

**Washington State Department of Health – Office of Radiation Protection (ORP)
September 19, 2023 - Meeting with NRC**

Agreement State Program Improvement Plan (PIP)

Legend
White Area = Current actions in progress
Yellow Area = Current actions in progress that are under a 2 nd review
Green Area = Task or Internal Milestone is 100% complete

RECOMMENDATION	TASKS	INTERNAL MILESTONES	ASSIGNMENTS	ANTICIPATED COMPLETION DATE	STATUS	COMPLETION DATE
Technical Staffing & Training						
Washington should review, revise, and update the training and qualification requirements for all aspects of its Agreement State Program to ensure the essential objectives of the IMC 1248 appendices A, B, E, H, and I are adopted.	Revise Staff Training & Qualifications Procedures	Revised Training and Qualifications Procedures are available and currently being used.	Section Sup	06/30/22	Completed	06/15/2022
		<ol style="list-style-type: none"> 1. Generate WAC quiz. 2. Generate NUREG quiz. 3. Generate mentor protocol. 4. Revise Qual Card. 5. Revise standard operating procedure. <p>See-One, Do-One, Lead-One training is being superseded by a new and more comprehensive process. The previous training was found to be inadequate. Expanding the experience and knowledge base for employees assists with confidence and effectiveness in licensing and inspections.</p>	Section Sup	<ol style="list-style-type: none"> 1. 12/31/23 2. 12/31/23 3. 12/31/23 4. 12/31/23 5. 12/31/23 	<ol style="list-style-type: none"> 1. In progress 2. In progress 3. In progress 4. In progress 5. In progress 	

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		<p>This decision was made to conduct a supplementary review. This second review began on 6/01/2023.</p> <p>Additional details of progress are noted at the end of this document.</p>				
	Staff review Staff Training & Qualifications Procedures	Program leads (RHP3) sign off	Program Leads	07/15/2022	Completed	06/20/2022
		Due to changes in training and mentoring process, under review again as of 6/01/2023 to demonstrate staff's general understanding of procedures.	Program Leads	12/31/2023	In progress	
	Section Supervisor approval and signing of Staff Training and Qualifications Procedures	Section Supervisor approves document.	Section Sup	07/25/2022	Completed	06/30/2022
		Due to changes in training and mentoring process, under review again as of 6/01/2023 to demonstrate staff's general understanding of procedures.	Section Sup	12/31/2023	In progress	
	Train staff on new Staff Training and Qualifications Procedures	Provide staff training on new Training and Qualifications Procedure	Section Sup	08/30/2022	Completed	08/30/2022
		Due to changes in training and mentoring process, under review again as of 6/01/2023 to demonstrate staff's general understanding of training procedures.	Section Sup	12/31/2023	In progress	
Final approval signatures	Train staff on who can sign qualification card	Provide direction and answers questions.	Section Sup	08/30/2022	Completed	08/30/2022
Evaluation of issues associated to the	Evaluate compensation and salaries for	Summer 2022 – ORP worked with EPH Division Leadership and DOH HR to solicit support for an evaluation of compensation	Office Director	09/15/2023	Completed	09/15/2023

Last updated: 9.15.2023

RECOMMENDATION	TASKS	INTERNAL MILESTONES	ASSIGNMENTS	ANTICIPATED COMPLETION DATE	STATUS	COMPLETION DATE
significant Section Supervisor turnover	Radiation Health Physicist (RHP)	<p>for Radiation Health Physicist (RHP). 75% or ORP team is an RHP.</p> <p>May 2023 – ORP to develop proposals for compensation package.</p> <p>August 2023 – ORP to finalize needs assessment.</p> <p>September 2023 – ORP to submit final package to DOH HR. DOH HR to submit package to State HR (Office of Financial Management - OFM)</p> <p>April 2024 – OFM to send approved packages to union collective bargaining units.</p> <p>Summer 2024 – Collective bargaining to review.</p> <p>Fall 2024 – OFM to send packages to Governor’s Office for recommendation.</p> <p>July 1, 2025 – Potential Implementation</p>				<p>After ORP submitted final package to DOH HR, further efforts in this area are outside of ORP’s control. Final decisions and direction come from OFM and the Governor’s Office.</p> <p>NRC Commissioner Wright and ORP leadership met with the Governor’s Office staff in August 2023 to advocate the need for review of compensation package for RHP’s.</p>
	Recruiting practices	ORP to work with DOH HR to alter the standard Position Descriptions language to be more inclusive and flexible. More life experience is considered over educational requirements for RHP’s. This in return increases the candidate pool for job vacancies.	Deputy Director and Section Sup	09/30/2022	Completed	11/30/2022
	Active post-hire mentoring	Mentoring and coaching of team members helps to sets the culture that encourages collaboration and a healthy team. DOH is considered an employer of choice and hires	Office Director Deputy Director Section Sup	Office Director and Deputy Director Coaching Classes: Completed 2022	In process	11/2023

