

GEORGIA AGREEMENT STATE PROGRAM
INTEGRATED MATERIALS PERFORMANCE EVALUATION PROGRAM
QUESTIONNAIRE REPORT
26 OCTOBER 2012 to 31 JANUARY 2014

A. GENERAL

1. The Georgia Agreement State Program (“the Program”) is currently in the process of a complete programmatic overhaul. In fifteen months, the Program addressed eleven of twelve previous Integrated Materials Performance Evaluation Program (IMPEP) findings. The Program identified four additional findings throughout the review period that will be addressed in the future. The Program Improvement Plan (PIP) summarizes the status of these items in Enclosure (1).

B. COMMON PERFORMANCE INDICATORS

I. Technical Staffing and Training

2. The Program’s organizational structure is provided in Enclosure (2). This highlights all members from the ground floor up to the Governor.
3. All of the Program’s staff members are expected to perform licensing and inspection tasks at this point in time. A small percentage of time is allotted for emergency response since they all are required to take part in incident or allegation response. The Program also partakes in nuclear power plant emergency planning drills. Enclosure (3) lists a breakdown of staff members’ responsibilities by full-time equivalent percent.
4. The Program hired a number of new staff during the latest review period. Enclosure (4) lists background information on each.
5. Only those hired in this last review period are not considered qualified at present. Enclosure (4) contains those individuals, courses they still require and estimated dates for completing the qualification process.
6. The Program implemented a formal training and qualification process in June 2013. Any staff members hired after this date are subject to its requirements. The qualification journal and training manuals were modeled after the Nuclear Regulatory Commission’s (NRC) Inspection Manual Chapter (IMC) 1248. The new policy requires extensive training and experience before an individual becomes fully qualified. The Program members who are not qualified and came before implementation must achieve comparable levels of experience before attaining qualifications.
7. There were three staff members that left the Program during the review period. Interim program manager, Jim Hardeman, retired as of 30 April 2013. Frank Nederhand, a specialist, retired from the program as of 31 May 2013. Last was another specialist, Travis Cartoski, who resigned from the program as of 3 May 2013 but decided to come back a few months later.

8. Currently, the Program has no vacant positions.
9. No oversight committee or board works in association with the Program.

II. Status of Materials Inspection Program

10. The Program schedules all inspections at the periodicity specified in IMC 2800. Enclosure (5) shows the different inspection codes and frequencies utilized.
11. From 26 October 2012 to 31 December 2012, the Program completed 0 priority 1, 2 priority 2, 5 priority 3, and 3 initial inspections. From 1 January 2013 to 31 December 2013, the Program completed 8 priority 1, 29 priority 2, 33 priority 3, and 10 initial inspections. To date in 2014, the Program completed 0 priority 1, 0 priority 2, 0 priority 3, and 1 initial inspection.
12. Enclosure (6) identifies all the priority 1-3 and initial inspections conducted over the recent review period. Those conducted overdue will have a positive number of days under item (7), "Amount of time overdue." If the inspection was conducted beyond acceptable scheduling tolerances, then the row will be highlighted in light red.
13. Pending overdue inspections are also listed within Enclosure (6); if currently beyond acceptable deadlines, then they will be highlighted in light red.
14. From 26 October 2012 to 31 December 2012, the Program completed 0 reciprocity inspections of the 13 candidates. From 1 January 2013 to 31 December 2013, the Program completed 5 reciprocity inspections of the 26 candidates. To date in 2014, the Program completed 0 reciprocity inspections of the 6 candidates.

III. Technical Quality of Inspections

15. In May 2013, the Program completed an entirely new inspection procedure (IP). This procedure outlines the expectations and policies regarding all possible inspection activities. The IP captures many shared elements with the NRC's IMC 2800. It gives explicit direction on how to handle each activity, from preparation to documenting the results. The procedure will be reviewed on a biannual basis and updated as needed.
16. Enclosure (7) lists all supervisory accompaniments made during the latest review period.
17. The Program inspectors primarily utilize a Bicon Surveyor 2000E pancake Geiger Muller (PGM). These are calibrated by an out of state facility (to avoid conflicts of interest) or by the manufacturer. Other devices include Ludlum NaI detectors, one Eberline RO-28 ion chamber, 16 pocket dosimeters, and 10 alarming rate meters.

In addition to instruments maintained by the Program, the Environmental Radiation program controls many more devices and capabilities. They have a mobile laboratory that contains a liquid scintillator counter, high purity germanium detectors, and gas proportional alpha/beta counters. With these they provide technical and laboratory assistance to the Program's inspectors when samples require further analysis.

Enclosure (8) provides a list of all instrumentation and calibration dates. There were no issues throughout the review period with maintaining a sufficient amount of calibrated instruments. At this time, three PGM probes have purchase orders submitted requesting calibration.

IV. Technical Quality of Licensing Actions

18. The Program currently regulates 471 specific licensees.
19. The only ongoing complex license action for this review period is a decommissioning by Imerys Kaolin, Inc (GA 903-1). This action first started back in 2003, but the first documented action was around 2009. The licensee is authorized for naturally occurring radioactive material (NORM) that concentrates during the filtration of kaolin on certain devices. Most of the equipment was released and removed; however, they are still in the process of finalizing the sampling plan for land release.
20. No exemptions from policies, procedures or regulations were granted.
21. The Program is presently drafting a formal licensing procedure and anticipates completion in early 2014. Meanwhile, a number of internal policies and temporary licensing instructions (TLI) were issued to ensure consistent licensing activities.

NRC trained the Program staff on 30 July 2013 concerning pre-licensing requirements. This training reinforced the Program's requirements to collect sufficient evidence for a basis of confidence prior to license issuance. For all unknown entities, an in-person pre-licensing visit or hand-delivery of the license must be made to ensure intent of licensee.

Two TLIs were issued in fall of 2013. The first addressed expectations for the staff to complete different licensing actions in a timely manner; it also specified certain language for use in licensee correspondence to hopefully promote quicker information exchanges. The second TLI outlined the screening, marking, and storage of security related increased controls documentation for more consistent handling practices.

Finally, the Program updated the Medical Licensing Guide in September 2013. This guide was modeled after the NRC's NUREG-1556 Volume 9, Revision 2 for "Program-Specific Guidance about Medical Use Licenses."

22. Enclosure (9) lists all renewals outstanding for more than one year.

V. Technical Quality of Incident and Allegation Activities

23. No additional reportable events to report; the Program submitted all reportable events known.
24. The Program revised its incident and allegation procedures in July 2013. The new version parallels the NRC's procedure, SA-300, for reporting material events. The procedure highlights the responsibilities for all staff members from collecting initial details, to responding to incidents, and finally the reporting requirements.

An event tracking system used within the department was configured in early 2013 to accommodate the Program's needs, and staff members utilize this complaint tracking system (CTS) for recording all details pertaining to incidents and allegations.

C. NON-COMMON PERFORMANCE INDICATORS

I. Compatibility Requirements

- 25. Legislation affecting the Program includes the Official Code of Georgia (O.C.G.A) 31 -13 which is the state's radiation control act; this has not changed in reference to the materials program since 1990.
- 26. The Program regulations are not subject to "Sunset" laws and are not set to expire at any given date.
- 27. Georgia Board of Natural Resources recently approved Chapter 391-3-17 for its latest version on 3 December 2013; these were forwarded to the NRC for final compatibility review on 20 December 2013. The changes addressed the following regulation amendments (RATS IDs): 1991-4, 2001-1, 2007-2, 2007-3, 2008-1 and 2009-1.

Regulation changes pertaining to RATS IDs: 2011-2 and 2012-1 are targeted to be addressed in the next set of rule changes. The Program will incorporate newer RATS ID items in subsequent revisions.

Georgia's State Regulation Status (SRS) spreadsheet appears up to date and in order other than the previously mentioned approved rule changes in December 2013.

- 28. The Program was overdue on making the most recent rule revisions; however, there should be no further issues in the future. The rulemaking process in Georgia requires an allotted time for Board review and public comment. This can delay things, but it usually only adds six to eight months from when the Program staff finish rule preparation. From start to finish, a rule change should take less than a year by current Georgia rulemaking processes.

