**[OR REGION LETTERHEAD]**

{{date:long}}

[Name and title]

[Street Address]

PO Box #

[City], [ST] [Zip Code]

SUBJECT: ADD

Dear Ms.or Mr. [Addressee]:

The U.S. Nuclear Regulatory Commission (NRC) uses the Integrated Materials Performance Evaluation Program (IMPEP) for the evaluation of Agreement State programs. Per our previous discussion, I will be the team leader for the IMPEP review of the [State] Agreement State Program scheduled for [dates of review]. The review team will include [list team members and their affiliation (example: First and Last name, NRC Region 1; First and Last Name, NRC Office; and First and Last Name, State of XX)].

Enclosed is the “Integrated Materials Performance Evaluation Program Questionnaire.” The questionnaire was previously provided to you electronically on [date]. I ask that you provide your responses via e-mail to [[e-mail](mailto:[e-mail) address@nrc.gov] by [date, two weeks prior to start of review]. As discussed during a call with your Program on [date], we are establishing a secure cloud-based data system (drop box) so that you can upload electronic documents as you develop them to allow team members sufficient time to prepare for the onsite review. The questionnaire was sent in advance of this IMPEP review scheduling letter in order to provide time for you to allocate the staff resources necessary to complete the document by the requested date. Please incorporate your responses into the questionnaire.

Also included with the questionnaire is the document “Materials Requested to Be Available for the On-Site Portion of an IMPEP Review.” We encourage States to have the items listed prepared and to the extent possible, uploaded with the questionnaire responses prior to the commencement of the IMPEP review

Please set up an appointment with the appropriate State Senior Managers to discuss the results of the IMPEP review of the [State] Agreement State Program on [insert date of exit].

If your Program experiences any difficulties, or delays in preparing for this IMPEP review, please let me know as soon as possible.

If you have any questions, please call me at [telephone number].

Sincerely,

{{signature:XXX}}

[Team Leader]

[Title]

[Affiliation]

Enclosure:

[Year] IMPEP Questionnaire

cc: State Liaison Officer, title

Office

Department

city, state

SUBJECT: STATE FY20XX IMPEP SCHEDULING AND QUESTIONNAIRE DATE

Distribution: (SP05, SP07 or SP08)

KWilliams, NMSS

DSilberfeld, NMSS

DRSS Director (for the state being reviewed (add region))

DRSS Deputy Director (for the state being reviewed (add region))

AGiantelli, NMSS

RJohnson, NMSS

RSAO, Region X (RI, RIII, RIV)

IMPEP Team Members, Region X

IMPEP Team Members, Agreement State Member(s)

**ADAMS Accession No. ML letter**

|  |  |
| --- | --- |
| OFFICE | NMSS/Division |
| NAME |  |
| DATE |  |

**OFFICIAL RECORD COPY**

Approved by OMB1 Control No. 3150-0183 Expires: 02/28/2027

INTEGRATED MATERIALS PERFORMANCE EVALUATION PROGRAM QUESTIONNAIRE

## [add state] Agreement State Program

## Reporting Period: add date(s)

Note: If there has been no change in the response to a specific question since the last IMPEP questionnaire, the State or Region may copy the previous answer, if appropriate.

## GENERAL

* 1. Please prepare a summary of the status of the State's or Region's actions taken in response to each of the open recommendations from previous IMPEP reviews.

## COMMON PERFORMANCE INDICATORS

1. Technical Staffing and Training
   1. Please provide the following organization charts, including names and positions:
      1. A chart showing positions from the Governor down to the Radiation Control Program Director;
      2. A chart showing positions of the radiation control program, including management; and
      3. Equivalent charts for sealed source and device evaluation, low-level radioactive waste and uranium recovery programs, if applicable.
   2. Please provide a staffing plan, or complete a listing using the suggested format below, of the professional (technical) full-time equivalents (FTE) applied to the radioactive materials program by individual. Include the name, position, and, for Agreement States, the fraction of time spent in the following areas: administration, materials licensing and compliance, emergency response, low-level radioactive waste, uranium recovery, and other. If these regulatory responsibilities are divided between offices, the table should be consolidated to include all personnel contributing to the radioactive materials program.

1Estimated burden per response to comply with this voluntary collection request: 53 hours. Forward comments regarding burden estimate to the FOIA, Library, and Information Collections Branch (T-6 A10M), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by e mail to Infocollects.Resource@nrc.gov, and to the OMB reviewer at: OMB Office of Information and Regulatory Affairs (3150 0183), Attn: Desk Officer for the Nuclear Regulatory Commission, 725 17th Street, NW Washington, DC 20503. The NRC may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the document requesting or requiring the collection displays a currently valid OMB control number.

