

July 23, 2013

Dr. Leah Jamieson, Dean
College of Engineering
Purdue University
West Lafayette, IN 47907

SUBJECT: PURDUE UNIVERSITY - NRC ROUTINE ANNOUNCED INSPECTION REPORT
NO. 50-182/2013-201 AND NOTICE OF VIOLATION

Dear Dr. Jamieson:

The U.S. Nuclear Regulatory Commission (NRC) conducted an inspection from June 10–13, 2013, at your Purdue University Reactor (Inspection Report No. 50-182/2013-201). The inspection included a review of activities authorized for your facility. The enclosed inspection report presents the areas examined and the results of that inspection. Within these areas the inspection consisted of selective examinations of procedures and representative records, interviews with personnel, and observations of activities in progress. An exit meeting to discuss the inspection findings was held with the Associate Head of the Nuclear Engineering Department on June 13, 2013, and discussed with you during a subsequent telephone exit conference on July 18, 2013.

Based on the results of this inspection, the NRC has determined that a Severity Level IV violation of NRC requirements occurred. The violation was evaluated in accordance with the NRC Enforcement Policy, which is included on the NRC's Web site at www.nrc.gov; select **What We Do, Enforcement**, then **Enforcement Policy**. The violation is cited in the enclosed Notice of Violation (Notice) and the circumstances surrounding it are described in detail in the subject inspection report. The violation is being cited in the Notice because it constitutes a failure to meet regulatory requirements that has more than minor safety significance and the issue was identified by the NRC.

A written explanation is required from you, including corrective action steps to be taken and a date when full compliance will be achieved, within 20 days of the date of the Notice.

In accordance with Title 10 of the *Code of Federal Regulations* Section 2.390, "Public inspections, exemptions, and requests for withholding," a copy of this letter and its enclosure will be available electronically for public inspection in the NRC Public Document Room or from the Publicly Available Records component of NRC's document system (Agencywide Document Access and Management System (ADAMS)). ADAMS is accessible from the NRC Web site at (the Public Electronic Reading Room) <http://www.nrc.gov/reading-rm/adams.html>.

L. Jamieson

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Should you have any questions concerning this inspection, please contact Mike Morlang at (301) 415-4092 or by electronic mail at Gary.Morlang@nrc.gov.

Sincerely,

/RA/

Gregory T. Bowman, Chief
Research and Test Reactors Oversight Branch
Division of Policy and Rulemaking
Office of Nuclear Reactor Regulation

Docket No. 50-182
License No. R-87

Enclosure:
As stated

cc w/ encl.: See next page

Purdue University

Docket No. 50-182

cc:

Mayor
City of West Lafayette
609 W. Navajo
West Lafayette, IN 47906

John H. Ruyack, Manager
Epidemiology Res Center/Indoor & Radiological Health
Indiana Department of Health
2525 N. Shadeland Ave., E3
Indianapolis, IN 46219

Howard W. Cundiff, P.E., Director
Consumer Protection
Indiana State Department of Health
2 North Meridian Street, 5D
Indianapolis, IN 46204

Test, Research, and Training
Reactor Newsletter
University of Florida
202 Nuclear Sciences Center
Gainesville, FL 32611

L. Jamieson

- 2 -

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TEMPLATE #: NRC-002

OFFICE	NRR/DPR/PROB/RI	NRR/DPR/PROB/BC
NAME	GMorlang	GBowman
DATE	7/12/13	7/23/13

OFFICIAL RECORD COPY

NOTICE OF VIOLATION

Purdue University
Radiation Laboratory

Docket 50-182
License No. R-87

During a U.S. Nuclear Regulatory Commission (NRC) inspection conducted from June 10–13, 2013, a violation of NRC requirements was identified. In accordance with the NRC Enforcement Policy, the violation is listed below:

Technical Specification 4.4.d requires that representative fuel assemblies shall be inspected annually, with no interval to exceed 15 months.

Contrary to Technical Specifications 4.4.d, the licensee failed to inspect representative fuel assemblies annually, with no interval exceeding 15 months. Specifically, the licensee failed to inspect representative fuel assemblies during calendar year 2012 and had not conducted a fuel inspection through June 13, 2013, a period in excess of the maximum of 15 months allowed.

This has been determined to be a Severity Level IV violation (Section 6.1)

A written explanation is required from you, including corrective action steps to be taken and a date when full compliance will be achieved, within 20 days of the date of this Notice of Violation.

