

U.S. NUCLEAR REGULATORY COMMISSION
OFFICE OF INSPECTION AND ENFORCEMENT

Region I

Report No. 50-201/81-01

Docket No. 50-201

License No. CSF-1 Priority 1 Category RP

Licensee: Nuclear Fuel Services, Incorporated

600 Executive Boulevard

Rockville, Maryland 20352

Facility Name: West Valley Reprocessing Plant

Inspection at: West Valley, New York

Inspection conducted: January 12-15, 1981

Inspectors: J. Roth
J. Roth, Project Inspector

2/27/81
date signed

date signed

Approved by: H. W. Crocker
H. W. Crocker, Chief, Fuel Facility
Projects Section, FF&MS Branch

2/27/81
date signed

Inspection Summary:

Inspection on January 12-15, 1981 (Report No. 50-201/81-01)

Areas Inspected: Routine unannounced inspection by a region-based inspector of the licensed program including: QA program review; organization; modifications and changes to facility and systems; procurement of material; records control and storage; internal review and audit; safety committees; procedure control; review of operations; criticality safety; transportation program; review of non-routine events; and, followup on IE Circulars. The inspection was initiated on the day shift and involved 32 inspector-hours onsite by one NRC region-based inspector.

Results: Of the 13 areas inspected, no apparent items of noncompliance were identified in 12 areas; one item of noncompliance was identified in one area (Violation - Failure to complete the Conditional Release Forms for the shipment of empty fuel casks from the site on December 29 and 30, 1980 (81-01-02), paragraph 14.C).

Region I Form 12
(Rev. April 77)

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DETAILS

1. Persons Contacted

- * J. P. Duckworth, General Manager
- * R. T. Smokowski, Health and Safety Manager
- * C. E. Seitter, Quality Assurance Supervisor
- * G. W. Metzler, Health and Safety Supervisor
- * G. E. Riethmiller, Plant Assistance Supervisor
- * P. Burn, Technical Services Manager
- * C. W. Alday, Operations Manager
- * L. W. Wiedeman, Technical Services Engineer

The inspector also contacted 8 other licensee employees during the course of this inspection. These included shift foremen, operators, health and safety and general office personnel.

* denotes those present at the exit interview.

2. Organization

The management organization reporting to the General Manager (West Valley), J. P. Duckworth as of December 1, 1980, is as follows:

- J. P. Duckworth, Plant Manager
- J. F. Miller, Administrative Services Manager
- G. E. Kitchen, Security Supervisor
- C. W. Alday, Operations Manager
- P. Burn, Technical Services Manager
- R. T. Smokowski, Health and Safety Manager
- C. E. Seitter, Quality Assurance Supervisor (Administratively)

The organization reporting to the Operations Manager, C. W. Alday, is as follows:

- A. G. Bockelman, Assistant Operations Manager
- C. F. Ross, Shift Supervisor
- D. J. Ploetz, Shift Supervisor
- D. J. Sawyer, Shift Supervisor
- H. J. Shaffner, Shift Supervisor
- J. W. Meade, Training Coordinator
- R. E. Vandervort, Maintenance Engineer
- L. J. Wiedemann, Maintenance General Foreman
- L. J. Wiedemann, Maintenance Foreman

The organization reporting to the Technical Services Manager, P. Burn, is as follows:

- G. E. Riethmiller, Plant Assistance Supervisor
- (Vacant), Process Control Lab Supervisor
- S. R. Greco, Emission Specialist and Standards Supervisor
- L. W. Wiedemann, Mechanical Engineer

The organization reporting to the Health and Safety Manager, R. T. Smokowski, is as follows:

- G. W. Metzler, Health and Safety Supervisor
- D. P. Wilcox, Health and Safety Specialist-Environment
- D. C. Tharnich, Health and Safety Specialist-Industrial Safety
- T. M. Conlin, Health and Safety Specialist-Radiological

Organizational changes have occurred at the facility because of the resignation of Mr. A. C. Pierce from his position as Operations Manager on November 1, 1980. As shown above, Mr. C. W. Alday took over as Operations Manager on December 1, 1980. Mr. G. E. Riethmiller assumed Mr. Alday's

former position as Plant Assistance Supervisor and the position of Project Manager in the Technical Services Department was eliminated. Mr. J. W. Meade assumed Mr. Riethmiller's former position as Training Coordinator and Mr. C. F. Ross (a former operator) was elevated to the position of Shift Supervisor in place of Mr. Meade. A replacement operator (a former headend operator) has been rehired.

