

WASHINGTON STATE 2024 PROGRAM IMPROVEMENT PLAN December 11, 2025							
ML25346A021							
RECOMMENDATION	TASK	MILESTONES	ACTIONEE	PLANNED COMPLETION DATE	ACTUAL COMPLETION DATE	STATUS	COMPLETE (YES/NO)
TECHNICAL STAFFING AND TRAINING – Satisfactory, but needs improvement (Complete)							
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.	A. Revise Staff Training & Qualifications Procedures.	A. Review Procedure to determine if all objectives for IMC 1248 Appendices A and B are included.	A. RHP	A. 9/30/2024	A. 9/17/2024	A. Procedure was reviewed.	YES
	B. Update procedures with any identified deficiencies from the review and MRB Report.	B. Update the procedure with deficiencies identified during review of IMC 1248, to include adding NRC training courses G-109, G-205, H-201 and H-308 or equivalent. In addition, the procedure must provide guidance on how to justify and document interim qualifications.	B. RHP	B. 12/15/2024	B. 11/27/2024	B. Procedure drafted to include updated identified deficiencies. Draft procedure provided to management.	YES
	C. Approve procedure and train staff.	C. Supervisor and Associate Director review redlined procedure and ensure all essential objectives or IMC 1248 appendices A, B, E, H and I are included. Provide training in staff meeting.	C. Supervisor, Associate Director	C. 12/30/2024	C. 2/11/2025	C.1 – During supervisor and associate director review additional clarifications were added to the procedure. Final draft scheduled to be approved 1/17/2025. Training of staff occurred on 1/21/2025.  C.2 – Procedure was finalized and signed on 2/6/2025.	YES

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						C.3 – Training was provided to staff on 2/11/2025.	
	D. Conduct review of staff Qualification Records to ensure they meet procedure requirements.	D. Review individual staff records identify and gaps with new procedure. Alert the staff and management where gaps occur. (Transfer completed items from old records to new form)	D. Supervisor, Associate Director	D. 1/10/2025	D. 2/10/2025	D.1 – Do not expect any major gaps but want to do our due diligence to ensure compliance with the new procedure.  D.2 – Review of staff training records has already begun expected to be completed by implementation date of 1/31/2025.  D.3 – Review of staff training was completed by the Section Supervisor.	YES
	E. Establish a procedure implementation date.	E. Establish an implementation date at which the procedure will go into effect and notify staff.	E. Supervisor	E. 1/10/2024	E. 1/13/2025	E. Procedure implementation date was 1/31/2025 and is actively in use.	YES
<b>STATUS OF MATERIALS INSPECTION PROGRAM - Unsatisfactory</b>							
Perform a root cause analysis of the cause for overdue inspections and provide a list of corrective actions with a schedule to complete the implementation of the corrective actions within 6 months. (April 4, 2025)	A. Establish Root Cause Analysis Team.	A. Identify team members to include RHP3, RHP2, AA3.	A. Supervisor, Associate Director	A. 11/15/2024	A. 12/9/2024	A. Team was established and met.	YES

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	B. Complete root cause analysis.	B. Teams completes root cause analysis (using fishbone diagram methodology).	B. RHP(s)	B. 12/31/2024	B. 1/22/2025	B. Two root cause meetings were held on 12/18/2024 and 1/8/2025. The third and final meeting occurred on 1/22/2025.	YES
	C. Present results of root cause analysis to Supervisor and Associate Director.	C. Analysis Team identifies root cause(s) and corresponding basis for root cause determination to Supervisor and Associate Director.	C. RHP(s), Supervisor, Associate Director	C. 1/20/2025	C. 2/11/2025	C. Draft report was provided to Radioactive Materials Section Supervisor and Associate Director.	YES
	D. Determine necessary corrective actions.	D. Based on root cause(s) identify necessary corrective actions and develop implementation plan, to include necessary procedure modifications and staff training	D. RHP(s), Supervisor, Associate Director	D. 2/28/2025	D. 3/12/2025	D. Completed the crosswalk of corrective actions with other corrective actions already in place to ensure continued effectiveness.	YES
	E. Provide report and corrective actions to NRC for review.	E. Receive feedback from NRC review of root cause analysis report and corrective actions		E.1 - 2/12/2025 E.2 - 3/12/2025 E.3 - 4/15/2025	E.1 - 2/12/2025 E.2 - 3/12/2025 E.3 - 4/15/2025	E.1 – Provided a draft hard copy and electronic copy of the root cause to NRC (Farrah Gaskins) on 2/12/2025.  E.2 – Provided draft final copy to the NRC (Tammy Bloomer) of the root cause and cross walk of corrective actions on 3/12/2025.  E.3 –During the Periodic Meeting on 4/15/2025, the NRC notified WA DOH that they will not be providing feedback on the report. The copy provided on to the NRC on 3/12/2025 is considered the final report.	YES