II. Sealed Source and Device (SS&D) Evaluation Program

- 29. Not applicable.
- 30. Not applicable.

III. Low-level Radioactive Waste Disposal Program

- 31. Not applicable.

IV. Uranium Recovery Program

- 32. Not applicable.

List of Enclosures (As of 10 January 2014):

- Enclosure (1) – Performance Improvement Plan (PIP)
- Enclosure (2) – Organizational Chart
- Enclosure (3) – Staffing Plan
- Enclosure (4) – New Hires and Qualification Status
- Enclosure (5) – Inspection Priorities
- Enclosure (6) – Inspection Statistics
- Enclosure (7) – Supervised Inspections
- Enclosure (8) – Instrumentation List
- Enclosure (9) – Outstanding Renewals

GEORGIA AGREEMENT STATE PROGRAM
PERFORMANCE IMPROVEMENT PLAN AND PROGRESS REPORT – ENCLOSURE (1)

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 6. Implement KS database features to replace spreadsheet. 	<ol style="list-style-type: none"> 1. Mueller, Hardeman 2. Mueller, Hardeman 3. All Staff 4. Mueller, Crowley 5. Mueller, Crowley 6. Crowley 	<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 6. April 1, 2014 	<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. Inspections through the end of March 2014 have been added to the spreadsheet. 6. Not started. 	<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. In progress. 6. 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 	<ol style="list-style-type: none"> 1. Mueller 2. Cartoski 3. Mueller 4. Mueller, Crowley 5. Mueller, Crowley 	<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 July 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 edits to management on February 26, 2013 3. Procedures were finalized May 31, 2013. 4. Training was conducted on July 23, 2013. 5. Not started yet, but need to re-evaluate more complex scenarios and when certain sections may 	<ol style="list-style-type: none"> 1. First draft completed February 11, 2013 2. Specialist completed review February 26, 2013 3. May 31, 2013 4. July 23, 2013 5. TBD

IMPEP Recommendations	Task(s)	Milestones (update as necessary)	Assignments	Anticipated Completion Date(s)	Status be applicable.	Actual Completion Date
<p>3. The review team recommends that the State perform Increased Controls security inspections at least as frequently as the priority of the license being inspected. (Section 3.3)</p>	<p>Establish a policy 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.</p>	<ol style="list-style-type: none"> 1. Verbally establish policy 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"> 1. Mueller 2. Hardeman 3. Mueller 4. Mueller, Crowley 5. Crowley 6. Mueller, Crowley 	<ol style="list-style-type: none"> 1. Institute policy 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 	<ol style="list-style-type: none"> 1. Policy has been Instituted 2. Manager requires post-inspection report out and discusses IC component is required. 3. Procedures were finalized May 31, 2013. 4. Required in final inspection procedures. 5. Working with NRC Regional State Agreement Officer to schedule training for June 6, 2013 6. Training was conducted on July 23, 2013. 	<ol style="list-style-type: none"> 1. Policy instituted at January 15, 2013 staff meeting. 2. All inspections since January 15, 2013 have included the required report out to manager 3. May 31, 2013 4. May 31, 2013 5. July 23, 2013.
<p>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)</p>	<p>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.</p>	<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, Crowley, Seale 7. Crowley 	<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, 2012 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

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		<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 was developed on March 18. All accompanied inspections were completed on May 29, 2013.</p> <p>6. In addition to being provided with individual inspection reports, management was fully briefed on all accompanied inspections on June 4, 2013. Primary findings were a need to improve survey techniques, brush up on signage requirements and improve performance based inspection approaches.</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. May 29, 2013</p> <p>6. June 4, 2013</p> <p>7. TBD</p>
<p>5. The review team recommends that the State update its medical licensing guidance documents to be consistent with Georgia regulations. (Section 3.4)</p>	<p>Update and keep current our medical licensing guidance documents to be consistent with Georgia regulations and with the latest version of NUREG-1556</p>	<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>1. Bennett</p> <p>2. Crowley, Mims</p> <p>3. Bennett, Crowley, 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</p>	<p>1. IB has begun updating existing guidance to more closely reflect latest NUREG 1556. IB completed initial draft on March 5. JM completed second review April 5.</p> <p>2. Staff completed</p>	<p>1. April 5, 2013</p> <p>2. May 31, 2013.</p> <p>3. August 16, 2013.</p> <p>4. September 17, 2013TBD</p>

IMPEP Recommendations	Task(s)	Milestones	Assignments	Anticipated Completion Date(s)	Status	Actual Completion Date
		5. Annually review GA licensing guides and monitor NRC All Agreement State letters for changes and revisions that need to be incorporated into the guides (update as necessary)		calendar year	<ul style="list-style-type: none"> review by May 31, 2013. 3. Revised guidance finalized August 16, 2013. 4. Training conducted September 17, 2013. 5. Not started yet 	
6. The review team recommends that the State verify that all previously approved medical authorized users have proper documentation of their qualifications, since the new requirements were initiated in 2008. (Section 3.4)	Ensure all previously approved medical authorized users have proper documentation. Implement a policy to ensure AU's are added to license, in accordance with Georgia regulations, in the future.	<ul style="list-style-type: none"> 1. Require a specific step during the peer review of medical licenses to ensure all new AUs being added have proper documentation 2. Review existing licenses to determine universe of authorized users. 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 	<ul style="list-style-type: none"> 1. Crowley, Odom 2. Crowley, Odom 3. Crowley, Odom 4. All staff 5. All staff 	<ul style="list-style-type: none"> 1. Implement peer review process by January 2, 2013 2. Determine universe of authorized users by April 1, 2013 (estimate is that 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 August 1, 2014 	<ul style="list-style-type: none"> 1. Peer review of medical licenses is being conducted to ensure new AUs have proper documentation 2. As of June 7, 2013 all active licenses have been reviewed for the addition of an AU since 2008. 3. As of June 7, 2013, 285 AUs have been identified as needing additional documentation and 1388 were added prior to the 2008 start date and therefore have been grandfathered 4. Instead of contacting remaining 220 (~150 of those only need preceptor attestations) AUs individually, the program will request the necessary credentials when it receives a notification, amendment or renewal letter. 5. Remaining gaps in certifying documentation will be actively requested starting 	<ul style="list-style-type: none"> 1. Began January 2, 2013 and it is ongoing 2. June 7, 2013 3. June 7, 2013 4. Ongoing 5. Not started

IMPEP Recommendations	Task(s)	Milestones	Assignments	Anticipated Completion Date(s)	Status	Actual Completion Date
					CY2014 and finished by August 2014.	
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 within overall licensing procedures (see program identified weakness #2). 4. Circulate draft for specialists input 5. Finalize procedures 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. Crowley 3. Cartoski 4. All staff 5. Mueller, Crowley 6. Cartoski 7. Crowley 	<ol style="list-style-type: none"> 1. January 2, 2013 2. Schedule NRC refresher training for March, 2013 3. First draft by December 1, 2013 4. Specialists complete review and input by February 28, 2014 5. Final version by March 31, 2014 6. Train all by March 31, 2014 7. March 31, 2014 	<ol style="list-style-type: none"> 1. Staff are now hand delivering all new licenses 2. Training was conducted July 30, 2013. 3. In progress. Interim licensing procedures covering "Additional Information Requests and Timely Filed Notices" and "Identifying, Marking, and Securing of Increased Controls (IC) Documents" have been instituted while draft licensing procedures are under review. 4. Management reviewing/commenting before passing on to staff. 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. July 30, 2013. 3. December 2, 2013. 4. In progress. 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 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	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 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 	<ol style="list-style-type: none"> 1. Hardeman 2. Hardeman, Jameson 3. All staff 4. Crowley, Mueller 5. Crowley, Jameson 6. Crowley, Jameson 	<ol style="list-style-type: none"> 1. Conduct refresher training in February 2. Complete draft of incident procedures by March 15, 2013. 3. Specialists complete review by April 1, 2013 4. Final procedure by April 15, 2013 5. May 1, 2013 6. January 2013 and monthly thereafter 	<ol style="list-style-type: none"> 1. Refresher training was provided by NRC 2. Initial draft of procedures was completed March 26. EJ completed the second review on June 4, 2013.. 3. Staff completed review on June 25, 2013. 4. Revised procedures were finalized July 31, 2013. 5. Training is scheduled for August 27, 2013. 6. Monthly review 	<ol style="list-style-type: none"> 1. Refresher training conducted February 12, 2013 2. June 4, 2013 3. June 25, 2013. 4. July 31, 2013 5. August 27, 2013. 6. Ongoing.

