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July 21, 1988

Don Nussbaumer
Assistant Director for
State Agreements Program
State, Local and Indian Tribe Programs
U.S. Nuclear Regulatory Commission
Washington, D.C. 20555

Dear Mr. Nussbaumer:

This letter is in response to your All Agreement States Memo dated June 30, 1988 concerning lessons learned and our regulatory assessment for the 3M Polonium 210 incident.

1. Staff determined the status of leaker sources using procedures other than described. Example: Crumpled paper towel was used with air guns to determine leaker status by holding the paper towel to the nozzle of the gun to catch airborne contamination, in addition to track released radioactive material in the area of the air gun.

Were the procedures tested to determine that the procedures were inclusive of all possibilities?

We suggest that the use and design of the devices be included in the parameters considered to determine problem categories.

2. During our follow-up surveys, we found that the consultant for 3M had left the waste behind at the general licensee's facility. In one case, we found contamination that had not been cleaned up.

We suggest that the State programs be notified of the actions that will and will not be taken by the consultant to ensure our ability to make decisions concerning follow-up inspections and other appropriate actions as necessary.

3. The 3M advisory did not seem to be forceful enough to elicit timely response from all general licensees. Two casinos in the Reno, NV area had not returned the devices containing Po-210 several weeks after receiving the 3M advisory. They indicated that they would not return the devices, used in the casino counting rooms, until other static elimination devices became available.

Their delay required my staff to return again to the facility to complete our follow-up survey (third visit to the user location).

4. One lesson learned indicates that my staff would not have had adequate instrumentation (enough equipment) if the scope of our response activities had been greater (longer list of facilities to inspect).

One of two alpha meters in one office became inoperational during the surveys, leaving only one meter for completion of the project in northern Nevada. I have used this experience as part of my justification for additional alpha instrumentation in the upcoming budget proposal.

If you have any questions, please feel free to contact me.

Sincerely,

Stanley R. Marshall, Supervisor
Radiological Health Section
Bureau of Regulatory Health Services

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