

SAFETY INSPECTION

1. LICENSEE Intermountain Testing Company 2905 S. Shoshone Englewood, Colorado 80110		2. REGIONAL OFFICE	
3. DOCKET NUMBER(S) 030-03728	4. LICENSE NUMBER(S) 05-07872-01	5. DATE OF INSPECTION 23 September 1982	

Licensee:

The inspection was an examination of the activities conducted under your license as they relate to radiation safety and to compliance with the Nuclear Regulatory Commission's (NRC) rules and regulations and the conditions of your license. The inspection consisted of selective examinations of procedures and representative records, interviews, with personnel, and observations by the inspector. The findings as a result of this inspection are as follows:

1. Within the scope of this inspection, no violations were observed.

2. The inspector also verified the steps you have taken to correct the violations identified during the last inspection. We have no further questions on those actions at this time.

3. During this inspection certain of your activities, as checked below, were in violation of NRC requirements.
THIS IS A NOTICE OF VIOLATION which is required to be posted in accordance with 10 CFR 19.11.

A. _____ was not properly posted to indicate the presence of a _____ 10 CFR 20.203(b), (c), (d), (e) or 34.42.

B. Containers located in _____ were not properly labeled to indicate the presence of radioactive material. 10 CFR 20.203(f)(1), or (f)(2).

C. _____ of sealed sources were not performed at the proper frequencies. 10 CFR _____ License Condition Number _____.

D. Records of surveys of incoming packages > Type A quantities were not properly maintained. 10 CFR 20.401(a) or License Condition Number _____.

E. Documents were not properly posted or otherwise made available. 10 CFR 19.11.

F. Reports or notifications of _____ were not made in accordance with 10 CFR _____ or License Condition Number _____.

H. Contrary to 10 CFR 20.205(d), procedures were not established for safely opening packages in which licensed material is received.

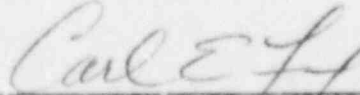
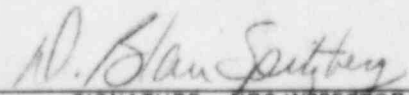
I. _____

J. _____

K. _____

3210220197 820923
NMS LIC30
05-07872-01 PDR

I hereby state that within 30 days the actions described by me to the inspector will be taken to correct the violations identified in the items checked above. This statement of corrective actions is made in accordance with the requirements of 10 CFR 2.201. No further response will be submitted unless required by the NRC.

	<u>9/23/82</u>		<u>9/23/82</u>
SIGNATURE - LICENSEE	DATE	SIGNATURE - NRC INSPECTOR	DATE

INSPECTOR'S REPORT
Office of Inspection and Enforcement

SPITZBERG D. BLAIR
REVIEWER

INSPECTORS SPITZBERG

LICENSEE/VENDOR	TRANSACTION TYPE	DOCKET NO. (8 digit) OR LICENSE NO. (BY PRODUCT) (13 digit)	REPORT		NEXT INSP. DATE	
			NO.	SEQ.	MO.	YR.
<u>Intermountain Testing</u>	<input checked="" type="checkbox"/> I - INSERT <input type="checkbox"/> M - MODIFY <input type="checkbox"/> D - DELETE <input type="checkbox"/> R - REPLACE	<u>03003728</u>	<u>8201</u>	<u>A</u>		
				<u>B</u>		
				<u>C</u>		
				<u>D</u>		

PERIOD OF INVESTIGATION/INSPECTION						INSPECTION PERFORMED BY		ORGANIZATION CODE OF REGION/HQ CONDUCTING ACTIVITY (See IEMC 0530 "Manpower Reporting—Weekly Manpower Reporting" for code)				
FROM			TO					OTHER		REGION	DIVISION	BRANCH
MO.	DAY	YR.	MO.	DAY	YR.	<input checked="" type="checkbox"/> 1 - REGIONAL OFFICE STAFF				<u>4</u>	<u>B</u>	<u>A</u>
<u>09</u>	<u>23</u>	<u>82</u>	<u>09</u>	<u>23</u>	<u>82</u>	<input type="checkbox"/> 2 - RESIDENT INSPECTOR						
						<input type="checkbox"/> 3 - PERFORMANCE APPRAISAL TEAM						

