

April 29, 2011

Paul Halverson, DrPH, MHSA
Director of Health and State Public Health Officer
Arkansas Department of Health
4815 West Markham, Slot 39
Little Rock, AR 72205

Dear Dr. Halverson:

The U.S. Nuclear Regulatory Commission (NRC) uses the Integrated Materials Performance Evaluation Program (IMPEP) in the evaluation of Agreement State programs. Enclosed for your review is the draft IMPEP report that documents the results of the follow-up review of the Arkansas Agreement State Program that took place April 5-8, 2011. I was the team leader for the Arkansas review. The review team's preliminary findings were discussed with Dr. Nathaniel Smith and Arkansas Radiation Control Section staff on April 8, 2011.

This follow-up review was conducted to evaluate your State's response to recommendations from the 2009 IMPEP review. The review team's preliminary findings with respect to the indicators "Technical Staffing and Training" and "Status of Materials Inspection Program" are satisfactory. The review team is making a preliminary finding of satisfactory, but needs improvement, for the indicator "Technical Quality of Licensing Actions." The State has made progress in these three performance indicators by hiring and retaining staff, eliminating overdue inspections, and working on the licensing renewal backlog however, the review team believes that additional time and actions are necessary before the Agency reaches and sustains a level of satisfactory performance.

The review team is recommending that the period of Heightened Oversight of the Arkansas Agreement State Program be discontinued and that a period of Monitoring be instituted. The review team is also recommending that a periodic meeting be held approximately 18 months after this follow-up IMPEP to review the progress Arkansas has made in the areas that need improvement.

Overall, the review team is recommending that the Arkansas Agreement State Program be found "adequate to protect public health and safety, but needs improvement," and "compatible with NRC's program." The final determination of adequacy and compatibility of each Agreement State program is made by a Management Review Board (MRB) composed of NRC managers and an Agreement State program manager who serves as a liaison to the MRB.

In accordance with procedures for implementation of IMPEP, we are providing you with a copy of the review team's draft report for your review and comment prior to submitting the report to the MRB. Comments are requested within 4 weeks from your receipt of this letter. This schedule will permit the issuance of the final report in a timely manner that will be responsive to your needs.

The team will review the response, make any necessary changes to the report and issue it to the MRB as a proposed final report. The Arkansas MRB meeting is scheduled for June 20, 2011 from 1p.m. – 3p.m. (EDT). NRC will provide invitational travel for you or your designee to attend the MRB meeting at NRC Headquarters in Rockville, Maryland. NRC has videoconferencing capability if it is more convenient for the State to participate through this medium. Please contact me if you desire to establish a videoconference for the meeting.

If you have any questions regarding the enclosed report, please contact me at (610) 337-5214. Thank you for your cooperation.

Sincerely,

/RA/

Monica L. Orendi
Regional State Agreements Officer
Division of Nuclear Materials Safety
USNRC-Region I

Enclosure:
Arkansas Draft Follow-up IMPEP Report

cc w/encl.: Renee Mallory, RN, Chief
Arkansas Health Systems Licensing
and Regulation Branch

Bernard Bevill, Chief
Arkansas Radiation Control Section

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DATE	04/29/11	



INTEGRATED MATERIALS PERFORMANCE EVALUATION PROGRAM
FOLLOW-UP REVIEW OF THE ARKANSAS AGREEMENT STATE PROGRAM

April 5-8, 2011

DRAFT REPORT

Enclosure

EXECUTIVE SUMMARY

This report presents the results of the follow-up IMPEP review of the Arkansas Agreement State Program. The review was conducted during the period of April 5-8, 2010, by a review team composed of technical staff members from the U.S. Nuclear Regulatory Commission (NRC) and the State of Ohio.

Based on the results of this review, the review team is recommending that Arkansas' performance be found satisfactory for the indicators Technical Staffing and Training and Status of Materials Inspection Program; and satisfactory, but needs improvement, for the indicator Technical Quality of Licensing Actions. The review team made two recommendations regarding the performance of the Arkansas Agreement State Program. The review team recommends that the State develop and implement an action plan for the completion of the review of all license renewals which are backlogged for more than one year. The review team recommends that the State develop and implement a method for tracking the status of license action reviews to ensure timely completion.

