~~Approved by OMB~~[1]
~~No. 3150-0183~~
~~Expires 08/31/2010~~

INTEGRATED MATERIALS PERFORMANCE EVALUATION PROGRAM

QUESTIONNAIRE

Name of State/Regional Program
Reporting Period: Month XX, [YEAR], to Month XX, [YEAR]

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 each of the ~~comments and~~ open recommendations ~~following the last~~ from previous IMPEP reviews.

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 the Governor down to the Radiation Control Program Director;

   (b) A chart showing positions of ~~current~~ the 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.

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~~

[1] Estimated burden per response to comply with this voluntary collection request: 53 hours. Forward comments regarding burden estimate to the Records Management Branch (T-5 F52), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, and to the Paperwork Reduction Project (3150-0183), Office of Management and Budget, Washington, DC 20503. If an information collection does not display a currently valid OMB control number, NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

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

Name	Position	Area of Effort	FTE%

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

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.

6. Identify any changes to your qualification and training procedure that occurred during the review period.

7. Please identify the technical staff that left your program during the review period and indicate the date they left.

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.

9. Please indicate if your program was affected by any hiring freezes or travel restrictions during the review period. Include the duration of the freezes and restricitions.

~~9~~10. 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.

II. Status of Materials Inspection Program

1~~0~~1. 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: license category or licensee name~~,~~ and license number, your inspection interval, and rationale for the difference.

1~~1~~2. Please provide the number of ~~routine~~ inspections of Priority 1, 2, and 3 licensees, as defined in IMC 2800~~;~~, and the number of initial inspections~~; and the number of increased controls inspections that~~ were completed during each year of the review period.

1~~2~~3. 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

1~~3~~4. 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. Also include your plan for completing the overdue inspections.

1~~4~~5. Please provide the number of reciprocity licensees that were candidates for inspection per year as described in IMC 1220 and indicate the number of ~~candidate licensee~~ reciprocity inspections of candidate licensees that were completed each year during the review period.

III. Technical Quality of Inspections

1~~5~~6. What, if any, changes were made to your written inspection procedures during the reporting period?

1~~6~~7. Prepare a table showing the number and types of supervisory accompaniments made during the review period. Include:

Inspector	Supervisor	License Category	Date

1~~7~~8. 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?

IV. Technical Quality of Licensing Actions

1~~8~~9. How many specific radioactive material licenses does the Program regulate at this time?

~~19~~20. 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.

~~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.~~

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

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

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.

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:

Licensee Name	License #	Date of Incident/Report	Type of Incident

~~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.~~

2~~6~~5. Identify any changes to your procedures for responding to incidents and allegations that occurred during the period of this review.

C. NON-COMMON PERFORMANCE INDICATORS

I. Compatibility Requirements

2~~7~~6. Please list all currently effective legislation that affects the radiation control program. Denote any legislation that was enacted or amended during the review period.

2~~8~~7. Are your regulations subject to a "Sunset" or equivalent law? If so, explain and include the next expiration date for your regulations.

2~~9~~8. 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 and they have not been reviewed by NRC for compatibility, please describe their use.

~~30~~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.

II. Sealed Source and Device (SS&D) Evaluation Program

3~~1~~0. Prepare a table listing new and amended (including transfers to inactive status) SS&D registrations of sources and devices issued during the review period. The table heading should be:

SS&D Registry Number	Manufacturer, Distributor or Custom User	Product Type or Use	Date Issued	Type of Action

3~~2~~1. 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 1~~8~~9-23
Technical Quality of Incident and Allegation Activities - Questions 24-2~~6~~5

III. Low-Level Radioactive Waste Disposal Program

3~~3~~2. 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~~10
Status of Materials Inspection Program - Questions 1~~0~~1-14
Technical Quality of Inspections - Questions 1~~5~~6-1~~7~~8
Technical Quality of Licensing Actions - Questions 1~~8~~9-23

Technical Quality of Incident and Allegation Activities - Questions 24-2~~6~~5

IV. Uranium Recovery Program

3~~4~~3. 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~~10
Status of Materials Inspection Program - Questions 1~~0~~1-14
Technical Quality of Inspections - Questions 1~~5~~6-1~~7~~8
Technical Quality of Licensing Actions - Questions 1~~8~~9-23
Technical Quality of Incident and Allegation Activities - Questions 24-2~~6~~5

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.
- ◻ List of all licenses that are subject to additional security measures, such as NRC Orders, Title 10 Code of Federal Regulations (CFR) Part 37, or equivalent Agreement State regulations or requirements.
- ◻ List of all pre-licensing visits performed during the review period.

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