

RESEARCH AND SPONSORED PROGRAMS (216)672-2070

December 7, 1982

U.S. Nuclear Regulatory Commission Region III Attn: J. R. Miller, Chief Technical Programs Branch 799 Roosevelt Road Glen Ellyn, Illinois 60137

License No. 34-00124-05

Dear Mr. Miller:

This is in repsonse to your letter of November 10, 1982. We have taken the following steps to correct the violations noted.

1. Excess guantities of I-125

We have filed an amendment request with NRC to increase our possession limits to 50 mCi of I-125 per the rationale stated in the attached copy. At the same time we are requesting an increased possession limit for P-32 to prevent other inadvertant violations.

2. Lack of control over orders for radioactive materials.

Our RSO, Dr. Heath, has met with our Purchasing Department and with departmental personnel. He has obtained their cooperation in routing all orders through him. A memo has been sent to all licensees, to appropriate department chairpersons, and to selected purchasing personnel stating the proper procedure (copy attached). The Radiation Safety Committee has reviewed the revised procedure and the level of control and finds it satisfactory. I will provide administrative enforcement. This is now in place.

 Lack of survey of packages upon receipt of orders, and completion of "Radioactive Shipment Receipt Report."

At the same time the Radiation Safety Officer revised the procedures for ordering material he revised the receipt process so that all shipments go directly to him (or his backup in his absence), are surveyed, and the receipt report completed. All parties have been informed (see attached copy of memo), the Radiation Safety Committee has reviewed and endorsed, and I will enforce. This is now in place.

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4. Unavailability of detection instruments listed in license.

The Eberline and one Nuclear Chicago Model are available in the Physics Department. Their location was unknown to Dr. Heath at the time of Mr. Slawinski's inspection. We have ordered a portable universal monitor with an alpha-beta-gamma end window geiger probe to upgrade our detection instrumentation. We expect to have the item within several weeks.

5. Failure to inform of change in Radiation Safety Officers.

A letter dated November 23, 1982 has been sent to NRC requesting that Dr. Robert Heath be listed as our Radiation Safety Officer replacing Mr. Dunlap (copy attached).

 Lack of annual briefings of custodial and security personnel, and of authorized users.

A memo has been sent by RSO Heath to our custodial and security personnel/officers reminding them of restricted areas and the rules governing access to and work in those areas (copy attached).

Two briefings for authorized users are scheduled and will be conducted on December 8addn December 10 by Dr. Heath and myself. At these meetings we will stress the necessity to follow all procedures, reinforce Dr. Heath's authority as Radiation Safety Officer, and announce an internal audit of practices by the Radiation Safety Committee. Violators will be denied use of radioactive materials until corrective action is completed.

 Failure to maintain complete and cumulative radiation exposure records.

We have instructed user departments to review their records and procedures for handling and filing. Our Physics Department had the "missing" records for 1980 and 1982 all along, they simply had not sent copies to the RSO. Copies of missing records for personnel in the Chemistry Department are being requested from ICN, the company that performed the surveys. The Radiation Safety Committee will audit records semi-annually to check adequacy of procedures.

We are changing receipt of film badge records from the present pattern of the departments receiving first to the Radiation Safety Officer receiving first. This will centralize film badge records.

Management control of radiation safety procedures will be tightened up by centralizing all procedures and recordkeeping in the Radiation Safety Office. The operations of this office will be audited on a regular basis by the Radiation Safety Committee and myself. In the past we have relied too heavily on record-keeping by individual licensees without heavy handed administrative support. To correct this we have instituted the procedures described in items 2, 3, and 7 and by instituting audits by the Radiation Safety Committee twice each year, once in the fall semester and once in the spring semester. Problems or deficiencies will be reported to our central administration and corrective actions taken. An annual review of the performance of the RSO will also be done by the committee.

We believe these actions will restore our radiation safety program to full compliance.

Yours,

3 Non Eugene P. Wenninger

Dean, Research & Sponsored Programs Chair, Radiation Safety Committee

cc: Dr. Heath, RSO Dr. Keller, Vice President Academic Affairs.

Enclosures