAXTON ST.-P.O. BOX 3331  
HARRISBURG, PA 17105  
(717) 233-4511

March 11, 2008

U. S. Nuclear Regulatory Commission  
Region I  
Division of Nuclear Materials Safety  
475 Allendale Road  
King of Prussia, PA 19406-1415  
Attn: Mr. Sattar Lodhi

Re: Change of Control Notification  
McMinn's Asphalt Co. Inc.  
License No 37-19659-02

*03035977 / 37-30232-01  
03033888*

Dear Mr. Lodhi:

By means of this letter Pennsy Supply, Inc. hereby accepts and agrees to abide by all constraints, license conditions, requirements, representations, and commitments identified in and attributed to the existing license issued to McMinn's Asphalt Co. Inc.

On August 31, 2007 Pennsy Supply, Inc. purchased 100 percent of the McMinn's Asphalt Co Inc. stock. McMinn's Asphalt Co continued to operate under their existing Federal Tax Identification Number: 23-1574198, until January 1, 2008, at which time McMinn's Asphalt Co was merged into Pennsy Supply, Inc., Federal Tax Identification Number: 23-2729496. McMinn's Asphalt Co. now does business as a registered fictitious named company.

Until such time the above referenced License is terminated, Mr. Dennis Martin will remain the Radiation Safety Officer. Mr. Martin's has successfully completed the required Radiation Safety Officer Training Course; a copy of his certification is attached.

Previously McMinn's Asphalt Co. had in their possession three nuclear density gauges; we will continue to possess three nuclear density gauges under License No. 37-19659-02. It should be noted that there will not be any changes to the storage locations, equipment, and procedures; including the emergency management plan. All required surveillance has been performed, documented, and reviewed. Please see the attached audit dated February 8, 2008, which indicates that Pennsy Supply, Inc. is abiding by any and all conditions outlined in License No. 37-19659-02.

Pennsy Supply, Inc. will maintain all documents pertaining to the before referenced Nuclear Regulatory Commission License.

*141995 / 141994*

NMSS/RCN1 MATERIALS-002

March 11, 2008

Please call me at 717-236-7023 or e-mail me at [jrice@oldcastlematerials.com](mailto:jrice@oldcastlematerials.com) with any questions or concerns. We look forward to your favorable consideration of this matter.

Sincerely,

A handwritten signature in black ink that reads "John F. Rice". The signature is written in a cursive style with a large initial "J" and "R".

John F. Rice  
Asst. Secretary/  
Environmental Compliance Manager

"Paving the smoother  
roads of tomorrow"



ROAD CONSTRUCTION  
P.O. Box 4688 - Lancaster, PA 17604-4688

Asphalt Paving  
Road Construction  
Bridge Construction  
Traffic Signals  
Asphalt Materials



Nuclear Regulatory Commission  
Licensing Committee  
Attn: Mr. Sattar Lodhi

03035971

Reference: 37-19659-05  
02  
100

March 4, 2008

Dear Mr. Lodhi,

On August 31, 2007 McMinn's Asphalt Co., Inc. was acquired by Pennsy Supply Inc. Pennsy Supply Inc. purchased one hundred percent of the company.

McMinn's Asphalt Co., Inc. continued to operate under its existing Federal Identification Number: 23-1574198 until the merger on January 1, 2008.

McMinn's Asphalt Co., Inc. continues to operate under this fictitious name.

Please direct any questions or concerns to Dennis R. Martin 717-569-0441 ex 1010.

Sincerely,

Jeffrey Swartz  
President

PLANT LOCATIONS

Manheim Pike, Route 72  
(North of East Petersburg)  
Phone: (717) 569-2623  
Fax: (717) 569-1617

Mason-Dixon Plant  
Fulton Township  
Phone: (717) 548-2181

Elizabethtown Plant  
Mount Joy Township  
Phone: (717) 367-8289

Lancaster Plant  
1061 Manheim Pike  
Phone: (717) 397-0391

Paradise Plant  
Mullvaine Road  
Phone: (717) 442-4000

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
CORPORATION BUREAU  
206 NORTH OFFICE BUILDING  
P.O. BOX 8722  
HARRISBURG, PA 17105-8722  
WWW.CORPORATIONS.STATE.PA.US/CORP

McMinn's Asphalt

THE CORPORATION BUREAU IS HAPPY TO SEND YOU YOUR FILED DOCUMENT. THE CORPORATION BUREAU IS HERE TO SERVE YOU AND WANTS TO THANK YOU FOR DOING BUSINESS IN PENNSYLVANIA.

