

INTEGRATED MATERIALS PERFORMANCE EVALUATION PROGRAM

QUESTIONNAIRE

State of South Carolina

Reporting Period: June 14, 2003, to July 20, 2007

Note: If there has been no change in the response to a specific question since the last IMPEP questionnaire, the State or Region may copy the previous answer if appropriate.

A. COMMON PERFORMANCE INDICATORS

I. Technical Staffing and Training

1. Please provide the following organization charts, including names and positions:

(a) A chart showing positions from Governor down to Radiation Control Program Director;

Response: See attachment.

(b) A chart showing positions of current radiation control program including management; and

(c)

Response: See attachment.

(c) Equivalent charts for sealed source and device, low level radioactive waste and uranium recovery programs, if applicable

Response: N/A

2. Please provide a staffing plan, or complete a listing using the suggested format below, of the professional (technical) person-years of effort applied to the agreement or radioactive material program by individual. Include the name, position, and, for Agreement States, the fraction of time spent in the following areas: administration, materials licensing & compliance, emergency response, LLW, U-mills, other. If these regulatory responsibilities are divided between offices, the table should be consolidated to include all personnel contributing to

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the radioactive materials program. Include all vacancies and identify all senior personnel assigned to monitor work of junior personnel. If consultants were used to carry out the program's radioactive materials responsibilities, include their efforts. The table heading should be:

Response;

| <u>Name</u> | | <u>Position</u> <u>Effort</u> | <u>Area of</u> <u>FTE%</u> |
|------------------|-------------------|----------------------------------|-------------------------------|
| Aaron Gantt | Bureau Chief | Materials/X-Ray | 50 |
| Jim Peterson | Division Director | Materials | 100 |
| Melinda Bradshaw | Section Manager | Materials | 100 |
| Andrew Roxburgh | EHM III | Licensing/Inspection | 100 |
| Mark Windham | EHM II | Licensing/Inspection | 100 |
| Leland Cave | EHM I | Licensing/Inspection | 100 |
| Kelli Wukela | EHM I | Licensing/Inspection | 100 |
| Rhonda Crowe | Administration | Administration | 25 |

3. Please provide a listing of all new professional personnel hired since the last review, indicate the degree(s) they received, if applicable, and additional training and years of experience in health physics, or other disciplines, if appropriate.

Response:

Leland Cave – Bachelor of Science (Biology)
 Michelle Rikard – Bachelor of Science (Biology)
 Herman Little - Bachelor of Science (Biology)
 Kelli Wukela – Bachelor of Science (Biology)

4. Please list all professional staff who have not yet met the qualification requirements of license reviewer/materials inspection staff (for NRC, Inspection Manual Chapter (IMC) 1246; for Agreement States, please enclose a copy of your qualification and training procedure. If you do not have a written procedure please describe your qualifications requirements for materials license reviewers and inspectors). For each, list the courses or equivalent training/experience they need to attend and a tentative schedule for completion of these requirements.

Response:

Leland Cave and Kelli Wukela are new employees and are completing the required training for Agreement State personnel as course availability permits. Current qualification requirements consist of completion of the Agreement State Training Qualification Form.

5. Please identify the technical staff who left the Agreement State/Regional DNMS program during this period.

Response:

David King, Jeremy Hanna, Michelle Rikard, and Herman Little.

6. List the vacant positions in each program, the length of time each position has been vacant, and a brief summary of efforts to fill the vacancy.

Response: There are no vacant positions in the Radioactive Materials Licensing and Compliance Division.

7. Does the Agreement State program have an oversight board or committee which provides direction to the program and is composed of licensees and other members of the public? If so, please describe the procedures used to avoid a conflict of interest.

Response: The Agreement State does not have an oversight board or committee. The State does have a Technical Advisory Radiation Control Committee which can be used to provide technical advice to the Bureau of Radiological Health.

II. Status of Materials Inspection Program

8. Please identify individual licensees or categories of licensees the State/Region is inspecting more or less frequently than called for in IMC 2800 and state the reason for the difference.

Response: All license categories are inspected at the frequencies specified in Inspection Manual Chapter 2800.

9. Please provide for the review period, the number of Priority 1, 2, and 3 inspections as identified in IMC 2800 that were completed and the number of initial inspections that were completed.