In addition, the position of Mechanical Engineer was shifted from the Operations Department to the Technical Services Department. Mr. R. E. Vandervort was elevated from Maintenance General Foreman to Maintenance Engineer and Mr. L. J. Wiedemann took over as Maintenance General Foreman. Mr. L. Butler resigned from his position as Process Control Laboratory Supervisor effective October 30, 1980 and is currently working on a time plus material contract when needed. The position of Process Control Laboratory Supervisor is vacant. However, the duties of this supervisor have been assigned to the Emission Specialist and Standards Supervisor.

The breakdown in the number of people in the various groups is as follows:

Plant Manager	2
Operations Management	9
Operators	12
Maintenance	5
Technical Services	4
Health and Safety	5
Administrative Services	5
Security	5
Quality Assurance	<u>1</u>
	48

Presently, each of the four shifts have a supervisor and two operators. Each shift has Health and Safety coverage between the hours of 6 a.m. and 6 p.m. each day.

No items of noncompliance were identified.

3. Review of Operations

The inspector examined all areas of the site to observe operators and activities in progress; to inspect the nuclear safety aspects of the facility; and to check the general state of cleanliness, housekeeping and adherence to fire protection rules.

a. Portable Radiation Monitoring Instrumentation

The inspector observed that there appeared to be an insufficient number of portable radiation monitoring instruments strategically placed around the facility. During examination of the Analytical Laboratory areas, the Standards Supervisor entered the Alpha Laboratory (Plutonium Laboratory) at the request of the inspector in order to locate SNM listed on the laboratory inventory sheet. The individual did not take a portable alpha monitor into the laboratory when he entered. While in the laboratory, he opened a laboratory hood in an attempt to locate the material and had no capability to monitor his hands, shoes and clothing prior to exiting the laboratory. A licensee representative obtained the only portable alpha monitor located in the laboratory area from the "Hot" laboratory. However, this instrument had been taken apart to remove the gas chamber (it was a gas proportional instrument). Upon putting the instrument together, it was determined that it was not operating properly. Therefore, a Health and Safety technician was called and requested to provide additional instrumentation. It was noted that if the

Standards Supervisor had conducted this search by himself, there was no way for him to call for help without leaving the laboratory, prior to conducting a survey of his hands, shoes and clothing since there was no telephone in the laboratory for him to call for help. This was discussed at the exit interview. Licensee representatives stated that the remainder of the plant would be examined to see if this type of situation could occur elsewhere and in any event this situation will be corrected by requiring an individual to carry an operable survey instrument into these areas when entering.

No items of noncompliance were identified.

b. Low Level Waste Treatment Facility (LLWTF)

The inspector noted that the facility was not operating at the time of this inspection. The inspector observed that Ion Exchange Bed No. 1 (IX-1) had been cleaned out and the licensee was preparing to replace the resin. This work was being done in accordance with SOP-02-2, Revision 6, dated September, 1980. Through review of licensee records, the inspector determined that IX-2 had been cleaned out and the resin replaced on December 29-30, 1980. IX-1 had not been placed back into service because, during the cleanout, the licensee noted that the tank had developed some minor corrosion on the inside surface. This corrosion was being repaired prior to placing the unit back into operation.

No items of noncompliance were identified.

c. Fuel Receiving and Storage Area (FRS)

The inspector observed that a waste drum mark 100 mR/hr was located at the top of a stack of waste drums awaiting burial. Measurements taken by the licensee for the inspector indicated that the radiation level on the drum was 30 mR/hr at the top and 100 mR/hr at the

bottom on contact. The drum was placed on the stack in such a manner that the maximum radiation level at closest approach to the drum (in the aisle) was 20 mR/hr. The FRS was posted as a radiation area as required.

No items of noncompliance were identified.

d. Log Books

The inspector examined the log books maintained in the waste tank farm shelter (WTF) and the low level waste treatment facility (LLWT). The WTF log book contained entries indicating the time of day, date, shift and individual taking instrument readings. The LLWT log indicated the current status and operating status of the LLWT facility. The most recent shutdown of the LLWTF was on January 6, 1981. Lagoon 3 was about 80% full and lagoon 2 was about 57% full as of the date of this inspection.

No items of noncompliance were identified.

