Approved by OMB[1]
Control No.: 3150-0183
Expires: 02/28/2023

INTEGRATED MATERIALS PERFORMANCE EVALUATION PROGRAM QUESTIONNAIRE

New York Agreement State Program
Reporting Period: March 24, 2018 – July 1, 2022
Agency: NYS Department of Environmental Conservation (DEC)

A. GENERAL

1. Please prepare a summary of the status of the State's or Region's actions taken in response to each of the open recommendations from previous IMPEP reviews.

   At the time of the last IMPEP review, the DEC had eight regulation amendments overdue for adoption, six of which were prior to the previous IMPEP review period. Of the overdue rules, the DEC incorporated four into the amendment of Title 6 of New York Codes, Rules and Regulations (NYCRR) Part 380 (6 NYCRR 380), "Prevention and Control of Environmental Pollution by Radioactive Materials," which became effective on May 10, 2018. The DEC agreed to adopt two other overdue regulations as the new 6 NYCRR Part 384, "Cleanup Criteria for Remediation of Sites Contaminated with Radioactive Material" and to incorporate the last two overdue rules into 6 NYCRR Part 381, "Transporters of Low-Level Radioactive Waste."

   According to final report of the March 13- 23, 2018 IMPEP review of New York's Agreement State Program, New York's Agreement State Program was found to be adequate to protect public health and safety, but not compatible with the NRC's program. The latter finding was made because New York State is overdue in adopting required federal rules. One recommendation was made that was applicable to the DEC.

   The 2018 IMPEP team recommended that the NRC's regulations be adopted in accordance with the current NRC policy on adequacy and compatibility. We recognize that New York State is overdue in adopting NRC rules, four of which need to be adopted by the DEC. Of the DEC's overdue rules, two will be adopted as the new 6 NYCRR Part 384. The last two overdue rules will be incorporated into 6 NYCRR Part 381. While we recognize the need to adopt these regulations, the delay in doing so has not impaired the DEC's ability to protect the environment or the public from radiation hazards.

[1]Estimated burden per response to comply with this voluntary collection request: 53 hours. Forward comments regarding burden estimate to the Records Management Branch (T-5 F52), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, and to the Paperwork Reduction Project (3150-0183), Office of Management and Budget, Washington, DC 20503. If an information collection does not display a currently valid OMB control number, NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

III. AUTHORITY

The Department has statutory authority to conduct a remote inspection for the purpose of assessing either actual or suspected sources of pollution, or for the purpose of ascertaining compliance with any law, rule, or regulation. The Department's authority is established under Section 3-0301(2)(g) of the Environmental Conservation Law (ECL). In addition, 6 NYCRR Section 380-10.2(b) states that the Department may enter any property or premises where licensed radioactive material is disposed of or released to the environment.

IV. ASSESSMENTS MADE DURING REMOTE INSPECTIONS

During a remote Part 380 permit compliance inspection, the inspector is to evaluate select records that pertain to the permitted facility's authorized release of radioactive material and the implementation, adequacy, and effectiveness of the program that controls the authorized environmental release.

A. Adequacy

Adequacy for a remote inspection is the potential for success of the facility's written radioactive material release control program (i.e., the likelihood that if the written program is followed, the facility will meet regulatory requirements).

The written release control program is usually part of the facility's overall radiation safety program. For permittees, the release control program is contained in the approved permit application, which is referenced in, and a condition of, the permit. The adequacy determination has, therefore, previously been made at the time the permit was issued or renewed. However, the quality of these written programs can vary with the age of the permit (i.e., newer permits have to meet more specific and complete application requirements).

The adequacy determination is reevaluated by the inspector during preparation for the remote inspection, as well as during and after the inspection. The inspector will evaluate program adequacy based on the implementation of the program and their conclusions about program effectiveness. If the written program is found not to be adequate, based on the inspection findings, then the facility's written program should be improved. Revised procedures will need to be submitted for review and approval, and ultimately incorporated into the permit via the permit modification process.

B. Implementation

Program implementation is how a facility's program (i.e., permit-specified procedures) has been carried out. Even if a written program is adequate, if it is not fully implemented, the program will not be effective. Therefore, even the best written program is useless if not implemented. Program implementation depends

on the knowledge, training, and commitment of facility staff, and management involvement, oversight and support.

C. Effectiveness

Program effectiveness is the extent to which the desired results have been achieved. Even when a written program has been fully implemented, it may not be effective in meeting its goals. If the overall program has not been effective, the inspector must determine why the program was not effective and reevaluate the adequacy of the written program.

V. PREPARATION

A. File Review

Like an in-person inspection, a remote inspection requires a structured approach and thorough preparation. The inspector must allow adequate time to fully prepare for the inspection. Preparation will include carefully reading the facility files, speaking to previous inspectors and permit application reviewers, coordinating with other Department staff (if needed).

Before the inspection, the inspector must become fully familiar with all the facility's regulatory requirements under Part 380 and the permit. The inspector must review the permittee's compliance history, all permit conditions, and the status of any open items, including any pending permitting actions. The inspector is to fill out all appropriate sections of the Part 380 permit inspection report in advance, as the inspection report form provides a comprehensive outline to be followed when reviewing and listing specific facility requirements. The inspector is also to note any questions formulated during preparation.

In order to understand the facility operations to be observed, the inspector must fully understand the requirements governing the activity. Through adequate preparation, the inspector should be familiar with the process, technique, material and tools in use at the facility, and understand how work is conducted and how problems are handled.

B. Notification

The inspector is to meet with his/her immediate supervisor and the RCPS Chief to provide a full briefing before conducting the inspection.

A remote Part 380 permit compliance inspection should be announced to the facility to schedule the entrance interview and explain why a remote inspection will be conducted. A note justifying why a remote inspection was performed must be included in the inspection report.

C. Other Reviews

During preparation, the inspector should review two NRC documents which are relevant to Part 380 permit compliance inspections: NRC Inspection Procedure 87102, "Maintaining Effluents from Materials Facilities As Low As Reasonably Achievable (ALARA)" and “NRC Inspection Manual,” Chapter 2800.

VI. CONDUCTING A REMOTE INSPECTION

A. Commencing a Remote Inspection

The inspector should begin the remote inspection by calling the facility RSO*****. During this phone call, the inspector should explain the reason for the remote inspection and briefly describe the format of the inspection. The RSO should also be informed that he/she will be receiving a list of records which will need to be emailed to the inspector within 2 business days******. Finally, schedule an appointment for the entrance interview. Please note, the entrance interview should only include facility staff; corporate staff should not attend. (Corporate staff may, however, attend the exit interview.)