IF YOU HAVE ANY QUESTIONS PERTAINING TO THE CORPORATION BUREAU, PLEASE VISIT OUR WEB SITE LOCATED AT WWW.CORPORATIONS.STATE.PA.US/CORP OR PLEASE CALL OUR MAIN INFORMATION TELEPHONE NUMBER (717)787-1057. FOR ADDITIONAL INFORMATION REGARDING BUSINESS AND / OR UCC FILINGS, PLEASE VISIT OUR ONLINE "SEARCHABLE DATABASE" LOCATED ON OUR WEB SITE.

ENTITY NUMBER: 3770736

CT CORPORATION SYSTEM  
100 Pine Street, Suite 325  
Harrisburg, PA 17101

Entity #: 3770736  
Date Filed: 11/21/2007  
Pedro A. Cortés  
Secretary of the Commonwealth

**PENNSYLVANIA DEPARTMENT OF STATE  
CORPORATION BUREAU**

**Application for Registration of Fictitious Name  
54 Pa.C.S. § 311**

Name	
Address	<b>CT COUNTER</b>
City	

Document will be returned to the same and address you enter to the left.

Commonwealth of Pennsylvania  
FICTITIOUS NAME 2 Page(s)



T073S047067

Fee: \$70

In compliance with the requirements of 54 Pa.C.S. § 311 (relating to registration), the undersigned entity(ies) desiring to register a fictitious name under 54 Pa.C.S. Ch. 3 (relating to fictitious names), hereby state(s) that:

1. The fictitious name is:  
McMinn's Asphalt

2. A brief statement of the character or nature of the business or other activity to be carried on under or through the fictitious name is:  
ready-mix concrete, aggregates and asphalt

3. The address, including number and street, if any, of the principal place of business (P.O. Box alone is not acceptable):

1001 Paxton Street	Harrisburg	PA	17104	
Number and street	City	State	Zip	County

4. The name and address, including number and street, if any, of each individual interested in the business is:

Name	Number and Street	City	State

PA. DEPT. OF STATE

NOV 21 2007 PM 4:09

DSCB:54-311-2

5. Each entity, other than an individual, interested in such business is (are):

Pennsy Supply, Inc.	corporation	Pennsylvania
Name	Form of Organization	Organizing Jurisdiction
1001 Paxton Street, Harrisburg, PA 19102		
Principal Office Address		
C T Corporation System		PHILADELPHIA
PA Registered Office, if any		
Name	Form of Organization	Organizing Jurisdiction
Principal Office Address		
PA Registered Office, if any		

6. The applicant is familiar with the provisions of 54 Pa.C.S. § 332 (relating to effect of registration) and understands that filing under the Fictitious Names Act does not create any exclusive or other right in the fictitious name.

7. Optional: The name(s) of the agent(s), if any, any one of whom is authorized to execute amendments to, withdrawals from or cancellation of this registration in behalf of all then existing parties to the registration, is (are):

IN TESTIMONY WHEREOF, the undersigned have caused this Application for Registration of Fictitious Name to be executed this

16<sup>th</sup> day of NOV. 2007

Individual Signature	Individual Signature
Individual Signature	Individual Signature
Pennsy Supply, Inc. Entity Name	Entity Name
<i>[Signature]</i> Signature	Signature
Secretary	Title
Title	Title

