

INSPECTOR'S REPORT
Office of Inspection and Enforcement

REVIEWER: *Holley, Wesley L.*
Fisher, William L.

INSPECTORS

LICENSEE/VENDOR	TRANSACTION TYPE	DOCKET NO. (8-DIGIT)	REPORT		NEXT INSP. DATE	
			NO.	SEQ.	MO.	YR.
<i>Department of the Army Texas Army Community Hqs Rehabilitative Medicine - RPO Fort Carson, CO 80913-5267</i>	<input checked="" type="checkbox"/> I - INSERT <input type="checkbox"/> M - MODIFY <input type="checkbox"/> D - DELETE <input type="checkbox"/> R - REPLACE	<i>03029534</i>	<i>9001</i>	<i>A</i>	<i>09</i>	<i>93</i>

PERIOD OF INVESTIGATION/INSPECTION				INSPECTION PERFORMED BY				ORGANIZATION CODE OF REGION/HQ CONDUCTING ACTIVITY (See IEMC 05.30 Mandatory Reporting - Keyed Masterpower Reporting - BY CODE)			
FROM		TO		X		OTHER		REGION	DIVISION	BRANCH	
MO	DAY	YR	MO	DAY	YR	1 - REGIONAL OFFICE STAFF	2 - RESIDENT INSPECTOR	3 - PERFORMANCE APPRAISAL TEAM	4	3	4
<i>09</i>	<i>13</i>	<i>90</i>	<i>09</i>	<i>13</i>	<i>90</i>						

REGIONAL ACTION (Check one box only)		TYPE OF ACTIVITY CONDUCTED (Check one box only)													
<input checked="" type="checkbox"/> 1 - NRC FORM 501	<input type="checkbox"/> 2 - REGIONAL OFFICE LETTER	<input checked="" type="checkbox"/> 01 - SAFETY (fee)	<input type="checkbox"/> 02 - INCIDENT	<input type="checkbox"/> 03 - ENFORCEMENT	<input type="checkbox"/> 04 - MGMT AUDIT	<input type="checkbox"/> 05 - MGMT VISIT	<input type="checkbox"/> 06 - SPECIAL (fee)	<input type="checkbox"/> 07 - VENDOR	<input type="checkbox"/> 08 - MAT ACCT	<input type="checkbox"/> 09 - PLANT SEC	<input type="checkbox"/> 10 - INVENT VER	<input type="checkbox"/> 11 - SHIPMENT/EXPORT	<input type="checkbox"/> 12 - IMPORT	<input type="checkbox"/> 13 - INQUIRY (no fee)	<input type="checkbox"/> 14 - INVESTIGATION

INSPECTION INVESTIGATION FINDINGS (Check one box only)				TOTAL NUMBER OF VIOLATIONS AND DEVIATIONS	ENFORCEMENT CONFERENCE HELD	REPORT CONTAIN 276 INFORMATION	LETTER OR REPORT TRANSMITTAL DATE
<input checked="" type="checkbox"/> 1 - CLEAR	<input type="checkbox"/> 2 - VIOLATION	<input type="checkbox"/> 3 - DEVIATION	<input type="checkbox"/> 4 - VIOLATION & DEVIATION	A B C D	A B C D	A B C D	MO DAY YR
				<i>03</i>	<i>1 - YES</i>	<i>1 - YES</i>	<i>10/15/90</i>