Response: 150 Priority 1,2, and 3 inspections were completed and 60 initial inspections were completed during the review period.

10. Please submit a table, or a computer printout, that identifies inspections of Priority 1, 2, and 3 licensees, and initial inspections that are presently overdue or which were conducted at intervals that exceed the IMC 2800 frequencies over the course of the entire review period. (See STP Procedure SA-101, *Reviewing the Common Performance Indicator, Status of Materials Inspection Program*, for detailed guidance in preparing this information).

At a minimum, the list should include the following information for each inspection that is overdue or conducted overdue during the review period:

- (1) Licensee Name
- (2) License Number
- (3) Priority

- (4) Last inspection date or license issued date if initial inspection
- (5) Date Due
- (6) Date Performed
- (7) Amount of Time Overdue
- (8) Date inspection findings issued

Response: Five inspections were conducted overdue during the review period. Weld-Spect Technologies license no. 731, priority 1, due on 3/16/07, performed on 3/17/07, one day overdue, inspection findings issued 3/17/07.

Industrial Inspections license no. 447, priority one, due on 3/10/05, performed on 3/11/05, one day overdue, inspection findings issued 3/11/05. Industrial Inspections license no. 447, priority one, due on 6/11/06, performed on 6/13/06, two days overdue, inspection findings issued 6/13/06. Team Industrial Services license no. 693, priority one, due on 3/6/06, performed on 3/7/06, one day overdue, inspection findings issued 3/7/06. Bausch & Lomb license no. 431, priority two, due on 12/27/04, performed on 2/17/05, one month and 21 days overdue, inspection findings issued 2/17/05.

10. If you have any overdue inspections, do you have an action plan for completing them? If so, please describe the plan or provide a written copy with your response to this questionnaire.

Response: There are no inspections that are currently overdue.

11. Please provide the number of reciprocity licensees that were candidates for inspection per year as described in NRC IMC 1220 and the number of candidate reciprocity inspections that were completed each year during the review period.

Response:

| | |
|----------|------------------------------|
| FY 06/07 | 14 licensees – 3 inspections |
| FY 05/06 | 11 licensees – 3 inspections |
| FY 04/05 | 13 licensees – 3 inspections |
| FY 03/04 | 7 licensees – 4 inspections |

III. Technical Quality of Inspections

13. What, if any, changes were made to your written inspection procedures during the reporting period?

Response: South Carolina historically has followed the written inspection procedures outlined in NRC Inspection Manual Chapter 2800 and also has developed inspection forms for each type of inspection. Certain small changes have been made to the inspection report forms to reflect regulatory changes that have taken place during the review period.

14. Prepare a table showing the number and types of supervisory accompaniments made during the review period. Include:

| <u>Inspector</u> | <u>Supervisor</u> | <u>License Category</u> | <u>Date</u> |
|------------------|-------------------|--------------------------|-------------|
| Leland Cave | Melinda Bradshaw | Medical Private Practice | 6/22/07 |
| Kelli Wukela | Melinda Bradshaw | Portable Gauge | 2/15/07 |
| Andrew Roxburgh | Jim Peterson | Medical Private Practice | 6/6/07 |
| Mark Windham | Jim Peterson | Nuclear Laundry | 1/30/07 |
| Mark Windham | Melinda Bradshaw | Academic Broad Scope | 7/21/06 |
| Andrew Roxburgh | Melinda Bradshaw | Medical Private Practice | 2/22/06 |
| Leland Cave | Melinda Bradshaw | Portable Gauge | 10/28/05 |
| Mark Windham | Jim Peterson | Decommissioning Survey | 7/6/05 |
| Mark Windham | David King | Soil Sampling | 4/6/05 |
| Mark Windham | David King | Decommissioning Project | 1/19/05 |
| Andrew Roxburgh | Melinda Bradshaw | Medical Broad Scope | 11/18/04 |
| Jeremy Hanna | Melinda Bradshaw | Medical Broad Scope | |
| 11/18/04 | | | |
| Andrew Roxburgh | Melinda Bradshaw | Medical Private Practice | 10/30/03 |
| Mark Windham | David King | Incident Response | 6/20/03 |

14. Describe internal procedures for conducting supervisory accompaniments of inspectors in the field.

Response: Supervisory accompaniments of inspectors are conducted annually each fiscal year for each inspector. Actual records of accompaniments and the procedures for performing the accompaniments are available for review as requested under "Materials to be Made Available for the Onsite Portion of the IMPEP Review".

