

September 29, 2008

MEMORANDUM TO: R. W. Borchardt
Executive Director for Operations

FROM: Lisamarie L. Jarriel /RA/
Agency Allegation Advisor

THRU: Cynthia A. Carpenter, Director (S. Magruder, for) /RA/
Office of Enforcement/RA/

SUBJECT: ALLEGATION PROGRAM—CALENDAR YEAR 2007 ANNUAL
PERFORMANCE REPORT

In SECY-94-089, "Response to the Report of the Review Team for Reassessment of the NRC's Program for Protecting Allegers Against Retaliation," dated March 29, 1994, the staff committed to having the Agency Allegation Advisor provide an independent annual report to the Executive Director for Operations. This annual report provides an analysis of allegation program performance in each action office and region. Management Directive 8.8, "Management of Allegations," dated February 4, 1999, documents that commitment. A copy of the annual performance report for calendar year (CY) 2007 is enclosed for your information.

The report contains an analysis of allegation program performance against established process goals for timeliness, identity protection, and quality of responses from an agency perspective, as well as from the perspective of the individual regional and program offices. The report also summarizes a special assessment and internal lessons-learned reviews regarding the handling of allegations in CY 2007 of inattentive security officers at the Peach Bottom Atomic Power Station and the resulting proposed enhancements to the allegation process. The agency met allegation process timeliness goals in almost all cases. The two exceptions involved an initial Allegation Review Board that convened more than 30 days after receipt of the allegation and an allegation acknowledgment letter that was sent to the allover more than 45 days after receipt of the allegation. These missed timeliness goals pertain to the same allegation file and resulted from an allegation that was received at U.S. Nuclear Regulatory Commission (NRC) Headquarters but was not recognized as an allegation that needed to be transferred to a regional office until after the timeliness goals had been exceeded. The agency conducted a review to determine how and where the delays occurred in recognizing the received information as allegation related and took corrective actions. The agency met the quality rating goal of appropriately capturing and responding to all concerns in 90 percent of the allegation files reviewed during the program assessments and self-assessments in CY 2007.

Three instances in CY 2007 involved the inappropriate release of allover identifying or fingerprinting information. Two of these instances involved the release of an allover's identity in response to a Freedom of Information Act (FOIA) request. The other involved the provision of

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information identifying an alleged in an allegation request for information to a licensee. In each case, the responsible office promptly evaluated the cause and acted to prevent a recurrence. As discussed further in the enclosure, the alleged in question were not concerned about the releases and therefore the integrity of the allegation program was not severely compromised. Nonetheless, in addition to actions already taken, the agency is considering other efforts to reinforce allegation program expectations with regard to the protection of alleged identity. These considerations include (1) the issuance of internal agency correspondence discussing the circumstances of these identity releases, other near-miss situations, and actions that may be taken to minimize the possibility of future occurrences, (2) recommended changes/clarifications related to the processing and review of both incoming FOIA requests and outgoing FOIA response documentation with regard to alleged identity protection, (3) reconsideration of the population of NRC staff expected to take annual refresher training related to the allegation process, and (4) the modification of allegation training information to reemphasize the protection of alleged identity.

Notwithstanding the findings described herein, as well as the lessons learned from the Peach Bottom reviews, the staff has effectively implemented the allegation program in most areas. The findings from assessments completed in the last 4 years indicate consistently high performance in reviewing, documenting, tracking, and completing evaluations of allegations.

Enclosure: Allegation Program—CY 2007 Annual Performance Report

information identifying an allexer in an allegation request for information to a licensee. In each case, the responsible office promptly evaluated the cause and acted to prevent a recurrence. As discussed further in the enclosure, the allexers in question were not concerned about the releases and therefore the integrity of the allegation program was not severely compromised. Nonetheless, in addition to actions already taken, the agency is considering other efforts to reinforce allegation program expectations with regard to the protection of allexer identity. These considerations include (1) the issuance of internal agency correspondence discussing the circumstances of these identity releases, other near-miss situations, and actions that may be taken to minimize the possibility of future occurrences, (2) recommended changes/clarifications related to the processing and review of both incoming FOIA requests and outgoing FOIA response documentation with regard to allexer identity protection, (3) reconsideration of the population of NRC staff expected to take annual refresher training related to the allegation process, and (4) the modification of allegation training information to reemphasize the protection of allexer identity.

Notwithstanding the findings described herein, as well as the lessons learned from the Peach Bottom reviews, the staff has effectively implemented the allegation program in most areas. The findings from assessments completed in the last 4 years indicate consistently high performance in reviewing, documenting, tracking, and completing evaluations of allegations.

