

**Haverkamp, Trisha**

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**From:** Cartoski, Travis <Travis.Cartoski@dnr.ga.gov>  
**Sent:** Wednesday, November 25, 2015 8:54 AM  
**To:** Ford, Monica  
**Cc:** Hays, Karen  
**Subject:** [External\_Sender] GA PIP  
**Attachments:** Georgia PIP 11-25-2015.docx

Monica,

Please see attached.

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**Georgia Radioactive Materials Program**  
**Performance Improvement Plan (PIP) and Progress Report -**  
**Response to Final IMPEP Report dated 30 May 2014**

IMPEP Recommendations	Task(s)	Milestones	Assignments	Anticipated Completion Date(s)	Status	Actual Completion Date
1. The review team recommends that the State: (1) implement its inspection procedures to ensure that inspectors document the reason for missing temporary job site inspections; document details and circumstances of violations in inspection reports and NOVs; consider a reduction (or increase) in inspection frequency for serious violations and conduct performance based inspections; and (2) complete its enforcement procedure for assigning severity levels of violations. (Section 3.3)	A. Retrain staff and better implement current standards for the documentation of inspections.	A.1. Retrain staff on the appropriate documentation of inspection activities.	A.1. Crowley	A.1. 5 August 2014	A.1. Developing training, documenting examples, and scheduled training.	A.1. 8-5-14
		A.2. 50% Inspection Reports review by MGMT/Team Leader on a quarterly basis. Emphasis on Priorities 1, 2 & 3 Reports and Reports completed by Specialists in Training	A.2. Bennett	A.2. 3 <sup>rd</sup> Quarter Review: Complete	A.2. <b>Ongoing.</b>	A.2. 10-7-15
	B. Reinforce inspection procedures on what is meant by performance based inspections.	B.1. Reinforce current procedures through targeted training on performance based inspection techniques by NRC personnel.	B.1. Crowley and NRC Inspection Staff	B.1. 23 September 2014	B.1. Scheduled with NRC and GA staff for 23 September 2014.	B.1. 9-23-14
		B.2. Conduct supervisory accompaniments to ensure proper performance based techniques are utilized.	B.2. Cartoski	B.2. Ongoing, at least once per staff per year.	B.2. Complete	B.2. 10-22-14
		B.3. Update inspection report forms to have more performance based characteristics.	B.3. Staff & Cartoski	B.3. February 2015	B.3. Commenced on 11-4-14. Staff reviewing select inspection reports for errors. MGMT inserting Performance Based Focus Points to all reports. Complete.	B.3. 6-10-15
		B.4. Review current inspection procedures for possible improvements that would enhance an inspector's comprehension of performance	B.4. Cartoski	B.4. TBD/First Annual Review scheduled for 2015	B.4. Compiling needed revisions. Ongoing.	B.4. 9/2015

IMPEP Recommendations	Task(s)	Milestones	Assignments	Anticipated Completion Date(s)	Status	Actual Completion Date
	C. Complete enforcement procedures and train staff on how to utilize them (to include increasing inspection frequency based on severity levels).	<p>based inspections. Continue reviews annually for possible improvements.</p> <p>C.1. Prepare a draft enforcement procedure to include assignments of various severity levels and enforcement actions.</p> <p>C.2. Finalize enforcement procedure, provide training and begin implementation for all future violations.</p> <p>C.3. Analyze efficacy of enforcement procedure on an annual basis.</p>	<p>C.1. Reese</p> <p>C.2. Reese</p> <p>C.3. Cartoski</p>	<p>C.1. 2 June 2014</p> <p>C.2. 17 December 2014</p> <p>C.3. 2/2016</p>	<p>C.1. Complete</p> <p>C.2. Complete</p> <p>C.3. Will be conducted within one year of initial implementation from 1-27-15.</p>	<p>C.1. 1-21-15</p> <p>C.2. 1-27-15</p> <p>C.3. _____</p>
2. 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, kept open from 2012 IMPEP)	<p>A. Audit all existing medical licenses for users added post 2008 rule change and identify those needing further documentation.</p> <p>B. Continuous tertiary checks by a devoted authorized user reviewer to ensure proper and consistent documentation is acquired.</p> <p>C. Actively send requests to users for securing the appropriate documentation.</p>	<p>A.1. Perform review of all existing licensees to determine how many users do not have adequate certifying documentation.</p> <p>B.1. Check all license actions for appropriate documentation of all authorized users.</p> <p>C.1. Send monthly requests to 10% of the remaining deficient users.</p>	<p>A.1. Odom</p> <p>B.1. Bennett</p> <p>C.1. Odom</p>	<p>A.1. 1 April 2013</p> <p>B.1. Ongoing</p> <p>C.1. Ongoing, until all known gaps are filled. It could take more than 10 months depending</p>	<p>A.1. Completed and showed that 285 users still needed some proof of certification, typically the preceptor attestation letters.</p> <p>B.1. <b>5 AUs waiting final credentialing before being removed from licenses.</b> Removal of AUs from Licenses with deficient certifications is underway as of 9/2015. See 2.D.</p> <p>C.1. Complete</p>	<p>A.1. 6-7-15</p> <p>B.1. 11/2015</p> <p>C.1. 1-21-15</p>

IMPEP Recommendations	Task(s)	Milestones	Assignments	Anticipated Completion Date(s)	Status	Actual Completion Date
	D. Amend Licenses to remove AUs that have deficient credentials.	D.1. Amendments to remove AUs with deficient credentialing from licenses are being assigned to Staff to complete	D.1. Staff with MGMT review.	on response cooperation. D.1. 1/2016	D.1. Ongoing	D.1
3. The review team recommends that the State finalize its procedure for pre-licensing requirements and provide training to the staff on the revised procedure. (Section 3.4)	A. Finalize licensing procedures (which includes pre-licensing requirements).  B. Provide training and conduct reviews of new license actions to ensure adequacy with requirements.	A.1. Incorporate comments from reviews and finalize procedures.  A.2. Perform annual review and revise as necessary.  B.1. Develop and conduct training to inform staff of new licensing procedure requirements.  B.2. Review pre-licensing activities to ensure adequate basis of confidence is reached.	A.1. Cartoski  A.2. Cartoski  B.1. Cartoski  B.2. Bennett & Staff for CRXNS	A.1. 29 April 2014  A.2. TBD/First Annual Review scheduled for 2015  B.1. 8 July 2014  B.2. 3 <sup>rd</sup> Quarter Review: Complete	A.1. Allowed for extra time so that program staff could properly read through and comment on the upcoming procedures. Complete.  A.2. Compiling needed revisions. Ongoing.  B.1. Training scheduled for 8 July 2014.  B.2. Ongoing.	A.1. 5-20-14  A.2. Complete 9/2015.  B.1. 7-8-14  B.2. 10-7-15