



UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION I
631 PARK AVENUE
KING OF PRUSSIA, PENNSYLVANIA 19406

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Gentlemen:

The Nuclear Regulatory Commission is considering methods for increasing the frequency of its contact with certain byproduct materials licensees. In lieu of increasing the frequency of onsite inspections, the NRC is considering a program that would require certain licensees to respond to a survey questionnaire that would be mailed to them on an established frequency, such as at two or three-year intervals. The licensees considered for inclusion in this program are those where the licensed activity has a low inherent hazards potential, consequently they are placed in a group of "low inspection priority" licenses.

In order to determine if a questionnaire survey would be beneficial to both the NRC and the licensees, we are conducting a voluntary one-time test of the questionnaire program. Your license is in the category of low inspection priority licenses and has been selected for inclusion in this voluntary program. We request your cooperation in the program and ask you to complete and return the enclosed survey questionnaire within 30 days.

No enforcement action will be taken as a result of answers to this questionnaire. Rather, its purpose is to serve as a reminder of your responsibilities for adhering to the requirements of NRC regulations and the NRC license under which your operations are conducted--the questions in the enclosed survey are pertinent to some of the more important of those requirements. Your operations under NRC license will continue to be subject to NRC inspection, and enforcement action may be taken as a result of the findings of a direct inspection by an NRC inspector.

If you have any questions regarding this request or the NRC inspection program, please call (collect) Mr. Robert O. McClintock, of our Fuel Facilities and Materials Safety Branch, telephone number 215-337-5000.

Sincerely,

Boyer H. Smith

Director

Enclosure:
Survey Questionnaire

In accordance with GAO regulations, 4 CFR Part 10, Section 10.3(b)(3), and the Federal Reports Act, 44 U.S.C. 3512, this survey questionnaire is exempt from clearance by the General Accounting Office.

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Licensee Name: Jones & Laughlin Steel Corp. License No. 37-01258-03
by 30-06017

Address:

Graham Res Lab.
900 Asnew Rd
P.O. Box 15230

Please enter information.

Telephone No. (412) 884-1000

Responsible individual or Radiation Safety Officer: R.M. Howard, Jr.

Mark an X for your answer in the appropriate box.

- | | YES | NO | NA |
|--|-------------------------------------|-------------------------------------|----|
| 1. Have you possessed or used licensed material under your NRC license? If answer is no, return the form with no further response. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 2. Have any changes been made in your facilities or equipment from that described in your application for license or most recent application for license amendment? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 3. Have any changes been made in the use or quantities of licensed material from that authorized by your license? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 4. Do you maintain records of all receipts and transfers of licensed material? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 5. Do you dispose of waste licensed material by incineration? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 6. Is licensed material secured to prevent unauthorized access or removal? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 7. Has there been any loss or theft of licensed material? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 8. Have there been any incidents or unusual occurrences as a result of your licensed activities? Examples are personnel overexposures, contamination, releases of radioactivity. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |

- | | YES | NO | NA |
|---|-------------------------------------|-------------------------------------|--------------------------|
| 9. Do you have a system of management controls to assure that users of licensed material and uses and possession limits are as authorized by your license? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Are all individuals using licensed material or frequenting areas where licensed material is used, instructed in radiation safety, applicable NRC regulations, facility procedures and license conditions? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Do you provide personnel monitoring devices for individuals involved in your licensed activities? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Have there been any radiation exposures to individuals in excess of the limits specified in 10 CFR Part 20, Section 20.101? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. Are rooms and areas where licensed material is used or stored posted in accordance with applicable NRC regulations? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Do you conduct routine radiation and contamination surveys? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Do you maintain records of surveys of radiation and contamination? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Are your present radiation survey, detection or counting instruments different from that described in your most recent license application? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 17. Do you calibrate your radiation survey instruments at intervals of one year or less? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Do you test your sealed sources for leakage at the required intervals? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Do you maintain records of tests for leakage of sealed sources? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Have any of your tests for leakage of sealed sources resulted in removable contamination above the limit specified in your license and/or NRC regulations? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 21. Are the documents described in 10 CFR Part 19, Section 19.11, posted as required by that part? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |

YES NO NA

Answer the following questions if your license authorizes medical uses of licensed material. If not applicable, mark NA.

22. Do you have procedures and methods of control for identifying the isotope, compound, quantity and resulting dose before a medical administration?

23. Have there been any incidents of "misadministrations" in the past two (2) years?

Please record the amount of time spent completing this questionnaire.

5 min

D. M. Howard
Signature and title

Senior Research Physicist E

Please feel free to add any comments you may wish to make.

Radiation Safety Officer

11/20/78

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