

Georgia Department of Natural Resources

Environmental Protection Division, Air Protection Branch
4244 International Parkway, Suite 120, Atlanta, Georgia 30354
404-363-7000
Judson H. Turner, Director

March 7, 2013

Michael F. Weber
Deputy Executive Director for Materials, Waste,
Research, State, Tribal, and Compliance Programs
Office of the Executive Director for Operations
U.S. Nuclear Regulatory Commission
Washington, DC 20555-0001

Subject: Program Improvement Plan

Dear Mr. Weber:

In response to your letter of February 5, 2013, the Georgia Environmental Protection Division (EPD) appreciates the opportunity to provide the attached Performance Improvement Plan and Progress Report (PIP). My staff has been working very closely with Ms. Monica Orendi, Georgia's State Agreements Officer, to ensure all of the planned actions and measures of success are clearly identified. As you can see a lot of work has already been accomplished, and I believe the PIP lays out a clear path for getting the Georgia Radioactive Materials program back to the state of excellence we all expect of it.

I want to again thank you for the review and the opportunity to provide input on your report. I hope that the attached PIP, in addition to the formal response I submitted on December 27, 2012, continues to demonstrate how serious I take our responsibility for radiation safety and my commitment to managing an effective program consistent with NRC's expectations. Please contact Jac Capp at 404-363-7016 or james.capp@dnr.state.ga.us if you have any questions.

Sincerely,



Judson H. Turner
Director
Georgia Environmental Protection Division

Attachments

Performance Improvement Plan and Progress Report
Georgia Radioactive Materials Program

IMPEP Recommendations	Task(s)	Milestones	Assignments	Anticipated Completion Date(s)	Status	Actual Completion Date
1. The review team recommends that the State develop and implement a plan to complete higher priority and initial inspections in accordance with the inspection frequencies specified in IMC 2800. (Section 3.2)	Eliminate backlog, get current, and ensure we stay current on all priority 1, 2, & 3 inspections.	<ol style="list-style-type: none"> 1. Develop spreadsheet of all past due and all CY 13 priority 1, 2, & 3 inspections 2. Assign to staff to ensure balanced workload 3. Conduct inspections necessary to eliminate backlog and get current 4. Track during weekly staff meetings 5. Create spreadsheet of inspections for each subsequent calendar year 	<ol style="list-style-type: none"> 1. Mueller, Hardeman 2. Mueller, Hardeman 3. All Staff 4. Mueller, Hardeman 5. Mueller, New Manager 	<ol style="list-style-type: none"> 1. January 15, 2013 2. January 15, 2013 3. June 30, 2013 4. January 15, 2013 5. December 1 of previous calendar year 	<ol style="list-style-type: none"> 1. Spreadsheet developed 2. Assignments for back log and all CY 2013 inspections have been made 3. Staff are conducting inspections according to schedule 4. Standing agenda item at weekly staff meetings to review inspections completed in past week and to ensure staff are prepared for inspections for the next 2 weeks. 5. Not started yet 	<ol style="list-style-type: none"> 1. Spreadsheet finalized January 15, 2013. 2. Assignments made January 15, 2013. 3. Ongoing 4. Made a standing agenda item for weekly staff meetings January 15, 2013 5. TBD
2. The review team recommends that the State update its inspection procedures to include the most recent revisions to Inspection Manual Chapter 2800, including the implementation of inspection guidance for NSTS reviews. (Section 3.3)	Revise, update and keep current inspection procedure document	<ol style="list-style-type: none"> 1. Using IMC 2800, revise Georgia Inspection Procedures to incorporate changes and revisions to bring the Georgia Inspection Procedure document up to date. 2. Circulate draft for specialist input 3. Finalize inspection procedures 4. Train all staff on new procedures 5. Twice a year review GA Inspection procedure and monitor NRC All Agreement State letters for changes and revisions that need to be incorporated into the Inspection Procedure (update as necessary) 	<ol style="list-style-type: none"> 1. Mueller 2. Cartoski 3. Mueller 4. Mueller, Cartoski 5. Mueller, Hardeman 	<ol style="list-style-type: none"> 1. First draft by January 30, 2013 2. Specialist complete review and provide input by March 1, 2013 3. Finalize procedures by April 1, 2013 4. Train all staff by May 1, 2013 5. June and December of each calendar year 	<ol style="list-style-type: none"> 1. Sent initial draft to Cartoski on February 15, 2013 for his review and input 2. Specialist completed review and provided eits to management on February 26, 2013 3. Final review and editing is underway 4. Not started yet 5. Not started yet 	<ol style="list-style-type: none"> 1. First draft completed February 11, 2013 2. Specialist completed review February 26, 2013 3. TBD 4. TBD 5. TBD
3. The review team	Establish a policy	1. Verbally establish policy	1. Mueller	1. Institute policy	1. Policy has been	1. Policy instituted

