March 3, 2017

Dr. Wesley D. Frey, Reactor Director
McClellan Nuclear Research Center
University of California-Davis
5335 Price Avenue, Building 258
McClellan AFB, CA 95652-2504

SUBJECT: UNIVERSITY OF CALIFORNIA-DAVIS – NUCLEAR REGULATORY COMMISSION ROUTINE INSPECTION REPORT NO. 50-607/2017-201

Dear Dr. Frey:

From January 30 – February 2, 2017, the U.S. Nuclear Regulatory Commission (NRC or the Commission) conducted an inspection at your University of California-Davis/McClellan Nuclear Research Center. The enclosed report documents the inspection results, which were discussed on February 1 and 2, 2017, with you and members of your staff.

The inspection examined activities conducted under your license as they relate to safety and compliance with the Commission's rules and regulations and with the conditions of your license. The inspectors reviewed selected procedures and records, observed various activities, and interviewed various personnel. Based on the results of this inspection, no findings of significance were identified. No response to this letter is required.

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

If you have any questions concerning this inspection, please contact Craig Bassett at (301) 466-4495 or by electronic mail at Craig.Bassett@nrc.gov.

Sincerely,

/RA/

Anthony J. Mendiola, Chief
Research and Test Reactors Oversight Branch
Division of Policy and Rulemaking
Office of Nuclear Reactor Regulation

Docket No. 50-607
License No. R-130

Enclosure:
As stated

cc: See next page

cc:

David Reap, Radiation Safety Officer
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Mr. Walter Steingass, Reactor Supervisor
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SUBJECT: UNIVERSITY OF CALIFORNIA-DAVIS – NUCLEAR REGULATORY COMMISSION ROUTINE INSPECTION REPORT NO. 50-607/2017-201
DATED: March 3, 2017

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

Docket No:	50-607
License No:	R-130
Report No:	50-607/2017-201
Licensee:	University of California-Davis
Facility:	McClellan Nuclear Research Center
Location:	McClellan Park Sacramento, California
Dates:	January 30 - February 2, 2017
Inspectors:	Craig Bassett Ossy Font
Approved by:	Anthony J. Mendiola, Chief Research and Test Reactors Oversight Branch Division of Policy and Rulemaking Office of Nuclear Reactor Regulation

EXECUTIVE SUMMARY

University of California-Davis
McClellan Nuclear Research Center
Inspection Report No. 50-607/2017-201

The primary focus of this routine, announced inspection was the onsite review of selected aspects of the University of California-Davis (the licensee's) two Megawatt Class I research reactor safety program including: (1) organizational structure and staffing; (2) review and audit and design control functions; (3) radiation protection program; (4) effluent and environmental monitoring; (5) procedures; and (6) transportation of radioactive materials since the last U.S. Nuclear Regulatory Commission (NRC) inspection of these areas. The licensee's program was acceptably directed toward the protection of public health and safety and in compliance with NRC requirements.

Organizational Structure and Staffing

- The organizational structure and staffing were consistent with the requirements specified in Section 6 of the Technical Specifications (TSs).

Review and Audit Functions and Design Control Functions

- The Nuclear Safety Committee was meeting at the required frequency, reviewing the topics outlined in TSs Section 6.2, and conducting audits of facility programs as required.

- The design change and control program, including review, evaluation, and documentation of changes to the facility, satisfied NRC requirements.

Radiation Protection Program

- Surveys were being completed and documented acceptably to permit evaluation of the radiation hazards present.

- Postings met the regulatory requirements specified in Title 10 of the *Code of Federal Regulations* Parts 19 and 20.

- Personnel dosimetry was being worn as required and doses were within the licensee's procedural action levels and NRC's regulatory limits.

- Radiation survey and monitoring equipment was being maintained and calibrated as required.

- Acceptable radiation protection training was being provided to facility personnel.

Environmental Monitoring

- Effluent monitoring satisfied license and regulatory requirements and releases were within the specified TSs levels and regulatory limits.

- Releases were within the specified TSs levels and regulatory limits.

Procedures

- The procedure review, revision, control, and implementation program satisfied TSs requirements.

- Procedural compliance was acceptable.