Accordingly, the review team recommends that the Arkansas Agreement State Program continue to be found adequate to protect public health and safety, but needs improvement, and compatible with NRC's program. The review team is recommending that the period of Heightened Oversight of the Arkansas Agreement State Program be discontinued. However, the review team believes that additional time is necessary in order to be able to evaluate a sustained period of performance by the State and therefore recommends that the State be placed on Monitoring.

Based on the results of the review, the review team is recommending that a periodic meeting take place in approximately 18 months and the next full IMPEP review take place in approximately four years from the date of the previous full IMPEP review.

1.0 INTRODUCTION

This report presents the results of the follow-up review of the Arkansas Agreement State Program, conducted April 5-8, 2011. The follow-up review was conducted by a review team composed of technical staff members from the U.S. Nuclear Regulatory Commission (NRC) and the State of Ohio. Review team members are identified in Appendix A. The follow-up review was conducted in accordance with NRC Management Directive 5.6, "Integrated Materials Performance Evaluation Program (IMPEP)," dated February 26, 2004. Preliminary results of the follow-up review, which covered the period of October 31, 2009 to April 8, 2011, were discussed with Arkansas managers on the last day of the review.

[A paragraph on the results of the MRB meeting will be included in the final report.]

The day-to-day operations of the Arkansas Agreement State Program are administered by the Radioactive Materials Program (the Program). The Program is one of three programs in the Radiation Control Section (the Section), which is part of the Health Systems Licensing and Regulation Branch (the Branch). The Branch is part of the Center for Health Protection within the Arkansas Department of Health (the Department). Organization charts for the State, the Department, and the Section are included as Appendix B.

At the time of the review, the Arkansas Agreement State Program regulated 219 specific licenses authorizing byproduct, source, and certain special nuclear materials. The review focused on the radioactive materials program as it is carried out under the Section 274b. (of the Atomic Energy Act of 1954, as amended) Agreement between NRC and the State of Arkansas.

On January 14, 2010, the Management Review Board (MRB) found the Arkansas Program adequate to protect public health and safety, but needs improvement, and compatible with the U.S. Nuclear Regulatory Commission's (NRC's) program. Because of the significance of the findings, the MRB decided to extend the period of Heightened Oversight of the Arkansas Agreement State Program. The MRB requested that a follow-up review take place approximately 18 months from the date of the October 2009 review.

As part of the Heightened Oversight process, NRC conducted quarterly conference calls with the Program to discuss Arkansas' progress in implementing the Program Improvement Plan (the Plan). The Agency submitted the Plan on March 11, 2010 and NRC approved the Plan on March 22, 2010. In lieu of the first quarterly call, an informal meeting with the Program was held on April 20, 2010 in conjunction with the 2010 Conference of Radiation Control Program Director's Annual Meeting. Quarterly conference calls were then held on July 19, 2010; October 20, 2010; and January 20, 2011. A listing of correspondence and summaries from the quarterly calls is included as Appendix C. Arkansas' actions and their status, as documented in the Plan and subsequent status updates, were reviewed in preparation for this follow-up review

The follow-up review focused on the State's performance in regard to the common performance indicators: Technical Staffing and Training, Status of Materials Inspection Program, and Technical Quality of Licensing Actions. The follow-up review also included evaluation of the actions taken by the State to address the recommendations made during the 2009 IMPEP review. Other aspects of the program not fully evaluated as part of the follow-up review were

discussed at a periodic meeting held in conjunction with the follow-up review. The periodic meeting summary is included as Appendix D.

In preparation for the follow-up review, a questionnaire addressing the applicable performance indicators was sent to the Program on January 12, 2011. The Program provided responses to the questionnaire on March 17, 2011. A copy of the questionnaire responses can be found in NRC's Agencywide Documents Access and Management System (ADAMS) using the Accession Number ML110810029.

The review team's general approach for conduct of this follow-up review consisted of: (1) examination of Arkansas' response to the questionnaire; (2) review of the Heightened Oversight information, including status reports; (3) review of applicable Arkansas statutes and regulations; (4) analysis of quantitative information from the Program's licensing database; (5) technical evaluation of selected regulatory actions; and, (6) interviews with staff and managers. The review team evaluated the information gathered against the IMPEP performance criteria for the three common performance indicators and made a preliminary assessment of the Agreement State Program's performance.