Enclosure: Allegation Program—CY 2007 Annual Performance Report

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ALLEGATION PROGRAM PERFORMANCE

The Commission established the allegation program to provide a vehicle for individuals working in activities regulated by the U.S. Nuclear Regulatory Commission (NRC) and members of the public to communicate safety, security, and other regulatory concerns directly to the NRC. The program retains a database that allows the staff to track concerns submitted to the NRC to ensure that the concerns are evaluated in a timely manner, consistent with their associated safety or risk significance, and that the results of the NRC's evaluation are effectively communicated to the individual who submitted the concerns, when possible and appropriate.

Program performance is measured against goals for protecting the identity of alлегers and conducting an appropriate review of all alлегer concerns in a timely manner, as outlined in Management Directive 8.8, "Management of Allegations," dated February 4, 1999, and its associated guidance. It is the goal of the agency that no alлегer's identity be inappropriately released. Timeliness goals have been established for substantive points in the process, including the convening of an initial Allegation Review Board (ARB) to specify actions to evaluate the concerns and submitting correspondence to the alлегer to initially acknowledge and ultimately close the concerns. The quality of the staff's review of concerns raised and its correspondence with alлегers regarding those concerns are evaluated during the program assessments.

Allegation Program Implementation Assessments

The Agency Allegation Advisor (AAA) in the Office of Enforcement (OE) conducts on-location allegation program assessments of each regional and program action office on a biennial basis. In those years and for those regional and program offices for which OE does not complete an AAA allegation program assessment, the offices conduct a self-assessment of the region's or program office's implementation of the allegation program and submit it to the AAA for evaluation.

The AAA assessments review a 10-percent sample of allegation files closed during the previous calendar year and include an assessment of regional or program office performance against allegation program goals, the quality of allegation evaluation and response, allegation review board quality, alлегer identity protection, feedback to alлегers who respond after allegation closure, and general program oversight. Guidance provided to the regional and program offices for conducting an allegation program self-assessment recommends a review of similar program attributes and suggests that the self-assessment include complete file reviews (similar to those performed during the AAA program assessments) of a small sample of allegation files closed in the previous calendar year (at least 5 percent (or a minimum of two files)) to assess the implementation of program guidance. It is recognized that the ongoing implementation of regional and program office allegation programs includes inherent continuing self-assessment activities, such as the monitoring of regional or program office performance against program metrics, periodic assessment of the status of open allegation files, quality reviews of closed allegation files, lessons-learned documentation related to identified problems, and selected self-assessments of certain program functions. The regional and program offices are encouraged to take credit for these continuing self-assessment activities as part of the self-assessment report provided to the AAA.

In addition, special assessments are conducted as requested by the Office of the Inspector General, senior management, or as deemed necessary by OE. If, at any time, the results of an

allegation program assessment (or self-assessment) indicate a notable decline in performance, OE may increase the frequency of AAA assessments for any or all of the regional and program offices. It is also noted that the regional and program offices may request an AAA assessment in lieu of conducting a self-assessment, if so desired.

This year, OE conducted a special assessment at the request of Region I management of the agency's handling of allegations of inattentive security officers at the Peach Bottom Atomic Power Station, as well as AAA allegation program assessments in Region III, Region IV, the Office of Nuclear Reactor Regulation (NRR), and the Office of Nuclear Security and Incident Response (NSIR) for allegations closed in calendar year (CY) 2007. NRR currently provides the administrative oversight function for the processing of both NRR-related and NSIR-related allegations. This year, Region I, Region II, the Office of Nuclear Material Safety and Safeguards (NMSS), and the Office of Federal and State Materials and Environmental Management Programs (FSME) conducted self-assessments of allegation program implementation in CY 2007 and submitted them to the AAA. OE will conduct AAA allegation program assessments of CY 2008 performance in Region I, Region II, NMSS, and FSME next year. If any allegations are received and closed in CY 2008 that relate to new reactor licensing under the purview of the Office of New Reactors (NRO), NRO performance will be considered for assessment as well. Allegation program self-assessments of CY 2008 performance are currently planned for next year in Region III, Region IV, NRR, and NSIR.

