E-Mail
Discussed with
McGrath on 6/30
RLW.

June 30, 1992

MEMORANDUM FOR: Vandy L. Miller, Assistant Director for
State Agreements Program

FROM: John R. McGrath
Regional State Agreements Officer

SUBJECT: NEW HAMPSHIRE - 1992 PROGRAM REVIEW

Enclosed are the letter report for the 1992 New Hampshire review and the supplementary information. The supplementary information includes the following:

Enclosure 1 - Review Control Sheet

Enclosure 2 - Comprehensive Questionnaire and State Responses Including Attachments

Enclosure 3 - Reviewer Explanatory Comments and Observations

Enclosure 4 - License File Reviews

Enclosure 5 - Compliance File Reviews

I recommend that a review visit be conducted in 12 months and that next regular review be conducted in 24 months.

RLW for

John R. McGrath
Regional State Agreements Officer

Enclosures: As stated

REVIEW CONTROL SHEET

1. Radiation Control Program:	New Hampshire
2. Type of Review:	Routine
3. Dates of Review: Year	1992
a. RCP Office Review	June 1-5
b. Field Evaluations	1
c. Regional or Other Office or Site Visits	0
d. Visits to State-Licensed Facilities	0
e. Exit Meeting	June 5
4. Total Field Evaluations 1 Total Licensee Visits	0
5. Period of Review: From January 1989 To June 1992	
6. Staff Days in State: Total	5
a. Regional SAO	5
b. Other Regional Representatives	0
c. Other SP Representatives	0
d. Other NRC Representatives	0
e. Other Review Participants	0
7. Review hours devoted to technical assistance or staff training:	1

ENCLOSURE 2

STATE REVIEW GUIDELINES AND

STATE RESPONSES TO QUESTIONNAIRE

APPENDIX A
EVALUATION OF AGREEMENT STATE RADIATION CONTROL PROGRAM
STATE REVIEW GUIDELINES AND COMPREHENSIVE QUESTIONNAIRE

Name of State Program New Hampshire
Date of NRC Review (Month, Year) June 1992

I. LEGISLATION AND REGULATIONS

A. Legal Authority (Category I)

NRC Guidelines: Clear statutory authority should exist, designating a State radiation control agency and providing for promulgation of regulations, licensing, inspection and enforcement. States regulating uranium or thorium recovery and associated wastes pursuant to the Uranium Mill Tailings Radiation Control Act of 1978 (UMTRCA) must have statutes enacted to establish clear authority for the State to carry out the requirements of UMTRCA.

Questions:

1. Please list all currently effective legislation that affects the radiation control program (RCP).

   Answer: RSA 125-F:1 to F:25, RSA 125:77-b

2. What changes have been made to the statutory authority of the State to license, inspect, and otherwise regulate agreement materials including source material recovery and LLW operations, if applicable, since the last review? If any changes occurred, please attach copies of the changes.

   Answer: Amended RSA 125 to add 125-F: 8-a, Low-Level Radioactive Waste Management Fund. Effective date August 4, 1989.

3. Please cite legislation and date of enactment if the State has the authority to:

   a. apply civil penalties,

      Answer: RSA 125-F:22

   b. collect fees,

      Answer: RSA 125-F:8

   c. require performance bonds or sureties for decommissioning licensed facilities,

      Answer: RSA 125-F:11

d. require performance bonds or sureties for clean-up of licensed facilities after a contamination accident,

Answer: RSA 125-F:11

e. require long term care funds for uranium mill or low-level waste facilities.

Answer: None

4. Are your regulations subject to a "Sunset" or equivalent law? If so, explain and include the next expiration date for your regulations.

Answer: Yes, 6 years. Will expire 1998.

B. Status and Compatibility of Regulations (Category I)

NRC Guidelines: The State must have regulations essentially identical to 10 CFR Part 19, Part 20 (radiation dose standards, effluent limits, waste manifest rule and certain other parts), Part 61 (technical definitions and requirements, performance objectives, financial assurances) and those required by UMTRCA, as implemented by Part 40. The State should adopt other regulations to maintain a high degree of uniformity with NRC regulations. For those regulations deemed a matter of compatibility by NRC, State regulations should be amended as soon as practicable but no later than 3 years. The RCP has established procedures for effecting appropriate amendments to State regulations in a timely manner, normally within 3 years of adoption by NRC. Opportunity should be provided for the public to comment on proposed regulation changes. (Required by UMTRCA for uranium mill regulation.) Pursuant to the terms of the Agreement, opportunity should be provided for the NRC to comment on draft changes in State regulations.

Questions:

1. What is the effective date of the last compatibility-related amendment to the state's regulations?

Answer: He-P 2003.01, 2022.03 (b) etc. 11/25/91. He-P 2000 = 1/22/91 He-P 2071 3/28/91 See attached notices.

2. Referring to the NRC chronology of amendments attached to this questionnaire identify those that have not been adopted by the State and explain the reason why they were not adopted and/or actions being taken to adopt them.

Answer: Current. NRC Decommissioning - in the works, nothing in writing at this time. All other rules required have been adopted.

3. Briefly describe your State's procedures for amending regulations in order to maintain compatibility with the NRC within the three year time frame, showing the normal length of time anticipated to complete each step.

   Answer: See chart attached as Appendix A.

4. How is the public involved in the process?

   Answer: A public hearing is required.

5. At what stage does the NRC have the opportunity to comment on draft changes to State regulations?

   Answer: At the time of public review.

6. Identify the person responsible for developing new or amended regulations affecting agreement materials.

   Answer: Diane Tefft.

II. ORGANIZATION

A. Location of the Radiation Control Program Within the State Organization (Category 11)

NRC Guidelines: The RCP should be located in a State organization parallel with comparable health and safety programs. The Program Director should have access to appropriate levels of State management. Where regulatory responsibilities are divided between State agencies, clear understandings should exist as to division of responsibilities and requirements for coordination.

1. Please attach a copy of the current, dated organization chart(s) showing the position of the RCP within the State organization and its relationship to the Governor.

   Answer: An organization chart is attached as Appendix A.

2. Is the RCP on a comparable level within the State organization with other health and safety programs so as to compete effectively for funds and staff?

   Answer: No - but Public Health has an additional layer (e.g. asst Director of "Office") not noted within State organizational structure, thereby making this Bureau really lower than other Bureaus.

3. If the RCP shares regulatory responsibilities with other agencies:

   a. Identify the agencies and describe their responsibilities.

b. How are their responsibilities set out (e.g., by statute, MOU, contract, etc.)?

4. Has the RCP program director experienced difficulty in obtaining access to appropriate levels of State management? If so, explain.

Answer: No.

B. Internal Organization of the RCP (Category II)

NRC Guidelines: The RCP should be organized with the view toward achieving an acceptable degree of staff efficiency, place appropriate emphasis on major program functions, and provide specific lines of supervision from program management for the execution of program policy. Where regional offices or other government agencies are utilized, the lines of communication and administrative control between these offices and the central office (Program Director) should be clearly drawn to provide uniformity in licensing and inspection policies, procedures and supervision.

Questions:

1. Please attach copies of current, dated copies of the RCP organization charts. Include titles for all positions and names for incumbents.

Answer: An organization chart for the Bureau is attached as Appendix B. The Bureau consists of five sections: Radioactive Materials, Radiation Machines, Radiochemistry Laboratory, Emergency Response, and Radon.

2. If applicable, list the RCP's regional offices, showing the responsibilities of each office, and describe the methods of communication and administrative control between the regions and the program director.

Answer: N/A

3. Identify other agencies contracted to perform services for the RCP, indicate their responsibilities, and describe the methods of communication and administrative control between the agency personnel and the program director.

Answer: N/A

C. Legal Assistance (Category II)

NRC Guidelines: Legal staff should be assigned to assist the RCP or procedures should exist to obtain legal assistance expeditiously. Legal staff should be knowledgeable regarding the RCP program, statutes, and regulations.

Questions:

1. Are legal staff members assigned to assist the RCP or do procedures exist to obtain legal assistance expeditiously?

   Answer: Yes. The Environmental Protection Division of the State Attorney General's Office provides legal assistance to the RCP through the DPH's legal coordinator. Also, it is becoming increasingly more difficult to obtain legal assistance for <u>any</u> issue due to budget/staff cuts at the AG's office.

2. Is the legal staff knowledgeable regarding radioactive materials, the RCP, statutes, and regulations?

   Answer: Their knowledge of radiation is <u>very</u> limited, however, they have called the RCP for explanations of technical matters.

3. If legal assistance was utilized since last review, provide a brief summary of the circumstances.

   Answer: With GTE - Attorney General's office determined BRH did not have statutory authority to require GTE to clean-up as we were requiring and to amend its deed.

D. <u>Technical Advisory Committees</u> (Category II)

NRC Guidelines: Technical Committees, Federal Agencies, and other resource organizations should be used to extend staff capabilities for unique or technically complex problems. A State Medical Advisory Committee should be used to provide broad guidance on the uses of radioactive drugs in or on humans. The Committee should represent a wide spectrum of medical disciplines. The Committee should advise the RCP on policy matters and regulations related to use of radioisotopes in or on humans. Procedures should be developed to avoid conflict of interest, even though Committees are advisory. This does not mean that representatives of the regulated community should not serve on advisory committees or not be used as consultants.

Questions:

1. What technical advisory committees have been established to assist the RCP?

   Answer: State Radiation Advisory Committee. No separate medical committee.

2. Are regular meetings scheduled? If so, what is the frequency?

   Answer: The statute requires quarterly meetings.

3. Please provide a list of the names, affiliations and terms of the technical committee(s) members.

Answer: A list of committee members is available in Region I files.

4. What procedures exist to avoid areas of conflict of interest by members of the committees?

Answer: Minutes reflect policy to avoid conflict.

5. If an advisory committee or consultant was used during the reporting period, briefly describe each circumstance (i.e., the subject, the need, the result and the manner obtained - by meeting, phone call, or letter).

Answer: The committee's activities in the past year have been mainly concerning low-level waste, licensing (medical), budget and dealing with NRC issues.

III. MANAGEMENT AND ADMINISTRATION

A. Quality of Emergency Planning (Category I)

NRC Guidelines: The State RCP should have a written plan for response to such incidents as spills, overexposures, transportation accidents, fire or explosion, theft, etc. The Plan should define the responsibilities and actions to be taken by

State agencies. The Plan should be specific as to persons responsible for initiating response actions, conducting operations and cleanup. Emergency communication procedures should be adequately established with appropriate local, county and State agencies. Plans should be distributed to appropriate persons and agencies. NRC should be provided the opportunity to comment on the Plan while in draft form. The plan should be reviewed annually by Program staff for adequacy and to determine that content is current. Periodic drills should be performed to test the plan.

Questions:

1. What written plan does the RCP use for response to incidents involving radioactive materials (other than plans for fixed nuclear facilities)?

Answer: The State's "Nuclear Accident and Radiological Incident Control Plan" concerns incidents other than those associated with Seabrook.

2. According to the Plan, which State agency is responsible for:

a. initiating response actions?

Answer: State Police, Department of Safety.

b. conducting operations?

Answer: State Civil Defense, but they defer to RCP on radiation matters.

c. supervising cleanup?

Answer: DPH.

3. Describe your emergency communications procedures.

Answer: State Police call list/DPHS call list.

4. Who is responsible for distributing the plan to the appropriate persons and agencies?

Answer: BRH and OEM.

5. When was the emergency communication list last reviewed and/or revised? (Please attach a copy of the current list.)

Answer: The list is reviewed and revised often. For example, the list will probably be revised during the Seabrook exercise of June 4, 1992.

6. Other than the communication list, when was the plan last updated?

Answer: Seabrook Plan - 10/31/91
Vermont Yankee - 10/31/91
Portsmouth Navy Yard - 11/27/91
Rad. Incident Control Plan - 12/30/87

7. Was the NRC provided the opportunity to comment on the plan or the revision while it was in draft form?

Answer: Yes.

8. When was the plan last reviewed to assure its content is up-to-date?

Answer: The plan is currently undergoing revision to update the format.

9. When was a drill last performed to test the plan?

Answer: Seabrook - 12/30/90 (due 6/4/92)
Vermont Yankee - 11/6/91
Portsmouth - 6/18/91 (Tabletop)
Rad. Incident Control Plan - Never

B. Budget (Category II)

NRC Guidelines: Operating funds should be sufficient to support program needs such as staff travel necessary to conduct an effective compliance program, including routine inspections, follow-up or special inspections (including pre-licensing visits) and responses to incidents and other emergencies, instrumentation and other equipment to support the RCP, administrative costs in operating the program including rental charges, printing costs, laboratory services, computer and/or word processing support, preparation of correspondence, office equipment, hearing costs, etc. as appropriate. Principal operating funds should be from sources which provide continuity and reliability, i.e., general tax, license fees, etc. Supplemental funds may be obtained through contracts, cash grants, etc.

Questions:

1. How does your funding provide continuity and reliability?

   Answer: Funding for the Agreement Program depends on the funding for the overall Bureau, i.e. X-ray, radon, mammography, emergency planning, etc.

2. Show the amount for funds for the RCP for the current fiscal year obtain from:

   a. State general fund

      Answer: $320,169.

   b. Fees

      Answer: $41,956.

   c. Federal grants and contracts (identify)

      Answer: U.S. NRC - TLD
              U.S. EPA - Radon

   d. Other

      Answer:

      Utility Support $390,270
      Radon Program $108,246 (through 1992)
                    $97,794 (1/1/92 - 6/30/92)

   e. Total:

      Answer: $980,189

3. Show the total amounts in the current RCP budget allocated for:

   a. Administration

      Answer: None specifically allocated.

   b. Radioactive materials

      Answer: $152,000

   c. X-ray

      Answer: $95,000

   d. Environmental surveillance

      Answer: $92,000

   e. Emergency planning

      Answer: $138,000

   f. LLW regulation

      Answer: $1,000

   g. U recovery

      Answer: N/A

   h. Other (radon, non-ionizing, operator credentialing, etc. Please identify).

      Answer: Radon - $97,794 (year 2) + 40% State match
      Non-ionizing - $5,000
      Rules Revision - $9,000

   i. Total:

      Answer: See 2.e. above.

4. What is the change in budget from the previous year and what is the reason for the change (new programs, change in emphasis, statewide reduction, etc.)?

   Answer: Addition of 2 Health Physicist I's + 1 Word Processor Operator I funded by General Fund, (Medicare) for now. Also, $81,000 to be collected from utility to replace same general funds in rad. control appropriation. Year 2 contract from EPA for Radon program + capital repairs for lab clean-up.

5. Describe your fee system, if you have one, and give the percentage of cost recovery for the radioactive materials program. Please attach a copy of the fee schedule.

   Answer: A copy of the State's fee schedule is available in Region I files. The State recovers about 13% of operating costs of the regulatory program.

6. Overall, is the funding sufficient to support all of the program needs? If not, specify the problem areas.

   Answer: Not really, we should be doing more (e.g. non-ionizing, gen. licenses, reciprocity, etc.

C. Laboratory Support (Category, II)

NRC Guidelines: The RCP should have the laboratory support capability inhouse, or readily available through established procedures, to conduct bioassays, analyze environmental samples, analyze samples collected by inspectors, etc., on a priority established by the RCP.

Questions:

1. Are laboratory services readily available in-house or through other departments within the State organization?

   Answer: Laboratory services are provided in-house.

2. If services are provided by other departments, discuss the arrangements, supervision, charges and interdepartmental communications.

   Answer: N/A

3. If laboratory services are provided by a non-State agency:

   a. Discuss the contractual arrangements.

      Answer: N/A

   b. Is the party providing the service a State licensee?

      Answer: N/A

   c. If a State licensee provides the service or equipment, what are the costs?

      Answer: N/A

4. Describe the capability of the laboratory as follows:

   a. Describe the method and equipment available to qualitatively

and quantitatively analyze low-energy beta emitters?

Answer: NEI liquid scintillation counter.

b. Describe the method and equipment available to qualitatively and quantitatively analyze alpha emitters?

Answer: Tennelec proportional counter.

c. Describe the method and equipment available to selectively determine the presence and quantity of gamma emitters?

Answer: Nuclear Date multichannel analyzer with Ge(Li) detector.

d. Can it handle samples in any physical form - wipes, filters, liquids, solids, gaseous?

Answer: Yes.

e. Does the lab participate in a periodic quality control program? If so, please identify the program.

Answer: Yes. EPA crosscheck.

5. How much time does it take to obtain the results from sample analyses on both a routine basis and on an emergency basic?

Answer: Informally, right away.

6. Please attach a list giving the types and numbers of laboratory instrumentation and services available.

Answer: See attached.

D. Administrative Procedures (Category II)

NRC Guidelines: The RCP should establish written internal procedures to assure that the staff performs its duties as required and to provide a high degree of uniformity and continuity in regulatory practices. These procedures should address internal processing of license applications, inspection policies, decommissioning and license termination, fee collection, contacts with communication media, conflict of interest policies for employees, exchange of information and other functions required of the program. Administrative procedures are in addition to the technical procedures utilized in licensing, and inspection and enforcement.

Questions:

1. Have administrative procedures and polices been established,

documented and made available to RCP staff regarding:

a. Office administration,

Answer: Yes. The Division has a procedures manual, however, with the Department creation of a central business office the manual is not current.

b. Receipt, assignment and tracking of license applications,

Answer: Yes.

c. Inspections (e.g., assignments, announcements of inspections),

Answer: Yes.

d. Terminating licenses and decommissioning licensed facilities,

Answer: Yes.

e. Collecting fees,

Answer: No, except for some notes for secretary to follow.

f. Responding to press inquiries,

Answer: DPHS has edict.

g. Conflict of interest for RCP employees,

Answer: Dealt with @ Division level.

h. Exchange-of-Information with NRC and Agreement States.

Answer: No.

i. Distribution (as appropriate) to staff and licensees of All Agreement State Letters and Information Notices?

Answer: Pertinent letter and Information Notices are forwarded to licensees using a standard form letter. The licensee database can be used to select the appropriate categories of licensees to receive the letter.

(Please have copies of these procedures available for review).

2. What other written administrative procedures have been developed?

Answer: Draft escalated enforcement procedures.

3. Have copies of these procedures been distributed to regional offices and to other appropriate agencies?

   Answer: N/A

4. How are personnel and regional offices kept informed of changes in regulatory policies and practices?

   Answer: Periodic staff meetings.

E. Management (Category II)

NRC Guidelines: Program management should receive periodic reports from the staff on the status of regulatory actions (backlogs, problem cases, inquiries, regulation revisions). RCP manager should periodically assess workload trends, resources and changes in legislative and regulatory responsibilities to forecast needs for increased staff, equipment, services and fundings. Program management should perform periodic reviews of selected license cases handled by each reviewer and document the results. Complex licenses (major manufacturers, large scope - Type A Broad, or potential for significant releases to environment) should receive second party review (supervisory, committee, or consultant). Supervisory review of inspections, reports and enforcement actions should also be performed. When regional offices or other government agencies are utilized, program management should conduct periodic audits of these offices.

Questions:

1. How does management track the status of the licensing and inspection programs -- workloads, backlogs, problem cases, etc.?

   Answer: Weekly and monthly reports as well as periodic staff meetings.

2. How often are meetings held between program management and staff?

   Answer: Daily (informal), monthly (formal).

3. How often is a statistical tabulation of licenses, licensees, licensing actions, inspections due, performed and overdue, etc., prepared?

   Answer: Up-to-date computer tabulations are maintained.

4. How does program management keep abreast of changes in legislative and regulatory responsibility?

Answer: Division of Public Health has a legislative liaison person. Also, direct contact with legislators.

5. What license review practices are followed for unusual or complex license applications?

   Answer: RCP does team review of application.

6. How many management reviews of license cases were performed since the last review?

   Answer: All cases are reviewed formally by materials section supervisor; all cases are reviewed informally by administrator.

7. Were all license reviewers included in the cases selected for management review?

   Answer: Yes.

8. How many field accompaniments of inspectors were conducted by program management?

   Answer: Three.

9. Were all inspectors (including supervisors acting as inspectors or LLW inspectors, if applicable) accompanied by management during the review period?

   Answer: Yes. However, during the last year, no accompaniments have been performed.

10. Do all inspection reports receive supervisory review?

    Answer: Yes.

11. Does all enforcement correspondence receive supervisory review prior to dispatch?

    Answer: Yes.

12. If applicable, how many management audits were made of regional offices or other government agencies involved in the regulation of agreement materials?

    Answer: N/A

    (Please have copies of management reviews of license cases and audits of regional offices or contract agencies available for review.)

F. Office Equipment and Support Services (Category II)

NRC Guidelines: The RCP should have adequate secretarial and clerical support. Automatic typing and Automatic Data Processing and retrieval capability should be available to larger (300-400 licenses) programs. Similar services should be available to regional offices, if utilized. Professional staff should not be used for fee collection and other clerical duties.

1. Describe the secretarial and clerical support for the radioactive materials program including, if appropriate, any problem areas.

   Answer: Two positions for the entire Bureau, approximately 15% of their time in radioactive materials.

2. If your program has regional offices, discuss the clerical support for those offices.

   Answer: N/A

3. In cases of unusual workloads or vacancies, can supplementary secretarial/clerical support be obtained?

   Answer: No.

4. What licensing functions are on your computer system?

   Answer: Licenses are typed individually by hand, but standard paragraphs, response letters etc, are on Wang. Data files on laptop.

5. What compliance functions are on your system?

   Answer: Most enforcement letters are now being typed on the Wang with standard paragraphs, including standard violations.

6. Are computers or terminals available to the professional staff, and if so, what use is made of them?

   Answer: Yes. Enforcement letters and certain statistical tabulations.

7. Describe the fee collection system and identify the staff resources assigned to it.

   Answer: Bureau secretary handles fee collection.

8. What word processing, data base and spread sheet programs are you using?

   Answer: Officewriter, WordPerfect, Wang, PC Write Lite, Lotus 1-2-3 and dataease, As-Easy-PD.

G. Public Information (Category II)

NRC Guidelines: Inspection and licensing files should be available to the public consistent with State administrative procedures. It is desirable, however, that there be provisions for protecting from public disclosure proprietary information and information of a clear personal nature. Opportunity for public hearings should be provided in accordance with UMTRCA and applicable State administrative procedure laws.

Questions:

1. Are licensing and inspection files available for inspection by the public?

   Answer: Yes.

2. If so, what information may be withheld?

   Answer: Personal medical and proprietary data, and handwritten "Notes".

3. What written procedures and laws govern this? Please provide reference citations.

   Answer: None

IV. PERSONNEL

A. Qualifications of Technical Staff (Category II)

NRC Guidelines: Professional staff should have a bachelor's degree or equivalent training in the physical and/or life sciences. Additional training and experience in radiation protection for senior personnel including the director of the radiation protection program should be commensurate with the type of licenses issued and inspected by the State. Written job descriptions should be prepared so that professional qualifications needed to fill vacancies can be readily identified.

Questions:

1. Do all professional personnel hold a bachelor's degree or have equivalent training in the physical or life sciences?

   Answer: Yes.

2. What additional training and experience does the RCP director have in radiation protection?

   Answer: NRC, FEMA and other courses.

3. What additional training and experience are required of the senior personnel?

   Answer: NRC 5-week Health Physics Course and all other NRC courses + Emergency Response training, etc.

4. Do written position descriptions describe the duties, responsibilities and functions of each professional position in the RCP and the qualifications needed by applicants for them? Please attach copies.

   Answer: Yes, but not always accurately. Descriptions are available for all Bureau positions, both generic and supplemental.

B. Staffing Level (Category II)

NRC Guidelines: Professional staffing level should be approximately 1-1.5 person-year per 100 licenses in effect. RCP must not have less than two professionals available with training and experience to operate RCP in a way which provides continuous coverage and continuity. For States regulating uranium mills and mill tailings current indications are that 2-2.75 professional person-years' of effort, including consultants, are needed to process a new mill license (including in situ mills) or major renewal, to meet requirements of Uranium Mill Tailings Radiation Control Act of 1978. This effort must include expertise in radiological matters, hydrology, geology, and structural engineering.

Questions:

1. Complete a table as below, listing the professional/technical person-years of effort applied to the agreement or radioactive material program by individual. Include the name, position, fraction of time spent and include the following areas: administrative/supervisor, inspection, laboratory, regulation development, other).

   Answer:

Name	Position	Area of Effort	FTE%
Diane Tefft	Administrator	Bureau Management	20%
Vacant	Health Physicist II	X-Ray	N/A
Dennis O'Dowd	Health Physicist II	Licensing & Compliance	80%
Wayne Johnston	Health Physicist I	Materials & X-Ray	35%
Chris Pirie	Health Physicist I	Materials & X-Ray	N/A
Vacant	Health Physicist I	Materials & X-Ray	35%
Vacant	Health Physicist I	Materials & X-Ray	35%

2. Compute the professional/technical person-year effort of person-years per 100 licenses (excluding mills and burial

site licenses). Show calculation.

Answer: 2.05 FTE/ 110 licenses
= 2 person-years per 100 licenses

3. Is the staffing level adequate to meet normal and special needs and backup? If not, explain.

Answer: No, but with rehire of HP II -X-Ray & initial hire of 2 new HP I's + 2 yrs of training we will be there.

4. Do you currently have vacancies? If so, when do you expect to fill them?

Answer: Yes. One HP I position has been filled. September target date for the second position.

5. Does your state maintain the minimum staffing level of 1 person-year for each 100 specific licenses?

Answer: Yes.

6. Does your staff always include a minimum of two trained professional members to provide continuous coverage for the radioactive materials program?

Answer: Yes.

C. Staff Supervision (Category II)

NRC Guidelines: Supervisory personnel should be adequate to provide guidance and review the work of senior and junior personnel. Senior personnel should review applications and inspect licenses independently, monitor work of junior personnel, and participate in the establishment of policy. Junior personnel should be initially limited to reviewing license applications and inspecting small programs under close supervision.

Questions:

1. What duties are assigned to junior personnel?

Answer: See Supplemental Job Description HP I.

2. How is their work monitored?

Answer: Supervisory review.

3. How do senior personnel participate in the development of program policy?

Answer: Participation in meeting with senior management.

4. Identify your senior personnel assigned to monitor the work of junior personnel.

Answer: Dennis O'Dowd.

D. Training (Category II)

NRC Guidelines: Senior personnel should have attended NRC core courses in licensing orientation, inspection procedures, medical practices and industrial radiography practices. (For mill States, mill training should also be included.) The RCP should have a program to utilize specific short courses and workshops to maintain appropriate level of staff technical competence in areas of changing technology.

Questions:

1. List materials personnel and the training courses that they have attended since the last review.

Answer:

Name of Student	Course	Dates
Wayne Johnston	Inspection Procedures	June '89
	Medical Uses of Radionuclides	Sep. '89
	Radiation Protection Engineering	Nov. '89
	Radiological Assessment	Feb. '91
Dennis O'Dowd	Special Topics Workshop	Nov. '89
	Essentials of Management	Jan. '90
	Special Topics Workshop	Aug. '90
	Nuclear Transportation Course	Sep. '90
	Biological Basis of Rad Protection	Jul. '91
	SS & D Workshop	Sep. '91
	Part 20 Symposium	Jan. '92
Chris Pirie	Emergency Preparedness	Jul. '88
	Radon Evaluation Program	Nov. '88
	Radiological Monitors	Mar. '89
	Emergency Preparedness Workshop	Apr. '89
	Aerial Rad Monitors	Jun. '89
	RERO Course	Jun. '89
	Radiological Accident Assessment	Jan. '90
	5-Week Health Physics Course	Feb. '91
	Inspection Procedures Course	Apr. '91
	Licensing Course	Apr. '91
	Medical Uses of Radionuclides	Jan. '92
	Industrial Radiography	Apr. '92

2. Explain how new employees are trained.

Answer: All applicable NRC courses are attended by the RCP staff, plus on-the-job.

3. Have you organized your own training program to supplement outside training? If so, please describe.

Answer: Yes. CRCPD Training Sessions.

4. If any of your RCP staff currently need NRC training, please identify the employees and the courses needed.

Answer: O'Dowd - Well Logging
Johnston - Nuclear Transportation

E. Staff Continuity (Category II)

NRC Guidelines: Staff turnover should be minimized by combinations of opportunities for training, promotions, and competitive salaries. Salary levels should be adequate to recruit and retain persons of appropriate professional qualifications. Salaries should be comparable to similar employment in the geographical area. The RCP organization structure should be such that staff turnover is minimized and program continuity maintained through opportunities for promotion. Promotion opportunities should exist from junior level to senior level or supervisory positions. There also should be opportunity for periodic salary increases compatible with experience and responsibility.

Questions:

1. Identify the RCP employees who have left the Agreement materials program since the last review and give the reasons for the turnovers. Also state whether the positions are presently vacant, filled (name replacement), abolished or other status.

Answer: None. (However, several from other areas in the RCP.)

2. List the RCP salary schedule:

Answer:

Position Title	Annual Salary Range
Administrator	$33,423 - $39,838
Section Supervisor (Health Physicist II)	$29,250 - $34,905
Health Physicist I	$26,832 - $31,765
Lab Scientist IV	$29,250 - $34,905
Lab Scientist III	$23,673 - $28,002

Program Planner	$29,250 - $34,905
Principal Planner	$28,002 - $33,423
Radon Coordinator	$31,960 - $38,142
Environmentalist II	$22,737 - $26,832
Health Facility Surveyor	$22,737 - $26,832

3. Compare your salary schedule with similar employment alternatives in the same geographical area, such as industrial, medical, academic employers or other State agencies.

   Answer: Salaries are not competitive for geographical area.

4. Explain whether your salary schedule is adequate to recruit and retain staff.

   Answer: RCP has been able to recruit staff, but job specifications are still a problem and need to be revised.

5. What opportunities are there for promotion within the RCP organizational structure without a staff vacancy occurring?

   Answer: None. Based on available vacancies.

V. LICENSING

A. Technical Quality of Licensing Actions (Category I)

NRC Guidelines: The RCP should assure that essential elements of applications have been submitted to the agency, and which meet current regulatory guidance for describing the isotopes and quantities to be used, qualifications of persons who will use material, facilities and equipment, and operating and emergency procedures sufficient to establish the basis for licensing actions. Prelicensing visits should be made for complex and major licensing actions. Licenses should be clear, complete, and accurate as to isotopes, forms, quantities, authorized uses, and permissive or restrictive conditions. The RCP should have procedures for reviewing licenses prior to renewal to assure that supporting information in the file reflects the current scope of the licensed program.

Questions:

1. Prepare a table as below showing the State's major licensees with name, number and type.

   INCLUDE:

   - Broad (Type A) Licenses
   - LLW Disposal Licenses

- o LLW Processing and Brokers
- o Major Manufacturers and Distributors
- o Uranium Mills
- o Large Irradiators (Pool Type or Other)
- o Other Licenses With a Potential Significance for Environmental Impact
- o Other Licensees You Consider to be "Major" Licensees

Answer:

Name	License Number	Type
University of New Hampshire	190R	Type A Broad
Trustees of Dartmouth College	276R	Type A Broad

2. Identify unusual or complex licenses issued since the last review, including name and license number.

   Answer: Dartmouth College relocation
   Mary Hitchcock Hospital relocation
   Mary Hitchcock irradiator
   Kollsman - Thorium

3. List the licensees (name and license number) who are subject to contingency plans requirements and the status of their plans (approved, under review, etc.).

   Answer: None.

4. Note any variances in licensing policies and procedures or exemptions from the regulations granted since the last review.

   Answer: None.

5a. What criterion does the State use to determine the need for a prelicensing visit?

   Answer: Category I, some category II's, which would be reviewed on a case-by-case basis.

b. Were prelicensing visits were made during this review period? If so, explain.

   Answer: Yes. No.181R teletherapy relocation for Mary Hitchcock Hospital, Diatech, a biomedical research facility (2 prelicensing visits), Kollsman - thorium oxide use.

6. How do you ensure up-to-date information has been submitted prior to a license renewal?

   Answer: Complete renewal every four years.

7. How many specific licenses are currently in effect?

   Answer: 108

8a. How many new licenses (not amendments in entirety) have been 8issued since the last review.

   Answer: 38

b. How many were major licenses? (See question 13 for criteria.)

   Answer: None.

9. List the specific licenses (name and license number) that were terminated since the last review.

   Answer: 17. List attached as Appendix D.

10. How many amendments were issued during the review period?

   Answer: 325 licensing actions (approximately 100 actions per year, 3.25 years since last review).

11. Do you require license applicants who ship or transfer radwaste to submit details on their radwaste packaging and shipping procedures?

   Answer: Yes, if shipping waste.

12. Has the State taken any special licensing action with respect to licensees operating under multiple jurisdiction?

   Answer: No.

B. Adequacy of Product Evaluations (Category I)

NRC Guidelines: RCP evaluations of manufacturer's or distributor's data on sealed sources and devices outlined in NRC, State, or appropriate ANSI Guides, should be sufficient to assure integrity and safety for users. The RCP should review manufacturer's information on labels and brochures relating to radiation health and safety, assay, and calibration procedures for adequacy. Approval documents for sealed source or device designs should be clear, complete and accurate as to isotopes, forms, quantities, uses, drawing identifications, and permissive or restrictive conditions.

Questions:

1. List new and revised SS&D registrations of sealed sources and devices issued the review period?

SS&D Registry Number	Name of Manufacturer, Distributor or User (Custom Evaluation)	Type of Device or Source
.	.	.
.	.	.
.	.	.
.	.	.
.	.	.
.	.	.
.	.	.

Answer: None.

2. List the applications for SS&D registrations for which registry documents have not yet been issued?

Answer: None.

3. What guides and procedures are used to evaluate registry applications?

Answer: Use NRC guidance and CRCPD where applicable (NARM).

4. Please describe the procedures for supervisory review of SS&D registrations.

Answer: N/A

C. Licensing Procedures (Category II)

NRC Guidelines: The RCP should have internal licensing guides, checklists, and policy memoranda consistent with current NRC practice. License applicants (including applicants for renewals) should be furnished copies of applicable guides and regulatory positions. The present compliance status of licensees should be considered in licensing actions. Under the NRC Exchange-of-Information program, evaluation sheets, service licenses, and licenses authorizing distribution to general licensees and persons exempt from licensing should be submitted to NRC on a timely basis. Standard license conditions comparable with current NRC standard license conditions should be used to expedite and provide uniformity in the licensing process. Files should be maintained in an orderly fashion to allow fast, accurate retrieval of information and documentation of discussions and visits.

Questions:

1. Are current NRC Regulatory Guides furnished to reviewers?

   Answer: Yes.

2. Do your reviewers use the standard review plans, model licenses, etc., that are furnished in the NRC Fuel Cycle Policy and Guidance Directives FC xx-xx?

   Answer: Yes.

3. Are checklists used by the reviewers and maintained in the files?

   Answer: Yes.

4. What internal licensing guides and procedures has the State developed?

   Answer: Medical, teletherapy, radiography, xenon, and gauges.

5. What NRC or State licensing guides and regulatory positions are furnished to new and renewal license applicants?

   Answer: All.

6. How do reviewers determine the present compliance status of licensees when considering licensing actions?

   Answer: Everything is in one file. Reviewer would hold off licensing action until compliance action resolved.

7. For what length of time are licenses issued?

   Answer One year.

8. Explain how soon-to-expire licenses are tracked to assure either timely applications are received or procedures initiated to terminate the license.

   Answer: Expiration notices issued 30 days prior to expiration.

9. What mechanism exists to assure that SS&D registrations, advisories to licensees and service licenses issued by the State are distributed to the NRC?

   Answer: N/A

10. Have you developed your own standard license conditions?

Answer: Yes. Current conditions are in regulations. RCP in process of revising them onto computer for generation of licenses.

11. How do you verify that your standard conditions are comparable to the current NRC conditions?

Answer: Review of NRC licenses received by the State.

12. How is your SS&D registry kept current?

Answer: Section Leader.

13. Describe the system used to advise licensees of pertinent changes in regulations and regulatory procedures.

Answer: Letters to licensees.

14. Describe your procedures for maintaining the license files (How are files and folders arranged? Are telephone contacts and visits documented? Who is responsible for filing materials in folders?).

Answer: Alphabetically. Telephone contacts are documented. Staff maintains files.

15. In what circumstances do license reviewers accompany inspectors?

Answer: Same individuals.

VI. COMPLIANCE

A. Status of Inspection Program (Category I)

NRC Guidelines: The State RCP should maintain an inspection program adequate to assess licensee compliance with State regulations and license conditions. The RCP should maintain statistics which are adequate to permit Program Management to assess the status of the inspection program on a periodic basis. Information showing the number of inspections conducted, the number overdue, the length of time overdue and the priority categories should be readily available. There should be at least semiannual inspection planning for the number of inspections to be performed, assignments to senior vs. junior staff, assignments to regions, identification of special needs and periodic status reports. When backlogs occur the program should develop and implement a plan to reduce the backlog. The plan should identify priorities for inspections and establish target dates and milestones for assessing progress.

Questions:

1. How is statistical information maintained about the inspection program to permit periodic assessment of its status by RCP management?

   Answer: Up-to-date inspection data is being maintained on computer.

2. Prepare a table as below, indicating the number of inspections made in the review period, by category and priority.

Inspection Category	Number Licenses	Scheduled Frequency	Number of Inspections
.	.	.	.
.	.	.	.
.	.	.	.

   Answer: See computer printout in Appendix F.

3. Prepare a table identifying the Priority 1, 2, and 3 licensees with overdue inspections. Include the inspection category, the due date, and the number of months the inspection is overdue. (If list is extensive, a comparable computer printout is acceptable.) The list should include initial inspections that are overdue.

Licensee	Category	Priority	Due Date	Months Overdue
Mary Hitchcock		F	1	4/922
Elliot Hospital		F	1	7/9111

4. Prepare a table as below indicating the number of overdue license inspections for lower priorities.

License Category	Priority	Number Overdue
.	.	.
.	.	.
.	.	.

   Answer: N/A

5. Describe your action plan for completing your overdue inspections. If there is a backlog of

   (1) inspections with an inspection frequency of 3 years or less that are overdue by more than 50% of their scheduled frequency , or

(2) inspections with lower inspection frequencies that are overdue by more than 100% of their scheduled frequency,

please include with the questionnaire a written action plan for eliminating the backlog.

The written action plan should contain inspection priorities, numerical and time frame goals for reducing the backlog, provide a method to measure the program's progress, and provide for management review of the program's success in meeting the goals.

Answer: None.

6. How many reciprocity notices were received in the review period?

Answer: About 220 notices.

7. How many reciprocity inspections were conducted?

Answer: About 6

8. Other than reciprocity licensees, how many field inspections of radiographers were performed in the review period?

Answer: None. NH has only one radiographer authorized for field work. No field site inspection performed.

9. What percentage is this of your total number of radiographer licensees?

Answer: N/A

10. How is statistical information about the inspection program maintained?

Answer: Computer database.

11. Project the total number of inspections needed to be done annually to meet your inspection priorities.

Answer: ???

12. Project the number of inspections per inspector required per month and per year in order to avoid backlogs.

Answer: ???

13. How are inspection schedules planned and how are the dates and personnel assignments made?

Answer: Section leader plans monthly schedule using computer data.

14. How are initial inspections identified when they become overdue?

Answer: In the same manner as any other license.

15. Describe your inspection priorities for inspecting terminated licenses.

Answer: Reviewed on case-by-case basis.

B. Inspection Frequency (Category I)

NRC Guidelines: The RCP should establish an inspection priority system. The specific frequency of inspections should be based upon the potential hazards of licensed operations, e.g., major processors, broad licensees, and industrial radiographers should be inspected approximately annually -- smaller or less hazardous operations may be inspected less frequently. The minimum inspection frequency including for initial inspections should be no less than the NRC system.

Questions:

1. Identify individual licensees or groups of licensees the State is inspecting more frequently than called for in the State's inspection priority system and discuss the reason for the change.

Answer: None.

2. Please attach a copy of the State's priority system.

Answer: The State's priority system and inspection frequencies are included in the inspection manual and is available in Region I files.

3. How are inspection priorities assigned to licenses, and where are they recorded?

Answer: Priority categories are assigned by the RCP manager. On the license itself.

4. Discuss any variances in the State's priorities from the NRC priority system and the reasons for the variances.

Answer: Radiography licensees are inspected annually, all others are inspected more frequently than per NRC priority system. Teletherapy licenses are still in Priority II in the compliance manual, but the State intends to inspect

these licensees annually and has updated the computer database to address this change.

5. Describe the State's policy for unannounced inspections and exceptions to the policy.

   Answer: Inspections are for the most part conducted on an unannounced basis, except for most initial inspections.

6 Describe the State's policy for conducting follow-up inspections.

   Answer: Based on recommendation of inspector and approved by materials section supervisor. Some based on previous experience with licensee.

C. Inspector's Performance and Capability (Category I)

NRC Guidelines: Inspectors should be competent to evaluate health and safety problems and to determine compliance with State regulations. Inspectors must demonstrate to supervision an understanding of regulations, inspection guides, and policies prior to independently conducting inspections. The compliance supervisor (may be RCP manager) should conduct annual field evaluations of each inspector to assess performance and assure application of appropriate and consistent policies and guides.

Questions:

1. Prepare a table showing the number and types of supervisory accompaniments made during the review period. Include:

Supervisor	Inspector	License	Category	Date
DOD	JCP	Franklin	Group Medical	3/91
DOD	JCP	American Testing	Portable Gauge	5/91

   Answer: One junior inspector during review period; one senior inspector.

2. Were all inspectors accompanied at least annually by the compliance supervisor during the review period? If not, explain.

   Answer: Yes.

3. How do new inspectors become qualified to conduct independent inspections since the last review?

   Answer: Conduct inspections with supervisory observations.

Then, first few independent inspections are discussed with supervisor. Records of such performance evaluations maintained.

D. Responses to Incidents and Alleged Incidents (Category I)

NRC Guidelines: Inquiries should be promptly made to evaluate the need for onsite investigations. Onsite investigations xx should be promptly made of incidents requiring reporting to the Agency in less than 30 days (10 CFR 20.403 types). For those incidents not requiring reporting to the Agency in less than 30 days, investigations should be made during the next scheduled inspection. Onsite investigations should be promptly made of y non-reportable incidents which may be of significant public interest and concern, e.g. transportation accidents. Investigations should include in-depth reviews of circumstances and should be completed on a high priority basis. When appropriate, investigations should include reenactments and time-study measurements (normally within a few days). Investigation (or inspection) results should be documented and enforcement action taken when appropriate. State licensees and the NRC should be notified of pertinent information about any incident which could be relevant to other licensed operations (e.g., equipment failure, improper operating procedures). Information on incidents involving failure of equipment should be provided to the agency responsible for evaluation of the device for an assessment of possible generic design deficiency. The RCP should have access to medical consultants when needed to diagnose or treat radiation injuries. The RCP should use other technical consultants for special problems when needed.

Special Note: The criteria for reporting radioactive materials events are set out in All Agreement States letter from D. Nussbaumer dated July 22, 1986:

- Abnormal Occurrences: These are the most significant events. In addition to an early telephone notification to the regional office, a written report from the State is needed for inclusion in the Quarterly Report submitted by NRC to Congress (AOR). Criteria for reporting and guidance on content of reports can be found in any AOR.

- Telephone Reports: These are events for which NRC would like to receive early telephone notification. Typically, these include incidents requiring prompt or 24 hour notification by licensees to States or events that receive significant media attention.

- Other Reportable Incidents: These are events for which reports are required of the licensees to the State.

Questions:

1. In this review period, did any incidents occur that involved equipment or source failure or approved operating procedures that were deficient? If so,

   a. How and when were other State licensees who might be affected notified?

   b. Was the NRC notified?

   Answer: One possibly. Telephone & letter notification - Process Engineering TechOps Model 920 camera.

2. For incidents involving failure of equipment or sources, was information on the incident provided to the agency responsible for evaluation of the device for an assessment of possible generic design deficiency? Please provide details for each case.

   Answer: Yes - NRC.

3. If the RCP utilized medical or technical consultants for an emergency during the review period, please describe the circumstances for each case.

   Answer: Bow Plant incident involving possible exposure to non-occupational worker

4. In the review period, were there any cases involving possible criminal wrongdoing that were investigated or are presently undergoing investigation? If so, please describe the circumstances for each case.

   Answer: No.

5. What criteria is used to determine the need for and timeliness of onsite inspections of reported incidents?

   Answer: Most incidents are responded to on-site, however, the decision to respond is at the discretion of the program supervisor.

6. Describe the procedures for investigating allegations or other reports of possible wrongdoing by licensees, for example,

   a. Protecting the identity of allegers or persons requesting that their identities not be made available for public disclosure?

      Answer: Investigations would be performed by the

Attorney General's office.

b. Obtaining documentation (e.g., signed statements, copies of records)?

Answer: See above.

c. Obtaining the services of persons with appropriate training and experience such as conducting and documenting formal interviews?

Answer: See above.

d. Obtaining necessary legal counsel for inquiries into wrongdoing?

Answer: See above.

e. Guidance for staff when allegations or inspections disclose the possibility of willful violations of regulatory requirements or other evidence of criminal wrongdoing?

Please attach copies of these procedures.

Answer: No.

7. How many reports of incidents and alleged incidents were received during the review period?

Answer: 13. See attached.

8. How many onsite investigations were conducted during the period?

Answer: 9

9. How many investigations revealed an incident occurred which required NRC notification, either by telephone or by written report? (Refer to July 22, 1986 All Agreement State Letter for definition.)

Answer: One

10. Please attach a short summary of events identified in questions to this questionnaire, 2-4, above. (Incident summary forms, attached, may be used for this purpose).

Answer: See attached.

11. If not included in the response to question 10 above please attach a summary of reports of leaking sealed sources.

Please identify the source by manufacturer, model number, age of source (if available), date of leak test and leak test result.

Answer: None

E. Enforcement Procedures (Category I)

NRC Guidelines: Enforcement Procedures should be sufficient to provide a substantial deterrent to licensee noncompliance with regulatory requirements. Provisions for the levying of monetary penalties are recommended. Enforcement letters should be issued within 30 days following inspections and should employ appropriate regulatory language clearly specifying all items of noncompliance and health and safety matters identified during the inspection and referencing the appropriate regulation or license condition being violated. Enforcement letters should specify the time period for the licensee to respond indicating corrective actions and actions taken to prevent recurrence (normally 20-30 days). The inspector and compliance supervisor should review licensee responses. Licensee responses to enforcement letters should be promptly acknowledged as to adequacy and resolution of previously unresolved items. Written procedures should exist for handling escalated enforcement cases of varying degrees. Impounding of material should be in accordance with State administrative procedures. Opportunity for hearings should be provided to assure impartial administration of the radiation control program.

Questions:

1. If during the review period the State has issued orders, applied civil penalties, sought criminal penalties, impounded sources, or held formal enforcement hearings, identify these cases and attach a summary of the circumstances and results.

   Answer: 3 or 4 orders issued, 3 or 4 escalated enforcement conferences held.

2. What enforcement measures are available to the State to provide a deterrent to licensee noncompliance with regulations or license provisions?

   Answer: Notice of Violation, Civil & Criminal Penalties.

3. Are there written procedures establishing severity levels for violators? Please attach a copy.

   Answer: No.

4. Are there written procedures for escalated enforcement?

Please attach a copy.

Answer: Draft. The Bureau was awaiting development of Division policy, which, when developed did not address Bureau need. Bureau now planning to develop regulations to cover escalated enforcement.

5. If the RCP can apply civil penalties, have procedures been established to determine when they apply and the amounts? Please attach a copy.

Answer: No.

6. Describe the State's provisions for criminal penalties.

Answer: Handled through Attorney General's office.

7. Are enforcement letters issued within 30 days following inspections?

Answer: Not always.

8. Do you have a standard format for enforcement letters?

Answer: Yes.

9. How are recommendations differentiated from items of non-compliance in the letters?

Answer: Listed separately.

10. Do the letters reference the appropriate regulation or license condition being violated?

Answer: Yes.

11. What time period is specified in the enforcement letters for the licensee to respond with corrective actions taken?

Answer: Typically 20 days.

12. Do inspectors write enforcement letters? If so, do the letters undergo supervisory review before they are sent to the licensee?

Answer: Yes.

13. Who reviews licensee responses?

Answer: The inspector/Section Leader reviews report.

14. What is t e time limit for the State's acknowledgement of licensee responses and what tracking system exists for assuring resolution of the items of non-compliance and unresolved items?

    Answer: Typically within 20 days, sometimes shorter, one month maximum; log-in tracking system currently being updated for computer data base.

15. Does the State have the authority to impound radioactive material?

    Answer: No. The Division's legal staff now interprets the State's legislation as requiring specific criteria spelled out in regulations before the State can impound material.

16. Can the State issue Orders, including Emergency Orders?

    Answer: Yes.

17. Do State administrative procedures permit the opportunity for hearings in major enforcement cases?

    Answer: Yes.

18. Describe the State's policy for conducting follow-up inspections.

    Answer: On a case-by-case basis.

19. Have any compliance problems occurred involving licensees operating under multiple jurisdiction or under reciprocity? If so, please identify the licenses and explain if other Agreement States and NRC were advised.

    Answer: A few. Violations were issued to out-of-State licensees. The respective agencies were notified.

F. Inspection Procedures (Category II)

NRC Guidelines: Inspection guides, consistent with current NRC guidance, should be used by inspectors to assure uniform and complete inspection practices and provide technical guidance in the inspection of licensed programs. NRC Guides may be used if properly supplemented by policy memoranda, agency interpretations, etc. Written inspection policies should be issued to establish a policy for conducting unannounced inspections, obtaining corrective action, following up and closing out previous violations, interviewing workers and observing operations, assuring exit interviews with management, and issuing appropriate notification of violations of health and safety problems. Procedures should be established for maintaining licensees

compliance histories. Oral briefing of supervision or the senior inspector should be performed upon return from nonroutine inspections. For States with separate licensing and inspection staffs, procedures should be established for feedback of information to license reviewers.

Questions:

1. Do you use inspection guides that are specific to categories of licensees?

   Answer: Yes.

2. Has the RCP developed its own inspection guides or does it use NRC guides?

   Answer: The RCP has developed its own guides.

3. Discuss the use of inspection policy memoranda, interpretations, etc., to supplement inspection guides.

   Answer: Included in inspection manual.

4. Are there written policies and procedures for:

   a. unannounced inspections?

      Answer: Yes.

   b. obtaining corrective action?

      Answer: Yes.

   c. following-up and closing out previous citations of violations?

      Answer: Yes.

   d. interviewing workers?

      Answer: Yes.

   e. observing operations?

      Answer: Yes.

   f. exit interviews with management?

      Answer: Yes.

g. issuing notices of violations and findings of health and safety problems?

Answer: Yes.

Please have copies of these procedures available for the reviewer.

5. Describe the procedures for maintaining licensee's compliance histories.

Answer: Data management system indicates number of violations. Details must be obtained from file.

6. Explain your policy for supervisors debriefing inspectors upon return from inspections.

Answer: Inspectors are debriefed in all cases.

7. What procedures are there for providing feedback of compliance information to licensing?

Answer: N/A.

G. Inspection Reports (Category II)

NRC Guidelines: Findings of inspections should be documented in a report describing the scope of inspections, substantiating all items of noncompliance and health and safety matters, describing the scope of licensees' programs, and indicating the substance of discussions with licensee management and licensee's response. Reports should uniformly and adequately document the results of inspections and identify areas of the licensee s program which should receive special attention at the next inspection. Reports should show the status of previous noncompliance and the independent physical measurements made by the inspector.

Questions:

1. Describe the format(s) used by the RCP for documenting inspections.

Answer: Inspection report forms indicate areas covered by the inspection.

2. Do the reports document:

a. the entrance and exit discussions held with license management?

Answer: Yes.

b. follow-up of previous citations of violations?

Answer: Yes.

c. results of interviews of workers, including ancillary workers?

Answer: Yes.

d. results of observations of operations?

Answer: Yes.

e. confirmatory measurements conducted by the inspector?

Answer: Yes.

f. areas of the licensee's program needing special attention at the next inspection?

Answer: Yes.

g. the items of non-compliance found in the inspection?

Answer: Yes.

h. items of non-compliance versus items of concern?

Answer: Yes.

H. Confirmatory Measurements (Category II)

NRC Guidelines: Confirmatory measurements should be sufficient in number and type to ensure the licensee's control of materials and to validate the licensees measurements. RCP instrumentation should be adequate for surveying license operations (e.g., survey meters, air samplers, lab counting equipment for smears, identification of isotopes, etc.). RCP instrumentation should include the following types:

GM Survey Meter: 0-50 mr/hr
Ion Chamber Survey Meter: several r/hr
Neutron Survey Meter: Fast & Thermal
Alpha Survey Meter: 0-100,000 c/m
Air Samplers: Hi and Low Volume
Lab Counters: Detect 0.001 uc/wipe
Velometers
Smoke tubes
Lapel Air Samplers

Instrument calibration services or facilities should be

readily available and appropriate for instrumentation used. Licensee equipment and facilities should not be used unless under a service contract. Exceptions for other State Agencies, e.g. a State University, may be made. Agency instruments should be calibrated at intervals not greater than that required to licensees being inspected.

Questions:

1. Discuss the State's policy for conducting confirmatory measurements as a part of each inspection (e.g., air samples, wipe samples, air flows, dose rates).

   Answer: Measurements are a part of all inspections. They are documented in the report.

2. List the equipment that is readily available to the RCP for surveying licensed operations and conducting appropriate confirmatory measurements.

   Answer: A list of instrumentation is available in Region I files.

3. Describe the method used for calibrating survey instruments and the frequency of calibration.

   Answer: Instruments are calibrated in-house at six-month intervals.

PART II
PROGRAM STATISTICS

as of June 1992

*1. How many specific licenses are currently in effect?

Answer: 108

2. During the last calendar year,

a. how many new licenses were issued?

Answer: 38

b. how many licenses were terminated?

Answer: 17

c. how many licenses were renewed?

Answer:

d. how many amendments were issued?

Answer: 100/yr.

e. how many SS&D evaluations were completed?

Answer: None

3. How many prelicensing visits were made during this past calendar year?

Answer: 4

4. How many new licenses (or major amendments) were hand delivered to the licensee?

Answer: None.

5. How many materials incidents, other than unfounded allegations, occurred during the last calendar year?

Answer: 13

6. How many on-site investigations of incidents were conducted during the last calendar year?

Answer: 9

*7. How many incidents required NRC notification, either by telephone or by written report?

Answer: One

*8. How many of the incidents required Abnormal Occurrence Reports?

Answer: None.

*9. How many of the incidents involved leaking from sealed sources?

Answer: None

*10. How many misadministrations occurred during the last calendar year?

Answer: None

11. How many civil penalties were imposed during the last calendar year?

Answer: None

12. How many orders were issued during the last calendar year?

Answer: 3 or 4

*13. How many technical FTE's (not including administrative, clerical or unfilled vacancies) are currently assigned to the:

Radioactive materials program?

Answer: 2

Low-Level waste program?

Answer: None

Uranium mills program?

Answer: N/A

*14. Compute the professional/technical person-year effort of person-years per 100 licenses (excluding management above the direct RAM supervisor, vacancies and personnel assigned to mills and burial site licenses). Count only time dedicated to radioactive materials.

Answer: 2 person year/100 licenses. 2.05 FTE, 108 licenses.

*15. List the RCP salary schedule as follows:

Position Title	Annual Salary Range
Administrator	$33,423 - $39,838
Radon Coordinator	$31,960 - $38,142
Health Physicist II	$29,250 - $34,905
Lab Scientist IV	$29,250 - $34,905
Program Planner	$29,250 - $34,905
Principle Planner	$28,002 - $33,423
Health Physicist I	$26,832 - $31,765
Lab Scientist III	$23,673 - $28,002
Environmentalist II	$22,737 - $26,832
Health Facility Surveyor	$22,737 - $26,832

*16. Please complete the following table using the license categories as shown, and including the total number of specific licenses in each category, the priority or inspection frequency, the number of inspections made during the review period, and the number of overdue inspections in each category. (In Priorities 1-3, include those overdue by more than 50% of their scheduled inspection frequency; in lower priorities, include those overdue by more than 100% of their scheduled frequency.)

License Category	No. of Licenses	Insp. Freq. (years)	No. Insps. Made	No.* Overdue Insps.
Broad A Academic (Medical)				
Broad A Industrial				
Broad A Medical				
Broad A Mfg. & Dist.				
Industrial Radiography				
Irradiator - Pool or Large				
LLW Broker or Service - Processing, Incineration, Repackaging				
LLW Disposal & Burial				
Nuclear Pharmacy				
Source Material Processing				
Teletherapy (Human Use)				
U-Mill Operation				
Other Priority 1				
Broad A Academic (Non-Medical)				
Broad B Academic				
Broad A R & D				
Decontamination Services				
LLW Disposal Service (pre-packaged)				
Mobile Nuclear Services				
SNM (unsealed)				
Other Priority 2				
Broad B Industrial				
Broad B Mfg. & Dist.				

License Category	No. of Licenses	Insp. Freq. (years)	No. Insps. Made	No.* Overdue Insps.
Broad B R & D				
In vitro Distribution				
Irradiators, Self-Contained, Small				
Leak Test & Calibration Services				
Medical Product Distribution				
Medical, Institutional (Hospitals & Clinics)				
Nuclear Laundry				
Source Material, Rare Earth				
U-Mill Tailings				
Well Logging, Field Flooding				
Other Priority 3				
GL Distribution				
Lixiscopes, Bone Mineral Analyzer, Sr Eye Applicator				
Medical, Private Practice Limited Diagnostic or Therapy				
Portable Gauge				
Services - Teletherapy, Gauge, or Irradiator				
Other Priority 4				
Broad C Academic				
Broad C Industrial				
Broad C Mfg. & Dist.				
Broad C R & D				
Fixed Gauge				
In vitro Labs				
SNM (sealed)				
Veterinary Medicine				
Other Priority 5				
Gas Chromatographs & other Measuring Systems				
Leak Test Only				
Shielding, Depleted Uranium				
Other Priority 6 and 7				
TOTALS		---		

APPENDIX B

ORGANIZATION CHARTS

ENCLOSURE 3

REVIEWER EXPLANATORY COMMENTS

I. LEGISLATION AND REGULATIONS

B. Status and Compatibility of Regulations

Since the last follow-up review the State adopted all but one of the regulatory changes necessary to achieve compatibility. These regulatory changes included (1) the transportation rule; (2) the well-logging rule; (3) the radiography quarterly audit and storage survey rule; (4) the glass enamel frit exemption; (5) the certification of dosimetry processors; and (6) the licensee bankruptcy reporting requirement. However, the State has not issued a Decommissioning Rule and has not made progress in the development of such a rule.

During the last update, the State's legal coordinator raised a number of concerns about the format and content of the State's radiation control regulations. These concerns deal mainly with statements in the regulations that are, in the staff's judgement, not prescriptive enough. (For example, statement like "appropriate surveys" would need to be defined explicitly.) This position will, if upheld, require a major overhaul of the State's regulations and delay the implementation of such amendments as the new Part 20. The current regulations, although effective and available from the public library, are not being printed for licenses and even the staff does not have copies.

C. Legal Assistance

As indicated above, the current legal assistance available to the Bureau is problematic. In addition to the problem with the regulations, the legal coordinator has called into question the State's authority to require decommissioning (including the ability to require the amendment of deeds), and the authority to impound radioactive material.

III. MANAGEMENT AND ADMINISTRATION

B. Budget

The Bureau's current budget appears to be reasonable. The License fees are, however, only nominal. For example, some renewal fees are $40. The Division has a proposal to update their fees, which would increase them by 300%. This would be some help in raising revenues, but they would still be much less than the NRC or other States. The current fee system requires an annual fee and the issuance of an annual amendment to the license. This requires a great deal of administrative effort. Much of the paperwork in license files concern these annual renewals which are for fee purposes only. It was recommended that since the State is in the process of updated the fee system, the opportunity be taken to update the process as well, so

that the annual renewals can be eliminated.

D. Administrative Procedures

With regard to Information Notices, the Bureau staff indicated that only one IN in recent memory was sent to licensees, and documentation in this case was not available. The State did not have an adequate system for keeping track of NRC Information Notices or for distributing them to appropriate licensees. The staff agreed, however, with this comment and agreed that a system would be developed.

E. Management

The reviewer believes that the program is not being efficiently managed. At full staffing, the Bureau would be providing 2 FTE per 100 licenses. This is the highest in the Region, if not the country. The State completes about 100 licensing actions per year and requires about 42 inspection per year to maintain the inspection program. It appears that the Bureau has more than enough staff to get the work done. However, a licensing backlog remains and the inspection workload is being barely maintained. Granted, the program has not been operating fully staffed, however, the reviewer believes that program efficiency can be improved. The technical quality of the Bureau's work is excellent, however, files contain many lengthy memos and deficiency letters that could be shortened or eliminated. The staff, particularly management, appears to spend a significant amount of time in unproductive work. This issue was discussed with the Bureau staff and they agreed that they would consider evaluating this comment in their day-to-day work. The reviewer indicated that no formal comment would be made at this time regarding this issue.

IV. PERSONNEL

B. Staffing Level

As indicated above, the staffing level is currently more than adequate. Of the two current vacant positions, one is filled and the person will be reporting shortly. The other position is expected to be filled by September 1992.

E. Staff Continuity

Staff salary levels are the lowest in the Region, with a starting salary of $26,832. This has caused the Bureau difficulty in recruiting qualifies staff. Entrance level personnel generally have no training or experience in radiation science and it take from one year to two years to train an individual to begin performing productive work. The salary issue is difficult to address in New Hampshire because salaries throughout State government are low compared to other States in the Region.

V. LICENSING

A. Technical Quality of Licensing Actions

During the review, 10 license files were reviewed. See Enclosure 4. The licensing actions reviewed were found to be more than satisfactory. Reviews are very thorough, check sheets are utilized, and very detailed deficiency letters are prepared. One minor deficiency was the fact that two licenses had survey meter calibration procedures that addressed only electronic pulse calibration. The information submitted did not appear to state that the meters would also be calibrated in radiation fields. In one license termination review, it was noted that the licensees Certificate of Disposition indicated that the material would be held in storage for decay. The isotope in question was I-125 with a 60 day half-life. residual, and licensable, material would be around for almost two years after termination of the license. In addition one teletherapy licensee did not submit an initial survey prior to start-up operations.

I. COMPLIANCE

A. Status of Inspection Program

As of the time of the review, there was one license overdue for inspection by more than 50% of the inspection interval. This was a teletherapy license, whose inspection priority had not been changed in the computer system. At the time of the review, the staff changed tne priority and prepared a memo scheduling the inspection.

C. Inspectors' Performance and Capability

On June 3, 1992, an inspection accompaniment was performed with Chris Pirie. The accompaniment was during a routine, unannounced inspection of Wentworth-Douglas Hospital in Dover, New Hampshire, License No. 206R. Mr. Pirie conducted a professional, thorough inspection. He has a good grasp of the State's regulatory requirements and a handles himself in a confident, professional manner. One violation noted during the inspection concerned radioactive waste in an unlabeled container, intended for non-radioactive waste only. It appeared that Mr. Pirie was going to overlook this as a violation, but on further discussion with the reviewer, Mr. Pirie agreed that the citation was valid and should be made.

