

# STANDARD TESTING AND ENGINEERING COMPANY

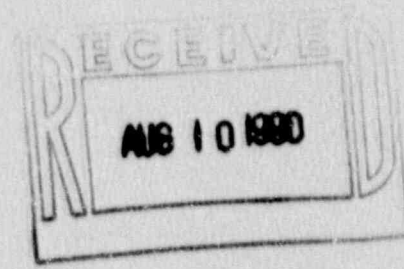
CORPORATE OFFICE and CENTRAL LABORATORY  
3400 N. LINCOLN, OKLAHOMA CITY, OK 73105 (405) 528-0541

Area Offices

9200 KING ARTHUR DRIVE	DALLAS, TX 75356	(214) 631-4372
902 TRAILS WEST LOOP	ENID, OK 73703	(405) 237-3130
660 DISTRIBUTORS ROW, SUITE C	HARSHAN, LA 70123	(504) 734-8378
900 S.E. SECOND	LAWTON, OK 73501	(405) 353-0872
4040 E. McDOWELL, SUITE 106	PHOENIX, AZ 85008	(602) 273-6934

August 7, 1990

United States Nuclear Regulatory Commission  
Region IV  
611 Ryan Plaza Drive, Suite 100  
Arlington, TX 76011  
Attn: Mr. A. Bill Beach, Director  
Division of Radiation Safety and Safety-guards



RE: License: 35-17054-02  
Docket: 30-29245/90-01

Dear Sir:

This letter is in response to your request for further information dated July 26, 1990.

Reference Violation Number 1: The RSO investigated the exposure history of the new employees and found that none had worked as a radiographer within the previous quarter. The incorrect assumption was made that no formal documentation was required in such cases.

Reference Violation Number 2: The violation occurred due to the lack of an effective procedure to assure that the radiation exposure history is furnished to the NRC. The Company's "Exit Interview" form (see attached) has been modified to include this requirement as part of the termination procedure check list.

Sincerely,

A handwritten signature in cursive script that reads "John Marx".

John Marx  
Radiation Safety Officer

JM/cc

IC-90-244

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35-17054-02 PDC

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STANDARD TESTING AND ENGINEERING COMPANY  
-Exit Interview and Checksheet-

Employee Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Position: \_\_\_\_\_ Interviewed by: \_\_\_\_\_

Last Day of Work: \_\_\_\_\_ Date of Interview: \_\_\_\_\_

Reason for Termination: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(Attach copy of resignation to this form, if available)

Do you wish to continue coverage under  
the Group Health Insurance Plan? Yes \_\_\_ No \_\_\_  
(COBRA Information form is attached)

Have you been injured in any work related accident  
that has not been reported? Yes \_\_\_ No \_\_\_  
(If Yes, Attach Workers Compensation Report Form-2)

Radiation Exposure Record: Applicable \_\_\_\_\_ Not Applicable \_\_\_\_\_

Date Provided to Employee \_\_\_\_\_ Date Provided to NRC \_\_\_\_\_

Are you currently in possession of :

Company Credit Cards? Yes \_\_\_ No \_\_\_

Keys to buildings, alarms, vehicles or  
any other company property? Yes \_\_\_ No \_\_\_

Petty Cash or Advanced Funds? Yes \_\_\_ No \_\_\_

Tools, supplies, equipment or any property  
belonging to either the Company or its clients,  
including file and/or project folders? Yes \_\_\_ No \_\_\_

(If any of the above questions are answered "Yes", the interviewer should provide  
the necessary forms for completion and/or take responsibility for collection of  
items still in possession of the employee.)

I have completed the above interview to thoroughly document my termination of  
employment with Standard Testing and Engineering Company. All required forms  
have been provided to me and I have transferred to the interviewer the completed  
forms as well as all items of company property in my possession.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_ by:

\_\_\_\_\_  
Employee \_\_\_\_\_ Interviewer

(Interviewer complete reverse of this form)

- INTERVIEWER COMMENTS AND MEMORANDUM -

Comments of the Terminated Employee (Positive or Negative): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was this a voluntary termination? Yes \_\_\_ No \_\_\_  
Was 2 weeks notice given of this termination? Yes \_\_\_ No \_\_\_  
Is the Employee terminating in good standing? Yes \_\_\_ No \_\_\_  
Do you expect any specific problems that might arise out of this termination? Yes \_\_\_ No \_\_\_

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Memorandum to Accounting Department:

All items specified on the reverse have been collected and are now in my possession. Please prepare an accounting of additional funds either payable to (+) or receivable from (-) the employee at the termination date.

Annual Leave (        hours @ \$ .    ) \_\_\_\_\_  
401(k) Pension Plan Disbursement \_\_\_\_\_  
Expenses reported to-date \_\_\_\_\_  
Employee Development Agreement \_\_\_\_\_  
Petty Cash \_\_\_\_\_  
Advances \_\_\_\_\_  
Insurance Premiums In Advance \_\_\_\_\_  
Other Amounts (Specify) \_\_\_\_\_  
TOTAL: \_\_\_\_\_

Interviewer: \_\_\_\_\_ Date: \_\_\_\_\_