IMPEP Recommendations	Task(s)	Milestones	Assignments	Anticipated Completion Date(s)	Status	Actual Completion Date
Material Events.” (Section 3.5)		in a timely manner			began in January	
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 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	Develop incident response procedures which address all elements of the recommendation and find ways to ensure management awareness of all reported incidents.	<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, Jameson 7. All staff 8. Crowley, Mueller 9. Crowley, 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 is 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 in CTS for proper documentation and will follow-up with the entering staff person if additional information is needed. 5. Manager to begin reviewing CTS weekly in early January 6. Complete draft of incident procedures by 	<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. Initial draft of procedures was completed March 26. EJ completed the second review on June 4, 2013. 7. Staff completed review on June 25, 2013. 8. Revised procedures were finalized July 31, 2013. 9. Training conducted August 27, 2013. 	<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. June 4, 2013. 7. June 25, 2013. 8. July 31, 2013. 9. August 27, 2013.

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facilitate future followup. (Section 3.5)				March 15, 2013. 7. Specialists complete review by April 1, 2013 8. Final procedure by April 15, 2013 9. Train all staff by May1, 2013		
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 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 allegers. (Section 3.5)	Revise current allegation procedures to address all elements of the recommendation and find ways to ensure management awareness of all reported incidents.	<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 procedure document and implement. 	<ol style="list-style-type: none"> 1. Hays 2. All staff 3. All staff 4. All staff 5. Hardeman, Jameson 6. All staff 7. Crowley, Mueller 8. Crowley, 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 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 	<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. Initial draft of procedures was completed Mach 26. EJ completed the second review on June 4, 2013. 6. Staff completed review on June 25, 2013. 7. Revised procedures were finalized July 31, 2013. 8. Training conducted August 27, 2013. 	<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. Manager began reviewing CTS weekly on January 8, 2013 5. June 4, 2013 6. June 25, 2013. 7. July 31, 2013. 8. August 27, 2013.

IMPEP Recommendations	Task(s)	Milestones	Assignments	Anticipated Completion Date(s)	Status	Actual Completion Date
				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		
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).	Qualify two additional SS&D reviewers (one primary and one secondary).	<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 new manager is hired and trained a secondary reviewer 	<ol style="list-style-type: none"> 1. Mueller 2. Nederhand 3. Jameson, Nederhand 4. Crowley 5. Jameson, Crowley 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 being hired 5. Complete on the job training within two years of program manager being hired 6. Ongoing as needed 	<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. On June 5, 2013 Governor Deal signed a letter requesting the return of the SS&D program to the NRC. 2. Nederhand has attended H-122 (1/28-2/8), G-108 (3/4-3/8) and G-109 (3/11-3/15). Nederhand has retired effective May 31, 2013. 3. OJT is occurring 4. David Crowley hired as new program manager effective May 1, 2013. 5. David Crowley hired as new program manager effective May 1, 2013. 6. This is no longer necessary. Governor Nathan Deal submitted a letter to NRC to give up SS&D program on June 5th, 2013. A letter response to 	<ol style="list-style-type: none"> 1. Governor's letter signed June 5, 2013. 2. Nederhand retired May 31, 2013. 3. Nederhand retired May 31, 2013. 4. In light of the June 5, 2013 Governor's letter, training the new manager will not be a priority. 5. In light of the June 5, 2013 Governor's letter, training the new manager will not be a priority. 6. In light of the June 5, 2013 Governor's letter, training the new manager will not be a priority. Staff will begin preparing the SS&D files for transfer to NRC. All files have been transferred to NRC.

IMPEP Recommendations	Task(s)	Milestones	Assignments	Anticipated Completion Date(s)	Status	Actual Completion Date
					Governor Deal approved taking back the program dated August 15 th , 2013 and will become active on August 22 nd , 2013. The files will be transferred on/after the 22 nd based on the NRC's availability.	
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.	<ol style="list-style-type: none"> 1. Develop a spreadsheet identifying all subject registrations. 2. Identify target dates to complete inactivation. 3. Inactivate applicable registrations. 	<ol style="list-style-type: none"> 1. Jameson, Nederhand 2. Jameson, Nederhand 3. Jameson, Nederhand 	<ol style="list-style-type: none"> 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 	<ol style="list-style-type: none"> 1. Spreadsheet has been developed 2. Target dates have been identified and incorporated into the spreadsheet 3. Inactivations are In progress – as of June 1, 50% of the identified registrations have been inactivated. 	<ol style="list-style-type: none"> 1. February 12, 2013 2. February 12, 2013 3. In light of the June 5, 2013 Governor's letter, staff will begin preparing the files for transfer to NRC. All files have been transferred to NRC.
13. Improve communication and foster a strong safety culture within the program	Improve communication, camaraderie and safety culture	<ol style="list-style-type: none"> 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 6. Implement a suggestion box to receive anonymous feedback about the program from staff. 	<ol style="list-style-type: none"> 1. Mueller 2. Crowley 3. Crowley 4. Crowley 5. Mueller, All staff 6. Mueller, Crowley 	<ol style="list-style-type: none"> 1. January 8, 2013 2. December 10, 2012 3. January 8, 2013 4. January 8, 2013 5. January 31, 2013 6. January 17, 2014 	<ol style="list-style-type: none"> 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 	<ol style="list-style-type: none"> 1. January 8, 2013 2. December 10, 2013 / Ongoing 3. January 8, 2013 / Ongoing 4. January 8, 2013 / Ongoing 5. January 24, 2013 6. Interim complete as of 9 January 2014, in progress.

IMPEP Recommendations	Task(s)	Milestones	Assignments	Anticipated Completion Date(s)	Status	Actual Completion Date
					6. Branch's building Box ordered and to be placed in the file room. Interim collection process in place.	

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.

Update: David Crowley was promoted to Program Manager effective May 1, 2013. Travis Cartoski resigned effective May 3, 2013. Frank Nederhand retired effective May 31, 2013. Three vacant positions were advertised on May 15, 2013 and closed on May 24, 2013. Interviews will be conducted in the month of June 2013.

Update: The program hired three staff to fill the gaps made by promoting within and Frank/Travis leaving. Fortunately, Travis actually decided to come back and will be a tremendous help in alleviating the training process of the other two staff. The two new individuals are Amy Mundell and Gregory Reese. Amy has experience with DNR/EPD work as well as being experienced with compliance and enforcement of environmental regulation; she will be a key component in strengthening the programs enforcement policies. Gregory started his career working in the nuclear power plant industry testing primary plant chemistry and since then has been working mostly with hazardous materials. He is excited to start learning the specifics of regulating radioactive material and has shown great characteristics necessary for being an inspector/license reviewer.

While not a part of the NRC approved PIP, the program will also be using this document to identify self-identified areas where improvement is needed.

