

SAFETY INSPECTION

1. LICENSEE Dept. of Health & Human Services US Public Health Service National Institutes of Safety & Health Appalachian Lab for Occupational Safety & Health (AL) <u>ATLANTA GA 30323</u> 944 Chestnut Ridge Road		2. REGIONAL OFFICE REGION II U S NUCLEAR REGULATORY COMMISSION 101 MARIETTA STREET NW SUITE 2900 ATLANTA GA 30323	
3. DOCKET NUMBER(S) <u>Morgantown, WV</u> 030-08856	4. LICENSE NUMBER(S) 26505 47-15279-01	5. DATE OF INSPECTION <u>4/26/94</u>	

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 (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 described below or attached, were in violation of NRC requirements. This form 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. _____ of sealed sources were not performed at the proper frequencies. 10 CFR _____ or License Condition Number _____.

C. Records of _____ were not properly maintained. 10 CFR _____ or License Condition Number _____.

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

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

F. WEEKLY WIPE SHAVES NOT PERFORMED AS REQUIRED IN LAB 316. (RADIATION SAFETY MANUAL, SECTION 5)

9406020104 940426
PDR ADOCK 03008856
C 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.

SIGNATURE - LICENSEE <u>Jeffrey Rock 010025</u>	DATE <u>4/26/94</u>	SIGNATURE - NRC INSPECTOR <u>[Signature]</u>	DATE <u>4/26/94</u>
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 National Institutes of Safety & Health
 Appalachian Lab for Occupational Safety & Health
 944 Chestnut Ridge Road
 Morgantown, WV 26505

2. REGIONAL OFFICE
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 U S NUCLEAR REGULATORY COMMISSION
 101 MARIETTA STREET NW SUITE 2900
 ATLANTA GA 30323

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3. (Continued)

G.

H.

I.

4. The violations listed below are not being cited because they were self-identified, and corrective action was or is being taken, and the remaining criteria in 10 CFR 2, App. C, to exercise discretion were satisfied.

A. RECORDS OF DIRECT RADIATION SURVEYS NOT MAINTAINED SINCE APPROXIMATELY 1990 IN LABORATORY 316. RECORDS AS REQUIRED BY RADIATION SAFETY MANUAL, SECTION 5(F)(2)

B. 10CFR 216 POSTING NOT IN EFFECT

C.