



UNITED STATES
NUCLEAR REGULATORY COMMISSION

WASHINGTON, D.C. 20555-0001

February 8, 2002

MEMORANDUM TO: Carl J. Paperiello, Deputy Executive Director
for Materials, Research and State Programs

Paul H. Lohaus, Director
Office of State and Tribal Programs

Martin J. Virgilio, Director
Office of Nuclear Material Safety and Safeguards

Karen D. Cyr, General Counsel

FROM: Kathleen Schneider, Senior Project Manager
Office of State and Tribal Programs

SUBJECT: BACKGROUND INFORMATION FOR FEBRUARY 11, 2002
MANAGEMENT REVIEW BOARD MEETING - REVISED
NEVADA POLICIES

This memorandum transmits to the Management Review Board (MRB) two revised procedures discussed in the January 11, 2002 reply to the draft IMPEP report from Yvonne Sylva, Administrator, Nevada State Health Division (Attachment to the proposed final report). Specifically, in their response to Recommendations 2 and 4, Ms. Sylva promised to provide revised procedures involving inspection frequencies and inspector accompaniments prior to the MRB meeting. These procedures were faxed to STP on February 7, 2002 and are attached.

If you have any questions, please contact me at 301-415-2320 or Pat Larkins at 301-415-2309.

Attachments:
As stated

cc: William Sinclair, UT
OAS Liaison to the MRB

KENNY C. GUINN
Governor

MICHAEL J. WILLDEN
~~Assistant Director~~
Director



YVONNE SYLVA
Administrator

VACANT

~~YVONNE SYLVA~~
State Health Officer

STATE OF NEVADA
DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
BUREAU OF HEALTH PROTECTION SERVICES

Nevada Policy for Priority of Radioactive Material License Inspections

Radioactive material core, reciprocity and initial license inspections should be conducted wherever possible in accordance with timelines in STP Procedure SA-101, "Reviewing Common Performance Indicator 1, Status of Materials Inspection Program" and NRC Manual Chapter 2800, Part 5.01.

Specifically, core, reciprocity and initial license inspections should be conducted as follows:

Core Inspections

Core license categories include license priorities 1, 2, and 3 with inspection frequencies of 3 years or less.

Priority 1 license categories in Nevada (up to 2 years) include industrial radiography, nuclear pharmacy, HDR and teletherapy including gamma knife.

Priority 2 license categories in Nevada (up to 3 years) include broad scope type A academic.

Priority 2 license categories in Nevada (up to 5 years) include nuclear medicine licenses that require a quality management plan, eye applicators and well logging.

Reciprocity Inspections

In general, notification re: reciprocity authority extended to out-of-state licensees should be immediately provided to appropriate inspection staff to consider inspection opportunities.

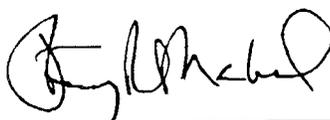
inspections should be conducted by qualified staff within the limits of travel funding, weather constraints and staff availability but otherwise with intent for compliance with the criteria specified in STP Procedure SA-101, "Reviewing Common Performance Indicator 1, Status of Materials Inspection Program".

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Initial Inspections

Initial inspections for all priority categories should be attempted as soon as within 6 months after licensure. The initial inspection after licensure will otherwise be conducted no later than 12 months after licensure and the inspection may be scheduled in order to ensure completion within 12 months after licensure. The first inspection should also be completed without regard to whether or not the licensee has received or intends to acquire radioactive material.

Other priority categories should be scheduled in accordance with the referenced documents but will be scheduled as priority after the core, reciprocity and initial inspections.