Results of the review of three common performance indicators are presented in Section 2.0. Section 3.0 summarizes the follow-up review team's findings and the open recommendations.

2.0 COMMON PERFORMANCE INDICATORS

The follow-up review addressed three of the five common performance indicators used to review NRC Regional and Agreement State radioactive materials programs. The indicators that were reviewed during the follow-up review were: (1) Technical Staffing and Training, (2) Status of Materials Inspection Program, and (3) Technical Quality of Licensing Actions.

2.1 Technical Staffing and Training

During the follow-up review, the review team evaluated actions taken by the Program in response to the finding of unsatisfactory made during the 2009 IMPEP review, as well as the status of the staffing and training of the Program.

Issues central to the evaluation of this indicator include the Program's staffing level and staff turnover, as well as the technical qualifications and training histories of the staff. To evaluate these issues, the review team examined the Program's questionnaire responses relative to this indicator; interviewed managers and staff, reviewed job descriptions and training records, and considered any possible workload backlogs.

The Program, when fully staffed, consists of the Program Manager, six Health Physicists, and one administrative staff member; and at the time of the review the Program was fully staffed. The Health Physicists perform licensing, inspection, and incident response duties, as well as emergency response duties at the nuclear power plant in the State. The Program also has two part-time consultants for licensing actions and special projects. During the 18 month review period, one individual left the program and one individual was hired to fill the vacancy. With the exception of the newest staff member, all others in the Program had a minimum of 2.5 years of experience with the longest having been with the Program for 18 years. All staff members have

a minimum of a bachelor's degree in science or equivalent work experience. The review team determined that the number of staff in the Program are sufficient based on the Program's current and projected workloads.

The Program has a documented training plan for technical staff that is consistent with the requirements in the NRC/Organization of Agreement States Training Working Group Report and NRC's Inspection Manual Chapter (IMC) 1246, "Formal Qualification Programs in the Nuclear Material Safety and Safeguards Program Area." The Program uses on-the-job training, such as inspector accompaniments, to supplement formal coursework. Staff members are typically assigned increasingly complex duties as they progress through the qualification process. Staff members are authorized to perform regulatory duties independently after demonstrating competency. The review team noted that Program managers encourage and support training opportunities, based on program needs.

The review team's evaluation of the Program's responses to Recommendations 1 and 2 of the 2009 IMPEP report is presented below:

Recommendation 1:

The review team recommends that the State take additional actions, such as increasing salary and/or benefits, to stabilize staffing and ensure successful program implementation. (Section 3.1 of the 2009 IMPEP report)

Current Status:

In an effort to address the high staff turnover rate experienced by the Program in recent years, management increased starting salaries and introduced flexible work hours, resulting in a better work-life balance. They have also modified management of the Program to give the staff more ownership of the process. Staff members are now part of the decision making process, are involved in the development of processes and procedures, and are involved in workload distribution. Overall management has responded in a positive manner to the issues facing the Program. This recommendation is closed.

Recommendation 2:

The review team recommends that the State update its existing procedures and develop new procedures, if necessary, to institutionalize the policies and practices of the Agreement State program and to serve as a knowledge management tool. (Section 3.1 of the 2009 IMPEP report)

Current Status:

The Program reviewed existing procedures to ensure they were current and accurately reflected any changes to the manner in which they conduct business. This review found that several of their existing procedures needed to be updated. The Program also noted that due to recent NRC operational changes, additional procedures needed to be developed to meet these changes. In response, the staff updated existing procedures and developed new procedures

where needed. They then provided staff training on the procedures to ensure they had a common understanding. This recommendation is closed.

Based on the IMPEP evaluation criteria, the review team recommends that Arkansas' performance with respect to the indicator, Technical Staffing and Training, be found satisfactory.

2.2 Status of Materials Inspection Program

During the follow-up review, the review team evaluated actions taken by the Program in response to the finding of satisfactory, but needs improvement made during the 2009 IMPEP review, as well as the status of the inspections performed since the 2009 IMPEP review and the current status of due and overdue inspections.