During the entrance interview, the inspector should repeat the reason the inspection is being conducted remotely (just in case additional facility staff are present), discuss the list of records that were sent to the facility, and, if known, identify any facility staff who will need to be interviewed. Also, make facility staff aware that additional telephone conferences may be necessary to address any questions that arise while the records are being reviewed. The exit interview will be held after all requested records have been reviewed. Notify facility staff that the exit interview with the facility's highest level of management will be scheduled at that time.

***** If the facility's RSO is unavailable, find out who the RSO's designated alternate is. If no alternate is available, due to reasonable circumstances, the inspector can contact the facility again later that day, the next day, or the next week. The inspector is to do what it takes to conduct a thorough remote inspection.

******The list of the records that the inspector will be reviewing remotely must be approved by the immediate supervisor and the RCPS Chief prior to being emailed to the RSO or his/her representative.

B. Information Gathering During a Remote Inspection

During a remote inspection, an inspector is to obtain information from two main sources: **interviewing available staff** and **reviewing select facility records**. Each of these two sources is used to assess the effectiveness of the program, the scope of the program, as well as the extent of management’s oversight, involvement, and support.

The inspector must record all information obtained throughout the inspection. Observations made, summaries of interviews, and the results of

records reviewed during the inspection must all be documented. The inspector will then transfer his/her notes to the inspection form when completing the inspection report.

1. Interviewing People

The inspector is to interview workers who are involved with activities that result in environmental releases of radioactive material, conduct radiological monitoring, and/or handle radioactive waste. Because this is a remote inspection, the interviews will most likely be centered around the records that are being reviewed. The inspector is to ask the facility staff who completed the records that are being reviewed to explain how they collected the data that is being tracked and completed the record in question. The inspector is to then compare what was said with the facility's permit conditions. The inspector is to assess workers' awareness of their responsibilities for maintaining facility operations in compliance with Part 380 and the permit.

When interviewing facility staff, the inspector is to introduce him/her selves, be courteous, and avoid disrupting the facility's normal routine. The Inspector should state their questions or concerns and ask for specific information, and always ask open-ended questions (e.g., "tell me about how you dispose of your radioactive waste", or "explain to me how you know how much radioactive material has been incinerated").

In order to evaluate staff knowledge and training, the inspector must talk directly to facility staff - do not allow an RSO to derail the line of questions, answer questions posed to others, or dominate all conversations. The inspector should routinely ask the same question in more than one way, pose the same question to different people, and ask if there have been any unusual occurrences. The inspector must listen carefully, understand what has been said, and restate and clarify the information received. During each interview, the inspector must record the name and title of the person interviewed and take notes on the discussions.

2. Reviewing Select Facility Records

Because this is a remote inspection, the inspector will only be able to assess a portion of the facility's program via a review of select records. The inspector will determine if the facility's records are adequately maintained and in compliance with Part 380 and the conditions of the permit. Before requesting the records to be reviewed during the remote inspection, the inspector must first establish the intended purpose of the records that are being requested for review. The inspector must clearly understand the requirement that the requested record is supposed to demonstrate has been met. Because the inspector is conducting a remote inspection, it will not be possible for all the records that have been

generated since the last inspection to be reviewed. The inspector must carefully document which records were reviewed during the remote inspection and which ones will need to be examined when the in-person inspection is conducted.

The following records should be requested (year-to-date plus the previous calendar year):

a) Release Records: monthly and annual summaries
b) Effluent sample analysis records: YTD
c) Calibration Records (equipment & effluent monitoring system): summary or last few months of previous calendar year,YTD
d) Exhaust System Records (flow rate measurements & maintenance of effluent treatment): summary or last few months of previous calendar year, YTD
e) Release Minimization Program: most recent annual review
f) Waste records (DIS, LLRW, sanitary sewer, disposal of specific wastes, exempt air emissions): summary or last few months or previous calendar year, YTD

The inspector must carefully examine records that are maintained by the facility to demonstrate compliance with Part 380 and the permit (e.g., maintenance of effluent treatment equipment, maintenance of release monitoring equipment, air flow measurements, monitoring and/or sample analysis results, waste disposal records, results of annual release minimization program reviews, etc.). The inspector is to assess whether records are complete and up-to-date, and check for anomalous measurements, trends, or missing data. For effluent summaries, the inspector must determine where the summaries came from by identifying the source(s) of data and understanding how the data was used to produce the summary.

The inspector must take notes on what records were reviewed, for what period of time, what information the records contained, what the records demonstrated, and if the records were periodically reviewed by the RSO. Occasionally, the inspector may decide to retain a copy of facility documents which are critical to support the inspection findings. Usually, the inspector need only identify the source of the information (procedure, document name, date, etc.) in the inspection report, recording excerpts from the facility document.

The inspector is to determine what the records show (i.e., have operations been conducted in compliance, or do the records show a problem not yet recognized by the facility or illustrate a problem that has not yet been resolved?). When discrepancies are found, inspectors are to determine if the facility can explain them and if the facility recognizes that a problem exists. When problems are uncovered, inspectors are to ask the facility staff what they will do next.

The inspector is to review any documents regarding unusual occurrences or problems that occurred, determine how they were resolved, and assess the adequacy of any actions taken in response. The inspector must identify any occasion where internal investigational levels were exceeded, and determine if the facility identified these events and took appropriate action. Strong programs are able to promptly identify problems as they occur, perform root cause analysis, and take timely and appropriate action to correct deficiencies.

VII. INSPECTION FINDINGS

A. Formulating Conclusions

Prior to the exit interview the inspector should review his/her notes, develop inspections findings, and review all items listed on the inspection form that need to be considered. The Inspector is to summarize all findings and indicate the apparent compliance status, any recommendations, and/or immediate corrective actions that should be taken at this time.

B. Notice of Violation

When significant violations are identified, such as when a facility's current, continuing operations may cause radionuclide releases to occur in violation of the requirements of Part 380 or the permit, inspectors must fill out a Notice of Violation form, in duplicate, as directed by the EGM. Significant violations can include actively discharging without a valid permit, in quantities or concentrations greater than authorized, via an unauthorized release point, or unauthorized radionuclides.

C. Consultation with RCPS Chief

When unsure about how to interpret something observed during the remote inspection, or how it would affect the preliminary inspection findings, the inspector should speak with the RCPS Chief to discuss observations made during the remote inspection and the appropriateness of any actions to be taken in response to any apparent violations. The inspector must always consult with the RCPS Chief if it appears that operations at the permitted facility constitute a significant violation or could result in an immediate environmental hazard.

