25 JUN 1987

License No. 37-21067-01
Docket No. 030-19732
Control No. 106864

Pennsylvania Shipbuilding Company
ATTN: Franz H. Noll, P.E.
Radiation Safety Officer
Foot of Morton Avenue
Chester, Pennsylvania 19013

Gentlemen:

This is in reference to your application dated February 25, 1987, to renew License No. 37-21067-01. In order to continue our review, we need the following additional information:

1. Please identify the model number of each sealed source and source rod you possess.

2. Page 16, Attachment 4 of your application states that the radiation safety officer shall be notified if a dosimetry goes off scale, but there is no mention that work should be stopped immediately. Confirm that if a dosimeter should go off scale during use that work will be stopped immediately and that the radiation safety officer is to be notified.

3. Your Standard Operating Procedure for Quarterly Inspection and Maintenance of Radiographic Equipment does not contain information concerning the transfer of the source from the camera being inspected to a designated source changer. Please confirm that appropriate source changers will be used.

4. Your application does not contain a copy of the Utilization Log required by 10 CFR 34.27. The primary purpose of this log is to provide an account of each source in its exposure device whenever the device is removed from the storage area. Please provide a copy of your log which will satisfy this purpose. Also please modify your procedures to assure that this log is updated each time a source is removed or returned to storage.

5. Your Radiation Safety Training Outline for Assistant Radiographers to become Radiographers does not include all the subjects specified in Appendix A of 10 CFR Part 34. Specifically, training is required concerning the case histories of radiography accidents. Please confirm that this subject will be presented and that your outline will be modified to incorporate this subject.

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6. Your application did not contain a copy of a checklist used to perform quarterly audits of all Radiographers and Assistant Radiographers. Exhibit 1 on page 15 of the enclosed Regulatory Guide 10.6 is an example of an acceptable checklist. Please provide a copy of your checklist.

We will continue our review upon receipt of this information. Please reply in duplicate to my attention at the Region I office and refer to Mail Control No. 106864.

In order to continue prompt review of your application, we request that you submit your response to this letter within 30 calendar days from the date of this letter.

Sincerely,

Original Signed By:
Jenny M. Johansen

John E. Glenn, Ph.D., Chief
Nuclear Materials Safety Section B
Division of Radiation Safety
and Safeguards

Enclosure: Regulatory Guide 10.6

RI:DRSS
Joustra/bc
06/24/87

RI:DRSS
Johansen
6/24/87

OFFICIAL RECORD COPY ML 991 JOUSTRA - 0002.0.0
06/23/87

CONVERSATION RECORD

TIME 1:30 DATE 6/17/87

TYPE ☐ VISIT ☐ CONFERENCE ☑ TELEPHONE ☐ INCOMING ☑ OUTGOING

Location of Visit/Conference:

NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU	ORGANIZATION (Office, dept., bureau, etc.)	TELEPHONE NO.
Franz Noll	PA. Shipbuilding Co.	215 499-3063

SUBJECT

ROUTING	
NAME/SYMBOL	INT

SUMMARY

Needed confirmation concerning the activity per source for automation Iridiat. Camera.

Mr Noll stated they have 3 automation Iridiat. cameras with 100 curie, each.

ACTION REQUIRED

None (send deficiency letter for other items)

NAME OF PERSON DOCUMENTING CONVERSATION	SIGNATURE	DATE
	F. Joustra	6/17/87

ACTION TAKEN

"OFFICIAL RECORD COPY" ML10

SIGNATURE	TITLE	DATE

CONVERSATION RECORD

TIME | DATE

TYPE
☐ VISIT ☐ CONFERENCE ☐ TELEPHONE
☐ INCOMING ☐ OUTGOING

Location of Visit/Conference:

NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU	ORGANIZATION (Office, dept., bureau, etc.)	TELEPHONE NO.
Franz Knoll	7A Shipbuilding	(215) 499-3063

SUBJECT
additional info needed for renewal

ROUTING	
NAME/SYMBOL	INT

SUMMARY Audit of
1. Radiographers should include verification that the camera is docked after the source is returned to camera (after each exposure).

ACTION REQUIRED
Mr. Knoll will modify the form and send a copy

NAME OF PERSON DOCUMENTING CONVERSATION | SIGNATURE | DATE
D. A. Joustra | 7/15/87

ACTION TAKEN

"OFFICIAL RECORD COPY" "ML1"

SIGNATURE | TITLE | DATE