Transportation of Radioactive Materials

- Radioactive material was being shipped in accordance with the applicable regulations.

REPORT DETAILS

Summary of Facility Status

The University of California-Davis (UC Davis, or the licensee) two Megawatt training reactor and isotopes production, General Atomics reactor continued to be operated in support of neutron radiography, medical isotope production, neutron tomography, and experimental sample irradiation. During the inspection the reactor was operated several hours per day at power levels varying up to one megawatt to support neutron radiography and sample irradiation.

1. Organizational Structure and Staffing

a. Inspection Scope (Inspection Procedure (IP) 69006)

The inspectors reviewed the following regarding the University of California-Davis/McClellan Nuclear Research Center (UCD/MNRC) organization, staffing, and responsibilities to ensure that the requirements of Technical Specifications (TSs) Section 6.1, Revision 13, dated March 28, 2003, were being met:

- Management responsibilities
- Current UCD/MNRC organizational structure and staffing
- Selected UCD/MNRC Operations Logs and UCD/MNRC Startup Checklists for 2016 documenting shift staffing
- UCD/MNRC 2014 Annual Report, submitted to the U.S. Nuclear Regulatory Commission (NRC) on June 29, 2015
- UCD/MNRC 2015 Annual Report, submitted to the NRC on June 29, 2016
- Facility Procedure UCD/MNRC-0045-DOC-01, “Quality Assurance Program for McClellan Nuclear Research Center (MNRC)”

b. Observations and Findings

The organization at the UCD/MNRC was as required by TSs Section 6. The Vice Chancellor for Research was designated as the licensee for the university. The UCD/MNRC facility was under the direct control of the UCD/MNRC Reactor Director, who was accountable and reported to the Vice Chancellor for the safe operation and maintenance of the facility. Individuals at the facility in management positions, such as the Reactor Supervisor and the Radiation Safety Officer, reported to the Reactor Director and were responsible for implementing UCD/MNRC policies for operation of the facility, for safeguarding facility personnel and the public from undue radiation exposure, and for adhering to the operating license and TSs.

The organization and staffing at the facility required for reactor operation were as specified in the TSs. The inspectors noted that the staff was composed of four full-time personnel and one part-time staff member. Also, it was noted that all staff members were qualified Senior Reactor Operators.

Review of records demonstrated that management responsibilities were discharged as required by the TSs and applicable procedures.

c. Conclusion

The organizational structure and staffing were consistent with the requirements specified in TSs Section 6.

2. Review and Audit and Design Control Functions

a. Inspection Scope (IP 69007)

To verify that the required reviews and audits were being completed and that facility changes were controlled and evaluated as required in Title 10 of the *Code of Federal Regulations* (10 CFR) 50.59, "Changes, tests, and experiments," and reviewed and approved as required by TSs Section 6.2, the inspectors reviewed selected aspects of:

- Nuclear Safety Committee (NSC) meeting minutes for 2016 through the present
- "MNRC UC Davis Audit," – the 2015 annual audit conducted by the Chair of the NSC on February 27, 2015, and a partial audit conducted on October 28, 2015
- "MNRC UC Davis Audit," – the 2016 annual audit conducted by the Chair of the NSC on January 11, 2017
- "2015 MNRC Radiation Safety Program Review Report," – the annual radiation protection program review conducted on December 3, 2015, by the UC Davis Campus Associate Radiation Safety Officer
- "2016 MNRC Radiation Safety Program Review Report," – the annual radiation protection program review conducted on October 28, 2016, by the UC Davis Environmental Health and Safety Research Safety Manager and Campus Radiation Safety Officer
- UCD/MNRC "Facility Modification Notebook" containing the "Facility Modification Log" forms
- Selected "Facility Modification Installation Authorization Forms" and associated "Facility Modification Checklist" forms processed during 2015 and 2016
- Selected facility procedures including:
  - UCD/MNRC-0043-DOC-04, "Facility Modification Procedure," and,
  - UCD/MNRC-0045-DOC-01, "Quality Assurance Program for McClellan Nuclear Research Center (MNRC)"
- UCD/MNRC Annual Reports for the last two reporting periods

b. Observations and Findings

(1) Review and Audit Functions

Composition of the NSC and qualifications of NSC members were as specified in TSs 6.2.1. Minutes of the NSC meetings indicated that the committee continued to meet semiannually as required by TSs 6.2.2 and provided review and oversight of the UCD/MNRC as specified in TSs 6.2.3. Through records review the inspectors determined that reviews were conducted by the NSC or designated representatives.

