

RI - DNMS Licensee Event Report Disposition

Licensee: Fruehling & Robertson, Inc.

Event Description: Transportation Event

License No: 45-088900 Docket No: 03006580 MLER-RI: 2003-024
 Event Date: 10/16/08 Report Date: 10/17/08 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 checked="" type="checkbox"/> Other <u>10 CFR Information Only</u>	<input type="checkbox"/> 10 CFR 30.50 Report <input type="checkbox"/> 10 CFR 35.3045 Medical Event <input type="checkbox"/> License Condition
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2. REGION I RESPONSE

<input type="checkbox"/> Immediate Site Inspection <input type="checkbox"/> Special Inspection <input type="checkbox"/> Telephone Inquiry <input type="checkbox"/> Preliminary Notification/Report <input checked="" type="checkbox"/> Information Entered in RI Log <input type="checkbox"/> Report Referred To: _____	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Inspector/Date</td> <td style="width: 50%; border: 1px solid black; height: 20px;"></td> </tr> <tr> <td>Inspector/Date</td> <td style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td>Inspector/Date</td> <td style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td><input type="checkbox"/> Daily Report</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Review at Next Inspection</td> <td></td> </tr> </table>	Inspector/Date		Inspector/Date		Inspector/Date		<input type="checkbox"/> Daily Report		<input type="checkbox"/> Review at Next Inspection	
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<input type="checkbox"/> Review at Next Inspection											

3. REPORT EVALUATION

<input checked="" type="checkbox"/> Description of Event <input checked="" type="checkbox"/> Levels of RAM Involved <input type="checkbox"/> Cause of Event	<input 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: _____	<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
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6. SPECIAL INSTRUCTIONS OR COMMENTS

No further review required.

Public Inspector Signature: K. Modes Date: 10-29-08
 Public-SUNSI REVIEW COMPLETE Branch Chief Initials: Marc Mulla Date: 12/17/08

RI - DNMS Licensee Event Report Disposition

Licensee:	Fruehling & Robertson, Inc.		
Event Description:	Transportation Event		
License No:	45-0889003	Docket No:	0300658
Event Date:	10/16/08	Report Date:	10/17/08
		MILER-RI:	2003-024
		HQ Ops Event #:	

1. REPORTING REQUIREMENT

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<input type="checkbox"/> 10 CFR 20.2201 Theft or Loss	<input type="checkbox"/> 10 CFR 35.3045 Medical Event
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<input checked="" type="checkbox"/> Other <u>10 CFR Information Only</u>	

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<input type="checkbox"/> Exposure 5x Limits	<input type="checkbox"/> Large# Indivs w/Exp > Limits or Medical Deterministic Effects
<input type="checkbox"/> Potential Fatality	<input type="checkbox"/> Unique Circumstances or Safeguards Concerns
If any of the above are involved:	
<input type="checkbox"/> Considered Need for IIT	<input type="checkbox"/> Considered Need for AIT
Decision/Made By/Date: <hr/>	

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<input checked="" type="checkbox"/> Public	Inspector Signature: <u>K. Modes</u>	Date: <u>10-29-08</u>
<input type="checkbox"/> Public-SUNSI REVIEW COMPLETE	Branch Chief Initials: <u>Marc Mulla</u>	Date: <u>12/17/08</u>

This follow up notification is being made to provide closure from the initial notification under 10 CFR 50.72 (b)(3)(xiii) due to the loss of an emergency response facility."

The licensee notified the NRC Resident Inspector. Notified R3DO (Phillips).

TOP

Transportation Event	Event Number: 44573
Rep Org: FROEHLING & ROBERTSON, INC. Licensee: FROEHLING & ROBERTSON, INC. Region: 1 City: CHESAPEAKE State: VA County: License #: 45-088-9002 Agreement: N Docket: NRC Notified By: WILLIAM BRIODY HQ OPS Officer: RYAN ALEXANDER	Notification Date: 10/17/2008 Notification Time: 08:40 [ET] Event Date: 10/16/2008 Event Time: 15:00 [EDT] Last Update Date: 10/17/2008
Emergency Class: NON EMERGENCY 10 CFR Section: INFORMATION ONLY	Person (Organization): TODD JACKSON (R1) CHRISTOPHER REGAN (NMSS) JEFFERY GRANT (IRD) CHRISTIAN EINBERG (FSME)

