

Performance Improvement Plan and Progress Report
Kansas Radioactive Materials Program

IMPEP Finding	Task(s)	Milestones	Assignments	Anticipated Completed Date	Status	Actual Completion date	
A	Candidate licensees working under reciprocity were not consistently inspected in accordance with the criteria prescribed in NRC's IMC 1220.	Consistently inspect candidate licensees working under reciprocity in accordance with the criteria prescribed in NRC's IMC 1220.	1. Determine initial goal for reciprocity inspections each year.	Lawrenz	Completed then annually	Completed	10/1/18
			2. Modify reciprocity procedure to focus reciprocity inspection completion in first six months of CY	Short	12/3/18	Draft completed 12/1/18. Team Brief occurred 1/15/19.	1/15/19
			3. Integrate reciprocity report into monthly staff meetings.	Short, Lawrenz	On going	Executed	On going
B	Inspection procedures are not equivalent to NRC Inspection Procedure 87100 series.	Revise inspection procedures to be consistent and compatible with the NRC guides.	1. Revise procedures	Lawrenz, Harris	2/28/19	Inspection Procedure Guidance RCP3 revised. Each modality has an appendix. Initial training to staff to be provided 1/24/19. See Attachment 1 for detail.	TBD
			2. Staff review and comment on revisions.	All Staff	3/31/19	In progress	TBD
			3. Complete further revision to procedures as needed based on comments.	Lawrenz, Harris	4/30/19	In progress	TBD

			4. Publish all procedures	All Staff	5/1/19	In progress	TBD
C	When preparing to inspect, the program's inspectors did not routinely review the relevant inspection procedures.	Revise inspection guides (appendices to inspection procedures) and provide training to inspectors	1. Revise inspection guides	Lawrenz, Harris	2/1/19	In progress	TBD
			2. Staff review of inspection guides.	All Staff	2/28/19	In progress	TBD
			3. Collective training on all inspection guides.	Harris	5/3/19	Inspection Procedure Guidance RCP3 revised. Each modality has an appendix. Initial training to staff to be provided 1/24/19. See Attachment 1 for detail.	TBD
			4. Implement inspection guides.	Lawrenz	5/15/19	Not started	TBD
			5. Verify implementation during annual inspection accompaniments.	Lawrenz	On going	Annually	TBD

D	Inspection findings not well founded or properly documented in reports and root causes were not properly identified. Issues of non-compliance did not always have specific regulations clearly documented. There was inadequate management oversight of inspection reports. Inspection findings did not always lead to appropriate or prompt regulatory action.	Revise inspection guidance and provide training to inspectors. Ensure inspection guidance is consistent with NRC to ensure findings are properly documented and root causes are identified appropriately. Reduce the staff dependency on internal database for specific non-compliance identifications. Require all items of non-compliance to be communicated with program management. Require licensee responses to be reviewed and approved by management. Increase management review of inspection reports.	1.All staff have attended G-205 Root Cause Workshop training.	Lawrenz, Herschell, Steves, New hire	3/22/19	In progress Herschell attended on 3/22/19	TBD Based on FFY2020 Offerings
			2. Revise inspection guides.	Lawrenz, Harris	2/1/19	In progress	TBD
			3. Staff review of all inspection guides.	All Staff	2/28/19	In progress	TBD
			4. Collective training on all inspection guides.	Harris	5/3/19	Not started	TBD
			5.Implement inspection guides	Lawrenz	5/15/19	Not started	TBD
			6. Include group discussions of all inspection findings of non-compliance at monthly staff meetings.	All Staff	On going	Executed	Ongoing
			7. Unit supervisor or Lead Worker to review and approve all inspection reports, findings, licensee responses, corrective actions, and modifications to inspection frequency.	Lawrenz, Harris	10/1/18	Executed	Ongoing
			8. Program Director in coordination with Unit Supervisor to determine which non-compliance citations are elevated to legal action.	Steves, Lawrenz	10/1/18	Executed	Ongoing

E	Inspections do not consistently address previously identified open items.	Clearly address all previously identified open items.	1. Revise inspection procedures to clarify how it will be documented when previously identified items are closed or remained open.	Lawrenz	2/28/19	Completed	1/15/19
			2. Train staff on new requirements	Harris	12/1/18	Inspection Procedure Guidance RCP3 revised. Initial training to staff to be provided 1/24/19.	TBD
			3. Include group discussions of all inspection findings of non-compliance at monthly staff meetings.	All Staff	On going	Executed	On going
			4. Verify implementation during annual inspection accompaniments.	Lawrenz	On going	Annually	TBD
F	Essential elements of license applications were not consistently submitted or consistent with regulatory guidance. License Action reviews were not sufficiently thorough, complete or of acceptable technical quality.	Ensure essential elements of license applications and actions are consistent. Ensure license review is sufficient to identify deficiencies prior to issuing a license	1. Create forms to outline requirements for common license actions.	Jones, Herschell	5/3/19	In progress	TBD
			2. Review and update license guides annually	All Staff	12/31/18 then annually	In progress	Ongoing
			3. Develop an annual training plan on license action requirements and implement it.	Harris	5/30/19 then annually	In Progress	TBD
			4. Unit Supervisor and Lead Worker to audit at least 25% of license actions each year and discuss results with staff.	Lawrenz, Harris	12/31/18 then annually	Annually	Ongoing

