

SAFETY INSPECTION

1. LICENSEE Smith-Emery Company 781 East Washington Boulevard Los Angeles, CA 90021		2. REGIONAL OFFICE U. S. Nuclear Regulatory Commission Region V 1450 Maria Lane, Suite 210 Walnut Creek, CA 94596	
3. DOCKET NUMBER(S) 030-17744	4. LICENSE NUMBER(S) 04-19467-01	5. DATE OF INSPECTION March 29 and April 2, 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 (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 exposure received during employment \_\_\_\_\_ were not made in accordance with 10 CFR 19.13(d) to a radiographer who ~~was terminated on Oct. 21, 1989~~ terminated on Oct. 21, 1989.

H. Contrary to 10 CFR 20.4.8(b) a report to the Director, Office of Nuclear Regulatory Research, USNRC, Washington, DC was not submitted within 90 days of the time a radiographer terminated employment on October 21, 1989.

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.

9101100006 900822  
PDR FOIA  
FELTON90-328 PDR

*Paul R Zimakowski* 18 Apr 90

SIGNATURE - LICENSEE	DATE	SIGNATURE - NRC INSPECTOR	DATE
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INSPECTORS

LICENSEE/VENDOR	TRANSACTION TYPE	DOCKET NO. (REGULATORY OR LICENSE NO.) BY PRODUCT (REGULATORY)	REPORT				NEXT INSPEC DATE	
			NO	SEQ	MO	YR		
Smith-Emery Co 781 E Washington Blvd Los Angeles, CA 90021	<input checked="" type="checkbox"/> I - INSERT <input type="checkbox"/> M - MODIFY <input type="checkbox"/> D - DELETE <input type="checkbox"/> R - REPLACE	03017744	9001	A	04	91		

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								
MO	DAY	YR	MO	DAY	YR			REGION	DIVISION	BRANCH	
03	29	90	04	02	90	<input checked="" type="checkbox"/> 1 - REGIONAL OFFICE STAFF <input type="checkbox"/> 2 - RESIDENT INSPECTOR <input type="checkbox"/> 3 - PERFORMANCE APPRAISAL TEAM		OTHER	5	C	D

REGIONAL ACTION (Check one box only)		TYPE OF ACTIVITY CONDUCTED (Check one box only)										
<input checked="" type="checkbox"/> 1 - NRC FORM 581	<input type="checkbox"/> 2 - REGIONAL OFFICE LETTER	<input checked="" type="checkbox"/> 01 - SAFETY	<input type="checkbox"/> 02 - INCIDENT	<input type="checkbox"/> 03 - ENFORCEMENT	<input type="checkbox"/> 04 - MGMT VISIT	<input type="checkbox"/> 05 - SPECIAL	<input type="checkbox"/> 06 - MGMT AUDIT	<input type="checkbox"/> 07 - PLANT SEC	<input type="checkbox"/> 08 - INVENT VER	<input type="checkbox"/> 09 - SHIPMENT/EXPORT	<input type="checkbox"/> 10 - INQUIRY	<input type="checkbox"/> 11 - INVESTIGATION

INSPECTION INVESTIGATION FINDINGS (Check one box only)				TOTAL NUMBER OF VIOLATIONS AND DEVIATIONS				ENFORCEMENT CONFERENCE HELD				REPORT CONTAIN 270K INFORMATION				LETTER OR REPORT TRANSMITTAL DATE			
A	B	C	D																
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	02				1 - YES				1 - YES				04 18 90 04 18 90			
<input checked="" type="checkbox"/> 1 - CLEAR <input type="checkbox"/> 2 - VIOLATION <input type="checkbox"/> 3 - DEVIATION <input type="checkbox"/> 4 - VIOLATION & DEVIATION																			