D. Exit Interview

At the conclusion of the remote inspection, the inspector will present his/her preliminary findings during an exit interview with facility management. At this time, the inspector should remind the facility staff that an in-person inspection will be performed when conditions improve. During exit interviews, the inspector is to explain the Department's authority and responsibility, the function of the permit, and briefly describe the areas reviewed and observed during the

inspection. Inspectors are to report their preliminary findings, and report areas of excellence as well as deficiencies.

Based on the results of the remote inspection, inspection findings can range widely - from serious violations to recommendations for improvements. The inspector must clearly identify all violations of regulatory requirements, safety-related concerns, issues that will be referred to the licensing agency, or unresolved items identified during the inspection. The inspectors should also identify the status of previously identified violations and provide recommendations for improving facility operations to better control radioactive releases. The inspector must also indicate when facility operations have been found to be in compliance with regulatory requirements. All findings must be based on, and supported by, evidence gathered during the inspection that has been documented in sufficient detail to support the conclusions made. The purpose of the exit interview is to explain the inspection findings so that the facility understands them, not necessarily agrees with them.

The inspector is to continually assess whether the facility understands the findings, and, when a violation is identified, recognizes that a problem exists. Throughout the exit interview, the inspector should stress management's responsibility to support and provide adequate resources to the radiation safety / permit compliance program (e.g., ask management how they oversee permitted activities, conduct audits, review the release minimization program, etc.) and support the needs of the RSO. The inspector must listen to the facility without losing control of the meeting and should encourage questions, and invite facility staff to call with questions any time.

If conflicts erupt, the inspector is to focus on the problem (not the person), and work toward solutions. If the facility understands the inspection findings, they can begin working to correct any identified problems, and the inspection letter will not be a surprise.

The inspector must allow the facility the opportunity to provide additional information that may address or explain the inspection findings. The inspector needs to explain that these findings are preliminary, and that the final decision regarding these findings will be made after consultation with the RCPS Chief. The inspector must clearly identify any corrective actions that should be taken immediately. When violations are identified, inspectors should not prescribe the corrective actions the facility should take, but should instead ask the facility what they intend to do next to correct the problem. The inspector may provide guidance as appropriate, which might include advising the facility to talk to a health physics consultant.

The inspector is to explain that a formal inspection letter will be sent within 30 days summarizing the final findings of the remote inspection. When violations are identified, the inspector will explain that the inspection letter will specify performance objectives to be met (i.e., identify the root cause of the problems, develop a plan to prevent recurrence, and provide a schedule for

implementation). The Inspector should thank the RSO and management representative for their assistance during the inspection. Throughout the exit interview, the inspector is to record a summary of the content of these discussions.

VIII. POST INSPECTION

A. Inspector Actions

After concluding the remote inspection, the inspector is to discuss his/her inspection findings with the RCPS Chief as soon as possible. All findings, violations, items of concern, and unresolved items should be discussed in sufficient depth to make appropriate decisions regarding enforcement actions, referrals to the licensing agency, and the scheduling of future inspections. Inspectors will evaluate, manage, and communicate all violations in accordance with the EGM.

B. Inspection Report

In the inspection report, the inspector is to fully document in detail all information obtained during the remote inspection and all inspection findings. All identified violations will be managed and assigned a priority level in accordance with the EGM. The inspection report must also describe any items of concern identified that were not cited as violations of regulatory requirements. The report must document all findings accurately, completely, and in sufficient detail for the reader to determine, when a violation is cited, what requirement was violated, how it was violated, by whom and when. The information that the inspector gathers during inspections and documents in his/her inspection reports to support all citations should address the questions included in the attached *Violation Information Checklist*.

The inspector is to complete the inspection report electronically utilizing the applicable sections of the Section's standard inspection report form, as appropriate. Sub-items under major sections of the inspection form that are not applicable or were not reviewed may be deleted, but the heading itself should remain in the report, and appropriate remarks about why the section is not applicable or was not reviewed must be entered by the inspector. Additional sections should be added to the report, as needed.

The inspection report must be completed as soon as possible after the inspection is completed and no later than 15 working days after the inspection. After supervisory review and sign-off, the report will be placed in the facility file. If a Priority Level I, II, or III violation was found, the radiation program attorney should be sent a copy of the report.

When writing up the inspection report, the inspector should consult the NRC Inspection Procedure IMP 0610, "Inspection Reports" for guidance on how

to prepare effective inspection reports with respect to content, format, and style.

C. Inspection Letter

The inspector is to summarize and report their inspection findings to the permittee in a formal inspection letter, utilizing applicable sections of the Section's standard inspection letter template. If violations are cited, the letter will indicate, when appropriate, why the violation is of particular concern (e.g., because it was a repetitive violation, it was a willful violation, the potential existed for more significant impact, or it was identified by the DEC inspector). When violations are cited or unresolved issues are identified, the letter will also require the submission of additional information and/or proposed corrective actions. All inspection letters must undergo supervisory review and approval, together with the inspection report. The inspector will send their inspection letters under their own signatures.

D. Inspector Follow-up Actions

The Inspector must keep track of facility due dates for responding to the inspection letter. If a facility has not responded on time, inspectors will, after consulting with their supervisor, take appropriate follow-up action (e.g., telephone the facility, write a letter, notify the radiation program attorney, etc.).

Whenever an enforcement action is being considered to correct violations identified during an inspection (in accordance with the EGM), the inspector will work with the radiation program attorney and provide all necessary technical information. The inspector will prepare an enforcement referral memo and coordinate enforcement conferences with the radiation program attorney.

E. Facility Response

The inspector will evaluate the facility's response to the inspection letter (including proposed corrective actions, if applicable) for adequacy. If the inspection letter included a Notice of Violation or unresolved issues were identified, the inspector will notify the facility in writing whether the response was determined to be adequate. If the inspection only offered recommendations, and the facility’s response was adequate, then the inspection can notify the facility of that determination via email.

When Priority Level I, II, or III violations have been identified, inspectors must keep the radiation program attorney informed of all progress made in bringing the facility into compliance.

F. In-person Inspection

During the subsequent in-person inspection, the inspector will verify the implementation and effectiveness of any corrective actions undertaken by the facility.

VIOLATION INFORMATION CHECKLIST

REQUIREMENT
- What requirement was violated?

STATEMENT OF VIOLATION
- How was the requirement violated?
- By whom (individuals and titles) was the requirement violated?
- When was the requirement violated and what was the duration of the violation?

CONTEXT
- What were the circumstances surrounding the violation?
- How, when, and by whom (the facility or DEC) was the violation discovered?
- When was the facility aware or put on notice of the violation?