Results of Special Assessment Involving Allegations of Inattentive Security Officers at Peach Bottom Atomic Power Station

In March 2007, the NRC received an allegation from a former contractor that security officers at Peach Bottom were sleeping on duty as a result of fatigue caused by excessive overtime. The allegor requested no further contact from the NRC about the concerns. Respecting this request, the NRC staff did not contact the allegor further to inquire about the specifics of the allegation or to discuss the agency's proposed handling of it. Complying with the agency's policy regarding a request for a written evaluation of allegation concerns from the licensee, the staff notified the licensee of the Peach Bottom allegation and requested an evaluation of the concerns raised and a written response to the NRC, including documentation of any corrective actions taken in response to the evaluation. The licensee's evaluation concluded that the concerns were unsubstantiated. The NRC reviewed the licensee's response and gathered additional information but was also unable to substantiate the allegor's specific concerns.

Notwithstanding that assessment, in September 2007, the NRC received video evidence from a reporter that showed a number of inattentive security officers at Peach Bottom. The agency promptly investigated, and both the licensee and the agency have taken a number of actions in response to this event. Since the September 2007 video evidence demonstrated that the March 2007 allegation was, in part, valid, the agency has subsequently conducted several internal reviews in an effort to determine any lessons learned regarding the staff's handling of the March 2007 allegation and clarifications and/or modifications that could be made to the NRC allegation process to enhance opportunities for the staff to discover such inappropriate activity earlier.

At the Regional Administrator's request, the AAA conducted an independent assessment of the region's handling of the allegation. The assessment consisted of a review of the allegation file

and discussions with members of the regional staff. That assessment found that the allegation was, in general, handled in accordance with allegation process guidance and practice, including the region's request for information (RFI) to the licensee. A review of the licensee's response to that request and the agency's review of the information provided, however, indicated that the scope and depth of the licensee's evaluation of the concerns was inadequate and that the NRC staff did not seek detailed supporting information to effectively resolve one of the three concerns.

In addition to the AAA special assessment, Region I and an NRC senior executive review team conducted comprehensive internal lessons-learned reviews¹ and the Office of the Inspector General conducted an event inquiry² regarding the handling of this and similar allegations in CY 2007 of inattentive security officers at Peach Bottom. Collectively, these reviews resulted in proposed enhancements to the allegation process. In June 2008, the Commission approved the proposed enhancements,³ and the NRC is currently developing new or enhanced guidance for the staff responsible for handling allegations in a number of program areas. These areas include allegation terminology; communicating with alлегers, including alлегers who request no further contact, as in the Peach Bottom case; the process for requesting from a licensee information related to an allegation; informing the NRC inspectors of allegation activity, as appropriate; expectations for review and documentation of allegation closure information involving a licensee response to an RFI; and handling alлегer feedback after the allegation is closed. The staff plans to engage external stakeholders regarding aspects of the process enhancements. The NRC will document the outcome of these efforts in Commission and allegation program policy and guidance documents.

Results of Allegation Program Assessments and Self-Assessments for CY 2007

Alleger Identity Protection

One element of the allegation program that is essential to its viability is protecting the identity of alлегers to the extent possible. The agency's goal is to have no substantiated instances of the inappropriate release of an alлегer's identity as determined by either the Office of the Inspector General or the staff.

Three instances in 2007 involved the release of an alлегer's identity or the release of information that effectively identified the source of an allegation. Two instances involved the release of alлегer identity in response to a Freedom of Information Act (FOIA) request. In one instance, although the alлегer's identity was appropriately identified and bracketed for redaction by the staff during preparation of the response to an FOIA request related to an allegation, the

¹ "Review Team Findings with Respect to Inattentive Security Officers at Peach Bottom" (includes AAA assessment), February 6, 2008 (Agencywide Documents Access and Management System (ADAMS) Accession No. ML080420566); "Senior Executive Review Panel Report—Peach Bottom Lessons Learned," March 4, 2008 (ADAMS Accession No. ML080570429).

² "NRC's Response to Security-Related Concerns at Peach Bottom Atomic Power Station," August 22, 2008, (ADAMS Accession No. ML082460838).

³ "Staff Requirements Memorandum—COMSECY-08-0009—Report of the Senior Executive Review Panel—Peach Bottom Lessons Learned," June 9, 2008 (ADAMS Accession No. ML081610572).

bracketed information was not redacted as required before public disclosure. Once notified of the identity release, the responsible office evaluated the cause, internally reported the identity release as prescribed in agency guidance (Management Directive 3.4, "Release of Information to the Public"), and acted to prevent a recurrence. Corrective actions included removing the documents from public availability, obtaining the unredacted documents from the FOIA requester, informing and apologizing to the alleged about the occurrence (the alleged indicated that he/she was not concerned about the release of the identifying information), and informing NRC FOIA specialists about the circumstances of the occurrence and providing guidance to help preclude such occurrences in the future.