IMPEP Recommendations	Task(s)	Milestones	Assignments	Anticipated Completion Date(s)	Status	Actual Completion Date
recommends that the State perform Increased Controls security inspections at least as frequently as the priority of the license being inspected. (Section 3.3)	that all increased controls security inspections will be conducted as frequently as the priority of the license being inspected utilizing a pre-inspection checklist and a mandatory post-inspection report out to manager as a means of verification.	<ol style="list-style-type: none"> 2. Require post inspection report out to manager to ensure IC inspections are being completed. 3. Memorialize policy in revised inspection procedures 4. Include a verification that a licensee has IC as a part of the pre-inspection checklist. 5. Train all staff on NRC requirements 6. Train all staff on revised policy 	<ol style="list-style-type: none"> 2. Hardeman 3. Mueller 4. Mueller, Hardeman 5. Hardeman 6. Mueller, Cartoski 	<ol style="list-style-type: none"> immediately 2. Manager immediately begin using post inspection report out as means of verifying IC inspection was conducted 3. Final inspection procedures by April 1, 2013 4. By April 1, 2013, include a pre-inspection checklist to identify if IC is to be inspected as well. Manager sign off of pre-inspection checklist is required. 5. Schedule NRC refresher training in March 6. Train all staff by May 1, 2013 	<p>Instituted</p> <ol style="list-style-type: none"> 2. Manager requires post-inspection report out and discusses IC component is required. 3. Revising inspection procedures is in progress (see recommendation #2 above) 4. Will be included in the final inspection procedures 5. Working with NRC Regional State Agreement Officer to schedule training 6. Not started yet 	<p>at January 15, 2013 staff meeting.</p> <ol style="list-style-type: none"> 2. All inspections since January 15, 2013 have included the required report out to manager 3. TBD 4. TBD 5. TBD
4. The review team recommends that the State perform a causal analysis regarding the deficiencies identified during the NRC accompaniments of the Branch inspectors, as documented in this section as well as Appendix C of this report, and formulate corrective actions for the causes identified during this analysis. (Section 3.3)	Conduct a causal analysis of the three inspections with identified deficiencies and develop a corrective action plan to address. Modify policy for accompanied inspections to ensure a similar situation does not recur in the future.	<ol style="list-style-type: none"> 1. Require team inspections (two inspectors) for all Priority 1 and high Priority 2 inspections until problems are identified and resolved. 2. Interview staff involved with deficient accompanied inspections. 3. Determine and document causes. 4. Develop a corrective action plan. 5. Assign a senior qualified inspector to accompany all GA inspection staff on one of their inspections to give an objective assessment of the quality of inspection conducted by the inspector 	<ol style="list-style-type: none"> 1. Mueller 2. Mueller, Hardeman 3. Mueller, Hardeman 4. Mueller, Hardeman 5. Mueller, Seale 6. Mueller, Hardeman, Seale 7. New Program Manager 	<ol style="list-style-type: none"> 1. January 2013 2. Interviewed staff week of December 17, 2012. 3. Document causes by January 4, 2013 4. Develop corrective action plan by January 15, 2013 5. Complete all accompanied inspections by July 1, 2013 6. Provide critique of accompanied inspection to 	<ol style="list-style-type: none"> 1. Implemented January 2013 2. Conducted interview with JM on November 7, 2013 and interviews with KR and QT on December 18, 2012. 3. Determined inadequate preparation as the primary cause of the poor inspections. 4. Determined corrective actions would include a) KR's licensee would be re-inspected, b) new inspection 	<ol style="list-style-type: none"> 1. Completed on January 15, 2013 in conjunction with revised schedule developed for recommendation 1. 2. Completed interviews on December 18, 2012. 3. Completed documentation of interviews and determination of causes on