ROOT CAUSE / CORRECTIVE ACTION
- What was the apparent root cause (and contributing causal factors) for the violation?
- What short-term corrective and remedial action was taken and when was it taken?
- Did DEC have to intervene to accomplish satisfactory short-term corrective and remedial action, and if so, to what degree?
- Were the facility's corrective actions comprehensive or narrowly focused?

ENFORCEMENT SIGNIFICANCE
- Was management aware or should they have been aware of the violation?
- Is there evidence that management was involved directly or indirectly in the violation and to what extent?
- Is the violation a repetitive violation or similar to past violations? If so, should the previous corrective actions have been adequate to prevent recurrence?
- Does the violation appear to have been a willful violation?

ADDITIONAL FACTORS
- Did the facility demonstrate initiative in identifying the root cause?
- Were there prior opportunities for the facility to identify the violation (such as through audits or DEC notification) that would have reasonably put the facility on notice of the potential for a violation?
- Were problems due to overall poor performance or due to an isolated occurrence?
- Were there multiple examples of a particular violation?
- Did the duration of the violation add particular significance to the issue?
- Did the violation create a potential for a more significant impact?

REPORTABILITY
- If the violation (or the conditions leading to the violation) were required to be recorded and the matter was not properly recorded, what was the recording requirement?
- Was the violation required to be reported, and if so, what was the applicable reporting requirement?
- Was the violation reported, and, if so, when and by whom was it reported?
- Was the report complete and accurate?

Note: this checklist is presented as a guideline for gathering and arranging enforcement-related information.
It should not be considered prescriptive. See the Section's Part 380 permit inspection procedures for detailed instructions.

B. COMMON PERFORMANCE INDICATORS

I. Technical Staffing and Training

2. Please provide the following organization charts, including names and positions:

(a) A chart showing positions from the Governor down to the Radiation Control Program Director;

Refer to Attachment 1

(b) A chart showing positions of the radiation control program, including management; and

Refer to Attachment 2

(c) Equivalent charts for sealed source and device evaluation, low-level radioactive waste and uranium recovery programs, if applicable.

Not Applicable

3. Please provide a staffing plan, or complete a listing using the suggested format below, of the professional (technical) full-time equivalents (FTE) applied to the radioactive materials program by individual. Include the name, position, and, for Agreement States, the fraction of time spent in the following areas: administration, materials licensing & compliance, emergency response, low-level radioactive waste, uranium recovery, other. If these regulatory responsibilities are divided between offices, the table should be consolidated to include all personnel contributing to the radioactive materials program.

If consultants were used to carry out the program's radioactive materials responsibilities, include their efforts.

Refer to Attachment 3

4. Please provide a listing of all new professional personnel hired into your radioactive materials program since the last review, indicate the date of hire; the degree(s) they received, if applicable; additional training; and years of experience in health physics or other disciplines, as appropriate.

Three staff were hired after the 2018 IMPEP review: Paul Armani, Anwar Hossain, and Vattoly Majo.

Paul Armani:

- Date Hired: September 2019
- Degrees/Training: BS in Biology Rochester Institute of Technology; DOE Radworker 1&2; NRRPT 2017; Ortec Gamma Spectroscopy Class; Canberra Low Background gas proportional counting system; DOE Core Fundamentals
- Experience: 18 years relevant experience as a radiochemist and HP Technician decommissioning NPP and DOE facilities, extensive background performing radiological surveys of soil and water, extensive quality control and analytical experience

Anwar Hossain:

- Date Hired: May 2019
- Degrees: BS in Physics, MS in Nuclear Physics from the University of Rajshahi (Bangladesh), doctorate in Radiation Detector Technologies from the University of Surrey (UK), completed his post-doctoral research at Brookhaven National Laboratory.
- Experience: 26 years of relevant work experience: studied radiation detection technologies at Brookhaven National Laboratory, evaluated facilities authorized to use radioactive material and responding to incidents involving radioactive material (when employed as an inspector for the Bangladesh Atomic Energy Commission).
- Resigned from DEC: November 2021

Vattoly Majo:

- Date Hired: August 2019
- Degrees: BS and MS degrees in chemistry from Loyola College (India), doctorate in chemistry from the University of Madras (India)
- Experience: 12 years relevant experience conducting research with radioactive material used in medicine, compounding radiopharmaceuticals from radioactive material produced in a cyclotron, extensive background in research and development, quality control and analytical experience

5. Please list all professional staff who have not yet met the qualification requirements for a radioactive materials license reviewer or inspector. For each, list the courses or equivalent training/experience they need and a tentative schedule for completion of these requirements.

- **Paul Armani: HP Fundamental Labs (H-122L)**
- **Vattoly Majo: Licensing Practices and Procedures (G-109); HP Fundamental Labs (H-122L)**

Holding virtual and self-study classes was beneficial to the program and is the primary reason staff were able to attend so many of the required training courses over the past few years. Nevertheless, between courses being cancelled due to COVID restrictions and the inability to received out-of-state-travel approval from the Department in a timely manner, staff were unable to take the remaining required training courses and will take when they are able. Staff will continue to apply for the classes noted above. Please note, because it is sometimes a challenge for staff to receive out-of-state travel approval to attend in-person classes, the DEC hopes the NRC will continue to offer virtual and self-study classes when possible.

6. Identify any changes to your qualification and training procedure that occurred during the review period.

As of November 4, 2021, a 2-year traineeship was added to our program since the last review period. This traineeship will lead to the title of Environmental Radiation Specialist Grade 18. The structure and requirements of the traineeship is outlined below:

Environmental Radiation Specialist Trainee 1, NS: bachelor's degree or higher in biological, environmental, or physical science, chemistry, chemical, environmental, or nuclear engineering, health physics, or nuclear medicine technology.

Environmental Radiation Specialist Trainee 2, NS: satisfactory completion of one year of service as an Environmental Radiation Specialist Trainee 1; or bachelor's degree or higher in biological, environmental, or physical science, chemistry, chemical, environmental, or nuclear engineering, health physics, or nuclear medicine technology and one year of experience in radiological science, radiological engineering, or nuclear engineering. A master's degree in radiological, nuclear, or environmental engineering, or health physics may substitute for the one year of required experience.

Environmental Radiation Specialist 1, Grade 18: satisfactory completion of one year of service as an Environmental Radiation Specialist Trainee 2; or bachelor's degree or higher in biological, environmental, or physical science, chemistry, chemical, environmental, or nuclear engineering, health physics, or nuclear medicine technology and two years of experience in radiological science, radiological engineering, or nuclear engineering. A master's degree in radiological, nuclear, or environmental engineering, or health physics may substitute for one year of the required experience.

7. Please identify the technical staff that left your radioactive materials program during the review period and indicate the date they left.