4. Nuclear Criticality Safety

a. Laboratories

The laboratories required to have a log of the special nuclear material present were examined. Each laboratory had the log of material present conspicuously posted. Each log was updated at least once each week as required by procedures. However, it was noted by the inspector that when new log sheets were posted on the hot cells, hot laboratory and the alpha laboratory, all of the prior transfer entries had not been brought forward as a total. Upon

examination of each area, it was determined that in no case was the maximum limit of 350 grams SNM exceeded. The licensee representative in charge of material control in the area immediately corrected each of the log sheets.

No items of noncompliance were identified.

b. Radiation Monitors

Radiation monitors located at selected locations throughout the facility were examined and appeared to be operating properly. The remote readout meters for each monitor are located in the facility control room. All monitors were set to alarm at about 5 mR/hr. All meters located in the control room appeared to be operating properly.

No items of noncompliance were identified.

5. Facility Changes and Modifications

The inspector determined through discussions with licensee representatives and review of licensee records that the following facility changes and/or modifications had taken place since the last inspection.

a. Low Level Waste Burial Ground

The inspector determined that the licensee had installed a fence surrounding the New York state licensed low level waste burial ground thus effectively isolating it from the remainder of the site. A new entrance to the low level waste burial ground was also installed. The new entrance is in the original fence west of Trench 14. The new road providing access from Old Buttermilk Creek Road runs north

along the west side of the railroad tracks and then east to the new entrance. A second entrance will be provided by a gate in the fence placed across the original entrance to the burial grounds from the licensee's site.

No items of noncompliance were identified.

b. Installation of a Tornado Missile Barrier

The inspector verified that a tornado missile barrier, consisting of a high density concrete wall, had been installed outside the north wall of the head end ventilation filter room as described in a letter to NRC-NMSS dated August 18, 1980. Installation of the barrier was completed on December 29, 1980.

No items of noncompliance were identified.

6. Safety Committee

The inspector determined that the current membership of the Plant Safety Committee was as required by Technical Specification 7.1.1.6. The inspector examined the minutes of 8 Safety Committee meetings held from September 10, 1980 through December 9, 1980. The committee met at least at the required frequency and the quorum requirements of three of the four voting members or their alternates to be present were met in each case. According to the minutes, the topics discussed at these meetings included: review and approval of standard operating procedures, corrective actions to be taken because of a spill onto the surface of low level waste burial trench 13 (see paragraph 8.a for additional detail) and review of special procedures associated with the pump out of the low level waste burial trenches.

No items of noncompliance were identified.

7. Internal Review and Audit

The licensee conducts internal audits under its quality assurance program. The inspector examined records of the audits conducted from January 1, 1980 through December 31, 1980. These audits cover technical specifications, 10 CFR 19, 10 CFR 20, 10 CFR 71, SNM-984, Security and Special Nuclear Material Control requirements. The records showed that the following number of audits were conducted during the time period reviewed.

Number of Audits Conducted

<u>Frequency</u>	<u>Audits Performed</u>	<u>Annual Requirement</u>
Monthly	492	492
Quarterly	240	240
Semi-Annual	2	2
Annual	<u>43</u>	<u>43</u>
Total	777	777

Review of licensee records indicated that all of the audits required to date had been performed. No problem areas were identified during the conduct of any of these audits performed by the Quality Assurance Supervisor.

No items of noncompliance were identified.

8. Nonroutine Eventsa. Spill of Low Level Waste Burial Trench Solution

At approximately 4:15 p.m. on November 5, 1980 about 1000 gallons of water, being pumped from the State Licensed Low Level Waste Burial trench 13 to the Waste Burial Lagoon for transfer to Lagoon Number 1 and treatment in the Low Level Waste Treatment Facility under License No. CSF-1, was spilled onto the surface of the trench when a pipe connection at the pump discharge failed. Licensee data indicate

radioactive concentration of the water being pumped was 2×10^{-4} microcuries per milliliter gross beta. The trench water flowed down the trench surface into the ditch between trenches 12 and 13 and to the culvert under the fence at the south end of the burial area. The affected area included about 30 square feet of the surface of trench 13 and a drainage channel from 0.5 to 2 feet wide and about 125 feet long.

