

## Event Reporting Handbook

**EVENT REPORT COVER PAGE****AGREEMENT STATE****EVENT REPORT NO.** TN - 96-044 through 071**DATE:** 9-11-96**TO:**

**Deputy Director**  
**Office of State Programs**  
Washington DC 20535

**SUBJECT:** August Incident Reports**STATE:** TN**Signature and Title:**Dwight ShiversHRM IINashville, TN

9609230223 960911  
PDR STPRG ESGTN  
PDR

8

03/16/95

NRC FILE CENTER COPY 40

S-E-9

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS INFORMATION COLLECTION REQUEST 1 HOUR. THIS INFORMATION IS REQUESTED TO ASSESS MATERIALS EVENTS AND EVALUATE ACTIONS NECESSARY TO PREVENT THEIR REOCCURRENCE. FORWARD COMMENTS REGARDING BURDEN ESTIMATE TO THE INFORMATION AND RECORDS MANAGEMENT BRANCH (T-8 F35), U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, D.C. 20555-0001, AND TO THE PAPERWORK REDUCTION PROJECT (3150-0178), OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, D.C. 20503.

## EVENT REPORT

LICENSEE N/A		CITY AND STATE NASHVILLE, TN		ORIGINAL ITEM NUMBER TN-96-044	
TYPE OF LICENSE (i.e. Field Radiography, Private Practice Medical, etc.) N/A		LICENSE NUMBER N/A		THIS ITEM NUMBER 01	
ABNORMAL OCCURRENCE	FOLLOW-UP REPORT	ISOTOPE	TYPE OF ISOTOPE		DATE OF EVENT
<input type="checkbox"/> YES	<input type="checkbox"/> YES	URANIUM	<input type="checkbox"/> AEA MATERIAL ACCELERATOR PRODUCED		5-30-96
<input checked="" type="checkbox"/> NO			<input checked="" type="checkbox"/> NORM		DATE OF THIS REPORT 6-03-96
AMOUNT OF RADIOACTIVE MATERIAL (IF AMOUNT OF MATERIAL IS BELOW EXEMPT, DO NOT COMPLETE THIS FORM)					
<input type="checkbox"/> < 1 MILLCI		<input type="checkbox"/> 100 MILLCI - < 1 CI		<input checked="" type="checkbox"/> UNKNOWN	
<input type="checkbox"/> 1 MILLCI - < 100 MILLCI		<input type="checkbox"/> 1 CI - < 10 CI		<input type="checkbox"/> > 100 CI	
EVENTS INVOLVING OVEREXPOSURE					
NUMBER OF OVEREXPOSURES	TYPE OF INDIVIDUAL		EVENT LOCATION	DOSE TO	DOSE
SOURCE OF RADIATION	EMPLOYEE		RESTRICTED AREA	WHOLE BODY	
<input type="checkbox"/> EXTERNAL	MINOR EMPLOYEE		UNRESTRICTED AREA	LENS OF EYE	
<input type="checkbox"/> INTERNAL	EMBRYO / FETUS		CONTROLLED AREA	EXTREMITY	
<input type="checkbox"/> BOTH	PUBLIC			SKIN	
				ORGAN	
LEAKING SOURCE					
<input type="checkbox"/> LOST OR STOLEN MATERIAL					
EVENT		EVENT LOCATION	PROBABLE DISPOSITION		
<input type="checkbox"/> LOST	FIXED SITE		<input type="checkbox"/> WELL LOGGING RECOVERED SOURCE	<input type="checkbox"/> UNKNOWN	
<input type="checkbox"/> FOUND	TEMPORARY JOB SITE		<input type="checkbox"/> WELL LOGGING IRRETRIEVABLE SOURCE	<input type="checkbox"/> OTHER (SPECIFY)	
<input type="checkbox"/> THEFT	LICENSED VEHICLE		<input type="checkbox"/> COMMERCIAL WASTE		
<input type="checkbox"/> THEFT, WITH	COMMERCIAL CARRIER		<input type="checkbox"/> INCINERATOR		
<input type="checkbox"/> FORCE	OTHER (SPECIFY)		<input type="checkbox"/> SCRAP METAL		
RELEASE OF MATERIALS					
FORM	EVENT		LOCATION		
<input type="checkbox"/> SOLID	SPILL		<input type="checkbox"/> RESTRICTED AREA		
<input type="checkbox"/> LIQUID	TRANSPORTATION		<input type="checkbox"/> UNRESTRICTED AREA		
<input type="checkbox"/> GAS	OTHER (SPECIFY)		<input type="checkbox"/> CONTROLLED AREA		
EVENTS INVOLVING FACILITIES					
<input type="checkbox"/> FIRE	<input type="checkbox"/> SPILL		<input type="checkbox"/> OTHER (SPECIFY)		
<input type="checkbox"/> DAMAGE TO DEVICE	> 24-HOUR DENIAL OF ACCESS				
<input type="checkbox"/> EXPLOSION	DAMAGE TO SAFETY EQUIPMENT				
EVENTS INVOLVING GAUGES			EVENTS INVOLVING RADIOGRAPHY		
TYPE	EVENT		LOCATION	EVENT	
<input type="checkbox"/> GENERAL LICENSE	<input type="checkbox"/> SHUTTER		<input type="checkbox"/> FIXED	<input type="checkbox"/> SOURCE DISCONNECT	
<input type="checkbox"/> EXEMPT	<input type="checkbox"/> MOISTURE/DENSITY GAUGE DAMAGE		<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> SOURCE NOT RETURNED TO FULLY SHIELDED POSITION	
<input type="checkbox"/> SPECIAL LICENSE	<input type="checkbox"/> LOST / STOLEN		<input type="checkbox"/> JOB SITE	<input type="checkbox"/> CABLE FAILURE	
<input type="checkbox"/> FIXED	<input type="checkbox"/> OTHER (SPECIFY)			<input type="checkbox"/> FAILURE TO FOLLOW PROCEDURES	
<input type="checkbox"/> PORTABLE					
EVENTS INVOLVING AN IRRADIATOR		MANUFACTURER	MODEL	SERIAL NUMBER	
EVENTS INVOLVING TELETHERAPY					

ABSTRACT (INCLUDE THE CAUSE OF THE EVENT(S) AND LICENSEE CORRECTIVE ACTION. MAY BE CONTINUED ON THE REVERSE SIDE)

A citizen was wanting to dispose of some uranium glaze used for ceramics. The individual had purchased the material in the 1960's when she taught ceramics at Peabody College. There is someone who wants to take possession of the uranium oxide. This case is not closed. What will be done with the Uranium is still pending.

NRC FORM 565  
(4-94)

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB NO. 3150-0170

EXPIRES 04/30/97

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS INFORMATION COLLECTION REQUEST 1 HOUR. THIS INFORMATION IS REQUESTED TO ASSESS MATERIALS EVENTS AND EVALUATE ACTIONS NECESSARY TO PREVENT THEIR REOCCURRENCE. FORWARD COMMENTS REGARDING BURDEN ESTIMATE TO THE INFORMATION AND RECORDS MANAGEMENT BRANCH (T-8 F35), U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, D.C. 20555-0001, AND TO THE PAPERWORK REDUCTION PROJECT (3150-0178), OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, D.C. 20503.

## EVENT REPORT

LICENSEE <b>AMERISTEEL (N/A)</b>		CITY AND STATE <b>KNOXVILLE, TN</b>		ORIGINAL ITEM NUMBER <b>TN-96-058</b>	
TYPE OF LICENSE (i.e. Field Radiography, Private Practice Medical, etc.) <b>N/A</b>		LICENSE NUMBER <b>N/A</b>		THIS ITEM NUMBER <b>01</b>	
ABNORMAL OCCURRENCE	FOLLOW-UP REPORT	ISOTOPE	TYPE OF ISOTOPE	DATE OF EVENT	
<input type="checkbox"/> YES	<input type="checkbox"/> YES	<b>UNKNOWN</b>	AEA MATERIAL ACCELERATOR PRODUCED	<b>8-07-96</b>	
<input checked="" type="checkbox"/> NO	<input type="checkbox"/> NO			NORM	DATE OF THIS REPORT <b>8-07-96</b>
AMOUNT OF RADIOACTIVE MATERIAL (IF AMOUNT OF MATERIAL IS BELOW EXEMPT, DO NOT COMPLETE THIS FORM)					
<input type="checkbox"/> < 1 MILLCI	<input type="checkbox"/> 100 MILLCI - < 1 CI	<input type="checkbox"/> 10 CI - 100 CI	<input checked="" type="checkbox"/> UNKNOWN		
<input type="checkbox"/> 1 MILLCI - < 100 MILLCI	<input type="checkbox"/> 1 CI - < 10 CI	<input type="checkbox"/> > 100 CI			
EVENTS INVOLVING OVEREXPOSURE					
NUMBER OF OVEREXPOSURES	TYPE OF INDIVIDUAL	EVENT LOCATION	DOSE TO	DOSE	RAD
SOURCE OF RADIATION	EMPLOYEE	RESTRICTED AREA	WHOLE BODY		
<input type="checkbox"/> EXTERNAL	<input type="checkbox"/> MINOR EMPLOYEE	<input type="checkbox"/> UNRESTRICTED AREA	LENS OF EYE		
<input type="checkbox"/> INTERNAL	<input type="checkbox"/> EMBRYO / FETUS	<input type="checkbox"/> CONTROLLED AREA	EXTREMITY		
<input type="checkbox"/> BOTH	<input type="checkbox"/> PUBLIC		SKIN		
			ORGAN		
LEAKING SOURCE					
<input type="checkbox"/> LOST OR STOLEN MATERIAL					
EVENT	EVENT LOCATION	PROBABLE DISPOSITION			
<input type="checkbox"/> LOST	<input type="checkbox"/> FIXED SITE	<input type="checkbox"/> WELL LOGGING RECOVERED SOURCE		<input type="checkbox"/> UNKNOWN	
<input type="checkbox"/> FOUND	<input type="checkbox"/> TEMPORARY JOB SITE	<input type="checkbox"/> WELL LOGGING IRRETRIEVABLE SOURCE		<input type="checkbox"/> OTHER (SPECIFY)	
<input type="checkbox"/> THEFT	<input type="checkbox"/> LICENSED VEHICLE	<input type="checkbox"/> COMMERCIAL WASTE			
<input type="checkbox"/> THEFT, WITH	<input type="checkbox"/> COMMERCIAL CARRIER	<input type="checkbox"/> INCINERATOR			
<input type="checkbox"/> FORCE	<input type="checkbox"/> OTHER (SPECIFY)	<input type="checkbox"/> SCRAP METAL			
RELEASE OF MATERIALS					
FORM	EVENT	LOCATION			
<input type="checkbox"/> SOLID	<input type="checkbox"/> SPILL	<input type="checkbox"/> RESTRICTED AREA			
<input type="checkbox"/> LIQUID	<input type="checkbox"/> TRANSPORTATION	<input type="checkbox"/> UNRESTRICTED AREA			
<input type="checkbox"/> GAS	<input type="checkbox"/> OTHER (SPECIFY)	<input type="checkbox"/> CONTROLLED AREA			
EVENTS INVOLVING FACILITIES					
<input type="checkbox"/> FIRE	<input type="checkbox"/> SPILL	<input checked="" type="checkbox"/> OTHER (SPECIFY)			
<input type="checkbox"/> DAMAGE TO DEVICE	<input type="checkbox"/> > 24-HOUR DENIAL OF ACCESS				
<input type="checkbox"/> EXPLOSION	<input type="checkbox"/> DAMAGE TO SAFETY EQUIPMENT				
EVENTS INVOLVING GAUGES					
TYPE	EVENT	LOCATION	EVENT		
<input type="checkbox"/> GENERAL LICENSE	<input type="checkbox"/> SHUTTER	<input type="checkbox"/> FIXED	<input type="checkbox"/> SOURCE DISCONNECT		
<input type="checkbox"/> EXEMPT	<input type="checkbox"/> MOISTURE/DENSITY GAUGE DAMAGE	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> SOURCE NOT RETURNED TO FULLY SHIELDED POSITION		
<input type="checkbox"/> SPECIAL LICENSE	<input type="checkbox"/> LOST / STOLEN	<input type="checkbox"/> JOB SITE	<input type="checkbox"/> CABLE FAILURE		
<input type="checkbox"/> FIXED	<input type="checkbox"/> OTHER (SPECIFY)		<input type="checkbox"/> FAILURE TO FOLLOW PROCEDURES		
<input type="checkbox"/> PORTABLE					
EVENTS INVOLVING AN IRRADIATOR		MANUFACTURER	MODEL	SERIAL NUMBER	
EVENTS INVOLVING TELETHERAPY					

