

## C.1 Renewal – Performance Evaluation Checklist

## PERFORMANCE EVALUATION OF RENEWAL APPLICANT

Official Agency Record

Licensee: NIOSH Morgantown WVALicense or Docket No: 47-15279-01Control No: 134521

Records for the 5 years preceding this renewal application were reviewed and/or appropriate staff were interviewed with respect to the following performance indicators:

*Insp. Hx.*

Performance Indicator	Conclusion	If YES, explain:
Escalated enforcement, or OI or OIG investigation occurred or ongoing	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	9/1999 591 clear 1994 591 mcv
Lost control of licensed material presumed in public domain that is reportable or resulted in a violation	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	1990 591 clear
Unauthorized disposal or release of material that is reportable or resulted in a violation	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	No hits on NMED
An overexposure that resulted in a violation	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

If any of the above items are checked "YES," perform a Comprehensive Review using the applicable guidance contained in NUREG-1556. If all boxes are checked "NO," perform a Limited Review. An exception must be approved by a supervisor, documented on this form, or a copy of the documentation must be attached to this document for placement in the docket file.

Additional Information or Explanation of Exception

The review should be ☐ comprehensive ☒ limited.

*David J. Collins*  
Reviewer / Date 7/26/2004

Supervisor / Date  
(if exception granted)

**C.2 Renewal – Limited Review Checklist****RENEWAL-LIMITED REVIEW CHECKLIST**

Use either a check mark to designate a satisfactory response, "NA" to designate not applicable or "D" to designate deficiency, as appropriate. Document areas receiving a focused or thorough review at the end of the checklist.

Licensee:

NIO5H *MORGANTOWN*

License No. \_\_\_\_\_

Docket No. \_\_\_\_\_

Control No. \_\_\_\_\_

- ☒ NRC-313 or appropriate equivalent signed and dated by senior licensee representative.
- ☒ Check the possession limits and confirm that any decommissioning financial assurance remains adequate.
- ☒ Licensee name and address match the current license.
- ☒ Place of use is a physical location (i.e., not P.O. Box, etc.)
- ☒ RSO and key personnel are appropriately qualified.
- ☒ Facilities and equipment are adequate.
- ☒ All uses qualify for a categorical exclusion in 10 CFR Part 51.
- ☒ Organizational structure conforms with applicable regulations and NUREG-1556 guidance. Reviewers are reminded licensees have the flexibility to provide information equivalent to that requested in NUREG-1556. (Appropriate individuals are present and are assigned necessary authority & responsibility.)
- None* ☐ New authorizations requested by the licensee and any major program elements that require change as a result of the new authorization structure conform with applicable regulations and NUREG-1556 guidance.
- OK* ☐ Inspection records reviewed for issues to be resolved during licensing.

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**RENEWAL-LIMITED REVIEW CHECKLIST**

(continued)

Major program changes, new high risk technology programs, and changes in control (ownership) normally require only a focused review of the specific changes. If these changes are so extensive that a Comprehensive Review of the entire application is needed, obtain Branch Chief approval before proceeding. Each of the following three items must be marked with NA or a check and the change briefly identified.

None Major program change conforms with applicable regulations and NUREG-1556 guidance.

None New high risk technology program conforms with regulations for similar technologies, guidance provided for similar technologies in NUREG-1556 guidance, and specific licensing conditions for the new technology.

None Change in Control (Ownership) conforms with applicable regulations and NUREG-1556 guidance. NOTE: Financial assurance documents can be affected by change of ownership.

OK A brief overview of the remainder of the application found that the major areas discussed in the guidance on the contents of the application from the appropriate NUREG-1556 series are present.

OK An obvious failure or a deficiency in a significant area resulted in a thorough review of that area. Document below.

None Additional information was requested, and an adequate response was received.  
(circle request as appropriate: phone log / e-mail / fax / letter / \_\_\_\_\_)

\_\_\_\_\_ A Comprehensive Review was conducted, and the reason for changing from a Limited Review to a Comprehensive Review is documented on the "Performance and Limited Review Check List."

**Area(s) of Focused or Thorough Review:**

**C.3 New and Renewal – License Term Checklist**

**LICENSE TERMS OF LESS THAN 10 YEARS**  
**Official Agency Record**

Licensee:	License: <u>47-6279-01</u> Docket No: _____ Control No: <u>134521</u>
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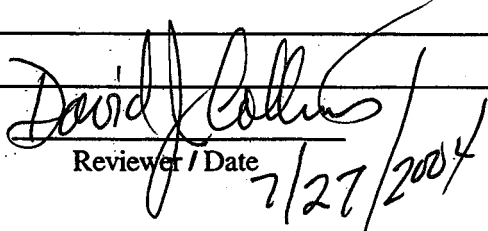
The application and license records were reviewed against the following criteria to determine if a reduced license term is appropriate:

Criteria	YES	NO	Basis for YES
New high risk technology without extensive use or regulation experience by industry, or licensee, or NRC;		✓	
Enforcement History – Severity Level I, II, or III violation due to serious programmatic deficiencies and not singular events, in preceding 3 years;		✓	
Possession-Only (Permanent Shutdown) – License authorizes no activities other than possession and storage of licensed material (2-year term);		✓	
Renewal received a Comprehensive Review;		✓	
Other, specify:			

If any of the above items are checked "YES", describe the basis above, determine the license term (usually 5 years) and document the determination below. All exceptions must be approved by a supervisor and a copy of that documentation attached to this checklist for placement in the docket.

Assigned License Term: 10 years

Additional Information or Explanation of Exception

 Reviewer / Date <u>7/27/2004</u>	Supervisor / Date (if less than 10 years or exception)
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