



**UNITED STATES  
NUCLEAR REGULATORY COMMISSION**

REGION III  
2443 WARRENVILLE ROAD, SUITE 210  
LISLE, IL 60532-4352

June 27, 2013

MEMORANDUM TO: Steven A. Reynolds, Director  
Division of Reactor Projects

Gary L. Shear, Director  
Division of Reactor Safety

THRU: Julio Lara, Team Leader  
Technical Support Staff  
Division of Reactor Projects

FROM: Doris Chyu, Reactor Engineer */RA by Julio Lara For/*  
Technical Support Staff  
Division of Reactor Projects

SUBJECT: ASSESSMENT OF DRP/DRS EFFECTIVENESS REVIEW OF  
PAST SELF-ASSESSMENT COMPLETED IN FY 2012

Enclosed is our report documenting the results of an assessment to verify that recommendations from FY 2012 self-assessment were completed or being tracked to completion. The assessor concluded that Division of Reactor Projects (DRP) and Division of Reactor Safety (DRS) in general implemented the divisional instructions. However, several deviations/relaxation of regional requirements were identified in the divisional instructions which would require revisions. The results of the assessment are enclosed.

Enclosure: As stated

CONTACT: Julio Lara, DRP/TSS  
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Memo to S. Reynolds from D. Chyu dated June 27, 2013

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OFFICE	RIII-DRP	N	RIII-DRP	N	RIII		RIII	
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DATE	06/26/13		06/27/13					

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**DRP/DRS Effectiveness Review of Past Self-Assessment Completed in FY 2012  
June 2013**

**I. Background**

The Government Performance and Results Act (1993) requires that all government agencies, including the NRC, establish strategic goals, objectives and strategies, measure performance, and report the results to Congress. As a result, NRC developed a Strategic Plan, a Performance Budget, and Operating Plans for each organization. The Region III Operating Plan is a management tool by which the region monitors the performance of its resources for programs, projects and activities. The Operating Plan is comprised of three parts. The first component is a summary of activities and plans that structure the region's workloads to accomplish the agency's Strategic Plan goals and strategies. The second part, as required by Management Directive 4.4, "Management Controls," is the region's Internal Control Plan. The third part is a list of the region's performance measures.

The Office of Executive Director for Operations (OEDO) Procedure-0280, "Audit Followup Process," defines the process for audit followup which is an integral part of good internal controls. These audit followup reviews ensured that the corrective actions agreed to as a result of the audit recommendations, have been implemented and the desired effect is being achieved. Regional Procedure (RP)-4.8, "Monitoring and Assessing Program Performance" suggests that findings of non-compliance and corrective actions to be tracked with a scheduled completion date.

In August 2010, DRP recommended an evaluation of past self-assessment reports to ensure that regional internal control of completed corrective actions and/or recommendations remained strong as a part of the overall infrastructure to continuously improve organizational effectiveness. In 2011, we completed a self-assessment of regional implementation of Regional Procedure-4.8 (ML11270A159). Various weaknesses were identified in DRP and DRS. One of recommendations from that self-assessment was to perform an effectiveness review of DRP and DRS self-assessment recommendation implementation. DRP has since reviewed and verified completion of all FY 2010 (DRP AITS P11-0003) and 2011 (DRP AITS P11-0004) recommendations.

**II. Assessors**

Doris Chyu, Reactor Engineer, TSS

**III. Scope of Review**

The purpose of this self-assessment is to review self-assessments performed by DRS and DRP in FY 2012 and to evaluate actions taken for stated recommendations. The assessor will evaluate conformance to the respective Divisional Instructions. Where recommendations have been implemented, the Assessor will consider performing sample effectiveness reviews.