ABSTRACT (INCLUDE THE CAUSE OF THE EVENT(S) AND LICENSEE CORRECTIVE ACTION. MAY BE CONTINUED ON THE REVERSE SIDE)

Ameristeel received a railcar from Macon Iron & Paper. This car set off the radiation monitors. Upon inspection, there was a reading of 0.01mR/hr at the midpoint of the gondola. A DOT Exemption was issued to send the car back to Georgia (TN-GA-96-02).

ESTIMATED BURDEN: PER RESPONSE TO COMPLY WITH THIS INFORMATION COLLECTION REQUEST 1 HOUR. THIS INFORMATION IS REQUESTED TO ASSESS MATERIALS EVENTS AND EVALUATE ACTIONS NECESSARY TO PREVENT THEIR REOCCURRENCE. FORWARD COMMENTS REGARDING BURDEN ESTIMATE TO THE INFORMATION AND RECORDS MANAGEMENT BRANCH (T-8 F35), U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, D.C. 20555-0001 AND TO THE PAPERWORK REDUCTION PROJECT (3150-0178), OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, D.C. 20503.

## EVENT REPORT

LICENSEE <b>SCIENTIFIC ECOLOGY GROUP</b>		CITY AND STATE <b>OAK RIDGE, TN</b>		ORIGINAL ITEM NUMBER <b>TN-96-059</b>	
TYPE OF LICENSE (i.e. Field Radiography, Private Practice Medical, etc.) <b>METAL PROCESSOR</b>		LICENSE NUMBER <b>R-73-008-H94</b>		THIS ITEM NUMBER <b>01</b>	
ABNORMAL OCCURRENCE	FOLLOW-UP REPORT	ISOTOPE	TYPE OF ISOTOPE		DATE OF EVENT
<input type="checkbox"/> YES	<input type="checkbox"/> YES	<b>UNKNOWN</b>	<input checked="" type="checkbox"/> AEA MATERIAL ACCELERATOR PRODUCED		<b>8-08-96</b>
<input checked="" type="checkbox"/> NO			NORM		DATE OF THIS REPORT <b>8-08-96</b>
AMOUNT OF RADIOACTIVE MATERIAL (IF AMOUNT OF MATERIAL IS BELOW EXEMPT, DO NOT COMPLETE THIS FORM)					
<input checked="" type="checkbox"/> < 1 MILLCI	100 MILLCI - < 1 CI	10 CI - 100 CI		UNKNOWN	
1 MILLCI - < 100 MILLCI	1 CI - < 10 CI	> 100 CI			
EVENTS INVOLVING OVEREXPOSURE					
NUMBER OF OVEREXPOSURES	TYPE OF INDIVIDUAL	EVENT LOCATION	DOSE TO	DOSE	RAD
SOURCE OF RADIATION	EMPLOYEE	RESTRICTED AREA	WHOLE BODY		
<input type="checkbox"/> EXTERNAL	MINOR EMPLOYEE	UNRESTRICTED AREA	LENS OF EYE		
<input type="checkbox"/> INTERNAL	EMBRYO / FETUS	CONTROLLED AREA	EXTREMITY		
<input type="checkbox"/> BOTH	PUBLIC		SKIN		
			ORGAN		
LEAKING SOURCE					
<input type="checkbox"/> LOST OR STOLEN MATERIAL					
EVENT	EVENT LOCATION	PROBABLE DISPOSITION			
<input type="checkbox"/> LOST	FIXED SITE	WELL LOGGING RECOVERED SOURCE		UNKNOWN	
<input type="checkbox"/> FOUND	TEMPORARY JOB SITE	WELL LOGGING IRRETRIEVABLE SOURCE		OTHER (SPECIFY)	
<input type="checkbox"/> THEFT	LICENSED VEHICLE	COMMERCIAL WASTE			
<input type="checkbox"/> THEFT, WITH	COMMERCIAL CARRIER	INCINERATOR			
<input type="checkbox"/> FORCE	OTHER (SPECIFY)	SCRAP METAL			
RELEASE OF MATERIALS					
FORM	EVENT	LOCATION			
<input type="checkbox"/> SOLID	SPILL	RESTRICTED AREA			
<input type="checkbox"/> LIQUID	TRANSPORTATION	UNRESTRICTED AREA			
<input type="checkbox"/> GAS	OTHER (SPECIFY)	CONTROLLED AREA			
<input checked="" type="checkbox"/> EVENTS INVOLVING FACILITIES					
<input type="checkbox"/> FIRE	SPILL	<input checked="" type="checkbox"/> OTHER (SPECIFY)			
<input type="checkbox"/> DAMAGE TO DEVICE	> 24-HOUR DENIAL OF ACCESS	<b>Melted metal leaked onto the floor.</b>			
<input type="checkbox"/> EXPLOSION	DAMAGE TO SAFETY EQUIPMENT				
EVENTS INVOLVING GAUGES		EVENTS INVOLVING RADIOGRAPHY			
TYPE	EVENT	LOCATION	EVENT		
<input type="checkbox"/> GENERAL LICENSE	SHUTTER	<input type="checkbox"/> FIXED	SOURCE DISCONNECT		
<input type="checkbox"/> EXEMPT	MOISTURE/DENSITY GAUGE DAMAGE	<input type="checkbox"/> TEMPORARY	SOURCE NOT RETURNED TO FULLY SHIELDED POSITION		
<input type="checkbox"/> SPECIAL LICENSE	LOST / STOLEN	<input type="checkbox"/> JOB SITE	CABLE FAILURE		
<input type="checkbox"/> FIXED	OTHER (SPECIFY)		FAILURE TO FOLLOW PROCEDURES		
<input type="checkbox"/> PORTABLE					
EVENTS INVOLVING AN IRRADIATOR		MANUFACTURER	MODEL	SERIAL NUMBER	
EVENTS INVOLVING TELETHERAPY					

ABSTRACT (INCLUDE THE CAUSE OF THE EVENT(S) AND LICENSEE CORRECTIVE ACTION. MAY BE CONTINUED ON THE REVERSE SIDE.)

The SEG furnace developed a leak at 8:05 am. All persons were evacuated immediately. The metal in the furnace for this run had been previously melted. Therefore, it had been decontaminated in that no volatile isotopes had already been gassed off and others would have already settled out in the original melt slag. The dose rate on the blocks put in the furnace were 0.6 mR/hr. There was no fire and no dose to anyone. The lid to the liner in the furnace hit the wall and cracked it. This is what started the leak. The area was cleaned up and the furnace shell was sent out on 8-13-96 for repair.



ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS INFORMATION COLLECTION REQUEST: 1 HOUR. THIS INFORMATION IS REQUESTED TO ASSESS MATERIALS EVENTS AND EVALUATE ACTIONS NECESSARY TO PREVENT THEIR REOCCURRENCE. FORWARD COMMENTS REGARDING BURDEN ESTIMATE TO THE INFORMATION AND RECORDS MANAGEMENT BRANCH (T-8 F35), U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, D.C. 20555-0001, AND TO THE PAPERWORK REDUCTION PROJECT (3150-0178) OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, D.C. 20503.

