



UNITED STATES
NUCLEAR REGULATORY COMMISSION
WASHINGTON, D.C. 20555-0001

February 3, 2021

Dr. Sean McDevitt, Director
Nuclear Science Center
Texas Engineering Experiment Station
Texas A&M University System
1095 Nuclear Science Road, M/S 3575
College Station, TX 77843

SUBJECT: TEXAS ENGINEERING EXPERIMENT STATION/TEXAS A&M UNIVERSITY
SYSTEM – U.S. NUCLEAR REGULATORY COMMISSION ROUTINE
INSPECTION REPORT NO. 05000128/2020202

Dear Dr. McDevitt:

From December 14-18, 2020, the U.S. Nuclear Regulatory Commission (NRC) staff conducted an inspection, at your Texas Engineering Experiment Station/Texas A&M University System Nuclear Science Center Facility. The enclosed report documents the inspection results, which were discussed on December 18, 2020, with you, Scott Miller, Reactor Operations Manager, and Donna Rios, Radiation Safety Officer.

The inspection examined activities conducted under your license as they relate to safety and compliance with the Commission's rules and regulations and with the conditions of your license. The inspector reviewed selected procedures and records, observed various activities, and interviewed personnel.

Based on the results of the inspection, the NRC has determined that one Severity Level IV violation of NRC requirements occurred. The violation is being treated as a non-cited violation (NCV), consistent with Section 2.3.2.a of the Enforcement Policy. The NCV is described in the subject inspection report. If you contest the violation or significance of the NCV, you should provide a response within 30 days of the date of this inspection report, with the basis of your denial, to the Nuclear Regulatory Commission, ATTN: Document Control Desk, Washington, DC 20555-0001, with copies to the Director, Office of Enforcement, United States Nuclear Regulatory Commission, Washington, DC 20999-0001.

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

If you have any questions concerning this inspection, please contact Craig Bassett at (240) 535-1842, or by electronic mail at Craig.Bassett@nrc.gov.

Sincerely,

Travis L. Tate, Chief
Non-Power Production and Utilization Facility
Oversight Branch
Division of Advanced Reactors and Non-Power
Production and Utilization Facilities
Office of Nuclear Reactor Regulation

Docket No. 50-128
License No. R-83

Enclosure:
As stated

cc: See next page

Texas A&M University

Docket No. 50-128

cc:

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SUBJECT: TEXAS ENGINEERING EXPERIMENT STATION/TEXAS A&M UNIVERSITY
SYSTEM – U.S. NUCLEAR REGULATORY COMMISSION ROUTINE
INSPECTION REPORT NO. 05000128/2020202 DATED: FEBRUARY 3, 2021

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

Docket No.: 50-128

License No.: R-83

Report No. 05000128/2020202

Licensee: Texas Engineering Experiment Station/Texas A&M University System

Facility: Nuclear Science Center

Location: College Station, Texas

Dates: December 14–18, 2020

Inspector: Craig Bassett

Approved by: Travis L. Tate, Chief
Non-Power Production and Utilization
Facility Oversight Branch
Division of Advanced Reactors and Non-Power
Production and Utilization Facilities
Office of Nuclear Reactor Regulation

Enclosure

EXECUTIVE SUMMARY

Texas Engineering Experiment Station/Texas A&M University System
Nuclear Science Center
Inspection Report No. 05000128/2020202

The primary focus of this routine, announced inspection included onsite review of selected aspects of the Texas Engineering Experiment Station/Texas A&M University System (TEES/TAMU, the licensee's) Class II research and test reactor safety programs including: (1) organization and staffing; (2) procedures; (3) health physics; (4) design changes; (5) committees, audits and reviews, (6) transportation activities since the last U.S. Nuclear Regulatory Commission (NRC) inspection of these areas; and (7) follow-up on previously identified items. The NRC staff determined the licensee's safety program was acceptably directed toward the protection of public health and safety. One NCV was identified.

Organization and Staffing

- Organization and staffing were consistent with the requirements outlined in Section 6 of the technical specifications (TSs).

Procedures

- Facility procedural review, revision, control, and implementation satisfied TS requirements.

