UNITED STATES
NUCLEAR REGULATORY COMMISSION
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March 12, 2026

Shane David, PharmD
Branch Chief
Health Systems Licensing
and Certification
Arkansas Department of Health
4815 West Markham Street
Little Rock, AR 72205-3867

SUBJECT: ARKANSAS FINAL IMPEP REPORT

Dear Shane David:

On February 17, 2026, the Management Review Board (MRB) met, which consisted of the U.S. Nuclear Regulatory Commission (NRC) senior managers and an Organization of Agreement States Liaison to the MRB, to consider the proposed final Integrated Materials Performance Evaluation Program (IMPEP) report on the Arkansas Agreement State Program. The MRB Chair found the Arkansas program adequate to protect public health and safety, and compatible with the NRC program.

The enclosed final report documents the IMPEP team's findings and summarizes the results of the MRB meeting. Based on the results of the IMPEP review, the MRB Chair determined that the next periodic meeting will take place in approximately 2 years, with the next IMPEP review of the Arkansas Agreement State Program taking place in approximately 4 years. Based on the results of the IMPEP review, the MRB Chair also determined that the period of heightened oversight be terminated, and Arkansas be placed on a period of monitoring.

I appreciate the courtesy and cooperation extended to the IMPEP team during the review. I also wish to acknowledge Arkansas' performance and your continued support for the Agreement State program. I look forward to our agencies continuing to work cooperatively in the future.

Sincerely,

Signed by Kock, Andrea
on 03/12/26

Andrea L. Kock, Director
Office of Nuclear Material Safety
and Safeguards

Enclosures:
1. Arkansas Final IMPEP Report
2. 2026 Arkansas MRB Meeting Participants

cc: Bernie Bevill, Section Chief
Radiation Control Section

David Eichenberger, Program Manager
Radioactive Materials Control

SUBJECT: ARKANSAS FINAL IMPEP REPORT DATED: March 12, 2026

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INTEGRATED MATERIALS PERFORMANCE EVALUATION PROGRAM

REVIEW OF THE ARKANSAS AGREEMENT STATE PROGRAM

JULY 28 – 31, 2025

FINAL REPORT

Enclosure 1

EXECUTIVE SUMMARY

The results of the Integrated Materials Performance Evaluation Program (IMPEP) review of the Arkansas Agreement State Program (Arkansas) are discussed in this report. The review was conducted by the IMPEP team on July 28 – 31, 2025. Inspector accompaniments were conducted during the week of June 9, 2025.

Based on the results of the 2025 IMPEP review, the Management Review Board (MRB) Chair found Arkansas's performance satisfactory for five performance indicators reviewed: Technical Staffing and Training; Status of Materials Inspection Program; Technical Quality of Licensing Actions; and Technical Quality of Incident and Allegation Activities; and Legislation, Regulations, and Other Program Elements. The MRB Chair also found Arkansas' performance satisfactory but needs improvement for the performance indicator: Technical Quality of Inspections.

The MRB Chair agreed with the team's recommendation to close the 2024 IMPEP review recommendation and open one new recommendation. The new recommendation is:

- Review internal procedures and revise, as appropriate, to reflect current practices and to remain compatible with updated regulations.

Accordingly, the MRB Chair found the Arkansas radiation control program adequate to protect public health and safety and compatible with the NRC's program. The MRB Chair also directed that a periodic meeting be held in approximately 2 years, followed by the next IMPEP review in approximately 4 years. The MRB Chair also agreed with the team recommendation that the period of heightened oversight be terminated, and Arkansas be placed on a period of monitoring.

1.0 INTRODUCTION

The Arkansas Agreement State Program (Arkansas) Integrated Materials Performance Evaluation Program (IMPEP) review was conducted on July 28 – 31, 2025, by a team of technical staff members from the U.S. Nuclear Regulatory Commission (NRC) and the States of Colorado, New Jersey, and Tennessee. Team members are identified in Appendix A. Inspector accompaniments were conducted during the week of June 9, 2025, and are identified in Appendix B. The review was conducted in accordance with the "Agreement State Program Policy Statement," published in the *Federal Register* on October 18, 2017 (82 FR 48535), and NRC Management Directive (MD) 5.6, "Integrated Materials Performance Evaluation Program (IMPEP)," dated July 24, 2019. Preliminary results of the review, which covered the period of January 28, 2022 – July 31, 2025, for the indicators Technical Quality of Inspections and Legislation, Regulations, and Other Program Elements, and February 2, 2024 – July 31, 2025, for the other four performance indicators, were discussed with Arkansas managers on the last day of the review.

In preparation for the review, a questionnaire addressing the common performance indicators and applicable non-common performance indicators was sent to Arkansas on April 2, 2025. Arkansas provided its response to the questionnaire on June 27, 2025. A copy of the questionnaire response is available in the NRC's Agencywide Documents Access and Management System Accession No. ML25196A314.

The team issued a draft IMPEP report to Arkansas on August 27, 2025, for factual comment in ML25233A195. Shane David, PharmD, Chief, Health Systems, Licensing and Certification, Arkansas Department of Health, sent Arkansas' comments on the draft IMPEP report by letter dated September 22, 2025 (ML25272A054). The IMPEP team addressed Arkansas' comments in the final IMPEP report, as appropriate.

The Arkansas Agreement State Program is administered by the Radiation Control Section which is part of the Health Systems Licensing and Certification Branch. This Branch is part of the Division of Health Protection within the Arkansas Department of Health. The Secretary of Health leads the Department and reports to the Governor of Arkansas. Organization charts for Arkansas are available in ML25196A312.

At the time of the review, Arkansas regulated 162 specific licenses authorizing possession and use of radioactive materials. The review focused on the radiation control program as it is carried out under Section 274b (of the Atomic Energy Act of 1954, as amended) Agreement between the NRC and the State of Arkansas.

