REACTOR OVERSIGHT PROCESS SELF-ASSESSMENT METRICS AND DATA TRENDING

Effective Date: 06/01/2020

This Appendix contains a description of each of the Reactor Oversight Process (ROP) performance metrics and data trending as described in Sections 06.01(a) and (b) of Inspection Manual Chapter (IMC) 0307, "Reactor Oversight Process Self-Assessment Program." The objectives, applicability, and requirements in IMC 0307 apply to this Appendix.

The objective performance metrics and data trending are organized by the Principles of Good Regulation as described in Section 05.02 of IMC 0307, which include independence, openness, efficiency, clarity, and reliability. Additional detail related to the specifics and basis of the metrics can be found in the reference documents noted in the Basis section of each metric. The ROP Goals and ROP intended outcomes (see Sections 05.01 and 05.03, respectively, of IMC 0307) related to each metric are also provided. Of note, data trending focus areas do not reference bases documents, and do not have performance thresholds, as they are designed to allow flexibility in data monitoring and analysis. The ROP performance metrics are tracked and reported on a calendar year basis. ROP performance metrics reporting requirements are outlined in IMC 0307, Section 07.01.

In general, the ROP objective performance metrics are defined and measured at the Agency-wide level, though many of the metrics also analyze the data by region and/or office for comparison purposes and to ensure uniform and effective program implementation. The regional and/or office goals for a given metric are provided in the notes beneath the Agency-wide criteria, when applicable. To ensure consistency of collection and reporting of metric data, submittal forms will be used that will specify the data elements that will be needed to calculate the metrics, and periodic audits will be performed to verify data consistency.

The ROP data trending focus areas provide for routine monitoring of associated ROP program execution data for each focus area, looking for significant positive or negative trends (as compared to historical averages or expected trends). While the ROP objective performance metrics are generally measured at the Agency-wide level, the ROP data trending focus areas are purposefully wide-scope, so that flexibility exists for the data to be monitored and analyzed at the appropriate level.

0307A-01   INDEPENDENCE PERFORMANCE METRICS (I)

01.01   I-1 Completion of Baseline Inspection Program

Definition:	The baseline inspection program is completed annually in accordance with program requirements.		
Criteria:	Green	Yellow	Red
	All regions and the Office of Nuclear Security and Incident Response (NSIR) meet completion requirements	N/A	1 or more regions or NSIR did not meet completion requirements
Regional and Office Compliance:	No less than 100% compliance for any region or NSIR. Any region or office that does not complete the baseline inspection program per IMC 2515 is individually evaluated.		
Notes:	Baseline inspection program completion is defined in section 04.07 of IMC 2515, "Light-Water Reactor Inspection Program - Operations Phase."		
Basis:	IMC 2515		
ROP Program Area:	Inspection		
Lead/Data Source:	Regions, NSIR		
Related ROP Goals:	Risk-Informed, Predictable		
Related ROP Intended Outcomes:	Monitor and assess licensee performance Identify performance issues through NRC inspection and licensee PIs		

01.02   I-2 Resident Inspector Objectivity through Diverse Experience

Definition:	Permanently-staffed Senior Resident Inspectors (SRIs) and Resident Inspectors (RIs) spend a minimum of one week each year inspecting at another site.		
Criteria:	Green	Yellow	Red
	≤ 3 noncompliant	4-5 noncompliant	≥ 6 noncompliant
Regional and Office Compliance:	No more than two noncompliances in any region. Any region that has more than two noncompliances is individually evaluated.		
Notes:	None		
Basis:	IMC 0102, "Oversight and Objectivity of Inspectors and Examiners at Reactor Facilities"		
ROP Program Area:	Inspection		
Lead/Data Source:	Regions		
Related ROP Goals:	Objective, Predictable		
Related ROP Intended Outcomes:	Monitor and assess licensee performance Identify performance issues through NRC inspection and licensee PIs Ensure reliable and predictable program implementation		

01.03   I-3 Inspector Objectivity and Performance Reviews

Definition:	Line managers perform annual on-site objectivity and performance reviews of each fully qualified inspector assigned to an inspection branch.		
Criteria:	Green	Yellow	Red
	≤ 3 noncompliant	4-5 noncompliant	≥ 6 noncompliant
Regional and Office Compliance:	No more than two noncompliances in any region or NSIR. Any region or office that has more than two noncompliances is individually evaluated.		
Notes:	None.		
Basis:	IMC 0102		
ROP Program Area:	Inspection		
Lead/Data Source:	Regions, NSIR		
Related ROP Goals:	Objective, Predictable		
Related ROP Intended Outcomes:	Ensure reliable and predictable program implementation		

01.04   I-4 Fully Qualified Inspectors, Examiners, and Senior Risk Analysts

Definition:	Inspectors, operator licensing examiners, and senior risk analysts (SRAs) remain fully qualified in accordance with qualification requirements. Training beyond the 3-year cycle is considered noncompliant regardless of the status of a deviation memo.		
Criteria:	Green	Yellow	Red
	≤ 3 noncompliant	4-5 noncompliant	≥ 6 noncompliant
Regional and Office Compliance:	No more than two noncompliances in any region or NSIR. Any region or office that has more than two noncompliances is individually evaluated.		
Notes:	None.		
Basis:	IMC 1245, "Qualification Program for New and Operating Reactor Programs," and Davis-Besse Reactor Vessel Head Degradation Lessons Learned Task Force (DBLLTF) Report (ML022760172)		
ROP Program Area:	Inspection		
Lead/Data Source:	Regions, NSIR		
Related ROP Goals:	Predictable		
Related ROP Intended Outcomes:	Ensure reliable and predictable program implementation		

01.05   I-5 Continuity of RI/SRI Site Staffing

Definition:	Permanent inspector staffing levels for both SRIs and RIs are maintained to provide continuity of regulatory oversight at each reactor site.		
Criteria:	Green	Yellow	Red
	≥ 95%	< 95% AND ≥ 90%	< 90%
Regional and Office Compliance:	No less than 90% compliance for any region. Any single site that falls below 90% is individually evaluated. Provide reasons for any meaningful increase or decrease in the inspector staffing level at reactors sites.		
Notes:	Qualified inspectors assigned to the site permanently or on a rotation with a minimum duration of 6 weeks shall be counted (tracked via SF-50). Inspectors on 6 week or longer rotational assignments will be identified as such. Inspectors assigned to the site for less than six weeks will not be counted but will be indicated as such. Inspectors filling a RI position need to have attained at least a basic inspector certification status, as defined by Appendix A to Inspection Manual Chapter 1245 to be considered as "qualified." Inspectors filling an SRI position need to have attained at least IMC 1245 Appendix C.1, C.2, or C.10 qualification to be considered "qualified."

Data will indicate number of days a qualified resident and senior resident inspector are permanently assigned to the site during the year divided by the number of days in the year. Days that SRIs/RIs spend away from the site on training, meetings away from the site, participation in team inspections, leave, or other temporary duties (e.g. acting for branch chief in his/her absence) are not counted against this metric unless the absence exceeds 6 continuous weeks. | | |
Basis:	IMC 2515 and DBLLTF Report		
ROP Program Area:	Inspection		
Lead/Data Source:	Regions		
Related ROP Goals:	Predictable		
Related ROP Intended Outcomes:	Monitor and assess licensee performance
Identify performance issues through NRC inspection and licensee PIs
Ensure reliable and predictable program implementation		

0307A-02   OPENNESS PERFORMANCE METRICS (O)

02.01   O-1 <u>Issuance of Inspection Reports</u>

Definition:	ROP inspection reports are issued within applicable timeliness goals.		
Criteria:	Green	Yellow	Red
	≤ 10 late	> 10 AND ≤ 20 late	> 20 late
Regional and Office Compliance:	No more than 5 late inspection reports in any region or 5 late inspection reports in NSIR. Any region or office that has more than 5 late inspection reports is individually evaluated.		
Notes:	All inspection reports resulting from direct inspections of operating light water reactors and documented in accordance with IMC 0611, "Power Reactor Inspection Reports," are counted for this metric. For inspections not conducted by a resident inspector, inspection completion is normally defined as the day of the exit meeting. For integrated inspection reports, inspection completion is normally defined as the last day covered by the inspection report.		
Basis:	IMC 0611, "Power Reactor Inspection Reports," and IMC 2515		
ROP Program Area:	Inspection		
Lead/Data Source:	Regions, NSIR		
Related ROP Goals:	Predictable, Understandable		
Related ROP Intended Outcomes:	Monitor and assess licensee performance Identify performance issues through NRC inspection and licensee PIs Communicate inspection and assessment results to stakeholders		

02.02   O-2 <u>Issuance of Assessment Letters</u>

Definition:	Annual and follow-up assessment letters are issued within the applicable timeliness goals.		
Criteria:	Green	Yellow	Red
	≤ 2 late	3 late	≥ 4 late
Regional and Office Compliance:	No more than one late assessment letter in any region. Any region that has more than one late assessment letter is individually evaluated.		
Basis:	IMC 0305, "Operating Reactor Assessment Program"		
ROP Program Area:	Assessment		
Lead/Data Source:	Regions		
Related ROP Goals:	Predictable, Understandable		
Related ROP Intended Outcomes:	Monitor and assess licensee performance Adjust resources to focus on significant performance issues Take necessary regulatory actions for significant performance issues Communicate inspection and assessment results to stakeholders		

02.03　O-3 Conduct of Annual Assessment Meetings or Other Engagement Activities

Definition:	Public assessment meetings or other engagement activities that discuss the results of the U.S. Nuclear Regulatory Commission's (NRC's) annual assessment of the licensee's performance are conducted annually for all sites.		
Criteria:	Green	Yellow	Red
	All sites conduct public engagement per IMC 0305	N/A	≥ 1 Site does not conduct public engagement activity per IMC 0305
Regional and Office Compliance:	No more than one missed meeting/activity in any region. Any region that has more than one missed meeting/activity is individually evaluated.		
Notes:	The level of public engagement is performance-based as described in IMC 0305.		
Basis:	IMC 0305		
ROP Program Area:	Assessment		
Lead/Data Source:	Regions		
Related ROP Goals:	Predictable, Understandable		
Related ROP Intended Outcomes:	Communicate inspection and assessment results to stakeholders		

02.04　O-4 Reporting and Dissemination of Performance Indicator (PI) Data

Definition:	PI data submittals by the licensees are posted to the NRC's external web site within the applicable timeliness goals.		
Criteria:	Green	Yellow	Red
	0 late web posting	1 – 3 late web postings	> 3 late web postings
Regional and Office Compliance:	None.		
Notes:	Any licensee submittals that did not meet the timely reporting requirements will also be evaluated by NRC staff and discussed with industry to address corrective actions to prevent recurrence.		
Basis:	IMC 0306, "Planning, Scheduling, Tracking and Reporting of the Reactor Oversight Process (ROP)," and NEI 99-02, "Performance Indicator Data Collection"		
ROP Program Area:	Performance Indicators		
Lead/Data Source:	NRR/DRO		
Related ROP Goals:	Predictable, Understandable		
Related ROP Intended Outcomes:	Identify performance issues through NRC inspection and licensee PIs Communicate inspection and assessment results to stakeholders		

02.05   O-5 Issuance of ROP Public Meeting Notices and Summaries

Definition:	ROP-related public meetings are noticed prior to the meeting and meeting summaries are posted after the meeting within the applicable timeliness requirements.		
Criteria:	Green	Yellow	Red
	≥ 95%	< 95% AND ≥ 90%	< 90%
Regional and Office Compliance:	No more than two late notices or summaries for any region or office. Any region or office that has more than two late notices or summaries is individually evaluated.		
Notes:	ROP-related public meetings include ROP working group public meetings, annual assessment public meetings (including other public engagement activities that count as assessment meetings per IMC 0305), other region-led enforcement public meetings, and other ROP-related public meetings conducted by NRC headquarters staff. For metric counting purposes, timeliness of the public meeting notices and public meeting summaries are counted separately (so that each public meeting held generally counts twice).		
Basis:	M.D. 3.5, "Attendance at NRC Staff-Sponsored Meetings," and IMC 0305		
ROP Program Area:	All		
Lead/Data Source:	NRR/DRO, NSIR, Regions		
Related ROP Goals:	Predictable, Understandable		
Related ROP Intended Outcomes:	Communicate inspection and assessment results to stakeholders Make program improvements based on evaluation of stakeholder feedback and lessons learned		

0307A-03   EFFICIENCY PERFORMANCE METRICS (E)

03.01   E-1 Completion of Supplemental Inspections

Definition:	Exit meetings for supplemental inspections are completed within 180 days from licensee notification of readiness.		
Criteria:	Green	Yellow	Red
	≤ 1 late	2 late	≥ 3 late
Regional and Office Compliance:	No more than one late exit meeting in any region. Any region that has more than one late exit meeting is individually evaluated.		
Notes:	None		
Basis:	Management Direction		
ROP Program Area:	All		
Lead/Data Source:	NRR/DRO, NSIR, Regions		
Related ROP Goals:	Risk-Informed, Predictable		
Related ROP Intended Outcomes:	Adjust resources to focus on significant performance issues Evaluate the adequacy of corrective actions for performance issues Take necessary regulatory actions for significant performance issues		

03.02   E-2 <u>Completion of Temporary Instructions</u>

Definition:	Temporary Instruction (TI) inspections associated with IMC 2201 and 2515 are completed within the required TI completion time.		
Criteria:	Green	Yellow	Red
	≥ 95% of documented completions are timely	< 95% AND ≥ 90%	< 90% of documented completions are timely
Regional and Office Compliance:	No less than 90% completion for any region. Any region that falls below 90% is individually evaluated.		
Notes:	To determine timeliness, TI inspection completion is as defined in IMC 0611, "Power Reactor Inspection Reports." Completion of a TI is counted on a plant-by-plant basis.		
Basis:	Applicable Temporary Instruction, IMC 0611		
ROP Program Area:	Inspection		
Lead/Data Source:	Regions, NRR/DRO		
Related ROP Goals:	Predictable		
Related ROP Intended Outcomes:	Monitor and assess licensee performance Identify performance issues through NRC inspection and licensee PIs		

03.03   E-3 <u>SDP Completion Timeliness for Potentially Greater-than-Green Findings</u>

Definition:	The time from the identification date (i.e., the date the issue of concern was brought to the licensee's attention by the NRC, the date the performance deficiency was self-revealed, or the date the licensee documented the condition resulting from the performance deficiency in the corrective action program) to the date a final significance determination is issued for all potentially greater-than-green findings is within 255 days.		
Criteria:	Green	Yellow	Red
	≤ 1 finding not finalized within 255 days	2 -3 findings not finalized within 255 days	≥ 4 findings not finalized within 255 days
Regional and Office Compliance:	Any region or office that has more than one noncompliance is individually evaluated.		
Notes:	This metric applies to all findings in which a preliminary determination that the finding is potentially greater-than-Green (e.g., TBD, AV, or preliminary greater-than-Green) is transmitted to the licensee, regardless of final significance. This metric applies to all potentially Greater-than-Green findings, regardless of the IMC 0609 Appendix used for screening.		
Basis:	IMC 0609, "Significance Determination Process"		
ROP Program Area:	Significance Determination Process		
Lead/Data Source:	Regions, NSIR, NRR/DRO		
Related ROP Goals:	Risk-Informed, Predictable		
Related ROP Intended Outcomes:	Determine the significance of identified performance issues		

0307A-04   CLARITY PERFORMANCE METRICS (C)

04.01   C-1 Maintenance of ROP Web Pages

Definition:	ROP-related internal and external NRC Web pages are reviewed at least quarterly and discrepancies are corrected as necessary to ensure that ROP information is communicated accurately and effectively.		
Criteria:	Green	Yellow	Red
	≥ 90% Web pages reviewed	< 90% AND ≥ 80%	< 80% Web pages reviewed
Regional and Office Compliance:	N/A		
Notes:	All regions, offices, and NRR will review ROP-related Web pages for which they provide content at least quarterly for accurate content, up-to-date inspection reports and other ROP documents, and working hyperlinks. Staff shall correct any discrepancies identified within 30 day of discovery.		
Basis:	Management Directive 3.14, "U.S. Nuclear Regulatory Commission Public Web Site"		
ROP Program Area:	All		
Lead/Data Source:	NRR/DRO, NSIR, Regions		
Related ROP Goals:	Understandable		
Related ROP Intended Outcomes:	Communicate inspection and assessment results to stakeholders		

04.02   C-2 Maintenance of ROP Governance Documents

Definition:	Baseline Inspection Procedures (BIPs) and other ROP-related Inspection Procedures and Manual Chapters are reviewed at least once every 5 years.		
Criteria:	Green	Yellow	Red
	≥ 95% reviewed within past 5 years	< 95% AND ≥ 90%	< 90% reviewed within past 5 years
Regional and Office Compliance:	N/A		
Notes:	Reference IPs are not subject to the 5-year review requirement.		
Basis:	NRR Office Instruction OVRST-102, "NRR Procedures for Processing Inspection Manual Documents," and IMC 0040, "Preparing, Revising and Issuing Documents for the NRC Inspection Manual"		
ROP Program Area:	Inspection		
Lead/Data Source:	NRR/DRO		
Related ROP Goals:	Understandable		
Related ROP Intended Outcomes:	Make program improvements based on evaluation of stakeholder feedback and lessons learned Ensure reliable and predictable program implementation		

0307A-05   RELIABILITY PERFORMANCE METRICS (R)

05.01   R-1 Predictability and Repeatability of Significance Determination Results

Definition:	Greater-than-Green inspection findings and the associated degraded conditions contain adequate detail to enable an independent auditor to trace through the available documentation and conclude that the significance characterization is reasonably justifiable from both programmatic and technical positions. This audit shall be documented in a memo that is internally available to the NRC and referenced in the annual metric report.		
Criteria:	Green	Yellow	Red
	0 discrepancies	1 discrepancy	≥ 2 discrepancies
Regional and Office Compliance:	N/A		
Notes:	Any significance determination outcomes determined to be non-conservative will be evaluated and appropriate programatic changes will be implemented.		
Basis:	IMC 0609 and 2016 SDP OIG Audit Report (ML16270A359)		
ROP Program Area:	Significance Determination Process		
Lead/Data Source:	NRR/DRO		
Related ROP Goals:	Risk-Informed, Understandable, Predictable		
Related ROP Intended Outcomes:	Determine the significance of identified performance issues Ensure reliable and predictable program implementation		

05.02   R-2 Predictability of Agency Actions and Response

Definition:	Deviations from the Action Matrix are expected to be infrequent to ensure reliable and predictable oversight.		
Criteria:	Green	Yellow	Red
	≤ 1 deviation	2 – 3 deviations	> 3 deviations
Regional and Office Compliance:	N/A		
Notes:	All deviations are individually evaluated for potential program improvements.		
Basis:	IMC 0305		
ROP Program Area:	Assessment		
Lead/Data Source:	NRR/DRO		
Related ROP Goals:	Predictable, Objective		
Related ROP Intended Outcomes:	Take necessary regulatory actions for significant performance issues Ensure reliable and predictable program implementation		

05.03   R-3 <u>Supportability of Inspection Findings</u>

Definition:	Inspection findings are adequately supported and documented such that contested violations by licensees that are overturned should be infrequent.		
Criteria:	Green	Yellow	Red
	≤ 3 violations overturned	4 - 5 violations overturned	≥ 6 violations overturned
Regional and Office Compliance:	No more than 2 contested violations overturned for any region or NSIR. Any region or NSIR that has greater than 2 contested violations overturned is individually evaluated.		
Notes:	Contested violations that are withdrawn on the basis of supplemental information that was not available to an inspector before the finding was finalized do not count against this metric.		
Basis:	IMC 0611		
ROP Program Area:	Inspection		
Lead/Data Source:	Regions		
Related ROP Goals:	Predictable, Understandable		
Related ROP Intended Outcomes:	Identify performance issues through NRC inspection and licensee PIs Determine the significance of identified performance issues Communicate inspection and assessment results to stakeholders		

0307A-06   ROP DATA TRENDING FOCUS AREAS

06.01   <u>Overview and Basis for ROP Data Trending</u>

In an effort to leverage ROP program execution data to monitor ROP program health and conduct ROP self-assessment activities, the staff established ROP data trending focus areas that are intended to be complementary to the formal ROP performance metrics. The staff will trend and analyze ROP program execution data (as compared to historical averages or expected trends) in these focus areas on a monthly basis throughout the year, with the objective of identifying significant trends (positive, negative, stable) and/or insights into ROP program performance in these areas.

The data pull and graphical display for each data trending focus area will be accomplished via automated data analytics and visualization software into a dashboard-style display. As appropriate, IMC/IP/ROP program area leads will be consulted to determine the best data sources, trend analysis, and visualization option for each respective data trending focus area. Trending data monitoring, analysis, and graphics display shall take into account both short-term and long-term trends.

The ROP self-assessment data trending dashboard will be monitored on at least a monthly basis by ROP self-assessment staff. Should any significant trends or insights be identified (as compared to historical averages or expected trends), the ROP self-assessment lead will provide the data to the appropriate program area lead for further analysis and action, including input to the annual metrics report and ROP self-assessment paper.   Any identified significant trends or insights from the ROP data trending efforts shall also be discussed as part of the ROP self-assessment briefing at the Agency Action Review Meeting (AARM) and the associated Commission briefing. Additionally, insights from the ROP data trending efforts will inform future

ROP self-assessment activities, including topics for effectiveness reviews, focused assessments, and ROP implementation audits.

06.02   Data Trending Focus Area Selection Criteria

The standard set of data trending focus areas will adhere to the following criteria: cover aspects of at least 2 of 4 of the ROP program areas (inspection, assessment, performance indicators, SDP); be scoped widely enough that sufficient data exists for trending and analysis; and be informed by recent significant events or activities, recommendations from other self-assessment activities, or formal ROP metrics that were Red in the previous year. Most importantly, the data trending focus areas shall be able to be analyzed from automated data sources available at NRC headquarters without the need for additional regional input, such as inspection-related data from Replacement Reactor Program System (RRPS) - Inspections, and hours-related data from the Human Resource Management System (HRMS), or other systems.

06.03   Standard Data Trending Focus Areas

The standard set data trending focus areas include:

Data Trending Focus Area	Description	Related ROP Program Area(s)	Related Principle(s) of Good Regulation
E-1	Inspection hours charged by site	Inspection	Efficiency
E-2	Baseline inspection hours (planned vs. actual)	Inspection	Efficiency
E-3	Supplemental inspection hours	Inspection, Assessment	Efficiency
E-4	Licensee event reports (LERs)	Inspection	Efficiency
R-1	Inspection findings per IP and per region	Inspection	Reliability
R-2	Greater-than-Green findings overall and per region	SDP	Reliability
C-1	Open unresolved issues (URIs)	Inspection	Clarity, Efficiency
C-2	ROP feedback form timeliness	Inspection	Clarity, Efficiency
C-3	ROP feedback form inventory	Inspection	Clarity, Efficiency

In February of each calendar year after the regional Division Director counterpart meeting, if there are any additional data trending focus areas that may be desired for a specific year, the DRO Division Director will promulgate the additional focus area(s) via the DRO Action Item Tracker to the ROP self-assessment lead. The additional data trending focus areas shall be aligned with applicable Principles of Good Regulation.

0307A-06   REFERENCES

This list of references encompasses the entire ROP self-assessment process, including the Appendices to this Chapter.

IMC 0040, "Preparing, Revising and Issuing Documents for the NRC Inspection Manual"

IMC 0102, "Oversight and Objectivity of Inspectors and Examiners at Reactor Facilities"

IMC 0305, "Operating Reactor Assessment Program"

IMC 0306, "Planning, Scheduling, Tracking and Reporting of the Reactor Oversight Process (ROP)"

IMC 0609, "Significance Determination Process"

IMC 0611, "Power Reactor Inspection Reports"

IMC 1245, "Qualification Program for New and Operating Reactor Programs"

IMC 2515, "Light-Water Reactor Inspection Program -- Operations Phase"

M.D. 3.14, "U.S. Nuclear Regulatory Commission Public Web Site"

M.D. 3.5, "Attendance at NRC Staff-Sponsored Meetings"

NEI 99-02, "Regulatory Assessment Performance Indicator Guideline," dated August 31, 2013

NRC Office of the Inspector General, "Audit of NRC's Significance Determination Process for Reactor Safety," dated September 26, 2016

NRR Office Instruction OVRST-102, "NRR Procedures for Processing Inspection Manual Documents" (nonpublic)

Staff report, "Davis-Besse Reactor Vessel Head Degradation Lessons-Learned Task Force Report," dated September 30, 2002

ATTACHMENT 1
Revision History for IMC 0307, Appendix A

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)
N/A	ML023650446 12/12/02 CN 02-045	Revised significantly to include a more detailed discussion of the role of inspectable and program area leads, the annual review of the baseline inspection program, and other aspects of the self-assessment program. The specific metrics for these roles were added to Appendix A.	None	N/A
N/A	ML033640661 12/12/03 CN 03-039	Revised to provide greater detail for documenting the results of the annual inspection procedures reviews, and some metrics in Appendix A were modified to better align with the operating plan metrics and other program commitments.	None	N/A
N/A	ML040150392 01/14/04 CN 04-001	Based on a decision at the DRP/DRS counterpart meeting held on December 17-18, 2003, metric IP-5 was revised to change the inspection report timeliness to 45 calendar days for all inspection reports, with exception of reactive inspection reports, which will stay at 30 days.	None	N/A
N/A	ML060110214 02/20/06 CN 06-004	Revised to support the new safety performance measures of the NRC=s Strategic Plan, to better define the ROP goals and intended outcomes, and to consolidate and clarify several of the performance metrics. Completed 4 year historical CN search.	None	ML060110235

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)
N/A	ML063050572 11/28/06 CN 06-034	Revised to measure the effectiveness of the safety culture enhancements to the ROP, to clarify expectations regarding the resident demographics and staffing metrics, and to include a discussion of the consolidated response to external survey questions.	None	
N/A	01/10/08 CN 08-002	Revised to eliminate and consolidate several metrics, to separate Appendix A from the base IMC to serve as a stand-alone document, and to summarize and link to Appendix B on the ROP realignment process.	None	ML073510410
W200800299	ML090300596 03/23/09 CN 09-010	Revised to address the Commission SRM dated June 30, 2008, to reflect the recently issued Strategic Plan for FY 2008 – 2013, to reincorporate the security cornerstone in the ROP self-assessment process, and some metrics were revised for clarification purposes while others were removed to eliminate redundancy or unnecessary burden.	None	ML090300620
	ML12355A458 03/27/13 CN 13-010	Revised some of the metrics and/or their criteria to improve their usefulness in evaluating the effectiveness of the ROP, and to make the metrics more objective and measurable, as feasible.	None	ML12355A454; Closed FBFs: 0307A-1670 ML13086A012 0307A-1760 ML13086A023 0307-1703 ML13086A016

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)
N/A	ML15218A532 11/23/15 CN 15-025	Significantly revised the self-assessment process using a three-part approach designed to assess the effectiveness of a mature program. As part of this effort, the metrics were significantly revised to make them more objective based on readily available information and to align with the Principles of Good Regulation.	None	ML15225A110 Closed FBFs: 0307A-1882 ML14098A162 0307A-2100 ML15308A012
N/A	ML17186A115 08/25/17 CN 17-016	Revised to clarify the I-4 metric, updated the documentation requirements for the R-2 metric, and make editorial changes.	None	ML17186A241 0307A-2207 ML17206A106
N/A	ML19274C401 05/29/20 CN 20-025	Complete reissuance (major rewrite, satisfies periodic/review update requirement) due to significant changes to the ROP self-assessment process, including refresh of the ROP metrics and introduction of the ROP data trending program. This is the product of the 2019 holistic review of the ROP self-assessment program (reference SECY-19-0037 and SECY-20-0039).	None	ML19274C587