Clearly mark your response as a “Reply to a Notice of Violation,” include the violation number, and send it to the U.S. Nuclear Regulatory Commission, ATTN: Document Control Desk, Washington, DC 20555-0001 with a copy to the Director, Office of Nuclear Reactor Regulation, within 30 days of the date of the letter transmitting this Notice.

If you contest this enforcement action, you should also provide a copy of your response, with the basis for your denial, to the Director, Office of Enforcement, U.S. Nuclear Regulatory Commission, Washington, D.C. 20555-0001. Because your response will be made available electronically for public inspection in the NRC Public Document Room or from the NRC’s Agencywide Documents Access and Management System (ADAMS), to the extent possible, it should not include any personal privacy, proprietary, or safeguards information so that it can be made available to the public without redaction. ADAMS is accessible from the NRC Web site at <http://www.nrc.gov/reading-rm/adams.html>. If personal privacy or proprietary information is necessary to provide an acceptable response, then please provide a bracketed copy of your response that identifies the information that should be protected and a redacted copy of your response that deletes such information. If you request withholding of such material, you must specifically identify the portions of your response that you seek to have withheld and provide in detail the bases for your claim of withholding (e.g., explain why the disclosure of information will create an unwarranted invasion of personal privacy or provide the information required by Section 2.390(b) of Title 10 of the *Code of Federal Regulations* (10 CFR) to support a request for withholding confidential commercial or financial information). If safeguards information is necessary to provide an acceptable response, please provide the level of protection described in 10 CFR 73.21.

In accordance with 10 CFR 19.11, you may be required to post this Notice within 2 working days.

Dated this 23rd day of July, 2013

U. S. NUCLEAR REGULATORY COMMISSION
OFFICE OF NUCLEAR REACTOR REGULATION

Docket No: 50-182

License No: R-87

Report No: 50-182/2013-201

Licensee: Purdue University

Facility: Purdue University Reactor

Location: West Lafayette, IN

Dates: June 10–13, 2013

Inspectors: Mike Morlang
Craig Bassett

Approved by: Gregory T. Bowman, Chief
Research and Test Reactors Oversight Branch
Division of Policy and Rulemaking
Office of Nuclear Reactor Regulation

EXECUTIVE SUMMARY

Purdue University
Purdue University Reactor
NRC Inspection Report No. 50-182/2013-201

The primary focus of this routine, announced inspection was the onsite review of selected aspects of the Purdue University's (the licensee's) Class II research reactor facility safety programs including: (1) organization and staffing, (2) procedures, (3) requalification training, (4) experiments, (5) design changes, (6) emergency planning, (7) maintenance logs and records, and (7) fuel handling logs and records. The licensee's programs were acceptably directed toward the protection of public health and safety and were generally in compliance with U.S. Nuclear Regulatory Commission (NRC) requirements.

Organization and Staffing

- The licensee's organization and staffing were in compliance with the requirements specified in the Technical Specifications.

Procedures

- The inspector found that appropriate procedures were in effect and new procedures were being prepared as needed.
- A previously identified issue associated with Committee on Reactor Operations (CORO) review of procedure changes will remain open.

Requalification Training

- Because only one operator was licensed at the facility, requirements in the facility's NRC-approved requalification plan associated with annual written and operating tests could not be conducted as required.
- One inspector follow-up item (IFI) was identified to review the licensee's actions to address this issue.

Experiments

- No new experiments were requested, but procedures existed to review them pursuant to Technical Specification requirements should one be requested.

Design Changes

- No new changes, tests, or experiments subject to evaluation under Title 10 of the *Code of Federal Regulations* Section 50.59 were performed.
- Two IFIs were identified, one associated with the failure to conduct CORO meetings at the required periodicity and one with the failure to submit annual reports as required.

Emergency Planning

- The emergency preparedness program was generally conducted in accordance with the emergency plan.
- Three IFIs were identified associated with the failure to conduct required periodic CORO reviews of the emergency plan, failure to conduct emergency drills at the required frequency, and failure to conduct an annual inventory of emergency supplies.

Maintenance Logs and Records

- The licensee maintained records documenting principal maintenance activities.

Fuel Handling Logs and Records

- Fuel handling activities were generally completed and documented as required by Technical Specifications and facility procedures.
- One violation was identified for failure to conduct fuel inspections on the required periodicity.

REPORT DETAILS

Summary of Facility Status

Purdue University's (the licensee's) one kilowatt research reactor had been shutdown since April 2013 due to nuclear instrumentation problems. During the inspection the reactor was not operated.

