

RI - DNMS Licensee Event Report Disposition

Licensee:	Construction Testing and Engineering, Inc.		
Event Description:	Damaged gauge		
License No:	45-25554-01	Pocket No:	03035689
Event Date:	01/22/09	Report Date:	02/04/09
		MLER-RI:	2009-002
		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 checked="" 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="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Inspector/Date</td> <td></td> </tr> <tr> <td>Inspector/Date</td> <td></td> </tr> <tr> <td>Inspector/Date</td> <td></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 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

Additional information requested. Update expected

<input type="checkbox"/> Non-Public <input checked="" type="checkbox"/> Public-SUNSI REVIEW COMPLETE	Inspector Signature: <u>M. C. Redd</u> Branch Chief Initials: <u>M. Miller</u>	Date: <u>03/19/09</u> Date: <u>03/19/09</u>
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CTE

CONSTRUCTION TESTING & ENGINEERING, INC.

9111-A Industry Drive, Manassas Park, VA 20111

Tel. (703) 335-0182, Fax (703) 335-2212

From: Nadew Hailu **Tel:** (610) 337-6945

To: Mr. Michael C. Reichard **Fax.No.** (610) 337-5269

Date: March 10, 2009

Subject: Per our phone conversation.

Number of pages including cover:2.....

If there is a problem in receiving this transmittal, please call at (703) 335-0182

**CONSTRUCTION TESTING & ENGINEERING, INC.**

9111-A Industry Drive, Manassas Park, VA 20111

Tel. (703) 335-0182, Fax: (703) 335-2212

February 16, 2009

License No. 45-25554-01

U.S. Nuclear Regulatory Commission
Document Central
Attn: Control Desk
Washington, D.C. 20555

Attention: Control Desk

Dear Sir:

On January 22, 2009 our Troxler Nuclear gauge model # 3440 with serial # 14483 was involved in an accident at 4424 Old Columbia Road (The Reserves at Pine crest). The aforementioned gauge has been used by our soil technician Mr. Johnny Kwan. It was at 10:35 AM that I received a call from Mr. Kwan and was briefed about the accident. I arrived to the site and noticed that, a compactor roller and the Troxler gauge were cordoned off, and all parties involved in the accident remained at the site. Prior to my arrival the authorities were called in, Fairfax County Emergency Hazmat, Fairfax county Police, Troxler radiation officer and Mike Welling (Virginia Agreement State Program) were on the phone. Mike Welling arrived at the job site at 8:30 PM. Mr. Welling after securing the source, gave the approved to transport the machine to our lab and storage facility. The next day on Friday January 23rd an authorized troxler personal Mr. Sahid Thomas came to our office and piked the machine and took it back to Troxler facility to dispose.

Hassan Tajick
Radiation Safety Officer