

**PRE-INSPECTION COVER SHEET AND INSPECTION PLAN**

*Amr*  
11/9

**INSPECTORS:**

Lead: Ron Rolph  
Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FACILITY: Calvert Cliffs  
REPORT NO: 50-317 / 2010-005 & 50-318 / 2010-005  
INSP DATES: 12/6-10/2010  
DRP INSP END DATE:\* 12/31/2010

**\*If feeder, include resident inspection period end date.**

**Check One:**

Feeder  DRS  Team \_\_\_\_\_

**Type of Inspection: (Check One)**

PIR \_\_\_\_\_ Supplemental \_\_\_\_\_ SSDI \_\_\_\_\_ Exams \_\_\_\_\_  
Re-Qual (Feeders) \_\_\_\_\_ EP Exercise \_\_\_\_\_ EP Program \_\_\_\_\_ OSRE \_\_\_\_\_  
SPA \_\_\_\_\_ Baseline

**INSPECTION PLAN (ATTACHED OR SUMMARIZED BELOW):** see attached

ATTACHED

**INSPECTION PROCEDURE DATA**

Procedure-Occ. Nos	IPE Code	Title of Procedure	In RPS/IP (Y/N)
71124 - 01	BI	Hazzard Assessment	Y
71124 - 02	BI	ALARA Planning and Controls	Y
60855	BI	Operation of an ISFSI	Y
TI 2515/179	TI	Verification of NSTS	Y

**IFS ITEMS ASSIGNED FOR REVIEW**

Procedure-Occ. Nos	IPE Code	IFS Number	Brief Description
None -	_____	_____	_____
-	_____	_____	_____
-	_____	_____	_____

**ALLEGATIONS ASSIGNED FOR REVIEW**

Procedure-Occ. Nos	IPE Code	ALG -Number	Brief Description
-	AF	_____	_____
None -	AF	_____	_____
-	AF	_____	_____

**PROJECTS COORDINATION:** Date Discussed with DRP Branch Chief: \_\_\_\_\_

COORDINATED: *[Signature]* (DRP)      ACKNOWLEDGED: \_\_\_\_\_ (Accomp. Insp. Super.)      APPROVED: *[Signature]* (Inspector's Supervisor)

**ARRANGEMENTS:**

Hotel: Spring Hill Suites  
Contact: \_\_\_\_\_

Phone: 1-443-968-3000  
Phone: \_\_\_\_\_

Radiological Hazard Assessment and Exposure Controls  
71124.01  
Inspection Plan

- 1) Review any reports of operational occurrences related to occupational radiation safety. (2.01)
- 2) Determine if there have been changes to plant operations that could result in significant radiological hazards and verify that the site has evaluated the potential impact. (2.02 a.)
- 3) Review the last two surveys from three to six plant areas.(2.02 b.)
- 4) Conduct walk-downs of the facility. (2.02 c.)
- 5) Verify that appropriate pre-work surveys were performed for three to five radiologically risk significant work activities. (2.02 d.)
- 6) Verify three to five air sample surveys were collected and analyzed in accordance with licensee procedures. (2.02 e.)
- 7) Verify that the licensee has established a means to inform workers of changes that could significantly impact their occupational dose. (2.03 d.)
- 8) Review licensee procedures for the survey and release of material from the RCA. (2.04 a.)
- 9) Verify release surveys are performed in accordance with licensee procedures. (2.04 a.)
- 10) Verify that the radiation detection instrumentation is used at its typical sensitivity level. (2.04 c.)
- 11) Verify dosimetry placement is appropriate. (2.05 c. & d.)
- 12) Evaluate airborne radioactive controls and monitoring. (2.05 e.)

Operation of an Independent Spent Fuel Storage Installation  
Inspection Plan

Site: Calvert Cliffs

Dates: 12/6-10/2010

- 1) Evaluate the effectiveness of the licensee's plans and preparations for controlling radiological activities.
- 2) Review surveys, air sample records, RWP's, and ALARA Reviews.
- 3) Interview personnel.
- 4) Observe, if available, the installation of a DCSS at the ISFSI and verify the radiation dose rates and contamination levels are within limits.