Program-Identified Weakness	Task(s)	Milestones	Assignments	Anticipated Completion Date(s)	Status	Actual Completion Date
1. No system in place to actively track expiring licenses and to notify licensees to make renewals.	Establish effective means for identifying and notifying a licensee that their license is expiring.	<ol style="list-style-type: none"> 1. Assign responsibility to individual for tracking expiring licenses. 2. Establish flags/queries to assist in the database and information management. 3. Begin issuing notices to afford licensee sufficient lead time to submit renewals via email/mail/fax/telephone. 4. Continue sending out quarterly notices. 	<ol style="list-style-type: none"> 1. Tinson, Crowley 2. Crowley 3. Tinson 4. Tinson 	<ol style="list-style-type: none"> 1. Person assigned by 1 July 2013. 2. Optimized tracking means by 1 July 2013. 3. Issuing notices by 31 July 2013. 4. Ongoing. 	<ol style="list-style-type: none"> 1. Assigned 2. Trying to rework database to facilitate. Created a list of licensees requiring renewal submissions. 3. Developed a letter/mail merge system to ease in the notification process. Goal will be to give a notice 3 months out to provide ample time for a licensee to submit a renewal a month prior to expiration. 4. Scheduled dates for when to generate/mail next sets of letters; the mailing of these is an ongoing activity. 	<ol style="list-style-type: none"> 1. July 25th, 2013 2. August 12th, 2013 3. September 20th, 2013 4. Ongoing.
2. No formalized license procedures in place. This leads to inconsistent licensing timeliness and different communication protocols which severely reduces licensing efficacy.	Establish a formal licensing procedure, this will provide timelines and expectations of the staff.	<ol style="list-style-type: none"> 1. Evaluate current licensing processes. 2. Formulate a draft procedure to include pre-licensing, licensing, and office administrative protocols. 3. Circulate draft to staff and receive comments. 4. Finalize licensing procedures. 5. Provide training on new licensing procedures and expectations. 	<ol style="list-style-type: none"> 1. Crowley, Cartoski 2. Cartoski 3. All staff 4. Crowley 5. Crowley 	<ol style="list-style-type: none"> 1. 13 September 2013 2. December 1, 2013 3. Specialists complete review and input by February 28, 2014 4. Final version by March 31, 2014 5. Train all by March 31, 2014 	<ol style="list-style-type: none"> 1. Complete. 2. In Progress. Interim licensing procedures covering "Additional Information Requests and Timely Filed Notices" and "Identifying, Marking, and Securing of Increased Controls (IC) Documents" have been instituted while draft licensing procedures are under review. 3. Management reviewing/commenting before passing on to the staff. 4. Not started. 5. Not started. 	<ol style="list-style-type: none"> 1. November 1, 2013. 2. December 2, 2013 3. In progress. 4. TBD 5. TBD

<p>3. Poor database system for tracking inspections, licensing, licensee information, enforcement, etc.</p>	<p>To revamp or create new process for tracking office</p>	<ol style="list-style-type: none"> 1. Identify the needs and requirements of a new system. 2. Create platform. 3. Migrate existing data. 4. Implement and train staff who will use. 	<ol style="list-style-type: none"> 1. Crowley 2. Crowley, Tom Conley (KS) 3. Crowley, Tom Conley (KS) 4. Crowley, Tom Conley (KS), all staff. 	<ol style="list-style-type: none"> 1. 15 February 2014 2. 11 April 2014 3. 18 April 2014 4. 25 April 2014 	<ol style="list-style-type: none"> 1. Complete – needed WBL or more complete access driven system, but WBL’s implementation time is too long. 2. Decided to adopt Kansas’ data management and licensing system. To be implemented week of 18 November 2013. 3. Week of 18 November 2013. 4. Week of 18 November 2013. 	<ol style="list-style-type: none"> 1. 30 September 2013. 2. 31 October 2013. 3. Week of 18 November 2013. 4. Week of 18 November 2013.
<p>4. Enforcement policies are not well-defined and need to be updated.</p>	<p>Formalize and update program enforcement policy.</p>	<ol style="list-style-type: none"> 1. Examine NRC and other agreement state enforcement policies. Compare with existing GA EPD policy. 2. Establish a set procedure to issuing non-cited violations up through civil penalties. 3. Provide opportunity for staff comment. 4. Finalize enforcement policy. 5. Train staff on requirements and process of issuing enforcement. 	<ol style="list-style-type: none"> 1. Mundell, Crowley 2. Mundell 3. All staff 4. Mundell, Crowley 5. Mundell 	<ol style="list-style-type: none"> 1. 18 October 2014 2. 8 November 2014 3. 22 November 2014 4. 13 December 2014 5. 10 January 2014 	<ol style="list-style-type: none"> 1. Complete. 2. In progress. 3. Not started. 4. Not started. 5. Not started. 	<ol style="list-style-type: none"> 1. 31 October 2013. 2. TBD 3. TBD 4. TBD 5. TBD

**GEORGIA AGREEMENT STATE PROGRAM
STAFFING PLAN—ENCLOSURE (3)**

<u>Name</u>	<u>Position</u>	<u>Area of Effort</u>	<u>FTE%</u>
Eric Jameson	Radiation Specialist	Administration Licensing Compliance Emergency Response	38 40 20 2
Irene Bennett	Radiation Specialist	Administration Licensing Compliance Emergency Response	8 70 20 2
Joel Mims	Radiation Specialist	Administration Licensing Compliance Emergency Response	8 70 20 2
Kit Ramdeen	Radiation Specialist	Administration Licensing Compliance Emergency Response	8 70 20 2
Travis Cartoski	Radiation Specialist	Administration Licensing Compliance Emergency Response	8 70 20 2
Quintena Tinson	Radiation Specialist	Administration Licensing Compliance Emergency Response	8 70 20 2
Jenna Odom	Radiation Specialist	Administration Licensing Compliance Emergency Response	8 70 20 2
Amy Mundell	Radiation Specialist	Administration Licensing Compliance Emergency Response	8 70 20 2
Gregory Reese	Radiation Specialist	Administration Licensing Compliance Emergency Response	8 70 20 2

**GEORGIA AGREEMENT STATE PROGRAM
NEW HIRES AND QUALIFICATIONS—ENCLOSURE (4)**

<u>Name</u>	<u>Date of Hire</u>	<u>Degree(s)</u>	<u>Other Experience</u>	<u>Courses Needed</u>	<u>Experience Needed</u>	<u>Completion Date Estimates</u>
Jenna Odom	1DEC2012	B.S. in Biology	NA	Nuclear Medicine (H-304) Brachy and Gamma Knife (H-313) Industrial Radiography (H-305) Transportation (H-308) Security (S-201)	More inspection accompaniments, re-view further licensing actions, and conducting more independently.	DEC2014
David Crowley	17DEC2012 1MAY2013 (Mgr)	B.S. in Physics, M.S. in Medical Physics	2 years training as a Navy Nuclear Officer	Nuclear Medicine (H-304) Brachy and Gamma Knife (H-313) Industrial Radiography (H-305)	More inspection accompaniments, re-view further licensing actions, and conducting more independently.	DEC2014
Frank Nederhand	1JAN2013	B.S. in Electrical Engineering, M.S. in Nuclear Engineering	Nuclear power industry prior to beginning work with GA EPD.	N/A—Frank retired 31 May 2013.	N/A	N/A
Amy Mundell	1AUG2013	B.S. in Biology, Master Certification Paralegal	OSHA HAZWOPER, former DNR soil and water inspector	Health Physics I and II (H-122) Inspecting (G-108) Licensing (G-109) Nuclear Medicine (H-304) Brachy and Gamma Knife (H-313) Industrial Radiography (H-305) Transportation (H-308) Security (S-201)	More inspection accompaniments, re-view further licensing actions, and conducting more independently.	AUG2015
Travis Cartoski	1AUG2013	B.S. in Biology	Previously qualified radiation specialist for Georgia, former Air Force, NRC training courses	Security (S-201)	None	N/A
Gregory Reese	16AUG2013	B.A. in Chemistry	RCRA, DOT hazmat, PCB waste management, OSHA HAZWOPER, rad safety for nuke power plant chemistry technicians	Health Physics I and II (H-122) Inspecting (G-108) Licensing (G-109) Nuclear Medicine (H-304) Brachy and Gamma Knife (H-313) Industrial Radiography (H-305) Transportation (H-308) Security (S-201)	More inspection accompaniments, re-view further licensing actions, and conducting more independently.	AUG2015

**GEORGIA AGREEMENT STATE PROGRAM
INSPECTION PRIORITIES - ENCLOSURE (5)**

License Category	License Code	Priority
Broad Scope (Medical)	BM	2
Institutional Medical-Mult. Use (Including HDR)	AL	2
Institutional Medical-Mult. Use	NUM, RT	3
Institutional Medical-Single Use (Diagnostic only, no written directives)	NUM	5
Institutional Medical-Single Use (Therapy only)	RT	3
Medical Teletherapy	T	3
Gamma Knife, Emerging Medical Technologies	GK, EMT	2
Eye Applicators	E	3
Private Practice (Therapy-HDR)	AL	2
Private Practice (Limited Therapy)	PNC	3
Private Practice (Diagnostic Only)	PNL, NUC	5
Private Practice (Veterinary)	V	5
Nuclear Pacemakers	NPM	5
Bone Mineral Analyzers	B	5
Mobile Nuclear Medicine (Written directives required)	MRT	2
Mobile Nuclear Medicine (No written directives)	M	3
Broad Scope (Academic) (Type A & B)	BAA, BAB	3, 5
Broad Scope (Academic) (Type C)	BAC	5
Academic (Non-Broad)	A	5
Broad Scope (Industrial R&D) (Type A)	RDA	3