On November 6, 1980, the affected area was cleaned up by removal of about a one inch layer of contaminated dirt. Six 55 gallon drums of contaminated dirt were removed. No plant personnel were contaminated and no damage occurred to the facility. Within four hours after the spill, the gross beta activity in Franks Creek south of the trench, within the licensee controlled area, was 4.0×10^{-5} uCi/ml and the activity in Erdman Brook at the NFS fenceline, within the licensee controlled area, was less than 4.3×10^{-7} uCi/ml gross beta. On the next day, samples indicated 6.5×10^{-7} uCi/ml gross beta in Franks Creek and less than 6.8×10^{-7} uCi/ml gross beta in Erdman Brook. Previously measured values for gross beta activity in Erdman Brook ranged between 6.1×10^{-8} and 9.7×10^{-7} uCi/ml. The gross beta activity in Cattarungas Creek at the border of the licensee controlled area was at background levels of about 2.3×10^{-8} uCi/ml.

Region I was notified of this incident for information only on November 5, 1980.

No items of noncompliance were identified.

b. Onsite Meteorological Tower Struck by Lightning

At about 4:30 p.m. on October 3, 1980, the onsite meteorological tower was hit by lightning during an electrical storm. All of the data measuring and recording equipment was damaged beyond repair.

The lightning also disrupted the electronic equipment associated with the plant security, P/A, and telephone systems. All plant systems with the exception of the meteorological equipment were back in operation by noon on October 5, 1980. Portable systems were used by the licensee in the interim. Adequate compensatory measures were taken with respect to plant security. Ongoing meteorological data is currently being obtained as needed from equipment installed on the plant stack. There were no injuries to personnel at the plant. The licensee is not currently planning to replace the damaged measuring and recording meteorological equipment unless operation of the plant is resumed.

Region I was notified of this incident for information only on October 6, 1980.

No items of noncompliance were identified.

9. Licensee Action on IE Circulars

The inspector determined that the licensee representatives were not aware of the existence of IE Circular 80-20 dated August 21, 1980 "Changes in Safe-Slab Tank Dimensions." The inspector gave the licensee representative a copy of this circular. Through discussions with licensee representatives and review of records and drawings, the inspector determined that the facility has 4 slab type tanks installed (5D-1, 5D-4, 5D-5A and 5D-5B). However, none of these tanks have been in use since operation of the facility ceased in 1972. At the request of the inspector, the licensee will review the facility for applicability of this circular and document the results of this review.

No items of noncompliance were identified.

10. Quality Assurance Program

The quality assurance program being implemented by the licensee is described in detail in the "Operations Manual for Quality Assurance", Revision 2, dated June, 1980.

The inspector examined the September 1976 revision of the manual and determined that this manual incorporates all of the required aspects of the 18 criteria for quality assurance programs as described in 10 CFR 50, Appendix B, "Quality Assurance Criteria for Nuclear Power Plants and Fuel Reprocessing Plants." However, the quality assurance manual does not identify any specific plant systems or units as being safety related, i.e., ventilation systems, security fences, effluent treatment facilities. This was discussed at the exit interview and the licensee indicated that the term "safety-related" would be defined and then plant systems would be re-examined on the basis of this definition. (81-01-01)

11. Procurement of Material

The licensee has established procedures for the proper approval and inspection of safety related items and for storage of records related to the procurement of safety related equipment. These procedures are described in Section 4 "Procurement Document Control" of the facility "Operations Manual for Quality Assurance," Revision 2, dated June, 1980.

Procurement documents include requisitions, inventory reorder cards and purchase orders, and are numbered for control purposes. The numbered requisition forms are distributed to areas of the plant where the procurement of material is initiated. The requisition number is used for reference to provide traceability of initiating procurement information. Approval of requisition forms is provided by management of the initiating department.

Numbered purchase orders are used sequentially, approved, and issued by authorized purchasing representatives under controlled conditions. Inventory reorder cards are originated by the Finance Department, reviewed by purchasing or the operating groups, and approved by the Plant Manager. These cards are used during the period of continued repurchase and the purchase order numbers used for reorders are entered on the inventory reorder card to provide a running dynamic reference control of reordered items.

Approved requisitions, inventory reorder cards, or approved contractual agreements, including design documents, if applicable, are documents required to be available prior to the issuance of a purchase order.

The inspector questioned licensee representatives and reviewed records concerning the procurement of safety related items. It was determined that only one purchase order for safety related items has been issued since this aspect of the facility operations was last examined during inspection 50-201/80-01. The inspector examined the purchase orders, specifications and test results for the components used to fabricate the "Tornado Missile Barrier" discussed in Paragraph 5.b.

