4.7 Event and Allegation Response Program Elements

This section of the application addresses how the State of Indiana Radioactive Materials Control Program will respond to radioactive materials events and allegations. Indiana has modeled its program elements after those in the NRC procedures SA-300 *Reporting Materials Events* and Management Directive 8.8, "Management of Allegations". The Indiana Radioactive Materials Control Program has four written procedures to address these elements: RMCPP 3.1 *Management of Allegations*, RMCPP 3.2 *Incident Response*, RMCPP 3.3 *Scrap Yard Incident Response*, and RMCPP 3.4 *Nuclear Materials Event Database (NMED) Input*. Section 4.7.1 of this application describes the procedure for responding to events and allegations and Section 4.7.2 describes procedures for identifying significant events and submittals for entry into the NMED.

4.7.1 Procedures for Responding to Events and Allegations

The procedures for responding to events and allegations are attached below. RMCPP 3.1 Management of Allegations describes how the Indiana Radioactive Materials Control Program will respond to allegations, while RMCPP 3.2 Incident Response describes the response actions for the broad range of radioactive materials incidents and RMCPP 3.3 Scrap Yard Incident Response describes the response to specific scrap yard incidents.

For event response, the procedures are consistent with, but not identical to, those of the NRC. They address immediate response and actions to mitigate an event; follow-up inspections and enforcement actions; notifications to licensing staff; reports to the incident file; and notification to other affected licensees of generic problems. The allegations procedure addresses allegation response, follow-up, and closeout. It provides, where appropriate and possible, for the protection of the identity of a person making an allegation and other confidential information.

Indiana Department of Homeland Security

Radioactive Materials Control Program

Radioactive Materials Control Program Procedure 3.1, Revision 0

Management of Allegations

Prepared By:	**Date:**
Reviewed By:	**Date:**
Approved By:	**Date:**
Effective Date:	

Revision	Date	Description of Changes
0		

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1.0 PURPOSE

1.1 Applicability

This procedure is to ensure that any allegation made against a licensee is properly addressed and to provide guidance to protect the identity of the alleger. Actions taken in response to an allegation include investigation, documentation, and enforcement, as appropriate. If, at any time, the need for criminal investigatory capacity is required, (for example thefts and/or terrorist activity, as described in Section 3.1.2) contact the Local Law Enforcement Agency (LLEA) and/or the Indiana State Police and/or other state and federal agencies such as the U.S. Federal Bureau of Investigation (FBI), as appropriate. The FBI should be notified if an event involves the possibility of theft or terrorist activities. The Indiana Department of Homeland Security (Department) shall promptly notify the Nuclear Regulatory Commission (NRC) Operations Center (Phone: 301-819~~9~~6-5100; Email: HOO.HOC@nrc.gov; or Fax: 301-816-5151) after contacting the appropriate LLEA and/or FBI in cases involving actual or attempted theft, sabotage, or diversion of radioactive materials as indicated in Appendix A of SA-300.

1.2 References

1.2.1 NRC Management Directive 8.8, “Management of Allegations”
1.2.2 NRC Inspection Manual Chapter 2800 “Materials Inspection Program”
1.2.3 SA-300, “Reporting Material Events”
1.2.4 Indiana Radioactive Materials Control Rule

1.3 Files

1.3.1 All allegation-related documentation is to be maintained in a secured Allegation File in the Radioactive Materials Control Program (RMCP).
1.3.2 Allegations Files are secured when not in use and access is controlled and limited to RMCP staff who are actively using the particular case file. Electronic Allegation Files shall be limited to RMCP staff required to address the allegation who have authorized access to the secured spaces.

1.4 Definitions

1.4.1 Agency: The Radioactive Materials Control Program (RMCP) of the Indiana Department of Homeland Security (IDHS or Department).

1.4.2 Allegation: A declaration, statement, or assertion of impropriety or inadequacy associated with RMCP regulated activities, the validity of which has not been established. This term includes all concerns identified by individuals or organizations regarding activities at a licensee's or applicant's facility. Excluded from this definition are:-

- Technical questions generated by RMCP staff. RMCP staff members should direct their technical concerns to the RCPD or designee for evaluation within appropriate processes (e.g., inspection program, differing professional opinion program).
- Inadequacies provided to RMCP staff members by a licensee employees acting in their official capacity.
- Matters already entered into a licensee's corrective action program that are not otherwise accompanied by an assertation of inadequate licensee follow-up
- Matters being handled by other formal processes, such as contentions filed in hearings or other formal proceedings.
- Misconduct by an RMCP employee.
- Non-radiological occupational health and safety issues.
- Licensing activities that are forwarded to the RMCP that involve law enforcement and other Government agencies.

Note: Although the source is not external to the RMCP, matters identified by RMCP staff that involve potential wrongdoing are also tracked as allegations. It is also noted that allegation concerns are not limited to matters that constitute a potential violation of RMCP requirements.