RECOMMENDATION	TASK	MILESTONES	ACTIONEE	PLANNED COMPLETION DATE	ACTUAL COMPLETION DATE	STATUS	COMPLETE (YES/NO)
	F. Enact implementation plan.	F. Implement corrective actions from implementation plan. Assign procedure updates to staff, set up training dates, etc.	F. RHP(s), Supervisor, Associate Director	F. 3/31/2025	F. 3/12/2025	F. Corrective actions as identified in the 3/12/2025 Root Cause Analysis Report, are being implemented, and in accordance with the schedule outlined in the Corrective Action plan.	YES
	G. Completion of the implementation plan.	G. Completion of the correction actions in the Root Cause Analysis Report impletion plan.	G. RHP(s), Supervisor, Associate Director	G. 12/31/2025		<p>G. Implementation efforts are underway as per the Root Cause Analysis Report and schedule. Some corrective actions have been completed, some will be completed prior to the end of 2025, and all will be completed by 12/31/2025.</p> <p><a href="#">G.1 – Radioactive Materials Database went live 12/5/2025 and all future licensing, inspections and incident and allegations actions will be processed and track by the new Radioactive Materials Database Workflows.</a></p>	(95%)
Implement an effective management tool to track the status of the inspection program. Include a schedule of actions to complete implementation within 6 months.	A. Establish management tools for planning, scheduling and tracking inspection.	A. Establish Excel Spreadsheet with all licenses and associated NRC Priority. Excell Spreadsheet shall identify last inspection date, and next inspection due date. Additional open inspections will be tracked during RHP3 Weekly meetings and during weekly staff meetings.	A. Associate Director	A. 10/1/2024	A. 10/1/2024	<p>A. Excel spreadsheet has been created and is currently in use to track upcoming inspections and will be maintained as the ongoing primary tool.</p> <p>(ultimately spreadsheet tracking methodology will be incorporated in the new system database)</p>	YES
	B. Proceduralize and implement the tracking tool.	B. Update inspection procedures to incorporate the use of the tool for inspection scheduling and monitoring.	B. Supervisor, Associate Director	B. 12/31/2024	B. 4/4/2025	<p>B.1 – Excel Spreadsheet tracking tool has been implemented. Still need to complete the update of inspection procedure.</p> <p>B.2 – Procedure still needs to be updated. The tracking tool is being actively used. Budget shortfall and governor directives</p>	YES

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						<p>have impacted available time to update the inspection procedure. Expected completion prior to 4/15/2025.</p> <p>B.3 – Inspection procedure was updated and approved on 4/4/2025 to include Excel Spreadsheet tracking tool.</p>	
	C. Establish inspection schedule for 2025.	C. Schedule meeting with management and staff to plan out schedule for all inspections for 2025.	C. RHP(s), Supervisor, Associate Director	C. 12/31/2024	C. 1/31/2025	<p>C.1 – Complete list of inspections has been completed for the year, and we have gone over the first quarter to determine we still need to complete assignments for the whole year.</p> <p>C.2 – After initiating the process, quarterly scheduling has been put in place and will be conducted instead of completing a whole year schedule.</p>	YES
	D. Establish Quarterly Status meetings.	D. Schedule quarterly meetings for 2025 to review inspection schedule status with staff.	D. Supervisor, Associate Director	D. 12/31/2024	D. 12/20/2024	D.1 – Inspection status is being included as part of weekly staff meeting and RHP3 weekly meetings.	YES
<b>TECHNICAL QUALITY OF INSPECTIONS – Satisfactory (No Recommendations)</b>							
None							
<b>TECHNICAL QUALITY OF LICENSING ACTIONS – Satisfactory, but needs improvement</b>							
Washington should revise their licensing procedure to be compatible with the 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	A. Conduct a review of the Radioactive Materials Section licensing procedure to determine incompatibilities with NUREG-1556, and missing requirements from NUREG-1556.	<p>A. Assign to RHP(s) to review existing licensing procedure to determine compatibility with NUREG-1556 guidance. RHP(s) to identify discrepancies.</p> <p>Use established Licensing Workflow to ensure specific Washington state processes are accurately outlined in the procedure.</p>	A. RHP(s), Supervisor, Associate Director	A. 1/10/2025	A. 12/23/2025	A.1 – Teams were established to work on Licensing Procedure.	YES