The team evaluated the information gathered against the established criteria for each common and applicable performance indicator and made a preliminary assessment of Arkansas' performance.

2.0 PREVIOUS IMPEP REVIEW AND STATUS OF RECOMMENDATIONS

The previous IMPEP review concluded on February 2, 2024. The final report is available in ML24096A124. The 2024 follow-up IMPEP review was a limited review only, covering the four performance indicators: Technical Staffing and Training, Status of Materials Inspection Program, Technical Quality of Licensing Actions, and Technical Quality of Incidents and Allegations Actions. The results of the review are as follows:

Technical Staffing and Training: Unsatisfactory

Recommendation: Analyze the factors adversely affecting staffing trends and take actions to improve recruitment and retention to maintain a sufficiently qualified technical staff.

Status: The 2025 IMPEP team determined that Arkansas has taken appropriate steps to improve recruitment and retention. Arkansas has completed a plan to maintain qualified staff that addressed the contributing factors identified from the analysis. The team proposes that this recommendation be closed.

Status of Materials Inspection Program: Satisfactory
Recommendation: None

Technical Quality of Licensing Actions: Satisfactory
Recommendation: None

Technical Quality of Incidents and Allegation Activities: Satisfactory
Recommendation: None

Overall finding: Based on the results of the 2024 Arkansas follow-up IMPEP review, Arkansas was found adequate to protect public health and safety, but needs improvement, and compatible with the NRC's program. The team recommended, and the MRB Chair agreed, that the NRC initiate a period of heightened oversight for Arkansas. The MRB Chair determined that the next IMPEP review take place in 18 months.

For the remaining indicators, the 2022 IMPEP review that concluded on January 28, 2022, ML22135A001 the results are as follows:

Technical Quality of Inspections: Satisfactory
Recommendations: None

Legislation, Regulations, and Other Program Elements: Satisfactory
Recommendations: None

3.0 COMMON PERFORMANCE INDICATORS

Five common performance indicators are used to review the NRC and Agreement State radiation control programs. These indicators are: (1) Technical Staffing and Training, (2) Status of Materials Inspection Program, (3) Technical Quality of Inspections, (4) Technical Quality of Licensing Actions, and (5) Technical Quality of Incident and Allegation Activities.

3.1 Technical Staffing and Training

The ability to conduct effective licensing and inspection programs is largely dependent on having experienced, knowledgeable, well-trained technical personnel. Under certain conditions, staff turnover could have an adverse effect on the implementation of these programs and could affect public health and safety. Apparent trends in staffing must be assessed. Review of staffing also requires consideration and evaluation of the levels of training and qualification. The evaluation standard measures the overall quality of training available to, and taken by, materials program personnel.

a. Scope

The team used the guidance in State Agreements procedure (SA) SA-103, "Reviewing the Common Performance Indicator: Technical Staffing and Training," and evaluated Arkansas' performance with respect to the following performance indicator objectives:

- A well-conceived and balanced staffing strategy has been implemented throughout the review period.
- Any vacancies, especially senior-level positions, are filled in a timely manner.
- There is a balance in staffing of the licensing and inspection programs.
- Management is committed to training and staff qualification.
- Agreement State training and qualification program is equivalent to the NRC Inspection Manual Chapter (IMC) IMC 1248, "Formal Qualifications Program for Federal and State Material and Environmental Management Programs."
- Qualification criteria for new technical staff are established and are followed, or qualification criteria will be established if new staff members are hired.
- Individuals performing materials licensing and inspection activities are adequately qualified and trained to perform their duties.
- License reviewers and inspectors are trained and qualified in a reasonable period.

b. Discussion

At the time of the review, Arkansas radiation control program was fully staffed, and comprised of seven staff members including one director, one program manager, four radiological program specialists, and one administrative staff member, equaling five full-time equivalents. All technical staff perform both licensing and inspection related activities.

At the conclusion of the 2024 IMPEP review, there were two vacancies in the program. Over this review period, the program manager left their position, which was then filled by the promotion of one of the technical staff. This left three staff vacancies, which were filled quickly. The 2025 IMPEP team found that there were no vacancies at the time of the on-site review. Arkansas also had a health physicist working in the Section performing various tasks, and this position was eliminated when the individual occupying that position left employment. Program vacancies typically remained open from a few weeks to a few months as they worked through the hiring process.

The team noted that the Arkansas training and qualification program is compatible with the NRC's IMC 1248. The Arkansas qualification process uses a combination of on-the-job training and NRC-sponsored courses. They have worked with neighboring States to obtain necessary inspection training. Training is documented in a qualification journal. Once an individual's classroom and on-the-job training for a particular modality has been completed, an accompaniment is performed, and if successful, the individual's qualification is signed by both the program manager and the program director. The team also found that all staff, regardless of qualification status, received the required 24 hours of refresher training every 24 months, as documented in NRC IMC 1248.

The 2024 IMPEP team recommended that Arkansas analyze the factors adversely affecting staffing trends and take action to improve recruitment and retention to maintain a sufficiently qualified technical staff. In response, Arkansas developed a comprehensive action plan to address this recommendation. This action plan incorporated in part, a comprehensive quality management process involving peer and management reviews, reclassified the technical positions to be able to significantly increase financial compensation, added workplace flexibility options, took measures to expand the applicant pool, and increased

staff training opportunities. The team found that since the 2024 IMPEP review, salaries increased twice over an 18-month period, with salaries for staff and for supervisors being increased by approximately 60 percent and by approximately 55 percent, respectively.

c. Evaluation

The team determined that, during the review period, Arkansas met the performance indicator objectives listed in Section 3.1.a. Based on the criteria in MD 5.6, the team recommends that Arkansas' performance with respect to the indicator, Technical Staffing and Training, be found satisfactory.

d. MRB Discussion and Chair's Determination

The MRB Chair agreed with the team's recommendation and found Arkansas' performance with respect to this indicator satisfactory.