Event Text

<p>TRANSPORTATION ACCIDENT INVOLVING RADIOACTIVE MATERIALS IN VIRGINIA</p> <p>The licensee's Radiation Safety Officer (RSO) reported that on 10/16/2008, at approximately 1500 EDT, a licensee truck transporting a Troxler 3400 Series moisture density gauge, flipped over in the Monitor-Merrimac Bridge Tunnel, near Newport News, VA. This series of Troxler gauge typically contains 8 mCi Cs-137 and 40 mCi Am/Be.</p> <p>The RSO indicated that it was reported that the handle on the case, in which the gauge was secured, was damaged in the accident. The RSO did not have any indications of elevated or abnormal radiation or contamination levels from the gauge after the accident. The driver of the truck was injured in the accident (broken arm).</p> <p>At the time of this report, the gauge was in the possession of the licensee, and the licensee is conducting follow-up surveys.</p> <p>Notified Virginia Radioactive Materials Program, DOT (NRC), DOE, and DHS.</p> <p>* * * UPDATED AT 1155 EDT ON 10/17/2008 FROM W. BRIODY TO P. SNYDER * * *</p> <p>The licensee RSO reported that follow-up surveys and visual inspection of the gauge found no abnormal radiation levels, and no apparent damage to the gauge itself. The licensee will send the gauge to the manufacturer (Troxler) for further evaluation and/or repair.</p> <p>Notified R1DO (T. Jackson), FSME EO (Einberg), NMSS EO (Regan), IRD Mgr (J. Grant).</p>
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TOP

Power Reactor	Event Number: 44581
Facility: NORTH ANNA Region: 2 State: VA Unit: [] [2] [] RX Type: [1] W-3-LP, [2] W-3-LP NRC Notified By: DON TAYLOR HQ OPS Officer: DONALD NORWOOD	Notification Date: 10/18/2008 Notification Time: 16:43 [ET] Event Date: 10/18/2008 Event Time: 11:25 [EDT] Last Update Date: 10/18/2008

Emergency Class: NON EMERGENCY
 10 CFR Section:
 50.72(b)(3)(v)(D) - ACCIDENT MITIGATION

Person (Organization):
 STEVEN VIAS (R2)

Unit	SCRAM Code	RX CRIT	Initial PWR	Initial RX Mode	Current PWR	Current RX Mode
2	N	N	0	Hot Standby	0	Hot Standby

Event Text

BOTH BORON INJECTION TANK INLET VALVES INOPERABLE.

"At 11:25 on 10/18/08 it was identified that 2-SI-MOV-2867A and 2-SI-MOV-2867B, Boron Injection Tank (BIT) Inlet valves were both inoperable. This resulted in less than 100% of the equivalent to a single operable ECCS train being available (TS 3.5.2.C).

"2-SI-MOV-2867A was made inoperable on 10/17/08 at 23:26 for troubleshooting. Subsequently 2-SI-MOV-2867B became inoperable on 10/18/08 at 03:26 because its emergency power supply was inoperable for maintenance. At that time TS 3.0.3 was applicable with 13 hours to reach MODE 4 and 37 hours to reach MODE 5.

"On 10/18/08 at 12:05 2-SI-MOV-2867A was made available and TS 3.0.3 action was cleared. The emergency power supply for 2-SI-MOV-2867B was made operable on 10/18/08 at 13:35."

NRC Resident Inspector will be notified.

Privacy Policy | Site Disclaimer
 Monday, October 20, 2008



FROEHLING & ROBERTSON, INC.
GEOTECHNICAL • ENVIRONMENTAL • MATERIALS
ENGINEERS • LABORATORIES
"OVER ONE HUNDRED YEARS OF SERVICE"

October 23, 2008

United States
Nuclear Regulatory Commission
Region I
475 Allendale Road
King of Prussia, PA 19406

Attention: Kathy Modes, Health Physicist

Reference: Preliminary report.
Incident No. 44573
License No. 45-08890-02

Gentlemen:

Enclosed are preliminary findings concerning the recent incident in the Hampton Roads area, as well as certain items commented upon during our telephone conversation of 10/21/2008.

There is no question that the accident was not our fault. It is also evident that the gauge itself was properly secured, and that the necessary documents and procedures were in possession of the technicians. There is also no question that, due to confusion at the site, our technician was allowed to hang suspended upside down for approximately 45 minutes. He had given his phone to the first person who checked on him with the request that that person call his office. He also gave his transport packet to that individual and told him that the emergency procedures to be followed were contained therein. This is all in accordance with his training. I was told that an unknown person, allegedly a ship yard employee, volunteered his radiation safety experience to the situation. Unfortunately, this person made everything worse by determining that the yellow gauge case contained a "neutron reactor".