No items of noncompliance were identified.

12. Records Control and Storage

Records control is discussed in detail in Section 6 "Document Control", of the "Operations Manual for Quality Assurance". Control is provided for written procedures, instructions, specifications, drawings, their issuance, distribution, retention, and changes when they affect safety related operations of the plant.

Distribution of the above documents is accomplished by letters of transmittal which identify the document and the date of the latest revision.

Changes to these documents must be made in accordance with practices which require that a change undergo the same degree of review, checking, and approval given to the original document. Document control is assured through periodic review by quality assurance personnel of the working files, logs, and the documents to assure that only currently approved versions are available and in use.

Operating guidance documents, including the Quality Assurance Manual, the Health and Safety Manual, the Safeguards Manual, and the Security Plan, are controlled by each individual issuing department. It is the originator's responsibility to maintain the master copy and control the distribution of the documents and any revisions made. With the exception of the Health and Safety Manual, these documents are maintained on a controlled distribution. As of September 1977, the Health and Safety Manual was issued to all members of the operating departments.

The licensee is currently upgrading the records of retention system in that all retained records are being microfilmed. Microfilming of prior plant records has been completed. The licensee is currently microfilming prior financial records and Health and Safety General Correspondence. In the near future, the licensee expects to start microfilming low level waste burial and high level waste records.

The inspector questioned licensee representatives about the microfilming operation. It was determined that each original document is stamped, indexed, and cataloged. Each microfilm cartridge is indexed to show originating department and cartridge number within the department. A microfilm log is maintained to show a classification of the information. The classification is made up of 25 fields which are spread over the various departments maintained at the facility. A microfilm index is also maintained to show the cartridge number, date, record identification, and index number of the document within the cartridge.

Each microfilm cartridge contains a roll number page, a title page, the type of records contained, a records certification page, and an authenticity certificate in addition to the records. When a record has been microfilmed two copies are made, one copy is retained by the Quality Assurance Department and the other copy is used as a working document by the applicable operating department.

The inspector noted that records retention time periods are defined in Table 17-1, "Reprocessing Plant Records," of the Quality Assurance Manual for Operations." These time periods vary from 2 years to permanent depending on the type of records involved. However, as stated previously, the licensee has decided to retain all generated records for an indefinite time period.

No items of noncompliance were identified.

13. Procedure Control

The description of the licensee's established and implemented system for control of procedures is given in the "Operations Manual for Quality Assurance."

Section 5 of this manual, "Instructions, Procedures and Drawings," describes the different types of procedures and instructions used. These include: Standard Operating Procedures (SOPs); Special Instruction Procedures (SIPs); Temporary Operating Procedures (TOPs); Letters of Authorization (LOAs); Run Plans; and Radiological Protection Procedures. The Radiological Protection Procedures include the Health and Safety Manual, Health and Safety Procedures Manual, Emergency Procedures Manual, Safety Work Permits (SWPs), and Extended Radiation Work Permits (ERWPs).

Section 6 of the Quality Assurance Manual, "Document Control," provides the control requirements for written procedures and instructions to define their issuance, distribution, retention, approval and changes made.

The Plant Safety Committee reviews and approves the following documents including: SIPs; SOPs; TOPs; LOAs; Emergency Procedures; Run Plans; and, changes in process equipment design other than those permitted by previously approved procedures.

Control of these procedures is provided from the time of submittal to the safety committee for review. Copies of procedures for review by the safety committee are submitted to the Operations Manager's secretary who assigns a number (SOP, TOP or LOA) and a revision number, if necessary. The secretary then indicates the type of revision or review to be conducted, records the identification number and the date received in the Safety Committee Pending Log, and distributes a copy to each member of the committee. The safety committee reviews, modifies, and approves the submittal. Approved procedures are returned to the Operations manager's secretary who circulates the document for sign-off, notes the committee approval in the Pending Log, and distributes approved copies.

A master list of approved procedures is maintained in the Operations Manager's Office. A complete and current set of operational procedures is provided in the control room and in the Shift Supervisor's office. Appropriate copies of procedures are also provided in the areas where the specific operations are performed. The Operations Manager holds assigned supervisors responsible for assuring that these areas are provided with the current applicable procedures.

