

SAFETY INSPECTION

R-1
57

1. LICENSEE Charles of The Ritz Country Inn Route 35 Hulmdel, NJ 07733		2. REGIONAL OFFICE U.S. NRC, Region V 475 Wileysdale Rd King of Prussia, PA 19406	
3. DOCKET NUMBER(S) 99990001		5. DATE OF INSPECTION March 4, 1985	

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. My 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.

SIGNATURE - LICENSEE	DATE	SIGNATURE - NRC INSPECTOR	DATE
		C.D. Sheng	3/4/85

Report No. 037
Sheet No. 000000

99990001

GENERAL LICENSE STATIC ELIMINATOR DEVICECOLLECTION FORM

1. Name and Address of General Licensee:

Charles J. the Ritz Group, Inc
Route 35, Helmsdale, NY 07735

2. Date of Inspection:
- 3/4/88

Signature of Inspector(s): [Signature]

3. Principal Business of Licensee:

Cosmetics

4. Purpose for which device(s) are used:

Remove static & dust from compacts.

5. Device Specifics:

a. Model Number: 1-902 & 2-210 deviceb. Activity of Po-210 source MC1c. Date Received: 902 on 1/7/88 & 210 on 5/87d. Date lease expires: 1/89 & 5/88

6. Did licensee receive 3M notification: Yes
-
- No
- ✓

Licensee Contact: Dan Whelan Phone # 201-739-9048Title: Mgr., Mechanical Engng.Contamination Present Yes No ✓Maximum amt. of contamination detected: NoneKenneth R. Cerna
Div. 2, Q.A.

3 Services, all removed & shipped to 3M.

902 shipped 2/6/88 & 210 shipped 2/24/88

Telephone results of wipe from 3M on
2/29/88 stated all clean.

902 Servo unit clean air @ 80 PSI, filtered &
dried. Used 1/25 - 2/26. roughly one
week's production, 4 shipments.

FDA took samples.

Surveyed one random & compact
from Jan 1/25 - 2/26 production. - BKJ.

Report No. 88-037
Becket No. 8800000

99990001

7. Survey:

a. Has survey been performed by SM: Yes ☒ No ☒By Consultant: Yes ☐ No ☒

If Yes list consultant's name and location:

When returned
telephone records
are clean.

Describe what the consultant/SM did during the visit:

b. Survey Performed by Inspector: ObergSerial Number of Device: C-11057/902 & B0611P & B0612D/210Direct Survey Of Device: NA alpha dpm/cm²Direct Survey Of Work Area: Bkgd (10-20 cpm)Random compact impaction
also BkgdSmear Survey of Device: NA alpha dpm/cm²Smear Survey of Work Area: Bkgd (10-20 cpm) above wire w/ netSurvey Instrument Used: Ludlum 44BModel: 61Serial No.: 51948Date of Calibration: 2/29/88 1121% E depending
(If more than one unit use additional sheets) on geometry

If direct survey shows contamination, samples of product must be obtained.

Type of product: _____

Report No. 62-
Bucket No. 9970000

Serial Number of Device: _____
Direct Survey Of Device: _____ alpha dpm/____cm²
Direct Survey Of Work Area: _____

Smear Survey of Device: _____ alpha dpm/____cm²
Smear Survey of Work Area: _____

Survey Instrument Used: _____
Model: _____
Serial No.: _____
Date of Calibration: _____

Serial Number of Device: _____
Direct Survey Of Device: _____ alpha dpm/____cm²
Direct Survey Of Work Area: _____

Smear Survey of Device: _____ alpha dpm/____cm²
Smear Survey of Work Area: _____

Survey Instrument Used: _____
Model: _____
Serial No.: _____
Date of Calibration: _____

Urgent —

UNITED STATES NUCLEAR REGULATORY COMMISSION

REGION I LABORATORY

SAMPLE RECORD SHEET

Serial No. 301321

Non Routine X Date Needed _____

Sample From: Charles of the City Group

Samples Received: 3-10-88

Collected By Obong Date Sent _____

Analysis Completed: 3-11-88

Organization

Notified:

Date:

Analyzed By: atb

Approved By:

[illegible]

*Random uncertainties reported are 1 standard deviation. To small negative and other results $\leq 3\sigma$ are interpreted by NRC as