POLICY ISSUE
NOTATION VOTE

May 9, 2013 SECY-13-0051

FOR: The Commissioners

FROM: R. W. Borchardt
Executive Director for Operations

SUBJECT: MANAGEMENT REVIEW BOARD RECOMMENDATION FOR PROBATION OF THE GEORGIA AGREEMENT STATE PROGRAM

PURPOSE:

The purpose of this paper is to request Commission approval to place the Georgia Agreement State Program (the Georgia Program) on Probation, as described in the U.S. Nuclear Regulatory Commission (NRC) Management Directive 5.6 (MD), "Integrated Materials Performance Evaluation Program (IMPEP)," dated February 26, 2004.

SUMMARY:

On January 17, 2013, a Management Review Board (MRB) met to consider the findings of the Georgia Program IMPEP review. Overall, the Georgia Program was found adequate, but needs improvement, and compatible with the NRC's program. During the IMPEP review, the review team identified programmatic weaknesses in all the common performance indicators, communication challenges between the Georgia staff and the Program Director, and limited understanding of safety and security responsibilities related to addressing events and radioactive materials in the public domain. Consequently, the team recommended, and the MRB agreed, that the identified weaknesses were of such significance that assurance of the Georgia Program's ability to protect public health and safety was degraded and increased oversight by the NRC was required to ensure timely and effective program improvements. The MRB is recommending to the Commission that the Georgia Program be placed on Probation which requires Commission approval. The Georgia Program is currently on Heightened

CONTACT: Lisa Dimmick, FSME/MSSA
(301) 415-0694

Oversight, with increased staff engagement and an approved program improvement plan. A Commission decision in favor of Probation would result in a *Federal Register* notice, a press release, and notifications to the Governor, the Georgia Congressional delegation, and the NRC's oversight committees.

BACKGROUND:

Section 274b. of the Atomic Energy Act of 1954, as amended, provides the statutory basis by which the NRC relinquishes, by agreement with a State, portions of its regulatory authority to license and regulate byproduct materials, source materials, and certain quantities of special nuclear materials when it is determined that the State has an adequate program to protect public health and safety and is compatible with the NRC's program. Through the Agreement State program, 37 States have signed formal agreements with the NRC. The NRC retains an oversight role and periodically reviews Agreement State programs for continued adequacy to protect public health and safety, and ensure compatibility with the NRC's regulatory program.

In 1994, the NRC designed and piloted a periodic review process for Agreement State and NRC regional radioactive materials programs called the IMPEP. This oversight program established common and non-common performance indicators to obtain comparable information on the performance of each program. Over the years the IMPEP program has evolved in response to experience and is used today for the review of Agreement State and the NRC regional materials programs.

All IMPEP reviews use common performance indicators in the assessment, and place primary emphasis on performance. The common indicators, which are program activities common to both Agreement State and the NRC regional materials programs, include (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. Additional program areas, identified as non-common performance indicators, are also assessed depending on the scope of a States' Agreement or Regions' responsibilities and included (1) Compatibility Requirements, (2) Sealed Source and Device Evaluation Program, (3) Low Level Radioactive Waste Disposal Program, and (4) Uranium Recovery Program.

The NRC regions and Agreement States are typically reviewed every 4 years; however, the timeline may be adjusted based on performance. Depending on program performance, at least one periodic meeting is conducted between IMPEP reviews. Periodic meetings include exchange of status information and may identify potential areas of improvement for the NRC region and Agreement State programs. Periodic meetings are not formal reviews, but are open, interactive discussions of program status and performance in preparation for the next IMPEP review.

Recently, staff conducted an integrated assessment of Agreement State performance (ML12345A063) and identified that an early indication of developing problems and/or declining program performance was missed by the periodic meeting process in some cases. Staff developed a recommendation, which was supported by an MRB on April 8, 2013, to evaluate the periodic meeting process. Staff was directed to make enhancements to improve the effectiveness of the periodic meeting process under IMPEP.