If consultants were used to carry out the program's radioactive materials responsibilities, include their efforts. The table heading should be:

Name Position Area of Effort FTE%

* 1. Please provide a listing of all new professional personnel hired into your radioactive materials program since the last review, and if possible, who they are replacing if a recently vacated position is being filled (please indicate how long the position remained vacant). Please indicate the date of hire; the degree(s) they received, if applicable; additional training; and years of experience in health physics or other disciplines, as appropriate.
  2. Please list all professional staff who have not yet met the qualification requirements for a radioactive materials license reviewer or inspector. For each, list the courses or equivalent training/experience they need and a tentative schedule for completion of these requirements.
  3. Please provide copies of the Program’s training procedures.
  4. Identify any changes to your qualification and training procedure that occurred during the review period.
  5. Please identify the technical staff that left your radioactive materials program during the review period and indicate the date they left.
  6. List any vacant positions in your radioactive materials program, the length of time each position has been vacant, and a brief summary of efforts to fill the vacancy.
  7. For Agreement States, does your program have an oversight board or committee which provides direction to the program and is composed of licensees and/or members of the public? If so, please describe the procedures used to avoid any potential conflict of interest.

1. Status of Materials Inspection Program
2. Please identify individual licensees or categories of licensees the State is inspecting less frequently than called for in NRC’s Inspection Manual Chapter (IMC) 2800 and explain the reason for the difference. The list only needs to include the following information: license category or licensee name and license number, your inspection interval, and rationale for the difference.
3. Please provide the number of routine inspections of Priority 1, 2, and 3 licensees, as defined in IMC 2800 and the number of initial inspections that were completed during each year of the review period.
4. Please submit a table, or a spreadsheet, that identifies inspections of Priority 1, 2, and 3 licensees and initial inspections that were conducted overdue.

At a minimum, the list should include the following information for each inspection that was conducted overdue during the review period:

* 1. Licensee Name
  2. License Number
  3. Program Codes
  4. Priority (IMC 2800)
  5. Last inspection date or license issuance date, if initial inspection
  6. Date Due
  7. Date Performed
  8. Amount of Time Overdue
  9. Date inspection findings issued

1. Please submit a table or spreadsheet that identifies any Priority 1, 2, and 3 licensees and initial inspections that are currently overdue, per IMC 2800. At a minimum, the list should include the same information for each overdue inspection provided for Question 12 plus your action plan for completing the inspection. Also include your plan for completing the overdue inspections.
2. Please provide the number of reciprocity licensees that were candidates for inspection per year as described in IMC 1220 and indicate the number of reciprocity inspections of candidate licensees that were completed each year during the review period.
3. Please provide copies of the Program’s reciprocity procedure.
4. Technical Quality of Inspections
5. Please provide copies of the Program’s inspection procedure(s), or a confirmation that Program is using the NRC’s inspection procedures.
6. What, if any, changes were made to your written inspection procedures during the reporting period?
7. Prepare a table showing the number and types of supervisory accompaniments made during the review period. Include:

Inspector Supervisor License Category Date

1. Describe or provide an update on your instrumentation, methods of calibration, and laboratory capabilities. Are all instruments properly calibrated at the present time? Were there sufficient calibrated instruments available throughout the review period?
2. Technical Quality of Licensing Actions
3. How many specific radioactive material licenses does your program regulate at this time?
4. Please provide a list of licensing actions completed during the review period, including program code, license reviewer, and license type (e.g., medical, academic, commercial, R&D, industrial radiography, gauges, etc).
5. Please indicate whether the licensing records are stored electronically, or in paper files, or in a combination of both.
6. Please identify any major, unusual, or complex licenses which were issued, received a major amendment, were terminated, decommissioned, submitted a bankruptcy notification or renewed in this period.
7. Please provide copy of the Program’s licensing procedure(s) or a confirmation that the Program is using NRC’s NUREG-1556.
8. Discuss any variances in licensing policies and procedures or exemptions from the regulations granted during the review period.
9. What, if any, changes were made in your written licensing procedures (new procedures, updates, policy memoranda, etc.) during the reporting period?
10. Please indicate which revision(s) of the Risk-Significant Radioactive Materials Checklist and Pre-Licensing Guidance were used by the Program during this review period.
11. Identify by licensee name and license number any renewal applications that have been pending for one year or more. Please indicate why these reviews have been delayed and describe your action plan to reduce the backlog.
12. Technical Quality of Incident and Allegation Activities
13. For Agreement States, please provide a list of any reportable incidents not previously submitted to NRC (See Procedure SA-300, *Reporting Material Events*, for additional guidance, OMB clearance number 3150-0178). The list should be in the following format:

Licensee Name License # Date of Incident/Report Type of Incident

1. Provide a list of allegations that were closed during the review period and any allegations that remain open.
2. Provide copies of the Program’s Incident and Allegation procedures.
3. Identify any changes to your procedures for responding to incidents and allegations that occurred during the period of this review.

