

LKS Inspection Services LLC
91-1002 Kelau St.
Kapolei Hawaii 96707
PH 808 620-3023 Fax 808 674-0245

United States Nuclear Regulatory Commission
Region IV
1600 E Lamar Blvd
Arlington, TX 76011-4511

Subject: Response to Apparent Violation in NRC Inspection Report 030-36762/2015-001, EA-15-034

Dear Sir:

The following is our response to violations found in subject report.

Apparent Violation of 10 CFR 34.47(a).

1. There is no good reason for the radiographer not having the required rate meter for all radiographic operations. Complacency and lack of focus was the root of the violation.
2. Reviewed all radiographic safety procedures with our personnel with emphasis on equipment required for personal safety. Reiterated the importance of complying with all personal safety issues which was implemented for their own safety. I truly believe that the radiographers realize the importance and will do their utmost to comply with all NRC and our license requirements.
3. To ensure compliance of personnel safety equipment, we implemented a buddy system which each individual will personally check each other required safety items prior to any radiographic operations. Verification will be annotated on LKS Inspection Services Radiation Safety Equipment Check Form (See attachment) In addition, I will personally do several unannounced inspection every month.
4. Compliance Date: April 15, 2015.

Apparent Violation Of 10 CFR 34.47 (a) (1)

1. There is no good reason for our radiographers not to recharge dosimeter prior to radiographic operations. They know the requirement and again complacency was the root of the problem.
2. Reviewed all radiographic safety procedures with emphasis on equipment required for personal safety. Reiterated the importance of complying with all personal safety issues which was implemented for their own safety. I truly believe the radiographers realize the importance and will comply with all NRC safety requirements.
3. To ensure compliance of personnel safety equipment, we implemented a buddy system which each individual will personally check each other items prior to any radiographic operations. Verification and dosimeter readings will be recorded on the attached LKS Inspection Services Radiation Safety Equipment Check Form. (See attachment) In addition, I will personally do several unannounced inspection every month.
4. Compliance Date: April 15, 2015.

Final Statement

This was a wake-up call for all of us and I strongly believe the aforementioned violations will never happen again. I made it very clear that I will suspend and/or terminate anyone who blatantly disregard our safety requirements.



Wallace Onuma
President/Radiation Safety Officer

LKS Inspection Services

Radiation Safety Equipment Check

Radiation Safety Equipment of Radiographer/Assistant : _____

Film Badge/ TLD Badge	Ratemeter Audible Alarm Checked	
Dosimeter calibrated	Ratemeter Visual Alarm Checked	
Dosimeter start of Shift reading (in mr)	Ratemeter Calibrated	

I verify the previous checks were performed on my fellow Radiographer/assistants safety Equipment.

Name: _____ Signature: _____ Date: _____

Radiation Safety Equipment of Radiographer/Assistant : _____

Film Badge/ TLD Badge	Ratemeter Audible Alarm Checked	
Dosimeter calibrated	Ratemeter Visual Alarm Checked	
Dosimeter start of Shift reading (in mr)	Ratemeter Calibrated	

I verify the previous checks were performed on my fellow Radiographer/assistants safety Equipment.

Name: _____ Signature: _____ Date: _____

Radiation Safety Equipment of Radiographer/Assistant : _____ Date: _____

Film Badge/ TLD Badge	Ratemeter Audible Alarm Checked	
Dosimeter calibrated	Ratemeter Visual Alarm Checked	
Dosimeter start of Shift reading (in mr)	Ratemeter Calibrated	

I verify the previous checks were performed on my fellow Radiographer/assistants safety Equipment.

Name: _____ Signature: _____ Date: _____

Radiation Safety Equipment of Radiographer/Assistant : _____ Date: _____

Film Badge/ TLD Badge	Ratemeter Audible Alarm Checked	
Dosimeter calibrated	Ratemeter Visual Alarm Checked	
Dosimeter start of Shift reading (in mr)	Ratemeter Calibrated	

I verify the previous checks were performed on my fellow Radiographer/assistants safety Equipment.

Name: _____ Signature: _____ Date: _____