

RI - DNMS Licensee Event Report Disposition

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|--------------------|---------------------|--------------|------------|-----------------|----------|
| Licensee: | Essroc San Juan | | | | |
| Event Description: | Detective Equipment | | | | |
| License No: | 52-2500601 | Docket No: | (P30)31302 | MLER-RI: | 2014-013 |
| Event Date: | | Report Date: | 12/08/14 | HQ Ops Event #: | |

1. REPORTING REQUIREMENT

| | |
|--|---|
| <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; padding: 2px; width: fit-content;">10 CFR Part 21</div> |
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2. REGION I RESPONSE

| | | | | | | | | | | | |
|---|---|----------------|--|----------------|--|----------------|------------------------|--|--------------|--|---------------------------|
| <input type="checkbox"/> Immediate Site Inspection <input type="checkbox"/> Special Inspection <input checked="" 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></td> </tr> <tr> <td>Inspector/Date</td> <td></td> </tr> <tr> <td>Inspector/Date</td> <td>Miller / 12-23-24-2014</td> </tr> <tr> <td></td> <td>Daily Report</td> </tr> <tr> <td></td> <td>Review at Next Inspection</td> </tr> </table> | Inspector/Date | | Inspector/Date | | Inspector/Date | Miller / 12-23-24-2014 | | Daily Report | | Review at Next Inspection |
| Inspector/Date | | | | | | | | | | | |
| Inspector/Date | | | | | | | | | | | |
| Inspector/Date | Miller / 12-23-24-2014 | | | | | | | | | | |
| | Daily Report | | | | | | | | | | |
| | Review at Next Inspection | | | | | | | | | | |

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"/> NA 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 checked="" type="checkbox"/> Medical Consultant Determined Event Directly Contributed to Fatality <input checked="" 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

Circumstances will be evaluated at next inspection 8/2018

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| <input type="checkbox"/> Non-Public <input checked="" type="checkbox"/> Public-SUNSI REVIEW COMPLETE | Inspector Signature: <u>Jan Miller</u> Branch Chief Initials: <u>W. K.</u> | Date: <u>1/9/15</u> Date: <u>1/14/15</u> |
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Essroc San Juan
Italcementi Group

P O Box 366698
San Juan, PR. 00936-6698

Tel. (787) 721-5878
Fax. (787) 883-5747

December 8, 2014

REC'D 12 16 14 AM 07:20

Regional Administrator, Region II
U.S. Nuclear Regulatory Commission
Region I
475 Allendale Road
King of Prussia, PA 19406

RE: Section 206, defective equipment
Essroc License #52-25066-01

Dear Sir or Madam:

Recently during a routine inspection, we notice a higher than normal radiation area survey measurement. Our radiation safety consultant, David Rhoe, investigated the unusually readings and discovered that the lead shield was no longer intact. It seemed that the lead slowly melted over time and lost its structural cohesion. The radiation measurements are still below the 2 mR/hr limit for members of the public and we contacted the manufacturer regarding this situation. The company could not indicate if this was defective until they investigate the unit in January during a source replacement procedure. However, we feel that this could qualify as a possible reportable event. .

Manufacturer:
Source ID: Cs-137
Source strength: 1200 Ci on 05/24/1989
Model: SR-1A
Serial number: M-3816

If your need any further information, please contact me at (787) 721-5878 ext.271.

Sincerely,

Vanessa Medina
Radiation Safety Officer