

January 16, 2004

Ms. Kim Wiebeck
Radiation Control and Emergency Management
Arkansas Department of Health
4815 West Markham Street, Slot 30
Little Rock, AR 72205-3867

Dear Ms. Wiebeck:

Per your discussion with Mr. James Lynch, team leader for the California Integrated Materials Performance Evaluation Program (IMPEP), you have been assigned as the lead reviewer for the common performance indicator, Technical Quality of Licensing Actions. The onsite portion of the IMPEP review of the California program is scheduled for April 26-30, 2004. I appreciate your assistance with this review.

Enclosed are the Instructions to IMPEP State Members. If you have any general questions regarding the IMPEP process, please contact me at (301) 415-2589. Specific questions regarding the California IMPEP review should be directed to Mr. Lynch at (630) 829-9661.

Sincerely,

/RA/

Lance J. Rakovan
IMPEP Project Manager
Office of State and Tribal Programs

Enclosure:
As stated

Kim Wiebeck

January 16, 2004

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**TRAVEL INSTRUCTIONS FOR STATE IMPEP TEAM MEMBERS
ON-SITE REVIEW**

COORDINATION: Information regarding times, lodging and location of the IMPEP review that you are scheduled to participate should be obtained from your IMPEP team leader. Although you may finalize your travel information when convenient, the accompanying form must be submitted to NRC 3 weeks prior to your travel.

TRAVEL: Airline reservations can be made directly through Carlson Wagonlit Travel at (301) 415-5006; normal business hours are 8:00 a.m. - 5:00 p.m. If you do not choose electronic tickets, tickets will be mailed to you about a week before the workshop. Travel by car will be reimbursed at a rate of 37.5¢ per mile, not to exceed the minimum airfare.

EXPENSES: State participants in IMPEP reviews will be reimbursed for expenses in accordance with Federal travel regulations. A voucher with travel instructions will be provided to you. Receipts are necessary to claim any expenses of \$75.00 or more. Telephone calls will not be reimbursed by NRC.

Any questions about, or changes in, travel should be directed to Ms. Brenda Usilton at (301) 415-2348. Any questions on the IMPEP review should be made to your team leader for that review or Lance Rakovan at (301) 415-2589.

**- TRAVEL INFORMATION -
IMPEP STATE TEAM MEMBER
ON-SITE IMPEP REVIEW**

NAME: _____

STATE: _____

BUSINESS ADDRESS: _____

WORK PHONE NUMBER: _____

SS#: _____ - _____

IMPEP REVIEW FOR: _____

REVIEW DATES: _____

TRAVEL DATES: _____

DEPARTURE CITY (AIRPORT): _____

DATE OF DEPARTURE: _____

Please note anything unusual and provide reason: _____

DATE OF RETURN: _____

Please note anything unusual and provide reason: _____

COST OF AIRFARE (from Carlson Travel): _____

Flight Number (e.g., UA 210) _____

Arrival Time (4:23 p.m. July 9) _____

IF YOU ARE DRIVING, INDICATE ROUND TRIP MILES: _____

LODGING ARRANGEMENTS MADE: (YES) ____ (NO) ____

Please fax or e-mail this information to Brenda Usilton at (301) 415-3502 by 5 pm (EDT) a minimum of 3 weeks prior to the review.