April 11, 2002

PRELIMINARY NOTIFICATION OF EVENT OR UNUSUAL OCCURRENCE -- PNO-IV-02-020

This preliminary notification constitutes EARLY notice of events of POSSIBLE safety or public interest significance. The information is as initially received without verification or evaluation, and is basically all that is known by the Region IV staff on this date.

Facility
Technical Welding Laboratory Inc.
Houston, Texas
License No.: L-02187
Texas Agreement State Licensee

Licensee Emergency Classification
___ Notification of Unusual Event
___ Alert
___ Site Area Emergency
___ General Emergency
_X_ Not Applicable

SUBJECT: OVEREXPOSURE IN EXCESS OF REGULATORY LIMITS

DESCRIPTION:

On April 10, 2002, the NRC was notified by the Texas Department of Health, Bureau of Radiation Control (TDH) of an overexposure to an individual conducting industrial radiography. Technical Welding Laboratory Inc., the Texas licensee, notified the TDH at 9:00 a.m. (CDT) on April 10, 2002, that a radiographer had been exposed to an uncollimated, 1295.0 GBq (35 Ci) cobalt-60 source while conducting industrial radiography at a temporary job site located in Houston, Texas. The radiographer was conducting radiography inside a vessel at a fabrication shop. At 4:00 a.m. on April 10 the radiographer entered the vessel to reposition the source for another exposure. After returning to the camera to crank out the source for the next exposure, the radiographer discovered that the source had not been retracted into the shielded position within the exposure device. The radiographer reported that his pocket dosimeter was off scale and that his occupational dosimeter had inadvertently fallen from his belt while waiting in the truck between exposures. The radiographer indicated that he could not hear his alarm ratemeter because of the background noise and that he failed to use a survey meter before entering the vessel. TDH has provided a preliminary dose estimate of 0.7 Sv (70 rems) whole body based on the radiographer's estimation that he was inside the vessel for no more than 30 seconds. The licensee has referred the radiographer for medical followup and cytogenic studies. TDH plans to conduct an investigation at the site on the morning of April 16, 2002, including a reenactment of the event.

Region IV received notification of this occurrence from NRC's Operations Center on April 10, 2002. Region IV has informed NMSS, OEDO, OSTP, and the Region's SLO and PAO.

This information has been discussed with the State and is current as of 12:30 p.m. (CDT) on April 11, 2002.

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