RI - DNMS Licensee Event Report Disposition

Licensee: New Haven Health Department

Event Description: Stolen Lead Analyzer

License No:	GL	Docket No:	99990001	MLER-RI:	RI 2014-012
Event Date:	12/16/13	Report Date:	12/17/13	HQ Ops Event #:	49640

1. REPORTING REQUIREMENT

- [ ] 10 CFR 20.1906 Package Contamination
- [X] 10 CFR 20.2201 Theft or Loss
- [ ] 10 CFR 20.2203 30 Day Report
- [ ] Other
- [ ] 10 CFR 30.50 Report
- [ ] 10 CFR 35.3045 Medical Event
- [ ] License Condition

2. REGION I RESPONSE

- [ ] Immediate Site Inspection — Inspector/Date
- [X] Special Inspection — Inspector/Date Scott Wilson / 2/25/2014
- [ ] Telephone Inquiry — Inspector/Date
- [ ] Preliminary Notification/Report
- [✓] Information Entered in RI Log
- [ ] Report Referred To:
- [ ] Daily Report
- [ ] Review at Next Inspection

3. REPORT EVALUATION

- [✓] Description of Event
- [✓] Levels of RAM Involved
- [✓] Cause of Event
- [✓] Corrective Actions
- [✓] Calculations Adequate
- [✓] Additional Information Requested from Licensee

4. MANAGEMENT DIRECTIVE 8.3 EVALUATION

- [ ] Release w/Exposure > Limits
- [ ] Repeated Inadequate Control
- [ ] Exposure 5x Limits
- [ ] Potential Fatality
- [ ] Deliberate Misuse w/Exposure > Limits
- [ ] Pkging Failure>10 rads/hr or Contamination>1000x Limits
- [ ] Large# Indivs w/Exp>Limits or Medical Deterministic Effects
- [ ] Unique Circumstances or Safeguards Concerns

If any of the above are involved:

- [ ] Considered Need for IIT
- [ ] Considered Need for AIT

Decision/Made By/Date: BLAKE WELL INC 12/17/13

5. MANAGEMENT DIRECTIVE 8.10 EVALUATION (additional evaluation for medical events only)

- [ ] Timeliness - Inspection Meets Requirements (5 days for overdose / 10 days for underdose)
- [ ] Medical Consultant Used-Name of Consultant/Date of Report:
- [ ] Medical Consultant Determined Event Directly Contributed to Fatality
- [ ] Device Failure with Possible Adverse Generic Implications
- [ ] HQ or Contractor Support Required to Evaluate Consequences

6. SPECIAL INSTRUCTIONS OR COMMENTS

Item recovered, report received by NRC, inspection complete, sent info to close NMED.

9 Non-Public SJW

9 Public-SUNSI REVIEW COMPLETE

Inspector Signature: Date: 12/05/2014

Branch Chief Initials: Date: 12/3/14

Location of File: G:\REFERENCE\BLANK FORMS\LER FORM.DOC

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