Another alleged's identity was released in response to an allegation-related FOIA request in CY 2007, when technical staff reviewing the documentation responsive to the FOIA request did not bracket the alleged's name for redaction. Once notified of the identity release, the responsible office promptly evaluated the cause and internally reported the identity release as prescribed in agency guidance (Management Directive 3.4) and acted to prevent recurrence. Corrective actions included informing and apologizing to the alleged about the occurrence (the alleged indicated that he/she was not concerned about the release), performing an additional review of the other documents released in response to the FOIA request (this additional review found more information identifying the alleged); and strengthening allegation and FOIA office instructions that provide FOIA response guidance.

Management Directive 3.1, "Freedom of Information Act," dated March 30, 2006, directs the AAA or his or her designee in OE to review and concur in all responses to FOIA requests involving allegation records. Through concurrence, the AAA certifies that the information to be disclosed from the record, or portion thereof, would not cause harm to an open allegation or disclose the identity of an alleged whose identity still warrants protection. For CY 2007, over 17,000 pages representing the results of document searches in response to 32 FOIA requests were reviewed for the purpose of ensuring alleged protection. These supplemental reviews by OE provide an independent look and quality check of the documents identified and reviewed by the regional and program offices in response to the FOIA requests. In several instances, they have resulted in the additional redaction of identifying information, including names, personal information, and job titles. This has been a positive contribution to the agency's goal of limiting challenges to alleged identity protection. It is noted that, for the alleged identity releases mentioned above that occurred as a result of the release of documentation in response to a FOIA request, OE did not receive for review the FOIA response package associated with one of the instances because it was not recognized as containing allegation records. The other instance involved a 700-page review with numerous redactions, and neither OE nor another NRC Headquarters office identified the error during their reviews. Actions taken to address this error include additional training in these offices.

Lastly, it was determined during an allegation program assessment that the staff had provided a level of detail in an allegation-related RFI letter to a licensee that effectively permitted the licensee to identify the individual who raised the concern to the NRC. During an initial telephone call to inform the licensee about the concern (the call was made because of immediate safety concerns), the licensee received information about a concern that had been communicated to the NRC. Conversation records are not clear as to the specific details discussed with the licensee at that time. In the subsequent RFI letter forwarding the concern to the licensee in writing, however, the NRC identified that the alleged was the same individual who had previously

raised the concern internally to a specific person on a specific date. Providing this level of detail in the RFI letter permitted the identification of the alleged and was not necessary to effect a thorough evaluation by the licensee. Corrective actions included strengthening office instructions to ensure that several staff members review and concur on external correspondence and requiring more detailed documentation of conversations with stakeholders. Because the allegation came to the NRC anonymously, it was not possible to inform the alleged of this incident or convey an apology. It is noted that the licensee indicated in its response to the RFI that the alleged was approached by the licensee, was involved in the evaluation of his/her concern, and expressed appreciation to the licensee for that involvement.

In addition to the efforts of the NRC offices responsible for the identity releases to determine the cause of the identity release and act to preclude a recurrence, other efforts are being considered to reinforce allegation program expectations with regard to alleged identity protection. These considerations include (1) the issuance of internal agency correspondence discussing the circumstances of these identity releases, other near-miss situations, and actions that may minimize the possibility of future occurrences, (2) recommended changes/clarifications in the processing and review of both incoming FOIA requests and outgoing FOIA response documentation with regard to alleged identity protection, (3) reconsideration of the population of NRC staff expected to take annual refresher training related to the allegation process, and (4) the modification of allegation training information to reemphasize protection of alleged identity.

Allegation Review Board Quality

ARB quality is assessed to provide for periodic observation of the overall efficiency and effectiveness of ARBs conducted at the regional or program office. ARB quality may be assessed by ARB observation, ARB documentation review (which is done as part of the allegation file review), interviews with ARB attendees, or a combination of these actions. Items assessed include ARB attendance by appropriate staff; evidence of knowledge of the allegation and preparation for the ARB meeting by responsible staff; appropriate consideration of safety significance, appropriate discussion of the rationale for taking (or not taking) certain actions; proper consideration of allegation process guidance and other agency guidance related to items that may be discussed at the ARB; the assignment of proper followup actions and schedules for the completion of those actions; and the quality of ARB documentation.