MODULE INFORMATION													MODULE INFORMATION																							
MODULE NUMBER INSP				LEVEL	SEQ	PRIORITY	DIRECT INSPEC TIME/EFFORT IN STAFF HOURS EXPENDED THIS INSPECTION	PERCENTAGE COMPLETED TO DATE	STATUS	MODULE REG FOLLOWUP				LEVEL	TYPE	MODULE NUMBER INSP				LEVEL	SEQ	PRIORITY	DIRECT INSPEC TIME/EFFORT IN STAFF HOURS EXPENDED THIS INSPECTION	PERCENTAGE COMPLETED TO DATE	STATUS	MODULE REG FOLLOWUP										
TYPE	NUMBER	PHASE	MANUAL CHAPTER							PHASE	MANUAL CHAPTER	PROCEDURE NUMBER	LEVEL			TYPE	NUMBER	PHASE	MANUAL CHAPTER							PROCEDURE NUMBER	LEVEL	TYPE	NUMBER	PHASE	MANUAL CHAPTER	PROCEDURE NUMBER	LEVEL			
	B		530703	A			002								B			583822	A			001100	C													
	B		587100	A			004100	C							B																					
	B		592702	A			001100	C							B																					
	B		586740	A			001100	C							B																					

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

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

050-171144

REPORT

NO

SEC

MODULE NUMBER

581822

VIOLATION SEVERITY  
 OR DEVIATION

1 2 3 4 5 6 D

✓

SITE  
 RELATED

A C  
 B D

SUP.

6

VIOLATION OR DEVIATION (Enter up to 2400 characters for each item. If the text exceeds this number, it will be necessary to paraphrase. Limit lines to 50 characters each.)

1	
2	
3	Reports or notifications of exposure received during employment
4	with 10 CFR 19.13(d) to a radiographer who <del>XXXXXXXXXXXXXXXXXXXX</del> terminated on Oct. 21, 1989.
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INSPECTOR'S REPORT  
 (Continuation)  
 Office of Inspection and Enforcement

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

030-17748

REPORT

NO

SEQ

7301

MODULE NUMBER

585824

VIOLATION SEVERITY  
 OR DEVIATION

A	1	2	3	4	5	6	D
B							
C							
D							

TYPE  
 RELATED

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 B D

IMP.

6

VIOLATION OR DEVIATION (Enter up to 2400 characters for each item. If the text exceeds this number, it will be necessary to paraphrase. Limit lines to 50 characters each.)

2 Contrary to 10 CFR 20.408(b) a report to the Director, Office of Nuclear Regulatory  
 3 Research, USNRC, Washington, DC was not submitted within 90 days of the time a  
 4 radiographer terminated employment on October 21, 1989.



US NRC  
Region V

DI

GUIDANCE FOR INSPECTION PROCEDURE 87100

INDUSTRIAL RADIOGRAPHY INSPECTION FIELD NOTES

Inspection Report No. 90-01

License No. 50-17446-d

Licensee (name and address)

Docket No. 030-12770

Testing Institute of Alaska, Inc.  
2114 Railroad Avenue  
Anchorage, Alaska 99501

Inspected at:  
Same

Licensee Contact: Don Lockman, RSO

Telephone No. (907) 276-3440

Last Amendment No. 3

Date of Amendment. 3/13/89

Priority: I Program Code ( ) 03310 - Fixed ( ) 03320 - Temporary

Date of Inspection May 23, 1990

Type of Inspection ( ) Announced ( ) Initial  
() Unannounced ( ) Special  
() Reinspection  
Next Inspection Date May 1991 () Normal ( ) Extended ( ) Reduced

Summary of Findings and Action: modules used \$7100,

- ( ) No Noncompliance, Clear 591 issued ( ) Action on Previous N/C
- () Noncompliance, 591 issued (1 TD Eval) ( ) Regional Action
- ( ) HQ Action

Personnel Contacted

\* Donald Lockman, President, RSO  
Nancy Lockman, V.P.  
Robert Lockman, Radiographer

\* Those present at exit interview.

Inspector J. Frank Pang  
(Signature)

5/31/90  
(Date Signed)

Approved [Signature]  
(Signature)

6/6/90  
(Date Signed)

6/13/90

1.

ORGANIZATION

a. Management Structure

Don Lockman, President, RSO  
Tim Lockman, Asst RSO, Radiographer  
5 Radiographers

b. Administrative structure meets license requirements.  
() Yes ( ) No [L/C] [34.11(e)]

Remarks.

This is a family business. One of the radiographers is a son-in-law and only 2 of the 5 radiographers are not related.

c. Individuals identified in the license as being responsible for the programs still hold those positions. () Yes ( ) No

Remarks.

The father, Donald Lockman, owns the business and is the RSO also.

d. Radiography Personnel

Radiographers

Radiographer's Assistants

Lockman Brothers, Robert, Steve and Tim  
Don Galkowski  
Doug Burdick  
Randy D'Amico (Sawinham)  
(continue d., if needed, on paragraph 22.)