Radiation Control Permit Section:

- **Anwar Hossain requested and received a 2-year unpaid leave from the program effective November 24, 2021. If he doesn't return within the 2 years, he will be resigned from the Department.**
- **Tiffany Fischer transferred to another program within the DEC on 12/23/21 (completed RCPS assignments on 1/4/22)**

Radioactive Materials Management Section:

Tim Rice unexpectedly passed away August 25, 2021
Jerry Riggi retired in October 2021

8. List any vacant positions in your radioactive materials program, the length of time each position has been vacant, and a brief summary of efforts to fill the vacancy.

Each Section would like the following additional positions:
Radiation Control Permit Section: ERS1 & ERS2
Radiation Materials Management Section: ERS2 X2

To add needed positions, the DEC's Division of Management and Budget notifies the divisions that a hiring window has been opened for all the divisions within the Department. Each division receives a certain number of allowances to hire, (usually 5 per division), choose the most critical positions to be added, then make a request to post those positions. This process occurs approximately every 2 months. Once the radiation program is approved to add a position, we follow civil service procedures for posting, interviewing, and hiring. (Note, the radiation program is competing with needs of other programs within its division, e.g., hazardous waste, solid waste, recycling, and pesticides programs).

9. For Agreement States, does your program have an oversight board or committee which provides direction to the program and is composed of licensees and/or members of the public? If so, please describe the procedures used to avoid any potential conflict of interest.

We do not have such a committee.

II. Status of Materials Inspection Program

10. Please identify individual licensees or categories of licensees the State is inspecting less frequently than called for in NRC's Inspection Manual Chapter (IMC) 2800 and explain the reason for the difference. The list only needs to include the following information: license category or licensee name and license number, your inspection interval, and rationale for the difference.

Since the focus of the Part 380 permit program is on radioactive discharges to the environment, our inspection frequencies are not based on NRC Inspection Manual Chapter 2800. Instead, permit inspection frequencies are based on the magnitude of environmental discharges.

11. Please provide the number of routine inspections of Priority 1, 2, and 3 licensees, as defined in IMC 2800 and the number of initial inspections that were completed during each year of the review period.

From 3/24/18 – 12/31/21, a total of 76 Part 380 compliance inspections were performed. This includes 64 inspections conducted by RCPS staff and 12 conducted by RMMS staff. The 64 inspections performed by the RCPS, includes 1 pre-permit inspection and 7 inspections of facilities that are below the permitting threshold per 380-3.4.

From 1/1/22 – 7/1/22, a total of 9 Part 380 compliance inspections were performed. This includes 8 inspections conducted by RCPS staff and 1 conducted by RMMS staff. The 8 inspections performed by the RCPS includes 1 pre-permit inspection and 1 inspection of a facility that is below the permitted threshold per 380-3.4.

12. Please submit a table, or a computer printout, that identifies inspections of Priority 1, 2, and 3 licensees and initial inspections that were conducted overdue.

During the review period, none of the Part 380 permit compliance inspections that were conducted were overdue.

13. Please submit a table or computer printout that identifies any Priority 1, 2, and 3 licensees and initial inspections that are currently overdue, per IMC 2800. At a minimum, the list should include the same information for each overdue inspection provided for Question 12 plus your action plan for completing the inspection. Also include your plan for completing the overdue inspections.

Currently, no Part 380 compliance inspections are overdue.

14. Please provide the number of reciprocity licensees that were candidates for inspection per year as described in IMC 2800 and indicate the number of reciprocity inspections of candidate licensees that were completed each year during the review period.
Not Applicable

III. Technical Quality of Inspections

15. What, if any, changes were made to your written inspection procedures during the reporting period?

The Part 380 inspection procedure was last updated October 2019. In April 2020, a remote inspection procedure was developed to describe how inspections will be conducted when staff are unable to perform in-person inspection. Remote inspections should only be conducted if there are travel restrictions that prevent staff from performing an in-person inspection.

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

2018:

INSPECTOR	SUPERVISOR	LICENSE CATEGORY	DATE
J. Abunaw	T.Rice	Water	11/18
J. Abunaw	T.Rice	LB	11/18
J. Frisone	A.Gray	Air	6/18, 11/18
K. Martin	T. Rice	LB	8/18

2019:

INSPECTOR	SUPERVISOR	LICENSE CATEGORY	DATE
T. Fischer	A.Gray	Air	2/19, 4/19
J. Frisone	A.Gray	Air	1/19, 4/19
K. Martin	T.Rice	LB	7/19, 11/19

2020:

INSPECTOR	SUPERVISOR	LICENSE CATEGORY	DATE
T. Fischer	A.Gray	Air	1/20
J. Frisone	A.Gray	Air	10/20
A. Hossain	T.Fischer	Air	3/20,6/20,9/20
V. Majo	J. Frisone	Air	1/20,10/20
K. Martin	T. Rice	LB	8/20, 11/20

2021:

INSPECTOR	SUPERVISOR	LICENSE CATEGORY	DATE
T. Fischer	A. Gray	Air	1/21
J. Frisone	A.Gray	Air	2/21
A. Hossain	T. Fischer	Air	2/21, 6/21
V. Majo	J. Frisone	Air	1/21, 4/21, 6/21, 11/21
K.Martin	T. Rice	LB	7/21

2022:

INSPECTOR	SUPERVISOR	LICENSE CATEGORY	DATE
J. Frisone	A.Gray	Air	3/22
V. Majo	J. Frisone	Air	4/22
K. Martin	T. Papura	LB	Not performed since T. Papura was promoted on 4/1/22

17. Describe or provide an update on your instrumentation, methods of calibration, and laboratory capabilities. Are all instruments properly calibrated at the present time? Were there sufficient calibrated instruments available throughout the review period?

The DEC radiation program maintains a wide range of radiation detection equipment, primarily portable radiation survey meters. Our selection of meters includes sensitive low range exposure rate meters for conducting environmental surveys, as well as contamination detection meters. Most of our meters have been calibrated by Atlantic Nuclear; however, we have recently begun sending the instruments to SEC Instrument Services for calibration. The calibration dates are tracked on an Excel spreadsheet. Instruments are routinely sent out to the calibration vendor for calibration two weeks prior to the calibration due date. All instruments that are in use are currently in calibration, or at the vendor for calibration. Sufficient calibrated instruments were available during the review period.

Also, two velometers are used periodically during Part 380 permit compliance inspections. These instruments are calibrated by TSI and Micro Precision Calibration, *Inc*. The calibration dates of these instruments are also tracked on the Excel spreadsheet, which will be available to the IMPEP team for review.