Topics of those reviews were as required by the TSs and the reviews provided sufficient guidance, direction, and oversight to ensure safe and acceptable use of the reactor.

The inspectors reviewed the results of the two most recent annual audits conducted at the facility. The inspectors noted that these audits were adequate and covered the activities specified in TSs 6.2.4, including various aspects of the reactor facility operations and programs. To better ensure timely completion of these audits, they were added to the list of items in the licensee's system used to track TSs required surveillances and other periodic items.

(2) Design Control Functions

The regulatory requirements stipulated in 10 CFR 50.59, were implemented at the facility through Facility Procedure UCD/MNRC-0043-DOC-04, "Facility Modification Procedure." The procedure was developed to address activities that affected changes to the facility as described in the safety analysis report (SAR), changes to MNRC procedures, and changes to or development of new tests or experiments not described in the SAR. The procedure adequately incorporated criteria provided by the regulations with additional requirements mandated by site-specific conditions.

The inspectors reviewed entries in the "Facility Modification Log," notebook for 2016. The notebook entries showed that no changes or modifications had been proposed since the last inspection.

c. Conclusion

The NSC was meeting as required and reviewing the topics outlined in the TSs. Audits of various reactor operations and programs were being conducted as required. The design change control program satisfied NRC requirements.

3. Radiation Protection Program

a. Inspection Scope (IP 69012)

The inspectors reviewed selected portions of the following regarding the licensee's radiation protection program to ensure that the requirements of 10 CFR Part 20, Standards for Protection against Radiation," and TSs Sections 4.7 and 6.4.2 were being met:

- Calibration records of selected radiation detection and monitoring instruments
- List documenting all MNRC personnel who were authorized to handle radioactive material, dated January 12, 2017
- Monthly Occupational Radiation Exposure Reports for UCD/MNRC personnel for 2015 and 2016

- Individual NRC Form 5's, "Occupational Exposure Record For A Monitoring Period," for UCD/MNRC personnel for 2014 and 2015 (2016 records not yet available)
- "2015 MNRC Radiation Safety Program Review Report," completed by members of the NSC and dated December 3, 2015
- "2016 MNRC Radiation Safety Program Review Report," completed by members of the NSC and dated October 28, 2016
- Lesson plans, training objectives, and qualification cards for training of personnel by the Radiation Safety Officer (RSO)
- Selected daily, weekly, and quarterly contamination and radiation survey results for the past 2 years
- Selected facility procedures including:
  - UCD/MNRC-0029-DOC-19, "UCD/MNRC Radiation Protection Procedures," containing various Sections and Appendices which outlined the MNRC Radiation Protection Program, and
  - UCD/MNRC-0042-DOC-16, "MNRC Health Physics Instrumentation and Test Procedures," containing various Addenda which specified equipment calibrations and tests
- SAR, Revision 4, dated December 1999, Chapter 11, "Radiation Protection and Waste Management Program," Revision 2, dated April 3, 1998
- UCD/MNRC Annual Reports for the last two reporting periods
- American National Standard Institute/American Nuclear Society-15.11-1993, "Radiation Protection at Research Reactor Facilities," standard approval dated July 23, 1993

The inspectors also toured the facility and observed the use of dosimetry and radiation monitoring equipment. One inspector conducted a radiation survey while accompanying the RSO as he completed a routine weekly survey. In addition, licensee personnel were interviewed and radiological signs and postings were observed.

b. Observations and Findings

(1) Surveys

The RSO daily log sheets and weekly, quarterly, and special contamination and radiation surveys were being completed by the RSO or other qualified staff members as required. A review of these records indicated that any contamination detected in concentrations above established action levels was noted on the appropriate form and the affected area was decontaminated. Results of the surveys were typically documented on survey maps and posted at the entrances of the various areas surveyed so that facility workers could check and be knowledgeable of the radiological conditions that existed in those areas.