1. Organization and Staffing

a. Inspection Scope (Inspection Procedure (IP) 69001 and IP 92701)

The inspectors reviewed the following regarding the licensee's organization and staffing to ensure that the requirements of Section 6.1 of the licensee's Technical Specifications (TS), Amendment No. 12 to Facility Operating License No. R-87, dated August 9, 2007, were being met:

- Organizational structure
- Staffing requirements
- Reactor Logbook No. 54, February 29, 2011, to November 30, 2011
- Reactor Logbook No. 55, November 30, 2011, to June 26, 2012
- Reactor Logbook No. 56, June 26, 2012, to the present
- File of completed pre-start checklists, including those for 2011, 2012, and to date in 2013
- Committee on Reactor Operations (CORO) meeting minutes
- TS for Purdue University Reactor-1 (PUR-1), Amendment 12, dated August 9, 2007

b. Observations and Findings

Through discussions with licensee representatives, the inspectors determined that the management structure at the facility had not changed since the previous U.S. Nuclear Regulatory Commission (NRC) inspection; however, there were non-managerial staff changes at the facility. At the time of the inspection, the reactor staff consisted of one full time senior reactor operator (SRO), the Reactor Director. Staffing of the reactor shifts, including designated on-call individuals, met TS requirements as documented in the reactor logbook and pre-start checklists.

c. Conclusion

The licensee's organization and staffing were in compliance with the requirements specified in the TS.

2. Procedures

a. Inspection Scope (IP 69001)

The inspectors reviewed the following to ensure that the requirements of TS Section 6.4, "Operating Procedures," were being met:

- PUR-1 Procedures Manual
- PUR-1 91-1, "Reactor Startup, Operation, and Shutdown," dated June 1991
- PUR-1 07-01, "Partial or Complete Disassembly and Reassembly of the PUR-1 Core," dated September 7, 2007
- PUR-1 M-1, "Procedure for Checking Meter Contact Switches," dated June 29, 1995
- PUR-1 M-2, "Procedure for Checking the Source Missing Interlock," dated June 8, 1995
- PUR-1 M-3, "Procedure for Determining Magnet Current Settings and Checking the Fast Scrams," dated June 29, 1995
- PUR-1 M-4, "Procedure for Measuring Shim-Safety Rod Drop Times," dated July 28, 1995
- PUR-1 M-5A, "Calibration of Radiation Area Monitors (RAM) Model GA-6," dated April 25, 2001
- PUR-1 M-6, "Determining Excess Reactivity," dated July 27, 1995

b. Observations and Findings

The inspectors reviewed the licensee's written procedures and revisions to procedures. Procedures appeared thorough and of the appropriate level of detail. The Procedures Manual included lists of "Approved Procedures," "Maintenance Procedures," and "Emergency Procedures," all of which were reviewed and approved by the CORO.

During a previous inspection, the inspector identified that a number of pen and ink changes had been made to procedures, but that these changes had not been reviewed by the CORO as required. At that time this issue was identified as an unresolved item (URI) that would be reviewed during a future inspection. During this inspection, the inspector noted that these documents had been totally rewritten and had been revised through three review cycles. The procedures were to have been reviewed at the next CORO meeting; however, as of the date of the inspection, these procedure revisions had still not been approved by the CORO. The licensee was informed that this issue will remain open and will be reviewed during a future inspection (URI-50-182/2010-201-01).

c. Conclusion

The inspectors found that appropriate procedures were in effect and new procedures were being prepared as needed. The previously identified URI associated with CORO review of procedure changes will remain open.

3. **Requalification Training**

a. Inspection Scope (IP 69001 and IP 92701)

The inspectors reviewed the following to verify that the requirements of Title 10 of the *Code of Federal Regulations* (10 CFR) Part 55 were being met:

- Operator Requalification Program for the PUR-1 Reactor Facility, dated February 12, 1988
- Operator's Requalification Program Performance Evaluation Form, dated April 9, 2009
- American National Standards Institute/American Nuclear Society Section 15.4, "Certification of Medical Examinations," dated April 8, 2009
- Senior Reactor Operator Requalification Written Exam, dated June 2012

b. Observations and Findings

The inspectors reviewed the requalification records for the one licensed SRO at the facility and noted that they were maintained as required by the requalification program. However, with only one SRO at the facility, periodic written and operating tests could not be conducted as required by the requalification program. Rather, the inspectors determined that the licensee conducted its requalification program through discussing and reviewing changes in the facility, procedures, and the facility's license, and reviewing and simulating abnormal and emergency procedures. The licensee was informed that failure to conduct written and operating exams as required by the requalification plan is a minor violation that will be followed by the NRC as an inspector follow-up item (IFI) and reviewed during an upcoming inspection (IFI 50-182/2013-201-01).

c. Conclusions

Current operator requalification was not conducted as required by the requalification plan because only one operator was licensed at the facility. One IFI was identified to review the licensee's actions to address this issue.