2.

INSPECTION HISTORY

a. Item(s) of noncompliance or deviations noted during last inspection conducted on Aug. 15 & 17, 1989 () Yes ( ) No

Corrected by letter dated \_\_\_\_\_

<u>Requirement</u>	<u>Severity</u>	<u>Corrected</u>	<u>Status</u>
Survey of Source criteria time	4	✓	
Receipt Record	5	✓	
Transparent Index on Shipping Papers	5	✓	
COC Registration	5	✓	

(continue b., if needed, on paragraph 22.)

c. If any item(s) of noncompliance or deviations noted during last inspection were not corrected, explain.

N.A.

(continue c., if needed, on paragraph 22.)

3. SCOPE OF PROGRAM

The licensee is an NDT company and does a lot of radiography in the course of their business.

4. TRAINING, RETRAINING AND SUPERVISION OF RADIOGRAPHY PERSONNEL

- a. Radiographers and Assistants named in license. ( ) Yes (  ) No
- b. Radiographer's Assistant under direct supervision of a Radiographer. ( ) Yes ( ) No [34.44] U.A.  
Remarks.

The licensee has no radiographer assistants.

- c. Approved training program. (  ) Yes ( ) No
- d. Deficiencies noted. ( ) Yes (  ) No [L/C]  
Remarks.
- e. Training provided by. RSO
- f. Written tests. (  ) Yes ( ) No
- g. Oral tests. (  ) Yes ( ) No
- h. Radiographers completed field examination. [34.31)a)(4) and (b)(3)] (  ) Yes ( ) No
- i. Record of test results. (  ) Yes ( ) No [34.31(c)]  
Remarks.
- j. Test results reviewed by NRC inspector. (  ) Yes ( ) No
- k. Radiographer completed on-the-job training. [34.11(b)(3)]  
(  ) Yes ( ) No  
Remarks.
- l. Retraining program required by License Condition. (  ) Yes ( ) No
- m. Periodic training. (  ) Yes ( ) No
- n. Retraining program implemented: (  ) Yes ( ) No [L/C]  
Remarks.
- o. Records of retraining reviewed. (  ) Yes ( ) No

- p. Instruction to workers in accordance with 19.12.  
() Yes ( ) No  
Remarks.

5. INTERNAL AUDITS OR INSPECTIONS

- a. Audits or inspections conducted at 3-month intervals in accordance with 34.11(d). () Yes ( ) No [L/C]  
Remarks.

- b. Records maintained. () Yes ( ) No [L/C]  
Remarks.

6. INSPECTION AND MAINTENANCE OF DEVICES, CONTAINERS, AND CHANGERS

- a. Included in Operating and Emergency Procedures.  
() Yes ( ) No [34.32(j)]  
Remarks.

- b. Equipment check prior to use each day. () Yes ( ) No [34.28(a)]  
Remarks.

- c. Equipment check at 3-month intervals. () Yes ( ) No [34.28(b)]  
Remarks.

- d. Record of results maintained. () Yes ( ) No [34.28(b)]  
Remarks.

7. NRC REGULATIONS, LICENSE AND OPERATING AND EMERGENCY PROCEDURES

- a. Parts 19, 20, and 34; the license; and Operating and Emergency Procedures furnished to all radiographers and radiographer's assistants. () Yes ( ) No [34.31(a)(2)]  
Remarks.

- b. Operating and Emergency Procedures approved by NRC. [34.11(c)]  
() Yes ( ) No



8. UTILIZATION LOG

a. Utilization log maintained. ( Yes ( ) No [34.27]  
Remarks.

b. Utilization log contains all required information. ( Yes  
( ) No [34.27(a),(b),(c)]  
Remarks.

9. QUARTERLY INVENTORIES

a. Quarterly physical inventories conducted. ( Yes ( ) No  
[34.25]  
Remarks.

b. Quarterly inventories contain all information. ( Yes ( ) No  
[34.26]  
Remarks.

c. Materials possessed authorized by the license. ( Yes ( ) No  
Remarks.

d. Byproduct Material inventory on. \_\_\_\_\_  
Source  
Changer  
Model #    Quantity    Isotope    Source S/N    Camera Model    S/N

e. Procurement and use of byproduct material in accordance with  
license requirements. ( Yes ( ) No [L/C]  
Remarks.