MODULE INFORMATION												MODULE INFORMATION																					
REC. ORD.	MODULE NUMBER INSP				PRIORITY	DIRECT INSP. TIME EFFORT IN STAFF HOURS EXPENDED THIS INSPECTION	PERCENTAGE COMPLETED TO DATE	STATUS	MODULE REG FOLLOWUP				REC. ORD.	MODULE NUMBER INSP				PRIORITY	DIRECT INSP. TIME EFFORT IN STAFF HOURS EXPENDED THIS INSPECTION	PERCENTAGE COMPLETED TO DATE	STATUS	MODULE REG FOLLOWUP											
TYPE	NUMBER	PHASE	MANUAL	CHAPTER	PROCEDURE	NUMBER	LEVEL	SEQ.	PHASE	MANUAL	CHAPTER	PROCEDURE	NUMBER	LEVEL	SEQ.	PHASE	MANUAL	CHAPTER	PROCEDURE	NUMBER	LEVEL	SEQ.	PHASE	MANUAL	CHAPTER	PROCEDURE	NUMBER	LEVEL	SEQ.				
<i>B</i>	<i>53</i>	<i>07</i>	<i>0</i>	<i>7</i>	<i>0</i>	<i>3</i>	<i>A</i>	<i>0.00</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>B</i>	<i>58</i>	<i>2</i>	<i>5</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>A</i>	<i>0</i>	<i>1</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>				
	<i>management meetings</i>								<i>Inspection of Waste Generator Requirements</i>																								
<i>B</i>	<i>58</i>	<i>7</i>	<i>1</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>A</i>	<i>0.44</i>	<i>1</i>	<i>0</i>	<i>0</i>	<i>C</i>	<i>B</i>	<i>53</i>	<i>0</i>	<i>8</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>A</i>	<i>0</i>	<i>1</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>				
	<i>licensed materials programs</i>								<i>initial inspection</i>																								
<i>B</i>	<i>58</i>	<i>3</i>	<i>8</i>	<i>2</i>	<i>2</i>	<i>0</i>	<i>A</i>	<i>0.03</i>	<i>1</i>	<i>0</i>	<i>0</i>	<i>C</i>	<i>B</i>	<i>59</i>	<i>2</i>	<i>7</i>	<i>0</i>	<i>2</i>	<i>0</i>	<i>0</i>	<i>A</i>	<i>0</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>				
	<i>radiation protection</i>								<i>Followup on violations</i>																								
<i>B</i>	<i>58</i>	<i>6</i>	<i>7</i>	<i>4</i>	<i>0</i>	<i>0</i>	<i>A</i>	<i>0.0</i>	<i>1</i>	<i>0</i>	<i>0</i>	<i>C</i>	<i>B</i>								<i>A</i>												
	<i>transportation</i>																																

9101240122 910116
REG4 LIC30
05-26854-01
PDR

Mark through module numbers not reviewed. Fill in leading 0's for hours.

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

REPORT

MODULE NUMBER

NO

SEQ

378171010

02029534

902V

A

VIOLATION SEVERITY

EYE RELATED

B

OR DEVIATION

NO.

C

1 2 3 4 5 6 D

6

D

X

6

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

VIOLATION OR DEVIATION (Enter up to 2400 characters for each item. If the item exceeds this number, it will be necessary to do so in two lines. Limit lines to 40 characters each.)

1 Contrary to 10CFR 35.22(b)(6) The licensee

2 did not perform an annual review of the nuc. med.
3 program for 1988 or 1989.

INSPECTOR'S REPORT
(Continuation)

Office of Inspection and Enforcement

NO.	SEC.	VIOLATION SEVERITY OR DEVIATION	TYPE RELATED		SUPP.
			A	B	

VIOLATION OR DEVIATION (Enter up to 2400 characters for each item. If the text exceeds this number, it will be necessary to paraphrase. Limit must be 20 characters each.)

Contrary to 10 CFR 35.205(c) ~~and~~, the
 2. licensee had not calculated the time needed to reduce
 3. the concentration in the room to the occupational
 4. limit listed in App. B 10 CFR 20.

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

DOCKET NO. (E EXAM) OR LICENSE
 NO. (BY PRODUCT) (13 DIGIT)

03029584

REPORT

NO. SEC
 90 01 A

MODULE NUMBER

5871/0101

VIOLATION SEVERITY
 OR DEVIATION

1	2	3	4	5	6	7	8	9	10
			X						

TYPE RELATED SUP.

A	C	6
B	D	

VIOLATION OR DEVIATION (Enter up to 2400 characters for each entry. If the user exceeds this number, it will be necessary to paraphrase. Limit lines to 80 characters each.)

1 Contrary to 10 CFR 35.59 (b)(2), the licensee
 2 had not performed LT on sealed sources
 3 for 1988 and the first half of 1989.
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