

Weil

February 13, 1985

MEMORANDUM FOR: C. E. Norelius, Director, Division of Reactor Projects
FROM: Charles H. Weil, Investigation and Compliance Specialist
SUBJECT: ALLEGATION RE: PROCEDURES NOT FOLLOWED IN CERTIFICATION
OF LEVEL III INSPECTORS AT CALLAWAY (50-483)
(ATS NO. RIII-8-A-0021)

Reference: Undated Memo; P. R. Pelke to C. H. Weil
(Attached)

On February 12, 1985 this matter was discussed with E. T. Pawlik of the Office of Investigation RIII Field Office, and it was concluded that investigative effort by OIR3 is not warranted at this time for the reason given below. Should additional facts or information relating to possible wrongdoing concerning this allegation become available, please notify me promptly.

This allegation will continue to be carried as "open" in the Allegation Tracking System pending final resolution/closeout by your Division.

Charles H. Weil
Investigation and
Compliance Specialist

Attachments:

1. ATS Form
2. Undated Memo, P. R. Pelke to
C. H. Weil
3. 2/7/85 Notes, T. N. Tambling

cc w/attachments:

A. B. Davis
W. L. Forney
E. T. Pawlik
R. F. Warnick
SRI-Callaway

8511070449 851022
PDR FOIA PDR
BELL85-655

ALLEGATION DATA FORM

Instructions on reverse side

U.S. NUCLEAR REGULATORY COMMISSION

RECEIVING OFFICE

1. Facility(ies) Involved:
(If more than 3, or if generic, write GENERIC)

(Name)

CALLAWAY

Docket Number (If applicable)

0	5	0	0	0	4	8	3

2. Functional Area(s) Involved:
(Check appropriate box(es))

<input type="checkbox"/>	operations
<input checked="" type="checkbox"/>	construction
<input type="checkbox"/>	safeguards
<input type="checkbox"/>	other (Specify) _____

<input type="checkbox"/>	onsite health and safety
<input type="checkbox"/>	offsite health and safety
<input type="checkbox"/>	emergency preparedness

3. Description:
(Limit to 100 characters)

P	R	O	C	E	D	U	R	E	S		N	O	T		F	O	L	L	O	W	E	D		I
N		C	E	R	T	I	F	I	C	A	T	I	O	N		O	F		2		L	E	V	E
L	3		I	N	S	P	E	C	T	O	R	S												

4. Source of Allegation:
(Check appropriate box)

<input checked="" type="checkbox"/>	contractor employee
<input type="checkbox"/>	licensee employee
<input type="checkbox"/>	NRC employee
<input type="checkbox"/>	organization (Specify) _____
<input type="checkbox"/>	other (Specify) _____

<input type="checkbox"/>	security guard
<input type="checkbox"/>	news media
<input type="checkbox"/>	private citizen

5. Date Allegation Received:

MM	DD	YY
0	2	0
5	8	5

(First two initials and last name)

BH LITTLE

6. Name of Individual Receiving Allegation:

R	I	I	I
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7. Office:

ACTION OFFICE

8. Action Office Contact:

(First two initials and last name)

WL FORNEY

9. FTS Telephone Number:

3	8	8	-	5	5	9	0
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