



UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION III
2056 WESTINGS AVENUE, SUITE 400
NAPERVILLE, IL 60563-2657

September 19, 2025

EAF-RIII-2025-0133

Brian Kruer
President of Globe, LLC
Hartford Quality Assurance, LLC
20 West 7th Street
New Albany, IN 47150

SUBJECT: NRC ROUTINE INSPECTION REPORT NO. 03037549/2024001(DRSS) AND
INVESTIGATION REPORT OI-RIII-2024-019 - HARTFORD QUALITY
ASSURANCE, LLC

Dear Mr. Kruer:

On May 9, 2024, an inspector from the U.S. Nuclear Regulatory Commission (NRC) conducted a routine inspection at your New Albany, Indiana, location, with continued in-office review through August 20, 2025. The purpose of the inspection was to review activities performed under your NRC license to ensure that activities were being performed in accordance with NRC requirements. The enclosed inspection report presents the results of the inspection. This letter also refers to an investigation that was conducted by the NRC's Office of Investigations (OI). The purpose of the investigation was to determine whether a Hartford Quality Assurance, LLC Radiation Safety Officer (RSO) falsified security related documents. Investigation OI-RIII-2024-0019 was initiated on August 23, 2024, and completed on June 4, 2025. A factual summary of Investigation OI-RIII-2024-0019, which substantiated willful behavior, is provided as Enclosure 1 (non-public). The in-office review included a review of documents and information not present at the time of the inspection and the investigation results provided by OI. The inspector discussed the preliminary inspection findings with Charles Bradshaw of your staff at the conclusion of the on-site portion of the inspection. A final exit briefing was conducted (telephonically) with you on August 20, 2025.

This inspection examined activities conducted under your license as they relate to safety and compliance with the NRC's rules and regulations and with the conditions in your license. Within these areas, the inspection consisted of selected examination of procedures and representative records, observations of activities, and interviews with personnel.

Enclosure 1 and 3 contain Sensitive
Unclassified Non-Safeguards Information.
When separated from Enclosure 1 and 3,
this transmittal letter and Enclosure 2 are
decontrolled.

B. Krueer

2

Based on the results of the inspection and investigation, multiple apparent violations of NRC requirements were identified and are being considered for escalated enforcement action in accordance with the NRC Enforcement Policy. The current Enforcement Policy is included on the NRC's website at <http://www.nrc.gov/about-nrc/regulatory/enforcement/enforce-pol.html>. Three of the safety related apparent violations involved a failure to: (1) record direct reading dosimeter exposures at the beginning of the shift, as required by Title 10 of the *Code of Federal Regulations* (10 CFR) 34.47(b); (2) check pocket dosimeters at a period not to exceed 12 months, as required by 10 CFR 34.47(c); and (3) fill out the Radiographic Operations Report No. 1 when any source is removed from its place of storage, as required by License Condition 16 of License No. 13-32671-01, dated March 19, 2018. The remaining apparent violations were of a security-related nature. Details of these violations are discussed in Enclosure 3.

Before the NRC makes its enforcement decision, we are providing you with an opportunity to (1) respond to the apparent violations addressed in this inspection report within 30 days of the date of this letter, (2) request a Predecisional Enforcement Conference (PEC), or (3) request Alternate Dispute Resolution (ADR). If a PEC is held, the NRC will issue a press release to announce the time and date of the conference; however, the PEC will be closed to public observation since security-related information and information related to an OI report will be discussed and the report has not been made public. **Please contact Rhex Edwards at (630) 829-9722 or Rhex.Edwards@nrc.gov within 10 days of the date of this letter to notify the NRC of your intended response or request.** A PEC should be held within 30 days and an ADR session within 45 days of the date of this letter.