1.4.3 Allegation File: A secure hardcopy or electronic file that contains the documentation concerning the allegation, accessible to RMCP staff and secured by the RMCP.

1.4.4 Alleger: An individual or organization that makes an allegation. The alleger may be known or anonymous.

1.4.5 Confidentiality: The protection of the alleger's identity. Every effort will be made to protect information that could directly or otherwise identify an individual by name or the fact that a confidential source provided such information to the RMCP (see attachment 3.1-4). Electronic communications may not be secure for confidentiality purposes.

1.4.6 Confidential Source: An individual who request and, to the extent possible, is granted confidentiality in accordance with 3.2 of these procedures and the Access to Public Records Act (APRA), Indiana Code 5-14-3 or an individual that requests to remain anonymous for which personal information is not documented.

1.4.7 Investigation: For purposes of this procedure, an activity conducted by the RMCP used to gather information related to the allegation by seeking confirmation to substantiate, evaluate, and resolve an allegation.

1.4.8 Overriding Safety Issue: An issue that may represent an actual or potential immediate and/or significant threat to public health, safety, environment, or security, warranting immediate action by the licensee to evaluate and address the issue.

1.4.9 Personal Identifying Information (PII): Personal information means any information that describes, locates, or indexes anything about an individual or that affords a basis for inferring personal characteristics about an individual including, but not limited to, the individual's education, financial transactions, medical history, criminal or employment records, finger and voice prints, photographs, or the individual's presence, registration, or membership in an organization or activity or admission to an institution. (Indiana Code 4-1-6-1(2))

1.4.10 Requirement: A legally binding obligation such as a statute, regulation, license condition, or order.

1.4.11 Secure Files: Allegation Files are secured when not in use and access is controlled and limited to RMCP staff who are actively using the particular case file because they are required to address the allegation.

1.4.12 Willfulness: There are two types of willfulness:

Deliberate Misconduct: occurs when an individual voluntarily and intentionally (1) engages in conduct that the individual knows to be contrary to a requirement, procedure, instruction, contract, purchase order, or policy of a licensee, applicant for a license, or a contractor or subcontractor of a licensee or applicant for a license; or (2) provides materially inaccurate or incomplete information to a licensee, applicant for a license, or a contractor or subcontractor of a licensee or applicant for a license.

Careless Disregard: Refers to situations in which an individual acts with reckless indifference to at least on or three things: (1) the existence of a requirements, (2) the meaning of a requirements, or (3) the applicability of a requirement. Careless disregard occurs when an individual is unsure of the existence of a requirement, the meaning of a requirement, or the applicability of the requirement to the situation, but nevertheless proceeds to engage in conduct that the individual knows may cause a violation. Although unaware that the actions might cause a violation, the individual proceeds without ascertaining whether a violation would occur.

2.0 RESPONSIBILITIES

2.1 Health Physicist (HP)

2.1.1 Any RMCP staff member may receive or recognize an allegation.

2.1.2 Allegations may be communicated to the Department in person, by telephone, by e-mail or in print.

2.1.3 An allegation also may be recognized by an RMCP staff member in information provided in a public forum including but not limited to television, radio, newspaper, internet, or social media.

2.1.4 RMCP staff will be courteous, professional, and responsive to the alleger and are responsible for recording the initial allegation, any contact information provided, and immediately referring the allegation to a Senior Health Physicist or the Radiation Control Program Director. RMCP staff should inform the alleger of the option to remain anonymous prior to formally documenting any personal identifying information (PII)

2.1.5 This staff member is also responsible for maintaining confidentiality of the alleger and all other confidential information, as allowed by the APRA, Indiana Code 5-14-3.

2.1.6 This information must be documented in attachments 3.1-1 to 3.1-5, and the attachments filed, both electronically and in an Allegation File created specifically for each allegation, with access restricted to RMCP staff when evaluating the specific allegation.

2.1.7 When designated as the Lead Investigator, the HP coordinates with the S/HP or RCPD for the processing and disposition of the allegation. Throughout the investigation, the HP is required to respond in a timely manner commensurate with the seriousness of the allegation and in consultation with the S/HP or RCPD. The response to the allegation will be determined using Attachments 3.1-1 and 3.1-3 to determine the impact and required response.

2.1.8 Prepares all records and reports concerning the allegation. Attachment 3.1-1 Initial Allegation Contact Log must be filled out in entirety, along with Attachment 3.1-3 Allegation Screening Form. These records and reports will be used if the allegation is required to be reported to the NRC and through the Nuclear Materials Event Database (NMED). The HP is responsible for maintaining confidentiality of the alleger's PII and any other information deemed confidential and must discuss and provide a copy of Attachment 3.1-4 Acknowledgement Letter to Alleger.

2.1.9 Not all allegations will require immediate response. The HP must use Attachment 3.1-1 Initial Contact Log to determine if the reported allegation required immediate attention. The HP, in consultation with the S/HP and RCPD or designee, will determine the required response to the allegation. All allegations should be addresses by the RMCP within 90 days of initial

contact or sooner in accordance with section 3.3. It may take additional time to investigate and close each case.

2.2 Senior Health Physicist (S/HP)

2.2.1 Manages the response to allegation and maintains a filing system to track, resolve, and conduct periodic reviews of the allegations for their resolution/disposition (Allegation File).

2.2.2 Informs the RCPD of the status of the investigation and recommends appropriate actions in response to allegations.

2.2.3 Instructs RMCP staff on requirements of confidentiality and informs RMCP staff who received original information of their responsibility to protect the confidentiality of the alleger and all other confidential information within the allegation, as allowed by the APRA, Indiana Code 5-14-3.

2.2.4 Upon being informed of an incident through an inspection or investigation of the allegation, the S/HP will respond in accordance with RMCPP 3.2 Incident Response.

2.2.5 The S/HP coordinates with the RCPD for the processing and disposition of the allegation. Throughout the investigation the S/HP is required to respond in a timely manner commensurate with the seriousness of the allegation and in consultation with the RCPD. The response to the allegation will be determined using Attachments 3.1-1 and 3.1-3 to determine the impact and required response.

2.2.6 Prepares all records and reports concerning the allegation. Attachment 3.1-1 Initial Allegation Contact Log must be filled out in entirety, along with Attachment 3.1-3 Allegation Screening Form. These records and reports will be used if the allegation is required to be reported to the NRC and through the Nuclear Materials Event Database (NMED). The HP is responsible for discussing and providing a copy of Attachment 3.1-4 Acknowledgement Letter to Alleger.

2.2.7 Not all allegations will require immediate response. The S/HP must use Attachment 3.1-1 Initial Contact Log to determine if the reported allegation required immediate attention. The S/HP, in consultation with the RCPD or designee, will determine the required response to the allegation.

2.3 Radiation Control Program Director (RCPD)

2.3.1 If the RCPD is unavailable, or unable to perform their duties, the RCPD can a designee to perform their assigned duties.
2.3.2 Reviews and approves recommendations made by the HP and/or S/HP before actions are taken in response to allegations.
2.3.3 Authorizes the release of the identities of allegers as provided in section 3.2 after consultation with legal counsel.
2.3.4 Requests legal assistance from the IDHS Office of General Council, if required.
2.3.5 Refers allegations to the Nuclear Regulatory Commission or another Agreement State Radiation Control Program, if applicable.
2.3.6 Document any required procedural deviations.

3.0 PROCEDURE

3.1 Initial Contact

3.1.1 Evaluation is accomplished by technical review of the allegation, inspection, and information requested from the affected licensee, the individual informer, another Agreement State, or the NRC. As much information as possible is obtained and recorded from the alleger on the Initial Contact Log, (Attachment 3.1-1). If the notification is forwarded or received from the NRC, another state, or a local agency, use the same form, and record all the information from the agency, individual or organization contact. Note on the form the contact's information in case questions arise. For email, fax, regular mail, or any form of communication may attend the alleger's identity, RMCP staff must ensure that the identity is protected as indicated in section 3.2 of this procedure.

3.1.2 If the allegation involves discrimination on the basis of age, sex, race, etc., refer the alleger to the Indiana Civil Rights Commission (ICRC) and the Department of Labor (DOL). Ensure the alleger understands that the timeliness requirement for filing a complaint with the DOL is 180 days.

3.1.3 If the allegation requires criminal investigatory capacity, notify and request assistance from the LLEA and/or the Indiana State Police, and/or other federal agency such as the FBI, NRC Operations Center (Phone: 301-816-5100; Email: HOO.HOC@nrc.gov; or Fax: 301-816-5151) as appropriate.

3.1.4 If the alleger refuses to provide his/her name or other form of identification, then obtain as much information as possible and advise the alleger that he/she may submit a public records request to obtain information regarding the response to the allegation.

3.1.5 Address the issue of confidentiality with the alleger in accordance with section 3.2.

3.1.6 Inform that S/HP or RCPD of the allegation and submit completed Attachment 3.1-3. The alleger's identity, or information that could reveal that identity, should be imparted to staff on a need-to-know basis and should not be revealed to personnel outside the Department, unless as required by the APRA. All documentation pertaining to the allegation shall be securely stored. Electronic Allegation Files are secured in a file folder dedicated to the RMCP allegations. Hard copies, when not in use, are limited to the RMCP staff in a locked secure file cabinet. See attachment 3.1-4

3.1.7 Allegations received will undergo an initial screening (see Attachment 3.1-1 & 3.1-3). Generally, action will not be taken to determine the validity of an allegation, nor will an allegation be discussed with licensees or other affected organizations, until after the allegation has been discussed with the S/HP, RCPD, and IDHS General Council. If those parties determine that an allegation proves to be unsubstantiated (unconfirmed), the alleger will be notified of the findings of the allegation disposition and the allegation management process will be terminated.