In FY 2012, DRP completed the following self-assessments:

1. Reactor Oversight Program Completion (CY 2011) (ML12248A041)
2. Third Party Review (ML12080A210)

3. RPS Access (ML 12269A362)
4. Special Inspection Team Program (ML12132A281)

In FY 2012, DRS completed the following self-assessments:

1. Power Uprate Inspection Process Implementation (ML12215A462)
2. Operator Licensing Effectiveness (ML12164A243)
3. Radiation Safety Program (ML12272A236)

Although DRS completed three self-assessments in FY 2012, the assessor focused only on the third assessment (Radiation Safety Program) since the recommendations from the first two assessments were covered by another DRS self-assessment (ML13176A131).

#### **IV. Performance Standards Considered**

1. Regional Procedure 4.8, "Monitoring and Assessing Program Performance"
2. DRP DI 4.8 , "Self-Assessment Process"
3. DRS DI-NR-002, "Self-Assessment Process"

#### **V. Method of Assessment**

The assessor conducted the assessment using the "5 Step Framework for Leadership" process. Various strengths and successes were identified in Region III's implementation of the select IMC.

#### **What is already working? What are our strengths? Where are we successful?**

All corrective actions/recommendations were completed or demonstrated being tracked for closure.

#### **What, specifically, makes it work?**

The technical staffs and the branch chiefs are conscious about implementing corrective actions from self-assessments and improving organizational effectiveness.

In DRP, once recommendations were accepted by Division Director, they are tracked in the AITS (with sequential numbering) to closure. The self-assessment reports, director's tasking memos, and closure memos are all located in the same ADAMS folder (Region III>>Regional Assessments>>FY 2012>> DRP).

In DRS, once recommendations were accepted by Division Directors, the tasking memos were kept in the respective branch files in ADAMS and the recommendations are tracked with Microsoft Outlook Task. The closure information is also located within the Microsoft Outlook Task.

## What are we trying to accomplish?

Our goal is to use these self-assessment activities and corrective actions to improve and/or enhance our performance before any issues become self-revealing through a performance problem or external identification.

## What can we do more, better, or differently to begin moving toward our objective?

1. Need more transparency of what we did: placing closure memo in ADAMS as official agency records and placement of self-assessment reports, tasking memo, closure mechanisms need to be consistent

Regional Procedure RP-4.8, "Monitoring and Assessing Program Performance" required that:

Follow up to the assessment report should begin when the findings and recommendations are identified during the assessment to facilitate earliest closure. The responsible manager should determine the extent of the corrective action to be taken and document these actions in a memorandum regarding the audit. The appropriate Division Director(s) responsible for the corrective action implementation should approve the proposed actions. Findings of noncompliance and corrective actions will be tracked in EDATS with a scheduled completion date. When the report and response are issued, the responsible Division Director will review the package for adequacy of corrective actions and schedule and identify any areas for follow up. Copies of all reports and responses will be provided in ADAMS.

All DRS corrective actions, although called "DRS AITS," were in reality tracked by DRS Microsoft Outlook Task. This tracking method is contrary to the method described in the RP. In addition, the RP required that the copies of all responses be provided in ADAMS. Currently the DRS closure is done within the Microsoft Outlook Task, and the closure information was not placed in ADAMS.

Out of 7 DRP/DRS self-assessment reports, four reports (SIT, third party review, radiation safety, and OL) were placed in the Regional Assessments folder and the rest (power update, RPS completion, and RPS access) were placed in the respective branch folders in ADAMS.

There were three tasking memos associated with the above self-assessments, only one (SIT) is in the Regional Assessments folder and other two (Power update and OL) were located in the respective branch folders.

Due to the inconsistency of where self-assessments reports and tasking memos were placed in ADAMS, it was difficult to locate them and therefore it was not transparent of the outcomes of self-assessment activities.

2. We can do a better job following through with corrective actions

The FY 2012 assessment of Region III radiation safety program was completed by Region IV on 9/28/2012. In the accompanying memo, the branch (HPIRB) was committed to develop corrective actions recommendations and to have these recommendations approved by the DRS Division Director by 12/15/2012. However, as of the end of May 2013, no corrective actions recommendations have been approved by the DRS Division Director.

