

## TELEPHONE CONVERSATION RECORD

PERSON CALLED: Tim Walker  
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Battelle Columbus Laboratories Decommission Project  
(BCLDP)  
West Jefferson, OH

LICENSE NO. SNM-7

DOCKET NO. 070-8

TELEPHONE NUMBER: 614-424-7959

CALLER: Mike McCann, Senior Radiation Specialist  
Decommissioning Branch, NRC Region III

DATE OF CALL: June 2, 2000

SUBJECT: REGION III STAFF REVIEW COMMENTS REGARDING THE BCLDP  
REVISED DECOMMISSIONING PLAN DATED MAY 30, 2000

On the above date Mr. Walker was contacted and the NRC staff's review of the BCLDP license amendment, and their revised Decommissioning Plan were discussed in general terms. He was advised that the review findings were similar to those found after review of their license amendment application which was transmitted to BCLDP via e-mail in a May 18, 2000, Telephone Conversation Record. Mr. Walker was advised that excerpts from the Decommissioning Plan would be indented and italicized, followed by staff comments in all capital letters and bold. Mr. Walker was also advised that NRC staff had been directed to brief NRC Management within 1 ½ weeks regarding BCLDP's progress in resolving the license and Decommissioning Plan issues, and that staff would contact him next week to determine if he needed any further clarification regarding the Telephone Conversation Records.

### NRC STAFF REVIEW COMMENTS:

*The three buildings (JS-1, JS-10, and JS-12) at the Engineering Area (where D&D was completed in 1990) were used for fuel element fabrication and ballistics studies. The Hot Isostatic Pressure Bonding Facility (JS-1) was used to fabricate military reactor fuel elements using the hot isostatic pressure (HIP) fabrication technique. The other two buildings (JS-10, JS-12) were used for studies involving explosive forming and bonding techniques and for ballistic studies using nuclear materials. These three facilities were never operated under the NRC license. They were independently verified and returned to BCO for unrestricted use.*

1. **CLARIFY SPECIFICALLY UNDER WHOSE AUTHORITY WAS THE MATERIALS USED, IF NOT UNDER THE AUTHORITY OF THE NRC LICENSE. CONFIRM THAT THIS MEANS THAT NO NRC ACTIVITIES WERE DONE IN THESE BUILDINGS OR LOCATIONS?**

#### *2.2.1.3 Planning and Assessment*

*The Revised Current Year Work Plan is updated each year to plan the buildings or areas that will be remediated during the successive year.*

2. **COMMIT TO PROVIDING THIS DOCUMENT TO THE NRC. DESCRIBE THE DATE WHEN THE PLAN IS TO BE FINALIZED AND WHEN THE NRC CAN EXPECT TO RECEIVE IT, FOR EXAMPOLE, 30 DAYS AFTER IT HAS BEEN APPROVED. Also, commit to providing revisions to the Plan 10 days after the changes have been approved.**

#### *Decommissioning Operations*

*The actual decontamination methods to be used and the rationale for selection, waste management, and other support functions will be described; and schedules for completion of the work will be provided. More specific procedures and work instructions are developed for each task within the buildings (see Attachment 1). All of these documents are prepared and controlled according to QD-AP-5.1 (Preparation of Procedures)<sup>1</sup>, QD-AP-5.2 (Work Instructions)<sup>2</sup>, and QD-AP-6.1 (Document Control)<sup>3</sup>, which conform to NRC requirements for preparation, management, and approval. Independent quality assessments are described in QD-AP-18.1<sup>4</sup> and QD-AP-18.2<sup>5</sup>.*

#### *2.2.2. Procedures*

*Battelle will conduct the decommissioning activities and tasks in accordance with approved procedures that satisfy the elements outlined in QD-AP-5.1 (Preparation of Procedures), QD-AP-5.2 (Work Instructions), QD-AP-6.1 (Document Control) and the Quality Manual for the BCLDP. Second tier documents are prepared for each building for example, QAP-4.1<sup>6</sup>, QAP-7.1<sup>7</sup>, or QAP-11.0<sup>8</sup>. A quality plan may be incorporated*

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<sup>1</sup>"Preparation of Procedures", QD-AP-5.1.