Last updated: 9.15.2023

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		<p>professional coaches (Arbinger) for ongoing support and mentoring.</p> <p>Continued support for mentoring will occur.</p>		Section Supervisor Coaching Classes: Fall 2023		
	Culture change	<p>Supporting the health and wellbeing of the team to increase retention and job satisfaction. Weekly and Daily meetings are in place with Leadership and the RadMat Team. Annual ORP Staff Meeting are also scheduled. This meeting incorporates Safety Training.</p> <p>Continued support and work for culture change will occur.</p>	Office Director Deputy Director Section Sup	09/2023	Completed	09/2023
Status of Materials Inspection Program						
Status of Materials Inspection Program	Update the Reciprocity section of Inspection Procedure.	<p>Add steps in the Inspection procedure that have staff prioritize for inspections high risk significant activities, including but not limited, observe dry runs of irradiator source exchanges/removals, observe irradiator source exchanges (e.g., HDR, Gamma knife, self-shielded irradiators), and irradiator removals.</p> <p>Staff should, when feasible, review procedures associated with high-risk activities. Staff should, when feasible, observe dry runs. (Inspection Procedure, Reciprocity Inspections_page 6)</p> <p>This helps increases awareness and ensures actions are discussed in advance, which increases public health protection and safety.</p>	Reciprocity Lead	12/01/2022	Complete	12/01/2022

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Technical Quality of Inspections						
Washington should revise their Radioactive Material Section Standard Operating Procedure, and train staff on the revised procedure.	Revise Inspection Procedure	Verify procedure components are compatible with NRC guidance.	Lab Program Lead	09/30/2022	Complete	09/30/2022
	Train staff on procedural changes	Training occurs within one month of the change. Information will be distributed after changes are made with an electronic documentation that staff have read the procedural changes. Training will be documented in Staff Training logs.	Program Leads	10/31/2022	Complete	10/31/2022
	Supervisor review 100% of all inspections	Ensure compatibility with NRC (IMC 0610). Section Supervisor (and Deputy on an as-needed bases) are actively reviewing all inspections. Section Supervisor signs after review is complete.	Deputy or Section Sup	06/01/2022	Complete	06/01/2022
	Supervisor Accompaniments	Ensure one accompaniment per inspector occurs annually. This is ongoing annually.	Deputy or Section Sup	10/2022	Complete	10/2022
Technical Quality of Licensing Actions (3 Recommendations)						
1. Washington should perform an extent of condition review across all licensing categories by performing a smart sampling of licenses issued since May 4, 2018, to: (see TASKS)	(a) ensure that maximum possession limits are accurate and in accordance with applicable licensing guidance (e.g., applicable SS&D registration); (b) ensure that only the radioactive material requested by the licensee remains on the license (such as, remove additional	After verifying all licensing templates are correct, conduct smart sampling (10 or 10% whichever is greater) of licenses issued since 5/4/2018 for 5 tasks (see column to the left) under this recommendation for each type of license issued by Washington (e.g., industrial, medical, lab). If other than a few errors note, raise sampling rate to 50%	Program Leads (verify templates and conduct smart sampling)	09/30/22 (Medical, Lab, Industrial)	Complete	09/30/2022

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	<p>gauge models placed on the license by Washington);</p> <p>(c) ensure that locations of use and storage are accurate</p> <p>(d) ensure that license reviewers considered the licensee's inspection and enforcement history for license renewal reviews; and</p> <p>(e) revise the license templates to be consistent with NRC's licensing guidance.</p>					
		<p>Revisiting all templates, licensing, and smart sampling to ensure accuracy.</p> <p>Risk informed and performance-based plan: Implementation (replacement of existing documents with NRC templates) will occur during amendments and renewals. Each time an inspection is touched, templates will be updated. Inspections occur every one to five years. Ensuring that the team and program can do this work in a systematic and sustainable way until every template and license is replaced.</p> <p>After verifying all licensing templates are correct, conduct smart sampling (10 or 10%</p>	<p>Program Leads (verify templates and conduct smart sampling)</p>	<p>1 to 5 years</p>	<p>In progress</p>	

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		whichever is greater) of licenses issued since 5/4/2018 for 5 tasks (see column to the left) under this recommendation for each type of license issued by Washington (e.g., industrial, medical, lab).				
2. Washington should revise their licensing procedure to be compatible with NRC's NUREG-1556 licensing guidance. The revised licensing procedure should also include a periodic assessment or audit to review a smart sampling of completed licensing actions to ensure proper issuance of licenses in accordance with the appropriate NUREG-1556 volume.	Revise Licensing Procedure (stand alone document) to be consistent with NUREG-1556 licensing guidance, including periodic (every year) smart sampling audit	Work with other agreement state, such as CO, to customize their Licensing Procedure for WA.	Section Sup and Reciprocity Lead	06/30/2022	Complete	12/01/2022
		Add a reference of an annual internal audit into Licensing Procedure. (Section 14 in LP)	Section Sup	10/01/2023	In progress	
3. Washington should revise their Radioactive Material Section Standard Operating Procedure to provide guidance	Develop new section in Licensing Procedure or stand-alone procedure and train staff	Procedure Development Training	Lab Program Lead	04/30/2022	Elect transfer section created. Staff trained. Procedure will be stand alone.	11/18/2022

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for electronic transfers of sensitive security-related documents.	Due to changes in training and mentoring process, under review again as of 6/01/2023 to demonstrate staff's general understanding of procedures.	Review and updating procedures (using NRC process as relevant) 1. Administrative process 2. Document Control and Correspondence 3. Managerial Processes 4. Training Processes	1. HSC 2. HSC 3. Section Sup 4. Section Sup	12/31/2023	In process	
QA Checklists	Ensure obsolete wording "IS HAND DELIVERY NEEDED" is not present on QA checklist (Dispose of any QA checklists with this wording.)	Remove checklists with the wording "IS HAND DELIVERY NEEDED".	Program Leads	09/30/2022	Complete	06/30/2022
Technical Quality of Incident and Allegation Activities (3 Recommendations)						
1. Washington should document the actions they took in response to the UW contamination incident in 2019. These include actions taken and basis for release at a personal residence, a restaurant and with a state vehicle. The written report should document the dose	Find written reports from parties involved and verify missing information required by Recommendation.	Find reports from parties. Verify information within reports. Interview parties for missing information. Document actions taken for release of personal residence, restaurant, and state vehicle. Document the actions and response to the UW contamination incident in 2019. (See "staff write-ups" folder in WA-19-015 for affected staff)	Affected ORP staff	01/30/2023	Complete	05/18/2023

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assessments (e.g., external dosimetry, urinalysis, and whole-body scans) of the two contaminated inspectors involved in the incident.	Dose assessment review	Document dose assessment and write memo to file. (See "staff doses received" folder in WA-19-015 for dose assessments and report to Landauer)	Deputy Director			
2. Washington should revise their allegation and incident procedures to include all necessary actions (e.g., require protection of alleged identity as allowed by law, ensure proper and complete documentation of the receipt and closure of incidents and allegations, ensure that follow-up inspections are scheduled and completed, ensure allegations are properly maintained with allegations and not mixed with incidents, and ensure that allegations are documented and easily retrievable).	Revise Incident procedure and Allegation procedure ensuring each procedure contains appropriate sections (as noted in Recommendation and NRC guidance) Ensure Incidents & Allegations are properly stored and easily retrievable (both in hard copies and/or electronically) (WDOH only stores electronic copies of Incidents & Allegations)	Identify missing portions of procedure(s) Procedures updated. Secure electronic storage established. Allegations separated from Incidents in electronic files available to RADMAT staff only.	Section staff under Medical Program lead	03/31/2023	Completed	05/18/23

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3. Washington should locate all allegation records received during the review period and assess whether appropriate closure actions were taken; and verify that the allegation files were complete, accurate, and documented in the tracking system.	Locate all allegation records received since May 4, 2018	Cross reference between EHAPPS and Allegation folder.	RADMAT staff	11/30/2023	In process	
	Assess whether appropriate closure actions were taken	Close loop with the allegor and write report including checklist for documenting allegations.	RADMAT staff	11/30/2023	In process	
	Verify allegation files are complete, accurate, and filed in tracking system	Work with NRC to complete tracking and identify all missing records, if any, are in place.	RADMAT staff	11/30/2023	In process	
Legislation, Regulations, and Other Program Elements						
Washington should perform a review of all their license conditions, identify non-standard license conditions, and submit the non-standard license conditions to the NRC for a compatibility review.	Remove or seek NRC approval for non-standard license conditions.	Identify any non-standard license condition(s) needing NRC approval. One non-standard License Condition has been identified to date.	Program leads	01/31/2024	In process	
		Submit one non-standard License Conditions (LC) to NRC for approval with justification. One identified by DOH and submitted for review to NRC. NRC disapproved justification and DOH removed LC from licenses.	Deputy Director	12/30/2022	Complete	12/30/2022
		Remove one non-standard LC from licensing templates and existing licenses.	Program Leads	Templates update to be completed:	Email sent 01/06/2023 to all medical licensees voiding LC	

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		Follow up with RSO's at the facilities to confirm understanding of conditions due to changes in licenses.		Licenses updates to be completed: 11/01/2023 Follow up with RSO's to be completed: 11/01/2023		
Regulations & OPE's	Complete adoption of Regulation Amendment Tracking Sheet (RATS) 2018-1 and 2018-2	RATS 2018-2 adopted by DOH	Deputy Director	06/2022	Complete	06/2022
		NRC review of 2018-2	NRC	08/05/2022	Complete	NRC letter was dated: 08/5/2022
		RATS 2018-1 adopted by DOH	Deputy Director	10/21/2022	Complete	10/31/2022
		NRC review of new state regs (RATS 2018-1)	NRC	12/31/2022	Complete	NRC letter was dated: 12/16/2022
	Compatibility with NRC Inspection Manual Chapter 0610	Section supervisor conducts 100% review of inspections.	Section Supervisor	06/30/2022	Complete	06/30/2022
		Add requirement to Inspection Procedure (Refer to Section 9B)	Section Supervisor	12/01/2022	Complete	12/01/2022

Technical Staffing and Training: Revise Staff Training & Qualifications Procedure (Additional Details)

Original Completion: 6/15/2022

Under Revision: 06/01/23

See-One, Do-One, Lead-One training is being superseded by new and more comprehensive process. The previous training was found to be inadequate. Expanding the experience and knowledge base for employees assists with confidence and effectiveness in licensing and inspections.

Revised Completion: TBD

Last updated: 9.15.2023

1. Generate WAC tests.
 - a. WAC 246-220 ☒-08/07/23
 - b. WAC 246-221 ☒-08/10/23
 - c. WAC 246-222 ☒-08/11/23
 - d. WAC 246-254
 - e. WAC 246-232
 - f. WAC 246-233
 - g. WAC 246-235
 - h. WAC 246-236
 - i. WAC 246-237
 - j. WAC 246-243
 - k. WAC 246-244
 - l. WAC 246-246
 - m. WAC 246-247
 - n. WAC 246-249
 - o. WAC 246-252
2. Generate NUREG tests.
3. Generate mentor protocol.
 - a. Exposure level
 - b. Hands on learning level
 - c. Qualification
 - d. Update QA sheet
4. Revise Qual Card
 - a. Rewrite reading with assessment and grade
 - b. Generate sign off for mentor programs
5. Revise standard operating procedure