

B12

REGION I
NMSS LICENSEE EVENT REPORT

License No. 29-00139-02
Docket No. 030-05222
MLER-RI 95-27

LICENSEE E. R. Squibb & Sons, Inc.
EVENT DESCRIPTION Pkg / 4.9 millicuries of Iodine-131 Capsules Lost & found
EVENT DATE July 19, 1997 REPORT DATE July 29, 1997

1. REPORTING REQUIREMENT

- | | |
|--|---|
| <input checked="" type="checkbox"/> 10 CFR 20.2201 Theft or Loss | <input type="checkbox"/> 10 CFR 35.33 Misadministration |
| <input type="checkbox"/> 10 CFR 20.2203 30 Day Report | <input type="checkbox"/> License Condition |
| <input type="checkbox"/> 10 CFR 30.50 Report | |
| <input type="checkbox"/> Other _____ | |

2. REGION I RESPONSE

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Immediate Site Inspection | Inspector/Date _____ |
| <input type="checkbox"/> Special Inspection | Inspector/Date _____ |
| <input type="checkbox"/> Telephone Inquiry | Inspector/Date _____ |
| <input type="checkbox"/> Preliminary Notification | <input type="checkbox"/> Daily Report |
| <input type="checkbox"/> Information Entered on the Region I Log | |
| <input checked="" type="checkbox"/> Review at Next Routine Inspection | |
| <input type="checkbox"/> Report Referred to _____ | |

3. REPORT EVALUATION

- | | |
|--|---|
| <input checked="" type="checkbox"/> Description of Event | <input checked="" type="checkbox"/> Corrective Actions |
| <input checked="" type="checkbox"/> Levels of RAM Involved | <input type="checkbox"/> Calculation Adequate |
| <input checked="" type="checkbox"/> Cause of Event | <input type="checkbox"/> Letter to Licensee Requesting Additional Information |

4. SPECIAL INSTRUCTIONS OR COMMENTS

Completed by Cheryl K. Buracka

Date 9/17/99

Reviewed by Jessith A. Joustro

Date 10/20/99

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(Revised 1/6/95)

IE-72
REGION I

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