**ACTION BY WRITTEN CONSENT  
IN LIEU OF A SPECIAL MEETING OF  
THE BOARD OF DIRECTORS  
OF  
PENNSY SUPPLY, INC.**

The undersigned, being all of the members of the board of directors (the "Board") of Pennsy Supply, Inc., a Pennsylvania corporation (the "Corporation"), do hereby, pursuant to §1727 of the Pennsylvania Business Corporation Law, give this written consent (a) to the dispensation of a special meeting of the Board of the Corporation, and (b) to the taking of the following actions, such actions to have the same force and effect had a meeting been duly called and held:

**WHEREAS**, as a result of a management restructuring that took place on September 10<sup>th</sup>, 2007, each of the officers of the Corporation resigned effective as of September 10, 2007:

Randy Good, GM/VP – Pennsy Supply  
Patrick K. Bartorillo, VP- Construction – Slusser Brothers  
Barry Duffy, GM/VP – Slusser Brothers  
Damian Murphy, GM/VP – Tilcon Delaware  
Michael C. Petrillo, GM/VP – Pioneer Concrete  
Earl Losier, Assistant Secretary

**NOW, THEREFORE, BE IT RESOLVED**, that the Corporation hereby accepts the resignations of the above-named officers.

**BE IT FURTHER RESOLVED**, that the following persons be, and they hereby are, elected to serve, effective as of **September 10, 2007**, as officers of the Corporation in the capacities set forth opposite their respective names until such time as their successors shall be elected and qualified:

Randy Lake	Chief Executive Officer
Derek Van Derslice	Secretary
Barry Duffy	GM/VP – Pennsy Supply
Patrick Bartorillo	GM/VP – Slusser Brothers
Earl Losier	GM/VP – Delaware Region
Harry G. Lake, Jr.	Sr. VP-Central Group Development
Barry Harmonic	VP-Construction – Pennsy Supply
Andrew Nowak	VP-Construction – Slusser Brothers
J. Christopher Vogel	VP-Construction - Tilcon
Sherri Gadbois	VP-Information Technology
Toni M. Robertson	VP-Human Resources
Robert C. Dailey	VP-Occupation Health, Safety and Environment
Glenn A. Culpepper	Treasurer and Assistant Secretary
Randy Good	Assistant Secretary
Gary P. Hickman	Assistant Secretary
Michael G. O'Driscoll	Assistant Secretary
Michael C. Petrillo	Assistant Secretary
Michael Jenkins	Assistant Secretary
John F. Rice	Assistant Secretary

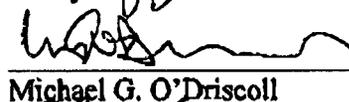
Barbara Brubaker  
Nello Talamelli  
Margaret Salefski  
William C. Petrillo  
Kevin McHugh  
Tracie Hallett  
Cindy Coker

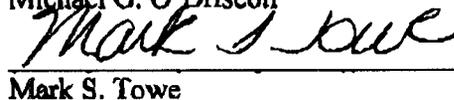
Assistant Secretary  
Assistant Secretary  
Assistant Secretary  
Assistant Secretary  
Assistant Secretary  
Assistant Secretary  
Assistant Secretary

**BE IT FURTHER RESOLVED**, that the original of the consent, after execution by the Board of the Corporation, be filed in appropriate order in the minute book of the Corporation.

Dated: September 10, 2007

  
\_\_\_\_\_  
Randy Lake

  
\_\_\_\_\_  
Michael G. O'Driscoll

  
\_\_\_\_\_  
Mark S. Towe

**CONSTITUTING ALL OF THE MEMBERS OF  
THE BOARD OF DIRECTORS OF PENNSY  
SUPPLY, INC.**

# *Certificate of Completion*

**This certifies that**

**Dennis R Martin**

**has successfully completed the**

**Radiation Safety Officer Class**

**conducted by the training department of**

*Troxler Electronic Laboratories, Inc.*



**Harvey Dunlevy**  
**Instructor**

**2/9/2006**  
**Date**

*William F. Troxler, Jr.*  
**President**



**Troxler Electronic Laboratories, Inc.**  
PO Box 12057 • 3008 Cornwallis Rd. • Research Triangle Park, NC 27709  
Phone: (919) 549-8661 • Fax: (919) 549-0761 • Web site: [www.troxlerlabs.com](http://www.troxlerlabs.com)

*Enrollment ID: 16513*

**NOTE:** All areas indicated in audit notes may not be applicable to every licensee and they may need to be addressed during each audit.