4. **Experiments**

a. Inspection Scope (IP 69001)

The inspectors reviewed the following to verify compliance with TS 3.5, "Limitations on Experiments":

- Requested irradiations forms
- CORO minutes for 2011 and 2012
- TS 4.5, "Experiments"
- PUR-1 Procedure 05-01, "Sample Irradiation," dated June 14, 2005

- PUR-1 Procedure 91-3, "Sample Irradiation in Drop Tubes," dated June 1991

b. Observations and Findings

The inspectors reviewed the irradiations requests and through discussion with staff members determined that no new types of experiments were reviewed or approved during the past 2 years. Procedures were observed to be in effect to require an evaluation of new experiments for conformance to TS requirements at such time as an experiment of a new type is requested.

c. Conclusion

No new experiments were requested. Procedures existed to review them pursuant to TS requirements should one be requested.

5. Design Changes

a. Inspection Scope (IP 69001)

The inspectors reviewed the following materials to verify compliance with regulatory requirements:

- Report on Reactor Operations for the Period January 1, 2010, to December 31, 2010, dated March 2011
- Requested irradiations forms
- Reactor License Audit, conducted May 30, 2012
- Reactor License Audit, conducted June 3, 2013

b. Observations and Findings

The licensee reported that, since the previous inspection, there had been no changes made which constituted a change reportable under 10 CFR 50.59. Changes to structures, systems, or components were typically reviewed and evaluated by the reactor staff and then reviewed and approved by the facility CORO during their semiannual meetings. The inspectors reviewed the CORO meeting minutes for the past 3 years. No changes had been reviewed recently. However, it was also noted that no CORO meeting had been held since June 2012. TS 6.2.3 requires that the CORO meet semiannually, with no interval to exceed seven and a half months. The licensee was informed that the failure to hold CORO meetings at the proper frequency as required by TS 6.2.3 is a minor violation that will be followed by the NRC as an IFI to be reviewed during an upcoming inspection (IFI 50-182/2013-201-02).

Information on changes to the facility was typically reported through the facility annual reports as required by TS 6.6.1. Through a review of the latest facility annual reports, the inspectors noted that no annual reports had been submitted

to the NRC for the years 2011 and 2012. The licensee was informed that the failure to submit an annual report to the NRC each year as required in TS 6.6.1 is a minor violation that will be followed by the NRC as an IFI and reviewed during an upcoming inspection (IFI 50-182/2013-201-03).

c. Conclusion

No new changes, tests, or experiments subject to 10 CFR 50.59 reporting were performed. Two IFIs were identified, one associated with the failure to conduct CORO meetings at the required periodicity and one with the failure to submit annual reports as required.

6. Emergency Preparedness

a. Inspection Scope (IP 69001)

The inspectors reviewed the implementation of selected portions of the emergency preparedness program including:

- Emergency Plan for the Purdue University Reactor, dated March 20, 2000
- Emergency Procedure No. 03-1-EP, approved March 25, 2003
- Summaries of Purdue Reactor emergency drills, held October 12, 2010, and November 4, 2011
- Emergency Response Team Radiation Scenario Exercise After Action Report, dated October 12, 2010

b. Observations and Findings

The current emergency plan (E-Plan) revision, which was issued several years ago, had been reviewed by the CORO, which determined that the changes made did not reduce the effectiveness of the plan. The inspectors noted that TS 6.2.6 requires that the facility's E-Plan be reviewed by the CORO biennially at intervals not to exceed two and a half years. While the current E-Plan was reviewed by the CORO when it was issued, no CORO review of the E-Plan had been completed since June 2010, a period in excess of that allowed by TS 6.2.6. The licensee was informed that the issue of not conducting a biennial review of the E-Plan as required by TS 6.2.6 is a minor violation that will be followed by the NRC as an IFI and reviewed during an upcoming inspection (IFI 50-182/2013-201-04).