3.2 Status of Materials Inspection Program

Inspections of licensed operations are essential to ensure that activities are being conducted in compliance with regulatory requirements and consistent with good safety and security practices. The frequency of inspections is specified in IMC 2800, "Materials Inspection Program," and is dependent on the amount and type of radioactive material, the type of operation licensed, and the results of previous inspections. There must be a capability for maintaining and retrieving statistical data on the status of the inspection program.

a. Scope

The team used the guidance in SA-101, "Reviewing the Common Performance Indicator: Status of the Materials Inspection Program," and evaluated the Arkansas' performance with respect to the following performance indicator objectives:

- Initial inspections and inspections of Priority 1, 2, and 3 licensees are performed at the prescribed frequencies (https://www.nrc.gov/materials/miau/mat-toolkits.html).
- Deviations from inspection schedules are normally coordinated between technical staff and management.
- There is a plan to perform any overdue inspections and reschedule any missed or deferred inspections or a basis has been established for not performing any overdue inspections or rescheduling any missed or deferred inspections.
- Candidate licensees working under reciprocity are inspected in accordance with the criteria prescribed in IMC 2800 and other applicable guidance or compatible Agreement State Procedure.
- Inspection findings are communicated to licensees in a timely manner (30 calendar days, or 45 days for a team inspection), as specified in IMC 0610, "Nuclear Material Safety and Safeguards Inspection Reports."

b. Discussion

During the review period, Arkansas performed 29 Priority 1, 2, 3, inspections and 1 initial inspection. Of these inspections, one routine inspection was performed overdue because Arkansas mis-categorized inspection priorities for licensees authorized to use microspheres as a Priority 3, not the required Priority 2. While the team was on-site, Arkansas conducted a full review of all licensees authorized to use microspheres and corrected those with incorrect

inspection frequencies, including updating, if necessary, the date of the next inspection due date.

Arkansas' inspection frequencies were the same frequency for similar license types in the NRC's program.

Arkansas uses an equivalent risk-based decision process, consistent with IMC 2800, to determine reciprocity candidates. In 2024, Arkansas inspected 10.5 percent of reciprocity candidates, and at the time of the review, 17.6 percent in 2025.

The team evaluated 24 inspection reports and noted that none of the inspection findings were communicated to the licensees beyond 30 days after the inspection exit or 45 days after the team inspection exit.

c. Evaluation

The team determined that, during the review period, Arkansas met the performance indicator objectives listed in Section 3.2.a. Based on the criteria in MD 5.6, the team recommends that Arkansas' performance with respect to the indicator, Status of Materials Inspection Program, be found satisfactory.

d. MRB Discussion and Chair's Determination

The MRB Chair agreed with the team's recommendation and found Arkansas' performance with respect to this indicator satisfactory.

3.3 Technical Quality of Inspections

Inspections, both routine and reactive, provide reasonable assurance that licensee activities are carried out in a safe and secure manner. Accompaniments of inspectors performing inspections and the critical evaluation of inspection records are used to assess the technical quality of an inspection program.

a. Scope

The team used the guidance in SA-102, "Reviewing the Common Performance Indicator: Technical Quality of Inspections," and evaluated the Arkansas' performance with respect to the following performance indicator objectives:

- Inspections of licensed activities focus on health, safety, and security.
- Inspection findings are well-founded and properly documented in reports.
- Management promptly reviews inspection results.
- Procedures are in place and used to help identify root causes and poor licensee performance.
- Inspections address previously identified open items and violations.
- Inspection findings lead to appropriate and prompt regulatory action.
- Supervisors, or senior staff as appropriate, conduct annual accompaniments of each inspector to assess performance and assure consistent application of inspection policies.
- For Programs with separate licensing and inspection staffs, procedures are established and followed to provide feedback information to license reviewers.
- Inspection guides are compatible with the NRC guidance.

- An adequate supply of calibrated survey instruments is available to support the inspection program.

b. Discussion

The team evaluated 24 inspection reports and enforcement documentation, and interviewed inspectors involved in materials inspections conducted during the review period. The team's reviewed covered a broad range of inspection types, including: five industrial radiography, seven medical (unsealed diagnostic and therapeutic uses, manual brachytherapy, microspheres, High-dose rate (HDR)), a fixed gauge, two portable gauge, two research and development, a medical broad scope, a pool irradiator, two radiopharmacy, two well logging, and a veterinary inspection. The team reviewed casework for inspections conducted by nine Arkansas inspectors and covered medical, industrial, commercial, academic, and research licenses. The inspection casework reviewed is identified in Appendix C.

During the week of June 9, 2025, a team member accompanied five inspectors. The inspector accompaniments included two industrial radiography inspections and three medical inspections, and are identified in Appendix B. The team determined that each inspector was knowledgeable of the requirements for each license type, and thoroughly assessed licensed activities to identify potential health, safety, and security concerns. Any findings observed were brought to the attention of the licensee at the time of the inspection and again to the licensee's management during the inspection exit meeting.

Additionally, the team noted that supervisors accompanied all inspectors annually during the review period.

During the review period, Arkansas had sufficient and calibrated radiation detection equipment to adequately assess dose rates or contamination issues during inspections.

c. Evaluation

The team determined that, during the review period, Arkansas met the performance indicator objectives listed in Section 3.3.a, except for:

- Arkansas has 10 industrial radiography licenses with 5 licensees authorized for storage and use in Arkansas, and 5 licensees authorized for temporary job sites only with a storage location out-of-state. Inspection reports for the five temporary job site only licensees indicate that a phone or video call inspection of the out-of-state storage location was conducted annually, but a field inspection for use of radioactive materials within Arkansas was not routinely performed for these licensees. Additionally, for the five licensees that are authorized for storage and use in Arkansas, a field inspection was not routinely performed for these licensees.

Not routinely performing field inspections of industrial radiography licenses is not in alignment with the NRC Inspection Procedure 87121, specifically with Risk Module 1 (Observation of Licensed Activities at Temporary Job Sites and/or Permanent Radiographic Installations). Additionally, Arkansas procedure RAM-01.10, Inspection of Radioactive Materials and Particle Accelerator Licenses, discussion item 3 states "The inspector shall conduct on-site inspections." Phone or video conferences do not align with the procedure.

The MD 5.6 criteria for satisfactory but needs improvement includes (in part) that the evaluation of inspection casework indicates that more than a few, but less than most of the inspections fail to address potentially important health, safety, or security concerns. The review team identified that the phone and/or video call inspections failed to address all the risk modules in Inspection Procedure 87121 for these few inspections but overall is less than most of the inspections conducted by Arkansas.

Based on the criteria in MD 5.6, the team recommends that Arkansas' performance with respect to the indicator, Technical Quality of Inspections, be found satisfactory, but needs improvement.

d. MRB Discussion and Chair's Determination

The MRB Chair agreed with the team's recommendation and found Arkansas' performance with respect to this indicator satisfactory but needs improvement. During the MRB meeting, the MRB Chair acknowledged Arkansas' efforts and progress in completing on-site inspections for the out-of-state licensees since the IMPEP review.

3.4 Technical Quality of Licensing Actions

The quality, thoroughness, and timeliness of licensing actions can have a direct bearing on public health and safety, as well as security. An assessment of licensing procedures, implementation of those procedures, and documentation of communications and associated actions between the Arkansas licensing staff and regulated community is a significant indicator of the overall quality of the licensing program.

a. Scope

The team used the guidance in SA-104, "Reviewing the Common Performance Indicator: Technical Quality of Licensing Actions," and evaluated Arkansas' performance with respect to the following performance indicator objectives:

- Licensing action reviews are thorough, complete, consistent, and of acceptable technical quality with health, safety, and security issues properly addressed.
- Essential elements of license applications have been submitted and elements are consistent with current regulatory guidance (e.g., pre-licensing guidance, Title 10 of the *Code of Federal Regulations* (10 CFR) Part 37, financial assurance, etc.).
- License reviewers, if applicable, have the proper signature authority for the cases they review independently.
- License conditions are stated clearly and can be inspected.
- Deficiency letters clearly state regulatory positions and are used at the proper time.
- Reviews of renewal applications demonstrate a thorough analysis of a licensee's inspection and enforcement history.
- Applicable guidance documents are available to reviewers and are followed (e.g., NUREG-1556 series, pre-licensing guidance, regulatory guides, etc.).
- Licensing practices for risk-significant radioactive materials (RSRM) are appropriately implemented including the physical protection of Category 1 and Category 2 quantities of radioactive material (10 CFR Part 37 equivalent).
- Documents containing sensitive security information are properly marked, handled, controlled, and secured.

b. Discussion

During the review period, Arkansas performed 168 radioactive materials licensing actions. The team evaluated 15 of those licensing actions including new applications, amendments, renewals, and terminations. The licensing casework reviewed is identified in Appendix D. The team evaluated casework which included the following license types and actions: broad scope, academic, medical diagnostic and therapeutic, industrial radiography, research and development, nuclear pharmacy, gauges, panoramic and self-shielded irradiators, and well-logging. The casework sample represented work from five current and former license reviewers.

The documentation of licensing actions was clear and concise. The team was able to clearly determine what was requested by the licensee and what was completed by the reviewer. All actions were reviewed by a secondary reviewer and signed by a senior qualified license reviewer who signed each licensing action.

The 2022 IMPEP review resulted in the following recommendations:

- Implement the updated RSRM checklist and provide additional training to ensure consistent implementation of the most up-to-date RSRM checklist.

- Identify additional measures to help improve the thoroughness, completeness, and consistency of the license reviews, as well as to ensure license reviews are of acceptable technical quality with health, safety, and security properly addressed.

These recommendations were implemented, and the recommendations were closed after the 2024 IMPEP review. The team noted through staff interviews that both recommendations had become part of Arkansas' culture and practice and continued to be employed.

During the review period, Arkansas instituted the use of NRC's Web-Based Licensing System (WBL) and was still transitioning to its use. Currently, both paper and electronic filing systems are in place for their licenses. As new requests are received, license files are updated in WBL.

In addition to a variety of internal checklists, including a Quality Assurance checklist, Arkansas also used the Pre-Licensing Guidance, Inspection Procedures, the RSRM checklist, and NUREG-1556 licensing guidance checklists for all actions, where applicable.

c. Evaluation

The team determined that, during the review period, Arkansas met the performance indicator objectives listed in Section 3.4.a. Based on the criteria in MD 5.6, the team recommends that Arkansas' performance with respect to the indicator, Technical Quality of Licensing Actions, be found satisfactory.

d. MRB Discussion and Chair's Determination

The MRB Chair agreed with the team's recommendation and found Arkansas' performance with respect to this indicator satisfactory.