The final determination of adequacy for the NRC regional programs, and both adequacy and compatibility of each Agreement State program, is made by an MRB. The MRB is composed of senior NRC managers and an Agreement State liaison to the MRB.

If an Agreement State program is found adequate, buts needs improvement, or not compatible, the MRB may direct an additional action (e.g., Monitoring or Heightened Oversight) to increase the level of communication between the NRC and the Agreement State as a means to support Agreement State program performance improvements. Additional information on the IMPEP program can be found in MD 5.6.

DISCUSSION:

Section 274j. of the Atomic Energy Act of 1954, as amended, requires that the NRC periodically review each Agreement State to ensure Agreement States are adequate and compatible. It is the policy of the NRC to evaluate the NRC regional materials programs and Agreement State radiation control programs in an integrated manner, using common and non-common performance indicators, to ensure that public health and safety is being adequately protected.

The MRB, in a public meeting, makes the overall assessment of each NRC regional materials and Agreement State program. Information considered by the MRB includes the proposed final IMPEP report which presents suggested performance indicator ratings and recommendations prepared by the IMPEP team, and information provided by the region or State at the MRB meeting. For most IMPEP reviews, no action other than issuance of the final IMPEP report is needed. For those infrequent reviews where additional action is needed, the MRB may consider Monitoring, Heightened Oversight, and recommendations for Probation, Suspension, or Termination. The most significant actions, Probation, Suspension, or Termination, require Commission approval.

Monitoring is directed by the MRB when weaknesses in a program result in a performance rating of satisfactory, but needs improvement in more than one performance indicator. Monitoring is an informal process that allows the NRC to maintain an increased level of communication with an Agreement State. When one or more performance indicators are found to be unsatisfactory, Heightened Oversight is considered. Heightened Oversight is a formal process and requires the State to develop a program improvement plan, provide periodic progress reports, and participate in bimonthly NRC/Agreement State conference calls. In addition, a follow-up IMPEP review on an expedited basis is conducted at the direction of the MRB.

Probation includes all aspects of Heightened Oversight and requires notifications to the Governor and Congressional delegation, a press release, and a *Federal Register* notice. Probation is appropriate when one or more performance indicators are unsatisfactory and are of such safety significance that assurance of the program's ability to protect public health may be degraded. In the case of the Georgia Program, the review team concluded, and the MRB concurred, that Heightened Oversight by the NRC without the formal declaration of Probation may not result in the necessary program improvements needed to assure protection of public health and safety.

Suspension and Termination are considered by the MRB when a program is inadequate to protect public health and safety. Suspension, rather than Termination, is preferred when the MRB concludes the State has provided evidence that the program's deficiencies are temporary and the State is committed to implementing program improvements. The IMPEP team did not recommend to the MRB Suspension or Termination of the Georgia Agreement because the Georgia Program managers committed support to implementing program improvements and the IMPEP team did not identify any actual safety consequences to members of the public as a result of the programmatic weaknesses.

Recent History for the Georgia Program Performance

In 2008, the Georgia Program was found to be adequate to protect public health and safety, but needs improvement, and compatible with the NRC's program (ML083400190). A period of Monitoring was initiated to monitor the effects of a State-wide hiring freeze, staff attrition, and weaknesses in the Georgia Program's training and qualification programs. The MRB requested that calls between the Georgia Program and the NRC be conducted quarterly, and that a Periodic Meeting take place in September 2009. The Georgia Program provided its response to the IMPEP findings and recommendations in a letter dated December 4, 2008 (ML083640090). The NRC acknowledged Georgia's response in a letter dated January 2, 2009 (ML083640280) concluding that Georgia's responses addressed the recommendations in the IMPEP report. The NRC staff review noted that action was being taken on three of the four recommendations and the tasks, milestones, and assignments for completing the recommendations appeared reasonable and achievable. Action on the fourth recommendation was limited by State budget constraints.

