#### TRANSMISSION VERIFICATION REPORT

: 08/27/2009 07:03 : USNRC RIV TIME

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### UNITED STATES NUCLEAR REGULATORY COMMISSION

REGION IV 612 EAST LAMAR BLVD, SUITE 400 ARLINGTON, TEXAS 76011-4125

# FACSIMILE

Name:

Gayle Staton, RSO

Licensee:

Acuren Inspection, Inc.

License No.: Docket No.:

42-27593-01 030-34780

Fax No.:

281-842-3370

Phone No.:

281-228-0000

From:

James L. Thompson

Date:

8/26/2009

Subject:

591M

Pages:

1 + transmittal sheet

Ms. Staton:

I am faxing you an NRC Form 591M which documents the inspection performed by myself at the CHS Refinery on August 11, 2009, in Laurel, Montana. If you have any questions about the inspection or the 591M please call me at 817-276-6538.



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> James L. Thompson, Senior Health Physicist Nuclear Materials Safety Branch A

NRC FORM 591M PART 1 (4-2008)	U.S. NUCLEAR REGULATORY COMMISSION				
10 CFR 2.201	SPECTION REPORT	AND COMPLIAN	CE INSPECTION	N	
LICENSEE/LOCATION INSPECTED:     Acuren Inspection, Inc.     CHS Refinery Field Station     Laurel, Montana  REPORT NO: 2009-001		2. NRC/REGIONAL OFFICE  U.S. Nuclear Regulatory Commission Region IV, 612 East Lamar Blvd, Suite 400 Arlington, Texas 76011-4125			
3. DOCKET NUMBER	4. LICENSE NUMBER		5. DATE OF	INSPECTION	
030-34780	42-27593-01		August	11, 2009	
LICENSEE: The inspection was an examination of the activit Regulatory Commission (NRC) rules and regula procedures and representative records, interview  X  1. Based on the inspection findings, n	tions and the conditions o ws with personnel, and ob	your license. The inspendent of the inspendent o	pection consisted of	selective exam	inations of
2. Previous violation(s) closed.					
3. The violations(s), specifically descridentified, non-repetitive, and correct exercise discretion, were satisfied.					
4. During this inspection certain of you cited. This form is a NOTICE OF V	ur activities, as described l	pelow and/or attached,	were in violation of N	IRC requireme	ents and are being
	Statement of Corre				
I hereby state that, within 30 days, the actions corrective actions is made in accordance with the date when full compliance will be achieved).	ne requirements of 10 CFF I understand that no furthe	2.201 (corrective step	s already taken, corr RC will be required,	ective steps w	hich will be taken, cally requested.
	nted Name		Signature		Date
LICENSEE'S REPRESENTATIVE					
NRC INSPECTOR James L. Thomps	on	/ Saus	// D	1	8/26/2009
NRC FORM 591M PART 1 (Rev. by RIV 3/09)	S:XC	NMS\!NMIB\BRANCH	FORMS\591M FOR	MS\Part1 Publ	icly Available.doc
Non-Public Sensitive – Se	ecurity-Related		<b>X</b> Public	X Nor	-Sensitive