REGIONAL ACTION (Check one box only)	TYPE OF ACTIVITY CONDUCTED (Check one box only)			
<input checked="" type="checkbox"/> 1 - NRC FORM 591	<input checked="" type="checkbox"/> 02 - SAFETY	<input type="checkbox"/> 06 - MGMT. VISIT	<input type="checkbox"/> 10 - PLANT SEC.	<input type="checkbox"/> 14 - INQUIRY
<input type="checkbox"/> 2 - REGIONAL OFFICE LETTER	<input type="checkbox"/> 03 - INCIDENT	<input type="checkbox"/> 07 - SPECIAL	<input type="checkbox"/> 11 - INVENT. VER.	<input type="checkbox"/> 15 - INVESTIGATION
	<input type="checkbox"/> 04 - ENFORCEMENT	<input type="checkbox"/> 08 - VENDOR	<input type="checkbox"/> 12 - SHIPMENT/EXPORT	
	<input type="checkbox"/> 05 - MGMT. AUDIT	<input type="checkbox"/> 09 - MAT. ACCT.	<input type="checkbox"/> 13 - IMPORT	

INSPECTION/INVESTIGATION FINDINGS (Check one box only)				TOTAL NUMBER OF VIOLATIONS AND DEVIATIONS	ENFORCEMENT CONFERENCE HELD	REPORT CONTAIN 2.75J INFORMATION	LETTER OR REPORT TRANSMITTAL DATE					
A	B	C	D					NRC FORM 591 OR REG. LETTER ISSUED		REPORT SENT TO HQ FOR ACTION		
<input checked="" type="checkbox"/>				<u>0.2</u>						<u>09</u>	<u>23</u>	<u>82</u>

MODULE INFORMATION													MODULE INFORMATION																	
REC. ORD.	MODULE NUMBER INSP.						PRIORITY	DIRECT INSPEC. TIME EFFORT IN STAFF HOURS EXPENDED THIS INSPECTION	PERCENTAGE COMPLETED TO DATE	STATUS	MODULE REQ. FOLLOWUP				REC. ORD.	MODULE NUMBER INSP.						PRIORITY	DIRECT INSPEC. TIME EFFORT IN STAFF HOURS EXPENDED THIS INSPECTION	PERCENTAGE COMPLETED TO DATE	STATUS	MODULE REQ. FOLLOWUP				
TYPE	NUMBER	PHASE	MANUAL CHAPTER	PROCEDURE NUMBER	LEVEL	SEQ.				PHASE	MANUAL CHAPTER	PROCEDURE NUMBER	LEVEL	TYPE	NUMBER	PHASE	MANUAL CHAPTER	PROCEDURE NUMBER	LEVEL	SEQ.					PHASE	MANUAL CHAPTER	PROCEDURE NUMBER	LEVEL		
B	5307	P	3	B	A		00.0							B	5927	0	4	B	A											
B	5710	A			A		00.5	10.0	C																					
B	5867	4	0	B	A		00.1	10.0	C																					
B	5927	0	2	B	A		00.0																							

* CIRCLE SEQUENCE IF VIOLATION OR DEVIATION

INSPECTOR'S REPORT
(Continuation)
Office of Inspection and Enforcement

DOCKET NO. (8 digits) OR LICENSE
NO. (BY PRODUCT) (13 digits)

03603728

REPORT

NO.

SEQ.

MODULE NUMBER

575710B

VI

VIOLATION SEVERITY OR DEVIATION

1 2 3 4 5 6

7 8

SITE RELATED

A C

B D

VIOLATION OR DEVIATION (Enter up to 2400 characters for each item. If the text exceeds this number, it will be necessary to paraphrase. Limit lines to 50 characters each.)

- 1.
- 2. *Contrary to 10 CFR 20.205 (d), procedures were not established for safely opening packages in which licensed material is received.*
- 3.
- 4.
- 5.
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- 48.

5757108

NRC FORM 799 A
(11-81)
E MC 0535

DOCKET NO. (8 digits) OR LICENSE
NO. (BY PRODUCT) (13 digits)

REPORT

MODULE NUMBER

VI

INSPECTOR'S REPORT
(Continuation)
Office of Inspection and Enforcement

03003728

8201

NO. SEQ.
A
B
C
D

~~757~~

VIOLATION SEVERITY OR DEVIATION

1 2 3 4 5 6

SITE
RELATED

A C
B D

VIOLATION OR DEVIATION (Enter up to 2400 characters for each item. If the text exceeds this number, it will be necessary to paraphrase. Limit lines to 50 characters each.)