If you choose to provide a written response, it should be clearly marked as "Response to the Apparent Violations in Inspection Report No. 03037549/2024001(DRSS); EAF-RIII-2025-0133," and should include, for the apparent violations: (1) the reason for the apparent violations, (2) the corrective steps that have been taken and the results achieved; (3) the corrective steps that will be taken to avoid further violations; and (4) the date when full compliance was or will be achieved. Your response may reference or include previously docketed correspondence, if the correspondence adequately addresses the required response. Your response should be sent to the NRC's Document Control Desk, Washington, DC 20555-0001, with a copy mailed to the NRC Region III Office, 2056 Westings Avenue, Suite 400, Naperville, IL 60563, within 30 days of the date of this letter. If an adequate response is not received within the time specified or an extension of time has not been granted by the NRC, the NRC will proceed with its enforcement decision or schedule a PEC.

If you choose to request a PEC, it will afford you the opportunity to provide your perspective on the apparent violations and any other information that you believe the NRC should take into consideration before making an enforcement decision. The decision to hold a pre-decisional enforcement conference does not mean that the NRC has determined that a violation has occurred or that enforcement action will be taken. This conference would be conducted to obtain information to assist the NRC in making an enforcement decision. The topics discussed during the PEC may include information to determine whether a violation occurred, information to determine the significance of a violation, information related to the identification of a violation, and information related to any corrective actions taken or planned to be taken.

B. Kruer

3

In presenting your corrective actions, you should be aware that the promptness and comprehensiveness of your actions will be considered in assessing any civil penalty for the apparent violations. The guidance in NRC Information Notice 96-28, "Suggested Guidance Relating to Development and Implementation of Corrective Action," may be useful in preparing your response. You can find the information notice on the NRC website at:

<https://www.nrc.gov/docs/ML0310/ML031060071.pdf>

You may also request ADR with the NRC in an attempt to resolve this issue. ADR is a general term encompassing various techniques for resolving conflicts using a neutral third-party. The technique that the NRC has decided to employ is mediation. Mediation is a voluntary, informal process in which a trained neutral party (the "mediator") works with parties to help them reach resolution. If the parties agree to use ADR, they select a mutually agreeable neutral mediator who has no stake in the outcome and no power to make decisions. Mediation gives parties an opportunity to discuss issues, clear up misunderstandings, be creative, find areas of agreement, and reach a final resolution of the issues. Additional information concerning the NRC's program can be obtained at <http://www.nrc.gov/about-nrc/regulatory/enforcement/adr.html>. The Institute on Conflict Resolution (ICR) at Cornell University has agreed to facilitate the NRC's program as a neutral third party. **Please contact ICR at 877-733-9415 within 10 days of the date of this letter if you are interested in pursuing resolution of this issue through ADR. In addition, if you choose ADR, please also contact Rhex Edwards at the telephone number or email address listed above.**

In addition, please be advised that the number and characterization of the apparent violations described in the enclosed inspection report may change as a result of further NRC review. You will be advised by separate correspondence of the results of our deliberations on this matter.

In accordance with the NRC's "Agency Rules of Practice and Procedure" in 10 CFR 2.390, a copy of this letter and Enclosure 2 will be made available electronically for public inspection in the NRC's Public Document Room or from the NRC's Agencywide Documents Access and Management System (ADAMS), accessible from the NRC's website at <http://www.nrc.gov/reading-rm/adams.html>. To the extent possible, your written response, if you choose to provide one, should not include any personal privacy, proprietary, or safeguards information.

However, Enclosures 1 and 3, and any response you provide, will not be made available electronically for public inspection because of the security-related information that is or would likely be contained in each. Please mark your entire response Security-Related Information in accordance with 10 CFR 2.390(d)(1) and follow the instructions for withholding in 10 CFR 2.390(b)(1). In accordance with 10 CFR 2.390(b)(1)(ii), the NRC is waiving the affidavit requirements for your response.

B. Kruer

4

Please feel free to contact Luis Nieves Folch of my staff if you have any questions regarding this inspection. Luis can be reached at 630-829-9571 or Luis.NievesFolch@nrc.gov.