 2-6-02

Stanley R. Marshall, Supervisor
Radiological Health Section
Bureau of Health Protection Services
Nevada State Health Division

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Nevada Radioactive Material Inspection Priorities and License Types
January 2002

Priority 1 – every year

Industrial radiography
Nuclear pharmacy
HDR remote afterloader
Teletherapy/Gamma knife
Low-level waste disposal facility

Priority 2 – every 2 years

Broad scope academic

Priority 3 – every 3 years

Nuclear medicine requiring quality management program
Eye applicator
Well logging

Priority 5 – every 5 years

Nuclear medicine not requiring quality management program
Industrial portable gauge
Industrial fixed gauge
Blood irradiator
In-vitro testing lab
Veterinarian

Priority 7 – every 7 years

Gas chromatograph
Leak test services
Lab services other than leak test analysis
Source material shielding

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Policy for Nevada Radioactive Material Program Inspector Audits

All technical inspection staff should be audited by the Radiological Staff Specialist for the radioactive materials program (Section Supervisor will audit the Radiological Staff Specialist) on an annual frequency for the purpose of determining or reconfirming adequacy of inspection performance.

Inspection staff should consider due/overdue inspections from license categories representative of the most complex category for which the inspector has been previously released to conduct inspections.

Selection of an inspection type for audit purposes should also take into account the license category of past annual audit inspections to minimize inspection of the same license category that was inspected during the previous annual audit.

Documentation of the audit should be documented by the auditor within 30 calendar days after the audit. Distribution of the audit report should include the inspector and Section Supervisor within 5 days of report completion.

Stanley R. Marshall 1-30-02

Stanley R. Marshall, Supervisor
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Nevada State Health Division

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Nevada Policy for Radiological Incident Reporting to the U.S. Nuclear Regulatory Commission (NRC)

Radiological incidents should be reported to the NRC consistently with timelines in STP Procedure SA-300, "Reporting Material Events".

Documentation of incidents should include use of a standardized form that will be utilized to telefax the incident events to the NRC data base contractor for data entry. Hard copy reports will also be

Information associated with updates to an initial notification should also be telefaxed to the NRC Operations Center. Updates will be telefaxed, using the standardized form with clear indication that the information is supplemental to an initial notification or to confirm follow-up actions by the Health Division.

Stanley R. Marshall 1-22-02

Stanley R. Marshall, Supervisor
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**Nevada Health Division
Radiological Health Section**

Fax Urgent

To: NRC Operations Center	From: Stan Marshall, Supervisor
Fax: (301) 816-5151	Pages: 1
Phone: (301) 816-5100	Date: 02/06/02
Re: Significant Event Report	CC:

1. Event Report ID No.
2. License No.
3. Licensee:
4. Event time, date, location
5. Event type (e.g. misadministration, lost source, overexposure, etc.):
6. Any notifications i.e. other agencies, patient, press release, FBI, etc.
7. Event description: release, isotope, activity, exposure(s), dose, contamination level, equipment malfunction, model, serial No., etc.
8. Transport vehicle description if known
9. Media attention

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Policy Regarding Adoption of NRC Regulations Which are Required for Compatibility.

Regulations of the U.S. Nuclear Regulatory Commission (NRC) which are declared by NRC to be matters of compatibility for Agreement States must be adopted no later than three years after the regulation was formally adopted by NRC. On occasion, NRC may require adoption by Agreement States in less than three years.

If the Nevada State Board of Health regulation adoption process can not be completed within the three-year time window, the following alternative will be implemented:

Initial rule implementation by license amendment – The agency shall issue a license amendment to applicable existing licenses to reflect the NRC regulation requirements when the Health Division becomes aware of the NRC adoption and agrees with the applicable NRC interpretation of the regulation.

Prior to issuing such amendments, the licensees will be contacted to explain the action to be taken by the Health Division.

Rule implementation by regulation adoption - It is recognized that the time period over the course of the 3-year period for which a state regulation must be adopted as a permanent regulation may be as little as 12 months.

This constraint may make timely adoption quite difficult, therefore, an adoption alternative must also be considered. The alternative involves initiating and completing temporary regulation adoption processes as necessary within the 3-year time if possible or beyond provided the applicable licenses have been amended, then initiating permanent regulation adoption processes as appropriate.

 1-29-02

Stanley R. Marshall, Supervisor
Radiological Health Section
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Nevada State Health Division

January 29, 2002

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