

INTEGRATED MATERIALS PERFORMANCE EVALUATION PROGRAM

QUESTIONNAIRE

Wisconsin

Reporting Period: August 27, 2005 to July 10, 2009

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. GENERAL

1. 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.
N/A, No Recommendations from 2005 IMPEP or 2007 Periodic Meeting.

B. COMMON PERFORMANCE INDICATORS

I. Technical Staffing and Training

2. Please provide the following organization charts, including names and positions:
 - (a) A chart showing positions from Governor down to Radiation Control Program Director;
 - (b) A chart showing positions of current radiation control program including management; and
 - (c) Equivalent charts for sealed source and device evaluation, low-level radioactive waste and uranium recovery programs, if applicable. **N/A**
3. Please provide a staffing plan, or complete a listing using the suggested format below, of the professional (technical) full-time equivalents (FTE) applied to the radioactive materials 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, low-level radioactive waste, uranium recovery, other. If these regulatory responsibilities are divided between offices, the table should be consolidated to include all personnel contributing to the radioactive materials program. Include all vacancies and identify all senior personnel assigned to monitor work of junior

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personnel. If consultants were used to carry out the program's radioactive materials responsibilities, include their efforts. The table heading should be:

<u>Name</u>	<u>Position</u>	<u>Area of Effort</u>	<u>FTE%</u>
Cheryl Rogers	MPS	Supervisory	100
Paul Caleb	NE Sr	Lic. & Insp.	100
Jason Hunt	NE Sr	Lic. & Insp.	30
Dan Stefenel	NE Sr	Training	50
Leola DeKock	NE Sr	Lic. & Insp.	100
Megan Shober	NE Sr	Lic. & Insp.	100
Kurt Pedersen	NE	Lic. & Insp.	50
Diana Sulas	NE	Lic. & Insp.	100
Chris Timmerman	NE	Lic. & Insp.	100
Vacant	NE	Lic. & Insp.	100
Susan Hagstrom	OPA	Admin.	50
Priscilla Sarow	LPPA-B	Admin.	100
Don Hendrikse	NE Sr	D&D/Termination	25

4. 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, as appropriate.
Diana Sulas: BS-Physics, University of Wisconsin
Chris Timmerman: Navy-Nuclear, Navy Nuclear Power School
5. Please list all professional staff who have not yet met the qualification requirements for a license reviewer or materials inspector. For each, list the courses or equivalent training/experience they need and a tentative schedule for completion of these requirements.
Diana Sulas: needs 2 Medical courses. Applications have been submitted for both Brachy/Gamma Knife and Nuclear Medicine.
Chris Timmerman: needs 3 courses. Applications have been submitted for Inspections, Brachy/Gamma Knife and Nuclear Medicine.
Note: Both Diana and Chris also have applications in for IC training.
6. Identify any changes to your qualification and training procedure that occurred during the review period. **N/A**
7. Please identify the technical staff that left your program during the review period.
Michael Welling (left 9/06), Mike Mack (left 5/07), Rashid Salikhdjanov (left 6/08), Sean Matyas (left 1/08), Gary McCranie
8. List any vacant positions in your program, the length of time each position has been vacant, and a brief summary of efforts to fill the vacancy.
One Nuclear Engineer position became vacant in December, 2008 when Jason Hunt transferred to a Radiological Emergency Planning position in the Radiation Protection Section. A second request for exemption from the hiring freeze was submitted in April, 2009. It is currently going through the review process for approval.

9. For Agreement States, does your program have an oversight board or committee which provides direction to the program and is composed of licensees and/or members of the public? If so, please describe the procedures used to avoid any potential conflict of interest. **No oversight board or committee in place.**

II. Status of Materials Inspection Program

10. Please identify individual licensees or categories of licensees the State is inspecting less frequently than called for in NRC's Inspection Manual Chapter (IMC) 2800 and explain the reason for the difference. The list only needs to include the following information: licensee name, license number, your inspection interval, and rationale for the difference. **N/A**
11. Please provide the number of routine inspections of Priority 1, 2, and 3 licensees, as defined in IMC 2800; the number of initial inspections; and the number of increased controls inspections that were completed during the review period.
Routine Inspections: Priority 1, 2 and 3s= 191
Initial Inspections: Priority 1, 2, and 3s= 14
Increased Controls: 27 Wisconsin licensees and 4 Reciprocities
12. Please submit a table, or a computer printout, that identifies inspections of Priority 1, 2, and 3 licensees, increased controls, and initial inspections that were conducted overdue per the applicable guidance. Priority 1, 2, and 3 licensees and initial inspections must be conducted at least as frequently as the inspection intervals established in IMC 2800. Increased controls inspections should be conducted at the intervals established in the Staff Requirements Memorandum for COMSECY-05-0028.