IMPEP Recommendations	Task(s)	Milestones	Assignments	Anticipated Completion Date(s)	Status	Actual Completion Date
		<p>and to evaluate the overall radioactive inspection program in GA.</p> <p>6. Brief management on results of each accompanied inspection</p> <p>7. Program management will perform (or if no management qualified senior level qualified staff member to perform and provide feedback to management) at a minimum, annual inspector accompaniments of each qualified inspector and will not repeat the same modality (i.e. medical, industrial, ...) in back to back accompaniments.</p>		<p>management after each inspection</p> <p>7. Institute beginning CY 2014</p>	<p>procedures will emphasize proper pre-inspection preparation, c) assess areas needing refresher training and d) work with NRC state liaison to schedule another accompanied inspection with KR</p> <p>5. Schedule of accompanied inspections is being developed</p> <p>6. Not started yet</p> <p>7. Not started yet</p>	<p>January 7, 2013.</p> <p>4. Finalized corrective action plan on January 15, 2013.</p> <p>5. TBD</p> <p>6. TBD</p> <p>7. TBD</p>
5. The review team recommends that the State update its medical licensing guidance documents to be consistent with Georgia regulations. (Section 3.4)	Update and keep current our medical licensing guidance documents to be consistent with Georgia regulations and with the latest version of NUREG-1556	<p>1. Using NUREG 1556 as a starting point, revise and make it Georgia specific consistent with Georgia regulations</p> <p>2. Circulate draft for specialists input</p> <p>3. Finalize medical licensing guidance</p> <p>4. Train all staff on revised procedures</p> <p>5. Annually review GA Inspection procedure and monitor NRC All Agreement State letters for changes and revisions that need to be incorporated into the Inspection Procedure (update as necessary)</p>	<p>1. Bennett</p> <p>2. Crowley, Mims</p> <p>3. Hardeman, Mueller</p> <p>4. Bennett, Crowley</p> <p>5. Bennett, Crowley</p>	<p>1. First draft by April 1, 2013</p> <p>2. Specialists complete review and input by May 1, 2013</p> <p>3. Final version by June 1, 2013</p> <p>4. Train all by July 1, 2013</p> <p>5. June of each calendar year</p>	<p>1. IB has begun updating existing guidance to more closely reflect latest NUREG 1556</p> <p>2. Not started yet</p> <p>3. Not started yet</p> <p>4. Not started yet</p> <p>5. Not started yet</p>	<p>1. TBD</p> <p>2. TBD</p> <p>3. TBD</p> <p>4. TBD</p> <p>5. TBD</p>
6. The review team recommends that the State verify that all previously approved medical authorized users have proper documentation of their qualifications, since	Ensure all previously approved medical authorized users have proper documentation. Implement a policy to ensure AU's are added to license, in	<p>1. Require a specific step during the peer review of medical licenses to ensure all new AUs being added have proper documentation</p> <p>2. Review existing licenses to determine universe of authorized users.</p>	<p>1. Crowley, Odom</p> <p>2. Crowley, Odom</p> <p>3. Crowley, Odom</p> <p>4. All staff</p> <p>5. All staff</p>	<p>1. Implement peer review process by January 2, 2013</p> <p>2. Determine universe of authorized users by April 1, 2013 (estimate is that</p>	<p>1. Peer review of medical licenses is being conducted to ensure new AUs have proper documentation</p> <p>2. As of February 26, 2013 105 out of 166</p>	<p>1. Began January 2, 2013 and it is ongoing</p> <p>2. TBD</p> <p>3. TBD</p> <p>4. TBD</p> <p>5. TBD</p>

