

SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE/LOCATION INSPECTED:

Labor, Department of - OSHA
Salt Lake Technical Center
Sandy, Utah

2. NRC/REGIONAL OFFICE

U.S. Nuclear Regulatory Commission
Region IV, 612 East Lamar Blvd, Suite 400
Arlington, Texas 76011-4125

REPORT NO: 2011-001

3. DOCKET NUMBER

030-12126

4. LICENSE NUMBER

43-17059-01

5. DATE OF INSPECTION

August 15, 2011

LICENSEE:

The inspection was an examination of the activities conducted under your license as they relate to radiation safety and to compliance with the Nuclear Regulatory Commission (NRC) rules and regulations and the conditions of your license. The inspection consisted of selective examinations of procedures and representative records, interviews with personnel, and observations by the inspector. The inspection findings are as follows:

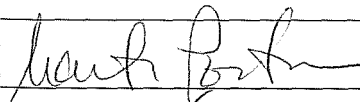

- ☒ 1. Based on the inspection findings, no violations were identified.
- ☐ 2. Previous violation(s) closed.
- ☐ 3. The violation(s), specifically described to you by the inspector as non-cited violations, are not being cited because they were self-identified, non-repetitive, and corrective action was or is being taken, and the remaining criteria in the NRC Enforcement Policy to exercise discretion, were satisfied.

☐ Non-Cited Violation(s) was/were discussed involving the following requirement(s) and Corrective Action(s):

- ☐ 4. During this inspection certain of your activities, as described below and/or attached, were in violation of NRC requirements and are being cited. This form is a NOTICE OF VIOLATION, which may be subject to posting in accordance with 10 CFR 19.11.

Licensee's Statement of Corrective Actions for Item 4, above.

I hereby state that, within 30 days, the actions described by me to the inspector will be taken to correct the violations identified. This statement of corrective actions is made in accordance with the requirements of 10 CFR 2.201 (corrective steps already taken, corrective steps which will be taken, date when full compliance will be achieved). I understand that no further written response to NRC will be required, unless specifically requested.

Title	Printed Name	Signature	Date
LICENSEE'S REPRESENTATIVE			
NRC INSPECTOR	Marti Poston		8/19/11
BRANCH CHIEF	GM Vasquez		8/29/2011

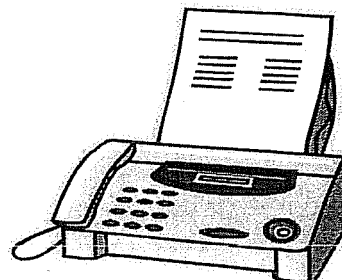


UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION IV
612 EAST LAMAR BLVD, SUITE 400
ARLINGTON, TEXAS 76011-4125

DIVISION OF NUCLEAR MATERIALS SAFETY

DATE / TIME: 8/25/11

PRIORITY:
IMMEDIATELY
1-HOUR
2-4 HOUR



MESSAGE TO:

Jeffery Lodwick, PhD

MESSAGE FROM:

Marti Poston

NUMBER OF PAGES

1

PLUS TRANSMITTAL SHEET

TELECOPY NUMBER:

(801) 233
5000

VERIFICATION NUMBER: _____

CONTACT:

SPECIAL INSTRUCTIONS / ATTACHMENTS:

Dr. Lodwick -

Attached please find a clear NRC Form
591 for my recent inspection. Please call me if
you have questions (817 860 8181). Thank you

Just

TRANSMITTED AND VERIFIED BY:

DISPOSITION:

RETURN TO ORIGINATOR: _____

PLACE IN MAIL: _____

NAME _____

DATE _____

OTHER: _____

TRANSMISSION VERIFICATION REPORT

TIME : 08/25/2011 09:35
NAME : USNRC RIV
FAX : 8178608263
TEL :
SER.# : BROL2J847623

DATE, TIME
FAX NO./NAME
DURATION
PAGE(S)

08/25 09:34
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00:00:26
02
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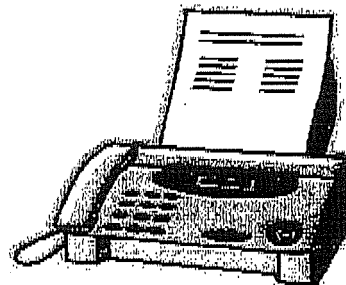
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