The review team evaluated the timeliness of inspections performed since the last review period, the current and projected backlog of overdue inspections, and the timeliness of communication of inspection findings to licensees. The team reviewed data provided by the Program from their inspection tracking system to determine the timeliness of inspections, and reviewed inspection files to determine the date of the issuance of inspection findings to licensees relative to the date of inspection.

During the review period, the Program conducted a total of 43 routine inspections of high priority (Priority 1, 2, and 3) licensees. Of these 43 inspections, the review team identified 1 inspection that was conducted overdue by more than 25 percent of the inspection frequency prescribed by Inspection Manual Chapter (IMC) 2800. The review team did not identify any inspections that were overdue at the time of the review. The review team also evaluated the Program's timeliness for conducting initial inspections. The review team noted that the Program conducted one initial inspection during the review period, which was conducted within 12 months after license issuance, as required by IMC 2800. The review team verified that there were no overdue initial inspections at the time of the review. Overall, the review team calculated that the Program performed two percent of all Priority 1, 2, and 3 and initial inspections overdue during the review period.

The review team evaluated the Program's timeliness of issuance of inspection findings. The Program has a goal of completing inspection reports within 30 days of the final date of the inspection. The Program dispatches all inspection findings from the office via letter. Of the 43 inspection findings letters reviewed by the team, four were issued beyond the 30-day goal. The letters were issued anywhere between two and 35 days beyond the 30-day goal. In all cases, the licensees were made aware of the inspectors' preliminary findings during the exit meetings.

During the review period, the Program granted 25 reciprocity licenses that were candidates for inspection based upon the criteria in IMC 1220, "Processing of NRC Form 241 and Inspection of Agreement State Licensees Operating under 10 CFR 150.20." IMC 1220 requires on-site inspection of 20 percent of candidate licensees operating under reciprocity. The review team determined that the Program inspected 14 (56 percent) of the candidate reciprocity licensees during the review period.

The review team evaluated the Program's prioritization methodology and found it acceptable. Subsequent inspections of Increased Controls licensees evaluated the pertinent aspects of the security measures.

Based on the IMPEP evaluation criteria, the review team recommends that Arkansas' performance with respect to the indicator, Status of Materials Inspection Program, be found satisfactory.

2.3 Technical Quality of Licensing Actions

During the follow-up review, the review team evaluated actions taken by the Program in response to the finding of satisfactory, but needs improvement made during the 2009 IMPEP review, as well as for new licensing actions completed since that review. The State currently regulates 219 licensees. Licensing actions are all entered into a database by program staff upon receipt. Other than for new applications, there is no structured process for the assignment of license actions to Program staff for primary or secondary review.

During the review period, the State processed over 290 licensing actions, which included eight new applications, 44 renewals, 14 expiration date extension amendments, and 22 terminations. The review team evaluated a cross-section sampling of these licensing actions which included work by all license reviewers on staff at the time of the follow-up review. The 20 licensing actions reviewed included many of the State's major license types as defined by the State as follows: academic broad scope; medical and academic institutions; medical private practice; portable gauge; veterinary; and industrial radiography. A list of the licenses reviewed, with case-specific comments, can be found in Appendix E.

The licensing actions selected for review included one new application, eight renewals, one termination, five expiration date extension amendments, and five other amendments. Casework was evaluated for timeliness; adherence to good radiation safety practices; references to appropriate regulations; tie-down conditions, markings, and overall technical quality; documentation of safety evaluation reports, product certifications or other supporting documents; pre-licensing visits; peer or supervisory review, as indicated; and proper signature authority. There were very few errors noted in the casework reviewed and these were limited to administrative items and not with review of health and safety or regulatory requirements.

The review team examined the Program's licensing practices in regard to the Increased Controls and Fingerprinting Orders and noted that the Program routinely reviews license actions and adds the legally binding license conditions as appropriate. The review team evaluated the Program's handling and storing of sensitive documents and determined that they were appropriately maintained and secured in a locked file cabinet, segregated from publicly available information. The review team found that the Program appropriately marks documents identifying them as containing sensitive information, with the exception of the actual license documents issued to licensees subject to Increased Controls. The review team informed the Program that these licenses should also be marked as they contain sensitive information in the form of the quantities of radioactive materials subject to Increased Controls listed on the license. The Program committed to begin marking license documents on applicable future actions and to issue amended licenses with the appropriate markings to those licensees currently subject to Increased Controls.

