

INSPECTOR CASEWORK REVIEW SUMMARY SHEET

A/S or NRC Office: _____ Reviewer: _____ Casework File No. _____

GENERAL INFORMATION:			
Licensee:		License #:	
License Type:		Priority:	
Location(s) Inspected:			
Inspection Dates:		Inspector(s):	
ADDITIONAL INFORMATION:			
Inspection Type:			
<input type="checkbox"/> Unannounced		<input type="checkbox"/> Announced	
<input type="checkbox"/> Routine	<input type="checkbox"/> Initial	<input type="checkbox"/> Special	<input type="checkbox"/> Reciprocity
<input type="checkbox"/> Office	<input type="checkbox"/> Security	<input type="checkbox"/> Temporary Job Site/Field Station	
Date of previous inspection or date of license issuance for initial inspections			Date
For routine inspections conducted in the timeframe established within the procedure			<input type="checkbox"/> Yes <input type="checkbox"/> No
For initial inspections conducted in the timeframe established within the procedure			<input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisory review of inspection findings by			Date
Date inspection findings issued		Within 30 days of inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
PERFORMANCE COMMENTS TO INCLUDE INSPECTION FINDINGS			
Comments Discussed With:			Date: