

REACTOR OVERSIGHT PROCESS (ROP) SELF-ASSESSMENT ROP IMPLEMENTATION AUDIT

Effective Date: 06/01/2020

0307C-01 PURPOSE

The Reactor Oversight Process (ROP) self-assessment program evaluates the overall effectiveness of the ROP in meeting its pre-established goals and intended outcomes. The Office of Nuclear Reactor Regulation (NRR) is responsible for providing guidance and implementation direction to the regions on reactor inspection and oversight, and also appraises regional program performance in terms of effectiveness and uniformity pursuant to 10 CFR 1.43. This procedure establishes the process for an independent, NRR-led ROP implementation audit to satisfy, in part, this regulatory requirement. The ROP implementation audit is part of Element 1 of the ROP self-assessment program as described in Inspection Manual Chapter (IMC) 0307, "ROP Self-Assessment Program."

0307C-02 OBJECTIVES

02.01 Appraise regional program performance in terms of effectiveness and uniformity of ROP implementation pursuant to 10 CFR 1.43(e).

02.02 Ensure predictable, reliable, and uniform ROP implementation across all NRC regions and in accordance with NRR program office guidance.

02.03 Determine any necessary improvements to ROP governance documents for how regional offices carry out their functions related to the ROP.

0307C-03 RESPONSIBILITIES AND AUTHORITIES

03.01 Director, Division of Reactor Oversight (DRO), Office of Nuclear Reactor Regulation (NRR)

- a. Oversees implementation of the annual ROP implementation audits.
- b. Reviews and concurs on the final report containing results of the annual ROP implementation audit.
- c. Reviews, approves, and issues the charters for the annual ROP implementation audits.
- d. As able, attends the ROP implementation audit entrance and/or exit meeting, and/or observes portions of the onsite audit portion.

03.02 Regional Directors, Branch Chiefs, and Staff, Divisions of Reactor Safety, Reactor Projects, and Nuclear Materials Safety (as applicable)

- a. Ensure applicable regional data is collected and submitted to facilitate the ROP implementation audit.
- b. Helps coordinate the ROP implementation audit team's office visit and provides office and meeting space for the team.
- c. Provide input for selection of the ROP implementation audit focus areas.
- d. Ensures results from all ROP implementation audits are assessed for applicability in assigned region via response memo.
- e. Provide staff for the ROP implementation audit team, as requested by DRO.

03.03 Chief, Reactor Assessment Branch (IRAB)

Provides staff for the ROP implementation audit team.

03.04 Chief, Reactor Inspection Branch (IRIB)

Provides staff for the ROP implementation audit team.

03.05 Chief, Oversight and Support Branch (IRSB)

- a. Monitors the effectiveness of corrective actions and improvements to the ROP that are developed in response to the ROP implementation audits.
- b. Provides initial coordination for ROP implementation audit team and focus area selection.
- c. Develops the charter for each annual ROP implementation audit, choosing audit focus areas in consultation with IRAB, IRIB, and the regions.
- d. Provides staff for the ROP implementation audit team.

0307C-04 REQUIREMENTS

The ROP self-assessment program will include ROP implementation audits of regional offices to appraise regional program performance in terms of effectiveness and uniformity of ROP implementation. This annual audit ensures predictable, reliable, and consistent ROP implementation across all regions. This appendix provides the implementing guidance for activities described in IMC 0307, Section 06.01.d.

04.01 Audit Periodicity and Schedule

The NRR-led ROP implementation audits will be conducted annually at one NRC region on a rotating basis. In lieu of an ROP implementation audit in the fifth year, program office staff, with regional participation, will conduct a comprehensive review of the baseline inspection program

(see IMC 0307, Appendix B). As such, over a five-year period, each region will receive one ROP implementation audit and the overall baseline inspection program will be subjected to a comprehensive review.

The office visit for the ROP implementation audit will typically be scheduled between May (after the Agency Action Review Meeting) and early September of a given year. Consideration should be given to schedule the office visit to minimize the impact on regional operations, maximize the effectiveness and efficiency of the review team activities, and to accommodate NRR program office management participation in the entrance or exit briefing (at a minimum).

04.02 Audit Scope

The ROP implement audit measures each region's program performance in effectively and uniformly implementing the ROP. The audit has two parts: (1) a data-driven, standardized implementation audit covering all four ROP program areas (inspection, significance determination program (SDP), performance indicators (PIs), and assessment), and (2) selected audit focus area(s) where the audit team conducts a deeper dive review. The standardized implementation audit is completed using Attachment 1, and uses standardized program performance ratings (meets/does not meet/not applicable). The audit focus areas (nominally 1-2 focus areas) will be selected based on recent areas of management interest, results of ROP metrics or data trending analysis, IMC/IP lead data-driven analysis, and regional input.

04.03 Audit Procedure

- a. **Assembling the Audit Team:** The ROP implementation audit team will consist of 3 (maximum 4) staff from IRIB, IRAB, and IRSB (one of which will be designated as the audit lead), and 1 regional staff member from a region not being audited. Collectively, the audit team should have staff with experience across multiple ROP program areas to be able to adequately evaluate the standardized audit items and the audit focus area(s). Consideration should be given to having the regional team member be from the region scheduled for the next ROP implementation audit. Staff from other regions may choose to be onsite to observe the audit for benchmarking purposes, but are not part of the formal audit team.
- b. **Developing and Issuing the Audit Charter:** Once the team lead is identified and the team formed, the team will develop and issue, with the DRO Division Director's approval, a charter for the ROP implementation audit that outlines the audit schedule, confirms the standardized implementation audit items, and establishes the focus area(s) that will be assessed. The draft charter will be shared with the region that is being audited for a two-week feedback period before the charter is finalized. The audit team leader will issue the finalized charter no less than 30 days before the scheduled audit start date.
- c. **Completing the Standardized Audit Items Ahead of the Onsite Week:** Insofar as the necessary data is available at NRC headquarters, or may be compiled with remote support from the region being audited, the audit team should complete most of the standardized implementation audit items using Attachment 1 prior to the onsite week. The audit team, in consultation with the respective program office ROP program area lead, will choose a minimum of 2 (maximum of 5) audit items from each ROP program area in Attachment 1 to complete.

- d. Onsite Week: The audit team leader will conduct an entrance meeting with applicable regional personnel upon arrival to help facilitate the review. The team leader will coordinate with the region being audited for any support needed to facilitate the onsite week efficiently and effectively, such as space, access, personnel availability, and connectivity requirements. Additional visits to the regional office may be scheduled if necessary to meet the objectives of the ROP implementation audit, but efforts should be made to limit the office visit to one week.
- e. Objective Evaluation Standards: The review team will evaluate the standardized implementation audit items and the audit focus areas in terms of objective performance ratings (meets/does not meet current requirements in ROP governance documents), reflecting the effectiveness of delegated ROP functions within the region under audit. Additionally, the regional audit team member will provide amplifying information on whether the audited region's approach to ROP implementation in each area is uniform with other regions. In the course of the audit, should any clarification be required from the NRR program office regarding ROP implementation or ROP governance documents, it will be noted and included in the final report.
- f. Exit Meeting: An exit meeting will be scheduled at the end of the ROP implementation audit onsite week to discuss the results. Throughout the onsite week, the team leader will discuss the team's findings with the appropriate regional management.

04.04 Documentation Required

- a. Audit Report

A draft report will be prepared by the team leader, with inputs from all team members, within 30 days of the exit meeting. This report will summarize the results of the standardized implementation audit items and the results of the deep-dive review of the audit focus area(s), as well as any areas where the NRR program office is requested provide additional clarification or guidance. The completed standardized implementation audit worksheet (Attachment 1) will be included as an enclosure to the report. The report will be from the Director of NRR to the audited region's Regional Administrator, with copies to the other regions and the Deputy Executive Director for Reactor and Preparedness Programs (DEDR).

NRR will send the preliminary (draft) audit report to the audited regional office for a two-week review and comment period (the other regions will receive the draft report at the same time for informational purposes). The NRR staff will consider the audited regional office's comments for incorporation in the final report.

The final report should be issued within 60 days of the exit meeting and will include the results of both parts of the ROP implementation audit (the standardized implementation audit and the audit focus area(s)). The final report will summarize where the audited region met/did not meet the requirements put forth by ROP governance documents for implementing the ROP functions, and where the audited region's implementation of the ROP is/is not uniform with other regions. The final report will also include any requests from the audited region for clarification regarding ROP program governance documents or uniformity of ROP implementation. A summary of the final report will be included in the annual ROP self-assessment SECY paper, which is publicly available.

b. Regional Response

Within 30 days of issuance of the final audit report, the audited region and the other regional offices will review and evaluate the audit results, compare to their own ROP program implementation, and provide a response memo detailing any actions taken to address any identified issues. The purpose of this review is to determine if any of the noted areas where the audited region did not meet ROP governance document requirements are unique to the audited region or whether they are widespread across the regions. The response memo should be addressed to the DEDR with a copy to the Director of NRR.

c. Follow-up

As discussed above, the results of the ROP implementation audit will be referenced in the annual ROP self-assessment SECY paper. The results will also be presented to senior NRC management at the Agency Action Review Meeting (AARM) and the associated Commission briefing on the results of the AARM. Any clarifications required from the program office that are included in the final audit report will be entered into the ROP lessons learned tracker or the ROP feedback form database, as applicable, for evaluation.

END

Attachment 1, Worksheet for Standardized Implementation Audit

Attachment 2, Revision History for IMC 0307, Appendix C

Attachment 1 – Worksheet for Standardized Implementation Audit

AUDIT OF REGIONAL EFFECTIVENESS AND UNIFORMITY IN IMPLEMENTING THE ROP PROGRAM

STANDARDIZED IMPLEMENTATION AUDIT SUMMARY SHEET

1.0	<u>Assessment Program Area</u>	M / DNM / NA
2.0	<u>Significance Determination Process Program Area</u>	M / DNM / NA
3.0	<u>Inspection Program Area</u>	M / DNM / NA
4.0	<u>Performance Indicator Program Area</u>	M / DNM / NA

DEFINITIONS OF AUDIT RATINGS:

MEETS ROP GOVERNANCE DOCUMENT GUIDANCE (M)

Goals and requirements in ROP program governance documents are consistently met or exceeded.

Schedules or timeliness goals as described in ROP program governance documents are consistently met.

Initiatives are implemented with positive results.

DOES NOT MEET ROP GOVERNANCE DOCUMENT GUIDANCE (DNM)

Goals and requirements in ROP program governance documents are consistently not met.

Schedules as described in ROP program governance documents are frequently not met.

Regional management attention is warranted to address potential area of weakness.

NOT APPLICABLE (NA)

Not applicable or not evaluated.

Any use of this rating must be justified.

AUDIT NOTES:

Audit Items for Review: The audit team, working with the ROP program area leads, will choose a minimum of 2 (maximum of 5) audit items from each ROP program area to complete.

Samples: Generally, as used in this IMC, a sample is defined as about 10 – 20 instances to review; however, an audit team member has discretion regarding sample size in order to adequately assess the audit item.

Measuring Current Performance: Unless otherwise stated, samples for audit items should cover the current in-progress calendar year and the previous 2 calendar years in order to measure current performance. If the review team needs to review samples greater than 2 years to achieve clarity on an audit issue, it will be noted in the audit report.

AUDIT OF REGIONAL EFFECTIVENESS AND UNIFORMITY IN IMPLEMENTING THE ROP PROGRAM

1.0 ASSESSMENT PROGRAM AREA

- 1.1 End-of-cycle assessment meeting agendas and plant performance summaries for all plants were entered into ADAMS. (IMC 0305, Section 07.03.b(1))

(M / DNM / NA)

Comments / Regional Uniformity:

- 1.2 In reviewing the PIM for end-of-cycle assessment meetings, staff reviewed findings to determine if there are any programmatic trends for consideration during the assessment meeting. (IMC 0305, Section 07.03.b(2))

(M / DNM / NA)

Comments / Regional Uniformity:

- 1.3 For any annual assessment public meetings that exceeded the 16-week guideline for licensees in Column 3, 4, or 5 of the ROP Action Matrix, the region provided appropriate justification for the delay. (IMC 0305, Section 09.01)

(M / DNM / NA)

Comments / Regional Uniformity:

- 1.4 Review a sample of RPS data determine whether the start date of inspection findings is entered as the last day of the quarter for findings documented in quarterly integrated inspection reports, or the last day of the onsite inspection activities in which the issue was documented as an AV, FIN, NOV, or NCV for all other inspection reports. For the latter, this date is often the exit date, but may be the date of a re-exit only if the disposition of the finding or violation changed since the original exit meeting. (IMC 0305, Section 11.01.b)

(M / DNM / NA)

Comments / Regional Uniformity:

- 1.5 For traditional enforcement violations, regional staff determine whether the licensee met the criteria for a follow-up inspection under IP 92702, 92723, or IP 92722. If the criteria were met, the decision to conduct or not to conduct a follow-up inspection, and the basis for the decision, was documented in the cover letter. (IMC 0305, Section 13.02.b)

(M / DNM / NA)

Comments / Regional Uniformity:

2.0 SIGNIFICANCE DETERMINATION PROCESS PROGRAM AREA

- 2.1 Access the SERP package repository in ADAMS. Evaluate whether IFRB packages containing supporting information for a SERP are saved in the SERP package repository in ADAMS per IMC 0609, Attachment 5, Section 04.02, even if the IFRB determined the issue would not move forward to a SERP.

(M / DNM / NA)

Comments / Regional Uniformity:

- 2.2 Access the SERP package repository in ADAMS and sample a number of IFRB packages. Evaluate whether the threshold for the region's decision to hold an IFRB is consistent with the guidance in IMC 0609 Attachment 5?

(M / DNM / NA)

Comments / Regional Uniformity (e.g., are there regional inconsistencies in this threshold?):

- 2.3 Does the region use the "Estimated Timeline for SDP Completion" editable file (Exhibit 3 of IMC 0609, Attachment 5) to develop and track progress in completing the evaluation of the finding? (IMC 0609 Attachment 5)

(M / DNM / NA)

Comments / Regional Uniformity:

- 2.4 For any SDP appeals, review a sample of the letters documenting the process and evaluate whether the region provided sufficient basis for its decision in its response either accept or deny the appeal for review, and if accepted, whether the region provided sufficient basis for the outcome of the review of the appeal. (IMC 0609 Attachment 2)

(M / DNM / NA)

Comments / Regional Uniformity:

- 2.5 Review a sample of SERP packages in the ADAMS repository to determine whether IMC 0609 screening questions were appropriately used and answered.

(M / DNM / NA)

Comments / Regional Uniformity:

3.0 INSPECTION PROGRAM AREA

- 3.1 Evaluate a sample of inspection reports across different sites for accuracy, formatting, finding information and entering inspection reports into ADAMS in accordance with IMC 0611.

(M / DNM / NA)

Comments / Regional Uniformity:

- 3.2 Evaluate a sample of RPS data entered for findings, covering both DRS and DRP generated inspection findings, for conformance with IMC 0306, with an emphasis on:

- a. Double-counted findings
- b. Missing findings (sample a cross section of inspection reports and verify findings in RPS)
- c. Correct start and end dates for inspections

(M / DNM / NA)

Comments / Regional Uniformity (Are there regional inconsistencies in RPS data entry methods/procedures/accepted practices?):

- 3.3 Evaluate a sample of LER reviews from inspection reports. Are the LER reviews being conducted in accordance with IP71153 "Follow-up of Events and Notices of Enforcement Discretion"? Are the LER reviews being documented in accordance with IMC 0611?

(M / DNM / NA)

Comments / Regional Uniformity:

- 3.4 Evaluate a sample of inspection findings and violations for adherence to IMC 0612 Issue Screening.

- a. Verify that, in the case of multiple examples of the same performance deficiency that share the same cause and require the same corrective actions, the issue is documented as a single finding.
- b. Verify that the proper IMC 0612 App B path is used, and findings/violations are appropriately characterized.
- c. Verify that the findings/violation inputs follow IMC 0612 and 0611.

(M / DNM / NA)

Comments / Regional Uniformity:

- 3.5 Verify inspectors that are assigned on inspections are at least basic qualified under IMC 1245 App A, and that inspection leads are qualified under the appropriate IMC 1245 App C. Note any discrepancies.

(M / DNM / NA)

Comments / Regional Uniformity:

- 3.6 Verify that inspection sampling is conducted following the guidance in IMC 2515. From IMC 2515: "Increasing the sample size beyond the targeted nominal sample size and budgeted hours for plants with continued performance in the Licensee Response Column of the NRC Action Matrix will require approval from the Regional Branch Chief who is responsible for procedure completion. The basis for the approval shall be documented in the "Notes" section of the Reactor Planning System (RPS) software program for the applicable procedure. Significant increases in inspection effort, e.g. executing beyond the maximum procedure sample size and budgeted hours, will require approval from the responsible Regional Division Director. The basis for the approval shall also be documented in the "Notes" section of the RPS software program for the applicable procedure."

(M / DNM / NA)

Comments / Regional Uniformity:

- 3.7 Review all greater-than-green findings from the Regions. Verify that greater-than-green finding corrective actions by the licensee are being tracked by the region (refer to OIG audit report regarding oversight of supplemental inspection corrective actions). Note any open items, time to close corrective actions, etc.

(M / DNM / NA)

Comments / Regional Uniformity:

- 3.8 Evaluate all items documented in accordance with IMC 0611, Section 0611-12, and all low safety significance issues closed per IMC 0611, Section 0611-06.
- a. Verify that any items documented are in accordance with IMC 0611-12, such as minor deficiencies, minor violations, observations, assessments, and very low safety significance issues; and are documented in accordance with IMC 0612 requirements.
 - b. Verify that any unresolved issues closed due to very low safety significance are documented in accordance with IMC 0611-06 and IMC 0612 requirements.

(M / DNM / NA)

Comments / Regional Uniformity:

4.0 PERFORMANCE INDICATOR PROGRAM AREA

- 4.1 Verify that IP 71151 was accomplished annually for all sites within the region as part of the baseline inspection program. This can be easily accomplished if the region being audited reported 100% baseline inspection program accomplishment. If there were any missed samples, the missed samples should be evaluated to see if an IP 71151 sample was missed.

Data source(s): RPS-Inspections and ADAMS (regional baseline inspection completion memos, referenced in the annual ROP self-assessment SECY)

(M / DNM / NA)

Comments / Regional Uniformity:

- 4.2 Evaluate a sample of documented IP 71151 samples to ensure that the Resident Inspectors, health physics inspectors, and emergency preparedness inspectors verified the appropriate licensee data for each PI per IP 71151 and/or NEI 99-02.

(M / DNM / NA)

Comments / Regional Uniformity:

Attachment 2: Revision History for IMC 0307 Appendix C

Commitment Tracking Number	Accession Number Issue Date Change Notice	Description of Change	Description of Training Required and Completion Date	Comment Resolution and Closed Feedback Form Accession Number (Pre-Decisional, Non-Public Information)
	ML16147A455 07/15/16 CN 16-016	Initial issuance. Created to address self-assessment process changes. Researched commitments for the last four years and found none.	None	ML16148A045
	ML19274C225 05/29/20 CN 20-025	Complete reissuance (major rewrite, satisfies periodic/review update requirement) to reflect change from regional peer review to ROP implementation audit as a result of 2019 holistic review of ROP self-assessment program.	None	ML19274C541