

# RI - DNMS Licensee Event Report Disposition

Licensee:	Geo - Explor INC				
Event Description:	Report of Lost / Stolen Gauge				
License No:	5225580-0	Docket No:	03 035886	MLER-RI:	2005-057
Event Date:	8-16-05	Report Date:	8-16-05	HQ Ops Event #:	41924

## 1. REPORTING REQUIREMENT

<input type="checkbox"/> 10 CFR 20.1906 Package Contamination <input checked="" type="checkbox"/> 10 CFR 20.2201 Theft or Loss <input type="checkbox"/> 10 CFR 20.2203 30 Day Report <input type="checkbox"/> Other _____	<input type="checkbox"/> 10 CFR 30.50 Report <input type="checkbox"/> 10 CFR 35.3045 Medical Event <input type="checkbox"/> License Condition
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## 2. REGION I RESPONSE

<input type="checkbox"/> Immediate Site Inspection <input type="checkbox"/> Special Inspection <input type="checkbox"/> Telephone Inquiry <input type="checkbox"/> Preliminary Notification/Report <input checked="" type="checkbox"/> Information Entered in RI Log <input type="checkbox"/> Report Referred To: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">Inspector/Date</td><td></td></tr> <tr><td>Inspector/Date</td><td></td></tr> <tr><td>Inspector/Date</td><td></td></tr> </table> <input type="checkbox"/> Daily Report <input checked="" type="checkbox"/> Review at Next Inspection	Inspector/Date		Inspector/Date		Inspector/Date	
Inspector/Date							
Inspector/Date							
Inspector/Date							

## 3. REPORT EVALUATION

<input type="checkbox"/> Description of Event <input type="checkbox"/> Levels of RAM Involved <input type="checkbox"/> Cause of Event	<input type="checkbox"/> Corrective Actions <input type="checkbox"/> Calculations Adequate <input type="checkbox"/> Additional Information Requested from Licensee
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## 4. MANAGEMENT DIRECTIVE 8.3 EVALUATION NA

<input type="checkbox"/> Release w/Exposure > Limits <input type="checkbox"/> Repeated Inadequate Control <input type="checkbox"/> Exposure 5x Limits <input type="checkbox"/> Potential Fatality <input type="checkbox"/> If any of the above are involved: <input type="checkbox"/> Considered Need for IIT	<input type="checkbox"/> Deliberate Misuse w/Exposure > Limits <input type="checkbox"/> Pkging Failure > 10 rads/hr or Contamination > 1000x Limits <input type="checkbox"/> Large# Indivs w/Exp > Limits or Medical Deterministic Effects <input type="checkbox"/> Unique Circumstances or Safeguards Concerns <input type="checkbox"/> Considered Need for AIT
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Decision/Made By/Date: \_\_\_\_\_

## 5. MANAGEMENT DIRECTIVE 8.10 EVALUATION (additional evaluation for medical events only)

<input type="checkbox"/> Timeliness - Inspection Meets Requirements (5 days for overdose / 10 days for underdose) <input type="checkbox"/> Medical Consultant Used-Name of Consultant/Date of Report: _____ <input type="checkbox"/> Medical Consultant Determined Event Directly Contributed to Fatality <input type="checkbox"/> Device Failure with Possible Adverse Generic Implications <input type="checkbox"/> HQ or Contractor Support Required to Evaluate Consequences
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## 6. SPECIAL INSTRUCTIONS OR COMMENTS

- gauge recovered

<input type="checkbox"/> Non-Public <input checked="" type="checkbox"/> Public-SISP REVIEW COMPLETE	Inspector Signature: <u>[Signature]</u> Branch Chief Initials: <u>[Signature]</u>	Date: <u>9-26-05</u> Date: <u>9/29/05</u>
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<b>U.S. NUCLEAR REGULATORY COMMISSION</b>		Date: August 17, 2005
<b>TELEPHONE CONVERSATION RECORD</b>		Time:
Mail Control N/A or Report No(s).	License No(s). 52-25580-01	Docket No(s). 03035886
Name of Licensee: GEO-EXPLOR Inc.  Name of Participant(s): Reynaldo Rodriguez  Telephone No. Cell (787) 630-7645; office (787) 708-2999  Subject: Report of lost/stolen portable gauge <small>(NOTE: This will be used as the Documents Title in ADAMS)</small>		
Summary: I called Mr. Rodriguez regarding his report to the NRC Operations Center that a CPN Moisture density gauge had fallen off of a worker's truck and could not be located. I confirmed with him that as of today the gauge was still missing. He confirmed this and stated that the local newspapers and a local radio station had all been contacted and told that a reward is being offered for its return. I gave him my direct number and told him to remain in contact with me regarding this matter.		
Action Required: Place in ADAMS and complete LER.		
Document Availability: <input checked="" type="checkbox"/> Publicly Available <input type="checkbox"/> Non-Publicly Available <input checked="" type="checkbox"/> Non-Sensitive <input type="checkbox"/> Non-Sensitive Copyright <input type="checkbox"/> Sensitive <input type="checkbox"/> Sensitive Copyright <input type="checkbox"/> Immediate Release <input type="checkbox"/> Normal Release <input type="checkbox"/> Delay Release Date		
Prepared & SISP Review Completed By: <b>/ RA /</b> M. Beardsley Date: August 17, 2005		