RECOMMENDATION	TASK	MILESTONES	ACTIONEE	PLANNED COMPLETION DATE	ACTUAL COMPLETION DATE	STATUS	COMPLETE (YES/NO)
of licenses with the appropriate NUREG-1556.							
	B. Provide findings from procedure review to Supervisor and Associate Director.	B. RHP(s) will present the findings to the Supervisor and Associate Director and update procedure as required.	B. RHP(s)	B. 2/28/2025	B. 4/2/2025	<p>B.1 – Initial date (2/28/25) was deferred due to budget shortfall and governor directives have impacted available time.</p> <p>B.2 – An initial review of NUREG-1556 has been completed, and revisions completed. We have some clarification questions on NRC expectations for compatibility.</p> <p>B.3 – A meeting was held with Farrah and Randy on 4/2/2025. Additional discussions were held with SummitET to ensure the procedure was compatible with NUREG-1556.</p> <p>B.4 – Enhancements to the licensing procedure have been approved, implemented, and used to complete a cross walk with NUREG-1556.</p>	YES

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	C. Update the procedure to correct incompatibility and include missing requirements.	C. Update procedure as required.	C. RHP(s)	C. 8/10/2025	C. <a href="#">9/4/2025</a>	<p>C.1 – To provide clarification to staff, and to build procedural discipline, some modifications to the procedure were made to include the Summit workflow process, update the License QA Review Sheet, information on license terminations, issuing corrected copies of licenses, and clarifying license naming conventions. A complete review of NUREG 1556 is still in progress.</p> <p>C.2 – Current enhancement is planned to be completed on 8/10/2025 and will encompass entire NUREG 1556 review.</p> <p><a href="#">C.3 Final enhancements were completed, and procedure was ready for final review.</a></p>	<a href="#">YES</a>
	D. Approve procedure.	D. Supervisor and Associate Director will review redline strikeout procedure for compatibility with NUREG-1556.	<a href="#">D. Supervisor, Associate Director</a>	D. 8/11/2025	D. <a href="#">9/5/2025</a>	<p>D.1 – Modified procedure approved on 3/21/2025.</p> <p>D.2 – Final enhancement of the Licensing Procedure modification to be approved.</p> <p><a href="#">D.3 – Procedure was review and approved by supervisor and associate director on 9/5/2025.</a></p>	<a href="#">YES</a>
	E. Train Staff.	E. Training of staff will occur and be documented during a staff meeting.	E. Supervisor, Associate Director	E. 8/14/2025	E. <a href="#">9.9.2025</a>	<p>E.1 – Training on modified procedure was provided to staff the week of 3/31/2025.</p> <p>E.2 – Training was provided for each iteration of the procedure. The training for the 3/21/2025 version was provided on 4/1/2025.</p> <p><a href="#">E.3 – Staff were trained on 9/9/2025.</a></p>	<a href="#">YES</a>

