



UNITED STATES ATOMIC ENERGY COMMISSION
DIVISION OF COMPLIANCE

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R(3)

INSPECTION FINDINGS AND LICENSEE ACKNOWLEDGMENT

1. LICENSEE Kerr-McGee Corporation Kerr-McGee Building Oklahoma City, Oklahoma 73102		2. REGIONAL OFFICE U. S. ATOMIC ENERGY COMMISSION REGION IV, D NON-ATOMIC ENERGY COMMISSION COMPLIANCE 10395 W. COLFAX, ROOM 200 DENVER, COLORADO 80215	
3. DOCKET NUMBER(S) 40-8027	4. LICENSE NUMBER(S) Sub-1010	5. DATE OF INSPECTION April 9-11, 1973	
6. INSPECTION FINDINGS The inspection was an examination of the activities conducted under your license as they relate to radiation safety and to compliance with the Commission's 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 findings as a result of this inspection are as follows: <input checked="" type="checkbox"/> No items of noncompliance or unsafe conditions were found. The following items of noncompliance related to records, signs, and labels were found: <input type="checkbox"/> A. Rooms or areas were not properly posted to indicate the presence of a RADIATION AREA. 10 CFR 20.203(b) or 34.42 <input type="checkbox"/> B. Rooms or areas were not properly posted to indicate the presence of a HIGH RADIATION AREA. 10 CFR 20.203(c) (1) or 34.42 <input type="checkbox"/> C. Rooms or areas were not properly posted to indicate the presence of an AIRBORNE RADIOACTIVITY AREA. 10 CFR 20.203(d) <input type="checkbox"/> D. Rooms or areas were not properly posted to indicate the presence of RADIOACTIVE MATERIAL. 10 CFR 20.203(e) <input type="checkbox"/> E. Containers were not properly labeled to indicate the presence of RADIOACTIVE MATERIAL. 10 CFR 20.203(f) (1) or (f) (2) <input type="checkbox"/> F. A current copy of 10 CFR 20, a copy of the license, or a copy of the operating procedures was not properly posted or made available. 10 CFR 20.206(b) <input type="checkbox"/> G. Form AEC-3 was not properly posted. 10 CFR 20.206(c) <input type="checkbox"/> H. Records of the radiation exposure of individuals were not properly maintained. 10 CFR 20.401(a) or 34.33(b) <input type="checkbox"/> I. Records of surveys or disposals were not properly maintained. 10 CFR 20.401(b) or 34.43(d) <input type="checkbox"/> J. Records of receipt, transfer, disposal, export or inventory of licensed material were not properly maintained. 10 CFR 30.51, 40.61 or 70.51 <input type="checkbox"/> K. Records of leak tests were not maintained as prescribed in your license, or 10 CFR 34.25(c) <input type="checkbox"/> L. Records of inventories were not maintained. 10 CFR 34.26 <input type="checkbox"/> M. Utilization logs were not maintained. 10 CFR 34.27 <input type="checkbox"/> N. Records of radiation survey instrument calibration were not maintained. 10 CFR 34.24 <input type="checkbox"/> O. Records of teletherapy electrical interlock tests were not maintained as prescribed in your license. <input type="checkbox"/> P. Other _____ _____ (AEC Compliance Inspector)			
7. The AEC Compliance Inspector has explained and I understand the items of noncompliance listed above. The items of noncompliance will be corrected within the next 30 days. _____ (Date) _____ (Licensee Representative - Title or Position)			