During this inspection, the inspector selected 5 SOPs from one operating area and compared these SOPs with the master files maintained in the Operations Manager's office and in the control room. It was determined that the procedures in each file were of the same revision as those in

the operating area. Both master file sets of procedures were examined, were found to be up-to-date and appeared to be well organized. The procedure control system for operating procedures appeared to be effective.

No items of noncompliance were identified.

14. Transportation Program

a. Quality Assurance Program

On October 8, 1978, the licensee submitted a quality assurance program for radioactive material transport activities at the facility. The document titled "Quality Assurance Program for Certificate of Compliance Number 6698" only included information relative to the NFS-4 Spent Fuel Shipping Cask. On April 6, 1979, the NRC ordered the NFS-4 casks withdrawn from use and on June 5, 1979, NRC requested additional information relative to the October 8, 1978 QA program submittal. Subsequently, the licensee decided to modify the facility QA program for operations to include the packaging of radioactive materials. The modified QA program for transportation was submitted to NRC-NMSS by letter dated September 4, 1979. In a letter dated September 11, 1980 NRC-NMSS informed the licensee that the facility QA program for operations as modified for transportation does not meet the requirements of 10 CFR 71.51(d). As a result, since the licensee does not intend to use the Model NFS 4 casks, a modified QA program for transportation was submitted to NRC-NMSS to meet the requirements of 10 CFR 71.51(a) by letter dated October 27, 1980. This request is currently under review by NRC-NMSS.

No items of noncompliance were identified.

b. Status of NFS-4 Casks A and B

The inspector determined through discussions with licensee representatives that the two Model NFS-4 casks owned by the licensee have been out of service and have not been licensed for use since April 6, 1979. The two casks were shipped out to Nuclear Assurance Corporation (NAC) as empty type A shipping containers on December 29 and 30, 1980, respectively. Authorization to ship the NFS-4 casks as type A packages was received from NRC-NMSS on December 22, 1980.

During a telephone discussion with the licensee's Manager, Health and Safety on February 19, 1981, the inspector determined that the total activity transferred in the two NFS-4 casks on December 29 and 30, 1980 was 9.0 millicuries which was found to be within the 750 millicuries authorized in the consignee's license. The licensee was also found to have a copy of the consignee's license on-hand prior to the shipment.

No items of noncompliance were identified.

c. Examination of Shipping Documents

Through examination of the bill of lading, the inspector determined that the two casks were shipped as Radioactive Material n.o.s. empty casks shipped as type A packages containing less than 3 curies Mixed Fission Products (Cs-137 and Co-60). Radioactive Yellow II labels were applied. Each shipment was identified as an exclusive use trailer and instructions to the driver for exclusive use of a transport vehicle was included.

Radiation survey and contamination survey results for cask NFS-4B were documented on a survey log form on contact with the cask. However, there was no indication as to the radiation level at 3 feet

from the surface of the cask. This information was required to indicate the transport index specified on the Yellow II labels. According to licensee representatives, the radiation level was determined at 3 feet from the surface of the cask and recorded on the Yellow II labels. However, the radiation level value determined was not recorded on the radiation survey results form. The survey log form indicated that the cask had a "Conditional Release." The Conditional Release form, a copy of which was given to the truck driver, was examined by the inspector. The inspector determined that this form was not completed as required by Section B of the facility Health and Safety Procedures Manual which stated in Paragraph 5.2.a "Obtain the required information to fill out the Conditional Release Form, the information required is discussed below..." The information required and not completed on the form included: principal isotope; activity; transport group; and material form. The Conditional Release Form for the NFS-4A cask also did not identify the type of label placed on the cask. Failure to complete the Conditional Release Form as required was identified as an item of noncompliance. (81-01-02)

d. Transportation Procedures

The inspector examined the transportation procedures incorporated into the Health and Safety Procedures Manual and determined that these procedures had not been reviewed for several years. As a result, much of the information contained in the procedures was out-of-date and did not reflect the current 49 CFR DOT requirements (i.e., identification of types of labels to be used was not current). This was discussed at the exit interview. Licensee representatives stated that these procedures would be reviewed and updated as necessary. (81-01-03)

No items of noncompliance were identified.

15. Exit Interview

The inspector met with the licensee representatives (denoted in paragraph 1) at the conclusion of the inspection at about 1:30 p.m. on January 15, 1981. The inspector presented the scope and findings of the inspection. Remarks made by licensee representatives during the exit interview have been incorporated into the applicable paragraphs of the inspection report details.