10. MATERIALS, FACILITIES AND EQUIPMENT

a. Fixed Facility. N.A.

1) As described in application dated \_\_\_\_\_, Report N.A.  
dated \_\_\_\_\_, or \_\_\_\_\_

(a). Cell(s) interlocked [20.203(c)(2)(1)] ( ) Yes ( ) No *N.A.*

(b). Cell(s) controlled in accordance with 20.203(c)(2)(ii) or (iii). [34.29(b)] ( ) Yes ( ) No *N.A.*  
Remarks.

(2) Entrance controlled in accordance with 20.203(c)(2).  
( ) Yes ( ) No [20.203(c)(2)] *N.A.*  
Remarks.

(3) Exit in accordance with 20.203(c)(3). ( ) Yes ( ) No *N.A.*  
[20.203(c)(3)]  
Remarks.

(4) Surveillance or locked to prevent unauthorized entry.  
( ) Yes ( ) No [20.203(c)(4), 34.41] *N.A.*  
Remarks.

(5) Visible and audible signals to warn of the presence of radiation: ( ) Yes ( ) No [34.29(b)] *N.A.*  
(a) Alarms operated correctly; i.e., visible due to radiation; audible when entrance attempted during source exposure. [34.29(b)]  
Remarks.

(6) Alarm system tested at 3 month intervals. ( ) Yes ( ) No *N.A.*  
[34.29(c)]  
Remarks.

(7) Record of alarm system test. ( ) Yes ( ) No [34.29(c)] *N.A.*  
Remarks.

(8) Radiographic exposure devices and storage containers meet radiation level limits of 34.21. ( ) Yes ( ) No [34.21] *N.A.*  
Remarks.

b. Storage Area.

(1) Sources locked in device. ( ) Yes ( ) No [34.22(a)] *N.A.*  
Remarks.

(2) Storage devices meet radiation levels ( ) Yes ( ) No *N.A.*  
[34.21]  
Remarks.

(3) Devices secured to prevent unauthorized removal from an unrestricted area. ( ) Yes ( ) No [20.207] *N.A.*  
Remarks.

c. Field Location

(1) Field work authorized. () Yes ( ) No [L/C]  
Remarks.

(2) Field inspection conducted. ( ) Yes () No

(3) Proper postings (signs) ropes, etc., available as required by regulations or license. ( ) Yes ( ) No *N.A.*  
Remarks.

d. Survey Meters

(1) Calibrated and operable meters available and used:  
() Yes ( ) No [34.43(c)]  
Remarks.

(2) Type and number available.

*about 23.*

(3) 2 mR/hr through 1 R/hr can be measured. () Yes ( ) No  
[34.24]  
Remarks.

(4) Calibrated by. *NDS of Paradise, TX 77506*

(5) Calibration method authorized. () Yes ( ) No [L/C]  
Remarks.

(6) Calibrated at 3-month intervals. () Yes ( ) No [34.24]  
Remarks.

e. Special Equipment (shields, collimators, etc.)

Remarks.

yes.

11. PERSONNEL MONITORING

a. Film or TLD badge supplier. Radiation Frequency Monthly [L/C]  
~~Labrador~~

b. Reports reviewed by: RBO Frequency: Monthly

c. NRC inspector reviewed personnel monitoring records for period Aug., 1989 to present *See opposite page.*

d. License exposure limit. 1.25 R/Quarter  3 R/Quarter

e. NRC forms or equivalent.

(1) NRC-4. ( ) Yes (  ) No Complete.\* ( ) Yes ( ) No  
\* Must be completed before individuals receive more than 1.25 rems per calendar quarter.

(2) NRC-5. (  ) Yes ( ) No Complete. (  ) Yes ( ) No  
[20.401(a)]

f. Maximum ~~quarterly~~ <sup>annual</sup> exposure. 950 mrem Average. \_\_\_\_\_

g. Each individual assigned film badge and dosimeter. (  ) Yes ( ) No  
( ) No [34.33(a)]  
Remarks.

h. Dosimeter type. \_\_\_\_\_ Range. 0-200 mrem

i. Annual check of dosimeter for correct response. (  ) Yes ( ) No  
[34.33(c)]  
Remarks.

j. Dosimeter recharged at start of each shift. (  ) Yes ( ) No  
[34.33(a)]  
Remarks.

k. Dosimeter dose recorded daily. (  ) Yes ( ) No [34.33(b)]  
Remarks.