## EVENT REPORT

LICENSEE <b>AMERISTEEL CORPORATION</b>		CITY AND STATE <b>JACKSON, TN</b>		ORIGINAL ITEM NUMBER <b>TN-96-060</b>	
TYPE OF LICENSE (i.e. Field Radiography, Private Practice Medical, etc.) <b>GAUGE</b>		LICENSE NUMBER <b>R-57015-K97</b>		THIS ITEM NUMBER <b>01</b>	
ABNORMAL OCCURRENCE	FOLLOW-UP REPORT	ISOTOPE	TYPE OF ISOTOPE	DATE OF EVENT	
<input type="checkbox"/> YES	<input type="checkbox"/> YES	<b>Cs-137</b>	<input checked="" type="checkbox"/> AEA MATERIAL ACCELERATOR PRODUCED	<b>8-09-96</b>	
<input checked="" type="checkbox"/> NO			<input type="checkbox"/> NORM	DATE OF THIS REPORT <b>8-09-96</b>	
AMOUNT OF RADIOACTIVE MATERIAL (IF AMOUNT OF MATERIAL IS BELOW EXEMPT, DO NOT COMPLETE THIS FORM)					
<input type="checkbox"/> < 1 MILLICURIE	<input checked="" type="checkbox"/> 100 MILLICURIE - < 1 CURIE	<input type="checkbox"/> 10 CURIE - 100 CURIE		<input type="checkbox"/> UNKNOWN	
<input type="checkbox"/> 1 MILLICURIE - < 100 MILLICURIE	<input type="checkbox"/> 1 CURIE - < 10 CURIE	<input type="checkbox"/> > 100 CURIE			
EVENTS INVOLVING OVEREXPOSURE					
NUMBER OF OVEREXPOSURES	TYPE OF INDIVIDUAL	EVENT LOCATION	DOSE TO	DOSE	RAD
SOURCE OF RADIATION	EMPLOYEE	RESTRICTED AREA	WHOLE BODY		
<input type="checkbox"/> EXTERNAL	MINOR EMPLOYEE	UNRESTRICTED AREA	LENS OF EYE		
<input type="checkbox"/> INTERNAL	EMBRYO / FETUS	CONTROLLED AREA	EXTREMITY		
<input type="checkbox"/> BOTH	PUBLIC		SKIN		
			ORGAN		
LEAKING SOURCE					
<input type="checkbox"/> LOST OR STOLEN MATERIAL					
EVENT	EVENT LOCATION	PROBABLE DISPOSITION			
<input type="checkbox"/> LOST	<input type="checkbox"/> FIXED SITE	<input type="checkbox"/> WELL LOGGING RECOVERED SOURCE		<input type="checkbox"/> UNKNOWN	
<input type="checkbox"/> FOUND	<input type="checkbox"/> TEMPORARY JOB SITE	<input type="checkbox"/> WELL LOGGING IRRETRIEVABLE SOURCE		<input type="checkbox"/> OTHER (SPECIFY)	
<input type="checkbox"/> THEFT	<input type="checkbox"/> LICENSED VEHICLE	<input type="checkbox"/> COMMERCIAL WASTE			
<input type="checkbox"/> THEFT, WITH	<input type="checkbox"/> COMMERCIAL CARRIER	<input type="checkbox"/> INCINERATOR			
<input type="checkbox"/> FORCE	<input type="checkbox"/> OTHER (SPECIFY)	<input type="checkbox"/> SCRAP METAL			
RELEASE OF MATERIALS					
FORM	EVENT	LOCATION			
<input type="checkbox"/> SOLID	<input type="checkbox"/> SPILL	<input type="checkbox"/> RESTRICTED AREA			
<input type="checkbox"/> LIQUID	<input type="checkbox"/> TRANSPORTATION	<input type="checkbox"/> UNRESTRICTED AREA			
<input type="checkbox"/> GAS	<input type="checkbox"/> OTHER (SPECIFY)	<input type="checkbox"/> CONTROLLED AREA			
EVENTS INVOLVING FACILITIES					
<input type="checkbox"/> FIRE	<input type="checkbox"/> SPILL	<input type="checkbox"/> OTHER (SPECIFY)			
<input type="checkbox"/> DAMAGE TO DEVICE	<input type="checkbox"/> > 24-HOUR DENIAL OF ACCESS				
<input type="checkbox"/> EXPLOSION	<input type="checkbox"/> DAMAGE TO SAFETY EQUIPMENT				
<input checked="" type="checkbox"/> EVENTS INVOLVING GAUGES					
TYPE	EVENT	EVENTS INVOLVING RADIOGRAPHY			
GENERAL LICENSE	<input checked="" type="checkbox"/> SHUTTER	LOCATION	EVENT		
EXEMPT	<input type="checkbox"/> MOISTURE/DENSITY GAUGE DAMAGE	<input type="checkbox"/> FIXED	<input type="checkbox"/> SOURCE DISCONNECT		
SPECIAL LICENSE	<input type="checkbox"/> LOST / STOLEN	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> SOURCE NOT RETURNED TO FULLY SHIELDED POSITION		
<input type="checkbox"/> FIXED	<input type="checkbox"/> OTHER (SPECIFY)	<input type="checkbox"/> JOB SITE	<input type="checkbox"/> CABLE FAILURE		
<input type="checkbox"/> PORTABLE			<input type="checkbox"/> FAILURE TO FOLLOW PROCEDURES		
EVENTS INVOLVING AN IRRADIATOR		MANUFACTURER	MODEL	SERIAL NUMBER	
EVENTS INVOLVING TELETHERAPY					

ABSTRACT (INCLUDE THE CAUSE OF THE EVENT(S) AND LICENSEE CORRECTIVE ACTION. MAY BE CONTINUED ON THE REVERSE SIDE)

Ameristeel contacted the Division concerning disposal of one of their Kay-Ray gauges (200 mCi, Cs-137). They had moved the defective gauge and found the shutter to be stuck in the open position. Employees had moved the source holder to a remote area and shielded it with a steel plate and roped off. A physical response gave the following results: 0.02 mR/hr ~ 15' from gauge, 0.03 mR/hr at 6' and 0.9mR/hr at gauge surface. SEG also responded for disposal of the gauge. It was determined that no one had been overexposed. SEG currently has the gauge. There will be a follow up report at a later date.

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS INFORMATION COLLECTION REQUEST 1 HOUR. THIS INFORMATION IS REQUESTED TO ASSESS MATERIALS EVENTS AND EVALUATE ACTIONS NECESSARY TO PREVENT THEIR REOCCURRENCE. FORWARD COMMENTS REGARDING BURDEN ESTIMATE TO THE INFORMATION AND RECORDS MANAGEMENT BRANCH (T-8 F35), U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, D.C. 20555-0001, AND TO THE PAPERWORK REDUCTION PROJECT (3150-0178), OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, D.C. 20503.

## EVENT REPORT

LICENSEE <b>JACKSON MADISON COUNTY GENERAL HOSPITAL</b>		CITY AND STATE <b>JACKSON, TN</b>		ORIGINAL ITEM NUMBER <b>TN-96-061</b>	
TYPE OF LICENSE (i.e. Field Radiograph, Private Practice Medical, etc.) <b>MEDICAL</b>		LICENSE NUMBER <b>A-5701-A1</b>		THIS ITEM NUMBER <b>01</b>	
ABNORMAL OCCURRENCE	FOLLOW-UP REPORT	ISOTOPE	TYPE OF ISOTOPE		DATE OF EVENT
<input type="checkbox"/> YES	<input type="checkbox"/> YES	<b>N/A (accelerator)</b>	<input checked="" type="checkbox"/> AEA MATERIAL ACCELERATOR PRODUCED		<b>8-09-96</b>
<input checked="" type="checkbox"/> NO			<input type="checkbox"/> NORM		DATE OF THIS REPORT <b>8-12-96</b>
AMOUNT OF RADIOACTIVE MATERIAL (IF AMOUNT OF MATERIAL IS BELOW EXEMPT, DO NOT COMPLETE THIS FORM)					
<input type="checkbox"/> < 1 MILLICI	<input type="checkbox"/> 100 MILLICI - < 1 CI	<input type="checkbox"/> 10 CI - 100 CI		<input type="checkbox"/> UNKNOWN	
<input type="checkbox"/> 1 MILLICI - < 100 MILLICI	<input type="checkbox"/> 1 CI - < 10 CI	<input type="checkbox"/> > 100 CI			
EVENTS INVOLVING OVEREXPOSURE					
NUMBER OF OVEREXPOSURES	TYPE OF INDIVIDUAL	EVENT LOCATION	DOSE TO	DOSE	RAD
SOURCE OF RADIATION	EMPLOYEE	RESTRICTED AREA	WHOLE BODY		
<input type="checkbox"/> EXTERNAL	MINOR EMPLOYEE	UNRESTRICTED AREA	LENS OF EYE		
<input type="checkbox"/> INTERNAL	EMBRYO / FETUS	CONTROLLED AREA	EXTREMITY		
<input type="checkbox"/> BOTH	PUBLIC		SKIN		
			ORGAN		
LEAKING SOURCE					
<input type="checkbox"/> LOST OR STOLEN MATERIAL					
EVENT	EVENT LOCATION	PROBABLE DISPOSITION			
<input type="checkbox"/> LOST	<input type="checkbox"/> FIXED SITE	<input type="checkbox"/> WELL LOGGING RECOVERED SOURCE		<input type="checkbox"/> UNKNOWN	
<input type="checkbox"/> FOUND	<input type="checkbox"/> TEMPORARY JOB SITE	<input type="checkbox"/> WELL LOGGING IRRETRIEVABLE SOURCE		<input type="checkbox"/> OTHER (SPECIFY)	
<input type="checkbox"/> THEFT	<input type="checkbox"/> LICENSED VEHICLE	<input type="checkbox"/> COMMERCIAL WASTE			
<input type="checkbox"/> THEFT WITH FORCE	<input type="checkbox"/> COMMERCIAL CARRIER	<input type="checkbox"/> INCINERATOR			
	<input type="checkbox"/> OTHER (SPECIFY)	<input type="checkbox"/> SCRAP METAL			
RELEASE OF MATERIALS					
FORM	EVENT	LOCATION			
<input type="checkbox"/> SOLID	<input type="checkbox"/> SPILL	<input type="checkbox"/> RESTRICTED AREA			
<input type="checkbox"/> LIQUID	<input type="checkbox"/> TRANSPORTATION	<input type="checkbox"/> UNRESTRICTED AREA			
<input type="checkbox"/> GAS	<input type="checkbox"/> OTHER (SPECIFY)	<input type="checkbox"/> CONTROLLED AREA			
<input checked="" type="checkbox"/> EVENTS INVOLVING FACILITIES					
<input type="checkbox"/> FIRE	<input type="checkbox"/> SPILL	<input checked="" type="checkbox"/> OTHER (SPECIFY)			
<input type="checkbox"/> DAMAGE TO DEVICE	<input type="checkbox"/> > 24-HOUR DENIAL OF ACCESS	<b>An accelerator was turned on with an employee in the room.</b>			
<input type="checkbox"/> EXPLOSION	<input type="checkbox"/> DAMAGE TO SAFETY EQUIPMENT				
EVENTS INVOLVING GAUGES		EVENTS INVOLVING RADIOGRAPHY			
TYPE	EVENT	LOCATION	EVENT		
<input type="checkbox"/> GENERAL LICENSE	<input type="checkbox"/> SHUTTER	<input type="checkbox"/> FIXED	<input type="checkbox"/> SOURCE DISCONNECT		
<input type="checkbox"/> EXEMPT	<input type="checkbox"/> MOISTURE/DENSITY GAUGE DAMAGE	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> SOURCE NOT RETURNED TO FULLY SHIELDED POSITION		
<input type="checkbox"/> SPECIAL LICENSE	<input type="checkbox"/> LOST / STOLEN	<input type="checkbox"/> JOB SITE	<input type="checkbox"/> CABLE FAILURE		
<input type="checkbox"/> FIXED	<input type="checkbox"/> OTHER (SPECIFY)		<input type="checkbox"/> FAILURE TO FOLLOW PROCEDURES		
<input type="checkbox"/> PORTABLE					
EVENTS INVOLVING AN IRRADIATOR		MANUFACTURER	MODEL	SERIAL NUMBER	
EVENTS INVOLVING TELETHERAPY					

ABSTRACT (INCLUDE THE CAUSE OF THE EVENT(S) AND LICENSEE CORRECTIVE ACTION. MAY BE CONTINUED ON THE REVERSE SIDE)

An accelerator was turned on for morning warm-ups. The treatment mode was 12 MeV electrons. An employee was in the room stocking linens for the day. The employee realized what was occurring and attracted the attention of the radiation therapist. He shut the unit off after the employee had received 26 monitor units. The exposure was estimated to be 0.34 mrem. An inservice training was given to the employees to prevent this from reoccurring.