The Program has made significant changes in their license review process, including the revision of existing procedures, development of new procedures, introduction of a peer review system for license actions, and a change to a seven-year licensing period. The staff generally responds to new applications and amendment requests in a timely manner and there was no backlog of amendments or new applications at the time of the follow-up review. The program has completed more than 40 of the 86 renewals which were identified during the 2009 IMPEP review as having been backlogged for more than one year. However, as of the date of this review, the program has more than 75 renewals (over 35% of existing licenses) that have been in-house for more than one year. This continued backlog is due, in part, to a comparable number of new renewals being received as those backlogged renewals which were completed during this period. The review team recommends that the State develop and implement an action plan for the completion of the review of all license renewals which are backlogged for more than one year.

The staff is currently in the process of reviewing 31 of the 75 backlogged renewals. However, the review team noted that the Program does not have a formal process for tracking licensing renewals and other licensing actions from assignment through completion, which could have an adverse affect on the timely completion of other licensing actions received by the Program as the staff works to complete the renewal backlog. The review team recommends that the State develop and implement a method for tracking the status of license action reviews to ensure timely completion.

Based on the Program's actions described above and the information presented below, the review team is closing the two recommendations from previous reviews regarding the reduction of previously identified renewal backlog and terminated license procedure development. However, as stated above, the review team is issuing two new recommendations regarding the continued efforts needed to complete all license renewals that are backlogged for more than one year.

The review team's evaluation of the State's responses to Recommendations 3 and 4 of the 2009 IMPEP report is presented below:

Recommendation 3:

The review team recommends that Department management develop and implement an action plan to reduce the licensing renewal backlog. (Section 3.4 of the 2006 and 2009 IMPEP Report)

Current Status:

The State developed a plan which reduced the number of the backlogged license renewals identified during the 2009 IMPEP review by the completion of 44 of those renewals. This recommendation is closed.

Recommendation 4:

The review team recommends that the State develop and implement a license termination procedure to ensure consistent and acceptable quality of information requests and documentation. (Section 3.4 of the 2006 and 2009 IMPEP Report)

Current Status:

The State did develop a license termination procedure as recommended, and reviewed other procedures to ensure they were accurate and consistent with current methods. This recommendation is closed.

Based on the IMPEP evaluation criteria, the review team recommends that Arkansas' performance with respect to the indicator, Technical Quality of Licensing Actions, be found satisfactory, but needs improvement.

3.0 SUMMARY

The review team found Arkansas' performance to be satisfactory for the indicators Technical Staffing and Training and Status of Materials Inspection Program; and satisfactory, but needs improvement, for the indicator Technical Quality of Licensing Actions.

Accordingly, the review team recommends that the Arkansas Agreement State Program continue to be found adequate to protect public health and safety, but needs improvement, and compatible with NRC's program. The review team recommends that the period of Heightened Oversight of the Arkansas Agreement State Program be discontinued. However, the review team believes that additional time is necessary in order to be able to evaluate a sustained period of performance by the State and therefore recommends that the State be placed on Monitoring.

Based on the results of the review, the review team recommends that a periodic meeting take place in approximately 18 months and the next full IMPEP review take place in approximately four years from the date of the previous full IMPEP review.

Below are the recommendations, as mentioned in Section 2.3, for evaluation and implementation by the State:

RECOMMENDATIONS

1. The review team recommends that the State develop and implement an action plan for the completion of the review of all license renewals which are backlogged for more than one year.
2. The review team recommends that the State develop and implement a method for tracking the status of license action reviews to ensure timely completion.

