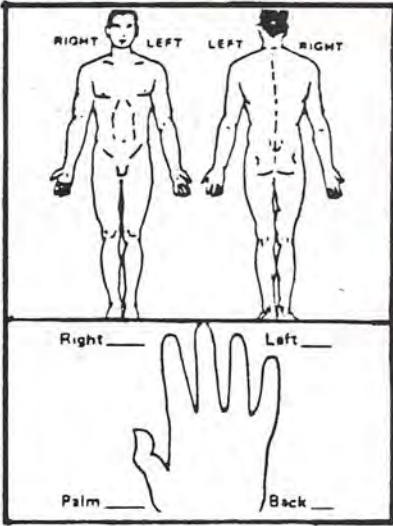


# RADIATION MONITORING REPORT

01-INCIDENT \_\_\_ 02-ACCIDENT \_\_\_ 03-POSSIBLE INHALATION \_\_\_ 04-PROCEDURE VIOLATION X

REPORT # 3211210504, AND DATE 12/13/1984 TIME OF OCCUR pre 1630  
 BLDG MO NO TYPE OF OCCURANCE



1. NAME \_\_\_\_\_ EMPLOY NO. \_\_\_\_\_  
 2. NAME \_\_\_\_\_ EMPLOY NO. \_\_\_\_\_  
 3. NAME \_\_\_\_\_ EMPLOY NO. \_\_\_\_\_  
 4. NAME \_\_\_\_\_ EMPLOY NO. \_\_\_\_\_

SENT TO MEDICAL AT \_\_\_\_\_ HRS GAMMA SPEC# \_\_\_\_\_  
 DECONTAMINATION# \_\_\_\_\_ BODY COUNT# \_\_\_\_\_ WOUND# \_\_\_\_\_  
 ABRASION \_\_\_\_\_ PUNCTURE \_\_\_\_\_ BURN \_\_\_\_\_ LACERATION \_\_\_\_\_

INSTRUMENT WORKING \_\_\_\_\_ SAAM# \_\_\_\_\_ SAAM C/M \_\_\_\_\_  
 RESP. WORN YES \_\_\_\_\_ NO \_\_\_\_\_ NA \_\_\_\_\_ GLOVE # \_\_\_\_\_  
 LOCATION: ROOM 1115 GLOVE BOX# \_\_\_\_\_ OTHER B' Box 14  
 REPORTED BY: \_\_\_\_\_

DISTRIBUTION  
HEALTH PHYSICS Orig  
 BLDG. SUPT. Deaver  
 BODY COUNTER \_\_\_\_\_  
 DIRECTOR Lacabee  
 D.O.E. Stearns  
 FILE RM Building 776  
 IMMED. SUPER. LACABEE  
 IND. SAFETY Bonessky  
 OTHER file

RADIATION MONITORING DESCRIPTION OF FINDINGS: CONTAMINATION LEVELS AND EXTENT OR CONDITION

'B' Box continually allowed to exceed 20,000 cpm & smear in violation of H.S. 18.02 Sub. 3.7.6.

'B' Box presently in excess of 150,000 cpm & smear.

[Signature]  
 RADIATION MONITORING SUPERVISOR

INVESTIGATION REQUIRED YES X NO \_\_\_\_\_ BY: LACABEE  
 THIS FORM TO BE FILLED OUT AND RETURNED WITHIN 24 HOURS TO RADIATION MONITORING SUPERVISION.

RESPONSIBLE SUPERVISOR'S FINDINGS

[Signature] 12-18-84  
 SIGNATURE DATE

Report of Investigation DISCUSSIONS WITH DAVE SWEET ABOUT A MONTH AGO RESULTED IN THE FOLLOWING. G.B. 17 TO BE SMEARED EACH SHIFT BY HP AND DECONTAMINATED BY Chem OPS IF THE COUNTS ARE EXCESSIVELY HIGH. DAVE SWEET REALIZES THAT WE MAY NOT BE ABLE TO KEEP THIS BOX AT 20K OR LESS, BUT WE ARE TO MAKE AN EFFORT IN KEEPING THIS BOX FAIRLY LOW. W.O. HAS BEEN WRITTEN TO DO A CHANGE OVER FROM A "B BOX" TO AN "A BOX".

THIS IS THE PROCEDURAL THAT WAS TO BE FOLLOWED BY ALL 3 SHIFTS.

CORRECTIVE ACTION \_\_\_\_\_

COST OF ACCIDENT OR INCIDENT \_\_\_\_\_