15. Describe or provide an update on your instrumentation, methods of calibration and laboratory capabilities. Are all instruments properly calibrated at the present time? Were there sufficient calibrated instruments available through the review period?

Response: Geiger-Mueller and ion chamber instruments are calibrated at the South Carolina Regional Calibration Facility at annual intervals. This facility is accredited through the Conference of Radiation Control Program Directors for both gamma and x-ray calibrations. Alpha detection instruments are calibrated annually by Ludlum Measurements, Inc. All instruments routinely used by program staff are currently in calibration.

IV. Technical Quality of Licensing Actions

16. How many specific radioactive material licenses does the Program regulate at this time?

Response: 380

17. Please identify any major, unusual, or complex licenses which were issued, received a major amendment, were terminated, decommissioned, submitted a bankruptcy notification or renewed in this period. Also identify any new or amended licenses that now require emergency plans.

Response: Palmetto Richland (gamma knife renewal), Medical University of South Carolina (broad scope renewal), Low Country Diagnostics (cyclotron renewal), Georgetown Radiation Therapy (new HDR), Shertech Laboratories (new cyclotron), Westinghouse (termination/decommissioning), UniTech Services Group (termination/decommissioning). No new or amended licenses now require emergency plans.

19. Discuss any variances in licensing policies and procedures or exemptions from the regulations granted during the review period.

Response: No exemptions or variances in policies, procedures, or regulations were granted during the review period.

20. What, if any, changes were made in your written licensing procedures (new procedures, updates, policy memoranda, etc.) during the reporting period?

Response: License renewal frequency has been changed from every five years to every eight years. Several licensing guides are currently being revised to incorporate regulatory changes.

21. Identify by licensee name, license number and type, any renewal applications that have been pending for one year or more. Please indicate why these reviews have been delayed.

Response: None.

V. Responses to Incidents and Allegations

22. For Agreement States, please provide a list of any reportable incidents not previously submitted to NRC (See STP Procedure SA-300, Reporting Material Events for additional guidance, OMB clearance number 3150-0178). The list should be in the following format:

Response: All reportable events have been submitted through the Nuclear Material Events Database.

| <u>Licensee Name</u> | <u>License #</u> | <u>Date of Incident/Report Type of Incident</u> |
|----------------------|------------------|---|
|----------------------|------------------|---|

During this review period, did any incidents occur that involved equipment or source failure or approved operating procedures that were deficient? If so, how and when were other State/NRC licensees who might be affected notified? For States, was timely notification made to NRC? For Regions, was an appropriate and timely PN generated? For Agreement States, was information on the incident provided to the agency responsible for evaluation of the device for an assessment of possible generic design deficiency? Please provide details for each case.

Response: There were no incidents involving approved procedures that were deficient. There were two leaking Ni-63 gas chromatograph sources and one failure of a Mick applicator. In these cases the source and/or device manufacturers were notified by the licensees and States/NRC were notified through NMED.

23. Identify any changes to your procedures for handling allegations that occurred during the period of this review.

Response: No procedural changes were made during the review period.

VI. General

24. Please prepare a summary of the status of the State's or Region's actions taken in response to the comments and recommendations following the last review. Provide the results of any program audits (including self audits) completed during the review period.

Response: There were no recommendations directed to the Radiation Control Program during the last review period.

25. Provide a brief description of your program's strengths and weaknesses. These strengths and weaknesses should be supported by examples of successes, new initiatives, problems or difficulties which occurred during this review period.

Response: Program strengths include a fully staffed Division, legislative support, and legal support. A weakness is the timely acquisition of training.

B. NON-COMMON PERFORMANCE INDICATORS

I. Legislation and Program Elements Required for Compatibility

27. Please list all currently effective legislation that affects the radiation control program.

Response: Department Regulation 61-63, Radioactive Materials; Department Regulation 61-30, Environmental Protection Fees; and the Atomic Energy and Radiation Control Act enacted by the 1967 Session of the South Carolina Legislature.