- 1.
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Contrary to 10CFR 20.40(a) records of surveys of incoming packages were not maintained.

REGION IV

TECHNICAL PROGRAMS BRANCH
DRAFT INSPECTION REPORT

LICENSE: Intermountain Testing
2910 South Teton St.
Englewood Co 80110

REPORT: 82-01

LICENSE: 050-07872-01 030-03728

CAT/PRI: C(1) II

LICENSEE CONTACT: Carl E. Fox, President

TELEPHONE NO: (303) 761-0650

INSPECTION AT: above address

PREVIOUS INSPECTION DATES: May 7, 1981

FINDINGS: Noncompliance - Appendix A

CURRENT INSPECTION DATES: September 23, 1982

TYPE INSPECTION: Routine - Unusual

INSPECTION FINDINGS

- No violations, clear 591 issued
- Violations, Appendix A or equivalent attached
- Violations, 591 issued
- Regional Office Letter
- Action on Previous inspection findings, Appendix B attached

RECOMMENDATIONS

- Change category to: _____
- Change priority to: _____
- Change next inspection date to: _____
- Inspectors comments/supplemental information, Appendix C

PERSONS CONTACTED

Carl E. Fox, President P.50 _____

INSPECTOR: D. Blair Spitzberg
APPROVED: _____

DATE: 9/30/82
DATE: _____

RADIOGRAPHY

() 75710B-Fixed Fac.
() 75720B-Field Use

AREAS INSPECTED AND FINDINGS

Licensee: _____ License: _____

Amendment No.: _____

CRITERIA	INSPECTION ITEMS	Yes	No	N/A	Vio.
10 CFR 19.11(c)	l. Form NRC-3 posted	()	()	()	()
10 CFR 34(b)(c)	m. Surveys of device conducted as required	()	()	()	()
10 CFR 20.105(1)	n. Surveys conducted to determine unrestricted area boundaries	()	()	()	()
10 CFR 34.22(a)	o. Source secured after each use	()	()	()	()
10 CFR 34.41	p. Security of area maintained as required	()	()	()	()
10 CFR 34.23	q. Exposure device secured when not in use	()	()	()	()
	r. Radiography personnel				
	<u>individual</u>				<u>dosimeter reading & S/N</u>
	<u>radiographer</u>				
		()	()		
	<u>assistant</u>				
		()	()		
		()	()		
10 CFR 34.32	s. Personnel interviewed understand operating and emergency procedures	()	()	()	()
	t. Confirmatory and/or independent survey's				

RADIOGRAPHY() 75710B-Fixed Fac.
() 75720B-Field Use

AREAS INSPECTED AND FINDINGS

Licensee: _____ License: _____

Amendment No.: _____

CRITERIA	INSPECTION ITEMS	Yes	No	N/A	Vio.
NRC Instrument -	Mfg. _____, Mod. _____, S/N _____				
NRC Instrument -	Mfg. _____, Mod. _____, S/N _____				
(1) Radiographic Device	Mfg. _____, Mod. _____, S/N _____ material _____, curies _____, date _____				
	NRC dose rate at _____ = _____ mR/h.				
	Lic dose rate at _____ = _____ mR/h.				
(2) Radiography area survey					

Notes/Remarks:

RADIOGRAPHY

() 75710B-Fixed Fac.
() 75720B-Field Use

AREAS INSPECTED AND FINDINGS

Licensee: _____ License: _____

Amendment No.: _____

CRITERIA	INSPECTION ITEMS	Yes	No	N/A	Vio.
Lic. Con.: <u>16</u>	1. <u>Organization</u>				
	a. Management				
	b. Radiation safety				
	c. Number of radiographers <u>18</u> and assistants <u>4</u>				
Notes/Remarks:	<i>No changes in organization since previous inspection Carl E. Fox - President, RSO. Asst. RSO. Steagel</i>				
Lic. Con.: <u>16</u>	2. <u>Licensee Internal Audits or Inspections</u>				
	a. Conducted by appropriate persons	(<input checked="" type="checkbox"/>)	()	()	()
10 CFR 34.11(d) Lic. Con.: _____	b. Inspections conducted every 3-months Inspection dates since last NRC inspection	(<input checked="" type="checkbox"/>)	()	()	()
	<i>Quarterly inspection - reviewed all since 5/81</i>				
	c. Records of inspections (2-years) available	(<input checked="" type="checkbox"/>)	()	()	()
	d. Reviewed by management	(<input checked="" type="checkbox"/>)	()	()	()
	e. Deficiencies identified and corrected	(<input checked="" type="checkbox"/>)	()	()	()
Lic. Con.: _____	f. Audit reports contain required information	(<input checked="" type="checkbox"/>)	()	()	()