3.1.8 Allegations received by the RMCP staff, are given a sequential number (INA-24-001) and an Allegation File is created. Electronic documents are placed in files accessible only to RMCP staff. Hardcopy records are scanned to electronic files where they will be secure.

3.1.9 Provide the initial notification to the alleger by phone and document with a letter (Attachment 3.1-5) to the alleger. Include in the notification that the Department will evaluate the licensee's activities and response, and that the alleger will be informed of the final disposition of the allegation.

3.2 Disclosure of Alleger's Identity and Confidential Information

3.2.1 RMCP will make all reasonable efforts to maintain as confidential any information provided by the alleger that meets the criteria below. However, RMCP cannot guarantee confidentiality once the investigation is complete. Disclosure of an alleger's identity may be made in accordance with this section. RMCP will mark all information deemed confidential as such on both hard copy and electronic files. Prior to terminating initial contact with the alleger, inform the alleger of the degree to which their identity can be protected, including but not limited to the following:

3.2.1.1 Confidential information including that which would reveal that identity, will be shared with RMCP staff on a need-to-know basis. Confidential information that needs to be protected includes, but is not limited to the following:

- Birthdate
- Name
- Date and place of birth
- Social Security Number
- State issued drivers identification number
- Address
- Telephone number
- Medicare card
- Hospital medical records number
- Passport
- Mother's maiden name
- Biometric records
- Educational records
- Financial records
- Any additional personally identifiable information (PII) and/or sensitive information.

3.2.1.2 All confidential information including information regarding the alleger's identity will be stored in a secure file electronically and the hard copy file will be secured at all times and under the control of the RCPD or designee, in the same manner as Allegation Files.

3.2.1.3 Hard copy Allegation Files are stored in a secured location when not in use and access is controlled and limited to RMCP staff who are actively using the particular case file. Electronic Allegation Files are limited to RMCP staff required to address the allegation and authorized to access the electronically secured restricted drive.

3.2.1.4 Inspection reports and correspondence with licensees, other agreements states, federal agencies (including NRC), other organizations, or individuals will contain no confidential information or information that could lead to the identification of the alleger or confidential source.

3.2.1.5 The alleger's identity and all confidential information regarding the alleger's identity will not be disclosed outside of the RMCP, except under the conditions stipulated in this section.

3.2.2 Inform the alleger that disclosure of his or her identity or of confidential information may occur based on the criteria listed in Attachment 3.1-2 and that it may not be possible to determine the extent to which PII will be disclosed before completing the investigation or obtaining more information.

3.2.3 Obtain approval from the RCPD with consultation IDHS General Counsel prior to any mandated disclosure.

3.2.4 Regardless of means by which an allegation is made, if the alleger's identity is known, then inform the alleger by letter within 30 working days

of the degree to which his or her identity can be protected as described in 3.2.1 through 3.2.3 using Attachment 3.1-5 Acknowledgement Letter to Alleger.

3.2.5 If the alleger wishes to remain anonymous but is providing information confidence, inform the alleger that a nondisclosure statement (Attachment 3.1-2) is available and will be sent to them via certified mail.

3.3 Controlling Allegations

3.3.1 Allegations should be addressed according to the guidelines listed below:

3.3.1.1 Overriding safety issues – shall be addressed immediately,

3.3.1.2 High safety significance – should be addressed expeditiously, usually within 30 working days. If more time is needed to address the allegation the RCPD or designee should be notified of the circumstances of the allegations requiring more time and will be documented; or

3.3.1.3 Low safety significance - should be addressed as priorities and resources permit, usually within 6 months of receipt. If more time is needed to address the allegation the RCPD or designee should be notified of the circumstances of the allegations requiring more time and will be documented.

3.3.2 Action by the RCPD or designee

3.3.2.1 Appoint a Lead Investigator for the allegation.

3.3.2.2 Ensure an Allegation File is opened for the allegation.

3.3.2.3 With the assistance of the Lead Investigator, perform an immediate assessment of the allegation in accordance with Attachment 3.1-3 to determine if an overriding safety issue exists.

3.3.2.4 An allegation is a declaration, statement, or assertion of impropriety or inadequacy associated with RMCP regulated activities, the validity of which has not been established. This term includes all concerns identified by individuals or organizations regarding activities at a licensee's or applicant's facility or in the public domain. Allegations include but are not limited to:

- Potential wrongdoing by a licensee, staff, or contractor;
- A concern about a safety-conscious work environment problem at a facility;
- Deliberately falsifying records;
- Bypassing safety interlocks.

If multiple allegations are made, as described above, the RCPD and S/HP must determine the priority of the allegations.