3.5 Technical Quality of Incident and Allegation Activities

The quality, thoroughness, and timeliness of response to incidents and allegations of safety concerns can have a direct bearing on public health, safety and security. An assessment of incident response and allegation investigation procedures, actual implementation of these procedures internal and external coordination, timely incident reporting, and investigative and follow-up actions, are a significant indicator of the overall quality of the incident response and allegation programs.

a. Scope

The team used the guidance in SA-105, "Reviewing the Common Performance Indicator: Technical Quality of Incident and Allegation Activities," and evaluated Arkansas' performance with respect to the following performance indicator objectives:

- Incident response and allegation procedures are in place and followed.
- Response actions are appropriate, well-coordinated, and timely.
- On-site responses are performed when incidents have potential health, safety, or security significance.
- Appropriate follow-up actions are taken to ensure prompt compliance by licensees.
- Follow-up inspections are scheduled and completed, as necessary.
- Notifications are made to the NRC Headquarters Operations Center for incidents requiring a 24-hour or immediate notification to the Agreement State or NRC.
- Incidents are reported to the Nuclear Material Events Database and closed when all required information has been obtained.
- Allegations are investigated in a prompt, appropriate manner.
- Concerned individuals are notified within 30 days of investigation conclusions.
- Concerned individuals' identities are protected, as allowed by law.

b. Discussion

During the review period, 13 incidents were reported to Arkansas, and all were evaluated by the team.

When notified of an incident, Arkansas staff determined the appropriate level of response based on both the circumstances and the health and safety significance of the incident. Responses ranged from immediate responses to reviewing the incident during the next routine scheduled inspection. The team found that Arkansas' evaluation of incident notifications and its response to those incidents was thorough, well balanced, complete, and comprehensive.

The team also evaluated Arkansas' reporting of incidents to the NRC's Headquarters Operations Officers (HOO). The team noted that in each case requiring HOO notification, Arkansas reported the incidents within the required time frame. The team also evaluated whether Arkansas had failed to report any required incidents to the HOO. The team did not identify any missed reporting requirements.

During the review period there was one allegation received by the NRC. The team reviewed the casework for that allegation. The team found Arkansas to be responsive, taking prompt and appropriate action to the concerns raised. Documentation was thorough and complete, and the allegation was closed appropriately. Concerned individual identities were protected in accordance with state law.

c. Evaluation

The team determined that, during the review period, Arkansas met the performance indicator objectives listed in Section 3.5.a. Based on the criteria in MD 5.6, the team recommends that Arkansas' performance with respect to the indicator, Technical Quality of Incident and Allegation Activities, be found satisfactory.

d. MRB Discussion and Chair's Determination

The MRB Chair agreed with the team's recommendation and found Arkansas' performance with respect to this indicator satisfactory.

4.0 NON-COMMON PERFORMANCE INDICATORS

Four non-common performance indicators are used to review Agreement State programs: (1) Legislation, Regulations, and Other Program Elements; (2) Sealed Source and Device (SS&D) Evaluation Program; (3) Low-Level Radioactive Waste (LLRW) Disposal Program; and (4) Uranium Recovery (UR) Program. The NRC retains regulatory authority for SS&D Evaluation, LLRW Disposal, and UR Programs; therefore, only the first non-common performance indicator applied to this review.

4.1 Legislation, Regulations, and Other Program Elements

State statutes should authorize the State to establish a program for the regulation of agreement material and provide authority for the assumption of regulatory responsibility under the State's agreement with the NRC. The statutes must authorize the State to promulgate regulatory requirements necessary to provide reasonable assurance of adequate protection of public health, safety, and security. The State must be authorized through its legal authority to license, inspect, and enforce legally binding requirements, such as regulations and licenses. The NRC regulations that should be adopted by an Agreement State for purposes of compatibility or health and safety should be adopted in a time frame so that the effective date of the State requirement is not later than 3 years after the effective date of the NRC's final rule. Other program elements that have been designated as necessary for maintenance of an adequate and compatible program should be adopted and implemented by an Agreement State within 6 months following the NRC designation. A Program Element Table indicating the Compatibility Categories for those program elements other than regulations can be found on the NRC website at the following address: https://scp.nrc.gov/regtoolbox.html.

a. Scope

The team used the guidance in SA-107, "Reviewing the Non-Common Performance Indicator: Legislation, Regulations, and Other Program Elements," and evaluated Arkansas' performance with respect to the following performance indicator objectives. A complete list of regulation amendments can be found on the NRC website at the following address: https://scp.nrc.gov/regtoolbox.html.

- The Agreement State program does not create conflicts, duplications, gaps, or other conditions that jeopardize an orderly pattern in the regulation of radioactive materials under the Atomic Energy Act of 1954, as amended.
- Regulations adopted by the Agreement State for purposes of compatibility or health and safety were adopted no later than 3 years after the effective date of the NRC regulation.

- Other program elements, as defined in SA-200 that have been designated as necessary for maintenance of an adequate and compatible program, have been adopted and implemented within 6 months of NRC designation.
- The State statutes authorize the State to establish a program for the regulation of agreement material and provide authority for the assumption of regulatory responsibility under the agreement.
- The State is authorized through its legal authority to license, inspect, and enforce legally binding requirements such as regulations and licenses.
- Sunset requirements, if any, do not negatively impact the effectiveness of the State's regulations.

b. Discussion

Arkansas' statutory authority is contained in the Arkansas Code Annotated § 20-21-201 *et seq*. of the Arkansas Statutes. The State Board of Health is designated as the State's radiation control agency. Two legislative acts relevant to the radiation control program were passed during the review period. Act 259 of 2023 created the Arkansas nuclear recycling program and declared Arkansas' interest in pursuing a spent nuclear fuel solution. This Act did not discontinue NRC's regulatory authority for high-level radioactive waste activities and did not impact Arkansas' agreement with the NRC. Act 707 of 2025 directed the completion of an independent feasibility study to assess the implementation of nuclear energy generation in the state, including modular and micro reactors. While the study was ongoing at the time of the review, it did not appear to impact the Arkansas program.