LIST OF APPENDIXES

Appendix A	IMPEP Review Team Members
Appendix B	Arkansas Organization Charts
Appendix C	Heightened Oversight Program Correspondence
Appendix D	Periodic Meeting Summary
Appendix E	License Casework Reviews

APPENDIX A

IMPEP REVIEW TEAM MEMBERS

Name	Area of Responsibility
Monica Orendi, Region I	Team Leader Status of Materials Inspection Program Periodic Meeting
Randy Erickson, Region IV	Technical Staffing and Training Periodic Meeting
Stephen James, Ohio	Technical Quality of Licensing Actions

APPENDIX B

ARKANSAS ORGANIZATION CHARTS

ADAMS ACCESSION NO.: ML110810034

APPENDIX C

HEIGHTENED OVERSIGHT PROGRAM CORRESPONDENCE

Summaries of Quarterly Conference Calls:

- 1 July 19, 2010 Summary (ML102230529)
- 2 October 20, 2011 Summary (ML103000244)
- 3 January 20, 2011 Summary (ML110480546)

Letters from/to Arkansas:

1. February 12, 2010 Letter to P. Halverson, DrPH, MHSA from M. J. Virgilio – Arkansas Final IMPEP Report (ML100200435)
2. March 11, 2010 Letter to M. J. Virgilio from C. McGrew – Response to Final IMPEP Report, including Program Improvement Plan (ML100740281)
3. March 22, 2010 Letter to C. McGrew from R. Lewis – Acknowledgement of Response to AR 2009 Final IMPEP Report (ML100760131)

APPENDIX D

PERIODIC MEETING SUMMARY

A periodic meeting was held with the Branch Chief, Section Chief, and Program Supervisor by Monica Orendi, Team Leader, and Randy Erickson, Team Member and Regional State Agreements Officer, during the follow-up IMPEP review pursuant to the Office of Federal and State Materials and Environmental Management Programs (FSME) Procedure SA-116, "Periodic Meetings between IMPEP Reviews." Topics normally documented during periodic meetings that were reviewed and documented as part of the follow-up IMPEP review will not be discussed in this Appendix. The following topics were discussed:

1. Status of Recommendations from Previous IMPEP Reviews

See Section 2.0 for details on the status of recommendations identified during previous IMPEP reviews.

2. Strengths and/or weaknesses of the State program as identified by the State including identification of actions that could diminish weaknesses.

In the past several years the Arkansas Radiation Control Program (the Program) has lost many staff members, however, they have been able to hire new staff to fill those vacancies and have recently seen Program success and stability arise from the new staff which is a strength of the Program. Experienced staff have a broad knowledge base both technically and historically. Overall, all staff whether new to the job or seasoned, are eager and have a sense of commitment with regards to their jobs. Management support for the Program is found at all levels of management.

The Program noted two weaknesses. The first weakness mentioned was that due to the previous mentioned staff turnover, the Program only has two fully qualified individuals and the newer staff are still working on getting trained and becoming fully qualified. The newer staff are still growing and are currently struggling with performance based inspections due to their inexperience. As these staff continue to complete training and experience inspections with experienced instructors this weakness will no longer be an issue.

3. Feedback on NRC's program as identified by the State and including identification of any action that should be considered by NRC.

The Program welcomed the NRC funding of training. The Program requested additional courses of H-401 Nuclear Pharmacy be offered in the future. The Program is very appreciative of the help they have received from NRC and in particular the staff of NRC's Region III and IV offices. The Program suggested that NRC look at a way to make NSTS more user friendly for those licensees who only use the system at a maximum of once a year. NSTS becomes very cumbersome to use for these licensees when they are required to re-certify each time they use the system.

4. Status of State Program Including:

a. Staffing and Training:

See Section 2.1 for details on this indicator and the status of recommendations identified during previous IMPEP reviews.

b. Materials Inspection Program:

See Section 2.2 for details on the status of this indicator.

c. Technical Quality of Inspection

The Program's inspection frequencies are at least as frequent as NRC's. There are no overdue inspections with respect to NRC inspection frequencies. The Program maintains a database to monitor inspection scheduling and tracking. Currently the Program does not have a form equivalent to NRC's form 591; however they may look at using something like this in the future.

d. Technical Quality of Licensing:

See Section 2.3 for details on the status of this indicator and recommendations identified during the previous IMPEP reviews.

e. Regulations and Legislative Changes:

There was one legislative change since the 2009 IMPEP that has affected the Program. This change was Senate Bill 803 which allows the state board of health to promulgate rules to establish fees to sustain the program operations of the State radiation control agency. These fees can be up to twenty five percent of NRC fees. The initial fee increase will charge licensees fifteen percent of NRC fees and will be implemented around November 2012.

Currently the Program has four overdue regulation changes.