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

- (1) Licensee Name
- (2) License Number
- (3) Priority (IMC 2800)
- (4) Last inspection date or license issuance date, if initial inspection
- (5) Date Due
- (6) Date Performed
- (7) Amount of Time Overdue
- (8) Date inspection findings issued – **not shown on list**

Priority 1, 2, and 3s Conducted Overdue= 10
Initials Conducted Overdue= 2
ICs Conducted Overdue* 0 (Initial inspections started by 6/30/07)

***11 IC Inspections required follow-up visits-final one conducted 8/28/08**
Lists will be available in the Notebook available to the IMPEP Team.

13. Please submit a table or computer printout that identifies any Priority 1, 2, and 3 licensees, increased controls, and initial inspections that are currently overdue, per the applicable guidance. At a minimum, the list should include the same information for each overdue inspection provided for Question 12 plus your action plan for completing the inspection.
Team Industrial Services, RML #079-2005-01, Due 4/01/09, Overdue 13 days, scheduled for 7/21/09
14. Please provide the number of reciprocity licensees that were candidates for inspection per year as described in IMC 1220 and the number of candidate licensee reciprocity inspections that were completed each year during the review period.

Calendar Year 2006		Candidates for Inspection	Inspections Performed
I	66%	3	2
IA	100%	3	3
II	0%	2	0
III	40%	10	4
V	12.5%	8	1

Calendar Year 2007		Candidates for Inspection	Inspections Performed
I	71%	7	5
IA	100%	3	3
II	100%	1	1
III	21%	14	3
V	15%	13	2

Calendar Year 2008		Candidates for Inspection	Inspections Performed
I	50%	4	2
IA	100%	3	3
II	0%	4	0
III	33%	12	4
V	12%	8	1

Calendar Year 2009 (as of 7/10/09)		Candidates for Inspection	Inspections Performed
I	33%	3	1
IA	80%	5	4
II	50%	2	1
III	50%	2	1
V	0%	12	0

III. Technical Quality of Inspections

15. What, if any, changes were made to your written inspection procedures during the reporting period? **RMPP 3.01 was revised 6/11/07 to revise inspection frequencies and remove the option to extend an inspection date for good performance.**
16. Prepare a table showing the number and types of supervisory accompaniments made during the review period. Include:

Inspector	Supervisor	License Category	Date
Rashid Salikhdjanov	Cheryl Rogers	Industrial Radiography	11/03/05
Michael Welling	Cheryl Rogers	Nuclear Pharmacy	12/08/05
Megan Shober	Cheryl Rogers	HDR	12/28/05
Michael Welling	Cheryl Rogers	Broker	02/17/06
Megan Shober	Cheryl Rogers	Medical	08/10/06
Michael Welling	Cheryl Rogers	Increased Controls	08/22/06
Paul Caleb	Cheryl Rogers	Broad Scope	10/16/06
Rashid Salikhdjanov	Cheryl Rogers	Broad Scope-Team Member	10/16/06
Jason Hunt	Cheryl Rogers	Increased Controls-Broad*	12/21/06
Michael Mack	Cheryl Rogers	Industrial Radiography	01/08/07
Leola Dekock	Cheryl Rogers	Pharmacy	01/23/07
Rashid Salikhdjanov	Cheryl Rogers	HDR	03/27-28/07
Sean Matyas	Cheryl Rogers	Portable Gauge	6/10/07
Jason Hunt	Cheryl Rogers	Broad Scope (IC)	06/12/07
Rashid Salikhdjanov	Cheryl Rogers	Pharmacy	06/27/07
Leola DeKock	Cheryl Rogers	Increased Controls*	06/07-6/08
Paul Caleb	Cheryl Rogers	Increased Controls*	7/18/07
Jason Hunt	Cheryl Rogers	Increased Controls	08/13/07
Megan Shober	Cheryl Rogers	Ind. Rad-Office/Field	09/06/07
Kurt Pedersen	Cheryl Rogers	Fixed Gauge	10/04/07
Megan Shober	Cheryl Rogers	Broad Scope	11/20/07
Rashid Salikhdjanov	Cheryl Rogers	Nuclear Pharmacy	03/14/08
Kurt Pedersen	Cheryl Rogers	Ind. Rad-Office/Fixed	05/05/08
Paul Caleb	Cheryl Rogers	Broad Scope	06/18/08
Diana Sulas	Cheryl Rogers	Portable Gauge	08/26/08
Diana Sulas	Cheryl Rogers	Medical	09/02/08
Chris Timmerman	Cheryl Rogers	R & D	09/23/08
Megan Shober	Cheryl Rogers	Medical	09/24/08
Diana Sulas	Cheryl Rogers	Medical/R & D	10/07/08
Jason Hunt	Cheryl Rogers	Broad Scope	10/16/08
Leola Dekock	Cheryl Rogers	Industrial Radiography	11/04/08