Arkansas' administrative rulemaking process takes approximately 24 months from drafting to finalizing the rule. The public, the NRC, other agencies, and potentially impacted licensees and registrants were offered an opportunity to comment during the process. Prior to finalizing a regulatory amendment, Arkansas considers the comments received, generates responses to each, and it incorporates the comments. Further, the permission of the State Board of Health, approval of the governor, signature by the Health Secretary and filing by the Secretary of State are required for a rule to become finalized. The team noted that the State's rules and regulations were not subject to "sunset" laws.

During the review period, Arkansas submitted seven proposed regulation amendments, and eight final regulation amendments to the NRC for a compatibility review. Six of the amendments were overdue for State adoption at the time of submission. Over the review period, regulation amendments ranged from 975 days past due at the beginning of the review period, to just 7 days past due for a more recent regulation amendment. The team noted that Arkansas had no regulation amendments overdue at the close of the review and verified that the time frame for State adoption improved throughout the review period.

Arkansas implemented some changes to the regulation adoption process during the review period. Arkansas acquired new staff and encouraged greater participation in the rulemaking process which spread responsibility to all staff thereby lightening the burden on any one individual, encouraging knowledge management and fostering continuity of operations. Arkansas altered its approach to the review process by submitting proposed regulatory changes to the NRC for compatibility review early in the process. In addition, Executive Order 23-02 was issued on January 10, 2023, requiring all State agencies to submit proposed rule changes to the governor's office for review and approval. Arkansas staff continue to track the rulemaking process and complete a rulemaking tracking form to document the effort expended. Rulemaking actions that do not progress are reported to Arkansas senior management and tracked appropriately for follow-up.

The team reviewed other program elements the NRC designated as necessary for the maintenance of an adequate and compatible program under this indicator. These include elements such as Pre-Licensing Guidance, Inspection Procedures, the RSRM checklist, and standard license conditions. Arkansas migrated to WBL during the review period and standard license conditions were uploaded into WBL to promote uniform application in licensing efforts. The team noted that Arkansas procedures RAM-01.10 (effective 10/30/2013) and RAM-07.1 (effective 04/11/2025) included references to the Increased Controls Order, which is no longer in effect. Security requirements established under 10 CFR Part 37 superseded the Increased Control Order and were due for State adoption on March 19, 2016. Since two procedures were identified with outdated references, the Team recommended Arkansas conduct a review of its procedures to ensure proper reflection of the scope of operations and to ensure regulatory compliance.

c. Evaluation

The team determined that, during the review period, Arkansas met the performance indicator objectives listed in Section 4.1.a, except for:

- Regulations adopted by the Agreement State for purposes of compatibility or health and safety were adopted later than 3 years after the effective date of the NRC regulation.

Arkansas enacted six of the eight regulatory amendments outside of the 3-year time frame. The team noted that the regulatory amendment requiring the longest time frame for enacting was a significant change applicable applying to medical licensees. Two of the overdue amendments were minor, miscellaneous corrections. Arkansas implemented changes to its approval process that resulted in noted improvement with no past due amendments at the close of the review period.

M.D 5.6, Section III.G.2.(f) provides that consideration should be given to a finding of “satisfactory, but needs improvement” when a review demonstrates that more than a few, but less than most, of the significant NRC regulations that should be adopted by an Agreement State for purposes of compatibility or health and safety are not in effect and/or not implemented within 3 years after the effective date of the NRC's final rule or as approved by the Commission. While Arkansas faced challenges in approving regulatory amendments at the beginning of the review period, the Program self-identified areas of improvement. Arkansas applied changes to promote a more efficient adoption of regulatory amendments and to support the compatibility of its program. These changes encouraged increased staff participation and incorporated new staff into the rulemaking process, helping to ensure timely adoption with increased staff accountability. The changes resulted in all required regulatory amendments being adopted by the close of the review period.

Based on the IMPEP evaluation criteria in MD 5.6, the team recommends that Arkansas’ performance with respect to the indicator, Legislation, Regulations, and Other Program Elements, be found satisfactory, but needs improvement.

The team made one new recommendation:

- Review internal procedures and revise, as appropriate, to reflect current practices and to remain compatible with updated regulations.

d. MRB Discussion and Chair's Determination

The MRB Chair evaluated the team's recommendation based on discussions between the MRB members, IMPEP team, and the State of Arkansas, and found Arkansas' performance with respect to this indicator satisfactory. The MRB Chair agreed with the team's recommendation regarding the review of internal procedures and revisions of procedures to reflect current practices and to remain compatible with updated regulations.

5.0 SUMMARY

Based on the results of the 2025 IMPEP review, the MRB Chair found Arkansas's performance satisfactory for five performance indicators: Technical Staffing and Training; Status of Materials Inspection Program; Technical Quality of Licensing Actions; and Technical Quality of Incident and Allegation Activities; and Legislation, Regulations, and Other Program Elements. The MRB Chair also found Arkansas' performance satisfactory but needs improvement for the performance indicator: Technical Quality of Inspections.

The MRB Chair agreed with the team's recommendation to close the 2024 IMPEP review recommendation and is making one new recommendation.

- Review internal procedures and revise, as appropriate, to reflect current practices and to remain compatible with updated regulations.

Accordingly, the MRB Chair found the Arkansas radiation control program adequate to protect public health and safety and compatible with the NRC's program. The MRB Chair also directed that a periodic meeting be held in approximately 2 years, followed by the next IMPEP review in approximately 4 years. The MRB Chair also agreed with the team recommendation that the period of heightened oversight be terminated, and Arkansas be placed on a period of monitoring.

