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DEPARTMENT OF HEALTH
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June 13, 2022

Brian Anderson, Chief
State Agreements and Liaison Programs Branch
Division of Materials Safety, Security, State and Tribal Programs
Office of Nuclear Materials Safety and Safeguards
United States Nuclear Regulatory Commission
Washington, D.C. 20555-0001

Dear Mr. Anderson:

Thank you for the opportunity to review the Draft Integrated Materials Performance Evaluation Program (IMPEP) report and provide edits and clarification on certain points. We appreciate your partnership with the Washington Department of Health to ensure high standards for radiation protection in Washington state.

We have extensively reviewed the report detailing the findings of the IMPEP team's March 2022 visit, and we offer the following as potential edits and comments to be included in the Final IMPEP report:

Entire document, wherever "Harborview" appears

The report identifies the contamination event that occurred on May 2, 2019 as "the Harborview" incident. Harborview is not a licensee of the state of Washington. The licensee was the University of Washington (UW). References to "Harborview" in the draft report should be changed to "University of Washington (UW)". This includes identifying the building as the University of Washington Research & Training building.

Section 1.0 Introduction

In the 3rd paragraph of this section, the report states staff were vacated from their state offices due to a management decision related to the reduction of our carbon footprint. This decision occurred after the state's governor ordered staff to work from home in March 2020 due to the COVID-19 pandemic.

Section 3.1.b and c Technical Staffing & Training discussion and evaluation

Page 4, top of page:

The State agrees the existing Training & Qualification procedure were not compatible with IMC 1248. The Radioactive Materials Section is actively updating its in-house procedures to be compatible with IMC 1248. Procedure reviews were assigned by Section supervisor. The procedure was waiting to be finalized by program supervisors during a face-to-face meeting. This meeting did not occur during COVID. Because the procedure was not finalized there was no formal training on a procedure change. We have four staff who are not qualified. These newer inspectors/license writers are working within the bounds of the new procedure (self-study/reading, on-the-job training (license writing and inspecting) and required classroom training) and will transition to this program upon procedure approval & formal training.

Page 5, 1st bullet:

When discussing Washington's on-the-job training, reference is made to errors identified in other performance indicators. Please provide specific indicators and include a brief description of the issue.

Page 5, Section b, last paragraph:

The subject of this paragraph is refresher training. The paragraph could be written to state the following: "staff met the requirements for refresher training" and conclude with how the requirement was met (supervisor used monthly staff meetings to conduct training).

Page 5, Section 3.1.c, 3rd paragraph:

The letter states no training procedure progress had been made since 2018. Washington State has undergone substantial efforts at generating a new IMC 1248-equivalent training program which were undertaken in concert with the RSAO. The IMPEP team has noted that the body of the state's training program is essentially equivalent to the body of IMC 1248, and issues remain with the appendices. Since the IMPEP, the appendices have been updated to incorporate NRC's concerns.

Section 3.3 c Evaluation of Technical Quality of Inspections

Page 10, bottom of page, bulleted item:

Every inspection performed by the state is focused on health, safety, and security. Medical licensees are often trying to accomplish several critical procedures at the same time. Nuclear medicine procedures are but one of the priorities in this setting. When delays occur, opportunities to observe nuclear medicine procedures are lost. To capture these situations, state recommends the wording be changed to read "Accompanied inspections of licensed activities occasionally ran short of time and did not encompass all normally observed evolutions."

Page 11, 3rd paragraph below bullets:

This UW irradiator source breach event was initially an observation and training event for new staff; not a pre-planned inspection. As the event progressed (after the state inspectors had left the site), the magnitude of the incident grew dramatically. The supporting documents (and entire visit) moved into the realm of an incident with immediate actions being taken by contractors, licensee, and state responders. Further documentation is located in the material gathered in support of operations during the recovery from the breached source. After action reviews and lessons learned from this incident have yielded new section/Office procedures reinforcing the efforts of staff on site for these types of service provider activities.