Chris Timmerman	Cheryl Rogers Portable Gauge	01/23/09
Diana Sulas	Cheryl Rogers Medical	02/17/09
Jason Hunt	Cheryl Rogers Medical-Human Research	04/09/09
Kurt Pedersen	Cheryl Rogers Broad Scope-Reactive	04/29/09
Chris Timmerman	Cheryl Rogers Medical	05/28/09
Chris Timmerman	Cheryl Rogers Nuclear Pharmacy	07/07/09

*** These inspections were not documented with Accompaniment Inspection Review Checklist. They were conducted as Team Inspections.**

17. 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 throughout the review period?

Calibration: Instruments are calibrated annually by the UW-Madison Radiation Calibration Lab (NVLAP Certified) or RSA Laboratories Inc. or the manufacturer (Thermo-Electron; Ludlum or NDS Products). Sufficient calibrated instruments were available throughout the review period. A list of available instruments will be in the notebook available to the IMPEP Team during the on-site visit.

Wipes: The state Hygiene Lab has developed procedures to count wipes for H-3 and C-14 contamination for the radioactive materials program. A purchase order has been created to pay for the analysis.

Routine Use: The inspectors routinely use a Thermo Electron FH-40 GL (internal gas filled proportional detector). The meter is convenient to use because it can be used for a wide range of radiation measurements (1 uR/hr - 10 R/hr) or with the addition of a pancake GM detector (smart probe), it can be used for contamination surveys.

Several Bicron microrem meters (solid scintillator) are available and used for radiation measurements. These were used by emergency response field teams, but have recently been replaced Victoreen 451B (Ion chamber with a beta slide). We plan to keep 7 meters in calibration to accommodate the current number of field teams.

A Thermo Electron RO-20 Ion Chamber is available for use.

Several Ludlum Model 12s with pancake detector are available. These are used by emergency response field teams.

Five Ludlum 2401 EC are available and used for radiation measurements. These are useful for the industrial applications such as fixed gauges where access may be challenging. In addition these instruments are useful during portable gauge inspection since the instrument is similar or the same instrument being used by the licensee.

A Ludlum 2401-P is available for contamination detection. This instrument is small and portable.

Non-Routine Use: A Ludlum Model 12 with a beta-gamma "sandwich" detector (Model 44-21) is used for I-125 (low energy gamma) contamination surveys.

A Ludlum Model 12 with a 100 cm² dual phosphor alpha/beta scintillator that is used for simultaneously counting alpha and beta contamination is available for use.

A Thermo Electron E-600 with an external Pancake Probe (contamination) and Beta/Gamma 'Hotdog' probe (exposure) is available for use.

A Ludlum Model 78 12 ft. Stretch scope was recently acquired for use with spent reactor or other high activity shipments.

Alarming Ratemeters: Nine different electronic dosimeters are available for use (4 SAIC PD-10i, 2 Thermo Electron Mod. 6100; 1 Canberra Mini-Radiac; and 2 NDS Products RA-500. (The RA-500s made by NDS Products are the same model used by industrial radiographers.)

Incident Response (including scrapyards): We have an Exploranium GR-135 (NaI and CZT) for field identification of radioactive materials. This is typically used for found radioactive materials at scrapyards.

IV. Technical Quality of Licensing Actions

18. How many specific radioactive material licenses does the Program regulate at this time? **330**
19. 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.
WRT—new complex license (Radium removal)
Standard Imaging—new complex license
Collectar: M & D using I-131 submitted
plan to increase the maximum possession limits)
Fond-du-Lac: Radium removal system (will require \$2 million in FA)
20. Identify any licensees or groups of licensees that were issued increased controls during the review period. Those licensees that were initially identified during the initial implementation of increased controls need not be listed.
Standard Imaging, Shaw Pipeline Services and Weldsonix
21. Discuss any variances in licensing policies and procedures or exemptions from the regulations granted during the review period.

Variances have been issued to a broad scope and medical licensees to allow use of initials on Written Directives, use of a password to access the HDR control panel, and electronic approval of Written Directives. (This may be an issue if licensees begin to rely solely on electronic methods of maintaining patient records.)

