

DCB/DCB

HERRON TESTING LABORATORIES, INC.

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CHARLOTTE BRANCH

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July 30, 1990

Dr. Bruce S. Mallett, Ph.D., Chief
Nuclear Materials Safety Branch
United States Nuclear Regulatory Commission
Region III
799 Roosevelt Road
Glen Ellyn, IL 60137

Subject: License No. 34-00681-03
Docket No. 030-05636

Dear Dr. Mallett:

This letter is our formal response to your letter dated July 2, 1990 requesting further information related to the special safety inspection conducted at our facility on January 9-10 and April 12, 1990.

We offer the following additional information per your request.

First, concerning the failure to notify your office of changes in personnel: (Response Item 2) I believe the original infraction occurred because of a misunderstanding on our part as to how we were to report changes affected by condition 19 of our current license. The management meeting held in Chicago on May 31, 1990 with both John Herron and myself attending was most informative as to how this situation should be handled in the future. I believe the clarification on this matter received at our meeting will allow us to prevent a reoccurrence of this nature again.

Secondly, regarding the improper labeling of a packaging device: (Response Item 6) The original violation occurred due to a purchase of new equipment, with the original shipping box improperly labeled. As reported in our response, we have since corrected this labeling problem.

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To further prevent a reoccurrence of this situation, we have added to our Record of Survey, Field Operations Sheet, a checklist requirement to verify this labeling. A copy of this document is enclosed for your inspection.

Should any further questions arise concerning our response, please feel free to contact me at your convenience.

Sincerely,
HERRON TESTING LABORATORIES, INC.


Mark Demchak
Radiation Safety Officer


John Herron
President

MD/JH:jm

Enclosure

Copy to: Edward M. Kudlaty
Michael R. Gaydos

HERRON TESTING LABORATORIES
RECORD OF SURVEY
Field Operations

Customer: _____ Date _____

Site: _____

Radiographer _____ Dosimeter No. _____

Reading Start _____ Reading Finish _____ Cal. Due Date _____

Assistant _____ Dosimeter No. _____

Reading Start _____ Reading Finish _____ Cal. Due Date _____

Material Handler _____ Dosimeter No. _____

Reading Start _____ Reading Finish _____ Cal. Due Date _____

Meter No. _____ Cal. Due Date _____ Meter No. _____ Cal. Due Date _____

Camera Serial No. _____ Isotope _____ Serial No. _____ Curies _____

Camera Serial No. _____ Isotope _____ Serial No. _____ Curies _____

Truck surveyed before leaving lab _____ (See Note) Beginning Camera MRH _____

Equipment check per "Daily Check List" _____

Security Equipment Used: Signs _____ Gammalarm _____ Ropes _____ Barricades _____

Survey of area made _____ Record by making detailed Sketch of Each Area **

Truck surveyed before leaving jobsite _____ (See Note) Finish Camera MRH _____

NOTE: Survey includes verification of the following:

Source in Camera - verified by Survey Meter; Camera locked, Source secured in truck; Truck locked; Truck surveyed.

Number of Exposures _____ Duration _____ min _____ Sec.# per hour _____ *

Number of Exposures _____ Duration _____ min _____ Sec.# per hour _____ *

Number of Exposures _____ Duration _____ min _____ Sec.# per hour _____ *

Number of Exposures _____ Duration _____ min _____ Sec.# per hour _____ *

Verify proper labeling on shipping container _____

* Number Of Exposures Per Hour

** Include sketch on reverse side