

SAFETY INSPECTION

1. LICENSEE M. W. KELLOGG CONSTRUCTORS INC. 3440 RICHMOND AVE HOUSTON, TEXAS 77046		2. REGIONAL OFFICE	
3. DOCKET NUMBER(S) 30-11256	4. LICENSE NUMBER(S) 42-16573-01	5. DATE OF INSPECTION MARCH 10 1983	

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 _____ were not properly maintained. 10 CFR _____ 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. _____
 - I. _____
 - J. _____
 - K. 8304120159 830310
NMS LIC30
42-16573-01 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.

SIGNATURE - LICENSEE	DATE	SIGNATURE - NRC INSPECTOR <i>Robert C. Brown</i>	DATE 3-10-83
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BROWN ROBERT C

INSPECTOR'S REPORT
Office of Inspection and Enforcement

REVIEWER

INSPECTORS

LICENSEE/VENDOR <u>M.W. KELLOGG CONSTRUCTORS</u> <u>3440 RICHMOND AVE</u> <u>HOUSTON, TX 77046</u>	TRANSACTION TYPE <input checked="" type="checkbox"/> - INSERT <input type="checkbox"/> M - MODIFY <input type="checkbox"/> D - DELETE <input type="checkbox"/> R - REPLACE	DOCKET NO. (8 digits) OR LICENSE NO. (BY PRODUCT) (13 digits) <u>03011256</u>	REPORT		NEXT INSP. DATE	
			NO.	SEQ.	MO.	YR.
			<u>8301</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			OT-ER		
MO.	DAY	YR.	MO.	DAY	YR.			
<u>03</u>	<u>10</u>	<u>83</u>	<u>03</u>	<u>10</u>	<u>83</u>			
<input checked="" type="checkbox"/> 1 - REGIONAL OFFICE STAFF <input type="checkbox"/> 2 - RESIDENT INSPECTOR <input type="checkbox"/> 3 - PERFORMANCE APPRAISAL TEAM						REGION: <u>4</u> DIVISION: <u>B</u> BRANCH: <u>A</u>		

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

INSPECTION/INVESTIGATION FINDINGS (Check one box only)				TOTAL NUMBER OF VIOLATIONS AND DEVIATIONS				ENFORCEMENT CONFERENCE HELD				REPORT CONTAIN 2,790 INFORMATION				LETTER OR REPORT TRANSMITTAL DATE			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																
<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 <u>00</u>				A B C D 1 - YES				A B C D 1 - YES				MO. DAY YR. MO. DAY YR. <u>031083</u>			

MODULE INFORMATION												MODULE INFORMATION													
REC. ORD.	MODULE NUMBER INSP.				PRIORITY	DIRECT INSP. EFFORT IN STAFF HOURS EXPENDED THIS INSPECTION	PERCENTAGE COMPLETED TO DATE	STATUS	MODULE REQ. FOLLOWUP				REC. ORD.	MODULE NUMBER INSP.				PRIORITY	DIRECT INSP. EFFORT IN STAFF HOURS EXPENDED THIS INSPECTION	PERCENTAGE COMPLETED TO DATE	STATUS	MODULE REQ. FOLLOWUP			
TYPE	NUMBER	PHASE	MANUAL CHAPTER	PROCEDURE NUMBER					LEVEL	PHASE	MANUAL CHAPTER	PROCEDURE NUMBER	LEVEL	TYPE	NUMBER	PHASE	MANUAL CHAPTER					PROCEDURE NUMBER	LEVEL	PHASE	MANUAL CHAPTER
B	530703	B	A	0,0,1							B					A									
B	575710	B	A	0,0,3 1,0,0 C							B					A									
B	592706	B	A	0,0,0							B					A									
B	586740	B	A	0,0,1 1,0,0 C							B					A									

* CIRCLE SEQUENCE IF VIOLATION OR DEVIATION