Additionally, through the NYS Division of Homeland Security and Emergency Services, a variety of radiological emergency response / detection and interdiction instrumentation has been purchased by the New York State Police. The DEC Division of Law Enforcement (DLE) has been assigned a cache of these instruments; the radiation program assists DLE in the upkeep of, and training on, these instruments. The radiation program has access to, and routinely uses, these instruments in performing our job duties. This cache includes personal radiation detectors, hand-held gamma spectrometers (NaI and HPGe), an ion chamber, neutron detector, and tele-probe. This equipment also includes a high-volume plastic scintillator that can be used in various configurations in emergency response or detection and interdiction roles. These systems, coupled with additional available resources consisting of a laptop, satellite receiver and several transmitters, can be remotely monitored in real time by anyone granted access. These instruments are calibrated annually.

For sample analysis, we rely on contract lab services, or occasionally, on assistance from the NYSDOH Wadsworth Laboratory.

18. Impacts to the NYS DEC's Radiation Program during the COVID-19 PHE

All DEC employees not directly involved with the PHE were ordered to work 100% remote on 3/17/20. A staff meeting was held before staff left the office on 3/17/20 to brainstorm how the program could continue to perform its essential function of protecting the environment and the public from radioactive material that is released to the environment while working 100% remote. It was determined that except for the Part 380 compliance inspections most of our assigned tasks could be performed remotely, as program staff would have access to the DEC's network drives and essential program files.

Because we were not able to conduct in-person inspections of most of the Part 380 permitted facilities, unless the inspection was deemed an emergency, it was decided that the program would conduct unannounced remote inspections until the PHE was lifted. However, the site inspections of the two land burial sites in the state continued to be in-person (record reviews and exit interviews were periodically conducted remotely). A remote inspection procedure was subsequently developed, which became official 4/20 (refer to Attachment 4). Staff conducted only remote inspections from 4/20 – 7/21. During that time, staff conducted 22 remote inspections.

IV. Technical Quality of Licensing Actions

19. How many specific radioactive material licenses does your program regulate at this time?

Currently, 28 Part 380 Radiation Control Permits are in effect (24 air permits, 1 water permit, 1 incinerator permit, and 2 former land burial sites). Of the air permits, 9 are issued to radiopharmacies, and 10 are issued to medical isotope production cyclotrons. Also, a permit application for a new medical isotope production cyclotron facility is expected by the end of 2022.

In addition to regulating facilities that have been issued permits, DEC's Part 380 regulations also regulates all methods of radioactive discharges and radioactive waste disposals from all State-regulated radioactive materials licensees. Hence, we interface with several non-permitted facilities and provide regulatory guidance and compliance oversight regarding radioactive discharges to the environment and radioactive waste disposal, conduct confirmatory inspections, and take enforcement action when needed.

20. Please identify any major, unusual, or complex licenses which were issued, received a major amendment, were terminated, decommissioned, submitted a bankruptcy notification, or renewed in this period.

During the review period, one new permit was issued, to the State University of New York at Stony Brook, for a medical isotope production facility for clinical use and research. During the review period, two permits were discontinued (Cornell University and Cardinal Health Nuclear Pharmacy-Bronx).

21. Discuss any variances in licensing policies and procedures or exemptions from the regulations granted during the review period.

The RMM Section did not issue any variances from 6 NYCRR Part 380 during the review period. However, RCP Section issued 13 variances during the review period. These variances were issued in accordance with 380-3.5 and are handled on a case-by-case basis. Typically, the variances are from a condition of a facility's Radiation Control Permit. Copies of the variances that were issued are available for review.

Two types of Part 381 exemptions were issued during the review period, granting

transporters of low-level radioactive waste (LLRW) permission to transport without a Part 381 LLRW Transporter Permit.

The first type of exemption is outlined in 6 NYCRR Part 381.5(e) and allows exemptions to be granted to persons transporting LLRW under certain conditions. These conditions require the transporter to be a licensee of the NRC, NYSDOH or the NYCDOH; the waste to be transported has to be Class A waste as defined by the NRC; the transport must occur between premises which are controlled by the licensee and the material is transported by a vehicle which is owned by the licensee; and the total activity contained in a single shipment does not exceed A2/100 where A2 is the activity defined in 49 CFR 173.435. We issued exemptions of this kind to five facilities: the New York State Department of Health's Wadsworth Laboratories, Buffalo University, Cornell University, Rensselaer Polytechnic Institute, Stony Brook University, and Syracuse University. These exemptions are renewed on a biannual basis. Note, these exemptions are no longer issued by the RMMS. Such exemptions are now issued by Laura Stevens of the Waste Transport and State Assistance Section with the Division of Materials Management.

The second type of exemption is the USDOT Special Permit (SP) 11406 which is issued under the authority of the Conference of Radiation Control Program Directors. These special permits are issued to waste haulers who have unidentified LLRW aboard a truck or trailer that is to be returned to its place of origin for identification and decay, or removal from the load if applicable. Most of these permits are issued at waste disposal facilities when a trash or recycling truck sets off a radiation alarm. In most cases the offending material is household waste containing bodily fluids contaminated with residual short-lived isotopes administered for a medical procedure (e.g., I-131 or Tc-99m). However, during the review period there were also instances where activated components from medical cyclotrons were inadvertently disposed of in the regular trash. Since the incident in 2020 and the one in 2021 had Radiation Control Permits, RCP Section staff handled the incidents. Occasionally, the offending material has been of other origin (e.g., an old radium dial or other scrap metal material). Alarms from waste loads containing TENORM are on the rise. We provided signed DOT-11406 to the following facilities during the review period included: North Hempstead Town Transfer Station, Covanta Hempstead, Covanta Hudson Falls, Covanta Huntington, Covanta Niagara Falls, and Wheelabrator Hudson Falls. Note: USDOT (SP) 10656 permits are now only issued by the NYSDOH, as these special permits apply almost exclusively to licensed or licensable materials; it is therefore more appropriate for such exemptions to be issued by the radioactive materials licensing agency.

22. What, if any, changes were made in your written licensing procedures (new procedures, updates, policy memoranda, etc.) during the reporting period?

All the Part 380 Radiation Control Permit program's application guidance documents (used by permit applicants). These guides all the supplemental attachments are now available on the Department's website. Of the documents that are used by staff, the internal application review checklist and worksheets (used to determine if a RCP is required and how much RAM may be released to the environment if a RCP is needed) are updated as needed and were last updated April – September 2021.

A new program policy, "DMM 5 - Management of Soils and Fill Contaminated with

Processed and Concentrated Naturally Occurring Radioactive Materials," is intended to establish an evaluation process and implementation criteria for DEC staff when addressing sites where historic TENORM fill is identified. This policy document is currently being updated. The draft policy will have to be reviewed internally. Once the draft policy has been approved internally, it will be published as a proposed policy and subject to a 30-day comment period.

Radiation program staff are in the process of revising the program's enforcement policy. To date, the policy has not been finalized. We hope to have it finalized by January 2023. The draft policy will have to be reviewed internally. Once the draft policy has been approved internally, it will be published as a proposed policy and subject to a 30-day comment period.

Copies of all the above documents will be made available to the IMPEP review team for review.

23. Identify by licensee name and license number any renewal applications that have been pending for one year or more. Please indicate why these reviews have been delayed and describe your action plan to reduce the backlog.

During the review period, no Part 380 permit renewal applications have been pending for over a year.

V. Technical Quality of Incident and Allegation Activities

24. For Agreement States, please provide a list of any reportable incidents not previously submitted to NRC (See Procedure SA-300, *Reporting Material Events*, for additional guidance, OMB clearance number 3150-0178). The list should be in the following format:

On this issue, DEC defers to the radioactive materials licensing agencies in the State. Nonetheless, DEC did not have any incidents or allegations that met the criteria for reportable incidents per SA-300.

25. Identify any changes to your procedures for responding to incidents and allegations that occurred during the period of this review.

There were no changes. NRC's updated SA-300 procedures were reviewed, and all incidents and allegations reported to the radiation program were evaluated and compared to the updated SA-300 reporting requirements.

As always, the licensing agencies are informed of all incidents and allegations with the potential to involve regulated radioactive material. Most events brought to the attention of the DEC do not involve licensed material. The allegations we receive typically refer to possible environmental contamination by radioactive materials, and we respond to them on a case-by-case basis, usually with a site visit and survey. A list of incidents and allegations received during the review period, and the resolution thereof, will be made available to the IMPEP team for review.

C. NON-COMMON PERFORMANCE INDICATORS

Legislation, Regulations and Other Program Elements (formerly Compatibility Requirements)

26. Please list all currently effective legislation that affects the radiation control program. Denote any legislation that was enacted or amended during the review period.

    Environmental Conservation Law Articles 1, 3, 17, 19, 29, and 37

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

    Our regulations are not subject to a "sunset" provision.

28. Please review and verify that the information in the enclosed State Regulation Status (SRS) sheet is correct. For those regulations that have not been adopted by the State, explain why they were not adopted, and discuss actions being taken to adopt them. If legally binding requirements were used in lieu of regulations and they have not been reviewed by NRC for compatibility, please describe their use.

    The SRS that was attached to 5/17/22 letter is correct. RATS 1994-3 (Timeliness of Decommissioning) and RATS 1997-6 (License Termination Rule) will be adopted via the new Part 384. The proposed new Part 384 has not yet been forwarded to executive for approval. We hope to obtain executive approval and file the proposed rule in 2023. RATS 2012-2, 2012-3, and 2015-3 will be incorporated by reference into Part 381 in 2022. The Department is in the process of determining if the following revisions pertain to the DEC's portion of the Agreement: 2018-1, 2018-2, 2018-3, 2019-1, 2019-2, 2020-1, 2020-2, 2020-3, 2021-1, 2021-2, and 2022-1. (Refer to Attachment 5 for additional information.)

29. If you have not adopted all amendments within three years from the date of NRC rule promulgation, briefly describe your State's procedures for amending regulations in order to maintain compatibility with the NRC, showing the normal length of time anticipated to complete each step.

    A proposed rule must receive executive approval within the agency and from the Governor's office, prior to filing with the Department of State. After the proposed rule has been filed, timeframes are dictated by the State Administrative Procedures Act. After the public comment period has ended, public hearings have been held, and responses to public comments and the final rule has been prepared, the final rule can then be filed.

II. Sealed Source and Device (SS&D) Evaluation Program **--- Not Applicable**

30. Prepare a table listing new and amended (including transfers to inactive status) SS&D registrations of sources and devices issued during the review period.

31. Please include information on the following questions in Section A, as they apply to the SS&D Program:

III. Low-level Radioactive Waste Disposal Program

32. Please include information on the following questions in Section A, as they apply to the Low-Level Radioactive Waste Disposal Program:

Technical Staffing and Training - Questions 2-9
Status of Materials Inspection Program - Questions 10-14
Technical Quality of Inspections - Questions 15-17
Technical Quality of Licensing Actions - Questions 18-22
Technical Quality of Incident and Allegation Activities - Questions 23-24

Our LLRW disposal program is essentially in abeyance, except for the Part 381 LLRW Transporter Permit program. Although our Part 382 and Part 383 regulations are still in effect, we have no active LLRW disposal sites.

We continue to regulate and monitor two inactive radioactive waste burial sites: The Cornell Radiation Disposal Site (RDS) and the West Valley State-licensed Disposal Area (SDA).

The Cornell RDS is formally closed and is currently controlled under a Consent Order. The RDS closure continues to be in compliance with the conditions of the Order. Additionally, the RDS is inspected annually for compliance with the conditions of the Order and Part 380. A Part 380 monitoring and maintenance permit (a substantive permit pursuant to the Order) has been under development for many years. At this time the only ongoing active Order requirement – groundwater monitoring and periodic pump and treat for paradioxane – appears to be nearing completion. A substantive Part 380 permit will be in place before the end of active management under the Order.

The West Valley State-licensed Disposal Area (SDA) is in interim closure status for Part 380 and RCRA and is controlled under a Part 380 monitoring and maintenance permit. (The SDA is also regulated under a NYSDOH radioactive material license.) As part of the joint federal / state NEPA / SEQRA remediation and closure process for the entire site, NYSERDA will be proposing a final closure option for the SDA.

We currently have an ERS1 assigned to each of these sites (under the direct supervision of senior staff) to evaluate these sites for compliance with their permits and other applicable regulatory requirements. Following an anticipated retirement, responsibility for both of these former burial sites will be consolidated under one ERS1. To prepare for this change, the ERS1 responsible for the SDA has been participating in the RDS inspections to become familiar with the site.

IV. Uranium Recovery Program**---Not Applicable**

33. Please include information on the following questions in Section A, as they apply to the Uranium Recovery Program:

PART 380 RC PERMIT REMOTE INSPECTION PROCEDURES
Radiation Control Permit Section, NYSDEC

Updated April 2020

I. PURPOSE

This document describes the policy and procedures to be followed by the Department of Environmental Conservation staff in the Radiation Control Permit Section (RCPS), Bureau Hazardous Waste and Radiation Management, Division of Materials Management, when conducting a Remote Part 380 Radiation Control Permit (RCP) compliance inspection. Such inspections should only be conducted if staff are required by the governor to work remotely and at facilities that have been issued permits authorizing the release of radioactive material to the environment (pursuant to 6 NYCRR Part 380, "Rules and Regulations for Prevention and Control of Environmental Pollution by Radioactive Materials"). **An in-person inspection of a facility that was evaluated remotely must be conducted when staff are permitted to return to the office**.