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	F. Implement Procedure.	F. The Supervisor and Associate Director will establish an implementation date and notify staff.	F. Supervisor, Associate Director	F. 8/14/2025	F. 9/10/2025	F.1 – The 3/21/2025 version was implemented on 4/1/2025.  F.2 – Procedure was implemented on 9/10/2025	YES
	G. Conduct Smart Sampling to ensure compliance with the new procedure.	G. Conduct review of 10% of Priority 1, 2, and 3 licenses converted to new templates for compliance.	G. RHP(s)	G. 4/1/2025	G. 4/1/2025	G.1 –Every license that has been reviewed is compatible with new NRC provided license templates. All licenses that have been updated use NRC templates and are NRC compatible.  G.2 – Smart Sampling is currently incorporated into the 3/21/2025 version in the licensing procedure.  G.3 – This action has been completed. Moving forward we will continue to use Smart Sampling to enhance the program.	YES
	H. Address licenses that have not yet undergone a license action or renewal for compliance with new templates.	H. Create a schedule to prioritize licenses which have not yet undergone a license action for review against the new templates.	H. Supervisor, Associate Director	H. 9/1/2025		H.1 – Budget shortfall and governor directives have impacted available time to complete this action.  H.2 – Governor approved the budget in May 2025 for the biennium (July1, 2025 through June 30, 2027). This action and seeing a reduction of Executive Orders have stabilized the office and has created more space and time to focus on programmatically focused work.	
	I. Develop a schedule for management review of compliance with the new procedure.	I. Develop an ongoing schedule to review 10% of licensing actions per quarter to ensure ongoing compliance with the procedure.	I. Supervisor, Associate Director	I. 3/31/2025	I. 3/21/2025	I.1 – Procedure has been updated to include a 10% review of license actions by the Radioactive Materials Section Supervisor.	YES



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Washington should develop and implement a process to ensure that financial assurance mechanisms are received and maintained for each licensee subject to financial assurance, and that the mechanisms meet the criteria of NRC's NUREG-1757, Volume 3, Revision 1, Financial Assurance, Recordkeeping and Timeliness. Perform an assessment to identify issues with financial assurance with existing licenses.	A. Conduct assessment of existing licenses and financial documents for compliance NUREG-1757.	A. The supervisor and Associate Director will review existing licenses for compliance with the procedure. Gaps will be identified, and corrective actions will be put into place.	A. Supervisor, Associate Director	A. 12/30/2025		<p>A.1 – Review is in progress. Budget shortfall and governor directives have impacted available time.</p> <p>A.2 – Procedure will be updated and approved by 9/30/2025. This procedure will be used to ensure an accurate review of all records.</p> <p>A.3 – Licenses requiring financial assurance have been identified, hard copy documentation has been located and scanned. Currently reviewing documentation against recently developed checklist.</p>	75%
	B. Establish a work group to review NUREG-1757.	B. Establish a work group to review NUREG-1757.	B. Supervisor, Associate Director	B. 1/31/2025	B. 2/23/2025	B.1 – Work group was established to work on a procedure ensuring compliance with NUREG-1757.	YES
	C. Work group review NUREG-1757.	C. Work group will review NUREG-1757 to establish necessary workflows and corresponding job aides to ensure compatibility and consistent language with NUREG-1757 guidance, based on needs of assessment.	C. RHP(s)	C. 5/30/2025	C. 6/11/2025	<p>C.1 – Review occurred with support from SummitET in development of workflows and job aides.</p> <p>C.2 – Decommissioning Funding Plan/Financial Assurance Checklist has been completed. NUREG -1757 has been distilled into a check list for a framework to support the procedure development and is ready for utilization.</p>	YES

RECOMMENDATION	TASK	MILESTONES	ACTIONEE	PLANNED COMPLETION DATE	ACTUAL COMPLETION DATE	STATUS	COMPLETE (YES/NO)
	D. Develop a procedure to ensure compatibility with NUREG-1757.	D. Based on workflows and job aids draft procedure to ensure compliance with NUREG-1757.	D. RHP(s)	D. 7/30/2025	D. 7/1/2025	D.1 – The first draft of the procedure has been completed, and review is underway.	YES
	E. Approve procedure.	E. Supervisor and Associate Director review procedure for compatibility with NUREG-1757 and approve.	E. Supervisor, Associate Director	E. 11/15/2025	E. 11/7/2025	E.1 – Procedure review and approved.	YES
	F. Train staff.	F. Training and documentation of training will occur in a staff meeting.	F. Supervisor, Associate Director	F. 11/18/2025	F. 11/18/2025	F.1 – Training was completed and documented during a regular staff meeting.	YES
	G. Implement procedure.	G. Supervisor and Associate Director will establish an implementation date and notify staff.	G. Supervisor, Associate Director	G. 11/19/2025	G. 11/18/2025	G.1 – Procedure was implemented upon completion of training.	YES
	H. Develop a schedule for management review of compliance with the new procedure.	H. Management will implement a quarterly review of licenses to ensure compliance with the new procedure.	H. Supervisor, Associate Director	H. 11/19/2025	H. 11/18/2025	H.1 – This is included in the License QA process and management review.	YES
Washington should develop and implement a written procedure for the marking and handling of sensitive documents.	A. Assigned RHP(s) to draft procedure based on existing stand-alone document.	A. Assign RHP(s) to create a work group to review the existing one-page document and other NRC guidance marking and	A. Supervisor, Associate Director	A. 12/31/2024	A. 12/23/2024	A.1 – Work Group established.	YES