Broad Scope (Industrial R&D) (Type B)	RDB	5
Broad Scope (Industrial R&D) (Type C)	RDC	5
Industrial Research & Development	RD	5
Broad Scope Distribution, Specific (Type A)	DSA	2
Broad Scope Distribution, Specific (Type B)	DSB	5
Broad Scope Distribution, Specific (Type C)	DSC	5
GL Distribution	GLD	5
Possession Incident to NRC Exempt Distribution	ED	5
Broad Scope (Medical Manufacturer for Distribution) (Medical R&D)	BMMD, BMRD	2
Accelerator Production Sites	AP	2
Nuclear Pharmacy	NUP	2
Medical Manufacturer for Distribution	MMDS, MDGL, MDSR	2, 3
Medical Distribution or Redistribution Only (sealed sources)	MDSS	3
Medical Distribution or Redistribution Only (GL)	MDGL	5
Industrial Mfg. for Distribution	DS	3
Radioactive Waste Disposal-Burial	WDB	2
Radioactive Waste Disposal-Incineration	WDI	2
Radioactive Waste, Processing & Repackaging	WDPR	2
Radioactive Waste, Prepackaged	WDP	3
Gamma Irradiators (Self-Shielded)	GI	5
Gamma Irradiators (<10K Ci)	GI	5
Gamma Irradiators (>10K<100K Ci)	GI, GIP	2
Gamma Irradiators (>100K<1M Ci)	GIP	2

Gamma Irradiators (>1M Ci)	GIP	2
Nuclear Laundries	NL	3
Contaminated Equipment	CTE	5
Field Flooding Studies	FF	3
Well Logging /Tracers	WL	3
In-house Industrial Radiography	IRF	2
Multiple Job-Site Industrial Radiography	IRB	1
Industrial (other)(NORM)(Gauge Service)	NOR, GS	5
Installed Gauges	FG	5
Industrial Diagnostic Systems Exceeding IC Values	IDS	2
Gas Chromatograph, Analytical Measuring Systems, etc.	GS, LG, MS	5
Portable Moisture Density Gauges, Lead Analyzers, etc.	PG, LPA	5
Teletherapy Service Co.	TS	5
Consultants(Leak Testing Service)	LT	5
Other Services, Greater (> 100 Ci sources)	OSG	2
Other Services, Limited (< 100 Ci sources)	OSL	5
Calibration Sources	CAL, CAM	5
Radium Calibration Sources and Other Radium-226 Specifically Licensed	R	3
Decontamination Services	DEC	3
Civil Defense (Emergency Management)	EM	5
Civil Defense (Emergency Response)	ER	5
Source Material	SM	5
Depleted Uranium	DU	5

In-Vitro Specific Licenses	IVS	5
In-Vitro General Licenses	GL, IVG	N/A
General Licensed Devices (except tritium safety signs)	GL	N/A

**GEORGIA AGREEMENT STATE PROGRAM
STATUS OF MATERIALS INSPECTION PROGRAM - ENCLOSURE (6)**

(1) Licensee name	(2) License number	(3) Priority	(4) Last inspection date or license issuance date	(5) Date due	(6) Assume performed by	(7) Amount of time overdue	(8) Date inspection findings issued
B.II.12) List of completed inspections:							
DIANE GRIFFITHS	GA 1606-1	5, INITIAL	10/06/10	04/06/11	10/31/12	574.00	11/16/12
OUTPATIENT IMAGING CENTER, LLC	GA 1574-1	3	06/30/09	06/30/12	11/27/12	150.00	11/30/12
GWINNETT MEDICAL CENTER	GA 677-1	3	12/09/09	12/09/12	11/28/12	-11.00	01/09/13
ROSA OF GEORGIA, LLC	GA 1178-1	2	11/03/10	11/03/12	12/05/12	32.00	12/07/12
ECKERT & ZIEGLER ANALYTICS, INC	GA 742-1	3	08/08/08	08/08/11	12/06/12	486.00	01/10/13
ROSA OF GEORGIA, LLC	GA 1370-1	3	09/08/09	09/08/12	12/11/12	94.00	12/12/12
CANCER TREATMENT CENTERS OF AMERICA	GA 1632-1	3, INITIAL	06/11/12	12/11/12	12/13/12	2.00	12/20/12
NASSER S. TEHRANI, M.D.	GA 1624-1	5, INITIAL	01/05/12	07/05/12	12/13/12	161	12/28/12
CARDINAL HEALTH	GA 823-2	2	10/24/07	10/24/09	12/19/12	1152.00	01/10/13
JAN X- INTEGRITY GROUP	GA 1369-1	1	07/21/11	07/21/12	01/09/13	172.00	01/24/13
JANX INTEGRITY GROUP	GA 1369-1	1	07/21/11	7/21/2012	01/09/13	172.00	01/24/13
APPLIED TECHNICAL SERVICES, INC.	GA 896-1	1	09/29/11	09/29/12	01/17/13	110.00	01/18/13
EMORY ADVENTIST HOSPITAL	GA 395-1	3	12/10/09	12/10/12	01/23/13	44.00	02/06/13
TRIAD ISOTOPES, INC d/b/a TRIAD ISOTOPES OF SAVANNAH	GA 984-1	2	02/17/10	02/17/12	01/29/13	347.00	02/18/13
ACUREN INSPECTION, INC.	GA 1115-1	1	07/07/11	07/07/12	01/31/13	208.00	02/20/13
JOHN D. ARCHBOLD MEMORIAL HOSPITAL	GA 78-1	2	07/29/10	07/29/12	01/31/13	186.00	02/25/13
ATHENS REGIONAL MEDICAL CENTER	GA 4-1	2	12/15/10	12/15/2012	02/14/13	61.00	02/15/13
CURE POINT d/b/a OCONEE REGIONAL CANCER CENTER	GA 1227-1	2	12/20/10	12/20/12	02/14/13	56.00	02/18/13
HONEYWELL INTERNATIONAL INC.	GA 832-1	3	02/28/08	02/28/11	02/15/13	718.00	03/13/13
SOUTHEAST GEORGIA REGIONAL MEDICAL CENTER	GA 131-1	3	02/21/07	2/21/2010	02/20/13	1095.00	03/06/13
TRIAD ISOTOPES d/b/a NORTHPET	GA 1468-1	2	02/18/11	02/18/13	02/20/13	2.00	03/06/13
CLARK EYE CLINIC P.C.	GA 241-1	3	02/21/07	02/21/10	02/21/13	1096.00	06/14/13
METSO AUTOMATION USA INC.	GA 458-3	3	02/16/06	02/16/09	02/25/13	1470.00	03/13/13
GEORGIA INSTITUTE OF TECHNOLOGY	GA 147-1	2	02/09/10	02/09/12	02/28/13	385.00	4/2/2013
ROBERT T. HART, P.C.	GA 1189-1	1	04/20/11	04/20/12	02/28/13	314.00	03/04/13
HURST BOILER & WELDING CO., INC.	GA 918-1	2	01/27/11	01/27/13	03/11/13	43.00	03/18/13
CARDINAL HEALTH	GA 467-1	2	08/26/10	08/26/12	03/14/13	200.00	04/09/13
GEORGIA REGENTS HEALTH SYSTEM	GA 1110-1	2	07/06/10	07/06/12	03/14/13	251.00	03/22/13
SOUTHERN REGIONAL MEDICAL CENTER	GA 1039-1	3	02/17/10	02/17/13	03/21/13	32.00	04/02/13
TRIAD ISOTOPES	GA 1586-1	2	07/07/10	07/07/12	03/28/13	264.00	03/28/13
TRIAD ISOTOPES D/B/A NUMED, INC.	GA 1259-1	2	03/14/11	03/14/13	04/02/13	19.00	04/18/13
NORTHSIDE HOSPITAL FORSYTH	GA 748-1	2	03/10/10	03/10/12	04/05/13	391.00	04/30/13
TRIAD ISOTOPES	GA 891-1	2	04/14/11	04/14/13	04/05/13	-9.00	04/09/13
SCAN TECHNOLOGIES, INC.	GA 1299-1	3	07/26/07	07/26/10	04/08/13	987.00	04/25/13
CRISP REGIONAL HOSPITAL	GA 74-1	3	02/18/10	02/18/13	04/08/13	49.00	04/29/13
PANALYTICAL	GA 1623-1	3, INITIAL	01/10/12	07/10/12	04/10/13	274.00	05/06/13
SOWEGA TESTING SERVICES	GA 923-1	1	10/08/09	10/08/10	04/11/13	916.00	04/30/13
YOKOGAWA CORPORATION OF AMERICA	GA 1635-1	3, INITIAL	07/31/12	01/31/13	04/11/13	70.00	05/06/13