- "Medical Use of Byproduct Material – Minor Corrections," 10 CFR Parts 32 and 35 (72 FR 45147, 54207), which was due for Agreement State implementation on October 29, 2010. (RATS ID: 2007-1)
- "Exemptions from Licensing, General Licenses, and Distribution of Byproduct Material: Licensing and Reporting Requirements," 10 CFR Parts 30, 31, 32, and 150 (72 FR 58473), which was due for Agreement State implementation on December 12, 2010. (RATS ID: 2007-2)
- "Requirements for Expanded Definition of Byproduct Material," 10 CFR Parts 20, 30, 31, 32, 33, 35, 61, and 150 (72 FR 55864), which was due for Agreement State implementation on November 30, 2010. (RATS ID: 2007-3)
- "Occupational Dose Records, Labeling Containers, and Total Effective Dose Equivalent," 10 CFR Parts 19 and 20 (72 FR 68043), which was due for Agreement State implementation on February 11, 2011. (RATS ID: 2008-1)

In reviewing the State Regulation Status (SRS) sheet, seven final regulation packages had previously been reviewed by NRC and returned to the State with comments for resolution. The Program needs to forward comment resolution of these final regulation packages to NRC for review and approval. Four proposed regulation packages have been previously submitted and reviewed by NRC; however the Program has not yet submitted these regulations in final. The Program needs to finalize these regulation changes and submit them to NRC for review. Program management is aware of the overdue regulations and is currently addressing them. The Program plans to submit final regulations to NRC by fall 2011.

f. Program Reorganizations:

There have been no reorganizations since the last 2009 IMPEP.

g. Changes in Program Budget/Funding:

Currently the Program is sixty percent fee funded, with most of the other funds obtained from the general revenue fund. With the passing of Senate bill 803 (see section 4.e.), by the end of 2012 the Program will be seventy five percent fee funded.

5. Event Reporting:

The Program communicates reportable incidents to the NRC Operations Center and Region IV when appropriate in a correct manner. Since the 2009 IMPEP, eight events were reported to the NRC. It was noted during this Periodic meeting that two events which were listed as closed by the State had a request for additional information by INL listed in the record complete section. The Program agreed to follow-up on this issue and provide information as appropriate.

6. Response to Incidents and Allegations:

The Program continues to be sensitive to notifications of incidents and allegations. Incidents are quickly reviewed for their effect on public health and safety. Staff is dispatched to perform onsite investigations when necessary. The Program is aware of the need to maintain an effective response to incidents and allegations.

7. Information Exchange and Discussion:

a. Current State Initiatives:

There are none at this time.

b. State's Mechanisms to Evaluate Performance:

The Program Manager compiles quarterly reports that are provided to the Branch Chief and Section Chief for the Radiation Control Program. The Program staff compiles monthly reports that are provided to the Program Supervisor stating what they are

working on and what has been accomplished in the previous month. The Program Manager performs annual accompaniments of all the inspection staff to ensure they are performing at the expected level. Accompaniments are even more frequent for newer staff.

c. Large, complicated, or unusual authorizations for use of radioactive materials:

The Program has one ongoing decommissioning project. Currently decommissioning of this site is waiting for funding from DOE which is on hold due to the continuing resolution. The characterization of the site has been completed and a majority of the cleanup needed is chemical in nature, however there is some radiological cleanup needed. The Program will need to approve the final decommissioning plan once funding becomes available.

APPENDIX E

LICENSING CASEWORK REVIEWS

NOTE: CASEWORK LISTED WITHOUT COMMENT IS INCLUDED FOR COMPLETENESS ONLY.