In general, the regional and program offices have established effective means of identifying allegation-related matters to be discussed at ARB meetings and scheduling the ARB meetings in a timely manner. Routinely, appropriate levels of management chair ARB meetings and cognizant staff attend, including technical staff, allegation coordination personnel, and staff from the Office of Investigations (OI) and the Office of the General Counsel (OGC) (or Regional Counsel). For the most part, the AAA and self-assessments completed this year found that the technical staff was appropriately represented at and sufficiently prepared for the ARB meetings observed and that the ARB decisions were appropriate and commensurate with the safety significance of the issues discussed. The ARB chairs, allegation coordination personnel, and representatives from OI and OGC (or Regional Counsel) actively participated in the ARBs observed. Overall, the ARB discussions observed during the AAA and self-assessments reflected a sense of ownership by the affected technical branches and demonstrated understanding of the concerns discussed. ARB documentation reviewed by the AAA and the

self-assessments accurately reflected the discussion at the ARB meeting and the decisions made by the ARB in terms of safety significance and followup action assigned.

A challenge for the staff has sometimes been handling concerns related to the effectiveness of actions by a licensee's Employee Concern Program (ECP) and whether such concerns are within the NRC's regulatory purview and should be processed as allegations. For the ARBs observed during this year's AAA assessments, no instances were identified in which such a submitted concern was not appropriately characterized as an allegation. However, several participants of an observed ARB this year and other members of the staff in varied venues have suggested that the NRC has few options in evaluating such concerns because the NRC does not require that licensees maintain an ECP. While it is true that the NRC does not require licensees to establish and maintain an ECP as an alternate means for workers to raise concerns, the NRC recognizes that these organizations, in addition to being an integral component for establishing and maintaining a safety conscious work environment,⁴ can be the recipients of "conditions adverse to quality" and must be able to identify such issues and act to ensure that appropriate corrective actions are implemented. Once established, ECPs can impact the effectiveness of the licensee's corrective action process prescribed by Criterion XVI, "Corrective Action," of Appendix B to Title 10, Part 50 of the *Code of Federal Regulations*, and related nonreactor regulations. The ARB should consider ECPs in this context.

Timeliness Goals

The initial ARB is conducted to review an allegation and assign appropriate staff actions for followup. The program requires an initial ARB to be held within 30 days of the receipt of an allegation in 100 percent of the cases. All but one of the 569 initial ARBs held agencywide in CY 2007 met this goal. The allegation file that did not meet the goal involved an allegation that was received in an NRC Headquarters support office and was not recognized as an allegation to be transferred to a regional office until after agency goals for the initial ARB (100 percent in 30 days) and for the allegation acknowledgment letter (100 percent in 45 days) had been exceeded. Once the allegation was transferred to the region, the allegation was processed in a timely manner. The staff conducted a review to determine how and where the delays occurred in recognizing the received information as allegation-related and in providing it to the appropriate NRC regional office for processing. Discussions were held with involved staff, and the agency held a training session for the office that initially received the allegation to emphasize the recognition of potential allegation-related information and the time sensitivity of forwarding that information to the appropriate NRC action office. This issue also indicates the need to reconsider the population of NRC staff expected to take annual refresher training related to the allegation process discussed earlier.

Initial correspondence with allegers acknowledges receipt of the allegation and documents the specific concerns as understood by the NRC staff to ensure agreement before further staff action. The goals for the issuance of letters acknowledging the receipt of allegations are that 90 percent will be issued within 30 days and 100 percent will be issued within 45 days. The 45-day goal was established to account for more complex allegations that prompt additional staff contact(s) with the allegor to solicit more detailed and/or more specific information and ensure

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Regulatory Issue Summary 2005-18, "Guidance for Establishing and Maintaining a Safety Conscious Work Environment," August 25, 2005 (ADAMS Accession No. ML052220239).

complete understanding of the allogger's concerns before sending the acknowledgment letter. Of the allegations received, the staff acknowledged 98 percent within 30 days and 99 percent within 45 days (one letter was issued in more than 45 days). As such, the agency did not meet its goal of issuing 100 percent of the acknowledgment letters within 45 days. The discrepancy involved the same file discussed in the previous paragraph that was not provided in a timely manner by NRC Headquarters to the appropriate NRC regional office for allegation processing.

Regarding timeliness goals for closing allegations that have technical concerns but do not involve potential wrongdoing or review by an agency with which the NRC does not have schedule control (e.g., the U.S. Department of Labor or Federal Emergency Management Agency), the agency's goals for CY 2007 were to close 70 percent of the allegations in 150 or fewer days, 90 percent of the allegations in 180 or fewer days, and 100 percent of the allegations in 360 or fewer days. As shown in the table below, the NRC met all of the timeliness goals for allegation closure.