Notes/Remarks:

RADIOGRAPHY() 75710B-Fixed Fac.
() 75720B-Field Use

AREAS INSPECTED AND FINDINGS

Licensee: _____ License: _____

Amendment No.: _____

CRITERIA	INSPECTION ITEMS	Yes	No	N/A	Vio.
	3. <u>Training and Qualification of Personnel</u>				
10 CFR 34.31 and App. A Lic. Con.: _____	a. Training and retraining conducted as required <i>refresher exams not written.</i>	()	(X)	()	()
	<i>Oral exams given annually as refresher as needed</i>				
	b. Written and oral exams conducted	(X)	()	()	()
	c. Examination results reviewed by management	(X)	()	()	()
10 CFR 34.31(c)	d. Records of written exams available (3-years)	(X)	()	()	()
	e. Dates of oral tests and field exams available	(X)	()	()	()
10 CFR 19.12	f. Instruction to workers	(X)	()	()	()
Reg. Guide 8.13	g. Prenatal radiation exposure instruction to female employees	(X)	()	()	()
Notes/Remarks:	<i>No written refresher exam given. RSO qualifies radiographers annually per NOT codes by performing audit of competency. Exams given if deemed necessary.</i>				
	4. <u>Operating-Emergency Procedures - Regulations</u>				
Lic. Con.: <u>16</u>	a. Operating and emergency procedures available	(X)	()	()	()
10 CFR 34.31(a)(2)	b. Parts 19, 20, 34, copy of license, operations, and emergency procedures furnished to radiographers and assistant radiographers	(X)	()	()	()
10 CFR 34.27	c. Utilization logs maintained (2-years)	(X)	()	()	()

RADIOGRAPHY

()75710B-Fixed Fac.

()75720B-Field Use

AREAS INSPECTED AND FINDINGS

Licensee: _____ License: _____

Amendment No.: _____

CRITERIA	INSPECTION ITEMS	Yes	No	N/A	Vio.
10 CFR 34.27(a)(b)(c)	d. Utilization logs contain required information (description of device or storage container, radiographer, plant site where used, and dates of use)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes/Remarks:

*Utilization logs reviewed - 1 filled out by radiographer
1 filled out by asst. radiographer*

5. Instruments-Equipment-Facilities-Security of Materials

10 CFR 34.24	a. Radiation survey instruments adequate for program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lic. Con.: <u>16</u>	b. Calibration procedure in accordance with License application	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Calibrations performed by <u>ITI Fox</u>				
10 CFR 34.24	d. Two point calibration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e. Calibration after service	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	f. Instruments have a range of 2-1000 mR/h	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	g. Calibrations performed every 3-months	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	h. Records of calibration maintained (2-years)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 CFR 34.22(a)	i. Devices or outer containers locked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 CFR 34.22(b)	j. Storage containers and source changers locked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 CFR 34.23	k. Exposure devices and storage containers physically secured	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Calibrations 8/82, 5/82, 2/82, 1/81, 8/81, 5/81. Instrument calibrations are staggered. Appearance of calibrations on date when field work being done. Reportedly done for ease of sched ling. Fox stated unequivocally that no work is done without calibrated instrument.

RADIOGRAPHY() 75710B-Fixed Fac.
() 75720B-Field Use

AREAS INSPECTED AND FINDINGS

Licensee: _____ License: _____

Amendment No.: _____

CRITERIA	INSPECTION ITEMS	Yes	No	N/A	Vio.
Lic. Con.: _____	l. Keys for devices and storage areas controlled	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 CFR 20.207	m. Security of materials adequate as required	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lic. Con.: _____	n. Facility as described by license application	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 CFR 20.203(e)(b)(c)	o. Facility and storage areas posted as required (CRM-CRA-CHRA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 CFR 34.25	p. Source changes by authorized individuals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 CFR 34.29	q. Fixed facility (additional items) <i>n/a</i>				
10 CFR 20.203(c)(2)(3)	(1) Access and exit controls as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 CFR 34.29(a)(b)	(2) Visible and audible warning signals functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 CFR 34.29(e)	(3) Three month alarm system tests conducted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 CFR 34.29(c)	(4) Records of tests maintained (2-years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes/Remarks:

Semi fixed facility has alarms & interlock but uses portable camera.

