NRC FORM 591M PART 1 (10-2011)*		U.S. NUCLEAR REGULATORY COMMISSION		
10 CFR 2.201 SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION				
LICENSEE/LOCATION INSPECTED: URS Corporation, Infrastructure and Environment 500 Enterprise Drive Rocky Hill, CT 06067 REPORT NUMBER(S) 2013-001		2. NRC/REGIONAL OFFICE U.S. Nuclear Regulatory Commission Region I, 2100 Renaissance Blvd, Suite 100 King of Prussia, Pennsylvania 19406-2713		
3. DOCKET NUMBER 030-37390	4. LICENSE NUMBER 06-31214-01	5.	DATE(S) OF INSPECTI March 7, 20	on 213
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: Based on the inspection findings, no violations were identified. Previous violation(s) closed. 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, to exercise discretion, were satisfied. Non-cited violation(s) were discussed involving the following requirement(s) and corrective action(s): During this inspection, certain of your activities, as described below and/or attached, were in violation of NRC requirements and are being cited in accordance with the NRC Enforcement Policy. This form is a NOTICE OF VIOLATION, which may be subject to posting in accordance with 10 CFR 19.11. (Violations and Corrective Actions) 				
I hereby state that, within 30 days, the		prrective Actions	violations identified. Thi	s statement of
corrective actions is made in accorda date when full compliance will be ach	nce with the requirements of 10 CFR	2.201 (corrective steps already ta	aken, corrective steps w	hich will be taken.
Title	Printed Name	Sig	nature	Date
LICENSEE'S REPRESENTATIVE	TOM MATHEN	s they	that	2.7.13
NRC INSPECTOR	Shawn Seeley, Health Physi	cist	nla	3/1/13
BRANCH CHIEF	BLAKE WELLING	Neh f	'AL	3/12/13
*NRC FORM 591M PART 1 (10-2011) (RI Rev. 06/04/2012)			

SUNSI Review Completed By: /RA/ SWS

X Public

X Non-Sensitive