

ORAU CONFIRMATORY RADIOLOGICAL SURVEY PLAN APPROVAL FORM (SPAF)

1. PLEASE ANSWER THE FOLLOWING QUESTIONS. IF THERE ARE ANY PROBLEMS OR CONCERNS ABOUT THE SURVEY PLAN, PLEASE STATE THEM IN THE AREA DESIGNATED.

NAME/LOCATION OF SITE TO BE SURVEYED BLOOMFIELD LAMP PLANT WESTINGHOUSE ELECTRIC CO. BLOOMFIELD NJ
INSPECTOR MARK ROBERTS REGION I SURVEY DATE(S) _____

- | | YES | NO* |
|--|----------|-------|
| A) IS THE SCOPE OF THE PROPOSED SURVEY AS PRESENTED IN THE SURVEY PLAN, REASONABLE AND ADEQUATE? | <u>X</u> | _____ |
| B) IS THE SAMPLING PROPOSED BY ORAU REASONABLE AND NECESSARY FOR PERFORMANCE OF THE SURVEY? | <u>X</u> | _____ |
| C) IS THE AMOUNT OF TIME NEEDED TO PERFORM, AS STATED IN THE SURVEY PLAN REASONABLE? | <u>X</u> | _____ |
| D) IS THE COST ESTIMATE PROVIDED TO PERFORM THE SURVEY REASONABLE? | <u>X</u> | _____ |
| E) IS THE PROPOSED TIMING OF THE SURVEY SATISFACTORY? | <u>X</u> | _____ |

2. *PLEASE EXPLAIN THE ANSWERS THAT ARE MARKED "NO" IN SECTION 1. USE SEPARATE SHEET IF NECESSARY.

3. I CERTIFY THAT I HAVE REVIEWED THE SURVEY PLAN SUBMITTED BY ORAU AND THAT THE PLAN IS (CIRCLE ONE):

- (A) ACCEPTABLE AS SUBMITTED.
B. ACCEPTABLE WITH MODIFICATIONS STATED ABOVE.
C. NOT ACCEPTABLE (ORAU MUST RESUBMIT FOR APPROVAL).

Mark Roberts 5-6-93
INSPECTOR DATE
[Signature] 5-6-93
SUPERVISOR DATE

4. HEADQUARTERS APPROVAL

TAPM _____ DATE _____ TM _____ DATE _____