Gerald Ramus, the branch RSO, arrived at the scene and identified the nature of the gauge, subsequently securing gauge in transport case and transporting it back to the office storage area. Eventually, the technician (Preston Martell) was freed and transported to a nearby medical facility. He suffered a gash in his arm, and was decontaminated at the facility. He has returned to work on modified duty.

The only shortcomings were Mr. Ramus' failure to take a survey meter to the accident scene (in an interview, he noted that his only thought was the safety of the technician; and he acted too quickly) and the failure of Mr. DeMascio to call the Corporate RSO. He

2008 OCT 27 PM 2:39
RECEIVED
REGION I

HEADQUARTERS: 3015 DUMBARTON ROAD • BOX 27524 • RICHMOND, VA 23261-7524
TELEPHONE (804) 264-2701 • FAX (804) 264-1202 • www.FandR.com

BRANCHES: ASHEVILLE, NC • BALTIMORE, MD • CHARLOTTE, NC • CHESAPEAKE, VA
CROZET, VA • FAYETTEVILLE, NC • FREDERICKSBURG, VA • GREENVILLE, SC
HICKORY, NC • RALEIGH, NC • ROANOKE, VA • STERLING, VA



did send out an E-mail; but I was en route from Roanoke at the time. It is conjectured that I would not have been unable to get to get access to the accident site if I had made it to the scene.

The following day, the reading of Mr. DeMascio's E-mail and a call from Mr. Mike Welling of the Virginia Department of Health took place at approximately the same time. I notified the NRC at the emergency number and conferred with Ryan Alexander, indicating that this was probably not an immediate report incident, and promised a return call as soon as my information was verified. After examining the gauge and discussing the incident with Messrs. DeMascio and Ramus, I did make the return call and was informed that Incident Number 44573 had been assigned.

During your ensuing visit to the Chesapeake office, you viewed certain documents and commented upon them unfavorably. It has been noted that the forms provided to you are not applicable to your request. You were given our periodic inventory and inspection form as opposed to the annual review form. The periodic audits (ranging from two to four in number), are used to complete the annual review. It was also noted that our current (last changed in 2006) Administrative Control and Radiation Safety Procedures were not furnished to you. I will allow that this document is probably longer than you are used to seeing; but we utilize this document for both training and technician reference. I was actually waiting until Virginia became an Agreement State before conducting a complete rewrite. The concept of the Bill of Lading (backed by our short-form emergency procedures) being issued on high-visibility material and laminated to provide longer wear had been discussed with Mr. Dave Collins during a recent inspection will be implemented.

The gauge was transported to the offices of Instrotek in North Carolina within another (undamaged) transport case. The case involved in the incident was turned in and the checked-out gauge will be returned in a new DOT-approved case. Their report is forthcoming. The damaged case, despite the loss of the side handles, should actually meet DOT requirements. Modification of the case or the addition of replacement handles by an entity other than Troxler Electronics Laboratories or Instrotek would void the DOT approval.

We will furnish the following information with our final report:

- Statement from Preston Martell
- Statement from Gerald Ramus
- Copy of the police report
- Copy of the Instrotek report
- Training reports



- Other information considered germane to the topic

As noted above, we generally consider that the incident itself would be closed upon the submittal of our thirty-day report. The gauge was secured properly, the transport and emergency information was in the pick-up truck, the technician acted responsively, the incident was reported in a timely fashion and there was no actual or potential radiation overexposure to the general public or our personnel. The other issues are essentially separate, and our response will be included in the final report.

Should you have any questions or require information not identified in this letter, please contact me at your convenience.

Respectively submitted,
Froehling & Robertson, Inc.

A handwritten signature in cursive script, appearing to read 'William W. Briody', written in black ink.

William W. Briody
Corporate RSO
Vice President

Enclosures



ANNUAL RADIATION SAFETY PROGRAM REVIEW

MOISTURE/DENSITY GAUGES

LOCATION _____ . LICENSE NUMBER _____ .

YEAR ENDING _____ . DATE _____ .

REVIEWER _____ .

1.0 AUDIT HISTORY

- 1.1 Date of last audit: _____ .
1.2 Annual audits conducted and maintained? _____ YES _____ NO.
1.3 Were deficiencies previously noted? _____ YES _____ NO.