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS INFORMATION COLLECTION REQUEST: 1 HOUR. THIS INFORMATION IS REQUESTED TO ASSESS MATERIALS EVENTS AND EVALUATE ACTIONS NECESSARY TO PREVENT THEIR REOCCURRENCE. FORWARD COMMENTS REGARDING BURDEN ESTIMATE TO THE INFORMATION AND RECORDS MANAGEMENT BRANCH (T-8 F35), U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, D.C. 20555-0001, AND TO THE PAPERWORK REDUCTION PROJECT (3150-0178) OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, D.C. 20503.

**EVENT REPORT**

LICENSEE <b>N/A STEINER LIFF IRON &amp; METAL COMPANY</b>		CITY AND STATE <b>NASHVILLE, TN</b>		ORIGINAL ITEM NUMBER <b>TN-96-062</b>	
TYPE OF LICENSE (i.e. Field Radiography, Private Practice Medical, etc.) <b>N/A (SCRAP METAL FACILITY)</b>		LICENSE NUMBER <b>N/A</b>		THIS ITEM NUMBER <b>01</b>	
ABNORMAL OCCURRENCE	FOLLOW-UP REPORT	ISOTOPE	TYPE OF ISOTOPE	DATE OF EVENT	
<input type="checkbox"/> YES	<input type="checkbox"/> YES	<b>RADIUM</b>	AEA MATERIAL ACCELERATOR PRODUCED	<b>8-12-96</b>	
<input checked="" type="checkbox"/> NO	<input type="checkbox"/> NO		<input checked="" type="checkbox"/> NORM	DATE OF THIS REPORT <b>8-19-96</b>	
AMOUNT OF RADIOACTIVE MATERIAL (IF AMOUNT OF MATERIAL IS BELOW EXEMPT, DO NOT COMPLETE THIS PORTION)					
<input type="checkbox"/> < 1 MILLICI	<input type="checkbox"/> 100 MILLICI - < 1 CI	<input type="checkbox"/> 10 CI - 100 CI	<input type="checkbox"/> UNKNOWN		
<input type="checkbox"/> 1 MILLICI - 100 MILLICI	<input type="checkbox"/> 1 CI - < 10 CI	<input type="checkbox"/> > 100 CI			
EVENTS INVOLVING OVEREXPOSURE					
NUMBER OF OVEREXPOSURES	TYPE OF INDIVIDUAL	EVENT LOCATION	DOSE TO	DOSE	RAD
SOURCE OF RADIATION	EMPLOYEE	RESTRICTED AREA	WHOLE BODY		
<input type="checkbox"/> EXTERNAL	MINOR EMPLOYEE	UNRESTRICTED AREA	LENS OF EYE		
<input type="checkbox"/> INTERNAL	EMBRYO / FETUS	CONTROLLED AREA	EXTREMITY		
<input type="checkbox"/> BOTH	PUBLIC		SKIN		
			ORGAN		
LEAKING SOURCE					
<input type="checkbox"/> LOST OR STOLEN MATERIAL					
EVENT	EVENT LOCATION	PROBABLE DISPOSITION			
<input type="checkbox"/> LOST	<input type="checkbox"/> FIXED SITE	<input type="checkbox"/> WELL LOGGING RECOVERY	<input type="checkbox"/> RE-USE	<input type="checkbox"/> UNKNOWN	
<input type="checkbox"/> FOUND	<input type="checkbox"/> TEMPORARY JOB SITE	<input type="checkbox"/> WELL LOGGING IRRETRIEVABLE	<input type="checkbox"/> SOURCE	<input type="checkbox"/> OTHER (SPECIFY)	
<input type="checkbox"/> THEFT	<input type="checkbox"/> LICENSED VEHICLE	<input type="checkbox"/> COMMERCIAL WASTE			
<input type="checkbox"/> THEFT, WITH	<input type="checkbox"/> COMMERCIAL CARRIER	<input type="checkbox"/> INCINERATOR			
<input type="checkbox"/> FORCE	<input type="checkbox"/> OTHER (SPECIFY)	<input type="checkbox"/> SCRAP METAL			
RELEASE OF MATERIALS					
FORM	EVENT	LOCATION			
<input type="checkbox"/> SOLID	<input type="checkbox"/> SPILL	<input type="checkbox"/> RESTRICTED AREA			
<input type="checkbox"/> LIQUID	<input type="checkbox"/> TRANSPORTATION	<input type="checkbox"/> UNRESTRICTED AREA			
<input type="checkbox"/> GAS	<input type="checkbox"/> OTHER (SPECIFY)	<input type="checkbox"/> CONTROLLED AREA			
<input checked="" type="checkbox"/> EVENTS INVOLVING FACILITIES					
<input type="checkbox"/> FIRE	<input type="checkbox"/> SPILL	<input checked="" type="checkbox"/> OTHER (SPECIFY)			
<input type="checkbox"/> DAMAGE TO DEVICE	<input type="checkbox"/> > 24-HOUR DENIAL OF ACCESS	<b>The portal alarm sounded when a load of scrap metal passed through the gate from Kentucky.</b>			
<input type="checkbox"/> EXPLOSION	<input type="checkbox"/> DAMAGE TO SAFETY EQUIPMENT				
EVENTS INVOLVING GAUGES					
TYPE	EVENT	LOCATION	EVENT		
<input type="checkbox"/> GENERAL LICENSE	<input type="checkbox"/> SHUTTER	<input type="checkbox"/> FIXED	<input type="checkbox"/> SOURCE DISCONNECT		
<input type="checkbox"/> EXEMPT	<input type="checkbox"/> MOISTURE/DENSITY GAUGE DAMAGE	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> SOURCE NOT RETURNED TO FULLY SHIELDED POSITION		
<input type="checkbox"/> SPECIAL LICENSE	<input type="checkbox"/> LOST / STOLEN	<input type="checkbox"/> JOB SITE	<input type="checkbox"/> CABLE FAILURE		
<input type="checkbox"/> FIXED	<input type="checkbox"/> OTHER (SPECIFY)		<input type="checkbox"/> FAILURE TO FOLLOW PROCEDURES		
<input type="checkbox"/> PORTABLE					
EVENTS INVOLVING AN IRRADIATOR		MANUFACTURER	MODEL	SERIAL NUMBER	
EVENTS INVOLVING TELETHERAPY					

ABSTRACT (INCLUDE THE CAUSE OF THE EVENT(S) AND LICENSEE CORRECTIVE ACTION. MAY BE CONTINUED ON THE REVERSE SIDE)

A portal monitor detected some radiation in a load of metal from Fort Campbell, KY. An inspection of the metal gave readings from 20 micro R to 280 mR/hr (this was from the underside of the trailer). A DOT Exemption (TN-KY-96-03) was issued and the load was sent back to Kentucky.

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS INFORMATION COLLECTION REQUEST: 1 HOUR. THIS INFORMATION IS REQUESTED TO ASSESS MATERIALS EVENTS AND EVALUATE ACTIONS NECESSARY TO PREVENT THEIR REOCCURRENCE. FORWARD COMMENTS REGARDING BURDEN ESTIMATE TO THE INFORMATION AND RECORDS MANAGEMENT BRANCH (T-8 F35), U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, D.C. 20555-0001, AND TO THE PAPERWORK REDUCTION PROJECT (3150-0178), OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, D.C. 20503.