Page 11, 5th paragraph below bullets:

State inspectors can learn from NRC & Agreement State examples of “basis for closing previous items of non-compliance”. Please provide examples (e.g., commitments in IONC, reply letters from licensee?) in the final report.

Page 12, 2nd paragraph:

Lack of annual supervisory accompaniments was identified by Washington state management in mid-2019 while the UW source breach incident was on-going and during the COVID-19 pandemic response. We will perform supervisory accompaniments in 2022 and annually afterwards. This requirement will be memorialized in the WDOH Human Resources Position Description for the Radioactive Materials Manager.

Section 3.4 b Status of Materials Licensing Actions discussion

Page 14, top of page:

The Quality Assurance (QA) form addresses this issue of identifying the incorrect activity for a gauge. Practice of authorizing non-requested gauge (with appropriate activity) has been done for many years (and several IMPEP's). Program has updated its templates and practices to NUREG 1556 standards.

Page 14, “Non-standard license conditions”

Since the IMPEP, Washington has adopted the NUREG 1556 standard license conditions. Any future non-standard conditions will be submitted to the NRC for approval. Changes made since the IMPEP include:

- Page 15, top of page, checklist contains a line “IS HAND DELIVERY NEEDED?” This notation is no longer on the QA checklist and the practice was discontinued in 2018. Recommend removing this paragraph from the report.

- Page 15, “Protection of Sensitive and Security-Related Information in the transmittal of Radioactive Materials License to Licensee”
- Washington has changed its method of transmitting Cat 1 and 2 licenses. Transmittal is now via encrypted email with the encryption key sent by separate email.

These changes to our license conditions bring us into full compliance with the NRC’s standard license conditions.

Section 3.5 b Technical Quality of Incidents and Allegation Activities

Page 19, 1st bullet, near the middle of paragraph:

In reference to the contaminated individuals, the initial decontamination was performed at a private residence by the Office’s personnel. The two state employees provided 24-hour urine samples as well as whole body counts. Internal dose was assigned to one individual and this dose was submitted to our dosimetry vendor. The IMPEP Draft report state no records were available during the IMPEP review March. These results are considered medical records and are securely maintained by the RSO in a separate file since the incident at UW.

Section 4.1 b Compatibility Requirements

Page 24, 5th paragraph (just above Evaluation):

Washington noted its Appendices were not compatible with IMC 1248. Using Minnesota’s Qualification Journal and the Draft Report as a guide, Washington has modified its Training Journal to address the inconsistencies.

The IMPEP Team also noted that the Section Manager did not review 100% of the inspection reports in a timely manner as required in IMC 0610. This policy has been updated such that Section Manager will review all inspections report effective January 1st, 2022.

Washington has adopted the use of standard conditions as listed in NUREG-1556. The state has submitted one non-standard license condition to the NRC’s Reg. Resource for formal evaluation.

Washington believes the deficiencies noted in our Other Program Elements are resolved, and thus we are currently in compliance with NRC requirements.

Section 4.1.c Evaluation

Page 24, 3rd bullet:

Please provide specific examples of “other program elements” that are non-compliant.

Section 4.2 b Sealed Source & Device Evaluation program discussion

Page 26, paragraph 2:

The Materials program appreciates the insight received from the reviewer during the IMPEP review. The program is committed to staying active even though only minor activity occurred during this review period. As such management has committed to a training program compatible with the NRC’s SS&D program (e.g., same program elements as stated in IMC 1248, Appendix D). A training class is scheduled in FY 2023, and we will be sending at least one new employee.

Section 4.3 Low-Level Radioactive Waste (LLRW) Disposal Program, page 27

1. Under current structure Perma-Fix Northwest (PFNW), a radioactive waste processor is a Common Performance Indicator (e.g., broad scope radioactive materials licensee). However, based upon the complex nature of the waste processing that occurs at these facilities and the lack of presence in every state, waste processors, such as PFWN, should be considered a Non-Common Performance Indicator (NCPI). The NRC should create a new NCPI to capture these unique licensees.
2. Section 4.3.b. Technical Staffing and Training, page 30, 2nd paragraph:
 - a. NRC statement “Washington’s WMS 102 procedure required that all technical staff complete a minimum of 24 hours of refresher training over a two-year interval. However, the team learned through interviews that this was not being completed for new staff.”