The inspectors determined that the licensee conducted training for emergency response personnel as required. This was accomplished through the operator requalification program at the facility.

Exercises and drills required by Section 9.2 of the E-Plan were reviewed. It was noted that a drill had been conducted on October 10, 2010, to reinforce training. The drill involved three hospitals, six ambulances, Purdue Emergency Medical Services personnel, the Purdue University Police Department (PUPD), and the

Purdue University Fire Department (PUFD). Lessons learned appear to be adequately addressed in the after action report and corrected by the respective party having a deficiency. A tabletop drill had been conducted on November 4, 2011, to evaluate multi-agency response to security, fire, and injured person events. The inspectors noted that no drill had been conducted in 2012 and no

drill had been conducted in 2013 as of the date of the inspection. The licensee was informed that the issue of not conducting an annual drill as required by Section 9.2 of the E-Plan is a minor violation that will be followed by the NRC as an IFI and reviewed during an upcoming inspection (IFI 50-182/2013-201-05).

The inspectors reviewed the emergency supplies that were maintained at the facility for use in responding to various situations. The supplies were being maintained properly. It was noted that Section 9.5 of the E-Plan requires that these supplies be verified and checked annually by the PUR-1 staff. The last check was completed on January 19, 2012, a period in excess of that allowed by the E-Plan. The licensee was informed that the issue of not completing an annual check of the emergency supplies as required by the E-Plan is a minor violation that will be followed by the NRC as an IFI and reviewed during an upcoming inspection (IFI 50-182/2013-201-06).

PUFD had a protocol that stipulated that a contaminated, injured person from the reactor facility would be transported to any hospital based on the person's wishes and/or on the extent of the person's injuries. Subsequently, the inspectors, accompanied by the Laboratory Director, visited the St. Elizabeth hospital and toured the emergency response facilities that would be available in case of an emergency. It was noted that the hospital was adequately equipped and staffed to handle any problem that might arise at the PUR-1 facility. Staff members at the hospital confirmed that the hospital would provide support for the facility and would be available during an emergency.

An inspector and the Laboratory Director visited PUFD facilities to ascertain emergency preparedness. PUFD personnel provided a description of response activities and capabilities. Regarding PUFD fire response, the on-duty staff provided a discussion of radiological equipment use and proficiency. Through discussions with the Fire Chief, the inspector noted that PUFD personnel, including those on back shifts, had received extensive training as required. It was also noted that new PUFD personnel were required to have a familiarization tour of the reactor facility as soon as possible after starting work. The inspector also visited the dispatch center of the PUPD and noted the PUPD capabilities to receive information from the reactor facility and respond to any problems that might arise.

c. Conclusion

The emergency preparedness program was generally conducted in accordance with the E-Plan. However, three IFIs were identified associated with the failure to conduct required periodic CORO reviews of the E-Plan, failure to conduct

emergency drills at the required frequency, and failure to conduct an annual inventory of emergency supplies.

7. Maintenance Logs and Records

a. Inspection Scope (IP 69001)

The inspectors reviewed the following selected maintenance logs and records to verify compliance with the requirements of TS 6.5.1.a:

- Maintenance Logbook from October 28, 2009, to present
- Reactor Logbook No. 54, February 29, 2011, to November 30, 2011
- Reactor Logbook No. 55, November 30, 2011, to June 26, 2012
- Reactor Logbook No. 56, June 26, 2012, to the present

b. Observations and Findings

The inspectors reviewed selected portions of the reactor and maintenance logbooks covering the interval of time since the previous inspection. Major maintenance activities were found documented with detail commensurate with the safety significance of the activity. The inspectors noted corresponding entries in the reactor and maintenance logs allowing detail tracking of events.

It was also noted that preventive maintenance was typically performed every 6 months. However, there had been no reactor operations since April 2, 2013, due to problems with the control console start-up channel. Consequently, all the preventive maintenance and calibrations of various pieces of equipment will have to be completed prior to resuming operation of the reactor.

c. Conclusion

The licensee maintained records documenting all maintenance activities as required by TS.