2.0 ORGANIZATION AND SCOPE OF RADIATION SAFETY PROGRAM

- 2.1 Have any license conditions changed? _____ YES _____ NO.
2.2 Has RSO been changed? _____ YES _____ NO.
2.3 Is RSO fulfilling duties? _____ YES _____ NO.

3.0 TRAINING AND INSTRUCTIONS TO WORKERS

- 3.1 Have technicians been properly trained? _____ YES _____ NO.
3.2 Did training include field observations? _____ YES _____ NO.
3.3 Are training records on file? _____ YES _____ NO.
3.4 Has card been issued by Corporate RSO? _____ YES _____ NO.
3.5 Are gauge operating manuals available? _____ YES _____ NO.

4.0 RADIATION SURVEY INSTRUMENTATION

- 4.1 Is survey meter currently calibrated? _____ YES _____ NO.
4.2 Is survey meter used for periodic surveys? _____ YES _____ NO.
4.3 Is meter used during maintenance? _____ YES _____ NO.

5.0 GAUGE INVENTORY

- 5.1 Are records of receipt on file? _____ YES _____ NO.
5.2 Gauges inventoried at least twice annually? _____ YES _____ NO.

6.0 PERSONNEL RADIATION PROTECTION

- 6.1 Technicians knowledgeable of ALARA? _____ YES _____ NO.
6.2 Badge submittals current and complete? _____ YES _____ NO.
6.3 Film badge records on file? _____ YES _____ NO.
6.4 Reports reviewed upon receipt? _____ YES _____ NO.



ANNUAL RADIATION SAFETY PROGRAM REVIEW

MOISTURE/DENSITY GAUGES

LOCATION _____ LICENSE NUMBER _____

YEAR ENDING _____ DATE _____

REVIEWER _____

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- 6.3 Film badge records on file? _____ YES _____ NO.
- 6.4 Reports reviewed upon receipt? _____ YES _____ NO.

- 6.5 Any declared pregnancies this year? _____ YES _____ NO.
 6.6 Film badge supplier NVLAP approved? _____ YES _____ NO.

7.0 RADIATION EXPOSURE TO GENERAL PUBLIC

- 7.1 Storage area:
 Storage area secure? _____ YES _____ NO.
 Actual radiation exposure level (max.): _____ mR/hr.
 Distance to nearest work area _____ feet.
 Any changes in storage area and vicinity? _____ YES _____ NO.
 7.2 Exposure to public (actual or potential):
 Special programs or records on file? _____ YES _____ NO.
 Restricted areas (2 mr/hr and over) present? _____ YES _____ NO.
 7.3 Describe security system for gauges:

8.0 OPERATING AND EMERGENCY PROCEDURES

- 8.1 Does each technician have copy? _____ YES _____ NO.
 8.2 Did emergency situation occur this year? _____ YES _____ NO.
 If so, describe in full:

9.0 TRANSPORTATION OF GAUGES

- 9.1 Transport Package
 Authorized DOT 7A Package used? _____ YES _____ NO.
 Performance tests on file? _____ YES _____ NO.
 Package properly marked?
 Yellow II labels each side? _____ YES _____ NO.
 DOT Label Affixed? _____ YES _____ NO.
 Cargo Aircraft Label (if applicable)? _____ YES _____ NO.
 Package closed/sealed during transport? _____ YES _____ NO.
 Handle locks in place? _____ YES _____ NO.
 9.2 Proper transport papers completed. _____ YES _____ NO.
 9.3 Gauge properly signed out and in? _____ YES _____ NO.
 9.4 Case secured to vehicle? _____ YES _____ NO.
 9.5 Case blocked to prevent movement? _____ YES _____ NO.

10.0 LEAK TESTS

- 10.1 Leak tests conducted at 6-month intervals? YES NO.
- 10.2 Are assay records on file? YES NO.

11.0 MAINTENANCE PROCEDURES

- 11.1 Manufacturer recommendations followed: YES NO.
- 11.2 Film badges worn during procedure? YES NO.

11.0 POSTING AND LABELING

- 11.1 Is latest "Notice to Employees" posted? YES NO.
- 11.2 Is the latest license posted or available? YES NO.
- 11.3 Current, applicable regulations posted? YES NO.
- 11.4 Current safety procedures posted? YES NO.

13.0 RECORDS AND CORRESPONDENCE

- 13.1 Correspondence and Memorandums:
 - Regulatory agency correspondence on file? YES NO.
 - Corporate RSO correspondence on file? YES NO.
 - Records of appropriate actions on file? YES NO.
- 13.2 Records for decommissioning maintained? YES NO.
- 13.3 Records of incidents during year on file? YES NO.
- Records of actions taken on file? YES NO.

