

Georgia Department of Natural Resources

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Noel Holcomb, Commissioner
Environmental Protection Division
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Phone: (404) 656-4713
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November 21, 2008

Mr. Randy Erickson
Regional State Agreements Officer
US Nuclear Regulatory Commission
Region IV
612 East Lamar Blvd., Suite 400
Arlington, Texas 76011-4125

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DEC - 1 2008

DNMS

Dear Mr. Erickson:

This is in reference to your letter dated October 27, 2008, transmitting Georgia's Draft Integrated Materials Performance Evaluation Program (IMPEP) Report. We have reviewed the report and would like to provide the proposed revisions to the report listed below. We are still in the process of evaluating the two new recommendations listed in your report. However, we will provide the Nuclear Regulatory Commission (NRC) with our response to the recommendations prior to, or at the time of, the Materials Review Board (MRB) meeting in December.

Thank you for giving us an opportunity to comment on the Draft IMPEP Report and we look forward to the opportunity to meet with the Management Review Board. We appreciate the invitational travel offer and Cynthia Sanders is our designee to attend the MRB meeting at the NRC Headquarters in Rockville, Maryland. However, our management would like to participate in the MRB meeting and would like to make arrangements with the NRC for video conferencing for the meeting on December 4, 2008. Should you require further information before the MRB meeting, please contact Jim Sommerville, Program Coordination Branch Chief, at (404) 656-3310 or Cynthia Sanders, Manager, Radioactive Materials Program at (404) 362-2675.

Sincerely,



Carol A. Couch
Director

The Program's comments are as follows with deletions as strikeouts and additions as bold/underlined:

2.0 STATUS OF ITEMS IDENTIFIED IN PREVIOUS REVIEWS

3. The review team recommends that the Program develop and implement a process for conducting annual accompaniments of all radiation compliance inspectors by a supervisor. (Section 3.3 of the 2004 IMPEP report)

Current Status: The Program ~~did not~~ **did** develop and implement a process to ensure that all inspectors receive annual supervisory accompaniments. The Program performed staff **inspection** accompaniments **with all staff** until late 2005 ~~2006~~ when the Program began to experience significant turnover. In an effort to expedite the training of new staff, management made the decision to forego accompanying the more experienced staff in lieu of accompanying the newer staff members. During this time, the more experienced staff did not receive supervisor accompaniments for ~~up to 2 years~~ **2007 through the 2008 IMPEP Review period, however management conducted 10 accompaniments with new hires and less experienced staff during this period.** This recommendation remains open.

3.0 COMMON PERFORMANCE INDICATORS

3.1 Technical Staffing and Training

Paragraph #2:

When fully staffed, the Program is comprised of a Program Manager, ~~nine~~ eight Environmental **Radiation** Specialists (Specialist), **one Environmental Engineer**, one Technical Assistant, and one administrative staff member. ~~One Specialist~~ **The Environmental Engineer** position is currently vacant due to a hiring freeze that was imposed earlier in the year. Specialists are assigned to one of six geographical regions within the State and are responsible for licensing, inspection, and incident response activities within that region. **The metro Atlanta area licensees are shared among the Specialists.** To be considered for a Specialist position, each candidate must possess, at a minimum, a Bachelor's degree in a science field.

Paragraph #3:

The review team noted that ~~seven~~ **six** Specialists **and one Environmental Engineer** left the Program during the review period. Five were fully qualified and experienced staff, and two were new hires who ~~transferred to another environmental program~~ **accepted job offers elsewhere outside the Agency** shortly after starting with the Program. The Program successfully filled these **the Specialists** vacancies and, for a time, was **practically** fully staffed. The two senior Specialists have an average of 10 years experience with the Program; five of the staff members average approximately 2 **to 3** years experience; and the newest staff member was hired early in 2008.

Paragraph #5:

While the Program has a documented training program, they do not have a documented qualification program. Specialists are qualified through a combination of education and experience, formal classroom training, in-house and on-the-job training, completion of specific tasks, and mentoring by more experienced staff. The Program has not developed a procedure designed to determine an individual's competency in each program area prior to authorizing them to work independently. Specialists are notified verbally by the Program Manager when she determines they are qualified **to perform certain types of license reviews and inspections**. At the time of the review, five of the eight Specialists were considered fully **or mostly** qualified by the Program. As discussed further in Sections 3.3 and 3.4, the review team identified key areas where Specialists that were considered fully **or mostly** qualified could have benefited from additional experience or on-the-job training prior to being approved to work independently. The review team recommends that the State develop, document, and implement a formal qualification program for licensing and inspection activities that includes written documentation and supervisor endorsement of competency in each program area.