Health Physics

- Periodic surveys were completed and documented as required by procedure.
- Postings and signs met regulatory requirements.
- Personnel dosimetry was worn as required and recorded doses were within the NRC regulatory limits.
- Radiation survey and monitoring equipment was maintained and calibrated as required by procedure.
- The facility Radiation Protection and as low as reasonably achievable (ALARA) programs satisfied regulatory requirements.
- Radiation protection training was acceptable and satisfied regulatory requirements.
- Effluent monitoring satisfied license and regulatory requirements and releases were within the specified regulatory and TS limits.

Design Changes

- The licensee's design change program was implemented in accordance with the regulations.

Committees, Audits and Review

- The Reactor Safety Board (RSB) completed the review, oversight, and audit functions required by TS.

Transportation Activities

- Radioactive material was shipped in accordance with the applicable regulations.
- The training of the staff members responsible for shipping radioactive material met U.S. Department of Transportation (DOT) requirements.

Inspection Follow-up Items

- One Unresolved Item and three Inspection Follow-up Items were reviewed.

REPORT DETAILS

Summary of Facility Status

The TEES/TAMU System Nuclear Science Center (NSC) TRIGA nuclear research reactor, licensed to operate at a maximum steady-state thermal power of 1 megawatt, continued operation in support of operator training, surveillance, research, and utilization involving neutron activation analysis. During the inspection, the reactor operated each day at various power levels up to 900 kilowatts to conduct sample irradiations and research.

1. Organization and Staffing

a. Inspection Scope (Inspection Procedure [IP] 69001, Section 02.01)

The inspector reviewed selected aspects of the following regarding the licensee's organization and staffing to ensure that the requirements specified in TS Section 6.1 were met:

- Appendix A to Facility Operating License Number (No.) R-83, Docket No. 50-128, Amendment No. 18, "Technical Specifications," dated August 31, 2016
- organization and staffing for the TEES/TAMU NSC during operation of the research reactor
- administrative controls and management responsibilities specified in the facility TSs
- TEES/TAMU 2018 Annual Report, submitted to the NRC in April 2019
- TEES/TAMU 2019 Annual Report, submitted to the NRC in November 2020
- NSC Standard Operating Procedure (SOP), Chapter I, "Policy and Administrative Procedures," Section I-C

b. Observations and Findings

(1) Staffing

The inspector determined that the structure and functions of the licensee's organizational structure at the TEES/TAMU NSC research reactor facility had not changed since the last inspection (refer to NRC Inspection Report No. 50-128/2019-201). However, there were personnel changes. The inspector confirmed that the prior Associate Director for the facility left the NSC. In addition, the reactor supervisor gave notice that he is leaving at the end of the year. The facility advertised to fill those open positions. Also, a staff member formerly designated as the Safety Coordinator, was trained and assigned to the Radiation Safety Manager position. That person was also designated as the Radiation Safety Officer (RSO). The inspector found the licensee's organizational structure and assignment of responsibilities, as reported in the annual reports, were consistent with those specified in TS Section 6.1. The inspector verified that all positions that were filled were staffed with qualified personnel. Review of records by the inspector verified that management responsibilities were administered as required.

(2) Annual Reports

In accordance with TS Section 6.7.1, an annual report providing various information covering the operation of the reactor facility during the previous calendar year shall be submitted to the NRC before March 31 of each year.

The inspector reviewed the TAMU TEES annual reports for 2018 and 2019. Through interviews with licensee representatives, the inspector determined that the 2019 annual report was submitted in November 2020. The licensee indicated that the 2019 annual report was submitted in November because of the Coronavirus Disease 2019 (COVID-19) public health emergency (PHE) .

c. Conclusion

The inspector confirmed that the licensee's organization and staffing were in compliance with the requirements specified in TS Section 6.1.

2. Procedures

a. Inspection Scope (IP 69001, Section 02.03)

The inspector reviewed the following to ensure that the requirements of TS Section 6.4 were met concerning written procedures:

- NSC SOP Chapter I, "Policy and Administrative Procedures," Sections I-D, I-E, I-F, and I-G
- RSB meeting minutes from July 20, 2018, to October 7, 2020 (RSB meeting Nos. 187 – 192)
- TEES/TAMU 2018 and 2019 Annual Reports

b. Observations and Findings

The inspector determined that oversight and review of procedures, and the implementation thereof, was completed by licensee management and the RSB. The Health Physics (HP) procedures in use at the facility were reviewed and approved by the RSB and most were reviewed and updated in 2020. The inspector reviewed the implementation of the procedure change process at the facility and determined that it was followed.

During the inspection, the inspector observed various licensed activities including the preparation of radioactive material for shipment. The inspector found the activities were conducted in accordance with the applicable procedures and no problems were noted.

c. Conclusion

The inspector determined that procedure review, revision, adherence, and implementation satisfied TS requirements.

3. Health Physics

a. Inspection Scope (IP 69001, Section 02.07)

The inspector reviewed selected aspects of the following to verify compliance with Title 10 of the *Code of Federal Regulations* (10 CFR) Part 19, "Notices, Instructions and Reports to Workers: Inspection and Investigation," and 10 CFR Part 20, "Standards for Protection against Radiation," and TS Sections 3.5, 4.5, 5.4, and 6.6:

- personnel dosimetry records for 2018, 2019, and to date in 2020
- RSB meeting minutes from July 20, 2018, to October 7, 2020
- RSB completed audits and reviews from 2017 through the present
- "Radiation Safety Program," TEES/NSC Revision (Rev.) 0, dated April 2018
- NSC Reactor (NSCR) Form 844, "Radiation Work Permit (RWP)," Rev. 0, for 2019 and 2020
- effluent monitoring program results for 2019 and 2020
- various gamma spectrum analyses for 2019 and 2020
- counting and analysis records associated with airborne releases for the past 2 years
- counting and analysis records associated with liquid releases for the past 2 years documented on NCSR Form 819b, "Radioactive Liquid Waste Sewer Disposal Record"
- TEES/TAMU 2018 and 2019 Annual Reports, which included the effluent monitoring program results for those periods
- various sections in SOP Chapter VII, "Radiation Protection Procedures," most recently revised January 31, 2020
- selected monthly and other periodic routine contamination and radiation surveys from 2019 through the present
- selected NSC instrument calibrations completed during 2018, 2019, and to date in 2020
- RWPs that were generated and used during 2018, 2019, and 2020

b. Observations and Findings

(1) Surveys

The inspector found that non-routine surveys were completed for emergent work and prior to the disposal of items that were no longer needed. The inspector determined that surveys were completed by facility staff members and were documented as required by procedures. If contamination was detected, the item or area was decontaminated and then resurveyed to demonstrate that they were radiologically free of contamination. The inspector observed that some surveys were postponed during April and May due the COVID-19 PHE. The inspector determined that this was appropriate because no reactor operations were permitted by the facility during that time frame and only required surveillances were allowed to be completed. Facility access was strictly limited and surveys were conducted when the facility was occupied as required by procedure.

(2) Postings and Notices

During tours of the facility, the inspector observed that caution signs, postings, and barriers in the controlled areas were appropriate for the hazards involving radiation, high radiation, and contaminated areas and were posted as required by 10 CFR Part 20, Subpart J. The inspector observed that radiological signs were posted at the entrances to controlled areas. The facility's radioactive material storage areas were noted by the inspector to be posted in accordance with the regulations. Through observations of licensee staff, the inspector confirmed that personnel complied with the signs, postings, and controls. During a tour of the controlled area, the inspector discussed methods of demarcating various types of areas with the RSO.

The inspector verified that copies of current notices to workers were posted in various areas in the facility, including the bulletin board in the hallway by each entrance to the facility and in the hallway of the Upper Research Level in the Reactor Building. Other postings also characterized the industrial hygiene hazards that were present in the areas.

(3) Dosimetry

The inspector determined that the licensee used optically stimulated luminescent (OSL) dosimeters for whole body monitoring of beta and gamma radiation exposure with an additional component to measure fast/thermal neutron radiation. The licensee used thermoluminescent dosimeter (TLD) finger rings for extremity monitoring. The inspector confirmed that dosimetry was issued to staff and visitors as required procedure. The dosimetry was supplied and processed by a National Voluntary Laboratory Accreditation Program accredited vendor.

Through direct observation, the inspector determined that dosimetry was used by facility personnel. Also, exit frisking practices were in accordance with facility radiation protection requirements. An examination of the OSL and TLD results indicating exposures to radiation at the facility for the past 2 years showed that the highest occupational doses, as well as doses to the public, were within 10 CFR Part 20 limitations.

The inspector also verified that forms equivalent to NRC Form 5 were prepared for facility personnel during 2018 and 2019. The inspector determined that all those who should have received a notification of their 2018 and 2019 exposure totals were issued the appropriate form.

(4) Calibration and Maintenance of Radiation Monitoring Equipment

The inspector determined that calibration and periodic checks of the portable survey meters and fixed radiation monitors were performed by the licensee's staff, TAMU calibration facilities, or certified contractors, depending upon the type of meter or monitor. The inspector confirmed that the licensee's calibration procedures and frequencies satisfied TS Section 4.5 and 10 CFR 20.1501, "General," paragraph (b) requirements.

The inspector confirmed that the calibration of the portable survey meters in use were completed as required. All instruments checked by the inspector had current calibrations appropriate for the types and energies of radiation they were used to detect and/or measure.

(5) Radiation Protection Training

The inspector reviewed documentation of the radiation protection training given to new employees by the NSC RSO entitled, "Radiation Safety Training: General Awareness." The course consisted of a PowerPoint presentation. The inspector determined that the content of the course was appropriate, and the training program satisfied the requirements in 10 CFR 19.12, "Instructions to workers." Through a review of selected training records, the inspector verified that newly hired licensee personnel received initial training as required by the radiation protection program.

The inspector also reviewed radiation protection training provided to those who were involved with handling radioactive material and those who were reactor operators. The training scope was in greater detail than the initial training and was provided by the TAMU Environmental Health and Safety department. Biennial refresher training was also required for, and provided to, staff members who were at the facility for over 2 years. The inspector reviewed various examinations and the certificates given to staff members and verified that they completed the training as required by the radiation protection program.

(6) Radiation Protection Program and ALARA

The licensee's Radiation Protection and ALARA programs were outlined and established through various documents including the TEES, NCS "Radiation Protection Program," and other related HP procedures. The programs were reviewed and approved as required by TS and regulations. The Radiation Protection and ALARA programs contained instructions concerning organization, security, radiation protection fundamentals, and personnel responsibilities. The ALARA program provided objectives for keeping doses ALARA, which were consistent with the requirements in 10 CFR Part 20.

The inspector confirmed that the licensee reviewed the programs at least annually, as required by 10 CFR 20.1101, "Radiation protection programs," paragraph (c). Review and oversight were provided by the RSO and the NSC Director, as well as the RSB. It was also noted that the HP procedures were reviewed annually, as required by procedure.

(7) Radiation Work Permits

The inspector noted that the controls specified in the RWPs were applicable for the type of work done. The RWPs were initiated, reviewed, and approved as required by the radiation protection program.

(8) Environmental Monitoring and Effluents

The inspector determined that on-site and off-site gamma radiation monitoring was completed using the reactor facility stack effluent monitors, area monitors, and various environmental monitoring OSL dosimeters. The inspector confirmed that the licensee conducted the on-site monitoring while the Texas Department of Health Services provided environmental results using OSL dosimeters in the unrestricted areas surrounding the NSC. The inspector reviewed that data and verified that there were no measurable doses above regulatory limits.

The inspector determined that gaseous releases continued to be monitored as required by regulations, were calculated according to established protocol, and were documented in the annual reports. The inspector confirmed that airborne concentrations of the gaseous releases were well within the annual dose constraints of 10 CFR Part 20, Appendix B concentrations, and TS limits. The inspector found that COMPLY code calculations of gaseous effluents indicated an effective dose equivalent to the public of 5.8 E-5 millirem per year for 2018 and 5.9 E-5 millirem per year for 2019.

The inspector determined that the RSO reviewed and approved the liquid effluent releases after analyses were completed to verify that the releases met regulatory requirements for discharge. The inspector reviewed radioactive liquid effluent sewer release data which indicated that the total activity released was below regulatory limits. The inspector confirmed that the principles of ALARA were implemented to minimize radioactive releases. The inspector found that monitoring equipment was maintained and calibrated as required by procedures.

c. Conclusion

The inspector determined that the Radiation Protection and ALARA programs, as implemented by the licensee, satisfied regulatory requirements.

4. **Design Changes**

a. Inspection Scope (IP 69001, Section 02.08)

To determine whether modifications to the facility, if any, were consistent with 10 CFR 50.59, "Changes, tests and experiments," the inspector reviewed:

- RSB meeting minutes from July 20, 2018, to October 7, 2020
- NSC SOP, Chapter I, "Policy and Administrative Procedures," Sections I-B and I-H
- TEES/TAMU 2018 and 2019 annual reports

b. Observations and Findings

The inspector determined that, if the licensee proposed changes to certain structures, systems, or components, and experiments at the NSC reactor facility, such changes would be reviewed by a staff member followed by approval by the

Facility Director and an RSB review. If approved by the RSB, the changes would be completed. The inspector review of the licensee's experiment and modification authorization process involving reviews and approvals, found that the process was focused on safety and met licensee program requirements. The inspector found that no facility changes were processed since the last NRC inspection.

c. Conclusion

The inspector determined that the licensee's design change program was implemented as required by procedure and regulatory requirements.

5. Committees, Audits and Reviews

a. Inspection Scope (IP 69001, Section 02.09)

To verify that the licensee established and conducted reviews and audits as required in TS Section 6.2, the inspector reviewed:

- RSB charter dated July 2015
- completed health physics audits and reviews from 2018 through 2020
- RSB meeting minutes from July 20, 2018, to October 7, 2020 (RSB meeting Nos. 187 – 192)
- NSC SOP Chapter I, "Policy and Administrative Procedures," Sections I-B and I-H
- TEES/TAMU 2018 and 2019 Annual Reports

b. Observations and Findings

(1) Reactor Safety Board

The inspector's review found the minutes showed that the committee met at least annually as required by the TSs and that a quorum was present for each meeting. The inspector determined that the topics considered during the meetings were as stipulated in the TSs.

(2) Reviews and Audits

In accordance with TS Section 6.2.4.1 the RSB audits shall include but are not limited to the following: "Facility operations, including radiation protection, for conformance to the Technical Specifications, applicable license conditions, and standard operating procedures: at least once per calendar year (interval between audits not to exceed 15 months)."

The inspector confirmed that an annual audit of the radiation protection program was conducted per TS requirements on March 29, 2018, and June 21, 2019. However, the inspector determined that the licensee notified the NRC via electronic mail that, due to the COVID-19 PHE, staffing issues, and limited building occupancy constraints, the RSB committee missed an audit that was scheduled for March of 2020. The audit was subsequently

completed on October 30, 2020. The inspector determined that the missed TS schedule frequency requirement for conducting the audit was identified by the licensee and reported to the NRC. Corrective actions were identified and completed as well by the licensee. As a result, this non-repetitive, licensee-identified and corrected violation is treated by the NRC as a Severity Level IV Non-Cited Violation (NCV), consistent with Section 2.3.2.a of the NRC Enforcement Policy (NCV 05000128/2020202-01).

c. Conclusion

The inspector determined that the RSB completed review, audit, and oversight functions required by TS Section 6.2 with the one exception as noted above.

6. Transportation Activities

a. Inspection Scope (IP 86740)

The inspector reviewed the following documents to determine compliance with NRC and DOT regulations governing the transport of radioactive material as specified in 10 CFR Parts 20 and 10 CFR Part 71, "Packaging and Transportation of Radioactive Material," as well as 49 CFR Parts 171–178:

- licenses of shipment recipients
- training records of those qualified to ship radioactive material
- selected records of various types of radioactive material shipments documented on various forms, including NSCR Form 514, 852, and 854 during 2019 and to date in 2020
- various sections in SOP Chapter VII, "Radiation Protection Procedures," including: Sections VII-C8; VII-Q; VII-O; and, VII-R

b. Observations and Findings

The inspector's review and discussions with licensee personnel determined that the licensee shipped various types of radioactive material since the previous inspection in this area. The inspector determined that the radioisotope types and quantities of material involved in the shipments were calculated and dose rates measured as required by regulations. The inspector also confirmed that the shipping containers used were appropriate and were labeled as required by regulations. The radioactive material shipping records reviewed by the inspector were completed and maintained as required by NRC and DOT regulations.

