

SAFETY INSPECTION

1. LICENSEE PURDUE UNIVERSITY Civil Engineering Building B 173 West Lafayette, IN 47907	2. REGIONAL OFFICE U.S. NUCLEAR REGULATORY COMMISSION REGION III 799 ROOSEVELT ROAD GLEN ELLYN, IL 60137
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3. DOCKET NUMBER(S) XXXX 040-02681	4. LICENSE NUMBER(S) SUD-296	5. DATE OF INSPECTION December 13, 1990
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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. _____

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.

9101110144 901221 REG3 LIC40 SUD-0296 PDR	DATE	<i>Jay Simmons</i> SIGNATURE - NRC INSPECTOR	12/21/90 DATE
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IEU 9

NOTE: FILL IN ALL BLANKS WITH ARROW

MIS

NRC FORM 766
16-831
11 MC 05-15

U.S. NUCLEAR REGULATORY COMMISSION

PRINCIPAL INSPECTOR (Name, last, first and middle initials)

Simmons, ToyE

REVIEWER

Candano/Schultz

INSPECTOR'S REPORT

Office of Inspection and Enforcement

INSPECTORS

LICENSEE/VENDOR

TRANSACTION TYPE

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

REPORT

NEXT INSP. DATE

*Purdue University
West Lafayette*

- I - INSERT
- M - MODIFY
- D - DELETE
- R - REPLACE

*0-30
04002631*

NO	SEQ	MC	YR
<i>90001</i>	<i>A</i>	<i>DB</i>	<i>94</i>
<i>90001</i>	<i>B</i>		
	<i>C</i>		
	<i>D</i>		

PERIOD OF INVESTIGATION/INSPECTION

INSPECTION PERFORMED BY

ORGANIZATION CODE OF REGION/HQ CONDUCTING ACTIVITY (See 10MC 0530 "Manpower Reporting - Weekly Manpower Reporting" for code)

FROM	TO	X			
MO	DAY	YR	MO	DAY	YR
<i>12</i>	<i>13</i>	<i>90</i>	<i>12</i>	<i>13</i>	<i>90</i>
20	25	26	31		

- REGIONAL OFFICE STAFF
- OTHER
- RESIDENT INSPECTOR
- PERFORMANCE APPRAISAL TEAM

REGION	DIVISION	BRANCH
<i>3</i>	<i>4</i>	<i>2</i>
32	34	35

REGIONAL ACTION (Check one box only)

TYPE OF ACTIVITY CONDUCTED (Check one box only)

- 1 - NRC FORM 591
- 2 - REGIONAL OFFICE LETTER

- 02 - SAFETY - *FEE*
- 03 - INCIDENT
- 04 - ENFORCEMENT
- 05 - MGMT AUDIT

- 06 - MGMT VISIT
- 07 - SPECIAL - *FEE*
- 08 - VENDOR
- 09 - MAT ACCT
- 10 - PLANT SEC
- 11 - INVENT VER
- 12 - SHIPMENT/EXPORT
- 13 - IMPORT

- 14 - INQUIRY - *NO FEE*
- 15 - INVESTIGATION

INSPECTION INVESTIGATION FINDINGS (Check one box only)

TOTAL NUMBER OF VIOLATIONS AND DEVIATIONS

ENFORCEMENT CONFERENCE HELD

REPORT CONTAIN 2790 INFORMATION

LETTER OR REPORT TRANSMITTAL DATE

A	B	C	D
<input checked="" type="checkbox"/>			

1 - CLEAR
2 - VIOLATION
3 - DEVIATION
4 - VIOLATION & DEVIATION

check here if no FEE is required

A	B	C	D
<i>0</i>	<i>0</i>		

1 - YES

A	B	C	D

1 - YES

MO	DAY	YR	MO	DAY	YR

01/04/91

MODULE INFORMATION

MODULE INFORMATION

MODULE INFORMATION										MODULE INFORMATION																												
REC. ORG.	MODULE NUMBER NSP				PRIORITY	DIRECT INSPEC. TIME EFFORT IN STAFF HOURS EXPENDED THIS INSPECTION	PERCENTAGE COMPLETED TO DATE	STATUS	MODULE REQ FOLLOWUP				REC. ORG.	MODULE NUMBER INSP				PRIORITY	DIRECT INSPEC. TIME 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	PROCEDURE NUMBER	LEVEL										
B	5	3	0	7	0	3	B	A				0	0	0		B	A				0	0	0															
B	5	8	7	1	0	0	A				0	0	1	1	0	C																						
B							A				0	0																										
B	5	9	2	7	0	2	B				0	0																										

* CIRCLE SEQUENCE IF VIOLATION OR DEVIATION