Licensee's Name: McMinn's Asphalt Co., Inc. License Number: 37-19059-02

Auditor: Dennis R. Martin Date of Audit: 02.08.08 Telephone Number: 717.569.0441

Dennis R. Martin

(Signature)

### 1. AUDIT HISTORY

- a. Last audit of this location conducted on (date): 02.08.08
- |   | Yes                                 | No                                  | N/A                                 |
|---|-------------------------------------|-------------------------------------|-------------------------------------|
| b. Were previous audit conducted yearly? [10 CFR 20.1101]                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| c. Were Records of previous audits maintained? [10 CFR 20.2102]                               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| d. Were any deficiencies identified during last two audits or two years, whichever is longer? | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| e. Were corrective actions taken? (Look for repeated deficiencies).                           | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

### 2. ORGANIZATION AND SCOPE OF PROGRAM

- |  | Yes                                 | No                                  | N/A                                 |
|--|-------------------------------------|-------------------------------------|-------------------------------------|
| a. If the mailing address or places of use changed was the license amended?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| b. If ownership changed or bankruptcy filed, was NRC prior consent obtained or was NRC notified?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| c. If the RSO was changed, was license amended? Does new RSO meet NRC training requirements?   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| d. If the designated contact person for NRC changed, was NRC notified?   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| e. Does the license authorize all of the NRC-regulated radionuclide contained in gauges possessed?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| f. Are the gauges as described in the Sealed Source and Device (SSD) Registration Certificate or Sheet? Have copies of (or access to) SSD Certificates? Have manufacturers' manuals for operation and maintenance? [10 CFR 32.210] | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| g. Are the actual uses of gauges consistent with the authorized uses listed on the license?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| h. Is RSO fulfilling his/her duties?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |

### 3. TRAINING AND INSTRUCTION TO WORKERS

- |  | Yes                                 | No                       | N/A                      |
|--|-------------------------------------|--------------------------|--------------------------|
| a. Were all workers who are likely to exceed 100 mrem/yr instructed per [10 CFR 19.12]? Refresher training provided, as needed [10 CFR 19.12]? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Did each gauge operator attend an approved course prior to using gauges?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Are training records maintained for each gauge operator?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Did interviews with operators reveal that they know the emergency procedures?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Did this audit include observations of operators using the gauge in a field situation?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Operating gauge? Performing routine cleaning and lubrication? Transporting gauge? Storing gauge?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

g. Did the operator demonstrate safe handling and storage of radioactive materials?  
storage?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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h. HAZMAT training provided as required? [49 CFR 172.700, 49 CFR 172.701, 49 CFR 172.702, 49 CFR 172.703, 49 CFR 172.704]

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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#### 4. RADIATION SURVEY INSTRUMENTS

a. If the licensee possesses its own survey meter, does it meet the NRC's criteria?

Yes	No	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. If the licensee does not possess a survey meter, are specific plans made to have one available?

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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c. Is the survey meter needed for non-routine maintenance calibrated as required [10 CFR 20.1501]?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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d. Are calibration records maintained [10 CFR 20.2103(a)]

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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#### 5. GAUGE INVENTORY

a. Is a record kept showing the receipt of each gauge? [10 CFR 30.51(a)(1)]

Yes	No	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. Are all gauges received physically inventoried every six months?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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c. Are records of inventory results with appropriate information maintained?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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#### 6. PERSONEL RADIATION PROTECTION

a. Are ALARA considerations incorporated into the radiation protection program? [10 CFR 20.1101(b)]

Yes	No	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. Is documentation kept showing that unmonitored users receive  $\leq 10\%$  of limit? [10 CFR 20.1502(a)]

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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c. Did unmonitored users' activities change during the year which could put them over 10% of limit?

