	SAFETY INSPECTIO				
1. LICENSEE/LOCATION		2. NRC/REGION	AL OFFICE		
Vermont Testing & Consulting Corporation		on US Nucle	ar Bagulatany Commission		
US Route 2, Box 1841			U.S. Nuclear Regulatory Commission Region I, 475 Allendale Road		
Waterbury, Vern	nont 05676		ussia, Pennsylvania 19406-14	15	
REPORT Nos	2009-001			10	
3. DOCKET NUMBER(S)	4. LICEN	ISE NUMBER(S)	5. DATE(S) OF, INSPECTION	NC	
030-36475		44-28180-02	5. DATE(S) OF INSPECTION	2009	
LICENSEE:					
procedures and repre   1. Based on the   2. Previous viola   3. The violation(ridentified, non-re   1600, to exercise	sentative records, interviews with inspection findings, no violations ation(s) closed. s), specifically described to you b petitive, and corrective action was a discretion, were satisfied. Non-Cited Violation(s) was/w	n personnel, and observations by t were identified. by the inspector as non-cited violat s or is being taken, and the remai vere discussed involving the follow	The inspection consisted of selective e the inspector. The inspection findings a tions, are not being cited because they ining criteria in the NRC Enforcement P ving requirement(s) and Corrective Action ving requirement(s) and Corrective Action of NRC requirement o posting in accordance with 10 CFR 19	were self- olicy, NUF on(s):	
			4 - 14		
		ent of Corrective Actions	•		
I hereby state that within 9		ind to the inspector will be taken	steps already taken, corrective steps wi	etotomo-	
	in accordance with the requireme			hich will be	
corrective actions is made	in accordance with the requireme	ents of 10 CFH 2.201 (corrective s hat no further written response to I	NHC will be required, unless specifically	hich will be	
corrective actions is made	in accordance with the requireme		Signature	hich will be	
corrective actions is made date when full compliance	in accordance with the requireme will be achieved). I understand th			hich will be y requeste	
corrective actions is made date when full compliance Title	in accordance with the requireme will be achieved). I understand th			hich will be y requeste	
corrective actions is made date when full compliance Title LICENSEE'S REPRESENTATIVE	in accordance with the requirement will be achieved). I understand the Printed Name	nat no further written response to f		hich will be y requeste	
corrective actions is made date when full compliance Title LICENSEE'S REPRESENTATIVE	in accordance with the requirement will be achieved). I understand the Printed Name Control J. Collins, Health Phy	ysicist	Signature	hich will be y requeste Da	
corrective actions is made date when full compliance Title LICENSEE'S REPRESENTATIVE	in accordance with the requirement will be achieved). I understand the Printed Name Control J. Collins, Health Phy	ysicist		hich will be y requeste Da	