28. Are your regulations subject to a "Sunset" or equivalent law? If so, explain and include the next expiration date for your regulations.

Response: Regulations affecting the Radiation Control Program are not subject to a "Sunset Law".

29. Please review and verify that the information in the enclosed State Regulation Status sheet is correct. For those regulations that have not been adopted by the State, explain why they were not adopted, and discuss actions being taken to adopt them.

If legally binding requirements were used in lieu of regulations, please describe their use.

Response: The status sheets from NRC are inconsistent and conflicting and have had status changes from final to proposed regulations several times over the years without explanation.

29. If you have not adopted all amendments within three years from the date of NRC rule promulgation, briefly describe your State's procedures for amending regulations in order to maintain compatibility with the NRC, showing the normal length of time anticipated to complete each step.

Response: All amendments have been adopted within three years from the date of NRC rule promulgation.

II. Sealed Source and Device Program

31. Prepare a table listing new and amended (including transfers to inactive status) SS&D registrations of sealed sources and devices issued during the review period. The table heading should be:

Response:

SS&D Manufacturer,

| <u>Registry Number</u> | <u>Distributor or Custom User</u> | <u>Product Type or Use</u> | <u>Date Issued</u> | <u>Type of Action</u> |
|------------------------|-----------------------------------|----------------------------|--------------------|-----------------------|
|------------------------|-----------------------------------|----------------------------|--------------------|-----------------------|

| | | | | |
|-----------------|-------------|------------|----------------|------------|
| SC-1276-D-101-G | Distributor | Beta Gauge | April 26, 2007 | New Device |
|-----------------|-------------|------------|----------------|------------|

32. What guides, standards and procedures are used to evaluate registry applications?

Response: NUREG-1556 Vol. 3, Rev 1

33. Please include information on the following questions in Section A, as they apply to the Sealed Source and Device Program:

Technical Staffing and Training - Questions 1-7

Technical Quality of Licensing Actions - Questions 17-21

Responses to Incidents and Allegations - Questions 22-24

Response: The answers are the same as Section A in that the materials licensing and compliance program is also the sealed source and device program.

III. Low-Level Radioactive Waste Disposal Program

34. Please include information on the following questions in Section A, as they apply to the Low-Level Radioactive Waste Disposal Program:

Technical Staffing and Training - Questions 1-7

Status of Materials Inspection Program - Questions 8-11

Technical Quality of Inspections - Questions 13-16

Technical Quality of Licensing Actions - Questions 17-21

Responses to Incidents and Allegations - Questions 22-24

IV. Uranium Recovery Program

35. Please include information on the following questions in Section A, as they apply to the Uranium Recovery Program:

Technical Staffing and Training - Questions 1-7

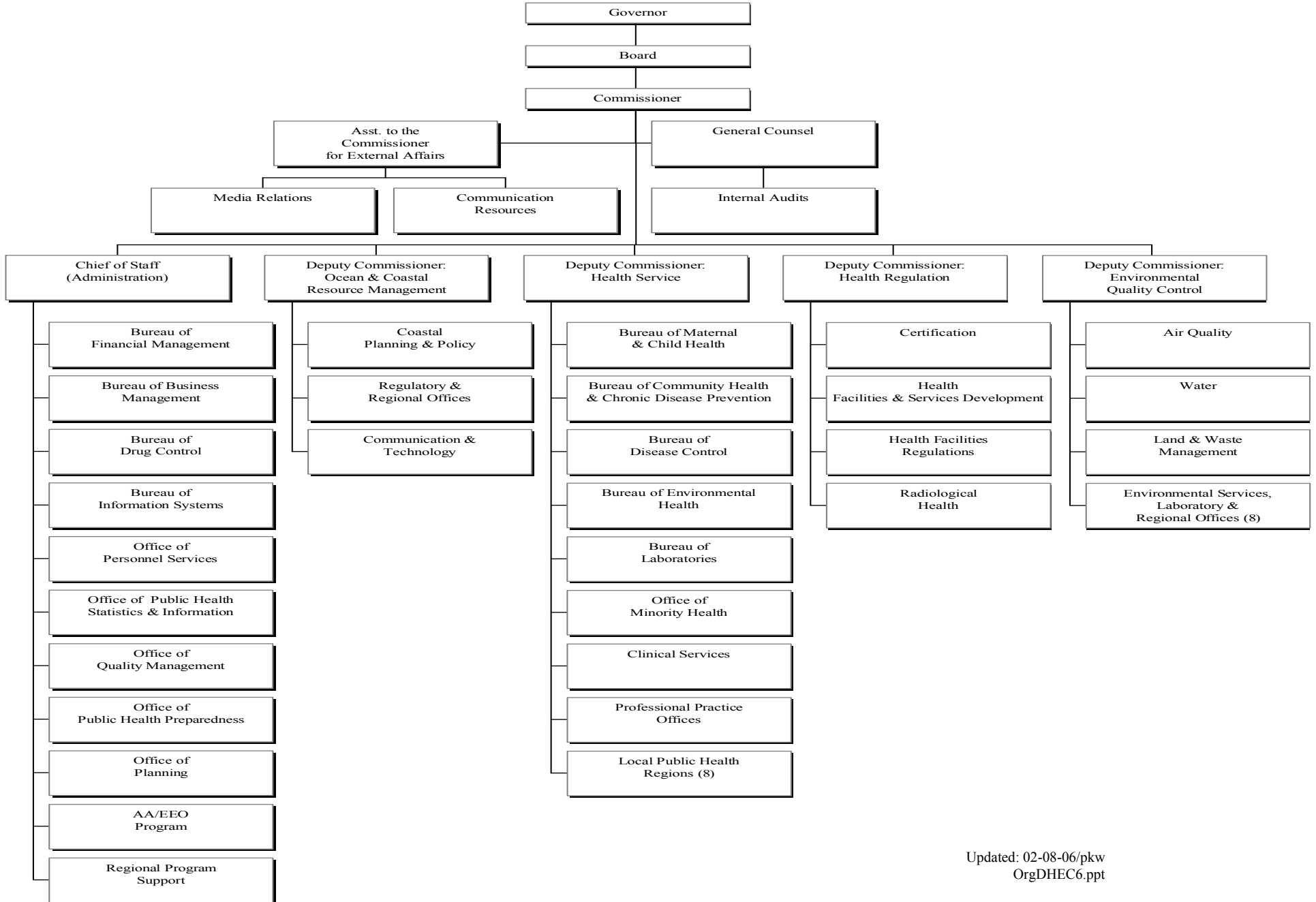
Status of Materials Inspection Program - Questions 8-11