IMPEP Recommendations	Task(s)	Milestones	Assignments	Anticipated Completion Date(s)	Status	Actual Completion Date
the new requirements were initiated in 2008. (Section 3.4)	accordance with Georgia regulations, in the future.	<ol style="list-style-type: none"> 3. Identify authorized users that still need proper documentation 4. Contact the applicable licensees and request proper documentation 5. Amend and reissue licenses if necessary 		<ol style="list-style-type: none"> approximately 300 AUs have been added since 2008) 3. Identify authorized users that need documentation by April 1, 2013 4. Request proper documentation from licensees by May 1, 2013 5. Amend and reissue necessary licenses by July 1, 2013 	<p>licenses have been reviewed for the addition of an AU since 2008.</p> <ol style="list-style-type: none"> 3. As of February 26, 2013, 23 AUs have the proper credentials, 224 AUs have been identified as needing additional documentation and 1026 were added prior to the 2008 start date and therefore have been grandfathered 4. Not started yet 5. Not started yet 	
7. The review team recommends that the State implement pre-licensing guidance for all licensing actions to provide assurance that radioactive material will be used as specified on the license. (Section 3.4)	Update and implement the pre-licensing guidance for all licensing actions to ensure it is consistent with RCPD-08-020 "Requesting Implementation of the Checklist to Provide a Basis for Confidence that Radioactive Material will be used as Specified on a License and the Checklist for Risk-Significant Radioactive Material."	<ol style="list-style-type: none"> 1. Establish and implement a policy that all new licenses will be hand delivered 2. Conduct refresher training on NRC's pre-licensing requirements 3. Using RCPD-08-020 as a starting point, develop Georgia specific procedures for pre-licensing actions 4. Circulate draft for specialists input 5. Finalize guidance 6. Train all staff on new procedures 7. Rescind original policy implemented and institute the newly created GA procedure. 	<ol style="list-style-type: none"> 1. Hardeman 2. Hardeman 3. Mueller 4. Bennett, Cartoski, Mims, Ramdeen 5. Mueller 6. Mueller 7. Mueller 	<ol style="list-style-type: none"> 1. January 2, 2013 2. Schedule NRC refresher training for March, 2013 3. First draft by April 1, 2013 4. Specialists complete review and input by May 1, 2013 5. Final version by June 1, 2013 6. Train all by July 1, 2013 7. July 1, 2013 	<ol style="list-style-type: none"> 1. Staff are now hand delivering all new licenses 2. Working with Regional State Agreements Officer to schedule training 3. In progress 4. Not started yet 5. Not started yet 6. Not started yet 7. Not started yet 	<ol style="list-style-type: none"> 1. January 2, 2013 and it is ongoing 2. TBD 3. TBD 4. TBD 5. TBD 6. TBD 7. TBD
8. The review team recommends that the State develop, document, provide training to the Branch staff on, and implement a	Develop and implement procedures and train staff to ensure proper notification to NRC of reportable incidents.	<ol style="list-style-type: none"> 1. Conduct refresher training on SA-300 and NMED reporting requirements 2. Using SA-300, develop Georgia specific procedures for notifying NRC of reportable incidents 	<ol style="list-style-type: none"> 1. Hardeman 2. Hardeman 3. Jameson, Nederhand, Ramdeen, 4. Hardeman 5. Hardeman, 	<ol style="list-style-type: none"> 1. Conduct refresher training in February 2. Complete draft of incident procedures by March 15, 2013. 	<ol style="list-style-type: none"> 1. Refresher training was provided by NRC 2. Draft of procedures is in progress. 3. Not started yet 4. Not started yet 	<ol style="list-style-type: none"> 1. Refresher training conducted February 12, 2013 2. TBD 3. TBD