3.2 Status of Materials Inspection Program

Paragraph #5:

The review team evaluated the Program's timeliness of issuing inspection reports. The Program has an effective and efficient process that helps ensure that inspection findings are communicated to licensees in a timely manner. Inspection findings are normally communicated to the licensee using a form similar to NRC Form 591M, "Safety Inspection Report and Compliance Inspection." **by issuing a Compliance Letter, Notice of Violation Letter, or a Consent Order.** These forms are generally used for minor violations or other deficiencies. A completed form is typically issued onsite at the completion of an inspection. For **minor and** significant violations, the Specialist **Program** may elect to issue a Notice of Violation. **Consent Orders are issued for escalated enforcement actions.** Based on the 32 inspection files reviewed, the review team determined that the appropriate inspection correspondence was generally issued within 30 days of the inspection, with most being issued on-site.

3.3 Technical Quality of Inspections

Paragraph #1:

The review team evaluated inspection reports, enforcement documentation, inspection field notes, and interviewed the responsible inspectors for 32 radioactive materials inspections conducted during the review period. The casework examined included a cross-section of inspections conducted by ~~four~~ **three** former and seven current inspectors and covered a wide variety of inspection types that included medical, academic, and research and development broad-scope licensees; industrial radiography; self-shielded irradiator; medical; nuclear pharmacy; and reciprocity licensees. Appendix C lists the inspection casework files reviewed and includes case-specific comments.

Paragraph #2:

The review team found that the Program's inspection procedures are generally consistent with the inspection guidance found in IMC 2800. Specialists are responsible for conducting inspections of all the various types of licensees in their assigned region. Specialists use a specific inspection ~~checklist~~ **form** for each license type to help ensure that all relevant aspects of a particular program are reviewed. Inspection documentation parallels the inspection ~~checklist~~ **form**, limiting the amount of narrative documentation contained in routine reports; however, reports involving violations generally have additional documentation to support the enforcement action. The review team noted that inspection reports were generally consistent between Specialists and addressed unresolved safety issues from previous inspections. The reports also noted discussions held with licensees during exit interviews.

Paragraph #5:

As noted in Section 3.2, the Program successfully completed the initial round of Increased Controls inspections. However, the team found that subsequent health and safety inspections of those affected licensees did not include any followup to the Increased Controls as identified in RCPD 07-006 "Continuing Inspections of Increased Controls Licensees." **The Program was unaware of the issuance of RCPD 07-006 by NRC, and felt this may have been an oversight on its behalf. The team provided a copy to the Program at the time of the review.** In one instance the review team identified an Increased Controls inspection where violations were identified and a Notice of Violation was issued to the licensee, but the Program did not follow up with the licensee to ensure that the violations had been corrected. The review team further found that the Program's inspection procedures and enforcement guidance did not include requirements for Increased Controls inspection followup. The review team recommends that the State update their inspection procedures and enforcement guidance to include the requirements for timely followup of Increased Controls violations.

Paragraph #8:

The review team noted that, over the review period, annual management accompaniments were not always performed on a routine basis. All Specialists were accompanied in 2005 and again in 2006. A significant number of staff left the Program in subsequent years and management made the decision to concentrate efforts on training new employees rather than accompanying the two senior staff. These two individuals went up to 2 years without being **were not** accompanied by management **for calendar year 2007 through 2008 review period. However, management intends to continue accompaniments through the end of 2008, and plans to include these two individuals.** As noted in Section 2.0, the recommendation from the 2004 review regarding supervisory accompaniments remains open.

Paragraph #12:

When notified of these observations, the Program Manager indicated that as the primary trainer for the Program with a large number of staff to train, there are certain restrictions on her time. She acknowledged that with her own administrative workload, little help to train the staff, and a pressing need to keep up with the work, she is often forced to shorten the

training period so that work can be completed timely. The Program Manager stated that in an attempt to alleviate this problem, she had attempted to reorganize the current staff and hire an individual to assist with training, but was unsuccessful. She added that she is always available to help with questions and concerns, and that any Specialist can receive additional training, if requested.