The assessor interviewed the primary inspectors who are responsible for forming Region III's conclusions and recommendations from the above self-assessment performed by Region IV. The inspector readily provided the statuses of each Region IV's recommendations. However, the Region III's conclusion regarding the Region IV assessment was not documented and could only be provided verbally by the cognizant inspectors.

The assessor also noted that a Microsoft Outlook Task from the FY 2011 radiation safety program self-assessment is still open. The Task was to "evaluate what actions are still applicable to the recommendation in the 2011 Self-Assessment of Region III Radiation Safety Program issued on September 27, 2011." Additional, FY 2013 self-assessment of Region III radiation safety program is ongoing and is scheduled to be completed by DNMS before the end of June 2013.

**VI. Recommendations:**

For Issue 1, DRS needs to follow regional procedure requirement to track corrective actions via EDATS/AITS and place the closure information in ADAMS.

In DRP, we recommended the process be enhanced in DI to state that all documents related to self-assessment activities (reports, tasking memo, and closure memo) be kept on the same ADAMS platform (in the Regional Assessments folder for the appropriate fiscal year) and be bundled in the same ADAMS package. In addition, the DI should add requirement to use AITS as a required tracking method instead of a choice established by the lead administrative assistant.

For Issue 2, we recommended DRS to follow through the recommendations from FY 2011, 2012, and 2013 self-assessments of radiation safety program and provide formal documentations as to corrective actions needed for final closure. The tracking needs to be at divisional level using AITS and the final responses should be declared in ADAMS as required by the regional procedure.

Attachment: DRP/DRS Status of Recommendations from Fiscal Year  
2012 Self-Assessments

DRP/DRS Status of Recommendations from Fiscal Year 2012 Self-Assessments

Title of Assessment	Issue date	ADAMS Accession #	Assessor/supervisor	Recommendations	Resolution
Inspection Procedure Sample Reporting in RPS for CY 2011	06/14/2012	ML12248041	Lara	Provide reminder and training to DRS and DRP administrative assistants about the need to input sample and item information into RPS. Provide training to DRS and DRP staff during spring seminar to remind them they are responsible to review the RPS data entry accuracy as part of the approval process for the report	Completed in June 2012 (closure documented in the original assessment)
			Lara	Documentation/entry (inspection report and RPS) errors need to again be highlighted to inspection staff to increase the level of attention-to-detail in report writing, RPS data entry, including inspection procedure sub-procedure, and timely double-checking or verification of the entry after the report has been issued. Put on future Reactor Inspector Seminar agenda and TSS to send reminder email to all DRP and DRS.	Completed. (closure documented in the original assessment)
Regional Implementation of IMC 0612 Requirement for Documenting 3rd Party Reviews	03/20/2012	ML12080A210	Chyu/Lara	RIII needs to evaluate and document the review of INPO accreditation reports as required by IMC 0620 and OEDO Procedure 0220. Evaluate which organization (either DRP or DRS) would be best to review INPO accreditation reports.	Completed. DRP senior management determined that DRP resident inspectors would be the best to review INPO accreditation reports. (Tasking and closure documented in the original memorandum)
				Remind resident staff through email and at division meetings the need to document review of 3rd party evaluation such as INPO or WANO.	Completed. An email was sent to all SRI, RI and DRP BC on 3/15/2012 stating that the INPO evaluation and accreditation reports would be reviewed by resident staff in accordance with OEDO Procedure 0220 and such review would be documented in accordance with IMC 0612. Additionally, a boilerplate was also provided to document INPO/WANO review. (tasking and closure documented in the original memorandum)