IMPEP Recommendations	Task(s)	Milestones	Assignments	Anticipated Completion Date(s)	Status	Actual Completion Date
<p>procedure to notify the NRC of reportable incidents in a complete, timely and accurate manner in accordance with Office of Federal and State Materials and Environmental Management Programs Procedure SA-300 "Reporting Material Events." (Section 3.5)</p>		<ol style="list-style-type: none"> 3. Circulate draft for specialists input 4. Finalize procedures 5. Train all staff on new procedures and implement. 6. Review NMED monthly to ensure information submitted is accurate, requests for additional information has been followed up on, and events are closed and completed in a timely manner 	<ol style="list-style-type: none"> Jameson 6. Hardeman, Jameson 	<ol style="list-style-type: none"> 3. Specialists complete review by April 1, 2013 4. Final procedure by April 15, 2013 5. May1, 2013 6. January 2013 and monthly thereafter 	<ol style="list-style-type: none"> 5. Not started yet 6. Monthly review began in January 	<ol style="list-style-type: none"> 4. TBD 5. TBD 6. TBD
<p>9. The review team recommends that the State strengthen its incident response program and take measures to (1) develop, document, implement, and provide training to the Branch on the incident response procedure; (2) ensure that reported incidents are promptly evaluated to determine the appropriate type and level of Branch response, including providing for Branch management notification and review; (3) ensure that incidents are responded to with an appropriate level of effort and in a timeframe commensurate with the potential health and safety and/or security consequences of the</p>	<p>Develop incident response procedures which address all elements of the recommendation and find ways to ensure management awareness of all reported incidents.</p>	<ol style="list-style-type: none"> 1. Train staff on the CTS (GA's Complaint Tracking System) with a special focus on Radioactive Material Incident fields 2. Utilize EPD's Complaint Tracking System to ensure incidents are properly evaluated for appropriate response. 3. Utilize EPD's CTS to ensure incidents are properly responded to in a timely manner. 4. Utilize EPD's CTS to ensure incidents are properly documented. 5. Manager review of CTS weekly 6. Draft comprehensive procedures for handling incidents. 7. Circulate draft for specialists input 8. Finalize procedures 9. Train all staff on final procedure document and implement. 	<ol style="list-style-type: none"> 1. Hays 2. All staff 3. All staff 4. All staff 5. Hardeman 6. Hardeman, Mueller 7. Jameson, Nederhand, Ramdeen, 8. Hardeman 9. Hardeman, Jameson 	<ol style="list-style-type: none"> 1. Train staff on CTS in early January 2. Begin using CTS in early January. When an entry is made into CTS GA management receives a notification of the entry. Also staff are asked during the weekly staff meeting to report out on any phone calls they may have received from a licensee discussing a potential incident. 3. Management will review the entry in CTS and discuss the entry with the entering staff person to obtain additional information in order to decide the appropriate response action(s). 4. Management will review the entries 	<ol style="list-style-type: none"> 1. Staff have been trained on CTS 2. Staff are using CTS 3. Staff are using CTS 4. Staff are using CTS 5. Manager is reviewing CTS weekly 6. Draft of procedures is in progress. 7. Not started yet 8. Not started yet 9. Not started yet 	<ol style="list-style-type: none"> 1. Staff were trained on January 8, 2013 2. Staff began using and CTS on January 8, 2013 3. Staff began using and CTS on January 8, 2013 4. Staff began using and CTS on January 8, 2013 5. Manager began reviewing CTS weekly on January 8, 2013 6. TBD 7. TBD 8. TBD 9. TBD