RADIOGRAPHY() 75710B-Fixed Fac.
() 75720B-Field Use

AREAS INSPECTED AND FINDINGS

Licensee: _____ License: _____

Amendment No.: _____

CRITERIA	INSPECTION ITEMS	Yes	No	N/A	Vio.
	<u>6. Personnel Monitoring Control</u>				
10 CFR 34.33	a. Personnel dosimetry provided for each individual (<input checked="" type="checkbox"/>) film or () TLD and () pocket dosimeter (0-200 mR range)	(<input checked="" type="checkbox"/>)	()	()	()
	<i>RS handover - monthly exchange</i>				
10 CFR 34.33(b)	b. Pocket dosimeters read and charged daily	(<input checked="" type="checkbox"/>)	()	()	()
10 CFR 34.33(e)	c. Records of pocket daily pocket dosimeter readings maintained (2-years)	(<input checked="" type="checkbox"/>)	()	()	()
10 CFR 20.102(a)	d. Licensee determines employees prior dose	(<input checked="" type="checkbox"/>)	()	()	()
10 CFR 20.102(b)	e. NRC Form-4 maintained	(<input checked="" type="checkbox"/>)	()	()	()
10 CFR 20.401(a)	f. NRC Form-5 or equivalent maintained	(<input checked="" type="checkbox"/>)	()	()	()
10 CFR 34.32(k)	g. Procedures if pocket dosimeters go off scale	(<input checked="" type="checkbox"/>)	()	()	()
10 CFR 34.33(d)	h. Badges immediately processed if dosimeters go off scale	(<input checked="" type="checkbox"/>)	()	()	()
10 CFR 34.33(c)	i. Annual pocket dosimeter response tests conducted	(<input checked="" type="checkbox"/>)	()	()	()
10 CFR 20.403, 405	j. All exposures within limits	(<input checked="" type="checkbox"/>)	()	()	()
10 CFR 20.407	k. Annual report sent to NRC	(<input checked="" type="checkbox"/>)	()	()	()
10 CFR 20.408	l. Termination reports sent to NRC	(<input checked="" type="checkbox"/>)	()	()	()
10 CFR 19.13	m. Reports sent to individuals	(<input checked="" type="checkbox"/>)	()	()	()
10 CFR 20.104	n. Exposure to minors limited	(<input checked="" type="checkbox"/>)	()	()	()

*Monty Wheelers - consistently highest exposures
One annual exposure 75 rem - bank account 15 rem - OK
NRC 4 on file.*

RADIOGRAPHY

() 75710B-Fixed Fac.

() 75720B-Field Use

AREAS INSPECTED AND FINDINGS

Licensee: _____ License: _____

Amendment No.: _____

CRITERIA	INSPECTION ITEMS	Yes	No	N/A	Vio.
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o. Reviewed dosimetry records

From 5/81 To 8/82Maximum exposure per quarter 1500Average per quarter 500

Notes/Remarks:

7. Radiation Survey Records (utilization logs-etc.)

10 CFR 20.201	a. Surveys conducted	(✓)	()	()	()
10 CFR 20.401(b)	b. Survey records maintained	(✓)	()	()	()
Lic. Con.: <u>16</u>	c. Survey of devices prior to use	(✓)	()	()	()
10 CFR 20.105	d. Survey results recorded for established boundaries of unrestricted areas	(✓)	()	()	()
10 CFR 34.43(a)	e. Calibrated survey instrument used at work sites	(✓)	()	()	()
10 CFR 34.43(c)	f. Records of the last survey maintained	(✓)	()	()	()

Notes/Remarks:

RADIOGRAPHY() 75710B-Fixed Fac.
() 75720B-Field Use

AREAS INSPECTED AND FINDINGS

Licensee: _____ License: _____

Amendment No.: _____

CRITERIA	INSPECTION ITEMS	Yes	No	N/A	Vio.
	<u>8. Leak Tests</u>				
10 CFR 34.25	a. Performed by authorized persons	(✓)	()	()	()
10 CFR 34.25(c)	b. Performed at 6-month intervals	(✓)	()	()	()
Lic. Con.: _____	c. Performed by approved method	(✓)	()	()	()
10 CFR 34.25(c)	d. Records of leak tests maintained	(✓)	()	()	()
	e. All leak tests within limits	(✓)	()	()	()
10 CFR 34.25(d)	f. Reports of leaking sources submitted	()	()	(✓)	()
	g. Reports of leaking sources submitted	()	()	()	()

Notes/Remarks: *Representative sample of leak tests reviewed - OK*9. Inspection and Maintenance of Radiographic Devices

10 CFR 34.28	a. Program implemented (cover devices and storage containers)	(✓)	()	()	()
10 CFR 34.22(j)	b. Procedures implemented	(✓)	()	()	()
10 CFR 34.28(a)	c. Daily inspections conducted as required	(✓)	()	()	()
10 CFR 34.28(b)	d. Conducted at 3-month intervals	(✓)	()	()	()
	e. Records maintained (2 years)	(✓)	()	()	()

RADIOGRAPHY

() 75710B-Fixed Fac.
() 75720B-Field Use

AREAS INSPECTED AND FINDINGS

Licensee: _____ License: _____

Amendment No.: _____

CRITERIA	INSPECTION ITEMS	Yes	No	N/A	Vio.
	f. Records reviewed by management	(✓)	()	()	()
	g. Deficiencies identified and corrected	(✓)	()	()	()

Notes/Remarks:

10. Inventory and Use of Byproduct Material

Lic. Con.: _____

a. Possession of only authorized material (✓) () () ()

Lic. Con.: _____

b. Procurement and use as authorized (✓) () () ()

10 CFR 34.26

c. Quarterly physical inventories conducted (✓) () () ()

Contain quantities, type of material, location, and dates of inventory (✓) () () ()

Inventory dates since last inspection

quarterly 8/82 5/82 2/82 11/81 8/81

10 CFR 20.402

d. No theft or loss of material () (✓) () ()

Notes/Remarks:

RADIOGRAPHY 75710B-Fixed Fac. 75720B-Field Use

AREAS INSPECTED AND FINDINGS

Licensee: _____ License: _____

Amendment No.: _____

CRITERIA	INSPECTION ITEMS	Yes	No	N/A	Vio.
	15. <u>Radiographic Field Site Inspection</u> Date: _____ Time: _____ Field site location _____				
		<i>no local field work on day of inspection</i>			
49 CFR 172.200	a. Shipping papers provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49 CFR 172.203(d)	b. Shipping papers include required information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49 CFR 172.506-508	c. Vehicle placarded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49 CFR 172.403, 49 CFR 173.25(a)	d. Convenient box labeled as required or outer device enclosure labeled as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lic. Con.: _____	e. Copy of operating and emergency procedures, leak tests, regulations, and licenses available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 CFR 34(b)(c)	f. Surveys of device conducted as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 CFR 34.27(a)(b)(c)	g. Utilization log available and contain required information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 CFR 34.24	h. Operable and calibrated survey meter available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 CFR 34.33(a)	i. Radiographer and radiographer assistant equipped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 CFR 20.203(b)(c)(i)	j. Areas posted as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lic. Con.: _____	k. Special equipment (shields, collimators) used as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RADIOGRAPHY() 75710B-Fixed Fac.
() 75720B-Field Use

AREAS INSPECTED AND FINDINGS

Licensee: _____ License: _____

Amendment No.: _____

CRITERIA	INSPECTION ITEMS	Yes	No	N/A	Vio.
49 CFR 172.203(d)	c. Shipping papers include required information	(✓)	()	()	()
49 CFR 173.394(a)	d. DOT Spec. 7A performance test records maintained (1 year)	()	()	(✓)	()
49 CFR 173.398(a)	e. Special form material certification available for each source design	(✓)	()	()	()
49 CFR 173.393(a), 10 CFR 71.12(b)	f. NRC certificate of compliance available for transport containers (Type B packages)	(✓)	()	()	()
10 CFR 71.12(b)	g. Registered with the NRC as a user	(✓)	()	()	()
10 CFR 71.51	h. Documented QA program-Type B quantities only	(✓)	()	()	()
49 CFR 172.506-508	i. Vehicle placarded	(✓)	()	()	()
49 CFR 173.393	j. General shipping and packaging requirements met	(✓)	()	()	()
	(Security seal (b), package dimensions (c), leak tight container (d), secured in vehicle (49 CFR 177.842(d), package/vehicle dose rates (i)(j)				
	k. Adequate blocking, bracing or tie down of device provided	(✓)	()	()	()
	l. No shipping incidents	(✓)	()	()	()
	m. Shipping incidents reported	()	()	(✓)	()