RECOMMENDATION	TASK	MILESTONES	ACTIONEE	PLANNED COMPLETION DATE	ACTUAL COMPLETION DATE	STATUS	COMPLETE (YES/NO)
		handling of sensitive documents.					
	B. Draft new procedure.	B. Draft procedure based on one page document, and NRC guidance for marking and handling sensitive documents.	B. RHP(s)	B. 5/9/2025	B. 5/27/2025	B.1 – The budget shortfall and governor directives have impacted the available time to work on completion of this procedure. New estimated completion dates have been established.  B.2 – Draft procedure was completed.	YES
	C. Approve procedure.	C. Supervisor and Associate Director review procedure for compatibility with NRC Guidance and approve. Training and documentation of training will occur in a staff meeting.	C. Supervisor, Associate Director	C. 7/9/2025	C. 5/30/2025	C.1 - Draft procedure was under reviewed for compatibility with NRC guidance, and approved by Section Supervisor and Associate Director.	YES
	D. Train Staff.	D. Training and documentation of training will occur in a staff meeting.	D. Supervisor, Associate Director	D. 7/10/2025	D. 6/3/2025	D.1. – The budget shortfall and governor directives have impacted the available time to work on completion of this procedure. New estimated completion dates have been established.  D.2 – Staff training was completed and documented during weekly staff meeting.	YES
	E. Review existing licenses for compatibility with procedure.	E. RHP(s) review licenses to determine compliance to procedure. Gaps will be identified, and corrective action with timelines will be put in place.	E. RHP(s)	E. 7/23/2025	E. 7/1/2025	E.1 – The budget shortfall and governor directives have impacted the available time to work on completion of this procedure. New estimated completion dates have been established.  E.2 – All licenses are reviewed by Section Supervisor for compatibility to the procedure.	YES

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						E.3 – All Part 37 license were review and found to be compatible with existing procedure.	
	F. Implement procedure.	F. Determine implementation date and notify staff.	F. Supervisor, Associate Director	F. 7/10/2025	F. 6/3/2025	<p>F.1 – The budget shortfall and governor directives have impacted the available time to work on completion of this procedure. New estimated completion dates have been established.</p> <p>F.2 – After completion of Staff Training procedure was implemented on 6/3/2025.</p>	YES
	G. Develop schedule for management review of compliance with the new procedure.	G. Management will establish a quarterly review of license documents and storage of associated documentation ensuring compliance with the procedure	G. Supervisor, Associate Director	G. 7/23/2025	G. 7/1/2025	<p>G.1 – The budget shortfall and governor directives have impacted the available time to work on completion of this procedure. New estimated completion dates have been established.</p> <p>G.2 - The Section Supervisor reviews all license actions for compliance, making a quarterly review unnecessary.</p>	YES
<b>TECHNICAL QUALITY OF INCIDENTS AND ALLEGATION ACTIVITIES – Satisfactory, but needs improvement</b>							

RECOMMENDATION	TASK	MILESTONES	ACTIONEE	PLANNED COMPLETION DATE	ACTUAL COMPLETION DATE	STATUS	COMPLETE (YES/NO)
Washington should revise its allegation and incident procedures to include necessary follow-up actions (e.g., ensure proper and complete documentation of the closure of incidents and allegations, ensure that follow-up inspections are scheduled and completed, ensure the management is consulted in follow-up and closure activities), and to assure that the updated procedures are implemented and followed.	A. Establish a work group to revise allegation and incident procedures.	A. Identify staff to be in the work group to revise the allegation and incident procedures.	A. RHP(s), Supervisor, Associate Director	A. 12/31/2024	A. 12/23/2024	A.1 – Work Group has been established.	YES

