

Protecting People and the Environment

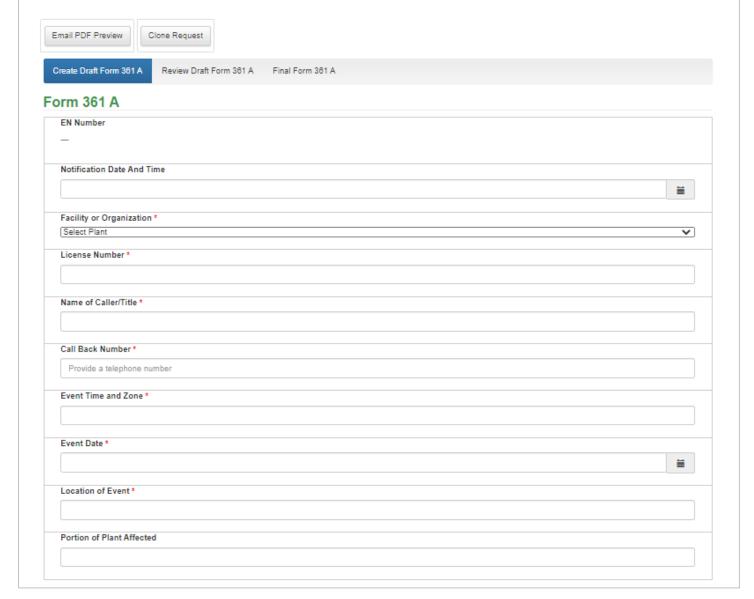
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Form 361 A

APPROVED BY OMB: NO. 3150-0238

EXPIRES: 10/31/2022

Estimated burden per response to comply with this voluntary collection request: 30 minutes. The information provided will be used for evaluation of licensee event description, facility status and for input to the public website. Send comments regarding burden estimate to the FOIA, Library, and Information Collections Branch (T-6 A10M), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by e-mail to Infocollects.Resource@nrc.gov, and the OMB reviewer at: OMB Office of Information and Regulatory Affairs, (3150-0238), Attn: Desk Officer for the Nuclear Regulatory Commission, 725 17th Street NW, Washington, DC 20503; e-mail: oira_submission@omb.eop.gov. The NRC may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the document requesting or requiring the collection displays a currently valid OMB control number.



General Emergency	Site Area Emergency	,	Alert	
■ No ○ Yes	■ No ○ Yes		■ No ○ Yes	
Notification of Unusual Event	Incident Report		Transportation Event	
No O Yes	● No ○ Yes		No Yes	
Information Only	Other (Specify)		Other Specify	
® No ○ Yes	No ○ Yes			
ent Types				
Fuel Cycle	Medical/Academic		Transportation	
● No ○ Yes	● No ○ Yes		® No ○ Yes	
Waste Management	Industrial / Commerc	cial	Foreign	
■ No ○ Yes	■ No ○ Yes		® No ○ Yes	
Other	Other Specify			
● No ○ Yes				
ident Reports (30.50, 40.60, 70 20.2201 Loss Theft No ○ Yes	0.50)	(a) Protective Action Pr	revented	
20.2202 Actual/Threatened Overexposure		(b)(1) Unplanned Conta	amination	
® No ○ Yes		No ○ Yes		
20.2202 Actual/Threatened Release ■ No ○ Yes		(b)(2) Safety Equipment Failure ■ No ○ Yes		
21.21 Defect / Noncompliance		(b)(3) Medical Treatment With Contamination		
No ○ Yes		No ○ Yes		
26.791 Fitness For Duty ● No ○ Yes		(b)(4) Fire / Explosion ■ No ○ Yes		
35.3045 Medical Event ■ No ○ Yes		70.52 Critically / SNM Lost ■ No ○ Yes		
36.83 Irradiator Event		70.52 Actual / Attempte	d Theft	
No		No OYes		
39.77 Ruptured Well Logging Source		Appendix A, 1 HR		
● No ○ Yes		■ No ○ Yes		
39.77 Irretrievable Well Logging Source ■ No ○ Yes		Appendix A 24 HR No O Yes		

IRC Region		Anything Unusual or Not Understood		
·		® No ○ Yes		
State		Did All Systems Function As Require	d	
State		No O Yes		
ocal		Additional Information on Page 2 No O Yes		
	~	0110 0125		
Other Government Agencies				
	~			
ress Release				
	~			
vent Description *				
iological / Chemical Relea	ses: Check or Fill in Applicable			
ivent Description * liological / Chemical Relea sotope Monitor Reading Release	ses: Check or Fill in Applicable Activity Monitor Reading Release	Items Physical Form Monitor Reading Release	Chemical Form Monitor Reading Release	
liological / Chemical Relea		Physical Form Monitor Reading		
liological / Chemical Relea		Physical Form Monitor Reading		
liological / Chemical Relea sotope Monitor Reading Release	Activity Monitor Reading Release	Physical Form Monitor Reading Release Physical Form Alarm Setpoint	Release Chemical Form Alarm Setpoint	
liological / Chemical Relea sotope Monitor Reading Release sotope Alarm Setpoint Release	Activity Monitor Reading Release Activity Alarm Setpoint Release Liquid Effluent Monitor Reading	Physical Form Monitor Reading Release Physical Form Alarm Setpoint Release Other Monitor Reading Release	Release Chemical Form Alarm Setpoint	

Maximum External Dose Maximum Internal Dose Critical Organ Exposed	Maximum External Level Maximum Internal Level Critical Organ Contaminated
Maximum Internal Dose	Maximum Internal Level
Critical Organ Exposed	Critical Organ Contaminated
Critical Organ Exposed	Critical Organ Contaminated