It was noted that all facility personnel had been trained to use radiation detection instruments. The inspectors verified that these individuals were performing limited radiation surveys using the appropriate meters while the shield doors to the radiography bays were opened. The use of survey meters appeared to be adequate.

During the inspection, one inspector accompanied the facility RSO and observed the completion of a weekly radiation and contamination survey. The inspector conducted a radiation survey alongside the RSO. Areas surveyed at the facility included the equipment room, the reactor room, and associated support areas. The RSO completed the survey using appropriate survey techniques. No anomalies were noted.

(2) Postings and Notices

Copies of current notices to workers were posted in appropriate areas of the facility. The required radiological signs were posted at the entrances to controlled areas. Other postings also showed the industrial hygiene hazards that were present in the areas as well. The copy of NRC Form 3 noted at the facility was the latest issue, as required by 10 CFR Part 19, "Notices, Instructions and Reports to Workers: Inspection and Investigations," and was posted on a bulletin board near the main entrance to the facility where visitors are required to sign the visitor's log.

(3) Dosimetry

Personnel were observed to be wearing extremity and whole body dosimetry in the controlled areas in the appropriate manner and location. The dosimetry being used consisted of Optically-Stimulated Luminescent (OSL) dosimeters and thermoluminescent dosimeters (TLDs) processed monthly by a National Voluntary Laboratory Accreditation Program certified vendor. The OSL dosimeters were used for whole body monitoring and the TLDs were in finger rings which were used for extremity monitoring.

An examination of the OSL and TLD results which documented the radiological exposures at the facility for the past 2 years showed that the highest occupational doses, as well as doses to the public, were well within 10 CFR Part 20 limits. Individual copies of NRC Form 5 that had been issued to the various staff members in 2014 and 2015 were reviewed. (Forms for 2016 were not yet available.) No problems were noted.

(4) Calibration of Radiation Monitoring Equipment

Selected calibration records of portable survey meters, friskers, fixed radiation detectors, and air monitoring instruments in use at the facility were reviewed. The records showed that the meters and detectors were either calibrated by reactor staff or the instruments were sent off site to be calibrated by a contractor. The calibrations were tracked and documented as required. The inspectors confirmed that the frequency of these calibrations satisfied the requirements established in TSs Section 4.7 and 10 CFR 20.1501, "General," paragraph (b). All instruments checked by the inspectors that were currently in use at the facility had a current calibration sticker attached.

(5) Radiation Protection Program

The radiation protection program was described and controlled by procedures and policies that were well documented as required by TSs 6.4.2 and 10 CFR 20.1101, “Radiation protection programs,” paragraph (a). Annual audits of the radiation protection program had been completed by members of the NSC and documented in reports dated December 3, 2015, and October 28, 2016. These audits satisfied the periodic program review required by 10 CFR 20.1101(c). No significant issues were identified by the NSC audit team but various recommendations for improvements were made.

(6) Personnel Training

Personnel training required by 10 CFR 19.12, “Instruction to workers,” was provided by the RSO. In a graded approach, there were five “levels” or plans for training designated as “A” through “E.” The type of training provided to an individual was dictated by the type of work to be performed and whether or not the person would be required to enter any controlled area and/or handle radioactive material.

The inspectors reviewed the training given to various personnel and noted that training was being completed as required. Specific supplemental training was also provided as needed to ensure that personnel understood the subjects. An annual radiation safety review emphasizing the “As Low As Reasonably Achievable” (ALARA) principle was provided to all facility staff members as well. The training appeared to be adequate.

(7) Radiation Work Permit Program

The inspectors reviewed the radiation work permits (RWPs) that had been written and used during 2016. It was noted that no special RWPs had been issued during that period. The inspectors determined that the controls, precautions, and instructions specified in the RWPs appeared to be appropriate. It was also noted that the RWPs had been reviewed by the RSO as required. The 2016 RWPs had been closed out at the end of the year as required and new RWPs had been issued for 2017. The 2017 RWPs were similar to the ones issued for 2016 and typically covered routine maintenance work as well as experiment disassembly.