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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d. If yes to c. above, was a new evaluation performed?

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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e. Is external dosimetry required (user receiving  $>10\%$  of limit)? And is dosimetry provided to users?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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1) Is the dosimetry supplier NVLAP approved? [10 CFR 20.1501(c)]

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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2) Are the dosimeters exchanged monthly for film badges and at industry recommended frequency for TLDs?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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3) Are dosimetry reports reviewed by the RSO when they are received?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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4) Are the records NRC Forms or equivalent? [10 CFR 20.2104(d), 10 CFR 20.2106(c)]

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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- NRC-4 "Cumulative Occupational Exposure History" completed?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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- NRC-5 "Occupational Exposure Record for a Monitoring Period" completed?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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5) If a worker declared her pregnancy, did licensee comply with 10 CFR 20.1208?

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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- Were records kept of embryo/fetus dose per 10 CFR 20.2106(c)?

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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f. Are records of exposures, surveys, monitoring, and evaluations maintained? [10 CFR 20.2102, 10 CFR 20.2103, 10 CFR 20.2106]

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**7. PUBLIC DOSE**

- |   | Yes                                 | No                                  | N/A                      |
|---|-------------------------------------|-------------------------------------|--------------------------|
| a. Are gauges stored in a manner to keep doses below 100 mrem in a year?<br>[10 CFR 20.1301(a)(1)]  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| b. Has a survey or evaluation been performed per 10 CFR 20.1501(a)? Have there been any additions or changes to the storage, security, or use of surrounding areas that would necessitate a new survey or evaluation? | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Do unrestricted area radiation levels exceed 2 mrem in any one hour?<br>[10 CFR 20.1301(a)(2)]   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| d. Are gauges being stored in a manner that would prevent unauthorized use or removal?<br>[10 CFR 20.1801]  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| e. Records maintained? [10 CFR 20.2103, 10 CFR 20.2103, 10 CFR 20.2107]   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

**8. OPERATING AND EMERGENCY PROCEDURES**

- |   | Yes                                 | No                       | N/A                                 |
|---|-------------------------------------|--------------------------|-------------------------------------|
| a. Have operating and emergency procedures been developed?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| b. Do they contain the required elements?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| c. Does each operator have a current copy (telephone numbers) of the operating and emergency procedures?                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| d. Did any emergencies occur? If so, and were they handled properly by operator? Were appropriate corrective actions taken? | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

**9. LEAK TESTS**

- |  | Yes                                 | No                                  | N/A                      |
|--|-------------------------------------|-------------------------------------|--------------------------|
| a. Was each sealed source leak tested every 6 months or at other prescribed intervals?               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| b. Was the leak test performed as described in correspondence with NRC and according to the license? | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| c. Are records of results retained with the appropriate information included?                        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| d. Were any sources found leaking and if yes, was NRC notified?                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

**10. MAINTENANCE OF GAUGES**

- |   | Yes                                 | No                                  | N/A                      |
|---|-------------------------------------|-------------------------------------|--------------------------|
| a. Are manufacturer's procedures followed for routine cleaning and lubrication of gauge?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| b. Does the source or source rod remain attached to the gauge during cleaning?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| c. Is non-routine maintenance performed where the source or source rod is detached from the gauge? If yes, was it performed according to license requirements (e.g., extent of work, individuals performing the work, procedures, dosimetry, survey instrument, compliance with 10 CFR 20.1301 limits)? | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