3.3.2.5 Any allegation determined to be an overriding safety issue having a significant potential risk to public health and safety, security, and/or the environment will cause an immediate evaluation by the RMCP. This evaluation may include the RCPD, a legal representative, and other members of the RMCP staff. All discussions with a legal representative concerning suspected wrongdoing shall be documented and filed within the Allegation File, and, if appropriate, the licensee's folder within WBL.
3.3.2.6 As necessary, brief the RCPD on the evaluation findings and recommendations.
3.3.2.7 Upon finding of an incident, immediately implement RMCPP 3.3 Incident Response.

3.3.3 Evaluation by Lead Investigator

3.3.3.1 In consultation with the S/HP, perform an immediate assessment of the allegation in accordance with Attachment 3.1-3 to determine of an overriding safety issue exists.
3.3.3.2 Determine, in conjunction with the S/HP, the actions necessary for resolution of the allegation including an investigation, enforcement actions (per RMCPP 2.5), etc.
3.3.3.3 Identify additional resources required for resolution of the allegation.
3.3.3.4 Develop a schedule for the resolution of each allegation consistent with the inspection schedule, unless the priority of the allegation causes immediate action.
3.3.3.5 With the approval of the S/HP, implement actions necessary for resolution of the allegation.
3.3.3.6 If an inspection is performed, focus should be placed not only on the particular allegation, but also on the overall area of concern, including safety culture. If the Lead Investigator receives notification of the finding of an incident, implement RMCPP 3.2 Incident Response and advise inspection staff of immediate actions taken to mitigate the incident and notify the S/HP.

3.4 Referral of Allegations to Licensees

3.4.1 The decision whether or not to refer an allegation to the licensee will be made upon the recommendation of the Lead Investigator with the approval of the RCPD and based on the considerations delineated in 3.4.1 and 3.4.2. If an allegation raises an overriding safety issue, the substance of the allegation will be released to the licensee, to confirm the issue in writing of the reported allegation and to request pertinent information regardless of the need to protect the identity of the alleger or the confidential information, if release of

the information is necessary to protect public health, safety, environment, or security. In this instance, the reference to 30 calendar days in 3.4.3.2 will be waived.

3.4.2 Prohibitions on Referrals

Do not refer the allegation to the licensee if any of the following apply:

- The identity of the alleger or confidential source who has requested protection of identity, and confidential information, would be compromised by the information being released to the licensee unless the allegation raises an overriding safety concern.
- The evaluation of the allegation would be compromised because of knowledge gained by the licensee.
- The allegation is made against the licensee's management or those parties who would normally receive and address the allegation.
- The allegation is based on information received from a federal agency that does not approve of the information being released to the licensee.
- The alleger has previously addressed the allegation with the licensee with unsatisfactory results and/or the alleger objects to a referral.
- Allegation involving willfulness.
- Allegation involving criminal negligence, intentional or knowing behavior, or careless disregard

Note: If the above criteria conflicts with those for public release as described in Attachment 3.1-2, discuss the referral with legal counsel.

3.4.3 Referral Criteria

3.4.3.1 Consider the following when determining whether to refer an allegation(s) to a licensee:

- Could the release of information bring harm to the alleger or confidential source?
- Has the alleger or confidential source objected to the release of the allegation to the licensee?
- What is the licensee's history of addressing allegations?
- What is the likelihood that the licensee will effectively investigate, document, and resolve the allegation?
- Is there any other relevant reason to withhold the information?

3.4.4 Informing the Alleger

3.4.4.1 Prior to referring an allegation to a licensee, make all reasonable efforts to inform the alleger or confidential source of the intent to refer, unless there is an overriding safety issue.

3.4.4.2 If the alleger or confidential source cannot be reached by telephone, then inform the alleger or confidential source by certified letter of the intent to refer the allegation to the licensee.

3.4.4.3 If the alleger or confidential source objects to the referral or does not respond to the letter within 30 calendar days, and the factors described in section 3.4.1 and 3.4.2 concerning the referral prohibitions and allowances and 3.3.2.5 concerning an overriding safety issue have been considered, then refer the allegation to the licensee.

3.4.5 Referral Letter to Licensee

3.4.5.1 Referrals should be made by RCPD or designated staff.

3.4.5.2 If a referral of an allegation is to be made to the licensee, then ensure that referral letter contains the following:

- A complete description of the elements of the allegation, excluding the identity of the alleger or confidential source, and any confidential information that could result in the licensee identifying the alleger or confidential source.
- A statement that the referral is a result of an allegation against the licensee.
- A request to the licensee to thoroughly review the elements of the allegation in a manner that is objective, of sufficient scope, and sufficient depth to resolve the allegation.
- A written report of the results of the review should be submitted to the Department within 30 working days of receipt by the licensee of the referral letter.