Quarterly conference calls began in March 2009 and a Periodic Meeting was held in October 2009. From the Periodic meeting, staff reported that the Georgia Program continued to improve. Georgia had addressed the four recommendations that were made during the 2008 IMPEP review. The program was adequately staffed and the effort to reduce the inspection backlog continued. The MRB met on January 7, 2010, to consider the findings of the Periodic Meeting. The MRB directed that the Georgia Program remain on Monitoring and that calls between Georgia and the NRC continue to be conducted quarterly. Another Periodic Meeting was held with the Georgia Program on April 26, 2011, with a similar outcome to the 2009 Periodic meeting. The MRB met on August 16, 2011, to consider the findings of the Periodic Meeting. The MRB again directed that the Georgia Program remain on Monitoring and that calls between Georgia and the NRC continue to be conducted quarterly.

Results of the 2012 IMPEP Review

The 2012 IMPEP review team identified an overall decline in performance of the Georgia Program since the last IMPEP review. Although the Georgia Program had been placed on Monitoring, and actions were taken to address specific observations from the 2008 IMPEP review, overall performance continued to degrade and a number of significant performance deficiencies were identified during the 2012 IMPEP review. The team identified performance deficiencies involving the technical quality of observed inspections, a backlog of overdue high priority inspections, a failure to respond to a materials event where a radiation device was allowed to remain in the public domain for an extended period of time, and the failure to properly adopt pre-licensing verification guidance such that a new license was approved for a high risk source without ensuring that the source would be used for its intended purpose.

The review team also observed significant communication issues between the Georgia staff and management which affected the safety culture and performance of the program.

In the 274b. Agreement, the Governor certifies that the State has a program for the control of radiation hazards adequate to protect public health and safety. The NRC, through the IMPEP process, provides oversight to ensure that the State is maintaining an adequate program and is performing those tasks necessary to protect public health and safety. Prominent among these tasks is the response to incidents involving radioactive materials. When a program becomes aware of a potentially significant incident, the program is obligated to promptly respond to ensure that public health and safety is protected. Additionally, performing inspections of high priority licensees on a more frequent basis, such as industrial radiographers, is important because of the significant potential for harm if the radioactive material is not controlled properly. The review team's evaluation of the Georgia Program identified examples where tasks were performed for licensees' programs of lower safety significance in lieu of programs with a higher safety significance which hindered the Georgia Program's ability to provide independent oversight over licensed activities.

For the 2012 IMPEP review, the review team recommended to the MRB that the Georgia Program be found adequate to protect public health and safety, but needs improvement, and compatible with the NRC's program. As noted in the summary of the final IMPEP report, the review team recommended that Georgia's performance be found unsatisfactory for two performance indicators: Technical Quality of Inspections and Technical Quality of Incident and Allegation Activities. The review team recommended that Georgia's performance be found satisfactory, but needs improvement, for three of the performance indicators: Technical Staffing and Training, Status of Materials Inspection Program and Technical Quality of Licensing Actions. The review team found Georgia's performance to be satisfactory for the Compatibility Requirements and Sealed Source and Device Evaluation indicators. Due to the significant programmatic weaknesses identified, the review team made 12 recommendations regarding the need for performance improvements by the Georgia Program. The recommendations are intended to be constructive and promote improvement for the identified programmatic weaknesses.

On January 17, 2013, the MRB met to discuss the Georgia Program IMPEP. The MRB found the Georgia Program adequate to protect public health and safety, but needs improvement, and compatible with the NRC's program. The MRB directed that the period of Monitoring be discontinued and recommended that the Georgia Agreement State Program be placed on Probation. The final report (ML13023A380) for the Georgia Program IMPEP review is provided as Enclosure 1. Until a determination of Probation is reviewed by the Commission, the Georgia Agreement State Program remains on Heightened Oversight.

The MRB's decision to recommend the Georgia Program be placed on Probation was not unanimous. The majority view cited the significant communication issues, the lack of understanding and practice of some key regulatory program elements, and the lack of responsiveness by the Georgia Program to potentially significant incidents brought to the attention of the program during the review period. A member of the MRB noted that the performance of the Georgia Program was a significant outlier unlike performance concerns observed in other programs. For the Georgia program, significant performance concerns were observed in all the common performance indicators impacting the overall effective implementation of the Georgia Program.

