



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

POR

Docket No. 70-1224

JAN 23 1979

Teleflex Incorporated  
ATTN: Mr. Robert Britchard  
Product Sales Manager  
Church Road  
P. O. Box 218  
North Wales, Pennsylvania 19454

Gentlemen:

Subject: Survey Questionnaire

This refers to your Survey Questionnaire, received by this office on December 4, 1978.

Thank you for informing us of the actions documented in your response to this questionnaire. 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.

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Licensee Name: TELEFLER INC License No. SNM 1164

Address: CHURCH RD

P.O. BOX 218  
NORTH WALES, PA 19454

Please enter  
information.

Telephone No. 215-699-4861

Responsible individual or Radiation Safety Officer: J.E. BARLOW

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.   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |    |
| 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?              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |    |
| 3. Have any changes been made in the use or quantities of licensed material from that authorized by your license?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |    |
| 4. Do you maintain records of all receipts and transfers of licensed material?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |    |
| 5. Do you dispose of waste licensed material by incineration?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |    |
| 6. Is licensed material secured to prevent unauthorized access or removal?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |    |
| 7. Has there been any loss or theft of licensed material?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |    |
| 8. Have there been any incidents or unusual occurrences as a result of your licensed activities? Examples are personnel overexposures, contamination, releases of radioactivity. | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |    |

Fission chambers

- |   | 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?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 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? | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 11. Do you provide personnel monitoring devices for individuals involved in your licensed activities?   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 12. Have there been any radiation exposures to individuals in excess of the limits specified in 10 CFR Part 20, Section 20.101?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 13. Are rooms or areas where licensed material is used or stored posted in accordance with applicable NRC regulations?  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 14. Do you conduct routine radiation and contamination surveys?   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 15. Do you maintain records of surveys of radiation and contamination?  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 16. Are your present radiation survey, detection or counting instruments different from that described in your most recent license application?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 17. Do you calibrate your radiation survey instruments at intervals of one year or less?  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 18. Do you test your sealed sources for leakage at the required intervals?  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 19. Do you maintain records of tests for leakage of sealed sources?   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 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?  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 21. Are the documents described in 10 CFR Part 19, Section 19.11, posted as required by that part?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                                     |

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? ☐ ☐ ☒
23. Have there been any incidents of "misadministrations" in the past two (2) years? ☐ ☐ ☒

Please record the amount of time spent completing this questionnaire.

15 min

Robert I. Britton  
Signature and title

Product Sales Mgr

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

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OFFICIAL BUSINESS  
PENALTY FOR PRIVATE USE, \$300



POSTAGE AND FEES PAID  
U.S. NUCLEAR REGULATORY  
COMMISSION



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