LIST OF APPENDICES

APPENDIX A

IMPEP REVIEW TEAM MEMBERS

Name	**Areas of Responsibility**
Sherrie Flaherty NRC, NMSS	Team Leader Status of Materials Inspection Program Inspector Accompaniments
Steve Seeger State of Tennessee	Team Leader in Training Technical Quality of Incident and Allegation Activities
Randy Erickson NRC, Region IV	Technical Staffing and Training
Phillip Peterson State of Colorado	Technical Quality of Inspections
Jack Tway State of New Jersey	Technical Quality of Licensing Actions
Lisa Forney NRC, NMSS	Legislation, Regulations, and Other Program Elements

APPENDIX B

INSPECTOR ACCOMPANIMENTS

The following inspector accompaniments were performed prior to the IMPEP review:

Accompaniment No.: 1	License No.: AR-0773-03320
License Type: *Industrial Radiography*	Priority: 1
Inspection Date: 06/09/2025	Inspector's initials: MS

Accompaniment No.: 2	License No.: AR-0436-2120
License Type: *Medical – Diagnostic and Therapy*	Priority: 3
Inspection Date: 06/10/2025	Inspector's initials: TL

Accompaniment No.: 3	License No.: AR-1046-2120
License Type: *Medical – Diagnostic and Therapy*	Priority: 3
Inspection Date: 06/11/2025	Inspector's initials: HB

Accompaniment No.: 4	License No.: AR-0632-2120
License Type: *Medical – Diagnostic and Therapy*	Priority: 3
Inspection Date: 06/12/2025	Inspector's initials: DE

Accompaniment No.: 5	License No.: AR-0576-03320
License Type: *Industrial Radiography*	Priority: 1
Inspection Date: 06/13/2025	Inspector's initials: BB

APPENDIX C

INSPECTION CASEWORK

The following inspections were reviewed during the IMPEP review:

No.: 1	License No.: ARK-0773-03320
License Type: industrial radiography	Priority: 1
Inspection Date: 6/9/2025	Inspector's initials: MS

No.: 2	License No.: ARK-0436-02120
License Type: medical – unsealed diagnostic and therapeutic, manual brachytherapy	Priority: 3
Inspection Date: 6/10/2025	Inspector's initials: TL

No.: 3	License No.: ARK-1046-02120
License Type: medical – unsealed diagnostic and therapeutic	Priority: 3
Inspection Date: 6/11/2025	Inspector's initials: HB

No.: 4	License No.: ARK-0623-02120
License Type: medical – unsealed diagnostic and therapeutic, manual brachytherapy, microspheres	Priority: 2 (Arkansas had as a 3)
Inspection Date: 6/12/2025	Inspector's initials: DE

No.: 5	License No.: ARK-0576-03320
License Type: industrial radiography	Priority: 1
Inspection Date: 6/13/2025	Inspector's initials: BB

No.: 6	License No.: ARK-0365-02120
License Type: medical – unsealed diagnostic and therapeutic, HDR	Priority: 2
Inspection Date: 10/21/2024	Inspector's initials: BF (contractor)

No.: 7	License No.: ARK-0058-02120
License Type: medical – unsealed diagnostic and therapeutic, microspheres	Priority: 2 (Arkansas had as a 3)
Inspection Date: 10/23/2024	Inspector's initials: BF (contractor)

No.: 8	License No.: ARK-1084-03120
License Type: fixed gauge	Priority: 5 (initial)
Inspection Date: 1/22/2025	Inspector's initials: DE

No.: 9	License No.: ARK-0394-02120
License Type: medical – unsealed diagnostic and therapeutic, microspheres	Priority: 2 (Arkansas had as a 3)
Inspection Date: 12/3/2024	Inspector's initials: BF (contractor)

No.: 10	License No.: ARK-0725-03121
License Type: portable gauge	Priority: 5
Inspection Date: 11/13/2024	Inspector’s initials: TL

No.: 11	License No.: ARK-0044-03629
License Type: research & development	Priority: 5
Inspection Date: 6/12/2023	Inspector’s initials: SE

No.: 12	License No.: ARK-0001-02110
License Type: medical broad scope (including microspheres and HDR)	Priority: 2
Inspection Date: 12/13/2023 – 12/14/2023	Inspector’s initials: SE and RH

No.: 13	License No.: ARK-1016-03310
License Type: industrial radiography	Priority: 1
Inspection Date: 4/10/2025	Inspector’s initials: MS

No.: 14	License No.: ARK-1016-03310
License Type: industrial radiography	Priority: 1
Inspection Date: 3/20/2024	Inspector’s initials: SE

No.: 15	License No.: ARK-0903-03521
License Type: pool irradiator	Priority: 2
Inspection Date: 1/10/2024	Inspector’s initials: SE

No.: 16	License No.: ARK-0953-02500
License Type: radiopharmacy, PET production	Priority: 2
Inspection Date: 7/3/2025	Inspector’s initials: DE

No.: 17	License No.: ARK-0416-03111
License Type: well logging	Priority: 3
Inspection Date: 5/21/2024	Inspector’s initials: JE (contractor)

No.: 18	License No.: ARK-0676-03110
License Type: well logging	Priority: 3
Inspection Date: 5/7/2024	Inspector’s initials: JE (contractor)

No.: 19	License No.: ARK-1083-02400
License Type: veterinary	Priority: 5
Inspection Date: 8/5/2024	Inspector’s initials: AM

No.: 20	License No.: ARK-1076-02201
License Type: medical – unsealed diagnostic	Priority: 5
Inspection Date: 8/15/2024	Inspector’s initials: AM

No.: 21	License No.: ARK-0307-03620
License Type: research & development	Priority: 5
Inspection Date: 12/9/2022	Inspector’s initials: SE

No.: 22	License No.: ARK-0515-03120
License Type: portable gauge	Priority: 5
Inspection Date: 4/17/2024	Inspector’s initials: TL