Sincerely,



Signed by Heck, Jared
on 09/19/25

Jared Heck, Director (Acting)
Division of Radiological Safety and Security

Docket No. 030-37549
License No. 13-32671-01

Enclosure:

1. Factual Summary of Investigation OI-RIII-2024-0019 (non-public)
2. IR 03037549/2024001(DRSS) (publicly available)
3. Security Addendum (non-public)

cc (w/encl): Charles Bradshaw
State of Indiana

B. Kruer

5

Letter to B. Kruer from J. Heck dated September 19, 2025.

DISTRIBUTION w/encl:

Jack Giessner
Mohammed Shuaibi
Jared Heck
Diana Betancourt-Roldan
Jason Draper
Region-III-MIB
Juan Peralta
Reginald Augustus
Leelavathi Sreenivas
Shelbie Lewman
Kara Pinetti
OE distribution

ADAMS Accession Number: ML25246A044

OFFICE	RIII-DRSS		RIII-DRSS		RIII-EICS		OE	
NAME	LNieves		REdwards		DBetancourt-Roldan		JPeralta	
DATE	9/3/2025		9/4/2025		9/9/2025		9/18/2025	
OFFICE	OGC		RIII-DRSS					
NAME	RAugustus		JHeck					
DATE	9/18/2025		9/19/2025					

OFFICIAL RECORD COPY

**U.S. Nuclear Regulatory Commission
Region III**

Docket No.	030-37549
License No.	13-32671-01
Report No.	03037549/2024001(DRSS)
EA No./NMED No.	EAF-RIII-2025-0133
Licensee:	Hartford Quality Assurance, LLC
Facility:	20 West 7th Street New Albany, IN
Inspection Dates:	May 9, 2024 - August 20, 2025
Exit Meeting Date:	August 20, 2025
Inspector:	Luis Nieves Folch, Health Physicist
Approved By:	Rhex Edwards, Chief Materials Inspection Branch Division of Radiological Safety and Security

Enclosure 2

EXECUTIVE SUMMARY

**Hartford Quality Assurance, LLC
NRC Inspection Report 03037549/2024001 (DRSS) and
Investigation Report OI-RIII-2024-019**

On May 9, 2024, the U.S. Nuclear Regulatory Commission (NRC) conducted a routine inspection of Hartford Quality Assurance, LLC (the licensee). The inspector arrived after licensee employees finished performing radiographic exposures at a temporary job site at Globe LLC (Globe) in New Albany, Indiana.

As a result of the inspection, the NRC identified seven apparent violations, four of which involved security requirements and are discussed in Enclosure 3. The three non-security related apparent violations involved a failure to: (1) record direct reading dosimeter exposures at the beginning of the shift, as required by Title 10 of the *Code of Federal Regulations* (10 CFR) 34.47(b); (2) check pocket dosimeters at a period not to exceed 12 months, as required by 10 CFR 34.47(c); and (3) fill out the Radiographic Operations Report No. 1 when any source is removed from its place of storage, as required by License Condition 16 of License No. 13-32671-01, dated March 19, 2018.

REPORT DETAILS

1 Program Overview and Inspection History

Hartford Quality Assurance was a non-destructive testing company, a wholly owned subsidiary of Globe Mechanical, a pipe manufacturing company. The licensee was authorized to use byproduct material for industrial radiography on the premises of Globe facilities in New Albany and Pekin, Indiana. The main location was staffed with two radiographers and two assistants; the Pekin location was staffed with four radiographers.

During a November 17, 2022, inspection, the licensee received a Severity Level (SL) IV violation for failing to have shipping papers when transporting radioactive material stipulated by 10 CFR 71.5(a) / 49 CFR 177.817(a).

During the previous inspection on March 3, 2021, the licensee received seven SL IV violations including: failure to perform annual audits stipulated by 10 CFR 20.1101(c), failure to perform leak test stipulated by 10 CFR 34.27(c)(1), and five security related violations.

2 Radiation Safety Program

2.1 Inspection Scope

On May 9, 2024, the inspector performed a periodic inspection and toured the New Albany and Pekin facility to evaluate the licensee's measures for materials safety, hazard communication, and exposure control. The licensee demonstrated how they performed radiography while on site and the inspector interviewed several radiographers, including the Radiation Safety Officer (RSO).

