

SAFETY INSPECTION

1 LICENSEE

CONSTRUCTION MATERIALS TESTING, INC.
1000 LL DETROIT AVENUE
CONCORD, CA 94518

2 REGIONAL OFFICE

USNRC
REGION V
1450 MARIA LN. #210
WALNUT CREEK, CA 94596

3 DOCKET NUMBER(S)

15000004

4 LICENSE NUMBER(S)

0799-60 (CALIF.)

5 DATE OF INSPECTION

APRIL 24-25, 1990

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 _____.
 - C. _____ of sealed sources were not performed at the proper frequencies. 10 CFR _____ License Condition Number _____.
 - D. Records of _____, 10 CFR _____ or License Condition Number _____ were not properly maintained.
 - E. Documents were not properly posted or otherwise made available. 10 CFR 19.11.
 - F. Reports or notifications of _____ with 10 CFR _____ or License Condition Number _____ were not made in accordance _____.
 - H. _____
 - I. _____
 - J. _____
 - K. _____

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

9005010206

DATE

(X/10)

James J. Montgomery
SIGNATURE - NRC INSPECTOR

4/26/90
DATE

Docket file

INSPECTORS

VENDOR	TRANSACTION TYPE	DOCKET NO. (8 digits) OR LICENSE NO. (8) PRODUCT (113 digits)	REPORT				NEXT INSP. DATE	
			NO	SEC	MO	YR	MO	YR
B&B X-Ray & INSP.	<input checked="" type="checkbox"/> I - INSERT	75000000	9008	A				
Bakersfield, CA	<input type="checkbox"/> M - MODIFY			B				
	<input type="checkbox"/> D - DELETE			C				
	<input type="checkbox"/> R - REPLACE			D				

PERIOD OF INVESTIGATION/INSPECTION						INSPECTION PERFORMED BY						ORGANIZATION CODE OF REGION/HQ CONDUCTING ACTIVITY (See IEMC 05.30 Manpower Reporting - Weekly Manpower Reporting - IV CODE)					
FROM			TO			1 - REGIONAL OFFICE STAFF		OTHER				REGION		DIVISION		BRANCH	
MO	DAY	YR	MO	DAY	YR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	19	90	04	19	90	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	

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 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 - NAT 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

SECTION INVESTIGATION FINDINGS (Check one box only)				TOTAL NUMBER OF VIOLATIONS AND DEVIATIONS				ENFORCEMENT CONFERENCE HELD				REPORT CONTAIN 2780 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	MO	DAY	YR
				10												05	31	90			
38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59

MODULE INFORMATION												MODULE INFORMATION													
REC ORP	MODULE NUMBER				PRIORITY	DIRECT INSPECTION EFFORT IN STAFF HOURS EXPENDED THIS INSPECTION	PERCENTAGE COMPLETED TO DATE	STATUS	MODULE REQ FOLLOWUP				REC ORP	MODULE NUMBER INSP				PRIORITY	DIRECT INSPECTION EFFORT IN STAFF HOURS EXPENDED THIS INSPECTION	PERCENTAGE COMPLETED TO DATE	STATUS	MODULE REQ FOLLOWUP			
TYPE	NUMBER	PHASE	MANUAL CHAPTER	PROCEDURE NUMBER					LEVEL	TYPE	NUMBER	PHASE	MANUAL CHAPTER	PROCEDURE NUMBER	LEVEL	TYPE	NUMBER					PHASE	MANUAL CHAPTER	PROCEDURE NUMBER	LEVEL
	530703				A	400																			
	Enhance Ext																								
	587100				A	001																			
	Radiography																								
	586740				A	100																			
	Transportation																								
	583822				A	001																			
	rad Prot																								

INSPECTOR'S REPORT
 (Continuation)
 Office of Nuclear Reactor Regulation

DOCKET NO. (8 digits) OR LICENSE NO. (BY PRODUCT) (13 digits)		REPORT		MODULE NUMBER	
15000004		NO	SEQ	8711001	
		A		VIOLATION SEVERITY OR DEVIATION	
		B		1	2
		C		3	4
		D		5	6
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NSIC Form 700 A
SI 001
SI MC 0028

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

BUCKET NO. SI SIGN. OR LICENSE NO. (BY PRODUCT) (13 digits)		UNIT		MODULE NUMBER		DATE	
150000004		NO	NO	1871100		1972	
		400	B	VIOLATION SEVERITY OR DIVISION		BY RELATED	
				A		C	
				B		D	
				C		E	
				D		F	
				N		6	

VIOLATION OR DEVIATION (May be to 200 characters for each item. If the unit exceeds this number, it will be necessary to paraphrase. (Last line is 50 characters each.)

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2. Contrary to, 10 CFR 34.43(d) the licensee failed to document and maintain storage survey of exposure devices.

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