<sup>2</sup>"Work Instructions", QD-AP-5.2.

<sup>3</sup>"Document Control", QD-AP-6.1.

<sup>4</sup>"Independent Programmatic Assessments", QD-AP-18.1.

<sup>5</sup>"Independent Activity Assessments", QD-AP-18.2.

<sup>6</sup>"Quality Assurance Plan for Decontamination and Decommissioning Operations in Building 6, 6G-NW Area", QAP-4.1.

*into specific work plans as allowed by QD-AP-2.2<sup>9</sup> (Quality Planning). Third tier quality assurance is described in documents QD-AP-2.1 through QD-AP-19.1.*

3. **WE WILL NEED TO HAVE THESE UPPER TIER DOCUMENTS (PREPARATION OF PROCEDURES), OR AN OUTLINE OF THE GENERAL IMPLEMENTING CRITERIA WILL NEED TO BE PROVIDED.**

2.2.2.2. *Document Control*

*All procedures are controlled as described in QD-AP-6.1<sup>10</sup> (Document Control). The review, comment, revision, and approval process for the procedures is documented. The Document Control Manager assigns the approvals needed for controlled documents. These documents require at least two approvals in addition to that of the originator before implementation. They also require a QA approval by the Quality Manager.*

*The Project Records Coordinator retains the original copy of the approval page and is responsible for issuing copies of new and/or revised procedures to individuals designated by Project Management to receive them. The Project Records Coordinator maintains logs of document distribution. He also publishes a monthly log of all active project procedures indicating their revision status and date of issue; this is distributed to predetermined, responsible personnel. All project personnel are required to have an approved procedure before work is started and to assure that they have the proper version of the document. All project personnel working with a Work Instruction (WI) are required to read and document by signature that they understand the WI being performed. For more critical procedures, they must demonstrate proficiency.*

4. **WE WILL NEED THE PROCEDURE (S) OR MORE INFORMATION, PARTICULARLY WITH REGARD TO DOCUMENTS, WHICH HAVE TO DO WITH HEALTH AND SAFETY AND HEALTH PHYSICS. IS THERE A COMMITMENT TO REVIEW ALL PROCEDURES AND INSURE THAT THEY ARE CURRENT, FOR EXAMPLE QUARTERLY/ANNUALLY. NEED TO CLEARLY UNDERSTAND WHAT PERSONS ARE REQUIRED TO SIGN OFF ON HEALTH PHYSICS RELATED DOCUMENTS. THERE NEEDS TO BE A CLEAR UNDERSTANDING WHAT DUTIES WILL BE ASSIGNED TO**

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<sup>7</sup>“Quality Assurance Plan for Decontamination and Decommissioning Operations in Building 3”, QAP-7.1.

<sup>8</sup>“Quality Assurance Plan for Decontamination and Decommissioning Operations in Building A”, QAP-11.0.

<sup>9</sup>“Quality Planning”, QD-AP-2.2.

<sup>10</sup>“Document Control”, QD-AP-6.1.

**DESIGNATEES, AND WHO DESIGNEES ARE, LIMITED, EQUIVALENT TRAINING AND AUTHORITY, DOCUMENTATION OF THERE ABILITY TO ACT IN LIEU OF A PERSON DESIGNATED IN LICENSE COMMITMENTS AS RESPONSIBLE FOR THE TASK (S).**

### *2.3.3. Organization Communication*

*The Project Management Plan (Rev. 1, dated October 1992) describes project administration and control. It provides more specific details of the daily operations of the project.*

5. **DOES THIS DOCUMENT ANSWER OUR QUESTIONS, REGARDING HOW THE RSO, RFOM, RTSM, DDO, ALARA COORDINATOR, RAR COORDINATOR, AND OTHER STAFF MEET, COMMUNICATE, AND FOLLOWUP ON FINDINGS AND DEAL WITH CORRECTIVE ACTIONS? THEN, THIS DOCUMENT SHOULD BE PROVIDED; OTHERWISE, QUESTIONS ASKED IN THE CONVERSATION RECORDS WILL NEED TO BE PROVIDED.**