ORIGINAL TO LICENSEE

8510010308 850829
PDR FOIA
BARNES85-529 PDR

U.S. ATOMIC ENERGY COMMISSION
REGULATORY OPERATIONS - STATISTICAL DATA

A. DOCKET NUMBER (9) (1-8)		B. REPORT NUMBER (10-13)		C. PRIORITY/CATEGORY (14)		D. INQ/INSPECTION/INVESTIGATION DATES TO (15) FROM (16-21) E TO (22-27)				F. REGION CONDUCTING ACTIVITY: (28)		
04008027		7301		2		040973041173				4		
G. LICENSEE/VENDOR Kerr-McGee Corporation					H. FACILITY Oklahoma City, Oklahoma					I. LICENSE NUMBER SUB-1010		
J. ACTIVITY CONDUCTED: (29) 1 <input checked="" type="checkbox"/> INSPECTION 2 <input type="checkbox"/> INQUIRY 3 <input type="checkbox"/> INVESTIGATION 4 <input type="checkbox"/> VENDOR INSPECTION 5 <input type="checkbox"/> MANAGEMENT VISIT 6 <input type="checkbox"/> INQUIRY—NON LICENSEE												
K. INSPECTION/INVESTIGATION RESULTS: (30) 1 <input checked="" type="checkbox"/> HQS 2 <input type="checkbox"/> REGIONAL OFFICE LETTER 3 <input type="checkbox"/> REFERRED TO HQS FOR ACTION 4 <input type="checkbox"/> REGIONAL OFFICE LETTER & REFERRED TO HQS FOR ACTION												
L. INSPECTION/INVESTIGATION FINDINGS: (31) 1 <input checked="" type="checkbox"/> CLEAR 2 <input type="checkbox"/> SAFETY ITEM 3 <input type="checkbox"/> NONCOMPLIANCE 4 <input type="checkbox"/> NONCONFORMANCE												
M. FIELD ACTION AS A RESULT OF INQUIRY: (32) 1 <input type="checkbox"/> CONDUCT INVESTIGATION 2 <input type="checkbox"/> REVIEW NEXT INSPECTION 3 <input type="checkbox"/> REFER TO OTHER REGION 4 <input type="checkbox"/> REFER TO NON-REG. AUTH. 5 <input type="checkbox"/> REFER TO OTHER REG. OFFICE 6 <input type="checkbox"/> HQS FOR ACTION 7 <input type="checkbox"/> NO FURTHER ACTION												
N. REASON INSP. FINDINGS REFERRED TO HEADQUARTERS FOR ACTION: (33-34)				O. SUBJECT OF INQUIRY OR INVESTIGATION (35-36)				P. HEADQUARTERS ACTION ON INSPECTION AND INVESTIGATION (37-38)				
01 <input type="checkbox"/> IMMEDIATE THREAT TO HEALTH AND SAFETY COMPLEX ITEM INVOLVING: 02 <input type="checkbox"/> NONCOMPLIANCE/NONCONFORMANCE 03 <input type="checkbox"/> LICENSING PROBLEM 04 <input type="checkbox"/> POLICY MATTER 05 <input type="checkbox"/> INTERPRETATION 06 <input type="checkbox"/> SAFETY ITEM 07 <input type="checkbox"/> MANAGEMENT DEFICIENCY 08 <input type="checkbox"/> INADEQ. REPLY TO LETTER 09 <input type="checkbox"/> NO REPLY TO LETTER 10 <input type="checkbox"/> NO CORRECTIVE ACTION PLANNED 11 <input type="checkbox"/> INADEQUATE CORRECTIVE ACTION PLANNED 12 <input type="checkbox"/> HQS LETTER REQUIRED 13 <input type="checkbox"/> HQS REVIEW REQUIRED 14 <input type="checkbox"/> UNREVIEWED SAFETY MATTER 15 <input type="checkbox"/> DESIGN CHANGE 16 <input type="checkbox"/> OTHER 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/>				01 <input type="checkbox"/> TYPE A INT. OVEREXPOSURE 02 <input type="checkbox"/> TYPE A EXT. OVEREXPOSURE 03 <input type="checkbox"/> TYPE A RELEASE 04 <input type="checkbox"/> TYPE A LOSS OF FACILITY 05 <input type="checkbox"/> TYPE A PROPERTY DAMAGE 06 <input type="checkbox"/> TYPE B INT. OVEREXPOSURE 07 <input type="checkbox"/> TYPE B EXT. OVEREXPOSURE 08 <input type="checkbox"/> TYPE B RELEASE 09 <input type="checkbox"/> TYPE B LOSS OF FACILITY 10 <input type="checkbox"/> TYPE B PROPERTY DAMAGE 10 CFR 20.405 11 <input type="checkbox"/> INTERNAL OVEREXPOSURE 12 <input type="checkbox"/> EXTERNAL OVEREXPOSURE 13 <input type="checkbox"/> EXCESSIVE RADIATION LEVELS 14 <input type="checkbox"/> EXCESSIVE CONCENTRATION LEVELS 15 <input type="checkbox"/> CRITICALITY 16 <input type="checkbox"/> LOSS OR THEFT 17 <input type="checkbox"/> CONTAMINATION 18 <input type="checkbox"/> UNSAFE OPERATION 19 <input type="checkbox"/> FIRE, EXPLOSION 20 <input type="checkbox"/> HUMAN (OPERATOR) ERROR 21 <input type="checkbox"/> COMPLAINT 22 <input type="checkbox"/> PUBLIC INTEREST 23 <input type="checkbox"/> LEAKING SOURCE 24 <input type="checkbox"/> TRANSPORTATION 25 <input type="checkbox"/> EXPIRED LICENSE 26 <input type="checkbox"/> EXPOSURE REPORTED AND FOUND INVALID 27 <input type="checkbox"/> CONSTRUCTION/EQUIP. DEFICIENCY 28 <input type="checkbox"/> EQUIPMENT FAILURE 29 <input type="checkbox"/> EXCEED LIC/TECH SPEC REQ'S 30 <input type="checkbox"/> DEPARTURE FROM PSAR/TSS 31 <input type="checkbox"/> OTHER				01 <input type="checkbox"/> NO ACTION REQUIRED 02 <input type="checkbox"/> LETTER-CLEAR 03 <input type="checkbox"/> LETTER-NONCOMPLIANCE 04 <input type="checkbox"/> LETTER-SAFETY ITEM 05 <input type="checkbox"/> PART 2 NOTICE 06 <input type="checkbox"/> PART 2 NOTICE AS RESULT OF FOLLOWUP TO REGIONAL OFFICE LETTER 07 <input type="checkbox"/> ORDER 08 <input type="checkbox"/> REFER TO RL FOR RESOLUTION 09 <input type="checkbox"/> REFER TO RL FOR INFORMATION 10 <input type="checkbox"/> REFER TO ML FOR RESOLUTION 11 <input type="checkbox"/> REFER TO ML FOR INFORMATION 12 <input type="checkbox"/> REFER TO REGION TO CLOSE OUT 13 <input type="checkbox"/> OTHER				
Q. REGIONAL OFFICE ACTION DATES REPORT SENT TO HEADQUARTERS (39-44) 041673												
R. HQS/LETTER ISSUED (45-50) 041173												
S. REPLY NOT REQUIRED (51)												
T. LICENSEE REPLY RECEIVED (52)												
U. REPLY INADEQUATE (53)												
V. DATE LETTER, NOTICE, ORDER ISSUED (54-59)												
W. DATE LICENSEE REPLY RECEIVED (60-65)												
X. REPLY NOT REQUIRED (66)												
Y. CARD CODE (67)												