2.2 Observations and Findings

During the routine inspection on May 9, 2024, the inspector encountered a radiographer and his assistant waiting after completing a radiographic exposure in one of the licensee's bays. When the inspector was interviewing them, and reviewing their safety equipment, the inspector identified that their Radiographic Operations Report for the job was not filled out; however, the radiographers had already radiographed welds on a piece of pipe.

License Condition 16 of License No. 13-32671-01, dated March 19, 2018, requires, in part, that the licensee conduct its program in accordance with the statements, representations, and procedures contained in application dated September 20, 2017.

~~OFFICIAL USE ONLY – SECURITY RELATED INFORMATION~~

Operating and Emergency Procedures were included in the application dated September 20, 2017. Item 3.1 of Procedure Number 6 in Section 2 of the Operating and Emergency Procedures requires, in part, that Radiographic Operations Report No. 1 be filled out in detail when any source is removed from its place of storage or periodic inspection of equipment is conducted.

Contrary to the above, on May 9, 2024, the licensee failed to conduct its program in accordance with the statements, representations, and procedures contained in application dated September 20, 2017. Specifically, the licensee failed to fill out the Radiographic Operations Report No. 1 when any source is removed from its place of storage.

The licensee's failure to fill out the Radiographic Operations Report No. 1 is an apparent violation of License Condition 16 of License No. 13-32671-01 and is being considered for escalated enforcement in accordance with the NRC's Enforcement Policy.

Similarly, the inspector reviewed the license's log where the licensee captures their pocket dosimetry exposures at the beginning and end of each shift. At this point in time, the radiographers had already radiographed welds on a piece of pipe; however, their pocket dosimetry exposures had not been recorded.

Title 10 CFR 34.47(b) states, in part, that direct reading dosimeters be read and the exposures recorded at the beginning and end of each shift.

Contrary to the above, on May 9, 2024, a radiographer and radiographer's assistant employed by Hartford Quality Assurance, LLC, did not record their direct reading dosimeter exposures at the beginning of the shift. Specifically, the licensee conducted radiographic exposures without reading or recording their pocket dosimeter exposures.

The licensee's failure to record exposures at the beginning of each shift is an apparent violation of 10 CFR 34.47(b) and is being considered for escalated enforcement in accordance with the NRC's Enforcement Policy.

While assessing the pocket dosimeters being used by the radiographers, the inspector noted that they were last calibrated on May 3, 2023.

Title 10 CFR 34.47(c) states, in part, that pocket dosimeters, or electronic personal dosimeters, must be checked at periods not to exceed 12 months for correct response to radiation. Acceptable dosimeters must read within plus or minus 20 percent of the true radiation exposure.

Contrary to the above, from May 3, 2023, to May 9, 2024, an interval exceeding twelve months, pocket dosimeters were not checked for correct response to radiation. Specifically, the pocket dosimeters were out of calibration.

The licensee's failure to use calibrated pocket dosimeters is an apparent violation of 10 CFR 34.47(c) and is being considered for escalated enforcement in accordance with the NRC's Enforcement Policy.

As immediate corrective actions, the licensee changed their pocket dosimeters for calibrated ones and captured their readings. They also started filling out the Radiographic Operations Report No. 1.

2.3 Conclusions

The inspector identified apparent violations of 10 CFR 34.47(b), 10 CFR 34.47(c), and License Condition 16 of License No. 13-32671-01, dated March 19, 2018.

3 **Exit Meeting Summary**

The NRC inspector presented preliminary inspection findings following the onsite inspection and at a final exit meeting on August 20, 2025. The licensee did not identify any documents or processes reviewed by the inspector as proprietary. The licensee acknowledged the findings presented.

LIST OF PERSONNEL CONTACTED

- # Brian Kruer, President
 - Charles Bradshaw, RSO
 - Ken Fudge, Assistant Police Chief
- # Attended exit meeting on August 20, 2025.

INSPECTION PROCEDURES USED

87121 – Industrial Radiography Programs