Highlighted RED if
overdue by more
than ____ days:
Initial - 180
Priority 1 - 90
Priority 2 - 180
Priority 3 - 270

MISTRAS GROUP, INC.	GA 1615-1	1	03/08/12	03/08/13	04/16/13	39.00	05/06/13
ATLANTA MEDICAL CENTER	GA 1352-1	3	05/24/11	05/24/14	04/17/13	-402.00	05/31/13
NUCLEAR MEDICINE IMAGING, INC.	GA 1501-1	3	11/03/09	11/03/12	04/23/13	171.00	06/04/13
ROCKDALE MEDICAL CENTER	GA 633-1	3	04/17/09	04/17/12	04/25/13	373.00	05/08/13
KAISER PERMANTE	GA 1276-1	3	03/17/10	03/17/13	04/25/13	39.00	08/20/13
HOUSTON MEDICAL CENTER	GA 260-1	3	03/30/10	03/30/13	05/07/13	38.00	05/03/13
FLOYD HEALTH CARE MANAGEMENT	GA 306-1	2	05/13/10	05/13/12	05/12/13	364.00	06/10/13
MEMORIAL HEALTH UNIVERSITY MEDICAL CENTER	GA 84-1	2	04/14/11	04/14/13	05/15/13	31.00	06/12/13
TRIAD ISOTOPES NUCLEAR PHARMACY OF GEORGIA	GA 1582-1	2	06/22/11	06/22/13	05/29/13	-24.00	06/04/13
LEWIS HALL SINGLETARY ONCOLOGY CENTER	GA 78-2	3	01/14/10	01/14/13	05/31/13	137.00	06/03/13
NORTH FULTON REGIONAL HOSPITAL	GA 844-1	2	06/04/10	06/04/12	06/05/13	366.00	06/17/13
NUCLEAR MEDICINE PROFESSIONALS	GA 1631-1	3, INITIAL	11/09/12	05/09/13	06/07/13	29.00	06/21/13
ERLANGER AT HUTCHESON	GA 10-1	3	06/03/10	06/03/13	06/11/13	8.00	06/24/13
TIFT REGIONAL MEDICAL CENTER	GA 162-1	2	05/19/10	05/19/12	06/13/13	390.00	06/21/13
TRIAD ISOTOPES-VALDOSTA	GA 1380-1	2	05/02/11	05/02/13	06/13/13	42.00	06/25/13
WEST GEORGIA MEDICAL CENTER, INC.	GA 431-3	3	04/08/10	04/08/13	06/13/13	66.00	07/29/13
WELLSTAR KENNESTONE HOSPITAL	GA 328-1	2	06/16/11	06/16/13	06/18/13	2.00	06/28/13
TRIAD ISOTOPES, INC D/B/A ATHENS ISOTOPES, INC.	GA 1386-1	2	05/12/11	05/12/13	06/25/13	44.00	07/11/13
RADIOLOGY ASSOCIATES OF MACON	GA 1319-1	2	04/04/11	04/04/13	06/26/13	83.00	06/28/13
PHOEBE PUTNEY MEMORIAL HOSPITAL	GA 338-1	3	06/17/10	06/17/13	06/27/13	10.00	06/28/13
DIAGNOSTIC PET, LLC	GA 1429-2	3	09/30/09	09/30/12	07/02/13	275.00	10/08/13
ST. JOSEPH HOSPITAL	GA 296-6	3	06/08/11	06/08/14	07/10/13	-333.00	07/18/13
ATLANTIC IMAGING INC.	GA 1441-1	3	04/07/10	04/07/13	07/11/13	95.00	07/31/13
HEART & VASCULAR CARE	GA 1571-1	3	07/23/08	07/23/11	07/17/13	725.00	09/10/13
SURGICAL CENTER FOR UROLOGY, LLC	GA 1547-1	3	06/09/10	06/09/13	07/25/13	46.00	07/29/13
METALS & MATERIALS ENGINEERS, LLC	GA 1643-1	1, INITIAL	02/22/13	08/22/13	08/07/13	-15.00	08/28/13
UNITEC SERVICES GROUP	GA 894-1	3	11/30/10	11/30/13	08/08/13	-114.00	09/05/13
ST. JOSEPH'S HOSPITAL	GA 296-4	2	10/18/11	10/18/13	09/05/13	-43.00	11/04/13
NORTH ATLANTA CARDIOLOGY	GA 1640-1	5, INITIAL	01/11/13	07/11/13	09/11/13	62	11/15/13
THE MEDICAL CENTER OF CENTRAL GEORGIA	GA 364-1	2	09/20/10	09/20/12	09/12/13	357.00	09/20/13
COLISEUM MEDICAL CENTER	GA 75-1	2	10/04/10	10/04/12	10/10/13	371.00	10/16/13
HARBIN CLINIC RADIATION ONCOLOGY	GA 1411-1	2	09/27/12	09/27/14	11/06/13	-325.00	11/26/13
CARDINAL HEALTH NUCLEAR PHARMACY SERVICES	GA 1609-1	2	10/27/11	10/27/13	11/14/13	18	Pending - EJ
CARTERSVILLE MEDICAL CENTER	GA 796-1	2	11/23/10	11/23/12	12/04/13	376	12/26/13
MIDTOWN UROLOGY	GA 1627-1	3, INITIAL	04/17/12	10/17/12	12/10/13	419	12/30/13
AMEN CLINICS, INC. OF ATLANTA	GA 1636-1	5, INITIAL	09/24/12	03/24/13	12/11/13	262	12/17/13
UROLOGICAL SURGICAL CENTER, LLC	GA 1639-1	3, INITIAL	11/06/12	05/06/13	12/11/13	219	12/30/13
MOULTRIE UROLOGY ASSOCIATES	GA 1465-1	3	12/06/10	12/06/13	12/12/13	6	12/23/13
UROLOGY SPECIALISTS	GA 1647-1	3, INITIAL	07/08/13	01/08/14	12/13/13	-26	12/30/13
MONROE HMA, INC.D/B/A CLEARVIEW REGIONAL	GA 648-1	3	01/06/11	01/06/14	12/17/13	-20	12/30/13
SPALDING REGIONAL MEDICAL CENTER	GA 656-1	3	11/10/10	11/10/13	12/18/13	38	Pending - IB
PETNET SOLUTIONS, INC	GA 1475-1	2	12/08/11	12/08/13	12/18/13	10	01/02/14
ATLANTA OUTPATIENT SURGERY CENTER	GA 1325-1	3	11/02/10	11/02/13	12/19/13	47	Pending - QT

CARDIAC CONSULTANTS OF GEORGIA, LLC	GA 1629-1	5, INITIAL	03/30/12	09/30/12	12/30/13	456	01/06/14
MEYER CARDIOLOGY, P.C.	GA 1644-1	5, INITIAL	02/25/13	08/25/13	01/09/14	137	Pending - KR

B.II.13) List of overdue inspections:

BRANTLEY ENGINEERS, LLC	GA 1608-1	5, INITIAL	11/09/10	05/09/11	01/31/14	998	
EBS ENGINEERING, INC.	GA 1614-1	5, INITIAL	01/18/11	07/18/11	01/31/14	928	
GOVERNMENTAL CONSULTING UNLIMITED, INC.	GA 1125-1	5, INITIAL	06/27/11	12/27/11	01/31/14	766	
FAIRVIEW PARK HOSPITAL	GA 574-1	3	01/15/09	01/15/12	01/31/14	747	
GEOSCIENCES ENGINEERING	GA 1620-1	5, INITIAL	07/20/11	01/20/12	01/31/14	742	
UROLOGY ASSOCIATES SURGERY CENTER, LLC	GA 1563-1	3	02/24/09	02/24/12	01/31/14	707	
SOUTHEAST VETERINARY ONCOLOGY	GA 1622-1	5, INITIAL	10/12/11	04/12/12	01/31/14	659	
MIDDLE GEORGIA HEART & VASCULAR	GA 1625-1	5, INITIAL	12/12/11	06/12/12	01/31/14	598	
REAGAN MEDICAL CENTRE	GA 1568-1	3	07/29/09	07/29/12	01/31/14	551	
ATLANTA LEAD INSPECTIONS, LLC	GA 1626-1	5, INITIAL	03/15/12	09/15/12	01/31/14	503	
MERCER UNIVERSITY SCHOOL OF MEDICINE	GA 1628-1	5, INITIAL	03/06/12	09/06/12	01/31/14	512	
RADIOTHERAPY CLINICS OF GEORGIA/VANTAG	GA 848-5	2	10/04/10	10/04/12	01/31/14	484	
CARDIOVASCULAR MEDICINE	GA 1630-1	3, INITIAL	05/23/12	11/23/12	01/31/14	434	
ARBORIS, LLC.	GA 1633-1	5, INITIAL	06/11/12	12/11/12	01/31/14	416	
SAVANNAH ONCOLOGY CENTER	GA 1119-1	2	01/06/11	01/06/13	01/31/14	390	
ATHENS REGIONAL SPECIALTY SERVICES, INC. d/	GA 1634-1	5, INITIAL	07/27/12	01/27/13	01/31/14	369	
SOUTH GEORGIA MEDICAL CENTER	GA 112-1	2	02/14/11	02/14/13	01/31/14	351	
PET Imaging, LLC	GA 1429-1	3	04/06/10	04/06/13	01/31/14	300	
GWINNETT HEART SPECIALISTS	GA 1645-1	5, INITIAL	05/01/13	11/01/13	01/31/14	91	
EAST COAST ASPHALT, LLC	GA 1638-1	5, INITIAL	11/16/12	05/16/13	01/31/14	260	
ST. JOSEPH'S HOSPITAL, INC.	GA 48-1	2	07/20/11	07/20/13	01/31/14	195	
ATLANTA CARDIAC & VASCULAR SPECIALISTS, LL	GA 1642-1	5, INITIAL	01/25/13	07/25/13	01/31/14	190	
INSIGHT HEALTH CORPORATION	GA 1594-1	3	11/04/10	11/04/13	01/31/14	88	
HARBIN CLINIC, L.L.C.	GA 1278-1	3	12/09/10	12/15/13	01/31/14	47	
HAVELL'S, USA	GA 1646-1	5, INITIAL	06/21/13	12/21/13	01/31/14	41	
APPLIED TECHNICAL SERVICES, INC.	GA 896-1	1	01/17/13	01/17/14	01/31/14	14	
SMITH NORTHVIEW HOSPITAL	GA 1518-1	3	01/20/11	01/20/14	01/31/14	11	
CLARK HOLDER CLINIC, P.A.	GA 1358-1	3	12/16/10	12/16/13	01/31/14	46	
JAN X- INTEGRITY GROUP	GA 1369-1	1	01/09/13	01/09/14	01/31/14	22	
ACUREN INSPECTION, INC.	GA 1115-1	1	01/31/13	01/31/14	01/31/14	0	
ELEKTA, INC	GA 1153-1	3	12/15/2010	12/15/2013	01/31/14	47	
ELEKTA, INC	GA 1153-2	3	12/15/2010	12/15/2013	01/31/14	47	

GEORGIA AGREEMENT STATE PROGRAM
SUPERVISED INSPECTIONS - ENCLOSURE (7)

Inspector	Accompanied By	Licensee Name	Licensee Number	Priority	License Category	Date
Eric Jameson	Liz Seale	Yokogawa Corporation	GA 1635-1	3	Manufacturer/Distributor	04/11/2013
Kit Ramdeen	Craig Gordon (NRC)	Mistras Group, Inc.	GA 1615-1	1	Industrial Radiography	04/16/2013
Quintena Tinson	Liz Seale	Kaiser Permanente	GA 1276-1	3	Medical	04/25/2013
Joel Mims	Liz Seale	Floyd Health Care	GA 306-1	2	Medical w/ HDR AL	05/01/2013
Irene Bennett	Liz Seale	Triad Nuclear Pharmacy	GA 1582-1	2	Nuclear Pharmacy	05/29/2013

**GEORGIA AGREEMENT STATE PROGRAM
INSTRUMENTATION LIST - ENCLOSURE (8)**

Manufacturer	Detector Model	Type	Serial Number	Calibration Date	Comments
Radioactive Materials Program's Survey Instruments: (Get from TRAVIS)					
Bicron	Surveyor 2000E	PGM	SN: I525B	CAL DUE	Calibrated for counts per minute on the lowest magnitude scale, and for mR/hr on others.
Bicron	Surveyor 2000E	PGM	SN: I510A	CAL DUE	
Bicron	Surveyor 2000E	PGM	SN: I576A	CAL DUE	
Bicron	Surveyor 2000E	PGM	SN: I497A	06/28/2013	
Bicron	Surveyor 2000E	PGM	SN: I52713	09/11/2013	
Bicron	Surveyor 2000E	PGM	SN: I521B	06/28/2013	
Ludlum	22-11-3	NaI Scaler/Rate	SN: 142296	09/12/2013	
Ludlum	22-11-3	NaI Scaler/Rate	SN: 142300	09/12/2013	
Ludlum	22-11-2	NaI Scaler/Rate	SN: 168439	09/12/2013	
Eberline	RO-28	IC	SN: 4260	09/13/2013	
Radioactive Materials Program's Personal Dosimeters: (Get from IRENE)					
Bendix	CDV-138	Pocket Dosimeter	Various	Not Cal'd	11 Total
Atomic Prod	862	Pocket Dosimeter	60111700	Not Cal'd	
Stephen	"Silver"	Pocket Dosimeter	330392	Not Cal'd	
Landauer	CDV-742	Pocket Dosimeter	Various	Not Cal'd	3 Total
RADOS	RAD-60R	Alarming Dose/Rate	Various	Not Cal'd	3 Total
Xetex	415AC	Alarming Dose/Rate	Various	Not Cal'd	7 Total
Environmental Radiation Program's Mobile Laboratory: (Get from LIZ)					
Perkin Elmer	Tri Carb 2800 TR	LSC			
Gamma Products	Traveler	Gas Proportional A/B Counter			
Canberra		HPGe Gamma Spec			
Canberra		HPGe Gamma Spec			
Environmental Radiation Program's Equipment: (Get from LIZ)					
Canberra	UDR-13B	Alarming Dose/Rate	30175R	NA	NA
Canberra	UDR-13B	Alarming Dose/Rate	30177R	NA	NA
Canberra	UDR-13B	Alarming Dose/Rate	30179R	NA	NA