3.4.5.3 If the allegation was received in writing, then do not include a copy or the original written information from the alleger or confidential source in the written referral to the licensee, unless written permission from the alleger or confidential source has been obtained.

3.4.5.4 Ensure a copy of the referral letter is entered into the Allegation File.

3.4.6 Licensee Response

3.4.6.1 The RCPD or designee is responsible for determining whether the licensee response is adequate and for directing further actions to be taken in response to the licensee's review of an allegation.

3.4.6.2 Evaluation of the adequacy of licensee's response is completed by considering, at a minimum, all the following factors:

- Was the evaluation conducted by an entity independent of the organization in which the alleged event occurred?
- Was the evaluator competent in the specific functional area in which the alleged event occurred?
- Was the evaluation of adequate depth to establish to scope of the problem?

- Was the scope of the evaluation sufficient to establish that the alleged event or problem was not a systemic defect?
- If the allegation was substantiated, did the evaluation consider the root cause and generic implications of the allegation?
- Was the licensee's corrective action sufficient to prevent, alleviate, or correct deficiencies in both the specific and generic instances, and in the short and long term?

3.4.6.3 If the licensee's response is adequate, then notify the licensee within 30 working days that the response is adequate and that no further action is required. The response will be incorporated in the closeout letter to the alleger or confidential source.

3.4.6.4 If the licensee's response is considered to be inadequate, then determine the additional actions required to resolve the allegation, including an investigation, enforcement actions (per RMCPP 2.5), etc.

3.4.6.5 Ensure a copy of both the licensee's response and the Department's response letter are entered into the Allegation File.

3.5 Investigations

3.5.1 If the allegations cannot be referred to the licensee (see subsection 3.4.1); is not resolved by the licensee; or, involves possible willfulness, an investigation shall be performed, preferably by the Lead Investigator. The investigation may be included as part of a routine inspection or may involve only the allegation(s).

3.5.2 When conducting an investigation in response to an allegation, use all of the following techniques:

- Inspect the issue, not the alleger or confidential source.
- Avoid prejudgment.
- Do not communicated that the specific issue was raised by an alleger or confidential source (see subsection 3.4.4).
- Take extensive notes and obtain copies of pertinent records, if possible.
- Interview employees regarding relevant procedures and activities.
- Verify any assertions may by the licensee.

3.5.3 If investigation of the allegation is determined to have a negative impact on public health or safety or environment, immediately take action to mitigate the incident and immediately notify the RCPD or designee (see RMCPP 3.2 *Incident Response)*

3.5.4 Notify the RCDP or designee to consult with legal counsel.

3.5.5 Document the results of the investigation in a written report and submit to RCPD or designee.

3.5.6 Ensure a copy of the investigation report is entered into the Allegation File.

3.5.7 Send a closeout letter to the alleger, if possible, documenting the results of the investigation.

3.6 Close Out

3.6.1 The RCPD or designee shall determine when there is sufficient information to close out the allegation and indicate in the investigation report or licensee response letter satisfactory response.

3.6.2 The Allegation File should be update and closed. If appropriate, a copy of all information should be placed in the licensee's file.

3.6.3 If contact information was provided, a letter should be reviewed by the RCPD or designee and sent to the alleger or confidential source of the findings of the allegation indicating that it has been considered closed.

3.6.4 Regardless of whether an investigation was conducted in response to the allegation or not, the Lead Investigator should place a note in the licensee's file. Note: this documentation may be subject to FOIA.

3.6.5 If an incident was discovered through inspection or investigation, ensure all notifications required to NRC and NMED were made in accordance with RMCPP 3.2 *Inspection Response*. Refer to RMCPP 3.2 for follow up guidelines. Refer to RMCPP 2.5 *Enforcement, Escalated Enforcement, and Administrative Actions* if enforcement actions are necessary. If the cause was a possible generic problem, notify other affected licensees.

3.7 Coordinating with Other Agencies

3.7.1 In the case of complaints or allegations involving other local, state, or federal agency's jurisdiction, the Health Physicist should withhold the information from the licensee and elevate the concerns to the attention of the S/HP or RCPD, or designee while still onsite. The RCPD or designee will make referrals as appropriate.

3.7.2 Allegations involving healthcare facilities shall be coordinated with the Indiana Department of Health.

3.7.3 If, at any time, the need for criminal investigatory capacity is required, (for example thefts and/or terrorist activity, as described in Section 3.1.3) contact the Local Law Enforcement Agency (LLEA) and/or the Indiana State Police and/or other state and federal agencies such as the U.S. Federal Bureau of Investigation (FBI), as appropriate. The FBI should be notified if an event involves the possibility of theft or terrorist activities. The Indiana Department of Homeland Security (Department) shall promptly notify the Nuclear Regulatory Commission (NRC) Operations Center (301-819-5100) after contacting the appropriate Law

Enforcement Agency and/or FBI in cases involving the actual or attempted theft, sabotage, or diversion of radioactive materials as indicated in Appendix A of NRC SA-300.

