

C.1 Renewal – Performance Evaluation Checklist

PERFORMANCE EVALUATION OF RENEWAL APPLICANT

Official Agency Record

Licensee: Kingsford Manufacturing CompanyLicense or Docket No: 47-25312-01 / 030-33636Control No: 135567

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

| 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"/> | <i>Drphtx</i> <i>2/1995 591 Clear</i> |
| 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"/> | |
| Unauthorized disposal or release of material that is reportable or resulted in a violation | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | <i>n.m.e.d. - no records found</i> |
| 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 *11/23/2004*

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: | License No. _____ |
| | Docket No. _____ |
| | Control No. <u>125 567</u> |

- ☒ 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.
- ☒ 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.

✓ 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.

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

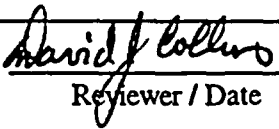
✓ Additional information was requested, and an adequate response was received.
(circle request as appropriate: phone log / e-mail / fax / letter/ 11/19/2004)

N/A 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:

Submit NUREG-1556 V4 appendix B application.
all OK

C.3 New and Renewal – License Term Checklist

| LICENSE TERMS OF LESS THAN 10 YEARS Official Agency Record | | | |
|--|---|--|----------------------|
| Licensee: _____ | License: _____ Docket No: _____ Control No: <u>135 567</u> | | |
| 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: <u>10</u> years | | | |
| Additional Information or Explanation of Exception _____ _____ _____ | | | |
|  Reviewer / Date <u>11/23/2004</u> | | _____ Supervisor / Date (if less than 10 years or exception) | |