Canberra	UDR-13B	Alarming Dose/Rate	30204R	NA	NA
Canberra	UDR-13B	Alarming Dose/Rate	30205R	NA	NA
Canberra/NRC	ADM-300A	GM	ADM-100524002	09/04/13	BP-100, AP-100 Kit #100524002
Canberra/NRC	ADM-300A	GM	ADM-100524003	08/29/13	BP-100, AP-100 Kit #100524001
Canberra/NRC	ADM-300A	GM	ADM-100821001	08/29/13	BP-100, AP-100, Kit #100821001
Canberra/NRC	ADM-300A	GM	ADM-691131	09/04/13	BP-100, AP-100 Kit # ADM892001
Canberra/NRC	ADM-300A	GM	ADM-892093	08/29/13	BP-100, AP-100 Kit # ADM99001
Canberra/NRC	XP-110	X-Ray Detector	992901	08/30/13	NA
Eberline	ESP-2	GM	1115	06/02/09	LEG-1, SPA-8, HP-290 , HP-270, HP-260, AC-3-8,
Eberline	ESP-2	GM	1116	05/23/11	HP-210L, HP-270, AC-3-8 , SPA-8, HP-290, Ludlum 44-9
Eberline	ESP-2	GM	1117	05/20/11	HP-270, HP-260, AC-3-8 , HP-290, LEG-1, Ludlum 44-40
					ESP probes that are in boldface are calibrated.
Eberline	ESP-2	GM	1527	06/02/09	AC-3-8, HP-260, HP-270 , Ludlum 133-6, Ludlum 44-2, LEG-1,
Eberline	ESP-2	GM	1529	05/26/11	HP-270, AC-3-8, HP-260 , HP-290, LEG-1, SPA-8
Eberline	PRM-7	Micro-R	667	06/06/13	NA
Eberline	RO-2	Ion Chamber	5113	05/20/13	NA
Eberline	RO-2	Ion Chamber	6064	05/20/13	NA
Eberline	RO-2	Ion Chamber	6072	04/16/13	NA
Eberline	RO-2A	Ion Chamber	4165	05/06/13	NA
Eberline	RO-2A	Ion Chamber	4285	05/20/13	NA
Eberline	RO-2A	Ion Chamber	4404	04/16/13	NA
Eberline	SRM-200	GM	495	05/19/11	NA
Exploranium	GR-135	Survey/MCA	2816N	01/16/09	Not calibrated due to cost
Exploranium	GR-135	Survey/MCA	2827N	02/16/07	NA
Ludlum	9	Ion Chamber	69090	04/16/13	NA
Ludlum	9	Ion Chamber	69092	04/16/13	NA
Ludlum	9	Ion Chamber	79440	04/16/13	NA
Ludlum	9	Ion Chamber	88817	04/16/13	NA

Ludlum	9	Ion Chamber	114437	05/20/13	NA
Ludlum	9	Ion Chamber	114453	05/20/13	NA
Ludlum	17	Ion Chamber	74507	04/16/13	NA
Ludlum	19	Micro-R	15599	05/20/13	NA
Ludlum	19	Micro-R	16925	06/06/13	NA
Ludlum	19	Micro-R	95484	04/16/13	NA
Ludlum	19	Micro-R	95525	05/20/13	NA
Ludlum	19	Micro-R	104566	06/06/13	NA
Ludlum	19	Micro-R	104575	06/06/13	NA
Ludlum	19	Micro-R	104623	04/16/13	NA
Ludlum	12-S	Micro-R	10047	04/16/13	NA
Ludlum	12-S	Micro-R	15478	05/20/13	NA
Thermo	Rad Eye G	Alarming Dose/Rate	481	04/11/12	NA
Thermo	Rad Eye G	Alarming Dose/Rate	482	03/29/06	NA
Thermo	Rad Eye G	Alarming Dose/Rate	483	03/29/06	NA
Thermo	Rad Eye G	Alarming Dose/Rate	484	03/29/06	NA
Thermo	Rad Eye G	Alarming Dose/Rate	485	05/18/12	N/A
Thermo	Rad Eye G	Alarming Dose/Rate	486		N/A
Thermo	Rad Eye G	Alarming Dose/Rate	487	04/11/12	NA
Thermo	Rad Eye G	Alarming Dose/Rate	488	04/11/12	N/A
Thermo	Rad Eye G	Alarming Dose/Rate	489	04/11/12	NA
Thermo	Rad Eye G	Alarming Dose/Rate	490	03/29/06	NA
Thermo	Rad Eye G	Alarming Dose/Rate	491	04/11/12	Assigned to Sean Hayes
Thermo	Rad Eye G	Alarming Dose/Rate	492	04/11/12	
Thermo	Rad Eye G	Alarming Dose/Rate	493	04/11/12	
Thermo	Rad Eye G	Alarming Dose/Rate	494	04/11/12	Assigned to Jim Hardeman
Thermo	Rad Eye G	Alarming Dose/Rate	495	03/29/06	NA
Thermo	Rad Eye G	Alarming Dose/Rate	496	03/29/06	NA
Thermo	Rad Eye G	Alarming Dose/Rate	531	03/29/06	NA

Thermo	Rad Eye G	Alarming Dose/Rate	532	04/11/12	NA
Thermo	Rad Eye G	Alarming Dose/Rate	533	03/29/06	NA
Thermo	Rad Eye G	Alarming Dose/Rate	534	03/29/06	NA
Thermo	Rad Eye G	Alarming Dose/Rate	535	04/11/12	Returned from ERT
Thermo	Rad Eye G	Alarming Dose/Rate	536	03/29/06	NA
Thermo	Rad Eye G	Alarming Dose/Rate	544	04/11/12	NA
Thermo	Rad Eye G	Alarming Dose/Rate	545	03/29/06	NA
Thermo	Rad Eye G	Alarming Dose/Rate	546	03/29/06	NA
Thermo	Rad Eye G	Alarming Dose/Rate	895	04/11/12	Assigned to Barty Simonton
Thermo	Rad Eye G	Alarming Dose/Rate	896	05/18/12	Assigned to Liz Seale
Thermo	B-20	Pancake GM	227	04/12/12	Assigned to Barty Simonton
Thermo	B-20	Pancake GM	223	04/12/12	
Thermo	B-20	Pancake GM	224	05/21/12	Assigned to Jim Hardeman
Thermo	B-20	Pancake GM	226	05/21/12	Assigned to Liz Seale
Thermo	B-20	Pancake GM	229	05/21/12	Assigned to Sean Hayes
Thermo	N	Neutron	115	04/11/12	Assigned to Barty Simonton
Thermo	N	Neutron	116	05/18/12	Assigned to Jim Hardeman
Thermo	N	Neutron	118	05/18/12	Assigned to Sean Hayes
Thermo	N	Neutron	119	05/18/12	Assigned to Liz Seale
Thermo	PRD-ER	Nal	343	04/11/12	Assigned to Barty Simonton
Thermo	PRD-ER	Nal	345	04/11/12	
Thermo	PRD-ER	Nal	346	05/18/12	Assigned to Liz Seale
Thermo	PRD-ER	Nal	347	05/21/12	Assigned to Sean Hayes
Thermo	PRD-ER	Nal	900	05/18/12	Assigned to Jim Hardeman
Eberline	ASP-1	GM	2867	05/20/13	
Eberline	ASP-1	GM	2835	05/06/13	
Ludlum	14C	GM	15636	05/20/13	
Ludlum	16	GM	15524	06/06/13	

Ludlum	16	GM	15510	04/16/13	
Eberline	ASP-1	GM	1827	05/06/13	

**GEORGIA AGREEMENT STATE PROGRAM
OUTSTANDING RENEWALS - ENCLOSURE (9)**

Facility Name	Lic No	Assigned Primary Review	Comments
FULTON COUNTY HOUSING & COMMUNITY DEVELOPMENT	GA 1440-1	17-Jul-12	Assigned for peer review on 1/9/2014. Should be completed in the next week or two.
MC SQUARED, INC	GA 1569-1	03-Oct-12	Awaiting additional information.
AUGUSTA HOUSING AND COMMUNITY DEVELOPMENT	GA 1112-1	13-Feb-12	Multiple failed attempts to get additional information. Will likely move to terminate this in the near future.
THE NUTRASWEET COMPANY	GA 934-1	07-Mar-12	Assigned for peer review on 1/9/2014. Should be completed in the next week or two.
PENNTECK DIAGNOSTICS, INC.	GA 975-1	03-Apr-12	They continuously submit more and more information. Latest received in November 2013. First review hoping to be completed sometime in January.
SKIDAWAY INSTITUTE OF OCEANOGRAPHY	GA 86-1	25-Apr-12	Assigned for peer review on 1/9/2014. Should be completed in the next week or two.