(8) Facility Tours

The inspectors toured the main staging or set-up area, the equipment room, the reactor room, and various support areas with licensee representatives on various occasions and observed on-going activities. It was noted that facility radioactive material storage areas were properly posted. No unmarked radioactive material was noted. Radiation and high radiation areas were posted as required and properly controlled.

c. Conclusion

The inspectors determined that the radiation protection and ALARA programs, as implemented by the licensee, satisfied regulatory requirements. Specifically, (1) periodic surveys were completed and documented acceptably to permit evaluation of the radiation hazards present, (2) postings and signs met regulatory requirements, (3) personnel dosimetry was being worn as required and recorded doses were within the NRC's regulatory limits, (4) radiation survey and monitoring equipment was being maintained and calibrated as required, and (5) the radiation protection training program was being implemented as stipulated in procedure.

4. Effluent and Environmental Monitoring

a. Inspection Scope (IP 69004)

The inspectors reviewed the following to verify compliance with the requirements of 10 CFR Part 20 and TSs Section 6.4.2(d):

- Facility Procedure UCD/MNRC-0029-DOC-19, "UCD/MNRC Radiation Protection Procedures," including:
  - Section 3, "Environmental Radiation Monitoring Procedures,"
  - Section 4, "Radioactive Effluent Monitoring Procedures," and
  - Section 17, "Radioactive Waste Procedure"
- Quarterly Environmental TLD Reports for the last 2 years
- Radiochemical analysis data/results for the last year to check samples from the Radiography Bay 1 and the primary system water for tritium
- UCD/MNRC Annual Reports for the last two reporting periods

b. Observations and Findings

The inspectors determined that gaseous releases continued to be monitored as required, were acceptably analyzed, and were documented in the annual operating reports. To ensure that airborne concentrations of gaseous releases were: (1) within the concentrations stipulated in 10 CFR Part 20, Appendix B, Table 2; (2) below the dose constraint specified in 10 CFR 20.1101(d) of 10 millirem per year; and (3) within TSs levels, the licensee completed a calculation of the dose to members of the public as the result of reactor operations. This calculation, which was based on the concentration of effluent released from the stack, was performed using the Environmental Protection Agency's computer code, CAP88-PC, Version 3.0. The results indicated an annual dose to the public within the regulatory limits.

The inspectors verified that there were no liquid effluent releases from the facility during 2015 and 2016. It was also noted that, although radioactive waste was being stored in various locations at the facility, no solid radioactive waste shipments had been made from the facility in 2016.

Environmental water samples were collected, prepared, and sent to a vendor for analysis consistent with procedural requirements. The results of these analyses

were all within regulatory limits. On-site and off-site gamma radiation monitoring was completed using various environmental TLDs in accordance with the licensee's procedures as well. A review of these data indicated that measurable doses were all below regulatory limits.

c. Conclusion

Effluent monitoring satisfied license and regulatory requirements and releases were within the specified TSs levels and regulatory limits.

5. Procedures

a. Inspection Scope (IP 69008)

To verify compliance with TSs Section 6.4, the inspectors reviewed selected portions of the following:

- Selected "Document Review," forms completed by staff members
- "UCD/MNRC Controlled Document Review and Approval Reference List"
- "MNRC Document List," listing all the licensee's current procedures and the date each was last reviewed
- Various memoranda from the Reactor Supervisor to the staff indicating document review assignments and responsibilities
- Selected facility procedures including:
  - UCD/MNRC-0029-DOC-19, "UCD/MNRC Radiation Safety Procedures," and,
  - UCD/MNRC-0082-DOC-01, "Environmental Compliance and Health and Safety Plan"

b. Observations and Findings

According to TSs Section 6.4, it was required that procedures be prepared and approved for the activities listed in that section. The procedures were required to be approved by the UCD/MNRC Director. Facility Procedure UCD/MNRC-0005-DOC stipulated that the UCD/MNRC staff perform a biennial review of each active document to assure that it was current. The inspectors noted that Operations and Health Physics procedures were typically being reviewed annually by the licensee, while maintenance and other procedures were reviewed biennially. Changes to the procedures also required the approval of the UCD/MNRC Director and all changes were required to be documented.

