

RI - DNMS Licensee Event Report Disposition

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|--------------------|---------------------------|--|--|
| Licensee: | Weatherford International | | |
| Event Description: | Potential Overexposure | | |

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|-------------|-------------|--------------|------------|-----------------|----------|
| License No: | 42-26891-01 | Docket No: | 030 30118 | MLER-RI: | 2011-015 |
| Event Date: | 04/20/11 | Report Date: | 04/19/2011 | HQ Ops Event #: | 47085 |

1. REPORTING REQUIREMENT

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| <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 | <input type="checkbox"/> 10 CFR 30.50 Report <input type="checkbox"/> 10 CFR 35.3045 Medical Event <input type="checkbox"/> License Condition <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
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2. REGION I RESPONSE

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|---|---|----------------|---------------------|----------------|--|----------------|--|
| <input checked="" 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>Reichard 08/01/2011</td> </tr> <tr> <td>Inspector/Date</td> <td></td> </tr> <tr> <td>Inspector/Date</td> <td></td> </tr> </table> <input type="checkbox"/> Daily Report <input type="checkbox"/> Review at Next Inspection | Inspector/Date | Reichard 08/01/2011 | Inspector/Date | | Inspector/Date | |
| Inspector/Date | Reichard 08/01/2011 | | | | | | |
| Inspector/Date | | | | | | | |
| Inspector/Date | | | | | | | |

3. REPORT EVALUATION

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| <input checked="" type="checkbox"/> Description of Event <input checked="" type="checkbox"/> Levels of RAM Involved <input checked="" type="checkbox"/> Cause of Event | <input checked="" type="checkbox"/> Corrective Actions <input checked="" type="checkbox"/> Calculations Adequate <input type="checkbox"/> Additional Information Requested from Licensee |
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4. MANAGEMENT DIRECTIVE 8.3 EVALUATION

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| <input type="checkbox"/> Release w/Exposure > Limits <input type="checkbox"/> Repeated Inadequate Control <input type="checkbox"/> Exposure 5x Limits <input type="checkbox"/> Potential Fatality 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)

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| <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

cover letter = public / Attachments = non-public, security A.3

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| <input checked="" type="checkbox"/> Non-Public <input checked="" type="checkbox"/> Public-SUNSI REVIEW COMPLETE | Inspector Signature: <u>Michel Reichard</u> Branch Chief Initials: <u>Blake [Signature]</u> | Date: <u>08/25/2011</u> Date: <u>8/25/11</u> |
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**Reactor Operating Events
Event Notification Report**



Event Notification Report

U.S. Nuclear Regulatory Commission - Operations Center
Event Reports For EN No (47085)
(May include 2-day hold)

47085

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| | |
|--|---|
| Non-Agreement State | Event Number: 47085 |
| Rep Org: WEATHERFORD INTERNATIONAL Licensee: WEATHERFORD INTERNATIONAL Region: 4 City: BENBROOK State: TX County: License #: 42-26891-01 Agreement: Y Docket: NRC Notified By: CHRISTOPHER SHAWN PERRY HQ OPS Officer: STEVE SANDIN | Notification Date: 07/21/2011 Notification Time: 17:45 [ET] Event Date: 04/20/2011 Event Time: [CDT] Last Update Date: 07/21/2011 |
| Emergency Class: NON EMERGENCY 10 CFR Section: 20.2202(b)(1) - PERS OVEREXPOSURE/TEDE >= 5 REM | Person (Organization): VIVIAN CAMPBELL (R4DO) GLENN DENTEL (R1DO) DUNCAN WHITE (FSME) |

Event Text

POTENTIAL OVEREXPOSURE OF WELL LOGGING SUPERVISOR

The RSO for Weatherford International located in Benbrook, TX was provided the 2nd quarter dosimetry readings of 7545 mRem for a well logging supervisory in their Weston, WV office. The supervisor has been removed from activities involving radioactive sources pending results of an investigation. Preliminary findings are that the individual involved was returning a 1.5 Ci Cs-137 source to storage and had placed his dosimetry, a Luxel, about 1 foot from the source at which time he had to use the restroom. When he returned he discovered that the storage area door had automatically locked requiring him to contact the custodian to reopen the area to recover his dosimetry. He estimated that the time involved was between 1-1.5 hours. The licensee investigation is on-going.



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