File No.: 1 Licensee: Summit Medical Center Type of Action: Amendment Date Issued: 9/29/10	License No.: ARK-0691-02120 Amendment No.: 29 License Reviewers: AH, KA
File No.: 2 Licensee: Mercy Medical Center Type of Action: Amendment Date Issued: 6/22/10	License No.: ARK-0426-02120 Amendment No.: 67 License Reviewers: KA, JT
File No.: 3 Licensee: Johnson Regional Medical Center Type of Action: Amendment Date Issued: 3/25/10	License No.: ARK-0523-02120 Amendment No.: 32 License Reviewers: KA, JT
File No.: 4 Licensee: Huntington Testing Laboratories Type of Action: Amendment Date Issued: 3/25/10	License No.: AKR-0723-03121 Amendment No.: 10 License Reviewers: KA, JT
File No.: 5 Licensee: Helena Regional Medical Center Type of Action: Amendment Date Issued: 3/25/10	License No.: ARK-0415-02121 Amendment No.: 43 License Reviewers: TK, JT
File No.: 6 Licensee: Henderson State University Type of Action: Renewal Date Issued: 1/27/11	License No.: ARK-0350-03620 Amendment No.: 13 License Reviewers: SM, DS
File No.: 7 Cat Clinic of Conway Type of Action: Termination Date Issued: 6/25/10	License No.: ARK-0945-02400 Amendment No.: 6 License Reviewers: KA, SM

File No.: 8

Licensee: Clean Harbors El Dorado, L.L.C.

Type of Action: Renewal

Date Issued: 1/21/11

License No.: ARK-0557-03120

Amendment No.: 22

License Reviewers: AM, JT

Comment:

This renewed license was given a 7-year expiration date instead of a 5-year expiration date in accordance with new Program policy and procedure.

File No.: 9

Licensee: URS Energy & Construction

Type of Action: Renewal

Date Issued: 10/27/10

License No.: ARK-0837-03320

Amendment No.: 13

License Reviewers: AM, DS

Comment:

License document not marked as containing sensitive information.

File No.: 10

Licensee: Bennett and Associates, Inc.

Type of Action: Renewal

Date Issued: 7/7/10

License No.: ARK-0751-03225

Amendment No.: 6

License Reviewers: LP, JT

File No.: 11

Licensee: NEA Baptist Clinic

Type of Action: Renewal

Date Issued: 4/5/11

License No.: ARK-0925-02201

Amendment No.: 6

License Reviewers: AH, KA

File No.: 12

Licensee: Cardiovascular Consultants of N. Central Arkansas

Type of Action: Renewal

Date Issued: 8/23/10

License No.: ARK-0901-02201

Amendment No.: 8

License Reviewers: KA, LP

File No.: 13

Licensee: Subsurface Xplorations, LLC.

Type of Action: Amendment

Date Issued: 8/24/10

License No.: ARK-1018-03121

Amendment No.: 2

License Reviewers: TK, LP

File No.: 14

Licensee: Hill & Hill Construction Company, Inc.

Type of Action: Renewal

Date Issued: 7/9/10

License No.: ARK-0830-03121

Amendment No.: 5

License Reviewers: LP, KA

File No.: 15

Licensee: Delta Asphalt of Arkansas, Inc.

Type of Action: Amendment

Date Issued: 3/3/11

License No.: ARK-0811-03121

Amendment No.: 25

License Reviewers: TK, SM

File No.: 16

Licensee: Hembree Mercy Cancer Center
Type of Action: Renewal
Date Issued: 8/26/10

License No.: ARK-0824-02120
Amendment No.: 24
License Reviewers: TK, KA

File No.: 17

Licensee: St. Vincent Infirmiry Medical Center
Type of Action: Amendment
Date Issued: 4/7/10

License No.: ARK-0394-02120
Amendment No.: 137
License Reviewers: AM, JT

Comment:

License document marked incorrectly as amended in its entirety. This wording applied to the renewal done in previous amendment 136.

File No.: 18

Licensee: Ouachita Baptist University
Type of Action: Amendment
Date Issued: 1/24/11

License No.: ARK-0044-01120
Amendment No.: 17
License Reviewers: KA, JT

Comment:

An excellent situation of awareness by the primary license reviewer, who noted that a license action completed for another licensee required a change to information on this license. The reviewer initiated contact with this licensee to generate the appropriate amendment request.

File No.: 19

Licensee: H & H X-Ray Services
Type of Action: Amendment
Date Issued: 10/11/10

License No.: ARK-0650-03320
Amendment No.: 21
License Reviewers: LP, SM

Comments:

- a. License document not marked as containing sensitive information.
- b. Amendment request document from licensee not present in file.

File No.: 20

Licensee: BJ Services Company
Type of Action: New
Date Issued: 11/17/09

License No.: ARK-1014-03121
Amendment No.: 0
License Reviewers: NS, DS