



SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. CERTIFICATE/QUALITY ASSURANCE PROGRAM (QAP) HOLDER: Orano TN Americas, LLC 7135 Minstrel Way, Suite 300 Columbia, MD 21045		2. NRC/REGIONAL OFFICE Headquarters U. S. Nuclear Regulatory Commission Mail Stop 3WFN 14C-28 Washington, DC 20555-0001	
REPORT NUMBER(S) 07201042/2020-201			
3. CERTIFICATE/QAP DOCKET NUMBER(S) 07201042	4. INSPECTION LOCATION Kernersville, NC	5. DATE(S) OF INSPECTION February 11-13, 2020	

CERTIFICATE/QUALITY ASSURANCE PROGRAM HOLDER:

The inspection was an examination of the activities conducted under your QAP as they relate to compliance with the Nuclear Regulatory Commission (NRC) rules and regulations and the conditions of your QAP Approval and/or Certificate(s) of Compliance. The inspection consisted of selective examinations of procedures and representative records, interviews with personnel, and observations by the inspector. The inspection findings are as follows:

- 1. Based on the inspection findings, no violations were identified.
- 2. Previous violation(s) closed.
- 3. The violation(s), specifically described to you by the inspector as non-cited violations, are not being cited because they were self-identified, non-repetitive, and corrective action was or is being taken, and the remaining criteria in the NRC Enforcement Policy, to exercise discretion, were satisfied.

_____ Non-cited violation(s) was/were discussed involving the following requirement(s) and Corrective Actions(s):

- 4. During this inspection, certain of your activities, as described below and/or attached, were in violation of NRC requirements and are being cited in accordance with NRC Enforcement Policy. This form is a NOTICE OF VIOLATION, which may be subject to posting in accordance with 10 CFR 19.11.
(Violations and Corrective Actions)

Statement of Corrective Actions

I hereby state that, within 30 days, the actions described by me to the Inspector will be taken to correct the violations identified. This statement of corrective actions is made in accordance with the requirements of 10 CFR 2.201 (corrective steps already taken, corrective steps which will be taken, date when full compliance will be achieved). I understand that no further written response to NRC will be required, unless specifically requested.

TITLE	PRINTED NAME	SIGNATURE	DATE
CERTIFICATE/QAP REPRESENTATIVE	Douglas Brownson, Director Quality Assurance and Safety	<i>D. BROWNSON</i> email 3/19/2020	3/19/2020
NRC INSPECTOR	Earl Love, Team Leader Sr. Transportation and Storage Safety Inspector	<i>Earl Love</i>	3/25/2020
BRANCH CHIEF	Alayna Pearson, Acting Branch Chief		