### *2.4 Training*

*The BCLDP Training Program Plan<sup>11</sup> details the minimum training requirements, the employee/visitor/subcontractor/consultant groups addressed, and the staff responsible for the successful implementation of the program. Finally, the plan discusses the training schedule, course evaluation process, and Training Information Management System (TIMS), the system used to archive and track trainees' needs and accomplishments. Further details are provided in the Training Program Plan.*

6. **IT APPEARS THAT THE "TRAINING PROGRAM" DOCUMENT MAY SATISFY THE GENERAL INFORMATION WE NEED, IN ORDER TO HAVE SUFFICIENT COMMITMENTS TIED DOWN IN YOUR LICENSE TO UNDERSTAND THE BCLDP TRAINING REQUIREMENTS.**

### *2.4 Quality Training*

*The quality requirements comply with DOE Order 5700.6C; Title 10 CFR, Part 50, Appendix B; Title 10 CFR, Part 71, Subpart H; ANSI/ASME NQA-1; Quality Assurance Specifications for Battelle Columbus Division dated 02/12/92; and DOE/EM's Quality Assurance Requirements and Description (QARD), Revision 0, dated 10/31/91.*

7. **10 CFR PART 50 IS DESIGNED FOR OPERATING POWER REACTORS. THE OTHER DOCUMENTS ARE NOT READILY AVAILABLE TO THE**

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<sup>11</sup>"Battelle Columbus Laboratories Decontamination and Decommissioning Training Program Plan," DD-93-04.

**NRC STAFF REVIEWER FOR USE TO DETERMINE APPLICABILITY. SINCE THERE IS NO REAL DISCUSSION CONTAINED IN THE APPLICATION OR DP DESCRIBING THE QUALITY PROGRAM, THIS REFERENCE IS TOO VAGUE TO DETERMINE ITS ACCEPTIBILITY. THEREFORE, OUTLINE THE PROGRAM OR PROVIDE THE DOCUMENTS. ADDITIONALLY, ONLY PORTIONS OF THE 10 CFR PARTS 50 WOULD BE APPLICABLE TO THIS PROGRAM.**

### *3.1.3. Operational Occurrences*

*This Battelle procedure requires the staff member recognizing a "deviation" that has radiological implications to immediately notify his or her Manager, who documents the deviation by initiating a Form D-21, "Part 21 Initial Deviation Report", and forwards it to the Battelle RSO. This document serves as the official record for all identified deviations. The Form D-21 remains open until the evaluation is resolved. This log report, along with the final evaluation report, is maintained by the RSO for inspection purposes by NRC. The appropriate Manager, together with the RSO, arranges for evaluation of the deviation to determine present or potential radiological safety hazards. The evaluation must reflect a thorough and comprehensive investigation to determine if a substantial radiological safety hazard resulted or could have resulted from the deviation. Records and project files are maintained by the RSO and the Document Control Manager to document the extent of the investigation and the findings of the review.*

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*If, in the evaluation of a deviation or an item of noncompliance, it is determined that a substantial safety hazard did result or could have resulted, the Manager immediately notifies the Battelle RSO in a written report that must include the following information:*

## **8. WHAT CONSTITUTES A SIGNIFICANT SAFETY HAZARD?**

**WHAT DEVIATIONS WILL BE REFERRED TO THE RSO? DEFINE WHAT ARE DEVIATIONS, E.G.D, ACTIONS, WHICH CONSTITUTE A VIOLATION OF AN NRC REQUIREMENT, LICENSE CONDITION, COMMITMENT, OR PROCEDURES?**

**HOW DOES THIS SYSTEM DIFFER FROM THE RAR SYSTEM?**

**THERE NEEDS TO BE DISCUSSION IN THE PLAN OR LICENSE APPLICATION WHICH DISCUSSES HOW VIOLATIONS/DEVIATIONS ARE IDENTIFIED, FOLLOWU-UPED, CORRECTED, IDENTIFIED AND COMMUINCATED TO STAFF.**