Notes/Remarks:

RADIOGRAPHY

() 75710B-Fixed Fac.
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AREAS INSPECTED AND FINDINGS

Licensee: _____ License: _____

Amendment No.: _____

CRITERIA	INSPECTION ITEMS	Yes	No	N/A	Vio.
	<u>11. Posting of Notices</u>				
10 CFR 19.11	a. Parts 10 CFR 19.20, license and associated documents, procedures, and Notice of Violation posted or made available	(✓)	()	()	()
10 CFR 19.11(c)	b. Form NRC-3 posted	(✓)	()	()	()
Notes/Remarks:					

12. Confirmatory or Independent Measurements

10 CFR 20.105	a. Radiation levels in unrestricted areas as required (≤ 0.6 mR/h continuous or ≤ 2 mR/h)	(✓)	()	()	()
10 CFR 34.21	b. Exposure devices within limits ($\leq 4''$, ≤ 50 mR/h @ 6"; $> 4''$, ≤ 200 mR/h surface and ≤ 10 mR/h @ 1m)	(✓)	()	()	()

Confirmatory Measurements:

	mfg.	mod.	S/N	date calib.	mR/h
NRC Instrument	<u>305B</u>	_____	_____	_____	<u>2.5</u>
Lic. Instrument	<u>Victoreen</u>	_____	_____	_____	<u>2.5</u>
Source of Comparison	<u>shielded camera</u>				
<u>Any Independent Measurements</u>					
Location	<u>Storage area</u>				

RADIOGRAPHY() 75710B-Fixed Fac.
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AREAS INSPECTED AND FINDINGS

Licensee: _____ License: _____

Amendment No.: _____

CRITERIA	INSPECTION ITEMS	Yes	No	N/A	Vio.
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Notes/Remarks:

13. Receipt and Transfer of Material

10 CFR 20.205	a. Written procedures for pickup, receiving, opening of packages	()	(✓)	()	(✓)
10 CFR 20.205(c)(1)	b. Survey of packages when received	(✓)	()	()	()
10 CFR 20.401(b)	c. Records of survey of packages <i>partially</i>	(✓)	()	()	()
10 CFR 30.41	d. Transfer of material proper	(✓)	()	()	()
10 CFR 30.51	e. Records of transfers maintained	(✓)	()	()	()

Notes/Remarks:

14. Transportation of Radioactive Material

Lic. Con.: _____

49 CFR 172.200

- a. Responsible person for compliance
_____ *RSO* _____
- b. Shipping papers provided for each time material is transported (✓) () () ()

INSPECTION REPORT NO.: _____

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RADIOGRAPHY

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AREAS INSPECTED AND FINDINGS

Licensee: _____ License: _____

Amendment No.: _____

CRITERIA	INSPECTION ITEMS	Yes	No	N/A	Vio.
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16. Independent Inspection Effort

Notes/Remarks:

APPENDIX B - LICENSEE ACTION ON PREVIOUS INSPECTION FINDINGS

Licensee: _____

License no: _____

Identification and summary of action taken	Status
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Report no: <u>81-01</u> Type n/c: _____ Describe: <u>34.44 Supervision of assistant</u>	
--	--

Action taken: Dropped by KIV

OPEN

 CLOSED

Report no: <u>81-01</u> Type n/c: _____ Describe: <u>34.53(a) Wearing of film badge</u>	
--	--

Action taken: All personnel film reports complete. Retraining as required. Quarterly audit included film badge

OPEN

 CLOSED

Report no: <u>81-01</u> Type n/c: _____ Describe: <u>34.43(b) Surveys</u>	
--	--

Action taken: Retraining as required. Quarterly audits include surveys.

OPEN

 CLOSED

Report no: _____ Type n/c: _____ Describe: _____	
--	--

Action taken: _____

OPEN

 CLOSED

Report no: _____ Type n/c: _____ Describe: _____	
--	--

Action taken: _____

OPEN

 CLOSED