Time to Close									
Metric (Days)	Total	FSME	NMSS	NRR	NSIR	R I	R II	R III	R IV
	386	3	3	20	6	117	96	63	78
70% ≤ 150	94% (363)	100% (3)	100% (3)	95% (19)	100% (6)	90% (105)	93% (89)	97% (61)	99% (77)
90% ≤ 180	99% (382)	100% (3)	100% (3)	100% (20)	100% (6)	98% (115)	98% (94)	100% (63)	100% (78)
100% ≤ 360	100% (386)	100% (3)	100% (3)	100% (20)	100% (6)	100% (117)	100% (96)	100% (63)	100% (78)

For CY 2008, the agency raised its goal from 70 to 80 percent for closing allegations that have technical concerns but do not involve potential wrongdoing or review by an agency with which the NRC does not have schedule control in 150 or fewer days.

Quality Goal

The staff instituted a quality goal for the allegation program in CY 1999. Although subjective in nature, as part of routine program assessments and self-assessments, reviewers evaluate, in detail, a sample of closed allegation files to assess their quality. For the AAA allegation program assessments conducted at Region III, Region IV, NRR, and NSIR, the reviewers considered a 10-percent "smart" sample of the allegations closed in CY 2007 to determine if staff followup of allegations appropriately captured and responded to each issue raised in 90 percent of the allegation files reviewed. In all, the staff reviewed 25 files during the AAA assessments. With one exception, all of the concerns raised within the allegation files reviewed were adequately captured with adequate responses provided. This one instance did not cause the affected regional office to miss the 90-percent quality goal. The affected region has reviewed the one missed concern and supplemented closure documentation for the allegation.

During the allegation program self-assessments conducted at Region I, Region II, NMSS, and FSME, reviewers considered 21 allegation files. All of the concerns within these allegation files were determined to have been adequately captured with adequate responses provided. Based on the above, the quality goal with regard to the capture of and response to allegation concerns was met from an agency perspective for CY 2007.

Staff Response to Allegor Communication after Closure

On September 5, 2002, the Executive Director for Operations issued a Commission paper that recommended the staff discontinue the allegation program survey of allegers. The Commission approved the staff's recommendation, as noted in SRM-SECY-02-0163, "Allegation Program Survey," on October 4, 2002. The Commission stated that the staff should continue to monitor feedback received from allegers and reconsider the need for a survey if the feedback indicates problems. As a result, the allegation program assessments and self-assessments now include a review of feedback from allegers and responses to their feedback. During CY 2007, in 25 instances, an allexer provided comments after allegation closure about the quality or accuracy of the NRC's response. Of these, reviewers examined 13 during the AAA and self-assessments conducted in CY 2007. Although observations were made as to the overall quality of the response in a few instances, appropriate evaluations were performed, and adequate responses were provided in a timely manner for all of the issues reviewed. No programmatic issues were identified.

Summary

Allegation process timeliness goals were met in almost all cases, with two exceptions involving an initial ARB that was held more than 30 days after receipt of the allegation and an allegation acknowledgement letter that was sent to the allexer more than 45 days after receipt of the allegation. These missed timeliness goals involved the same allegation file and resulted from an allegation that was received in NRC Headquarters and was not recognized as an allegation to be transferred to a regional office until after these agency timeliness goals had been exceeded. The agency has met the quality rating goal of appropriately capturing and responding to all concerns in 90 percent of the allegation files reviewed during the program assessments and self-assessments in 4 of the last 5 years (in CY 2006, the AAA assessment found that one regional office did not appropriately capture and respond to concerns in 90 percent of the allegation files reviewed).

Three instances in CY 2007 involved the inappropriate release of allexer identifying or fingerprinting information. Two of these instances involved the release of an allexer's identity in response to a FOIA request. The other involved the provision of information identifying an allexer in an allegation RFI to a licensee. In each case, the responsible office promptly evaluated the cause and acted to prevent a recurrence. In addition to those actions, other efforts are being considered to reinforce allegation program expectations with regard to allexer identity protection.

Notwithstanding the findings described herein, as well as the lessons learned from the Peach Bottom reviews, the staff effectively implemented the allegation program in most areas in CY 2007. The findings from assessments completed in the last 4 years indicate consistently high performance in reviewing, documenting, tracking, and completing evaluations of allegations.