*The project has established a formal ALARA program administered by the ALARA Coordinator. This program requires ALARA goals and objectives, pre-job and post-job reviews, and performance tracking. Formal reports are issued to management to ensure proper review. These formal reports are implemented with several procedures, including, HP-AP-21.0<sup>12</sup>, HP-AP-31.0<sup>13</sup>, and HP-AP-08.0<sup>14</sup>. The RFOM administers the radiation work permit program that applies specific ALARA requirements to each task<sup>15</sup>.*

**9. THERE IS NO DISCUSSION ABOUT THE PERIODIC ALARA REPORTS, QUARTERLY OR ANNUAL.**

**THERE IS NO DISCUSSION OR INFORMATION REGARDING FREQUENCY OF REVIEWS, WHAT IS DONE WHEN PROBLEMS ARE IDENTIFIED, HOW THEY ARE CORRECTED, AND COMMUNICATED TO STAFF AND MANAGEMENT.**

**THERE IS NO INFORMATION OUTLINING THE IMPELEMENING CRITERIA USED BY THE RFOM WHEN EVALUATING THE NEED FOR AN RWP. PROVIDE OR SUBMIT PROCEDURE.**

*Functional responsibilities for day-to-day administration of the radiological protection program of the BCLDP have been delegated to either the RFOM for most operational health physics procedures or the RTSM for most administrative health physics procedures. The RSO maintains direct responsibility for NRC reporting, the radiological awareness report program, radioactive source control, and program change assessments in a fashion similar to 10 CFR 50.59 (HP-AP-36.0). The RSO also provides oversight to BCLDP in matters concerning license conditions and the annual review of the radiological protection program. The RSO verifies that activities are conducted safely and that personnel exposures are ALARA. The RSO's responsibilities also include implementation of the broad scope license, oversight of the BCLDP, and other applications of ionizing radiation conducted at Battelle.*

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<sup>12</sup>"Radiological Awareness Reports," HP-AP-21.0.

<sup>13</sup>"ALARA Reports," HP-AP-31.0.

<sup>14</sup>"ALARA Program," HP-AP-08.0.

<sup>15</sup>"Issue and Use of Radiation Work Permits," HP-AP-1.0.

*Functional responsibilities for day-to-day administration of the radiological protection program of the BCLDP have been delegated to either the RFOM for most operational health physics procedures or the RTSM for most administrative health physics procedures. The RSO maintains direct responsibility for NRC reporting, the radiological awareness report program, radioactive source control, and program change assessments in a fashion similar to 10 CFR 50.59 (HP-AP-36.0). The RSO also provides oversight to BCLDP in matters concerning license conditions and the annual review of the radiological protection program. The RSO verifies that activities are conducted safely and that personnel exposures are ALARA. The RSO's responsibilities also include implementation of the broad scope license, oversight of the BCLDP, and other applications of ionizing radiation conducted at Battelle.*

- 10. NEED TO EXPLAIN HOW THE RSO INSURES THAT THE PROGRAM IS BEING OPERATED IN ACCORDANCE WITH HIS DIRECTION, SINCE HE HAS DELEGATED THE DAY-TO-DAY CONTROL OF THE PROGRAM TO THE RFOM AND RTSM. SIMILAR REQUEST IN THE MAY 2000 TELEPHONE CONVERSATION RECORD. NEED TO DISCUSS HOW RFOM AND RTSM AUDIT THEIR PROGRAM PERIODICALLY.**

**NEED TO PROVIDE THE 50.59 INFORMATION, OR PROCEDURE.**

### *3.5 Radioactive Waste Management*

#### *3.5.1 Waste Interim Storage*

- 11. THESE AREAS ARE NOT DISCUSSED IN MUCH DETAIL. PROVIDE MORE INFORMATION REGARDING SHIPPING, STORAGE, AND CHARACTERIZATION OF WASTE TO BE SHIPPED.**
- 12. NEED TO CONFIRM THAT THE PROVISION OF THE DP DEALING WITH RELEASE CRITERIA ARE THE SAME AS THAT PREVIOUSLY APPROVED.**