

Process Technology North Jersey

Subsidiary of RTI Inc.

108 LAKE DENMARK ROAD, ROCKAWAY, NJ 07866
(201) 625-8400 • FAX: (201) 625-7820

March 13, 1990

Mr. John White, Chief
Nuclear Materials Safety Section C
United States Nuclear Regulatory Commission
475 Alleendale Road
King of Prussia, PA 19406

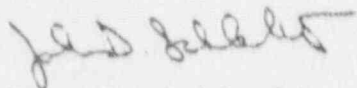
License No. 29-13613-02

Dear Mr. White:

Pursuant to my conversation with Mr. Tom Thompson on March 13, 1990 at approximately 10:30 am. I received a call from Landauer on March 13, 1990 notifying me that Mr. Dave Smith's film badge for the period beginning February 1, 1990 and ending February 28, 1990 indicated an exposure of greater than 500,000 rem (500 rem). Mr. Smith's employment with Process Technology was terminated on February 7, 1990. We have good reason to believe that the exposure was to the badge and not to the individual. A dose of that magnitude would most likely be fatal.

A thorough investigation into this film badge exposure will be conducted, the results of which will be forwarded to your office. If you have any further questions, please contact me.

Very truly yours,



John D. Schlecht
Radiation Safety Officer

JDS:jk

cc: J. Scandalios
P. Shapiro

CONVERSATION RECORD

4 pm

3/14/90

TYPE

VISIT

CONFERENCE

TELEPHONE

INCOMING

OUTGOING

ROUTING

NAME/SYMBOL INT

TT Martin
M Knapp
J Jaynes
J White
K Smith

Location of Visit/Conference:

NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU

Andrew Welt Martin Welt

ORGANIZATION (Office, dept., bureau, etc.)

The Welt Group

TELEPHONE NO

201/334-4321

SUBJECT

RESPONSE TO THE WELTS'

QUESTIONS ON INVOLVEMENT WITH RTI

SUMMARY

I returned a telephone call to Andrew Welt on behalf of John White. Andrew Welt then added Martin Welt to the conversation. They discussed the financial impact on the Welts of RTI's financial dealings, the statements made in RTI's 10-Q and 10-K filings with the SEC about Dr. Welt, and their sense that Dr. Welt could contribute to RTI's future. They asked for prompt response to the questions asked by telephone and their letter of March 7, 1990. I said that I had been working on a response and would keep them informed.

ACTION REQUIRED

Respond to questions

NAME OF PERSON DOCUMENTING CONVERSATION

Lee H. Bettenhausen

SIGNATURE

Lee H. Bettenhausen

DATE

3/14/90

ACTION TAKEN

SIGNATURE

TITLE

DATE

50271-101

U.S. G.P.O. 1983-381-526/8346

CONVERSATION RECORD

OPTIONAL FORM 271 (11-75)
DEPARTMENT OF DEFENSE

B/T
4

APRIL 28, 1989

RADIATION SAFETY AUDIT QUESTIONNAIRE

	YES	NO	ASSIGNED RESP	ACTION DATE	VALUE	SCORE
13.0 Prior to start of actual work is a written signed statement obtained from each individual who will work in a radiation area as to exposure for the previous quarter?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			1	1
14.0 Is equipment properly maintained and controlled during use and storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			5	5
15.0 Do procedures describe the calibration of equipment in sufficient detail?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			5	5
16.0 Does documentation verify the scheduled calibration of the following equipment?						
16.1 Survey Instruments.	<input checked="" type="checkbox"/>	<input type="checkbox"/>			3	3
16.2 Area monitors.	<input checked="" type="checkbox"/>	<input type="checkbox"/>			3	3
16.3 Pocket Dosimeters.	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
17.0 Are all survey instruments calibrated with current calibration stickers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			10	10
18.0 Are preventive maintenance procedures available and in use?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			10	10
19.0 Is preventive maintenance documentation current on the:						
19.1 daily schedule?	<input type="checkbox"/>	<input checked="" type="checkbox"/>			3	3
19.2 weekly schedule?	<input type="checkbox"/>	<input checked="" type="checkbox"/>			3	3
19.3 monthly schedule?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			3	3
19.4 quarterly schedule?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			3	3
19.5 semi-annual schedule?	<input type="checkbox"/>	<input checked="" type="checkbox"/>			3	3
19.6 annual schedule?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			3	3
20.0 Is major maintenance activity documented?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			3	3

B/B

Comments:

19.2 Radiological PM not recorded for week of 1/14-1/20 and 2/25-3/3 PM is done 2 times 1 week and then a week is missed.

Errors in recording hoist air piston PM for week o. 2/28/90.

19.2 Operations Manager Has Been assigned
responsibility of placing ^{acceptable} dates for each weekly
assignment. *[Signature]* 3-27-90
26
PM

RADIATION SAFETY AUDIT QUESTIONNAIRE

	YES	NO	ASSIGNED RESP	ACTION DATE	VALUE	SCORE
32.0 Are entry control devices established in such a way that no individual will be prevented from leaving the area?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			20	10
33.0 Is there a written procedure, in sufficient detail, describing operations required for normal shut down of the irradiator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			3	3
34.0 Is there a written procedure in sufficient detail, describing operations required for an emergency shutdown of the irradiator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			10	10
35.0 Are the following records current and in order:					5	5
35.1 Operators log?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			3	3
35.2 Monitoring of water purification system for:					3	3
35.2.1 radiation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			3	3
35.2.2 pH?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			3	3
35.2.3 conductivity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			3	3
35.2.4 temperature?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			3	3
35.2.5 water level?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			5	5
35.3 Source movement log?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			3	3
35.4 Security log?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			5	5
35.5 Cobalt inventory?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			5	5
36.0 Are records legible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			5	5
37.0 Are license conditions in compliance.	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<i>John Kelly 3-19-90</i>	10	0
38.0 Is the check source used prior to entering the cell?	<input type="checkbox"/>	<input type="checkbox"/>			3	3
39.0 Are all monitor alarms						

Comments:

37.0

License application condition 9.2.A semi annual check of resistivity meter

Weekly PM

37.0 Resistivity meter checked versus hand-held conductivity meter on 3-19-90. Immediate compliance achieved. J.D. Miller 3-26-90