8. Fuel Handling Logs and Records

a. Inspection Scope (IP 69001)

The inspectors reviewed the following to verify compliance with requirements of TS 6.5.2.d:

- PUR-1 Procedures Manual
- PUR-1 Standard Operating Procedure 07-04, "Initial Fuel Assembly Loading Procedure," reviewed by CORO August 31, 2007
- Reactor Logbook No. 54, February 29, 2011, to November 30, 2011
- Reactor Logbook No. 55, November 30, 2011, to June 26, 2012
- Reactor Logbook No. 56, June 26, 2012, to the present

- Report on Reactor Operations for the Period January 1, 2010, to December 31, 2010, dated March 2011
- PUR-1 Standard Operating Procedure 07-05, "Core Loading Procedure," reviewed by CORO September 7, 2007
- PUR-1 Standard Operating Procedure 07-01, "Partial or Complete Disassembly and Reassembly of the Core," reviewed by CORO September 1, 2007

b. Observations and Findings

Procedures for refueling, fuel movement, and TS-required fuel inspections and surveillances were reviewed and approved as required.

TS 4.4.d requires that the licensee inspect representative fuel assemblies on an annual basis with no interval exceeding 15 months. The inspectors determined through review of reactor logbooks that annual fuel inspections were performed on March 15, 2010, and September 16, 2011, using an underwater camera. However, the inspectors also noted that no fuel inspections had been completed in 2012 or in 2013 through the date of the inspection. The failure to complete fuel assembly inspections at the required periodicity was determined to represent a Severity Level IV violation of TS 4.4.d (VIO 50-182/2013-201-01).

Although no fuel had been moved recently, through records review the inspectors noted that fuel movement, log keeping, and data recording were being done as directed by procedures. Log entries clearly identified that a licensed SRO was present for all fuel inspections.

c. Conclusion

Fuel handling activities were completed and documented as required by TS and facility procedures. One violation was identified for the failure to conduct the annual TS-required fuel inspection (VIO 50-182/2013-201-01).

9. Exit Meeting Summary

The inspectors reviewed the inspection results with members of licensee management at the conclusion of the inspection on June 13, 2013, and during a subsequent phone conference with licensee management on July 18, 2013. The licensee acknowledged the findings presented and did not identify as proprietary any of the material provided to or reviewed by the inspectors during the inspection.

PARTIAL LIST OF PERSONS CONTACTED

Licensee

T. Hibiki	Professor and Associate Head, School of Nuclear Engineering
J. Jenkins	Director of Radiation Laboratory
L. Jamieson	Dean, College of Engineering
J. Schweitzer	Director, Radiation Safety Office and Radiation Safety Officer

Other Personnel

K. Ply	Chief, Fire Department, Purdue University
D. Reisman	Operations Manager, Radiology, St. Elizabeth Hospital
M. Rosenbarger	Detective Sergeant, Police Department, Purdue University
V. Snipes	Safety Officer, Director of Emergency Preparation, and Director EVS, St. Elizabeth Hospital

INSPECTION PROCEDURES USED

IP 69001	Class II Research and Test Reactors
IP 92701	Follow-up

ITEMS OPENED, CLOSED, AND DISCUSSED

Opened

50-182/2013-201-01	VIO	Failure to conduct Technical Specification required fuel inspection.
50-182/2013-201-01	IFI	Follow-up on the issue of conducting requalification written and operating tests.
50-182/2013-201-02	IFI	Follow-up on the issue of holding semiannual CORO meetings at the proper frequency as required by TS 6.2.3.
50-182/2013-201-03	IFI	Follow-up on the issue of submitting an annual report to the NRC each year as required TS 6.6.1.
50-182/2013-201-04	IFI	Follow-up on the issue of conducting a biennial review of the E-Plan as required by TS 6.2.6.
50-182/2013-201-05	IFI	Follow-up on the issue of conducting an annual drill as required by Section 9.2 of the E-Plan.
50-182/2013-201-06	IFI	Follow-up on issue of the completion of an annual check and verification of the emergency supplies as required Section 9.5 of the E-Plan.

Closed

None

Discussed

50-182/2010-201-01 URI Failure to have pen and ink temporary changes to procedures reviewed by the CORO.

PARTIAL LIST OF ACRONYMS USED

10 CFR	Title 10 of the <i>Code of Federal Regulations</i>
ADAMS	Agencywide Document Access Management System
CORO	Committee on Reactor Operations
E-Plan	Emergency Plan
IFI	Inspector Follow-up Item
IP	Inspection Procedure
NRC	U.S. Nuclear Regulatory Commission
PUFD	Purdue University Fire Department
PUPD	Purdue University Police Department
PUR-1	Purdue University Reactor 1
Rev.	Revision
SRO	Senior Reactor Operator
TS	Technical Specifications
URI	Unresolved Item