The inspectors determined that the UCD/MNRC procedures were being reviewed as required, that procedures were approved by the Director, and that changes were approved and documented as required as well. No procedure reviews concerning radiation protection were overdue at the time of the inspection.

The activities and operations observed by the inspectors during this inspection were completed in accordance with the applicable procedures. These activities and operations included reactor operation checkouts, handling radioactive material, and, conducting surveys.

c. Conclusion

The current procedure review, revision, control, and implementation program satisfied TSs requirements. Procedural compliance was acceptable.

6. Transportation of Radioactive Materials

a. Inspection Scope (IP 86740)

To verify compliance with regulatory and procedural requirements for transferring or shipping licensed radioactive material, the inspectors reviewed the following:

- Selected licenses of various UCD/MNRC consignees
- Records of the radioactive material shipments made during 2016 including completed radiological survey forms
- Training records for staff personnel authorized to ship hazardous material in accordance with the regulations specified by the Department of Transportation (DOT)
- Facility Procedure UCD/MNRC-0029-DOC-19, "UCD/MNRC Radiation Protection Procedures," including:
  - Section 21, "Procedures for Shipping Radioactive Material," and,
  - Section 21 Appendix A, "Limited Quantity of Class 7 (Radioactive) Materials Checklist"

b. Observations and Findings

Through records review and discussions with licensee personnel, the inspectors determined that the licensee made 8 shipments of radioactive material during 2016. All the shipments had been designated as Limited Quantity shipments. The records indicated that the radioisotope types and quantities were calculated and dose rates were measured as required. The radioactive material shipment records reviewed by the inspectors had been completed in accordance with DOT and NRC regulations.

The inspectors verified that the licensee maintained copies of shipment recipients' licenses, or possession authorization letters for Department of Energy customers, as required. The licenses were determined to be current or in timely renewal prior to initiating a shipment. The inspectors also verified that the recipients were authorized to receive and possess the type and quantity of radioactive material shipped to them.

The inspectors also reviewed the training of MNRC staff members responsible for shipping radioactive material. The inspectors verified that licensee personnel designated as shippers had received the appropriate training covering the specified requirements within the past three years as required by the regulations.

c. Conclusion

Radioactive material was being shipped in accordance with the applicable NRC and DOT regulations.

7. Exit Interview

The inspection scope and results were summarized on February 1 and 2, 2017, with members of licensee management. The inspectors described the areas inspected and discussed the inspection findings. The licensee acknowledged the findings presented and did not identify as proprietary any of the material provided to or reviewed during the inspection.

PARTIAL LIST OF PERSONS CONTACTED

Licensee Personnel

H. Bollman	Radiography Supervisor and SRO
W. Frey	Facility Director and SRO
T. Essert	Electrical Engineer and SRO
D. Reap	Radiation Safety Officer, Security Officer, and SRO
W. Steingass	Associate Director for Reactor Operations, Operations Manager, and SRO

INSPECTION PROCEDURES USED

IP 69004	Class I Research and Test Reactor Effluent and Environmental Monitoring
IP 69006	Class I Research and Test Reactor Organization, Operations, and Maintenance Activities
IP 69007	Class I Research and Test Reactor Review and Audit and Design Change Functions
IP 69008	Class I Research and Test Reactor Procedures
IP 69012	Class I Research and Test Reactor Radiation Protection
IP 86740	Inspection of Transportation Activities

ITEMS OPENED, CLOSED, AND DISCUSSED

Opened

None

Closed

None

PARTIAL LIST OF ACRONYMS USED

10 CFR	Title 10 of the *Code of Federal Regulations*
ALARA	As Low As Reasonably Achievable
DOT	Department of Transportation
IP	Inspection Procedure
MNRC	McClellan Nuclear Research Center
NRC	U.S. Nuclear Regulatory Commission
NSC	Nuclear Safety Committee
RSO	Radiation Safety Officer
RWP	Radiation Work Permit
SAR	Safety Analysis Report
TLD	Thermoluminescent dosimeter
TSs	Technical Specifications
UCD/MNRC	University of California-Davis/McClellan Nuclear Research Center