

EXHIBIT

Reactor Oversight Process Feedback Form

REACTOR OVERSIGHT PROCESS FEEDBACK FORM

Feedback Form No.

(provided by IIPB)

INSTRUCTIONS

(1) Originator: send completed feedback form to your supervisor or designated regional contact. (2) Supervisor or regional contact: either respond directly to originator or provide comments, if any, and email feedback form to PIPBCAL.

Inspection Procedure (IP) or
Inspection Manual Chapter (IMC) Title:
(cite section, if applicable)

Inspection Procedure (IP) or
Inspection Manual Chapter (IMC) Number:

Performance Indicator Number (if applicable):

TOPIC (check applicable box):

Inspection ☐

SDP ☐

PIs ☐

Assessment ☐

Enforcement ☐

Other ☐

STATEMENT OF CONCERN/RECOMMENDATION

(Please limit each feedback form to one concern. State the concern and impact on the program. If describing a PI interpretation concern, (1) state the licensee's interpretation and, (2) state the region's position. Provide recommendations for resolution and identify training needs, if appropriate).

IP/IMC Section:

Comment(s):

Recommendation(s):

Do you think training is part of the solution?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

ORIGINATOR

Name:	
e-mail:	
Phone No:	
Plant Name (if applicable):	
Date submitted to supervisor:	

SUPERVISOR'S REVIEW

Supervisor's remarks (if any):

Supervisor: _____ Date: _____

LEAD REVIEWER'S PRELIMINARY RESPONSE

Assigned to:

(Lead Reviewer)

Branch:

Phone No:

Date Lead Reviewer Received Feedback Form:Date Feedback Coordinator Acknowledged Receipt to Originator:

Lead Reviewer's remarks:

HEADQUARTERS FINAL RESPONSE

Hold for Issuance of Change Notice:
(Feedback Form will remain open until the change notice for the IP/IMC has been issued.
You will be notified when the IP/IMC has been issued)

YES	NO

Training Recommended:

Response:

Lead Reviewer: _____ Date: _____

IIPB Final Approval: _____ Date: _____

(IIPB Section Chief)