



UNITED STATES  
NUCLEAR REGULATORY COMMISSION  
WASHINGTON, D.C. 20555-0001

May 13, 2014

ALL AGREEMENT STATES

RADIOLOGICAL EVENTS INVOLVING ACUREN USA AND ACUREN INSPECTION  
INC. (FSME-14-045)

**Purpose:** To inform Agreement State program staff of recent radiography incidents involving Acuren USA and Acuren Inspection, Inc. and reemphasize the importance of personnel safety.

**Background:** On April 10, 2014, two U.S. Nuclear Regulatory Commission (NRC) inspectors performed an unannounced inspection of Acuren USA (NRC radiography licensee) at the licensee's field station in Kenai, Alaska. As the inspectors walked around the outside of the shop, they entered a high radiation area as indicated on their survey meter (greater than 200 mR/hour). There were no boundaries or physical controls established. Later, Acuren personnel confirmed that six exposures had taken place inside the shop within the last hour. Acuren shares the building with 4 other businesses. Inspectors became concerned about the lack of controls and the possibility of exposure to members of the public. No overexposure occurred during this event involving an employee of Acuren Inspection Inc.

The State of Ohio recently reported ([NRC Event Number 50014](#)) a radiographer overexposure event. A radiographer approached the end of the source tube believing incorrectly that the source had been retracted into the camera. The State has determined that the radiographer's alarming rate meter had a dead battery and his survey meter was not functional and was not operationally checked that work day. The radiographer's whole body dose was assigned as 13 Rem with an extremity dose of 6.5 Rem.

The State of Texas reported on March 13, 2014, ([NRC Event Number 49912](#)) a potential overexposure to a radiographer trainee's hand. The trainee was employed by Acuren Inspection, Inc. The radiographer and two radiographer trainees were working on a tank. The trainees were positioned inside the tank, and the radiographer was positioned outside the tank. After the radiography shot was completed, the trainee had attempted to disconnect the guide tube from the camera when he noticed the reading on his rate meter increase. The source was then returned to the fully shielded position. Subsequent interviews with the radiographers revealed that a radiographer trainee was not wearing any personnel monitoring devices and the other trainee was wearing dosimetry but failed to turn on his alarming rate meter.

**Discussion:** In response to these events, a number of actions were taken by the NRC and the States. On May 5-7, 2014, a NRC reactive inspection team was conducted in Anchorage and Kenai, Alaska, to inspect field stations operated by Acuren USA.

The State of Ohio issued Ohio Information Notice 2014-01 (see attachment) and the NRC issued a Confirmatory Action Letter (ADAMS Accession No. ML14114A765). These events have common performance issues including not performing functional checks of survey equipment and alarming rate meters, not using survey equipment on the jobsite, and not wearing required dosimetry.

The licensee has initiated a number of actions to address the causes of these events. NRC will be using the findings of the team inspection, upon completion, and analysis of the events in Alaska to determine whether additional actions are warranted.

If you have any questions regarding this communication, please contact me at 301-415-3340 or the individual named below:

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