3.7.4 If the allegation involves federally recognized tribal land or federally licensed entity, the allegation should be referred to the Nuclear Regulatory Commission for handling. Allegations involving another Agreement State should be referred to the Agreement State Radiation Control Program by the RCPD or designee.

3.8 Attachments

Attachment 3.1-1: Initial Contact Log

Attachment 3.1-2: Nondisclosure Statement

Attachment 3.1-3: Allegation Screening Form

Attachment 3.1-4: Information and Files

Attachment 3.1-5: Acknowledgement Letter to Alleger

Indiana Department of Homeland Security
Radioactive Materials Control Program

ATTACHMENT #3.1-1
Radioactive Materials Control Program
Initial Allegation Contact Log

NAME: _____

TITLE: _____

INDIANA DEPARTMENT OF HOMELAND SECURITY
Radioactive Materials
Control Program

INITIAL ALLEGATION CONTACT LOG

INSTRUCTIONS:
This log is to be used to record the information gathered in an allegation against a licensee or registered user.

Has the individual been informed of the conditions regarding confidentiality.

- □ The individual has requested to remain anonymous and requested that their personal identifying information not be documented.
- □ Individual has declined anonymity and has been notified of potential disclosure in accordance with Attachment 2

ALLEGER INFORMATION:

Individual's full name:	Telephone number: Email Address:
Position or relationship to the facility or activity involved:	Alleger's employer:
Home mailing address:	Facility/location:

What sort of activities or practices did this involve? What have they observed? Use back for additional information.

NATURE AND DETAILS OF THE ALLEGATION:

How long has this activity been occurring?	Description of Concern
Is this a current or past unsafe practice?	
How did the individual find out about the concern?	

Date(s) and times of occurrence:
Location of occurrence (if different) and directions (if needed)

Are there other individuals that should be contacted for additional information? (list names, addresses, phone numbers if available)
What records does the individual think should be reviewed?
Has the individual raised the concerns with his/her management? □ Yes What action has been taken? □ No Why not?
** If the allegation involves discrimination because of age, sex, race, etc., inform the alleger that they should contact Indiana Civil Rights Commission Toll Free: (800) 628-2909; Fax: (317) 232-6580; Website: www.in.govicrc ** If this allegation was forwarded from another agency, indicate who the contact was that provided the notification: Agency: Region/Office: Name: Telephone:
ACTIONS TO BE TAKEN:
Refer this to the Radiation Control Program Director
If this issue was referred to another agency, please list the name of agency:

ADDITIONAL COMMENTS OR INFORMATION:

Indiana Department of Homeland Security
Radioactive Materials Control Program

ATTACHMENT #3.1-2
Radioactive Materials Control Program
Nondisclosure Statement

NAME: _____

TITLE: _____

Nondisclosure Statement

I have information that I wish to provide in confidence to the Indiana Department of Homeland Security (IDHS), Radioactive Materials Control Program (RMCP). I request that the RMCP not reveal that I am the source of the information.

During an inquiry or investigation, the RMCP will make its best effort to avoid actions that would clearly be expected to result in disclosure of my identity.

My identity may be divulged outside the RMCP in any one or more of the following situations:

- When disclosure is necessary because of an overriding safety issue. The RMCP staff will attempt to contact me prior to any disclosure.
- When a court orders such disclosure.
- When the RMCP request disclosure for enforcement proceedings.
- In response to a legislative request. While such a request will be handled on a case-by-case basis, the RMCP will make its best effort to limit the disclosure to the extent possible.
- When requested by a federal or state agency in furtherance of its statutory responsibilities and the RMCP finds that furtherance of the public interest requires such release.
- When the State of Indiana Attorney General or a local or state law enforcement agency is pursuing an investigation, my identity may be disclosed without my knowledge or consent.
- When I have taken actions that are inconsistent with and override the purpose of protecting my identity.
- When I have taken actions that are inconsistent with and override the purpose of protecting my identity.
- Disclosure is mandated by the Access to Public Records Act (APRA), Indiana Code 5-14-3.

My identity will be withheld from the RMCP staff, except on a need-to-know basis. Consequently, I acknowledge that if I have further contact with RMCP personnel, I cannot expect that those people will be cognizant of my desire to remain anonymous, and it will be my responsibility to bring that point to their attention if I desire similar treatment for the information provided to them.

I have read and fully understand the information above.