## EVENT REPORT

LICENSEE N/A (CERCLA SITE)		CITY AND STATE OAK RIDGE, TN		ORIGINAL ITEM NUMBER TN-96-063	
TYPE OF LICENSE (i.e. Field Radiographer, Private Practice Medical, etc.) N/A		LICENSE NUMBER N/A		THIS ITEM NUMBER 01	
ABNORMAL OCCURRENCE	FOLLOW-UP REPORT	ISOTOPE	TYPE OF ISOTOPE	DATE OF EVENT	
<input type="checkbox"/> YES	<input type="checkbox"/> YES	UNKNOWN	AEA MATERIAL ACCELERATOR PRODUCED	8-14-96	
<input checked="" type="checkbox"/> NO			NORM	DATE OF THIS REPORT	
8-15-96					
AMOUNT OF RADIOACTIVE MATERIAL (IF AMOUNT OF MATERIAL IS BELOW 100 CI, DO NOT COMPLETE THIS FORM)					
<input type="checkbox"/> < 1 MILLCI	<input type="checkbox"/> 100 MILLCI - < 1 CI	<input type="checkbox"/> 10 CI - 100 CI	<input checked="" type="checkbox"/> UNKNOWN		
<input type="checkbox"/> 1 MILLCI - < 100 MILLCI	<input type="checkbox"/> 1 CI - < 10 CI	<input type="checkbox"/> > 100 CI			
EVENTS INVOLVING OVEREXPOSURE					
NUMBER OF OVEREXPOSURES	TYPE OF INDIVIDUAL	EVENT LOCATION	DOSE TO	DOSE	RAD
SOURCE OF RADIATION	EMPLOYEE	RESTRICTED AREA	WHOLE BODY		
<input type="checkbox"/> EXTERNAL	MINOR EMPLOYEE	UNRESTRICTED AREA	LENS OF EYE		
<input type="checkbox"/> INTERNAL	EMBRYO / FETUS	CONTROLLED AREA	EXTREMITY		
<input type="checkbox"/> BOTH	PUBLIC		SKIN		
			ORGAN		
LEAKING SOURCE					
<input type="checkbox"/> LOST OR STOLEN MATERIAL					
EVENT					
<input type="checkbox"/> LOST	<input type="checkbox"/> FIXED SITE	<input type="checkbox"/> WELL LOGGING RECOVERED SOURCE			
<input type="checkbox"/> FOUND	<input type="checkbox"/> TEMPORARY JOB SITE	<input type="checkbox"/> WELL LOGGING IRRETRIEVABLE SOURCE			
<input type="checkbox"/> THEFT	<input type="checkbox"/> LICENSED VEHICLE	<input type="checkbox"/> COMMERCIAL WASTE			
<input type="checkbox"/> THEFT, WITH	<input type="checkbox"/> COMMERCIAL CARRIER	<input type="checkbox"/> INCINERATOR			
<input type="checkbox"/> FORCE	<input type="checkbox"/> OTHER (SPECIFY)	<input type="checkbox"/> SCRAP METAL			
PROBABLE DISPOSITION					
<input type="checkbox"/> UNKNOWN					
<input type="checkbox"/> OTHER (SPECIFY)					
RELEASE OF MATERIALS					
FORM	EVENT	LOCATION			
<input type="checkbox"/> SOLID	<input type="checkbox"/> SPILL	<input type="checkbox"/> RESTRICTED AREA			
<input type="checkbox"/> LIQUID	<input type="checkbox"/> TRANSPORTATION	<input type="checkbox"/> UNRESTRICTED AREA			
<input type="checkbox"/> GAS	<input type="checkbox"/> OTHER (SPECIFY)	<input type="checkbox"/> CONTROLLED AREA			
<input checked="" type="checkbox"/> EVENTS INVOLVING FACILITIES					
<input type="checkbox"/> FIRE	<input type="checkbox"/> SPILL	<input checked="" type="checkbox"/> OTHER (SPECIFY)			
<input type="checkbox"/> DAMAGE TO DEVICE	<input type="checkbox"/> > 24-HOUR DENIAL OF ACCESS	Contaminated soil discovered at CERCLA cleanup site.			
<input type="checkbox"/> EXPLOSION	<input type="checkbox"/> DAMAGE TO SAFETY EQUIPMENT				
EVENTS INVOLVING GAUGES					
TYPE	EVENT	EVENTS INVOLVING RADIOGRAPHY			
GENERAL LICENSE	SHUTTER	LOCATION	EVENT		
EXEMPT	MOISTURE/DENSITY GAUGE DAMAGE	<input type="checkbox"/> FIXED	<input type="checkbox"/> SOURCE DISCONNECT		
SPECIAL LICENSE	LOST / STOLEN	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> SOURCE NOT RETURNED TO FULLY SHIELDED POSITION		
<input type="checkbox"/> FIXED	<input type="checkbox"/> OTHER (SPECIFY)	<input type="checkbox"/> JOB SITE	<input type="checkbox"/> CABLE FAILURE		
<input type="checkbox"/> PORTABLE			<input type="checkbox"/> FAILURE TO FOLLOW PROCEDURES		
EVENTS INVOLVING AN IRRADIATOR		MANUFACTURER	MODEL	SERIAL NUMBER	
EVENTS INVOLVING TELETHERAPY					

ABSTRACT (INCLUDE THE CAUSE OF THE EVENT(S) AND LICENSEE CORRECTIVE ACTION. MAY BE CONTINUED ON THE REVERSE SIDE)

During a CERCLA cleanup, a 1'X1' square foot area of contaminated soil was discovered. The meter reading was 19,000 dpm per 100 cm<sup>2</sup> beta/gamma. DOE posted the area as contaminated. This cleanup is part of the East Fork Poplar Creek Site.



ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS INFORMATION COLLECTION REQUEST 1 HOUR. THIS INFORMATION IS REQUESTED TO ASSESS MATERIALS EVENTS AND EVALUATE ACTIONS NECESSARY TO PREVENT THEIR REOCCURRENCE. FORWARD COMMENTS REGARDING BURDEN ESTIMATE TO THE INFORMATION AND RECORDS MANAGEMENT BRANCH (T-8 F35), U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, D.C. 20555-0001, AND TO THE PAPERWORK REDUCTION PROJECT (3150-0178) OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, D.C. 20503.

## EVENT REPORT

LICENSEE N/A (AMERISTEEL CORPORATION)		CITY AND STATE KNOXVILLE, TN		ORIGINAL ITEM NUMBER TN-96-064	
TYPE OF LICENSE (i.e. Field Radiography, Private Practice Medical, etc.) N/A (SCRAP FOUNDRY)		LICENSE NUMBER N/A		THIS ITEM NUMBER 01	
ABNORMAL OCCURRENCE	FOLLOW-UP REPORT	ISOTOPE	TYPE OF ISOTOPE		DATE OF EVENT
<input type="checkbox"/> YES	<input type="checkbox"/> YES	UNKNOWN	<input type="checkbox"/> AEA MATERIAL <input type="checkbox"/> ACCELERATOR PRODUCED		8-20-96
<input checked="" type="checkbox"/> NO			<input type="checkbox"/> NORM		DATE OF THIS REPORT 8-20-96
AMOUNT OF RADIOACTIVE MATERIAL (IF AMOUNT OF MATERIAL IS BELOW EXEMPT, DO NOT COMPLETE THIS FORM)					
<input type="checkbox"/> < 1 MILLICI	<input type="checkbox"/> 100 MILLICI - < 1 CI	<input type="checkbox"/> 10 CI - 100 CI	<input checked="" type="checkbox"/> UNKNOWN		
<input type="checkbox"/> 1 MILLICI - < 100 MILLICI	<input type="checkbox"/> 1 CI - < 10 CI	<input type="checkbox"/> > 100 CI			
EVENTS INVOLVING OVEREXPOSURE					
NUMBER OF OVEREXPOSURES	TYPE OF INDIVIDUAL	EVENT LOCATION	DOSE TO	DOSE	RAD
SOURCE OF RADIATION	EMPLOYEE	RESTRICTED AREA	WHO'E BODY		REM
<input type="checkbox"/> EXTERNAL	MINOR EMPLOYEE	UNRESTRICTED AREA	LENS OF EYE		
<input type="checkbox"/> INTERNAL	EMBRYO / FETUS	CONTROLLED AREA	EXTREMITY		
<input type="checkbox"/> BOTH	PUBLIC		SKIN		
			ORGAN		
LEAKING SOURCE					
<input type="checkbox"/> LOST OR STOLEN MATERIAL					
EVENT	EVENT LOCATION	PROBABLE DISPOSITION			
<input type="checkbox"/> LOST	<input type="checkbox"/> FIXED SITE	<input type="checkbox"/> WELL LOGGING RECOVERED SOURCE	<input type="checkbox"/> UNKNOWN		
<input type="checkbox"/> FOUND	<input type="checkbox"/> TEMPORARY JOB SITE	<input type="checkbox"/> WELL LOGGING IRRETRIEVABLE SOURCE	<input type="checkbox"/> OTHER (SPECIFY)		
<input type="checkbox"/> THEFT	<input type="checkbox"/> LICENSED VEHICLE	<input type="checkbox"/> COMMERCIAL WASTE			
<input type="checkbox"/> THEFT, WITH	<input type="checkbox"/> COMMERCIAL CARRIER	<input type="checkbox"/> INCINERATOR			
<input type="checkbox"/> FORCE	<input type="checkbox"/> OTHER (SPECIFY)	<input type="checkbox"/> SCRAP METAL			
RELEASE OF MATERIALS					
FORM	EVENT	LOCATION			
<input type="checkbox"/> SOLID	<input type="checkbox"/> SPILL	<input type="checkbox"/> RESTRICTED AREA			
<input type="checkbox"/> LIQUID	<input type="checkbox"/> TRANSPORTATION	<input type="checkbox"/> UNRESTRICTED AREA			
<input type="checkbox"/> GAS	<input type="checkbox"/> OTHER (SPECIFY)	<input type="checkbox"/> CONTROLLED AREA			
<input checked="" type="checkbox"/> EVENTS INVOLVING FACILITIES					
<input type="checkbox"/> FIRE	<input type="checkbox"/> SPILL	<input checked="" type="checkbox"/> OTHER (SPECIFY)			
<input type="checkbox"/> DAMAGE TO DEVICE	<input type="checkbox"/> > 24-HOUR DENIAL OF ACCESS	Load of scrap rejected at facility.			
<input type="checkbox"/> EXPLOSION	<input type="checkbox"/> DAMAGE TO SAFETY EQUIPMENT				
EVENTS INVOLVING GAUGES		EVENTS INVOLVING RADIOGRAPHY			
TYPE	EVENT	LOCATION	EVENT		
<input type="checkbox"/> GENERAL LICENSE	<input type="checkbox"/> SHUTTER	<input type="checkbox"/> FIXED	<input type="checkbox"/> SOURCE DISCONNECT		
<input type="checkbox"/> EXEMPT	<input type="checkbox"/> MOISTURE/DENSITY GAUGE DAMAGE	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> SOURCE NOT RETURNED TO FULLY SHIELDED POSITION		
<input type="checkbox"/> SPECIAL LICENSE	<input type="checkbox"/> LOST / STOLEN	<input type="checkbox"/> JOB SITE	<input type="checkbox"/> CABLE FAILURE		
<input type="checkbox"/> FIXED	<input type="checkbox"/> OTHER (SPECIFY)		<input type="checkbox"/> FAILURE TO FOLLOW PROCEDURES		
<input type="checkbox"/> PORTABLE					
EVENTS INVOLVING AN IRRADIATOR		MANUFACTURER	MODEL	SERIAL NUMBER	
EVENTS INVOLVING TELETHERAPY					

ABSTRACT (INCLUDE THE CAUSE OF THE EVENT(S) AND LICENSEE CORRECTIVE ACTION. MAY BE CONTINUED ON THE REVERSE SLIP)

A load of scrap metal set off the radiation alarms at Ameristeel. The load was from Virginia. DRH personnel surveyed and found the maximum level to be 0.45 mrem/hr. A DOT Exemption was issued, Virginia Radiation Control was notified and the load returned to Virginia.

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS INFORMATION COLLECTION REQUEST 1 HOUR. THIS INFORMATION IS REQUESTED TO ASSESS MATERIALS EVENTS AND EVALUATE ACTIONS NECESSARY TO PREVENT THEIR REOCCURRENCE. FORWARD COMMENTS REGARDING BURDEN ESTIMATE TO THE INFORMATION AND RECORDS MANAGEMENT BRANCH (T-8 F35), U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, D.C. 20555-0001, AND TO THE PAPERWORK REDUCTION PROJECT (3150-0178), OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, D.C. 20503.