Technical Quality of Inspections - Questions 13-16

Technical Quality of Licensing Actions - Questions 17-21

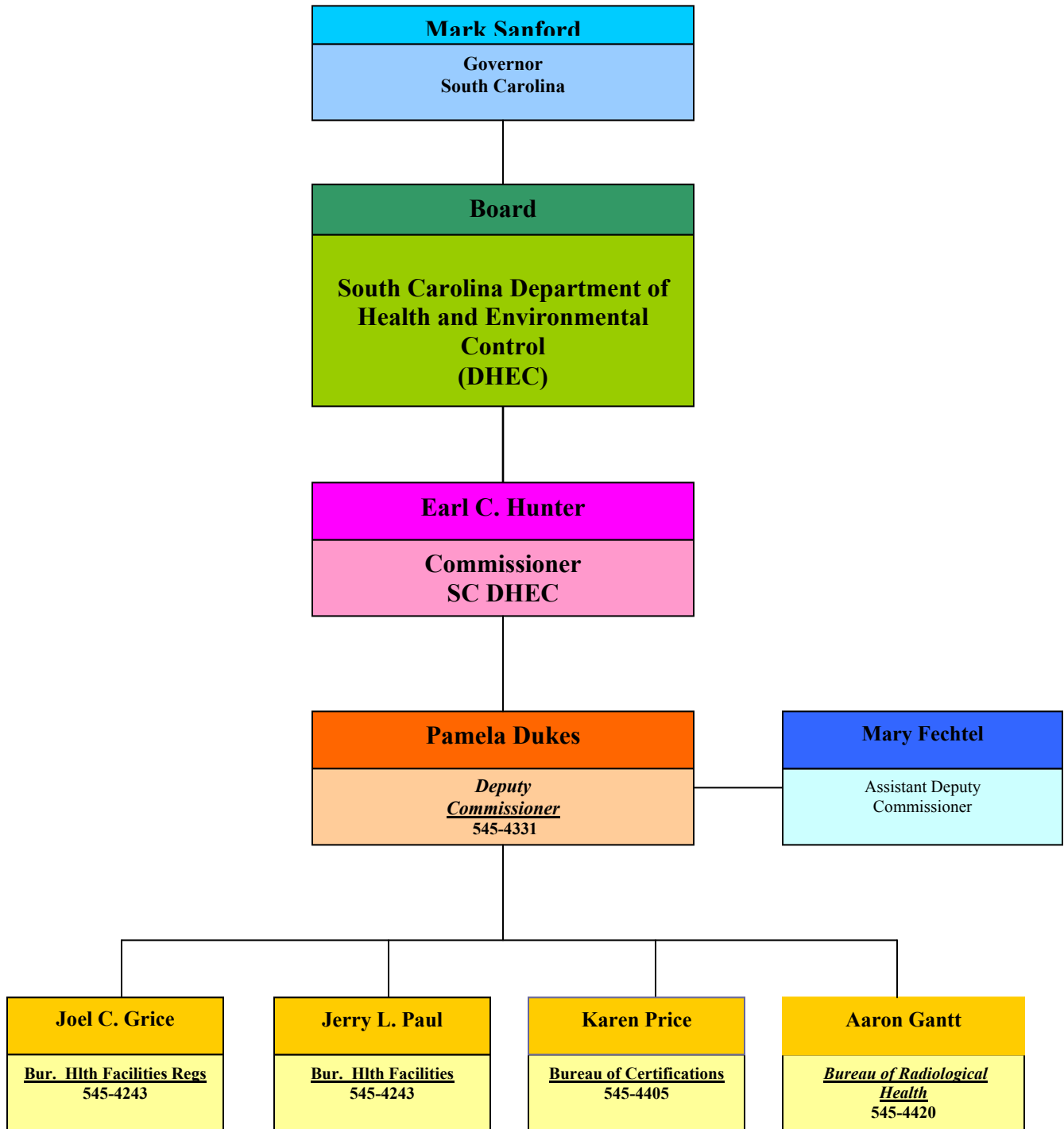
Responses to Incidents and Allegations - Questions 22-24

South Carolina Department of Health and Environmental Control Organization Chart



South Carolina Department of Health and Environmental Control

Bureau of Radiological Health



Chief
Bureau of Radiological Health
545-4420

Aaron Gantt

Director
Division Of Electronic Products
545-4437

Charles Ditmer

Section Manager
Shielding/ Calib
545-4408

Robert Owen

Env Hth Mgr
545-4414

TJ Brown

Environmental
Health Manager
545-4678

Rebecca Mills

Environmental
Health Manager
545-4062

Angie Torres

Environmental
Health Manager
545-4416

Stephanie Lindler

Section Manager
Mammo & Cert
545-4435

Julie Hamm

Environmental
Health Manager
545-4436

Jackie Watson

Environmental
Health Manager
545-4434

Abigail James

Environmental
Health Manager
545-4403

Joylin Huggins

Section Manager
Insp/Compl/Tan
545-4438

Chrissy Chavis

Environmental
Health Manager
545-4415

Jim Rankar

Environmental
Health Manager
545-4661

Jennifer Dagenhart

Environmental
Health Manager
545-4419

Kyle Anderson

Environmental
Health Manager
545-4413

Nathaniel Gauthier

Environmental
Health Manager
545-4505

Brandon Stroud

Environmental
Health Manager

Vacant

Director
Division Of Radioactive Materials
545-4407

Jim Peterson

Section Manager
Medical & Industrial
Facilities
545-4411

Melinda Bradshaw

Environmental
Health Manager
545-4431

Andrew Roxburgh

Environmental
Health Manager
545-4410

Mark Windham

Environmental
Health Manager
545-4417

Leland Cave

Environmental
Health Manager
545-4406

Kelli Wukela

Administrative
Coordinator
545-4439

Lynn Homan

Administrative
Assistant
545-4404

Maureen Belton

Administrative
Specialist
545-4400

Shan Robinson

Administrative
Specialist
545-4335

Rhonda Crowe

Program
Coordinator I
545-3824

AJ Leonard