The inspector verified that the licensee maintained copies of consignees' licenses which authorized them to possess radioactive material as required. If the current copy of the license was not available at NSC, the inspector found that the licensee was aware that they were required to contact the consignee and obtain a current copy before a shipment could be made.

In addition, the inspector verified that the licensee staff members assigned to complete and/or review the shipping paperwork were trained and that refresher training was completed.

c. Conclusion

The inspector determined that radioactive material was shipped in accordance with the applicable NRC and DOT regulations.

7. Follow-up on Previously Identified Items

a. Inspection Scope (IP 92701)

The inspector reviewed the actions taken by the licensee to address a previously identified Unresolved Item (URI) and three Inspector Follow-up Items (IFIs).

b. Observation and Findings

- (1) 50-128/2018-201-01 – IFI – Follow-up on the licensee’s efforts to complete the revision, updating, and reformatting of their HP procedures. (CLOSED)

During an inspection in December 2018, the inspector noted that the HP procedures were reviewed, revised, and reformatted. The licensee determined that this process improved the procedures and ensured they were in standard format and more easily understood and followed. The licensee was informed that the completion of this effort would be tracked by the NRC as an IFI.

In discussing this issue during this inspection with the licensee representatives, the inspector determined that the majority of the revised HP procedures were reviewed and approved by the RSB on January 31, 2020. Because of the progress made, the inspector determined that this issue is considered closed.

- (2) 50-128/2018-201-02 – URI – Follow-up on the licensee’s failure to calibrate the Area Radiation Monitors (ARMs) annually and the actions to expeditiously correct the problem. (OPEN)

During the inspection in December 2018 noted above, the inspector reviewed the calibrations of permanently installed ARMs and the Facility Air Monitoring (FAM) system monitors. The inspector determined that they were completed in accordance with requirements specified in TS Section 4.5 and the applicable procedures. However, it was noted that some of the ARMs were not calibrated since October 20, 2017. The licensee was aware of this situation and indicated that the affected ARMs were to be calibrated during the week of December 17, 2018. The licensee was informed that failure to calibrate the ARMS annually as required by TS Section 4.5 was an apparent violation of the TSs. However, because of the disruption caused by the construction work that was in progress and the resultant problems caused by relocation of all the health physics files containing the calibration schedules, the issue of the annual calibration of the ARMs would be considered an URI and would be reviewed during the next inspection.

During this inspection, the inspector again reviewed the calibrations of ARMs and the FAM system monitors. Through discussions with licensee

representatives, the inspector determined that the licensee acquired new ARMs and installed them next to the “old” ones. The new ARMs were operated in conjunction with the old ones but were not integrated into the reactor alarm and control system. The only ARM that was required for reactor operation by TS was the one mounted on the reactor bridge. The inspector verified that the old ARM and the new ARM installed on the reactor bridge were calibrated. The other area where the majority of radioactive material was handled in the NSC, the material handling area, also had an old ARM and a new ARM installed. These two ARMS were also calibrated. Other areas including the Thermal Column, the Fuel Vault, and Laboratory 1 also had old and new ARMs installed. The new ARMs in these areas were in need of calibration. Because the licensee is still working to resolve the issue of calibrating and integrating the new ARMs into the reactor alarm and control system, the inspector determined that this URI will remain open.

- (3) 50-128/2018-201-03 – IFI – Follow-up on the issue of providing corrected values for the 2016, and possibly 2017, annual report concerning effluent releases. (CLOSED)

While reviewing the various data concerning effluent releases contained in the 2016 and 2017 annual reports during the inspection in December 2018, the inspector noted that some of the values reported for 2016, concerning liquid and gaseous effluent releases, were incorrect. The licensee indicated that they would review the data and issue a corrected revision to the report as needed. The issue of providing corrected values for the 2016 annual report, and possibly the 2017 annual report, concerning effluent releases was identified as an IFI.