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	B. Work group will ensure proper and complete documentation of the closure of incidents and allegations, Radioactive Materials Supervisor ensures that follow-up inspections are scheduled and completed, ensure the management is consulted in follow up and closure activities.	B. Work group will establish necessary workflows and corresponding job aids to ensure compatibility with NRC guidance for incidents and allegations.	B. RHP(s), Supervisor	B.1 1/31/2025 B.2 2/28/2025	B.1 3/11/2025 B.2 3/17/2025	B.1 – This workflow work began with SummitET.  B.2 – Workflows and forms have been created to meet NRC guidance for incidents and allegations.	YES
	C. Develop a procedure to ensure compatibility with NRC Guidance.	C. Based on workflows and job aids draft procedure to ensure compatibility with NRC Guidance and ensure the procedure ensures proper and complete documentation of the closure of incidents and allegations, ensure that follow-up inspections are scheduled and completed, ensure the management is consulted in follow up and closure activities.	C. RHP(s)	C. 4/25/2025	C. 4/25/2025	C.1 – Incident and Allegations Procedures were sent to the Associate Director for review.	YES

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	D. Approve procedure.	D. Supervisor and Associate Director review procedure for compatibility with NRC Guidance and approve.	D. Supervisor, Associate Director	D. 8/1/2025	D.1 9/26/2025	D.1 – The Incident and Allegation procedure has been split into two separate procedures. The Incident procedure has been completed was signed on 8/1/2025. The Allegation Procedure was signed by 9/26/2025.	YES
	E. Train staff.	E. Training and documentation of training will occur in a staff meeting.	E. Supervisor, Associate Director	E. 9/30/2025	E. 9/30/2025	E. 1 – Staff was trained and documented on weekly staff meeting notes.	YES
	F. Implement procedure.	F. Identify the effective date and notify staff.	F. Supervisor, Associate Director	F. 10/1/2025	F. 9/30/2025	F.1 – Procedure was implemented upon completion of training during staff meeting.	YES
	G. Develop schedule for management review of compliance with the new procedure	G. Management will establish quarterly audit/review of all incidents and allegations occurring during the quarter to review status and ensure compliance with updated procedure	G. Supervisor, Associate Director	G. 10/1/2025	G. 12/5/2025	G.1 – Tracking of open Allegations is integrated into daily work activities the new RADMAT KTA DATABASE, through the supervisors dashboard.	YES

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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, including management oversight and approval of any audits of the electronic allegation files and tracking system.	A. Complete comparison of staff email and EHAPPS database to identify all allegations received during review period.	A. Review staff email and print out of EHAPPS database to identify all allegations received during the review period, (from April of 2022 through 12/31/2024) additionally review staff records for any documentation on incidents and allegation.	A. Supervisor, Associate Director	A. 1/15/2025	A. 2/10/2025	A.1 – Review of EHAPPS and emails are currently underway. Estimated to be completed and assigned to staff by 1/31/2025.  A.2 – List of all open Allegations has been created.	YES
	B. Develop schedule to complete review of all allegations to verify appropriate actions were taken and all necessary closure actions were completed and documented, in compliance with the updated Allegation procedure.	B. Based on the number of allegations assign allegations for follow up to appropriate RHPs.	B. Supervisor, Associate Director	B. 2/28/2025	B. 3/25/2025	B.1 – List of allegations have been assigned.	YES