G	Response actions were not always appropriate or timely. Procedures for onsite responses were not always followed when incidents of potential health, safety, or security significance were reported or suspected. The NRC was not always notified of incidents as appropriate. There was inadequate management oversight of reactive inspections and reporting.	Revise written procedure on reactive inspections and provide staff training on the procedure. Adhere to an appropriate policy that requires onsite response to all incidents of health, safety, or security significance. Ensure internal policies include adequate management oversight of incidents and reactive inspections. Ensure all incidents are reported as stated in Appendix A of SA300.	1. Revise procedure for incidents and investigations to include clear guidance on the appropriate response action. Include in the procedure the notification matrix in App A of SA300. Include requirement to document notification requirements in each NMED entry by the inspector and Unit Supervisor.	Lawrenz	2/15/19	In Progress	TBD
			2. Train all staff and management of incident response procedure and NRC notification requirements.	Lawrenz	2/28/19	In Progress	TBD
			3. Program Director and Unit Supervisor shall meet routinely regarding each incident until it is determined closed.	Steves, Lawrenz	10/1/18	Executed	On Going
			4. Discuss ongoing incident investigations in monthly team meetings until closed.	All Staff	10/1/18	Executed	On Going
			5. Program Director and Unit Supervisor will actively monitor staff response to all incidents and investigations and review and approve investigation reports until each incident determined closed.	Steves, Lawrenz	10/1/18	Executed	On Going
			6. Perform periodic review of NMED files to ensure all information is included and properly closed when applicable.	Lawrenz	12/31/18	Executed	On Going/ Quarterly

H	Follow up action not always taken to ensure prompt compliance, including follow up inspections to investigations.	Revise procedures to require full inspection report to be completed for any reactive inspection or investigation involving a licensee, their material or facility as well as document the decision of adjusting the frequency of the next routine inspection or keeping the licensee on the same frequency.	1. Revise procedure for incidents and investigations to include specific reporting requirements.	Lawrenz	2/15/19	In progress	TBD
			2. Train all staff and management of reporting requirements for any reactive inspection or investigation.	Lawrenz	2/28/19	In progress	TBD
			3. Unit Supervisor and Program Director will discuss follow up inspection frequency and document the decision in the licensee's file for each reactive inspection or investigation.	Steves, Lawrenz	10/1/18	Executed	Ongoing
I	Several regulations adopted by Kansas for the purposes of compatibility were adopted later than three years after the effective date of the NRC regulation.	Ensure proposed revisions to Kansas regulations are developed and provided to KDHE Legal staff in a timely manner following publication by the NRC of corresponding regulations. Request agency management to prioritize action on those regulations which are required to maintain compatibility with NRC.	1. Assign Radiation staff member to be responsible for monitoring status of NRC regulation revisions which impact compatibility and drafting corresponding revisions to Kansas regulations.	Steves, Uhlemeyer	10/7/18	Executed	Ongoing
			2. Coordinate and communicate with agency management on regulation compatibility and timeliness requirements.	Steves	10/1/18	Executed	Ongoing

ATTACHMENT 1

KDHE Inspection Procedures: RCP 3 “Inspection Procedure Guidance”

NOTE: Each modality has its own appendix to RCP3. During the development process, Kansas staff are using the NRC Procedures.

Current status:

Corresponding NRC Number	Description	Status
87121	Industrial Radiography	Final Draft – Team Training occurred on 1/24/19
87122	Irradiator Programs	Currently none in Kansas. This appendix will be developed at a later date.
87123	Well Logging	Final Draft – Team Training occurred on 1/24/19
87124	Fixed/Portable Gauge	Under development
87126	Industrial/Academic/Research	Under development
87127	Radiopharmacy	Final Draft – Team Training occurred on 1/24/19
87130	Nuclear Medicine, Written Directive not required	To be combined.
87131	Nuclear Medicine, Written Directive required	Final Draft – Team Training occurred on 1/24/19
87132	Brachytherapy	Initial Draft under staff review on 3/29/19
87133	Gamma Stereo and Teletherapy	Currently none in Kansas. This appendix will be developed at a later date.
87134	Medical Broad Scope	Initial Draft under staff review on 3/29/19
40002	Inspections to Review Allegations	Final Draft – Team Training occurred on 1/24/19
86740	Inspection of Transportation Activities	Final Draft – Team Training occurred on 1/24/19
87137	Materials Security Programs	Final Draft – Team Training occurred on 1/24/19