



UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION I
631 PARK AVENUE
KING OF PRUSSIA, PENNSYLVANIA 19406

TEPA

Docket No. 030-04628

FEB 20 1979

Uniroyal, Incorporated
ATTN: Mr. R. J. Lemoine
154 Grove Street
Chicopee, Massachusetts 01020

Gentlemen:

Subject: Survey Questionnaire

This refers to your Survey Questionnaire, received by this office on February 12, 1979.

Thank you for informing us of the actions documented in your letter. These actions will be examined during a subsequent inspection of your licensed program.

Your cooperation with us is appreciated.

Sincerely,

Robert O. McClintock, Chief
Materials Radiological Protection
Section

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In accordance with GAO regulations, 4 CFR Part 10, Section 10.3(b)(3), and the Federal Reports Act, 44 U.S.C. 3512, this survey questionnaire is exempt from clearance by the General Accounting Office.

Licensee Name: UNIROYAL, INC. License No. 20-03186-01

Address: 154 Grove St.
Chicopee, Ma. 01020

Please enter information.

Telephone No. (413) 594-6611

Responsible individual or Radiation Safety Officer: R. J. Lemoine

Mark an X for your answer in the appropriate box. YES NO NA

1. Have you possessed or used licensed material under your NRC license? If answer is no, return the form with no further response. YES NO NA
2. Have any changes been made in your facilities or equipment from that described in your application for license or most recent application for license amendment? YES NO NA
3. Have any changes been made in the use or quantities of licensed material from that authorized by your license? YES NO NA
4. Do you maintain records of all receipts and transfers of licensed material? YES NO NA
5. Do you dispose of waste licensed material by incineration? YES NO NA
6. Is licensed material secured to prevent unauthorized access or removal? YES NO NA
7. Has there been any loss or theft of licensed material? YES NO NA
8. Have there been any incidents or unusual occurrences as a result of your licensed activities? Examples are personnel overexposures, contamination, releases of radioactivity. YES NO NA

9. Do you have a system of management controls to assure that users of licensed material and uses and possession limits are as authorized by your license? YES NO NA
10. Are all individuals using licensed material or frequenting areas where licensed material is used, instructed in radiation safety, applicable NRC regulations, facility procedures and license conditions? YES NO NA
11. Do you provide personnel monitoring devices for individuals involved in your licensed activities? YES NO NA
12. Have there been any radiation exposures to individuals in excess of the limits specified in 10 CFR Part 20, Section 20.101? YES NO NA
13. Are rooms and areas where licensed material is used or stored posted in accordance with applicable NRC regulations? YES NO NA
14. Do you conduct routine radiation and contamination surveys? YES NO NA
15. Do you maintain records of surveys of radiation and contamination? YES NO NA
16. Are your present radiation survey, detection or counting instruments different from that described in your most recent license application? YES NO NA
17. Do you calibrate your radiation survey instruments at intervals of one year or less? YES NO NA
18. Do you test your sealed sources for leakage at the required intervals? YES NO NA
19. Do you maintain records of tests for leakage of sealed sources? YES NO NA
20. Have any of your tests for leakage of sealed sources resulted in removable contamination above the limit specified in your license and/or NRC regulations? YES NO NA
21. Are the documents described in 10 CFR Part 19, Section 19.11, posted as required by that part? YES NO NA

YES NO NA

Answer the following questions if your license authorizes medical uses of licensed material. If not applicable, mark NA.

- 22. Do you have procedures and methods of control for identifying the isotope, compound, quantity and resulting dose before a medical administration? YES NO NA
- 23. Have there been any incidents of "misadministrations" in the past two (2) years? YES NO NA

Please record the amount of time spent completing this questionnaire.

10 Minutes

R. J. Lemoine *Supt.*
 Signature and title

R. J. Lemoine, Supt. Milling Dept.

Please feel free to add any comments you may wish to make.

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COMMISSION



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