

EDO Principal Correspondence Control

FROM: DUE: 04/18/07 EDO CONTROL: G20070223
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FINAL REPLY:

Kathryn C. Perkins
Texas Department of State Health Services

EDATS: EDO-2007-0127

TO:

Martin Virgilio

FOR SIGNATURE OF :

** GRN **

CRC NO:

Virgilio

DESC:

ROUTING:

February 2, 2007 Management Review Board Meeting
Recommendations

Reyes
Virgilio
Kane
Silber
Johnson
Cyr/Burns
Kock, OEDO

DATE: 04/04/07

ASSIGNED TO:

CONTACT:

FSME

Miller

SPECIAL INSTRUCTIONS OR REMARKS:

Template: EDO-001

EDATS: EDO-01



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

DAVID L. LAKEY, M.D.
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March 30, 2007

Mr. Martin Virgilio
Deputy Executive Director for Materials, Waste, Research,
State, Tribal, and Compliance Programs
Office of the Executive Director for Operations
U.S. Nuclear Regulatory Commission
One White Flint North
11555 Rockville Pike, 3rd Floor
Rockville, Maryland 20852

Dear Mr. Virgilio:

We have reviewed your letter dated March 1, 2007, and attached recommendations from the February 2, 2007 Management Review Board meeting concerning the final Integrated Materials Performance Evaluation Program report on the 2006 review of the Texas Agreement State Program. Enclosed is the Texas Department of State Health Services' (DSHS) response to the report findings and recommendation.

Thank you for recognizing the significant improvements in DSHS' administration of the Agreement State Program. The DSHS radiation control program will continue to make all necessary improvements to assure adequacy with the Nuclear Regulatory Commission's requirements.

If you have any questions, please contact me at 512-834-6660.

A handwritten signature in cursive script, appearing to read "Kathryn C. Perkins".

Kathryn C. Perkins, RN, MBA
Assistant Commissioner
Division for Regulatory Services
Texas Department of State Health Services

cc: Kathleen Schneider, NRC
Roger Mulder, State Liaison Officer
State Energy Conservation Office
Michael Ford, Chair,
Texas Radiation Advisory Board

enclosure

EDO --G20070223

Response to IMPEP Final Report 2006

2.4 Technical Quality of Incident and Allegation Activities

NRC Findings:

Responsibility for initial response and followup actions to radioactive material incidents and allegations is with the Incident Investigation Program under the Division for Regulatory Services. Written procedures exist for handling incidents and allegations, which are referred to as “complaints” by the Department. The Department procedures require on-site investigation for each significant incident and a timely response to allegations. All incidents and allegations are tracked by a numerical identification system. In most cases, the identification numbers for incidents are cross-referenced on the NMED report.

The 13 incidents the review team selected for evaluation included the following categories: medical event, overexposure, transportation, lost and stolen gauges, loss of material, abandoned source, defective equipment, and loss of administrative control. The review team found that the Department’s response to incidents was generally complete and comprehensive. Initial responses were prompt and well-coordinated, and the level of effort was commensurate with the health and safety significance.

During the 2001 and 2005 IMPEP reviews, timeliness of event reporting was identified as a weakness. The 2005 IMPEP review team evaluated the timeliness of the events reported and noted that the Department had reported approximately 20 percent of the reportable events late over the review period. The information provided by the Department for the February 2007 MRB indicated that 5 of 45 events had been reported late during the review period.

During the 2001 and 2005 IMPEP reviews, the review teams found that the Department had not updated the NMED records with followup or closure information. The followup review team discussed the issue of reporting incidents and providing followup information with the Department management and staff. The review team identified instances of followup information being requested from the licensee, yet the event was closed without the requested information being provided. The review team also identified events closed within the Department files with proper information, but the NMED records were closed without being updated.

The review team’s evaluation of the eight allegations indicated that the Department took prompt and appropriate action in response to the allegers’ concerns. Through review of the casework and interviews with

staff, the review team determined that the Department provided feedback to allegeders either verbally or in writing, when possible. Any allegeder requesting anonymity is informed that every effort will be made to protect his/her identity, but protection cannot always be guaranteed. All interviewed staff were knowledgeable of the Department's allegation procedure. There were no performance issues identified from the review of allegation casework. The review team did note some inconsistencies and completeness issues with some of the allegation documentation. The comments were provided to Department management during the review.

The review team noted that the quality of documentation and timeliness of reporting has improved over previous IMPEP reviews; however, the review team continued to find documentation, updating, and timeliness issues with respect to the NMED records and the Department's incident and allegation files. While the review team noted significant improvements, the improvements have not been in place long enough to truly evaluate their effectiveness and there has not been enough time for sustained performance to be exhibited. Thus, the review team recommends that Recommendation 5 of the 2005 review remain open.

Based on the IMPEP evaluation criteria, the review team recommended, and the MRB agreed, that Texas' performance with respect to the indicator, Technical Quality of Incident and Allegation Activities, continued as satisfactory, but needs improvement.

RECOMMENDATION:

The review team recommends that the Department report all significant and routine events, as well as followup event information, to the NRC in accordance with STP Procedure SA-300, "Reporting Material Events." (Section 2.4) (Open recommendation from the 2001 IMPEP Report)

DSHS Response:

Prior to the MRB, the Radiation Control Program (RCP) began a review of its incident and allegation files to assure that proper documentation is in place to complete the required information for necessary enforcement action and file closure. This process will continue and will be performed by each individual assigned responsibility for incident/complaint files. These individuals are also responsible for review of NMED records associated with events assigned to them. RCP staff will continue to review NMED records to identify and update event reports. Some of these reports will continue to be shown as incomplete in the NMED data base due to the nature of the event, i.e., lost sources that have not been recovered or events involving sources for which no serial numbers are

available. DSHS staff will make a notation in NMED that such files are closed.

The RCP has initiated a process to assure event reports are timely and NMED records are updated. A management review has been instituted to verify updates and completion of NMED records is accomplished. An internal audit of the program is scheduled for the June 2007 timeframe. In addition, a procedure has been established to provide incident and complaint information files to field staff so that the information is available for review prior to routine inspections.

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MAR 29 2007

MAILED FROM ZIP CODE 78756

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