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	C. Review the findings with the Supervisor and Associate Director.	C. Reviewed allegation packages will be reviewed with the Supervisor and Associate Director. Any gaps in documentation will be identified for correction	C. RHP(s), Supervisor, Associate Director	C. 7/14/2025	C. 6/27/2025	C.1 – Review of allegation packages has begun.	YES
	D. Obtain final approval from supervisor, upload files to Docuware and update tracking system and closeout NMED.	D. Supervisor and Associate Director will review final packages and approve. RHP will close out file and upload to Docuware and update tracking, and NMED.	D. RHP(s), Supervisor, Associate Director	D. 7/31/2025	D. 8/29/2025	D.1 – Close out of allegations has begun and beginning to request close out of allegations.  D.2 – One allegation remains open, and our review found no significant public health risk associated to the allegation.  D.3 – All open allegations have been closed.	YES
<b>LEGISLATION, REGULATIONS, AND OTHER PROGRAM ELEMENTS - Satisfactory (Complete)</b>							
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.	A. Review license conditions to identify non-standard conditions to submit to NRC for compatibility review.	A. Review conditions to determine non-standard conditions. One nonstandard condition was identified and sent to NRC for review. (While it is not expected to find any other non-standard conditions, all licenses coming in for amendments or renewals are being converted to new templates with approved conditions)	A. Supervisor, RHP	A. 2022	A. 2022	A. One non-standard condition was identified and sent to NRC for review. The condition was found to be not compatible.	YES

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	B. A review of other State requirements identified in Material License will be conduct and any identified non-standard conditions will be submitted.	B. Review license conditions to determine if there are other Washington State requirements identified in the Material License, any identified non-standard conditions will be submitted to the NRC.	B. RHP, Supervisor, Associate Director	B. 1/31/2025	B. 2/4/2025	<p>B.1 – A review of other state requirements was conducted, and state radioactive air emissions conditions were identified. These existed in 56 Materials Licenses. It was determined these conditions will be removed and handled through the issuance of an independent Radioactive Air Emissions License to meet our state requirements.</p> <p>B.2 – Non-standard license conditions were removed at licenses come up for renewal or a license amendment is requested.</p>	YES
	C. Any non-standard conditions will be removed. If a non-standard condition is deemed to be necessary, it will be sent to NRC for approval prior to issuance.	C. If a non-standard condition is identified, it will be sent to NRC for a compatibility review.	C. Supervisor, RHP(s)	C. 6/17/2025	C. 6/17/2025	C. Management review of license actions included a review for any non-standard conditions. This action has been completed, and ongoing efforts will continue to enhance the program moving forward. When a non-standard condition is determined to be needed, a request for approval of the non-standard condition will be sent to the NRC State Agreement Officer.	YES
	D. Create a list of all standard license conditions, and any approved non-standard license conditions, as permanent master list reference for staff to use during licensing actions. This list will be created and reviewed annually for any necessary updates. The document will	D. Assign RHPs to review templates and any approved non-standard license conditions to create master license condition list.	D. RHP(s), Supervisor, Associate Director	D. 3/1/2025	D. 4/8/2025	D. List of templates and standard conditions are assembled.	YES

RECOMMENDATION	TASK	MILESTONES	ACTIONEE	PLANNED COMPLETION DATE	ACTUAL COMPLETION DATE	STATUS	COMPLETE (YES/NO)
	not be editable and will require supervisory approval prior to any changes made to this master list. If changes or additions are identified as necessary, management (Supervisor and Associate Director) will approve the changes before the doc is made and the new official master list document will be shared with staff. Staff will be instructed to use only conditions on this list and to alert their supervisor or HP3 if they believe other conditions are necessary for a particular licensing action						

RECOMMENDATION	TASK	MILESTONES	ACTIONEE	PLANNED COMPLETION DATE	ACTUAL COMPLETION DATE	STATUS	COMPLETE (YES/NO)
	E. Establish an annual review of license conditions verifying all conditions are compatible with the NRC.	E. Update the licensing procedure to include an annual review of license conditions to ensure compatibility with NRC.	E. Supervisor, Associate Director	E. 4/30/2025	E. 4/30/2025	E. This component is included in an annual Management Review of the Radioactive Materials Program, which will be conducted April of every year.	YES

**SS&D Evaluation Program – Not Reviewed in 2024**

**UR PROGRAM – Not Reviewed in 2024**

**LLRW DISPOSAL PROGRAM – Satisfactory (Complete)**

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.	A. Revise Staff Training & Qualifications Procedures.	A. Review Procedure and revise as needed to include all objectives for IMC 1248 Appendices A, B, E, H, and I.	A. Supervisor	A. 2/14/2024	A. 2/14/2024	A. Procedure was reviewed and updated, currently stored in Waste Management Folder on S:/ Drive.	YES
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