With regard to management/supervisory accompaniments, the State indicated that all staff had been accompanied during the review period. This is true; however, the last review was in January 1989 and the last supervisory accompaniment was performed in May of 1991. Therefore the State has not performed accompaniments of its staff on an annual basis and a comment was made concerning this fact.

G. Inspection Reports

Enclosure 5 contains a review of selected compliance files. Ten inspection files were reviewed. Inspection findings and enforcement actions are very well documented. Only two minor deficiencies were noted, 1) at an in-plant radiography firm, there was no discussion of the visible/audible alarm at the entrance to the high radiation area, and 2) no field visits were made to evaluate work in the field, 3) in one case two citation were made for

the same violation, and 4) in one case a licensees response to an enforcement letter was not adequate and the State did not follow-up. These comments were discussed with Bureau management and staff and they agreed with the findings.

ENCLOSURE 4

REVIEW OF SELECTED LICENSE FILES

During the review, 10 license files were reviewed. The licensing actions reviewed were found to be more than satisfactory. Reviews are very thorough, check sheets are utilized, and very detailed deficiency letters are prepared. One minor deficiency was the fact that two licenses had survey meter calibration procedures that addressed only electronic pulse calibration. The information submitted did not appear to state that the meters would also be calibrated in radiation fields. In one license termination review, it was noted that the licensees Certificate of Disposition indicated that the material would be held in storage for decay. The isotope in question was I-125 with a 60 day half-life. residual, and licensable, material would be around for almost two years after termination of the license. In addition one teletherapy licensee did not submit an initial survey prior to start-up operations.

1. Licensee: Professional Services Industries
   Location: Whitfield, New Hampshire
   License No.: 297R
   Issued: March 22, 1991
   Expiration Date: April 30, 1993

2. Licensee: Clarostat Mfg. Co., Inc.
   Location: Dover, New Hampshire
   License No.: 169R
   Issued: May 21, 1991
   Expiration Date: Termination

3. Licensee: Concord Otolaryngology
   Location: Concord
   License No.: 328 R
   Issued: 4/15/91
   Expiration Date: Termination

4. Licensee: Elliot Hospital
   Location: Manchester, New Hampshire
   License No.: 182R
   Issued: July 12, 1991
   Expiration Date: December 31, 1993

5. Licensee: Weeks Memorial Hospital
   Location: Lancaster, New Hampshire
   License No.: 265R
   Issued: August 8, 1991
   Expiration Date: May 31, 1993

6. Licensee: Mary Hitchcock Memorial Hospital
   Location: Lebanon, New Hampshire
   License No.: 181R
   Issued: September 19, 1991

Expiration Date: January 31, 1993

7. Licensee: Androscoggin Valley Hospital
   Location: Berlin, New Hampshire
   License No.: 268R
   Issued: February 27, 1992
   Expiration Date: December 31, 1992

8. Licensee: Mary Hitchcock Memorial Hospital
   Location: Lebanon, New Hampshire
   License No.: 130R
   Issued: September 19, 1991
   Expiration Date: June 30, 1992

9. Licensee: Littleton Hospital
   Location: Littleton, New Hampshire
   License No.: 263R
   Issued: September 19, 1991
   Expiration Date: March 31, 1993

10. Licensee: Diatech, Inc.
    Location: Londonderry, New Hampshire
    License No.: 377R
    Issued: May 5, 1992
    Expiration Date: May 31, 1993

LICENSE FILE REVIEW COMMENTS

Comment	File No.
1. In a conversion from a GL to a specific license, no verification that the manufacturer rep made changes to the label, etc.	2
2. Termination "Certificate of Disposition" indicated storage for decay. However the isotope was I-125, 60 day half-life. Still licensable quantity for almost 2 years.	3
3. Application indicated that instrument calibration would be by electronic pulse, by NRC licensee. Only source available was 10 microcurie Co-57.	5,7
4. No initial survey submitted prior to start-up after moving teletherapy source.	6

ENCLOSURE 5

REVIEW OF SELECTED COMPLIANCE FILES

During the review ten inspection files were reviewed. Inspection findings and enforcement actions are very well documented. Only two minor deficiencies were noted, 1) at an in-plant radiography firm, there was no discussion of the visible/audible alarm at the entrance to the high radiation area, and 2) no field visits were made to evaluate work in the field, 3) in one case two citation were made for the same violation, and 4) in one case a licensees response to an enforcement letter was not adequate and the State did not follow-up. These comments were discussed with Bureau management and staff and they agreed with the findings.

1. Licensee: Process Engineering
   Location: Plaistow, New Hampshire
   License No.: 217 R
   Type of Licensee: Industrial Radiography
   Inspection Type: Routine, Unannounced
   Inspection Date: 4/15/91
   Inspector: Pirie
   Reviewed by: O'Dowd, April 30, 1992
   Enforcement Letter: April 28, 1992
   Licensee Response: N/A
   State Acknowledgement: N/A

2. Licensee: Venegas Industrial Testing
   Location: Nashua, New Hampshire
   License No.: 217 R
   Type of Licensee: Industrial Radiography
   Inspection Type: Routine, Unannounced
   Inspection Date: 4/15/91
   Inspector: Pirie
   Reviewed by: O'Dowd, April 19, 1991
   Enforcement Letter: April 17, 1991
   Licensee Response: N/A
   State Acknowledgement: N/A

3. Licensee: Dartmouth Medical School
   Location: Hanover, New Hampshire
   License No.: 276 R
   Type of Licensee: Broad Medical
   Inspection Type: Reinspection, Unannounced
   Inspection Date: April 12, 1991
   Inspector: Johnston
   Reviewed by: O'Dowd, May 3, 1991
   Enforcement Letter: June 18, 1991
   Licensee Response: July 28, 1991
   State Acknowledgement: September 13, 1991

4. Licensee: Mary Hitchcock Memorial Hospital
   Location: Hanover, New Hampshire
   License No.: 130R
   Type of Licensee: Medical
   Inspection Type: Routine, Unannounced
   Inspection Date: April 12, 1991
   Inspector: Johnston
   Reviewed by: O'Dowd, May 7, 1991
   Enforcement Letter: June 28, 1991
   Licensee Response: July 8, 1991
   State Acknowledgement: October 29, 1991

5. Licensee: Mary Hitchcock Memorial Hospital
   Location: Hanover, New Hampshire
   License No.: 181R
   Type of Licensee: Teletherapy
   Inspection Type: Routine, Announced
   Inspection Date: September 6, 1991
   Inspector: Pirie
   Reviewed by: O'Dowd, September 13, 1991
   Enforcement Letter: September 12, 1991
   Licensee Response: N/A
   State Acknowledgement: N/A

6. Licensee: GZA GeoEnvironmental, Inc.
   Location: Manchester, New Hampshire
   License No.: 316R
   Type of Licensee: Industrial
   Inspection Type: Special
   Inspection Date: June 13, 1991
   Inspector: O'Dowd
   Reviewed by: N/A
   Enforcement Letter: June 24, 1991
   Licensee Response: July 5 and July 23, 1991
   State Acknowledgement: July 12 and September 6, 1991

7. Licensee: Medarex, Inc.
   Lebanon, New Hampshire
   License No.: 350R
   Type of Licensee: Research & Development Lab
   Inspection Type: Initial, Unannounced
   Inspection Date: January 31, 1991
   Inspector: Johnston
   Reviewed by: O'Dowd, February 4, 1991
   Enforcement Letter: February 7, 1991
   Licensee Response: February 25, 1991
   State Acknowledgement: July 23, 1991

8. Licensee: Franklin Regional Hospital
   Location: Franklin, New Hampshire
   License No.: 356R
   Type of Licensee: Medical
   Inspection Type: Initial, Unannounced
   Inspection Date: August 30, 1991
   Inspector: Pirie
   Reviewed by: O'Dowd, September 4, 1991
   Enforcement Letter: September 3, 1991
   Licensee Response: N/A
   State Acknowledgement: N/A

9. Licensee: Cottage Hospital
   Location: Woodsville, New Hampshire
   License No.: 311R
   Type of Licensee: Medical
   Inspection Type: Reinspection, Unannounced
   Inspection Date: June 11, 1991
   Inspector: Johnston
   Reviewed by: O'Dowd, July 2, 1991
   Enforcement Letter: July 8, 1991
   Licensee Response: July 24 and November 7, 1991
   State Acknowledgement: October 29, 1991 and March 13, 1992

10. Licensee: Desmarais Environmental
    Location: Barrington, New Hampshire
    License No.: 371R
    Type of Licensee: Industrial
    Inspection Type: Initial, Unannounced
    Inspection Date: March 9, 1992
    Inspector: Pirie
    Reviewed by: O'Dowd, April 3, 1992
    Enforcement Letter: April 3, 1992
    Licensee Response: April 21, 1992
    State Acknowledgement: April 29, 1992

COMPLIANCE FILE REVIEW COMMENTS

Comments	File No.
1. No discussion of the visible/audible alarm at this fixed site radiography facility.	1
2. No field site visit of radiography operations.	2
3. Two citation issues on the same subject, a) citation on unauthorized disposal and b) citation regarding uncontrolled area (the area around the "disposed" source) not under constant surveillance.	3
4. The licensee did not adequately address a citation in the enforcement letter and the State did not follow-up.	4