No.: 23	License No.: ARK-0642-02500
License Type: radiopharmacy	Priority: 2
Inspection Date: 7/6/2023	Inspector’s initials: SE

No.: 24	License No.: ARK-1026-03310
License Type: industrial radiography	Priority: 1
Inspection Date: 4/10/2025	Inspector’s initials: HB

APPENDIX D

LICENSING CASEWORK

The following licensing actions were reviewed during the IMPEP review:

No.: 1	License No.: ARK-0001-02110(49)
License Type: 02110 - Medical Institution Broad	Action: Amendment
Action Date: 2/16/24	Reviewer's initials: DE

No.: 2	License No.: ARK-0642-02500(31
License Type: 02500 Nuclear Pharm	Action: Amendment
Action Date: 3/5/2024	Reviewer's initials: SE

No.: 3	License No.: ARK-1058-03310(28)
License Type: 03310 Ind Rad	Action: Termination
Action Date: 2/29/2024	Reviewer's initials: SE

No.: 4	License No.: ARK-1024-02500 (21)
License Type: 02500 Nuclear Pharm	Action: Amendment
Action Date: 3/28/2024	Reviewer's initials: SE

No.: 5	License No.: ARK-1016-03310 (10)
License Type: 03310 Ind Rad	Action: Amendment
Action Date: 6/13/2024	Reviewer's initials: TL

No.: 6	License No.: ARK-0355-02120 (62)
License Type: 02120 Med Inst- WD	Action: Renewal
Action Date: 10/29/2024	Reviewer's initials: KD

No.: 7	License No.: ARK-0872-03121 (19)
License Type: 03121 Port Gauge	Action: Renewal
Action Date: 3/31/2025	Reviewer's initials: HB

No.: 8	License No.: ARK-0650-0331 (31)
License Type: 03310 Ind Rad	Action: Renewal
Action Date: 4/23/2024	Reviewer's initials: KD

No.: 9	License No.: ARK-0044-03620 (24)
License Type: 03620 R&D	Action: Renewal
Action Date: 9/17/2024	Reviewer's initials: KD

No.: 10	License No.: ARK- 0858-02121 (49)
License Type: 02121 Med Inst- WD NR	Action: Renewal
Action Date: 9/12/2024	Reviewer's initials: KD

No.: 11	License No.: ARK-0773-03320 (61)
License Type: 03310 Ind Rad	Action: Amendment
Action Date: 10/11/2024	Reviewer's initials: HB

No.: 12	License No.: ARK-1055-03120 (5)
License Type: 03120 Fixed Gauge	Action: Termination
Action Date: 10/24/2024	Reviewer's initials: TL

No.: 13	License No.: ARK-0657-03111 (45)
License Type: 03111 Well Log SS O	Action: Renewal
Action Date: 6/13/2024	Reviewer's initials: KD

No.: 14	License No.: ARK-1086-03120 (0)
License Type: 03120 Fixed Gauge	Action: Initial
Action Date: 8/12/2024	Reviewer's initials: KD

No.: 15	License No.: ARK-0903-03521 (25)
License Type: 03521 Irradiators	Action: Amendment
Action Date: 8/7/2024	Reviewer's initials: TL

Arkansas Agreement State Program Management Review Board Meeting Participants
February 17, 2026, 1:00 p.m. – 3:00 p.m. (ET), via Microsoft Teams

Management Review Board:
- Andrea Kock, Director, Office of Nuclear Material Safety and Safeguards, and today's MRB Chair;
- Kathryn Brock, the Acting Deputy Director, Office of Nuclear Material Safety and Safeguards;
- Gaya Mostaghimi, Deputy Assistant General Counsel, Assistant General Counsel for Rulemaking, Agreements States, and Fee Policy, Office of the General Counsel.
- Mohammed Shuaibi, Acting Regional Administrator, NRC Region III; and
- Becki Harisis, the Organization of Agreement States (or OAS) representative to the MRB, from the State of Tennessee.

Arkansas Program Management:
- Connie Melton, Director, Division of Health Protection;
- Shane David, Chief, Health Systems Licensing and Certification, Arkansas Department of Health; and
- Bernie Bevill, Section Chief, Radiation Control Section

IMPEP Team:
- Sherrie Flaherty, Team Leader, NMSS;
- Steve Seeger, Team Leader in Training, State of Tennessee;
- Randy Erickson, NRC Region IV;
- Phillip Peterson, State of Colorado;
- Jack Tway, State of New Jersey; and
- Lisa Forney, NMSS.

NRC and Other Members of the Public:
- Dafna Silberfeld, NMSS;
- Celimar Valentin-Rodriguez, NMSS;
- Adelaide Giantelli, NMSS;
- Robert Johnson, NMSS;
- Lee Smith, NMSS;
- Farrah Gaskins, NRC Region I;
- Shawn Seeley, NRC Region I;
- Jackie Cook, NRC Region IV;
- Kevin Stahl, State of Indiana;
- Kaci Studer, State of Indiana;
- Brenda Tubbs, State of Indiana; and
- Patrick Turner, State of Indiana

OFFICE	NMSS/MSST	NMSS/MSST/SLPB	NMSS/MSST/SLPB	NMSS/MSST/SMPB
NAME	LSmith *LS*	RJohnson *RJ*	SFlaherty *SF*	AGiantelli *AG*
DATE	Feb 24, 2026	Feb 23, 2026	Feb 23, 2026	Feb 25, 2026
OFFICE	NMSS/MSST	OEDO	NMSS	
NAME	CValentin-Rodriguez DSilberfeld for *DS*	SHoliday *SH*	AKock *AK*	
DATE	Feb 25, 2026	Mar 3, 2026	Mar 12, 2026	

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