**11. TRANSPORTATION**

- |  | Yes                                 | No                       | N/A                      |
|--|-------------------------------------|--------------------------|--------------------------|
| a. DOT-7A or other authorized packages used? [49 CFR 173.415, 49 CFR 173.416(b)]   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Package performance test records on file?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Special for sources documentation? [49 CFR 173.476(a)]  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Package has 2 labels (ex. Yellow-II) with TI, Nuclide, Activity and Hazard Class?<br>[49 CFR 172.403, 49 CFR 173.441] | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- e. Package properly marked? [49 CFR 172.301, 49 CFR 172.307, 49 CFR 172.308, 49 CFR 172.324]
- f. Package closed and sealed during transport? [49 CFR 173.475(f)]
- g. Shipping papers prepared and used? [49 CFR 172.200(a)]
- h. Shipping papers contain proper entries? (Shipping name, Hazard Class, Identification Number (UN Number), Total Quantity, Package Type, Nuclide, RQ, Radioactive Material, Physical and Chemical Form, Activity, Category of label, TI, Shipper's Name Certification and Signature, Emergency Response Phone Number, Cargo Aircraft Only (if applicable)) [49 CFR 172.200, 49 CFR 172.201, 49 CFR 172.202, 49 CFR 172.203, 49 CFR 172.204, 49 CFR 172.604]
- i. Shipping papers within drivers reach and readily accessible during transport? [49 CFR 177.817(e)]
- j. Secured against movement? [49 CFR 177.834]
- k. Placarded on vehicle, if needed? [49 CFR 172.504]
- l. Proper overpacks, if used? [49 CFR 173.25]
- m. Any incidents reported to DOT? [49 CFR 171.15, 16]

**12. AUDITOR'S INDEPENDENT SURVEY MEASUREMENTS (IF MADE)**

- |  | Yes                      | No                                  | N/A                      |
|--|--------------------------|-------------------------------------|--------------------------|
| a. Describe the type, location, and results of measurements. Do any radiation levels exceed regulatory limits? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

**13. NOTIFICATION AND REPORTS**

- |   | Yes                                 | No                                  | N/A                                 |
|---|-------------------------------------|-------------------------------------|-------------------------------------|
| a. Was any radioactive material lost or stolen? Were reports made? [10 CFR 20.2201, 10 CFR 30.50]                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| b. Did any reportable incidents occur? Were reports made? [10 CFR 20.2202, 10 CFR 30.50]  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| c. Did any overexposures and high radiation levels occur? Reported? [10 CFR 20.2203, 10 CFR 30.50]                              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| d. If any events (as described in items a through c above) did occur, what was root cause? Were corrective actions appropriate? | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| e. Is the licensee aware of telephone number for NRC Emergency Operations Center? [(301) 816-5100]                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |

**14. POSTING AND LABELING**

- |   | Yes                                 | No                       | N/A                      |
|---|-------------------------------------|--------------------------|--------------------------|
| a. NRC-3 "Notice to Workers" posted? [10 CFR 19.11]                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. NRC regs., license documents posted or a notice posted [10 CFR 19.11, 10 CFR 21.6] | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Other posting and labeling [10 CFR 20.1902, 10 CFR 20.1904]                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**15. RECORD KEEPING FOR DECOMMISSIONING**

- |  | Yes                                 | No                       | N/A                      |
|--|-------------------------------------|--------------------------|--------------------------|
| a. Records kept of information important to decommissioning? [10 CFR 30.35(g)] | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Records include all information outlined in [10 CFR 30.35(g)]?              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**16. BULLETINS AND INFORMATION NOTICES**

- a. NRC Bulletins, NRC Information Notices, NMSS Newsletters, received?
- b. Appropriate training and action taken in response?

Yes	No	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**17. SPECIAL LICENSE CONDITIONS OR ISSUES**

- a. Did auditor review special license conditions or other issues (e.g., non-routine maintenance)?

Yes	No	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**18. DEFICIENCIES IDENTIFIED IN AUDIT; CORRECTIVE ACTIONS**

- a. Summarize problems/deficiencies identified during audit.
- b. If problems/deficiencies identified in this audit, describe corrective actions planned or taken. Are corrective actions planned or taken at ALL licensed locations (not just location audited)?
- c. Provide any other recommendations for improvement.

Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**19. EVALUATION OF OTHER FACTORS**

- a. Senior licensee management is appropriately involved with the radiation protection program and/or Radiation Safety Officer (RSO) oversight?
- b. RSO has sufficient time to perform his/her radiation safety duties?
- c. Licensee has sufficient staff to support the radiation protection program?

Yes	No	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>