## NON-COMMON PERFORMANCE INDICATORS

1. Legislation, Regulations, and Other Program Elements
2. Please list all currently effective legislation that affects the radiation control program. Denote any legislation that was enacted or amended during the review period.
3. Are your regulations subject to a "Sunset" or equivalent law? If so, explain and include the next expiration date for your regulations.
4. Please review and verify that the information in the enclosed State Regulation Status (SRS) sheet is correct and provide a status of any outstanding comments. For those regulations that have not been adopted by the State, explain why they were not adopted, and discuss actions being taken to adopt them. If legally binding requirements were used in lieu of regulations and they have not been reviewed by NRC for compatibility, please describe their use.
5. If you have not adopted all amendments within three years from the date of NRC rule promulgation, briefly describe your State's procedures for amending regulations in order to maintain compatibility with the NRC, showing the normal length of time anticipated to complete each step.

## OTHER

1. Is there anything else the IMPEP team should be made aware of while preparing for the IMPEP review?
2. Sealed Source and Device (SS&D) Evaluation Program
3. Prepare a table listing new and amended (including transfers to inactive status) SS&D registrations of sources and devices issued during the review period. The table heading should be:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SS&D | Manufacturer, |  | | |
| Registry | Distributor or | Product Type | Date | Type of |
| Number | Custom User | or Use | Issued | Action |

1. Please include information on the following questions in Section A, as they apply to the SS&D Program:

Technical Staffing and Training - Questions 2-9

Technical Quality of Licensing Actions - Questions 18-22

Technical Quality of Incident and Allegation Activities - Questions 23-24

1. Low-level Radioactive Waste Disposal Program
2. Please include information on the following questions in Section A, as they apply to the Low-Level Radioactive Waste Disposal Program:

Technical Staffing and Training - Questions 2-9

Status of Materials Inspection Program - Questions 10-14 Technical Quality of Inspections - Questions 15-17 Technical Quality of Licensing Actions - Questions 18-22

Technical Quality of Incident and Allegation Activities - Questions 23-24

1. Uranium Recovery Program
2. Please include information on the following questions in Section A, as they apply to the Uranium Recovery Program:

Technical Staffing and Training - Questions 2-9

Status of Materials Inspection Program - Questions 10-14 Technical Quality of Inspections - Questions 15-17 Technical Quality of Licensing Actions - Questions 18-22

Technical Quality of Incident and Allegation Activities - Questions 23-24

# MATERIALS REQUESTED TO BE AVAILABLE FOR

# THE ON-SITE PORTION OF AN IMPEP REVIEW

Please have the following information available for use by the IMPEP review team when they arrive at your office:

* List of open license cases, with date of original request, and dates of follow-up actions.
* List of licenses terminated during review period.
* Copy of current log or other document used to track licensing actions.
* List of all licensing actions completed during the review period (sorted by license reviewer, if possible).
* Copy of current log or other document used to track inspections.
* List of all inspections completed during the review period (sorted by inspector, if possible).
* List of inspection frequencies by license type.
* List of all allegations occurring during the review period. Show whether the allegation is open or closed and whether it was referred by NRC.
* List of all licenses that your agency has imposed additional security requirements upon.

ALSO, PLEASE HAVE THE FOLLOWING DOCUMENTS AVAILABLE:

* All State regulations
* Statutes affecting the regulatory authority

of the State program

* Standard license conditions
* Technical procedures for licensing,

model licenses, review guides

* SS&D review procedures, guides, and

standards

* Instrument calibration records
* Inspection procedures and guides
* Inspection report forms
* Documented training plan, if applicable
* Records of results of supervisory accompaniments of inspectors
* Emergency plan and communications list
* Procedures for investigating allegations
* Procedures for investigating incidents
* Enforcement procedures, including procedures for escalated enforcement, severity levels, civil penalties

(as applicable)

* Job descriptions

**STATE REGULATION STATUS**