IMPEP Recommendations	Task(s)	Milestones	Assignments	Anticipated Completion Date(s)	Status	Actual Completion Date
<p>incident; (4) ensure that licensee written reports are reviewed for completeness and appropriate corrective actions; and (5) ensure that the Branch's evaluation of licensee incidents, whether based on a review of licensee reports, on-site reviews, or inspection follow-up, is properly documented to facilitate future followup. (Section 3.5)</p>				<p>in CTS for proper documentation and will follow-up with the entering staff person if additional information is needed.</p> <p>5. Manager to begin reviewing CTS weekly in early January</p> <p>6. Complete draft of incident procedures by March 15, 2013.</p> <p>7. Specialists complete review by April 1, 2013</p> <p>8. Final procedure by April 15, 2013</p> <p>9. Train all staff by May1, 2013</p>		
<p>10. The review team recommends that the State revise, enhance, implement, and provide training to the staff on its Allegation Procedure, including providing additional written guidance on (1) recognizing and identifying allegations; (2) notifying Branch management of all received allegations; (3) promptly evaluating allegations for safety and security significance; (4) ensuring that the level of effort and timeliness in</p>	<p>Revise current allegation procedures to address all elements of the recommendation and find ways to ensure management awareness of all reported incidents.</p>	<ol style="list-style-type: none"> 1. Train staff on the CTS with a special focus on the Radioactive Material Allegation fields 2. Utilize EPD's Complaint Tracking System to ensure allegations are properly evaluated for appropriate response. 3. Utilize EPD's CTS to ensure allegations are properly responded to in a timely manner. 4. Utilize EPD's CTS to ensure allegations are properly documented. 5. Draft revised procedures for handling allegations. 6. Circulate draft for specialists input 7. Finalize procedures 8. Train all staff on final 	<ol style="list-style-type: none"> 1. Hays 2. All staff 3. All staff 4. All staff 5. Hardeman 6. Jameson, Nederhand, Ramdeen, 7. Hardeman 8. Hardeman, Jameson 	<ol style="list-style-type: none"> 1. Train staff on CTS in early January 2. Begin using CTS in early January. When an entry is made into CTS GA management receives a notification of the entry. Also staff are asked verbally communicate the receipt of an allegation to the manager. 3. Management will review the entry in CTS and discuss the entry with the entering staff person to obtain additional 	<ol style="list-style-type: none"> 1. Staff have been trained on CTS 2. Staff are using CTS 3. Staff are using CTS 4. Staff are using CTS 5. Draft of procedures is in progress. 6. Not started yet 7. Not started yet 8. Not started yet 	<ol style="list-style-type: none"> 1. Staff were trained on January 8, 2013 2. Staff began using and CTS on January 8, 2013 3. Staff began using and CTS on January 8, 2013 4. Staff began using and CTS on January 8, 2013 5. Manager began reviewing CTS weekly on January 8, 2013 6. TBD 7. TBD

IMPEP Recommendations	Task(s)	Milestones	Assignments	Anticipated Completion Date(s)	Status	Actual Completion Date
<p>responding to allegations is commensurate with the potential significance of the allegation; and (5) tracking all allegations to ensure timely review and closure and timely feedback to alлегers. (Section 3.5)</p>		<p>procedure document and implement.</p>		<p>information in order to decide the appropriate response action(s). 4. Management will review the entries in CTS for proper documentation and will follow-up with the entering staff person if additional information is needed. 5. Complete draft of revised allegation procedures by March 15, 2013. 6. Specialists complete review by April 1, 2013 7. Final procedure by April 15, 2013 8. Train all staff by May1, 2013</p>		<p>8. TBD</p>
<p>11. The review team recommends that the State qualify one additional reviewer in SS&D evaluations to provide backup for the principal reviewer. This is in addition to a qualified reviewer or supervisor performing concurrence reviews. (Section 4.2 of the 2004 IMPEP report and 2013 IMPEP MRB).</p>	<p>Qualify two additional SS&D reviewers (one primary and one secondary).</p>	<ol style="list-style-type: none"> 1. Evaluate option of returning the SS&D certification program back to the NRC 2. Register recently transferred employee for all applicable NRC courses. 3. Conduct on the job training as a primary reviewer for recently transferred employee 4. Once new program manager is hired, register them for all applicable NRC courses 5. Conduct on the job training as a secondary reviewer for new program manager 6. Utilize NC for secondary reviews as needed until 	<ol style="list-style-type: none"> 1. Mueller 2. Nederhand 3. Jameson, Nederhand 4. New program manager 5. Jameson, new program manager 6. Jameson 	<ol style="list-style-type: none"> 1. Make a decision on whether to keep or return the SS&D program by July 1, 2013 2. Complete all necessary NRC courses by end of calendar year 2013 3. Complete on the job training by end of calendar year 2014 4. Complete all necessary NRC courses within one year of program manager 	<ol style="list-style-type: none"> 1. A memo outlining the prospect and procedures for returning the SS&D program has been prepared and routed for upper managements consideration 2. Nederhand has attended H-122 (1/28-2/8) and is registered to attend G-108 (3/4-3/8) and G-109 (3/11-3/15) 3. OJT is occurring 4. New program manager has not been hired yet 	<ol style="list-style-type: none"> 1. TBD 2. TBD 3. TBD 4. TBD 5. TBD 6. TBD