3.4 Technical Quality of Licensing Actions

Paragraph #3

The administrative staff member assigns licensing actions directly to the Specialist who is responsible for the region from which the licensing request originated. Tracking numbers are assigned and logged into a computer tracking system. Due to an unusual level of staff turnover since the 2004 review, several new Specialists are independently responsible for a geographical region. Periodically these newer Specialists receive licensing requests in program areas where they have little or no experience in reviewing, with little or no formalized on-the-job training. Some Specialists expressed concerns that they felt unqualified to conduct these reviews.

Paragraph #4:

Currently, on-the-job training in the licensing process is informal and lacks an established set of qualification criteria. Utilizing State of Georgia licensing guidance that parallels NRC's NUREG-1556 series, Specialists independently review all casework assigned to them, including casework in program areas where they have little or no experience. **The Manager works with the Specialist and provides training during their review of the licensing action.** They then submit the casework to the Program Manager for **final** review and signature. **The Manager does a complete second review on the licensing action, and provides further training to the Specialist as needed prior to issuance of the license.** The Program Manager provides a verbal clearance when a reviewer can independently sign licensing actions.

4.0 NON-COMMON PERFORMANCE INDICATORS

4.1 Compatibility Requirements

4.1.2 Program Elements Required for Compatibility

Paragraph #1:

The Georgia Regulations for Control of Radiation, found in Chapter 391-3-17, Rules and Regulations for Radioactive Materials, apply to all ionizing radiation, whether emitted from radionuclides or devices. Georgia requires a license for possession and use of all radioactive material.

Paragraph #4:

Since the previous review, the Program adopted 9 amendments **combined into** one rule package that **was approved by the Georgia DNR Board** ~~became effective on September 24, 2008,~~ **and was approved by the Secretary of State's Office with an effective date**

of November 6, 2008. Additionally, the Increased Controls requirements were adopted on November 10, 2005, and the fingerprinting requirements were adopted on June 2, 2008, both through the issuance of license conditions.

4.2 Sealed Source and Device Evaluation Program

4.2.1 Technical Staffing and Training

Paragraph #1:

The Program currently has two individuals who are qualified to perform safety evaluations of SS&D applications, one staff Specialist and the Program Manager. The Program previously had more trained Specialists capable of performing SS&D reviews; however, due to the significant staff turnover since the last review, the Program lost those other Specialists. In response to those losses, the Program successfully hired a Specialist **an Environmental Engineer** with an engineering degree in January 2008; however, approximately one month later, the Specialist **Engineer** left the Program for a position in another environmental program **new job offer outside the Agency**. As noted in Section 2.0, the recommendation from the 2004 regarding training a backup SS&D reviewer remains open.

APPENDIX D

LICENSING CASEWORK REVIEWS

File No.: 16

Licensee: Memorial Health University Medical Center License No.: GA 84-1

Type of Action: Renewal Amendment No.: 58

Date Issued: 6/10/08 License Reviewer: GS **JF**

Comment:

License amendment was issued without a required license condition.

File No.: 29

Licensee: ~~Ft. Valley State University~~ License No.: GA 460-1

Brown & Williamson Tobacco Corp.

Type of Action: Termination Amendment No.: 32

Date Issued: ~~7/11/05~~ **07/02/04** License Reviewer: KS **RH**

Comment:

No evidence that sealed sources were not properly leak-tested prior to transfer or upon receipt of sources by the transferee.

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TRANSMISSION VERIFICATION REPORT

TIME : 11/24/2008 16:30
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SER.# : 000B6J773196

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**Georgia Department
of Natural Resources
Environmental
Protection Division
Program
Coordination Branch**

Fax

To: Cynthia Sanders **From:** Vanessa O'Cain
Fax: 404-362-2653 **Pages:** 7
Phone: **Date:** November 24, 2008
Re: Draft Integrated Materials Performance **CC:**
Evaluation Program (IMPEP)

Urgent For Review Please Comment Please Reply Please Recycle

• **Comments**