

SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE/LOCATION INSPECTED: Gelman Sciences 600 South Wagner Rd Ann Arbor, MI 48106		2. NRC/REGIONAL OFFICE REGION III US NUCLEAR REGULATORY COMMISSION 2443 WARRENVILLE ROAD LISLE IL 60532-4351	
REPORT NUMBER(S) 2010-002			
3. DOCKET NUMBER(S) 030-36476	4. LICENSE NUMBER(S) 21-26088-02E	5. DATE(S) OF INSPECTION March 23, 2010	

LICENSEE:

The inspection was an examination of the activities conducted under your license as they relate to radiation safety and to compliance with the Nuclear Regulatory Commission (NRC) rules and regulations and the conditions of your license. The inspection consisted of selective examinations of procedures and representative records, interviews with personnel, and observations by the inspector. The inspection findings are as follows:

- 1. Based on the inspection findings, no violations were identified.
- 2. Previous violation(s) closed.
- 3. The violation(s), specifically described to you by the inspector as non-cited violations, are not being cited because they were self-identified, non-repetitive, and corrective action was or is being taken, and the remaining criteria in the NRC Enforcement Policy, NUREG-1600, to exercise discretion, were satisfied.

_____ non-cited violation(s) were discussed involving the following requirement(s):

- 4. During this inspection, certain of your activities, as described below and/or attached, were in violation of NRC requirements and are being cited. This form is a NOTICE OF VIOLATION, which may be subject to posting in accordance with 10 CFR 19.11.

(Violations and Corrective Actions)

Statement of Corrective Actions

I hereby state that, within 30 days, the actions described by me to the Inspector will be taken to correct the violations identified. This statement of corrective actions is made in accordance with the requirements of 10 CFR 2.201 (corrective steps already taken, corrective steps which will be taken, date when full compliance will be achieved). I understand that no further written response to NRC will be required, unless specifically requested.

TITLE	PRINTED NAME	SIGNATURE	DATE
LICENSEE			
NRC INSPECTOR	G. Parker		3/23/10

Docket File Information
SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE/LOCATION INSPECTED: Gelman Sciences, Inc REPORT NUMBER(S) 2010-001/2010-002		2. NRC/REGIONAL OFFICE REGION III	
3. DOCKET NUMBER(S) 03031413/03036476		4. LICENSE NUMBER(S) 21-26088-01/21-26088-02E	5. DATE(S) OF INSPECTION March 23, 2010
6. INSPECTION PROCEDURES USED 87126		7. INSPECTION FOCUS AREAS 03.01 - 03.07	

SUPPLEMENTAL INSPECTION INFORMATION

1. PROGRAM CODE(S) 03620/03253	2. PRIORITY 5	3. LICENSEE CONTACT Michael Everett	4. TELEPHONE NUMBER 734-913-6333
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Main Office Inspection Next Inspection Date: 03/23/2015

Field Office Inspection _____

Temporary Job Site Inspection _____

PROGRAM SCOPE

Licensee is a non-medical research facility with offices in Ann Arbor Michigan. At the time of the inspection, licensee had ceased to use material and was in the process of completing surveys for the termination of its licenses.

PERFORMANCE OBSERVATIONS

The inspector performed independent confirmatory surveys to verify the spaces were free of material. No evidence of residual contaminants was found.