Signature: _____Date: _____

Address: _____

_____

Indiana Department of Homeland Security
Radioactive Materials Control Program

ATTACHMENT #3.1-3
Radioactive Materials Control Program
Allegation Screening Form

NAME: _____

TITLE: _____

ALLEGATION SCREENING FORM

a) Is there an immediate safety concern that must be quickly addressed?
b) Is the allegation a specific safety or quality issue or a generalized concern?
c) Has the staff previously addressed this issue or a similar issue?
d) Has there been a substantial number of allegations on similar concerns?
e) What is the time sensitivity of the allegation and what immediate actions are necessary?
f) What is the potential for wrongdoing, and will investigative assistance be needed?
g) Does the allegation package contain sufficient information for a thorough evaluation? If not, identify the additional information needed.
h) Can the issues be adequately addressed by a routine technical inspection? If not, determine the best way to address the issues.
i) Identify any peripheral issues that could develop.
j) Are any licensing actions or enforcement actions pending that could be affected by the allegation? When an allegation involved a case with pending licensing action, the HP or S/HP working on the case should be promptly notified.
k) Can inspection resources be effectively utilized pursuing the issue of is the allegation too vague of frivolous?
l) Is further consideration of the allegation required? If not, inform the alleger in a courteous and diplomatic manner of the rationale for not considering it further. Consult the Radiation Control Program Director and the IDHS General Council for a final decision before doing so.

m) Can licensee resources reasonably be used in resolving the allegation to conserve staff resources?
n) Does the allegation have the potential to require escalated enforcement action?

Indiana Department of Homeland Security
Radioactive Materials Control Program

ATTACHMENT #3.1-4
Radioactive Materials Control Program
Handling of Information and Files

NAME: _____

TITLE: _____

Handling of Information and Files

Upon receipt of an allegation and during the investigation of an allegation, the alleger may expect that his/her identify will be protected. While the RMCP cannot withhold information in the situations outlined in Attachment 3.1-2, the RMCP will take all reasonable steps to minimize the use of the alleger's identity and/or any identifiable information. Basic program rules to protect the identity of the alleger and other identifiable information are outlined below.

1) Restrict staff discussions to those individuals who truly need-to-know.

The alleger's identity and other information that would reveal their identity should be restricted to only those RMCP staff that are involved in the investigation.

2) Restrict access to the hardcopy and computer files by storing in a secure file.

All information regarding the alleger's identity and other confidential information will be stored in the specific Allegation File. The Allegation File will be maintained in a secured filing cabinet and an electronic restricted drive accessible only those working directly with the investigation. When an electronic or paper copy is in use, the RMCP staff member using the file is responsible for always controlling access to it when the file is not locked up or closed electronically.

3) Protect access to information during work.

Files are not left lying open if the work area is not occupied. Computer screens are not left open if the work area is not occupied. At the end of the day, the hardcopy Allegation File is placed in the secured filing cabinet. Computer files are saved on the secured computer space. Drafts are not developed outside this computer space. Field notes, received forms, etc. are kept secured or are disposed of.

4) Be wary of emails if you must use them.

Emails are to be sent encrypted and being very careful to enter the correct email address. Prior to sending emails including documents/attachments, calls should be made to alert the recipient, and a read receipt should be requested to confirm the email was received.

5) Ensure that reports and correspondence to other entities do not contain information that could lead to the identification of the alleger or confidential source or other confidential information.

Other entities could include: the licensee, applicant, the Nuclear Regulatory Commission or other federal agency, another state or local agency, or another agreement state. If the RMCP has chosen to refer the allegation to the licensee, the original information submitted by the alleger should be omitted. The information should be re-worded to reflect the basic facts, and any language should be removed that could be used to identify the alleger.

Indiana Department of Homeland Security
Radioactive Materials Control Program

ATTACHMENT #3.1-5
Radioactive Materials Control Program
Acknowledgement Letter to Alleger

NAME: _____

TITLE: _____

Acknowledgement Letter to Alleger

<Utilize Department of Homeland Security Letterhead>

Date

Mr. John Doe

1234 ABC Street

Anytown, IN 46XXX

Dear Mr. Doe:

This letter refers to your contact with <specify individual> of the Indiana Department of Homeland Security (IDHS), Radioactive Materials Control Program (RMCP) on <specify date>, in which you expressed concern related to <specify licensee/company/etc.>. <Specify concern e.g., you were concerned that you used a Troxler portable gauge without receiving proper training and transported the device in your personal vehicle.>

In addition, according to your contact with RMCP staff, we understand that you did/did not object to having your allegation referred to <specify licensee/company/etc.>.

<Specify actions taken in response and include detailed information such as: On October 18th RMCP staff performed a routine health and safety inspection of Company X and focused on an investigation of your allegation. During this investigation, RMCP staff determined that you logged out the Troxler portable gauge at the Sample Jobsite in July prior to your August 2nd training certificate. Specify any other relevant information found related to the allegation such as: We were also able to determine that authorized users including yourself were allowed to perform work with the portable gauge without being issued dosimetry, which is a violation of the license.>

<Specify agency actions such as: subsequently, the IDHS has issued violations based upon the inspection and investigation.>

If you have any questions or further concerns, please contact me at <specify contact number> or <specify email address>.

Sincerely,

Name

Title