DRP/DRS Status of Recommendations from Fiscal Year 2012 Self-Assessments

Title of Assessment	Issue date	ADAMS Accession #	Assessor/supervisor	Recommendations	Resolution
RPS Access for CY 2012	09/25/2012	ML12269A362	Lara	List of modification to be made to the access authorization was provided to DRMA.	
Special Inspection Program	05/11/2012	ML12132A281	Ramirez/Kunowski		TSS was tasked with AITS P12-0006 by DRP DDD on 8/2/2012. TSS provided closure memo documenting resolutions to all recommendations on 4/9/2013 (ML12216A221)
				Regional management should clarify expectations on the focus and methods of documenting lessons-learned.	Completed: TSS contacted HQ and determined that a ROP feedback form was not needed. Training was provided during December 2012 counterpart meeting.
				Regional management should clarify expectations on the need for the SIT inspection reports to be formatted as required by IP 93812 and to address the charter items	Completed. ROP feedback form submitted 11/1/2012 to request revision to IP 93812 & 93800 to state that special inspection reports should be written to address each inspection charter.
				Regional management should reinforce the requirement for the charter to include a description of the specific deterministic and the PRA information that served as a basis for deciding on the reactive inspection.	Completed. Training was provided during December 2012 counterpart meeting.
				Regional management should reinforce the requirement of IMC 0309 for the Region to hold a conference call with Headquarters office if the event meets and AIT deterministic criterion or if the risk results are at or above SIT/AIT overlap region, and that the Regional Administrator and the NRR office director make the final determination on whether an SIT or an AIT is conducted.	Completed. Training was provided during December 2012 counterpart meeting. RP 8.31 was revised (under review by directors) to include the requirement to contact NRR offices if the event meets the AIT criteria or if the risk results are in the AIT/SIT overlap region.
				Regional management should reinforce the need for consistency when applying the SIT guidance as a basis for deciding if an issue warrants an SIT. This could also be ensured during the TSS Team Leader's review	Completed. Training was provided during December 2012 counterpart meeting.

DRP/DRS Status of Recommendations from Fiscal Year 2012 Self-Assessments

Title of Assessment	Issue date	ADAMS Accession #	Assessor/supervisor	Recommendations	Resolution
Power Uprate Inspection Implementation	08/02/2012	ML12215462	Bozga/Hills		Tasking memo dated 8/12/2012 (ML12240A236)
				Discussed the examples of missing information in the IPs, IRs, and documents/databases with the respective Branch Chiefs/regional staff and prompt corrective actions were implemented to address the immediate examples where applicable.	Completed. Closure documented in SA report
				Provide training to DRP/DRS staff regarding power uprate inspection process while emphasizing audit findings	Completed: Microsoft Outlook task #1. Training provided in DRS inspector seminar December 2012.
				Draft and submit a feedback form to eliminate IP 71004 requirement for planned team inspections that support IP 71004 sample requirement to annotate as such in RPS	Completed. Microsoft Outlook task #2. Feedback form (71004-1862) submitted 1/15/2013.
				Update RP-IP-71004 to include the requirement to document in the individual plant performance summaries from the EOC meeting or MOC meeting 1) RA authorization & 2) rationale to implement or not implement IP 71004.	On track to completion. Microsoft Outlook Tasks 3 thru 6. At the time of S/A, DRS was in the process of revising the RP-IP-71004.
				Update RP-IP-71004 to revise the requirement to provide updates to the RIII Power Uprate Inspection Status Table to a semiannual basis.	
				Update RP-IP-71004 to eliminate the need to include the IRs in the RIII Power Uprate Inspection Status Table	
				Update RP-IP-71004 to revise the requirement for the type of information to include in the RIII Power Uprate Inspection Status Table to list only the previously approved power uprates and currently accepted for review power uprates.	

DRP/DRS Status of Recommendations from Fiscal Year 2012 Self-Assessments

Title of Assessment	Issue date	ADAMS Accession #	Assessor/supervisor	Recommendations	Resolution
Operations Branch 2012 S/A of the initial Operator Licensing Process	06/07/2012	ML12164A243	Morris/Palagi/Bloomer		Tasking memo dated 6/25/2012 (ML12178A166); Corrective actions verified by another DRS S/A.
2012 Assessment of Region III radiation safety Program	09/28/2012	ML12272A236	Louis Carson/Dickson		HPIRB is developing corrective action recommendations and these recommendations will be approved by the DRS Division Director by 12/15/2012. No further actions were documented. The responsible inspector kept a status of all items identified by RIV. However, the final recommendations/ tasks were not documented.