



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

TERA

Docket No. 030-12739

FEB 16 1979

Duffield Associates
ATTN: Mr. Alec Smith
P. O. Box 505
2 Bristle Knoll
Newark, Delaware 19711

Gentlemen:

Subject: Survey Questionnaire

This refers to your Survey Questionnaire, received by this office on February 8, 1979.

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

7903270328

79032710584

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: DUFFIELD ASSOCIATES, INC License No. 07-17431-01

Address: P.O. Box 505
2 BRISTLE KNOLL
NEWARK, DE 19711

Please enter
information.

Telephone No. 302-738-0703

Responsible individual or Radiation Safety Officer: ALEC SMITH

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
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
3. Have any changes been made in the use or quantities of licensed material from that authorized by your license? ☐ YES ☒ NO
4. Do you maintain records of all receipts and transfers of licensed material? ☒ YES ☐ NO
5. Do you dispose of waste licensed material by incineration? ☐ YES ☒ NO
6. Is licensed material secured to prevent unauthorized access or removal? ☒ YES ☐ NO
7. Has there been any loss or theft of licensed material? ☐ YES ☒ NO
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

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

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.

10 min.

Alu Smith
Signature and title

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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