12. LEAK TESTS

a. Leak test method approved. () Yes ( ) No [34.25(c)]  
Remarks.

b. Model of leak test kit. \_\_\_\_\_

c. Test at 6-month intervals. () Yes ( ) No [34.25(b)]  
Remarks.

*Leak tests are rarely done since the depleted sources are returned to the manufacturer before the six month leak test expiration date.*

d. Record of leak test results maintained. () Yes ( ) No [34.25(c)]

e. Records reviewed by NRC inspector for period Nov, '89 to present  
Remarks.

13. SURVEYS

a. Area of facility survey conducted to show compliance with 20.105. ( ) Yes ( ) No [20.201(b)] N.A.  
Remarks.

*The licensee has no fixed facility.*

b. Area of facility survey recorded. ( ) Yes ( ) No [20.401(b)] N.A.  
Remarks.

c. NRC inspector reviewed records for period Nov, 1989 to present

d. Maximum radiation levels in unrestricted areas.  
Remarks.

*~ 2 mR/hr at the lid to the storage vault.*

e. Survey after each exposure: () Yes ( ) No [34.43(b)]  
Remarks.

f. Survey includes guide tube. () Yes ( ) No [34.43(b)]  
Remarks.

g. Record of final survey before securing device at place-of-storage. () Yes ( ) No  
Remarks.

14. POSTING AND LABELING

- a. High Radiation Area posted as required. ( Yes ( ) No [20.203(c)(1)])  
Remarks.
- b. Radiation Area posted as required. ( Yes ( ) No [20.203(b)])  
Remarks.
- c. Use or storage area posted "Caution - Radioactive Material".  
( Yes ( ) No [20.203(e)(1)])  
Remarks.
- d. Containers or devices properly labeled. ( Yes ( ) No [20.203(f)])  
Remarks.
- e. Posting of "Notice to Workers". ( Yes ( ) No [19.11(a) or (b)])  
Remarks.
- f. Posting of "Notice to Employees". ( Yes ( ) No [19.11(c)])  
Remarks.

15. CONFIRMATORY MEASUREMENTS

- a. Confirmatory measurements made by inspector. ( Yes ( ) No
- b. Survey instrument. Xetax 305B NRC Serial No. 8174  
Last date of calibration. Mar. 1, 1990
- c. Describe type and results of measurements and compare these with licensee's measurements. A radiation survey was conducted of those of the exposure devices and of the storage area. No abnormal/significant radiation levels were measured.

16. RECEIVING AND SHIPPING OF RADIOACTIVE MATERIALS

- a. Procedures for picking up, receiving, and opening of packages. ( Yes ( ) No [20.205])  
Remarks.

- b. Written procedures. ( Yes ( ) No
- c. Shipping incidents since last inspection. ( ) Yes ( No
- d. Survey of packages when received. ( Yes ( ) No [20.205(c)(1)]  
Remarks.
- e. Record of survey of packages. ( Yes ( ) No [20.401(b)]  
Remarks.
- f. Shipment of sources since last inspection. ( Yes ( ) No
- (1) Only container authorized by licensee has been used.  
( Yes ( ) No  
Remarks.
- (2) Shipping papers and package labeling properly completed.  
( Yes ( ) No [71.5]  
Remarks.
- (3) Licensed material transferred in accordance with [30.41].  
( Yes ( ) No  
Remarks.
- (4) Record of receipt and transfer. ( Yes ( ) No [30.51]  
Remarks.

17. TRANSPORTATION (10 CFR 71.5a and 49 CFR 171-178

- |  | <u>Yes</u>                          | <u>N/A</u>                          | <u>Vio.</u> |
|--|-------------------------------------|-------------------------------------|-------------|
| a. Licensee makes shipments of RAM?<br>Such shipments are:<br>( ) delivered to Common Carriers?<br>( ) transported in licensee's own<br>vehicle as private carrier?<br>( <input checked="" type="checkbox"/> both? | <input checked="" type="checkbox"/> | ( )                                 | ( )         |
| If a. above is "Yes," complete following items:  |                                     |                                     |             |
| b. Are Authorized Packages used?<br>[173.415-416]<br>Types used:<br>DOT-7A, Type A [173.415]   | <input checked="" type="checkbox"/> | ( )                                 | ( )         |
| Performance test records on file?<br>DOT-55 [173.416(a)]   | ( )                                 | <input checked="" type="checkbox"/> | ( )         |