During this inspection, the inspector verified that the corrected effluent release values were calculated for 2016 and 2017 and corrected pages reflecting those data were sent to the NRC in September 2019 to be included in the respective reports. This issue is closed.

- (4) 50-128/2018-201-04 – IFI – Follow-up on the licensee’s progress in revising and updating their change procedure to reflect current provisions in the regulations or in developing a new procedure. (OPEN)

During that same inspection in December 2018, and following a review of the licensee’s change procedure, it was evident that the licensee’s change procedure was out of date. The procedure referred to “unreviewed safety questions” which was language used in a previous version of the regulations. Also, there were no provisions in the procedure for screening changes to determine whether or not they required a full safety evaluation to be conducted. The licensee was informed that the revision and updating of their change procedure or the development of a new procedure to reflect their current process would be tracked by the NRC as an IFI and would be reviewed during a subsequent inspection.

During this inspection the inspector determined that the licensee had not updated their change procedure. The inspector noted that the licensee developed a form to screen proposed changes and a separate form to

conduct a full evaluation if it was determined that one was needed. Because the licensee was following the correct process but had not revised their procedure to reflect that process, the inspector determined that the issue of updating the procedure would be reviewed during a subsequent inspection. Because the change procedure was not updated, the inspector determined that this issue will remain open.

c. Conclusion

Two IFIs were closed while one URI and the other IFI remain open.

8. Exit Interview

The inspector presented the inspection results to TAMU NSC management at the conclusion of the inspection on December 18, 2020. The inspector described the areas inspected and discussed in detail the inspection observations. The licensee acknowledged the findings presented and did not identify as proprietary any of the material provided to or reviewed by the inspector during the inspection.

PARTIAL LIST OF PERSONS CONTACTED

Licensee Personnel

C. Macdonnell	Reactor Supervisor
S. McDeavitt	Director, Nuclear Science Center
S. Miller	Reactor Operations Manager
D. Rios	Radiation Safety Officer

INSPECTION PROCEDURES USED

IP 69001	Class II Non-Power Reactors
IP 92701	Follow-up on Previously Identified Items

ITEMS OPENED, CLOSED, AND DISCUSSED

Opened

05000128/2020202-01	NCV	Failure of the RSB committee to conduct an audit of the radiation protection program that was scheduled for March of 2020 in the timeframe allowed by the TS.
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Discussed

50-128/2018-201-02	URI	Follow-up on the licensee's failure to calibrate the ARMs annually and the actions to expeditiously correct the problem.
50-128/2018-201-04	IFI	Follow-up on the licensee's progress in revising and updating their change procedure to reflect current provisions in the regulations or in developing a new procedure.

Closed

50-128/2018-201-01	IFI	Follow-up on the licensee's efforts to complete the revision, updating, and reformatting of their health physics procedures.
50-128/2018-201-03	IFI	Follow-up on the issue of providing corrected values for the 2016, and possibly 2017, Annual Report concerning effluent releases.
05000128/2020202-01	NCV	Failure of the RSB committee to conduct an audit of the radiation protection program that was scheduled for March of 2020 in the timeframe allowed by the TS.

LIST OF ACRONYMS USED

10 CFR	Title 10 of the <i>Code of Federal Regulations</i>
ALARA	As Low As Reasonably Achievable
ARM	Area Radiation Monitor
COVID-19	Coronavirus Disease 2019
DOT	Department of Transportation
FAM	Facility Air Monitoring (system)
IFI	Information Follow-up Item
IP	Inspection Procedure
No.	Number
NSC	Nuclear Science Center
NSCR	Nuclear Science Center Reactor
NRC	U.S. Nuclear Regulatory Commission
OSL	Optically Stimulated Luminescent (dosimeter)
PHE	Public Health Emergency
RSB	Reactor Safety Board
RSO	Radiation Safety Officer
RWP	Radiation Work Permit
SOP	Standard Operating Procedure
TAMU	Texas A&M University
TEES	Texas Engineering Experiment Station
TLD	Thermoluminescent Dosimeter
TSs	Technical Specifications
URI	Unresolved Item