It appears there was a misunderstanding in the question or the response during the interview. IMC 1248 requires refresher training for qualified staff; new staff are expected to complete their assignments in their training matrix. As shown below, all staff, who have been in Waste Management for at least two years, completed the refresher requirement whether qualified or not.

- i. Cheryl Rogers Training:
 1. 2018: 40 hours
 2. 2019: 81.5 hours
 3. 2020: 4 hours and 50 min
 4. 2021: 21 hours and 25 min
- ii. Gregorio Rosado’s Training:
 1. 2018: 51 hours

2. 2019: 93 hours
 3. 2020: 32 hours and 58 minutes
 4. 2021: 18 hours and 25 minutes
 - iii. Kristen Schwab's Training:
 1. 2018: 70 hours
 2. 2019: 134 hours
 3. 2020: 17 hours and 50 minutes
 4. 2021: 39 hours and 25 minutes
 - iv. Sheila Pachernegg's Training:
 1. 2018: 16 hours
 2. 2019: 26 hours
 3. 2020: 12 hours and 50 minutes
 4. 2021: 32 hours and 15 minutes
 - v. Bryony Stasney's Training:
 1. 2018: 68 hours and 45 minutes
 2. 2019: 105 hours and 30 minutes
 3. 2020: 14 hours and 20 minutes
 4. 2021: 39 hours and 45 minutes
3. Section 4.3.b. Technical Staffing and Training, page 30, 3rd paragraph:
- a. NRC statement: "Washington was about to qualify a staff member who had not completed the required training courses."
 - b. Perhaps there was a misunderstanding in the question or the response:
 - i. The Waste Section supervisor had planned on accompanying Gregorio Rosado in October 2021 to sign him off as a Lead Inspector. Due to the request from NRC for the Accompaniments to occur during this time frame, the sign-off plan was changed. Instead of the Supervisor accompanying Gregorio Rosado to sign him off, the NRC performed their accompaniment inspections.
 - ii. Gregorio Rosado has taken the necessary course work to be qualified as a lead inspector. Gregorio Rosado is still awaiting acceptance into the Root Cause Analysis class. He has applied for the class numerous times.

Section 4.3.b. Technical Quality of Incident & Allegation Activities, page 32, 3rd paragraph:

"appropriate manner" appears twice at the end of the first sentence. Recommend removing second occurrence.

4th paragraph, "LLWR" should be "LLRW".

Section 4.4 Uranium Recovery Program

1. Page 38, Section 4.4c, Evaluation, 1st bullet:

The IMPEP draft report states that the Uranium Recovery training and qualification programs for new technical staff were established but were not compatible with IMC 1248 Appendices (H & I).

Training is a Compatibility Category C Program element, (from SA-200): “the essential objectives of which should be adopted by the State to avoid conflicts, duplications or gaps. The manner in which the essential objectives are addressed need not be the same as NRC, provided the essential objectives are met”. Washington State has not had an operating uranium mill for over 20 years. Recent staff hiring/training has focused on the decommissioning aspects of uranium milling; specifically training on Alternate Concentration Limits (ACL’s). Based upon the nearly decommissioned status of the Dawn Mining facility, we believe we have met the essential objectives.

Section 5.0 Summary

1. Page 40, Section 5.0, Summary, recommendation 8:

The state acknowledges revisions are necessary to its Incident and Allegation (I&A) procedures. Management is committed to adopting another Agreement State’s I&A procedures or those I&A procedures used by Waste Management.

If you have any questions regarding these comments, please contact Earl Fordham at 509-628-7628.

Thank you for your cooperation and assistance.

Sincerely,



Lauren Jenks
Assistant Secretary for Environmental Public Health
Washington State Department of Health