II. POLICY

If necessary, a remote compliance inspection will be performed if circumstances do not allow RCPS staff (the inspector) to conduct an in-person inspection. Such an inspection is intended to ascertain if facility operations are being performed in accordance with Part 380 and its RCP. To accomplish this, the inspector will review facility records (forwarded by the facility via email) and conduct remote interviews to determine if the authorized emissions are being sufficiently controlled to protect the environment and the public's health and safety. In addition, the inspector will assess if the records are maintained in compliance with the Part 380 regulations and the conditions of its permit.

In order to make the above determinations, the inspector must gather as much information as possible remotely, document any records that were reviewed and any remote interviews that were conducted. In addition, the inspector must arrive at the correct conclusions regarding the facility's compliance status based on the remote assessment. The inspector is required to collect and report the facts of a remote inspection completely, accurately, and objectively.

In addition, the inspector is to utilize every opportunity to educate, as well as foster good communication with the facility's technical staff and management. Inspectors are to accomplish this by listening to the facility's concerns and taking the time to fully answer questions. A remote inspection should be productive and constructive for both the inspector and the facility, and must be followed-up by an in-person inspection as soon as the inspector is able.

State Regulation Status, NYSDEC (2018 – ytd)

RATS ID	NRC Chronology Identification	Date Due for State Adoption	NYSDEC's Comments:
2018-1	Medical Use of Byproduct Material 10 CFR Parts 30, 32, and 35 (STC-18-055)	1/14/22	NYSDEC does not have the authority to regulate these activities nor equipment under its portion of the Agreement.
2018-2	Miscellaneous Corrections and Organizational Changes 10 CFR Parts 37, 40, 70, & 71 (71.97)	12/21/21	The revisions do not apply to Part 380; however, Part 381 may need to be revised to reflect the changes to 10 CFR Part 71.
2018-3	Miscellaneous Corrections 10 CFR Parts 1, 2, 34, 37, 50, 71 (71.97(c)(3)), 73, & 140 (STC-19-077)	7/30/22	The revisions do not apply to Part 380; however, Part 381 may need to be revised to reflect the changes to 10 CFR Part 71.
2019-1	Miscellaneous Corrections 10 CFR Parts 2, 21, 37, 50, 52, 73, & 110 (STC-19-076)	12/18/22	NYSDEC does not need to implement these provisions under its portion of the Agreement.
2019-2	Organizational changes and conforming Amendments 10 CFR Parts 1, 2, 37, 40, 50, 51, 52,55, 71 (71.17(c)(3) & 71.101), 72, 73, 100, 140 & 150 (STC-19-080)	12/30/22	The revisions do not apply to Part 380; however, Part 381 may need to be revised to reflect the changes to 10 CFR Part 71.
2020-1	Individual Monitoring Devices 10 CFR 34, 36, & 39	6/16/23	NYSDEC does not have the authority to regulate these activities nor equipment under its portion of the Agreement
2020-2	Social Security # Fraud Prevention 10 CFR 9 & 35 (STC-20-057)	8/17/23	NYSDEC does not need to implement these provisions under its portion of the Agreement.
2020-3	Miscellaneous Corrections 10 CFR Parts 1, 2, 19, 20, 21, 30, 34, 35, 40, 50, 51, 52, 60, 61, 62, 63, 71	11/16/23	The revisions to Part 20.2202(d)(2) do not apply to Part 380; however, Part 381 may need to be revised to reflect the changes to 10 CFR Part 71.

	(71.97(c)(3)(i)), 72, 73, 74, 75, 76, 110 & 140 (STC-20-073)		
2021-1	Miscellaneous Corrections 10 CFR Parts 2, 11, 20, 25, 32, 35, 37, 50, 52, 55 70, 72, 73, 74, 95 & 110 (STC-21-016)	9/8/24	NYSDEC does not need to implement these provisions under its portion of the Agreement.
2021-2	Miscellaneous Corrections 10 CFR Parts 9, 37, 40, 50, 51, 52, 55 71(71.4), 73, & 110	12/30/24	The revisions do not apply to Part 380; however, Part 381 may need to be revised to reflect the changes to 10 CFR Part 71.
2022-1	Miscellaneous Corrections 10 CFR Parts 1, 2, 20, 30, 40, 50, 55 70, 73, & 170 (STC-22-022)	N/A	Provisions are not required for compatibility. (Revision to Part 20 Appendix D pertains to the NRC Regional Offices)

RCPS and RMMS Staff:

(updated 5/18/22)

Name	Position	Location	Qualifications	Area of Effort Agreement Work	FTE (%)	Area of Effort Non-agreement Work	FTE (%)
Ann Marie Gray	Environmental Radiation Specialist (ERS) 3	Central Office (Albany)	Qualified to perform all assigned tasks	administration	40		
				permitting & compliance	60		
Vacant (position vacated 1/6/22)	ERS 2	Central Office		permitting & compliance	95		
				emergency response	5		
John Frisone	ERS 2	Central Office	Qualified to perform all assigned tasks	permitting & compliance	95		
				emergency response	5		
Vattoly Majo	ERS 1	Central Office	Qualified to perform all assigned tasks	permitting & compliance	95		
				emergency response	5		
Vacant (position vacated 11/25/21)	ERS 1	Central Office		permitting & compliance	95		
				emergency response	5		
Tom Papura	ERS 3	Central Office	Qualified to perform all assigned tasks	administration	10	administration	40
				permitting & compliance	5	contaminated sites	40
				emergency response	5		
Vacant (position vacated 4/1/22)	ERS 2	Central Office		emergency response	5	contaminated sites	85
				RAM transporter issues	5	homeland security	5
Ken Martin	ERS 2	Region 9 (Buffalo)	Qualified to perform all assigned tasks	permitting & compliance	50	contaminated sites	35
				Emergency response	5	homeland security	5
						miscellaneous	5
Vacant	ERS 2	Central Office		emergency response	5	contaminated sites	85
				RAM transporter issues	5	miscellaneous	5
John Abunaw	ERS 1	Central Office	Qualified to perform all assigned tasks	permitting & compliance	10	contaminated sites	35
				emergency response	5	radiation monitoring at RMW & SW facilities	50
Paul Armani	ERS 1	Central Office	Qualified to perform all assigned tasks	permitting & compliance	10	contaminated sites	40
				emergency response	5	RMW & SW facilities	35
				RAM transporter issues	5	miscellaneous	5