

RI - DNMS Licensee Event Report Disposition

Licensee:	Dept of the Army		
Event Description:	Internal Audit Finding re Contractor Unauthorized for work		
License No:	37-2878A	Docket No:	0303286
		MLER-RI:	2007-027 027
Event Date:	01/14/07	Report Date:	09/17/07
		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 type="checkbox"/> Other _____	<input type="checkbox"/> 10 CFR 30.50 Report <input type="checkbox"/> 10 CFR 35.3045 Medical Event <input checked="" type="checkbox"/> License Condition
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2. REGION I RESPONSE

<input type="checkbox"/> Immediate Site Inspection <input type="checkbox"/> Special Inspection <input checked="" type="checkbox"/> Telephone Inquiry 9-26-07 <input type="checkbox"/> Preliminary Notification/Report <input checked="" type="checkbox"/> Information Entered in RI Log <input type="checkbox"/> Report Referred To: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Inspector/Date</td> <td style="width: 50%;">K. Modes 9/26/07</td> </tr> <tr> <td>Inspector/Date</td> <td></td> </tr> <tr> <td>Inspector/Date</td> <td></td> </tr> </table> <input type="checkbox"/> Daily Report <input type="checkbox"/> Review at Next Inspection	Inspector/Date	K. Modes 9/26/07	Inspector/Date		Inspector/Date	
Inspector/Date	K. Modes 9/26/07						
Inspector/Date							
Inspector/Date							

3. REPORT EVALUATION

<input checked="" type="checkbox"/> Description of Event <input checked="" type="checkbox"/> Levels of RAM Involved <input checked="" type="checkbox"/> Cause of Event	<input checked="" type="checkbox"/> Corrective Actions <input type="checkbox"/> Calculations Adequate <input type="checkbox"/> Additional Information Requested from Licensee
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4. MANAGEMENT DIRECTIVE 8.3 EVALUATION

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

Licensee transferred gauge to authorized recipient specifically

<input type="checkbox"/> Non-Public <input checked="" type="checkbox"/> Public-SUNSI REVIEW COMPLETE	Inspector Signature: <u>K. Modes</u> Branch Chief Initials: <u>M. Miller</u>	Date: <u>11/16/07</u> Date: <u>3/25/08</u>
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