14.0 DEFICIENCIES IDENTIFIED IN AUDIT AND CORRECTIVE ACTIONS

14.1 Summarize any problems or deficiencies identified during this audit.

14.2 Describe corrective actions taken or planned. Note if corrective or preventative measures are to be implemented at other locations.



INSPECTION/INVENTORY REPORT

MOISTURE/DENSITY GAUGE OPERATIONS

Date: _____ Location: _____

Inspection Type: Quarterly (1)(2)(3)(4) Other _____ License No. _____

Inspection of: Facilities _____ Records & Files _____ Operations _____ Other _____

Inspector: _____ Title _____

1.0 INVENTORY

1.1 Moisture/Density Gauges

1.1.1 Manufacturer/Model No. _____ Serial No. _____

Cesium 137 Serial No. _____ Activity: _____

Americium 241:BE Serial No. _____ Activity: _____

Wipe Test Due Date: _____ Status: _____

1.1.2 Manufacturer/Model No. _____ Serial No. _____

Cesium 137 Serial No. _____ Activity: _____

Americium 241:BE Serial No. _____ Activity: _____

Wipe Test Due Date: _____ Status: _____

1.1.3 Manufacturer/Model No. _____ Serial No. _____

Cesium 137 Serial No. _____ Activity: _____

Americium 241:BE Serial No. _____ Activity: _____

Wipe Test Due Date: _____ Status: _____

1.1.4 Manufacturer/Model No. _____ Serial No. _____

Cesium 137 Serial No. _____ Activity: _____

Americium 241:BE Serial No. _____ Activity: _____

Wipe Test Due Date _____ Status: _____

1.1.5 Manufacturer/Model No, _____ Serial No. _____

Cesium 137 Serial No. _____ Activity: _____

Americium 241:BE Serial No. _____ Activity: _____

Wipe Test Due Date: _____ Status: _____

1.1.6 Manufacturer/Model No: _____ Serial No. _____

Cesium 137 Serial No. _____ Activity: _____

Americium 241:BE Serial No. _____ Activity: _____

Wipe Test Due Date: _____ Status: _____

1.1.7 Manufacturer/Model No. _____ Serial No. _____

Cesium 137 Serial No. _____ Activity: _____

Americium 241:BE Serial No. _____ Activity: _____

Wipe Test Due Date: _____ Status: _____

Continue Gauge Inventory On Page 3 As Necessary



1.0 INVENTORY (continued)

1.2 Survey Meter Model(s) _____ S/N _____ Cal. Due _____

1.3 Other: _____

2.0 PERSONNEL

2.1 Individual(s) responsible for operations at this location: _____

2.2 Qualified Technicians:

2.2.1	_____	2.2.11	_____
2.2.2	_____	2.2.12	_____
2.2.3	_____	2.2.13	_____
2.2.4	_____	2.2.14	_____
2.2.5	_____	2.2.15	_____
2.2.6	_____	2.2.16	_____
2.2.7	_____	2.2.17	_____
2.2.8	_____	2.2.18	_____
2.2.9	_____	2.2.19	_____
2.2.10	_____	2.2.20	_____

(Use additional sheets as necessary)

FILES AND RECORDS

3.1 Following records on file:

3.1.1 Personnel dosimetry _____	3.1.4 Individual gauge files _____
3.1.2 Shipping/Transfer Records _____	3.1.5 Sign Out/In Records _____
3.1.3 Utilization Records _____	3.2.6 Training Records _____

3.0 STORAGE

4.1 Storage Location _____

4.2 Postings: CAUTION-RADIOACTIVE MATERIAL _____, NOTICE TO EMPLOYEES _____,
ALARA Statement _____, Emergency Contacts _____, Other _____

4.3 Gauges Locked in Storage _____, Security _____

4.0 FIELD INSPECTION

5.1 Job Site Location _____ Date _____

Type of Operations _____ Time _____

Client _____

5.2 Technician _____

Film Badge assigned and worn _____

General knowledge of safety requirements and practices _____

5.3 Equipment

Gauge Serial Number _____ Wipe Test Due Date _____

Gauge Security On Site _____ All Locks Available _____

5.4 Transportation

Vehicle Number _____ Gauge Security _____

Transport Packet In Place _____ Remarks: _____

Personnel Notified of Inspection Results _____

Inspector Signature _____ Date _____

