

609-365-7500
215-627-7050

CAMDEN IRON AND METAL, INC.

Scrap Iron, Steel and Metals

P.O. BOX 496
1500 SOUTH SIXTH STREET
CAMDEN, NEW JERSEY 08101

September 10, 1985

U.S. Nuclear Regulatory Commission
Office of Inspection & Enforcement
Region I
631 Park Avenue
King of Prussia, Pa. 19406
To Whom It May Concern

Please find enclosed a copy of the recent safety inspection performed at our location and the repair report for the leak test to be completed by Kevex Corp. I will forward a copy of the test results when completed.

Sincerely,

Michael Buttil

Michael Buttil

8510310440 851025
REG1 LIC30
29-23403-01 PDR

RECEIVED-REGUL
1985 SEP 12 PM 2:56



RECYCLING PAYS



SAFETY INSPECTION

1. LICENSEE <i>Camden Iron & Metal, Inc</i> <i>P.O. Box 496</i> <i>Camden, New Jersey 08101</i>		2. REGIONAL OFFICE <i>U.S. Nuclear Regulatory Commission</i> <i>Office of Inspection & Enforcement</i> <i>Region I</i> <i>631 Park Avenue</i> <i>King of Prussia, Pa. 19406</i>	
3. DOCKET NUMBER(S) <i>30-21025</i>	4. LICENSE NUMBER(S) <i>29-23403-01</i>	5. DATE OF INSPECTION <i>9-4-85</i>	

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's (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 findings as a result of this inspection are as follows:

☐ 1. Within the scope of this inspection, no violations were observed.

☐ 2. The inspector also verified the steps you have taken to correct the violations identified during the last inspection. We have no further questions on those actions at this time.

☒ 3. During this inspection certain of your activities, as checked below, were in violation of NRC requirements.

THIS IS A NOTICE OF VIOLATION which is required to be posted in accordance with 10 CFR 19.11.

☐ A. _____ was not properly posted to indicate the presence of a _____ 10 CFR 20.203(b), (c), (d), (e) or 34.42.

☐ B. Containers located in _____ were not properly labeled to indicate the presence of radioactive material. 10 CFR 20.203(f)(1), or (f)(2).

☒ C. *Leak Tests* of sealed sources were not performed at the proper frequencies. 10 CFR _____ License Condition Number *No. 14 requires*
leak tests be performed every six months.

☐ D. Records of _____ were not properly maintained. 10 CFR _____ or License Condition Number _____

☐ E. Documents were not properly posted or otherwise made available. 10 CFR 19.11.

☐ F. Reports or notifications of _____ were not made in accordance with 10 CFR _____ or License Condition Number _____

☐ H. _____

☐ I. _____

☐ J. _____

☐ K. _____

I hereby state that within 30 days the actions described by me to the inspector will be taken to correct the violations identified in the items checked above. This statement of corrective actions is made in accordance with the requirements of 10 CFR 2.201. No further response will be submitted unless required by the NRC.

<i>Michael Barthel</i> SIGNATURE - LICENSEE	<i>9/4/85</i> DATE	<i>G. H. Darden</i> SIGNATURE - NRC INSPECTOR	<i>9/4/85</i> DATE
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8509180200

ORIGINAL TO LICENSEE



Corporation

1101 Chess Drive • Foster City, Ca. 94404, USA
CUSTOMER SERVICES REPAIR INQUIRIES
Tel: (415) 573-5866 TWX: 23278293

CUSTOMER SERVICES
REPAIR REPORT

CSR NO. 06050

NAME	MADEN TROMS METAL	
ADDRESS	1500 S G th	
CITY	MADEN	STATE NV
ZIP CODE	08101	TELEPHONE NO.

NAME		
ADDRESS		
CITY		STATE
ZIP CODE		ATTN:

MODEL NO. 4700	<input checked="" type="checkbox"/> FIELD SERVICE	<input type="checkbox"/> FACTORY SERVICE	LABOR & TRAVEL TIME @
MF SN NO. 8A 002		<input type="checkbox"/> RTC <input type="checkbox"/> RTS	MILEAGE @
SO NO. 98772	ITEM	SERIAL NO.	MOTEL
CUST. NO.	CALL STATUS		MEALS
SYSTEM TYPE I	TYPE OF SERVICE		AIRFARE
DESCRIPTION	EXPIRATION DATE		CAR RENTAL
TYPE OF PROBLEM TNSD	CONTRACT NO.		MISC (Describe)
DATE STARTED 9-9-85	P.O. NO.		TOTAL
	DATE COMPLETED 9-9-85		SERVICE ENG. NO.

PART NO.	QTY	DESCRIPTION	PRICE	PART NO.	QTY	DESCRIPTION	PRICE

MRA NO.	COMMENTS
REASON FOR SERVICE	POWDER CUSTOMER W/ APP. OFF LEAKAGE REPORT & DE WIPE TEST

ACTION TAKEN	1. System has less than 2 mlk/H checked on Victororen mod # 471 Ser# 8013 Calibrated 7-11-85 - Source type system 104 Cal/241 am Mod# 0202 Ser# 4015 ASSAY DATE 29 Feb 84 - Wipe test perform NO APPARENT LEAKAGE
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I HEREBY ACCEPT ABOVE PERFORMED SERVICE AND CHARGES AS BEING SATISFACTORY
AND ACKNOWLEDGE THAT EQUIPMENT HAS BEEN LEFT IN GOOD CONDITION.

X [Signature] CUSTOMER SIGNATURE DATE 1/1

X [Signature] CUSTOMER SERVICE REPRESENTATIVE DATE 9/9/85

REPAIR
WARRANTY

WE ARE PLEASED TO WARRANTY ALL PARTS USED FOR REPAIR BY US AGAINST NORMAL SERVICE FAILURE
FOR A PERIOD OF 90 (NINETY) DAYS; SERVICE LABOR FOR A PERIOD OF 30 (THIRTY) DAYS.

FURTHER ACTION REQUIRED:

ROUTE TO:

CSR NO. 06050

CUSTOMER