## EVENT REPORT

LICENSE <b>MANUFACTURING SCIENCES CORP., INC.</b>		CITY AND STATE <b>OAK RIDGE, TN</b>		ORIGINAL ITEM NUMBER <b>TN-96-00465</b>	
TYPE OF LICENSE (i.e. Field Radiography, Private Practice Medical, etc.) <b>WASTE PROCESSOR</b>		LICENSE NUMBER <b>N/A</b>		THIS ITEM NUMBER <b>01</b>	
ABNORMAL OCCURRENCE	FOLLOW-UP REPORT	ISOTOPE	TYPE OF ISOTOPE	DATE OF EVENT	
<input type="checkbox"/> YES	<input type="checkbox"/> YES	<b>None involved</b>	AEA MATERIAL ACCELERATOR PRODUCED  NORM	<b>8-21-96</b>	
<input checked="" type="checkbox"/> NO				DATE OF THIS REPORT <b>8-21-96</b>	
AMOUNT OF RADIOACTIVE MATERIAL (IF AMOUNT OF MATERIAL IS BELOW EXEMPT, DO NOT COMPLETE THIS FORM)					
<input type="checkbox"/> < 1 MILlicI	<input type="checkbox"/> 100 MILlicI - < 1 CI	<input type="checkbox"/> 10 CI - 100 CI		<input type="checkbox"/> UNKNOWN	
<input type="checkbox"/> 1 MILlicI - < 100 MILlicI	<input type="checkbox"/> 1 CI - < 10 CI	<input type="checkbox"/> > 100 CI			
EVENTS INVOLVING OVEREXPOSURE					
NUMBER OF OVEREXPOSURES	TYPE OF INDIVIDUAL	EVENT LOCATION	DOSE TO	DOSE	RAD
SOURCE OF RADIATION	EMPLOYEE	RESTRICTED AREA	WHOLE BODY		
<input type="checkbox"/> EXTERNAL	MINOR EMPLOYEE	UNRESTRICTED AREA	LENS OF EYE		
<input type="checkbox"/> INTERNAL	EMBRYO / FETUS	CONTROLLED AREA	EXTREMITY		
<input type="checkbox"/> BOTH	PUBLIC		SKIN		
			ORGAN		
LEAKING SOURCE					
LOST OR STOLEN MATERIAL					
EVENT	EVENT LOCATION	PROBABLE DISPOSITION			
<input type="checkbox"/> LOST	<input type="checkbox"/> FIXED SITE	<input type="checkbox"/> WELL LOGGING RECOVERED SOURCE		<input type="checkbox"/> UNKNOWN	
<input type="checkbox"/> FOUND	<input type="checkbox"/> TEMPORARY JOB SITE	<input type="checkbox"/> WELL LOGGING IRRETRIEVABLE SOURCE		<input type="checkbox"/> OTHER (SPECIFY)	
<input type="checkbox"/> THEFT	<input type="checkbox"/> LICENSED VEHICLE	<input type="checkbox"/> COMMERCIAL WASTE			
<input type="checkbox"/> THEFT WITH	<input type="checkbox"/> COMMERCIAL CARRIER	<input type="checkbox"/> INCINERATOR			
<input type="checkbox"/> FORCE	<input type="checkbox"/> OTHER (SPECIFY)	<input type="checkbox"/> SCRAP METAL			
RELEASE OF MATERIALS					
FORM	EVENT	LOCATION			
<input type="checkbox"/> SOLID	<input type="checkbox"/> SPILL	<input type="checkbox"/> RESTRICTED AREA			
<input type="checkbox"/> LIQUID	<input type="checkbox"/> TRANSPORTATION	<input type="checkbox"/> UNRESTRICTED AREA			
<input type="checkbox"/> GAS	<input type="checkbox"/> OTHER (SPECIFY)	<input type="checkbox"/> CONTROLLED AREA			
<input checked="" type="checkbox"/> EVENTS INVOLVING FACILITIES					
<input type="checkbox"/> FIRE	<input type="checkbox"/> SPILL	<input checked="" type="checkbox"/> OTHER (SPECIFY)			
<input type="checkbox"/> DAMAGE TO DEVICE	<input type="checkbox"/> > 24-HOUR DENIAL OF ACCESS	<b>A minor industrial accident occurred at a licensee's facility--no radioactive material involved.</b>			
<input type="checkbox"/> EXPLOSION	<input type="checkbox"/> DAMAGE TO SAFETY EQUIPMENT				
EVENTS INVOLVING GAUGES		EVENTS INVOLVING RADIOGRAPHY			
TYPE	EVENT	LOCATION	EVENT		
<input type="checkbox"/> GENERAL LICENSE	<input type="checkbox"/> SHUTTER	<input type="checkbox"/> FIXED	<input type="checkbox"/> SOURCE DISCONNECT		
<input type="checkbox"/> EXEMPT	<input type="checkbox"/> MOISTURE/DENSITY GAUGE DAMAGE	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> SOURCE NOT RETURNED TO FULLY SHIELDED POSITION		
<input type="checkbox"/> SPECIAL LICENSE	<input type="checkbox"/> LOST / STOLEN	<input type="checkbox"/> JOB SITE	<input type="checkbox"/> CABLE FAILURE		
<input type="checkbox"/> FIXED	<input type="checkbox"/> OTHER (SPECIFY)		<input type="checkbox"/> FAILURE TO FOLLOW PROCEDURES		
<input type="checkbox"/> PORTABLE					
EVENTS INVOLVING AN IRRADIATOR		MANUFACTURER	MODEL	SERIAL NUMBER	
EVENTS INVOLVING TELETHERAPY					

ABSTRACT (INCLUDE THE CAUSE OF THE EVENT(S) AND LICENSEE CORRECTIVE ACTION. MAY BE CONTINUED ON THE REVERSE SIDE)

During a routine metal cutting operation, an acetylene cylinder caught fire at the valve. The localized fire was allowed to burn until the fire was exhausted. There was no radioactive material involved. The building was evacuated and the City's fire department responded.

## EVENT REPORT

LICENSEE N/A (Glenn Kenemer Scrap Company)		CITY AND STATE Columbia, Tennessee		ORIGINAL ITEM NUMBER TN-96-066	
TYPE OF LICENSE (i.e. Field Radiography, Private Practice Medical, etc.) N/A (Scrap Metal Facility)		LICENSE NUMBER N/A		THIS ITEM NUMBER 01	
ABNORMAL OCCURRENCE	FOLLOW-UP REPORT	ISOTOPE	TYPE OF ISOTOPE		DATE OF EVENT
<input type="checkbox"/> YES	<input type="checkbox"/> YES	THORIUM	AEA MATERIAL ACCELERATOR PRODUCED		8/21/96
<input checked="" type="checkbox"/> NO	<input type="checkbox"/>		<input checked="" type="checkbox"/> NORM		DATE OF THIS REPORT 8/22/96
AMOUNT OF RADIOACTIVE MATERIAL (IF AMOUNT OF MATERIAL IS BELOW 100MBq, DO NOT COMPLETE THIS FORM)					
<input type="checkbox"/> < 1 MILLCI	<input type="checkbox"/> 100 MILLCI - < 1 CI	<input type="checkbox"/> 10 CI - 100 CI	<input checked="" type="checkbox"/> UNKNOWN		
<input type="checkbox"/> 1 MILLCI - < 100 MILLCI	<input type="checkbox"/> 1 CI - < 10 CI	<input type="checkbox"/> > 100 CI			
EVENTS INVOLVING OVEREXPOSURE					
NUMBER OF OVEREXPOSURES	TYPE OF INDIVIDUAL	EVENT LOCATION	DOSE TO	DOSE	RAD
SOURCE OF RADIATION	EMPLOYEE	RESTRICTED AREA	WHOLE BODY		
<input type="checkbox"/> EXTERNAL	MINOR EMPLOYEE	UNRESTRICTED AREA	LENS OF EYE		
<input type="checkbox"/> INTERNAL	EMBRYO / FETUS	CONTROLLED AREA	EXTREMITY		
<input type="checkbox"/> BOTH	PUBLIC		SKIN		
			ORGAN		
LEAKING SOURCE					
LOST OR STOLEN MATERIAL					
EVENT	EVENT LOCATION	PROBABLE DISPOSITION			
<input type="checkbox"/> LOST	FIXED SITE	WELL LOGGING RECOVERED SOURCE		<input type="checkbox"/> UNKNOWN	
<input type="checkbox"/> FOUND	TEMPORARY JOB SITE	WELL LOGGING IRRETRIEVABLE SOURCE		<input type="checkbox"/> OTHER (SPECIFY)	
<input type="checkbox"/> THEFT	LICENSED VEHICLE	COMMERCIAL WASTE			
<input type="checkbox"/> THEFT, WITH	COMMERCIAL CARRIER	INCINERATOR			
<input type="checkbox"/> FORCE	OTHER (SPECIFY)	SCRAP METAL			
RELEASE OF MATERIALS					
FORM	EVENT	LOCATION			
<input type="checkbox"/> SOLID	SPILL	RESTRICTED AREA			
<input type="checkbox"/> LIQUID	TRANSPORTATION	UNRESTRICTED AREA			
<input type="checkbox"/> GAS	OTHER (SPECIFY)	CONTROLLED AREA			
<input checked="" type="checkbox"/> EVENTS INVOLVING FACILITIES					
<input type="checkbox"/> FIRE	SPILL	<input checked="" type="checkbox"/> OTHER (SPECIFY)			
<input type="checkbox"/> DAMAGE TO DEVICE	> 24-HOUR DENIAL OF ACCESS	Load of scrap metal rejected at a recycling facility and returned to owner.			
<input type="checkbox"/> EXPLOSION	DAMAGE TO SAFETY EQUIPMENT				
EVENTS INVOLVING GAUGES			EVENTS INVOLVING RADIOGRAPHY		
TYPE	EVENT	LOCATION	EVENT		
<input type="checkbox"/> GENERAL LICENSE	SHUTTER	<input type="checkbox"/> FIXED	<input type="checkbox"/> SOURCE DISCONNECT		
<input type="checkbox"/> EXEMPT	MOISTURE/DENSITY GAUGE DAMAGE	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> SOURCE NOT RETURNED TO FULLY SHIELDED POSITION		
<input type="checkbox"/> SPECIAL LICENSE	LOST / STOLEN	<input type="checkbox"/> JOB SITE	<input type="checkbox"/> CABLE FAILURE		
<input type="checkbox"/> FIXED	OTHER (SPECIFY)		<input type="checkbox"/> FAILURE TO FOLLOW PROCEDURES		
<input type="checkbox"/> PORTABLE					
EVENTS INVOLVING AN IRRADIATOR		MANUFACTURER	MODEL	SERIAL NUMBER	
EVENTS INVOLVING TELETHERAPY					

ABSTRACT (INCLUDE THE CAUSE OF THE EVENT(S) AND LICENSEE CORRECTIVE ACTION. MAY BE CONTINUED ON THE REVERSE SIDE)

A load of scrap metal set off the radiation monitors at Steiner-Liff. The load was returned to Kenemer Scrap Co. in Columbia, TN. Staff from TSS went to the facility on 8/23/96. The scrap metal had been offloaded from the trailer. The source of radiation was detected in the pile and removed. The object was shaped like a bucket and was 12" by 8" in diameter. The object did not have any serial numbers or identifying labels on it. There was a sight glass in one end of the object with the words "represerve when pink" visible under the glass. Readings were 4000 cpm. Small pieces of the metal were analyzed onsite indicating Thorium. The lab

analyses indicated no detectable activity. Staff is continuing investigation of this incident.



ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS INFORMATION COLLECTION REQUEST: 1 HOUR. THIS INFORMATION IS REQUESTED TO ASSESS MISADMINISTRATIONS AND EVALUATE ACTIONS NECESSARY TO PREVENT THEIR RECURRENCE. FORWARD COMMENTS REGARDING BURDEN ESTIMATE TO THE INFORMATION AND RECORDS MANAGEMENT BRANCH (T-6 133), U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20555-0001, AND TO THE PAPERWORK REDUCTION PROJECT (3150-0178), OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20503.

## MEDICAL MISADMINISTRATION

LICENSEE <b>VANDERBILT UNIVERSITY</b>		CITY AND STATE <b>NASHVILLE, TN</b>	ORIGINAL ITEM NUMBER <b>TN-96-067</b>
TYPE OF LICENSE (e.g., Broad Scope, Private Practice Medical, etc.) <b>MEDICAL-BROAD</b>		LICENSE NUMBER <b>R-19021</b>	THIS ITEM NUMBER <b>01</b>
ABNORMAL OCCURRENCE	FOLLOW-UP REPORT	THE PATIENT WAS NOTIFIED	DATE OF EVENT <b>8-10-96</b>
<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	DATE OF THIS REPORT
<input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> NO	<b>8-20-96</b>

## SODIUM IODINE, 1-125 OR 1-131, &gt; 30 MICROCURIES

☐ WRONG PATIENT☐ WRONG RADIOPHARMACEUTICAL☐ ADMINISTERED DOSE DIFFERS FROM PRESCRIBED DOSE BY > 20% AND DIFFERENCE EXCEEDS 30 MICROCURIES

## THERAPEUTIC RADIOPHARMACEUTICAL DOSE, OTHER THAN 1-125 OR 1-131

☐ WRONG PATIENT☐ WRONG RADIOPHARMACEUTICAL☐ WRONG ROUTE OF ADMINISTRATION☐ ADMINISTERED DOSE DIFFERS FROM PRESCRIBED DOSE BY > 20%

## STEREOTACTIC RADIOSURGERY (GAMMAKNIFE)

☐ WRONG PATIENT☐ WRONG TREATMENT SITE☐ ADMINISTERED DOSE DIFFERS FROM PRESCRIBED DOSE BY MORE THAN 10%

## TELETHERAPY

☐ WRONG PATIENT☐ WRONG MODE OF TREATMENT☐ WRONG TREATMENT SITE☐ ADMINISTERED DOSE DIFFERS FROM PRESCRIBED DOSE BY MORE THAN 10% OF THERE ARE 3 OR FEWER FRACTIONS PRESCRIBED, OR WHEN WEEKLY CALCULATED ADMINISTERED DOSE EXCEEDS PRESCRIBED DOSE BY > 30%, OR WHEN CALCULATED TOTAL ADMINISTERED DOSE DIFFERS FROM PRESCRIBED DOSE BY > 20%

## BRACHYTHERAPY

☐ WRONG PATIENT☐ WRONG RADIOISOTOPE☐ WRONG TREATMENT SITE☐ LEAKING SOURCE☐ ONE OR MORE SOURCES NOT REMOVED AT END OF TREATMENT☐ CALCULATED ADMINISTERED DOSE DIFFERS FROM PRESCRIBED DOSE BY > 20%

## DIAGNOSTIC RADIOPHARMACEUTICAL DOSE, OTHER THAN QUANTITIES THAT EXCEED 30 MICROCURIES OF 1-125 OR 1-131, OR BOTH, WHEN THE PATIENT DOSE EXCEEDS 5 REM EFFECTIVE DOSE EQUIVALENT OR 50 REM ORGAN DOSE AND INVOLVES

☐ WRONG PATIENT☐ WRONG RADIOPHARMACEUTICAL☐ WRONG ROUTE OF ADMINISTRATION☐ ADMINISTERED DOSE DIFFERS FROM PRESCRIBED DOSAGE

ABSTRACT (include the cause of the misadministration, contributing factors, and licensee corrective action. May be continued on the reverse side)

The wrong patient was administered 8.8 millicuries of Tc-99m HDP for a bone scan. Two patients had the same last name, same diagnosis, and same referring physician. The on-duty radiologist verbally instructed the technologist. In order to prevent the reoccurrence, written requirements for orders prior to administration will be rigidly enforced. Estimated dose: 9.8 rad to bone surfaces and > 2 rem to one organ.

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS INFORMATION COLLECTION REQUEST 1 HOUR. THIS INFORMATION IS REQUESTED TO ASSESS MATERIALS EVENTS AND EVALUATE ACTIONS NECESSARY TO PREVENT THEIR REOCCURRENCE. FORWARD COMMENTS REGARDING BURDEN ESTIMATE TO THE INFORMATION

7. "D RECORDS MANAGEMENT BRANCH (T-8 F35), U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, D.C. 20555-0001 AND TO THE PAPERWORK REDUCTION PROJECT (3150-0178), OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, D.C. 20503

**EVENT REPORT**

LICENSE <b>AMERICAN ECOLOGY RECYCLE CENTER</b>		CITY AND STATE <b>OAK RIDGE, TN</b>		ORIGINAL ITEM NUMBER <b>TN-96-069</b>	
TYPE OF LICENSE (i.e. Field Radiography, Private Practice Medical, etc.) <b>WASTE PROCESSOR</b>		LICENSE NUMBER <b>R-01037</b>		THIS ITEM NUMBER <b>01</b>	
ABNORMAL OCCURRENCE	FOLLOW-UP REPORT	ISOTOPE	TYPE OF ISOTOPE		DATE OF EVENT
<input type="checkbox"/> YES	<input type="checkbox"/> YES	<b>VARIOUS</b>	<input checked="" type="checkbox"/> AEA MATERIAL	<input type="checkbox"/> ACCELERATOR PRODUCED	<b>8-05-96</b>
<input checked="" type="checkbox"/> NO			<input type="checkbox"/> NORM		DATE OF THIS REPORT <b>8-27-96</b>
AMOUNT OF RADIOACTIVE MATERIAL (IF AMOUNT OF MATERIAL IS BELOW EXEMPT, DO NOT COMPLETE THIS FORM)					
<input type="checkbox"/> < 1 MILLICI	<input type="checkbox"/> 100 MILLICI - < 1 CI	<input type="checkbox"/> 10 CI - 100 CI	<input type="checkbox"/> UNKNOWN		
<input checked="" type="checkbox"/> 1 MILLICI - < 100 MILLICI	<input type="checkbox"/> 1 CI - < 10 CI	<input type="checkbox"/> > 100 CI			
EVENTS INVOLVING OVEREXPOSURE					
NUMBER OF OVEREXPOSURES	TYPE OF INDIVIDUAL	EVENT LOCATION	DOSE TO	DOSE	RAD
SOURCE OF RADIATION	EMPLOYEE	RESTRICTED AREA	WHOLE BODY		
<input type="checkbox"/> EXTERNAL	MINOR EMPLOYEE	UNRESTRICTED AREA	LENS OF EYE		
<input type="checkbox"/> INTERNAL	EMBRYO / FETUS	CONTROLLED AREA	EXTREMITY		
<input type="checkbox"/> BOTH	PUBLIC		SKIN		
			ORGAN		
LEAKING SOURCE					
<input type="checkbox"/> LOST OR STOLEN MATERIAL					
EVENT	EVENT LOCATION	PROBABLE DISPOSITION			
<input type="checkbox"/> LOST	<input type="checkbox"/> FIXED SITE	<input type="checkbox"/> WELL LOGGING RECOVERED SOURCE	<input type="checkbox"/> UNKNOWN		
<input type="checkbox"/> FOUND	<input type="checkbox"/> TEMPORARY JOB SITE	<input type="checkbox"/> WELL LOGGING IRRETRIEVABLE SOURCE	<input type="checkbox"/> OTHER (SPECIFY)		
<input type="checkbox"/> THEFT	<input type="checkbox"/> LICENSED VEHICLE	<input type="checkbox"/> COMMERCIAL WASTE			
<input type="checkbox"/> THEFT, WITH	<input type="checkbox"/> COMMERCIAL CARRIER	<input type="checkbox"/> INCINERATOR			
<input type="checkbox"/> FORCE	<input type="checkbox"/> OTHER (SPECIFY)	<input type="checkbox"/> SCRAP METAL			
RELEASE OF MATERIALS					
FORM	EVENT	LOCATION			
<input type="checkbox"/> SOLID	<input type="checkbox"/> SPILL	<input type="checkbox"/> RESTRICTED AREA			
<input type="checkbox"/> LIQUID	<input type="checkbox"/> TRANSPORTATION	<input type="checkbox"/> UNRESTRICTED AREA			
<input type="checkbox"/> GAS	<input type="checkbox"/> OTHER (SPECIFY)	<input type="checkbox"/> CONTROLLED AREA			
<input checked="" type="checkbox"/> EVENTS INVOLVING FACILITIES					
<input type="checkbox"/> FIRE	<input type="checkbox"/> SPILL	<input checked="" type="checkbox"/> OTHER (SPECIFY)			
<input type="checkbox"/> DAMAGE TO DEVICE	<input type="checkbox"/> > 24-HOUR DENIAL OF ACCESS	<b>Transportation paperwork discrepancies.</b>			
<input type="checkbox"/> EXPLOSION	<input type="checkbox"/> DAMAGE TO SAFETY EQUIPMENT				
EVENTS INVOLVING GAUGES		EVENTS INVOLVING RADIOGRAPHY			
TYPE	EVENT	LOCATION	EVENT		
<input type="checkbox"/> GENERAL LICENSE	<input type="checkbox"/> SHUTTER	<input type="checkbox"/> FIXED	<input type="checkbox"/> SOURCE DISCONNECT		
<input type="checkbox"/> EXEMPT	<input type="checkbox"/> MOISTURE/DENSITY GAUGE DAMAGE	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> SOURCE NOT RETURNED TO FULLY SHIELDED POSITION		
<input type="checkbox"/> SPECIAL LICENSE	<input type="checkbox"/> LOST / STOLEN	<input type="checkbox"/> JOB SITE	<input type="checkbox"/> CABLE FAILURE		
<input type="checkbox"/> FIXED	<input type="checkbox"/> OTHER (SPECIFY)		<input type="checkbox"/> FAILURE TO FOLLOW PROCEDURES		
<input type="checkbox"/> PORTABLE					
EVENTS INVOLVING AN IRRADIATOR		MANUFACTURER	MODEL	SERIAL NUMBER	
EVENTS INVOLVING TELETHERAPY					

ABSTRACT (INCLUDE THE CAUSE OF THE EVENT(S) AND LICENSEE CORRECTIVE ACTION. MAY BE CONTINUED ON THE REVERSE SIDE)

NRC Region II notified the state that a shipment of radioactive material from AERC returned to Anna Nuclear Power Station in Virginia contained paperwork discrepancies. Field inspectors are investigating.