IMPEP Recommendations	Task(s)	Milestones	Assignments	Anticipated Completion Date(s)	Status	Actual Completion Date
		new manager is hired and trained a secondary reviewer		being hired 5. Complete on the job training within two years of program manager being hired 6. Ongoing as needed	5. New program manager has not been hired yet 6. Utilizing NC as necessary	
12. The review team recommends that the State develop and implement a plan to inactivate SS&D registrations for devices and sources that are no longer being made or distributed. (Section 4.2.2)	Develop and implement plan to inactivate SS&D registrations.	1. Develop a spreadsheet identifying all subject registrations. 2. Identify target dates to complete inactivation. 3. Inactivate applicable registrations.	1. Jameson, Nederhand 2. Jameson, Nederhand 3. Jameson, Nederhand	1. Develop spreadsheet of all subject registrations by January 31, 2013. 2. Identify target dates to complete inactivations by January 31, 2013 3. Complete inactivations by June 1, 2013	1. Spreadsheet has been developed 2. Target dates have been identified and incorporated into the spreadsheet 3. Inactivations are In progress	1. February 12, 2013 2. February 12, 2013 3. TBD
13. Improve communication and foster a strong safety culture within the program	Improve communication, camaraderie and safety culture	1. Conduct weekly staff meetings 2. Informally visit with staff individually every morning 3. Require pre inspection meetings with management 4. Require post inspection report out with management 5. Relocate staff to offices within the Air Branch to foster camaraderie with all branch staff	1. Mueller 2. Hardeman 3. Hardeman 4. Hardeman 5. Mueller, All staff	1. Begin January 8, 2013 2. Begin December 10, 2012 3. Begin January 8, 2013 4. Begin January 8, 2013 5. January 31, 2013	1. Weekly meetings are held regularly 2. Manager walks around every morning and visits with staff regarding what they are working on and any issues they may be having 3. Staff discuss preparation for upcoming inspections at the weekly staff meetings 4. Staff discuss how inspections went including any findings at the weekly staff meeting 5. All staff have relocated to offices within the Air Branch's building	1. January 8, 2013 2. December 10, 2013 3. January 8, 2013 4. January 8, 2013 5. January 24, 2013

Note: Since the review team completed their visit in October 2012, EPD has hired two additional technical staff and has transferred a third person from elsewhere within EPD to the Radioactive Materials Program. Jenna Odom started on December 3, 2012. Jenna has a Bachelor's degree in Biology from the University of West Georgia. David Crowley started on December 16, 2012. David has a Bachelor's degree in Physics from Case Western Reserve University and a Master's degree in Medical Physics from Georgia Institute of Technology. Frank Nederhand was a current EPD employee in the Air Protection Branch's Industrial Source Monitoring Program and transferred to the Radioactive Materials Program effective January 1, 2013. Prior to joining EPD, Frank worked in the Nuclear Power generation industry. Frank has a Master's degree in Nuclear Engineering and a Bachelor's degree in Electrical Engineering from the University of Utah. The position for the new program manager was advertised on February 19, 2013 and will close on March 1, 2013.