22. What, if any, changes were made in your written licensing procedures (new procedures, updates, policy memoranda, etc.) during the reporting period? **N/A**
23. Identify by licensee name and license number any renewal applications that have been pending for one year or more. Please indicate why these reviews have been delayed and describe your action plan to reduce the backlog.
**2006-Seaman Nuclear exceeded one year to process the Renewal.
2007-H. H. Holmes slightly exceeded one year. This renewal was initially reviewed by Sean Matyas (who left the Program) and then handed off to another staff member. There were some communication problems between our staff person and the licensee's consultant as English was the second language for both individuals. No current Renewals exceed one year.**

V. Technical Quality of Incident and Allegation Activities

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

<u>Licensee Name</u>	<u>License #</u>	<u>Date of Incident/Report</u>	<u>Type of Incident</u>
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Wheaton Franciscan St. Joseph Hospital is under investigation for a probable medical event.

25. 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.
**Event type=Equipment: 3 cases
Event type=Leaking source: 5 cases
One incident involved inadequate procedures (Sm-153 dose determination), WI080005.
Short form reports are in the notebook which will be provided during the IMPEP review.**

All reportable events were submitted to NRC Operations, (except those with a 30 day notification requirement.) The events were reviewed but did not appear to be broader issues that would be applicable to other State/NRC licensees. The Sm-153 dose determination issue was addressed in Wisconsin by sending out an Information Notice and attaching NRC IN 2002-19.

26. Identify any changes to your procedures for responding to incidents and allegations that occurred during the period of this review.
One new procedure issued, RMPP 4.03 Scrap Yard Incident Response.

C. NON-COMMON PERFORMANCE INDICATORS

I. Compatibility Requirements

27. Please list all currently effective legislation that affects the radiation control program. Denote any legislation that was enacted or amended during the review period.

**Wisconsin Statutes
Chapter 254—Environmental Health
Subchapter III—Radiation Protection
Sections—254.31 through 254.45**

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

No

29. Please review and verify that the information in the enclosed State Regulation Status (SRS) 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.

There are two corrections needed:

RATS ID 2001-1: "Outgoing Package" column should read 8/31/06

RATS ID 2004-1: "Outgoing Package" column should read 3/13/2007

Wisconsin will not incorporate RATS ID 2007-4 until the NRC issues the Final Rule for Increased Controls & Fingerprinting. These are being addressed through license conditions.

National Source Tracking System requirements (RATS ID 2006-3) were addressed via a license condition on Increased Control licensees. We are currently adding to the Wisconsin Rule.

30. 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. **N/A**

II. Sealed Source and Device (SS&D) Evaluation Program **N/A**

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

<u>SS&D Registry Number</u>	<u>Manufacturer, Distributor or Custom User</u>	<u>Product Type or Use</u>	<u>Date Issued</u>	<u>Type of Action</u>
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32. Please include information on the following questions in Section A, as they apply to the SS&D Program:

Technical Staffing and Training - Questions 2-9
Technical Quality of Licensing Actions - Questions 18-23
Technical Quality of Incident and Allegation Activities - Questions 24-26

III. Low-Level Radioactive Waste Disposal Program **N/A**

33. 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 2-9
Status of Materials Inspection Program - Questions 10-14
Technical Quality of Inspections - Questions 15-17
Technical Quality of Licensing Actions - Questions 18-23
Technical Quality of Incident and Allegation Activities - Questions 24-26

IV. Uranium Recovery Program **N/A**

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

Technical Staffing and Training - Questions 2-9
Status of Materials Inspection Program - Questions 10-14
Technical Quality of Inspections - Questions 15-17
Technical Quality of Licensing Actions - Questions 18-23
Technical Quality of Incident and Allegation Activities - Questions 24-26

MATERIALS REQUESTED TO BE AVAILABLE FOR THE ON-SITE PORTION OF AN IMPEP REVIEW

Please have the following information available for use by the IMPEP review team when they arrive at your office:

- List of open license cases, with date of original request, and dates of followup actions.
- List of licenses terminated during review period.
- Copy of current log or other document used to track licensing actions.
- List of all licensing actions completed during the review period (sorted by license reviewer, if possible).
- Copy of current log or other document used to track inspections.
- List of all inspections completed during the review period (sorted by inspector, if possible).
- List of inspection frequencies by license type.
- List of all allegations occurring during the review period. Show whether the allegation is open or closed and whether it was referred by NRC.

ALSO, PLEASE HAVE THE FOLLOWING DOCUMENTS AVAILABLE:

- All State regulations
- Statutes affecting the regulatory authority of the State program
- Standard license conditions
- Technical procedures for licensing, model licenses, review guides
- SS&D review procedures, guides, and standards
- Instrument calibration records
- Inspection procedures and guides
- Inspection report forms
- Documented training plan, if applicable
- Records of results of supervisory accompaniments of inspectors
- Emergency plan and communications list
- Procedures for investigating allegations
- Procedures for investigating incidents
- Enforcement procedures, including procedures for escalated enforcement, severity levels, civil penalties (as applicable)
- Job descriptions