- Licensee aware of 6/30/85 Cutoff on use? ( )  ( )
- ( ) Certified [173.416(b)] ( )  ( )
- NRC COC's on file? [71.12(c)(1)] ( )  ( ) ( )
- Registered with NRC as user? [71.12(c)(3)] ( )  ( ) ( )
- Documented NRC-Approved Q/A program? [71.12(b)] ( )  ( ) ( )
- NRC Q/A Approval No. \_\_\_\_\_ ( )  ( ) ( )
- ( ) Other \_\_\_\_\_
- c. Special Form Material Performance test records available for each source design [173.476(a)] ( )  ( ) ( )
- d. Packages labeled as required? [172.403(a)(b)(c)(e)(f)] ( )  ( ) ( )
- ( ) Excepted ( ) WI ( ) YII ( )  YIII ( )  ( ) ( )
- Surveys performed to select correct label category and compliance with radiation limits? (175.475(i)). ( )  ( ) ( )
- e. Packages marked with required, i.e., proper shipping name, Spec. No., COC No., etc. [172.300 thru 172.310] ( )  ( ) ( )
- f. Shipping papers prepared for each shipments? [172.200] ( )  ( ) ( )
- Such papers contain required information [172.203(d)] ( )  ( ) ( )
- g. For licensee Private Carrier Shipments: Vehicles placarded as required? [172.500, 172.504] ( )  ( ) ( )
- Cargo blocked, braced, tied down in vehicle? [177.842(d)] ( )  ( ) ( )
- Any incidents reported to DOT? [171.15-16] ( )  ( ) ( )
- h. Licensee carries shipping papers that are readily accessible when transporting RAM. ( )  ( ) ( )

18. NOTIFICATION AND REPORTS

- a. Licensee in compliance with 19.13 (reports to individuals). ( ) Yes ( ) No [19.13] N.A. Remarks.
- b. Licensee in compliance with 20.405 (overexposures). ( ) Yes ( ) No [20.405(a)] N.A. Remarks.



- c. Licensee in compliance with 20.403 (incidents).  
 Yes  No [20.403] *N.A.*  
 Remarks.
- d. Licensee in compliance with 20.402 (theft or loss).  
 Yes  No [20.402(a)] or [20.402(b)] *N.A.*  
 Remarks.
- e. Annual Report to Commission.  Yes  No [20.407] *N.A.*  
 Remarks.
- f. Termination Report to Commission.  Yes  No [20.408] *N.A.*  
 Remarks.

19. LICENSE CONDITIONS

- a. All License Conditions reviewed during inspection.  Yes  
 No
- b. Activities were conducted in accordance with License Conditions  
 except as noted elsewhere in this report.  Yes  No  
 Remarks.

20. BULLETINS AND INFORMATION NOTICES

- a. Bulletins and Information Notices issued during current year.  
 Yes  No
- b. Bulletins and Information Notices received by licensee.  Yes  
 No
- c. Licensee took appropriate action in response to Bulletins and  
 Information Notices.  Yes  No  
 Remarks.

21. ITEMS OF NONCOMPLIANCE

*See appendix A*

22. CONTINUATION OF PREVIOUS PARAGRAPHS - USE BACK OF PAGE IF NECESSARY

APPENDIX A - DOCUMENTATION OF NONCOMPLIANCE

Licensee: Tasting Institute of Alaska, Inc.

License no: SC-17-446-01

Reference	Basis for noncompliance
-----------	-------------------------

Report item <u>11.C.</u> 10 CFR <u>20.201</u> Lic Cond _____ Type n/c <u>S.H.4</u>	<i>The estimate for a misplaced film badge had not been made on two occasions.</i>
---	--

Report item _____ 10 CFR _____ Lic Cond _____ Type n/c _____	
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Report item _____ 10 CFR _____ Lic Cond _____ Type n/c _____	
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Report item _____ 10 CFR _____ Lic Cond _____ Type n/c _____	
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Report item _____ 10 CFR _____ Lic Cond _____ Type n/c _____	
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