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS INFORMATION COLLECTION REQUEST 1 HOUR. THIS INFORMATION IS REQUESTED TO ASSESS MATERIALS EVENTS AND EVALUATE ACTIONS NECESSARY TO PREVENT THEIR REOCCURRENCE. FORWARD COMMENTS REGARDING BURDEN ESTIMATE TO THE INFORMATION AND RECORDS MANAGEMENT BRANCH (T-8 F35), U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, D.C. 20555-0001, AND TO THE PAPERWORK REDUCTION PROJECT (3150-0178), OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, D.C. 20503.

## EVENT REPORT

LICENSE N/A (CAN-IT RECYCLING CENTER)		CITY AND STATE DAYTON, TN		ORIGINAL ITEM NUMBER TN-96-070	
TYPE OF LICENSE (i.e. Field Radiography, Private Practice Medical, etc.) N/A ( RECYCLING CENTER)		LICENSE NUMBER N/A		THIS ITEM NUMBER 01	
ABNORMAL OCCURRENCE	FOLLOW-UP REPORT	ISOTOPE	TYPE OF ISOTOPE		DATE OF EVENT
<input type="checkbox"/> YES	<input type="checkbox"/> YES	THORIUM	<input type="checkbox"/> AEA MATERIAL ACCELERATOR PRODUCED		6-10-96
<input checked="" type="checkbox"/> NO	<input type="checkbox"/>		<input checked="" type="checkbox"/> NORM		DATE OF THIS REPORT 7-17-96
AMOUNT OF RADIOACTIVE MATERIAL (IF AMOUNT OF MATERIAL IS BELOW EXEMPT, DO NOT COMPLETE THIS FORM)					
<input type="checkbox"/> < 1 MILLCI	<input type="checkbox"/> 100 MILLCI - < 1 CI	<input type="checkbox"/> 10 CI - 100 CI	<input checked="" type="checkbox"/> UNKNOWN		
<input type="checkbox"/> 1 MILLCI - < 100 MILLCI	<input type="checkbox"/> 1 CI - < 10 CI	<input type="checkbox"/> > 100 CI			
EVENTS INVOLVING OVEREXPOSURE					
NUMBER OF OVEREXPOSURES	TYPE OF INDIVIDUAL	EVENT LOCATION	DOSE TO	DOSE	RAD
SOURCE OF RADIATION	EMPLOYEE	RESTRICTED AREA	WHOLE BODY		REM
<input type="checkbox"/> EXTERNAL	MINOR EMPLOYEE	UNRESTRICTED AREA	LENS OF EYE		
<input type="checkbox"/> INTERNAL	EMBRYO / FETUS	CONTROLLED AREA	EXTREMITY		
<input type="checkbox"/> BOTH	PUBLIC		SKIN		
			ORGAN		
LEAKING SOURCE					
LOST OR STOLEN MATERIAL					
EVENT	EVENT LOCATION	PROBABLE DISPOSITION			
<input type="checkbox"/> LOST	FIXED SITE	WELL LOGGING RECOVERED SOURCE		UNKNOWN	
<input type="checkbox"/> POUND	TEMPORARY JOB SITE	WELL LOGGING IRRETRIEVABLE SOURCE		OTHER (SPECIFY)	
<input type="checkbox"/> THEFT	LICENSED VEHICLE	COMMERCIAL WASTE			
<input type="checkbox"/> THEFT, WITH	COMMERCIAL CARRIER	INCINERATOR			
<input type="checkbox"/> FORCE	OTHER (SPECIFY)	SCRAP METAL			
RELEASE OF MATERIALS					
FORM	EVENT	LOCATION			
<input type="checkbox"/> SOLID	SPILL	RESTRICTED AREA			
<input type="checkbox"/> LIQUID	TRANSPORTATION	UNRESTRICTED AREA			
<input type="checkbox"/> GAS	OTHER (SPECIFY)	CONTROLLED AREA			
<input checked="" type="checkbox"/> EVENTS INVOLVING FACILITIES					
<input type="checkbox"/> FIRE	SPILL	<input checked="" type="checkbox"/> OTHER (SPECIFY)			
<input type="checkbox"/> DAMAGE TO DEVICE	> 24-HOUR DENIAL OF ACCESS	Exempt source material located at recycle center.			
<input type="checkbox"/> EXPLOSION	DAMAGE TO SAFETY EQUIPMENT				
EVENTS INVOLVING GAUGES					
TYPE		EVENT		EVENTS INVOLVING RADIOGRAPHY	
GENERAL LICENSE		SHUTTER		LOCATION	
EXEMPT		MOISTURE/DENSITY GAUGE DAMAGE		FIXED	
SPECIAL LICENSE		LOST / STOLEN		TEMPORARY	
<input type="checkbox"/> FIXED		OTHER (SPECIFY)		JOB SITE	
<input type="checkbox"/> PORTABLE				SOURCE DISCONNECT	
				SOURCE NOT RETURNED TO FULLY SHIELDED POSITION	
				CABLE FAILURE	
				FAILURE TO FOLLOW PROCEDURES	
EVENTS INVOLVING AN IRRADIATOR		MANUFACTURER		MODEL	
EVENTS INVOLVING TELETHERAPY				SERIAL NUMBER	

ABSTRACT (INCLUDE THE CAUSE OF THE EVENT(S) AND LICENSEE CORRECTIVE ACTION. MAY BE CONTINUED ON THE REVERSE SIDE)

Parts of naval binoculars found at a recycling facility. Thorium was in the lens. It is exempt from licensure. Owner was cautioned not to alter the lenses by shaping, grinding, or polishing them.

## MEDICAL MISADMINISTRATION

LICENSEE <b>METHODIST MEDICAL CENTER</b>		CITY AND STATE <b>OAK RIDGE, TN</b>		ORIGINAL ITEM NUMBER <b>TN-96-071</b>	
TYPE OF LICENSE (e.g. Broad Scope, Private Practice Medical, etc.) <b>MEDICAL-BROAD</b>		LICENSE NUMBER <b>R-19021</b>		THIS ITEM NUMBER <b>01</b>	
ABNORMAL OCCURRENCE		FOLLOW-UP REPORT		THE PATIENT WAS NOTIFIED	
YES		YES		YES	
X NO		X NO		X NO	
				DATE OF EVENT <b>6-26-96</b>	
				DATE OF THIS REPORT <b>6-26-96</b>	
SODIUM IODINE, 1-125 OR 1-131, > 30 MICROCURIES					
<input type="checkbox"/> WRONG PATIENT					
<input type="checkbox"/> WRONG RADIOPHARMACEUTICAL					
<input type="checkbox"/> ADMINISTERED DOSE DIFFERS FROM PRESCRIBED DOSE BY > 20% AND DIFFERENCE EXCEEDS 30 MICROCURIES					
THERAPEUTIC RADIOPHARMACEUTICAL DOSE, OTHER THAN 1-125 OR 1-131					
<input type="checkbox"/> WRONG PATIENT					
<input type="checkbox"/> WRONG RADIOPHARMACEUTICAL					
<input type="checkbox"/> WRONG ROUTE OF ADMINISTRATION					
<input type="checkbox"/> ADMINISTERED DOSE DIFFERS FROM PRESCRIBED DOSE BY > 20%					
STEREOTACTIC RADIOSURGERY (GAMMAKNIFE)					
<input type="checkbox"/> WRONG PATIENT					
<input type="checkbox"/> WRONG TREATMENT SITE					
<input type="checkbox"/> ADMINISTERED DOSE DIFFERS FROM PRESCRIBED DOSE BY MORE THAN 10%					
TELETHERAPY					
<input type="checkbox"/> WRONG PATIENT					
<input type="checkbox"/> WRONG MODE OF TREATMENT					
<input type="checkbox"/> WRONG TREATMENT SITE					
<input type="checkbox"/> ADMINISTERED DOSE DIFFERS FROM PRESCRIBED DOSE BY MORE THAN 10% OF THERE ARE 3 OR FEWER FRACTIONS PRESCRIBED, OR WHEN WEEKLY CALCULATED ADMINISTERED DOSE EXCEEDS PRESCRIBED DOSE BY > 30%, OR WHEN CALCULATED TOTAL ADMINISTERED DOSE DIFFERS FROM PRESCRIBED DOSE BY > 20%					
BRACHYTHERAPY					
<input type="checkbox"/> WRONG PATIENT					
<input type="checkbox"/> WRONG RADIOISOTOPE					
<input type="checkbox"/> WRONG TREATMENT SITE					
<input type="checkbox"/> LEAKING SOURCE					
<input type="checkbox"/> ONE OR MORE SOURCES NOT REMOVED AT END OF TREATMENT					
<input type="checkbox"/> CALCULATED ADMINISTERED DOSE DIFFERS FROM PRESCRIBED DOSE BY > 20%					
DIAGNOSTIC RADIOPHARMACEUTICAL DOSE, OTHER THAN QUANTITIES THAT EXCEED 30 MICROCURIES OF 1-125 OR 1-131, OR BOTH, WHEN THE PATIENT DOSE EXCEEDS 5 REM EFFECTIVE DOSE EQUIVALENT OR 50 REM ORGAN DOSE AND INVOLVES					
<input type="checkbox"/> WRONG PATIENT					
<input type="checkbox"/> WRONG RADIOPHARMACEUTICAL					
<input type="checkbox"/> WRONG ROUTE OF ADMINISTRATION					
<input type="checkbox"/> ADMINISTERED DOSE DIFFERS FROM PRESCRIBED DOSAGE					
ABSTRACT (include the cause of the misadministration, contributing factors, and licensee corrective action. May be continued on the reverse side.) <b>25.9 millicuries of Tc-99m (sodium pertechnetate) was administered to a patient when the intended dose was 25 millicuries of Tc-99m (MDP methylene diphosphorate). The technologist selected the wrong syringe from the dosage cart. Tech reinstructed to check each label prior to injection.</b>					