The minority view cited the strong response and commitment by Georgia Program management to address the issues once identified. The MRB minutes (ML13084A299) are provided as Enclosure 2.

Georgia Program Response

Georgia Program managers responded to the draft IMPEP report on December 27, 2012 (ML13070A161). In the response, the Georgia Program described the actions taken prior to the MRB to address the recommendations and performance issues identified by the IMPEP team. In the response and during the MRB, the Georgia Program managers expressed their firm commitment to making improvements. Prior to the MRB, the Georgia Program made organizational changes to improve its management oversight of the program. The radioactive materials program manager was replaced, and two new technical staff were hired. The radioactive materials program manager position is being backfilled by another division manager until a permanent replacement is hired. The Georgia Program management indicated they are committed to making additional staffing changes as necessary to ensure effective programmatic change. The Georgia Program management also provided a preliminary response to each of the 12 recommendations offered by the IMPEP team. The Georgia Program agreed with each recommendation and provided estimated completion dates for implementation of the proposed actions.

The Georgia Program managers continue to address the performance concerns raised during the IMPEP review. Georgia Program management responded to the final IMPEP report with the State's Program Improvement Plan (Plan) on March 7, 2013 (ML13070A161). The NRC staff approved the Plan and responded to the Georgia Agreement State Program on April 4, 2013 (ML13084A029). The Georgia Program Plan is provided as Enclosure 3.

Since the MRB, Georgia Program management has communicated to the NRC their requests for additional training they believe would be helpful in making improvements to the program. The NRC staff has provided training in the area of incident reporting and plans to conduct refresher training on Increased Controls for source security and the pre-licensing guidance. In addition, the Organization of Agreement States offered Georgia Program management assistance to address their performance issues.

In addition to the Plan, progress updates, and bimonthly NRC/ State conference calls, the Probation process requires formal notifications: *Federal Register* notice, press release, and letters to the Governor, the Georgia Congressional delegation, and the NRC's oversight committees. These notifications are intended to ensure the Georgia Program performance receives the level of attention necessary to address program deficiencies and to improve and sustain its performance. The draft *Federal Register* notice (ML13084A271) and Governor notification (ML13084A264) are provided as Enclosures 4 and 5.

COMMITMENTS:

The NRC staff commits to (1) hold bimonthly calls with the Georgia Program to discuss its Plan including the progress made in addressing recommendations from the 2012 IMPEP report; (2) conduct a full IMPEP review in one year from the date of the Georgia Agreement State Program MRB (January 2014); and (3) evaluate the periodic meeting process and make enhancements to improve the effectiveness of the periodic meeting under IMPEP.

RECOMMENDATION:

The NRC staff recommends that the Commission:

Approve: Probation for the Georgia Program. If Probation is not approved, the program will remain on Heightened Oversight.

Note:

a) The Notice of Probation will be published in the *Federal Register* (Enclosure 4).

b) The Governor of Georgia will be informed of this action (Enclosure 5).

c) The NRC's Congressional oversight committees and members of Georgia's Congressional delegation will be informed of this action by the Office of Congressional Affairs upon approval of the action.

d) A press release will be issued by the Office of Public Affairs upon approval of the action.

RESOURCES:

Resources budgeted for Agreement State activities in the FY 2013 Current Estimate and FY 2014 Congressional Budget Justification are sufficient to cover this action. No contract dollars are needed for this action and any travel expense will be funded by the NRC staff travel budgets. The resources for future needs would be addressed through the Planning, Budgeting, and Performance Management process.

COORDINATION:

The Office of the General Counsel has no legal objection to the approval of probation for the Georgia Agreement State Program.

/RA/

R. W. Borchardt
Executive Director for Operations

Enclosures:
1. Georgia Final IMPEP Report
2. Minutes of Georgia MRB meeting
3. Georgia Program Improvement Plan
4. *Federal Register* notice
5. Governor Letter

February 5, 2013

Judson H. Turner, Director
Georgia Department of Natural Resources
Environmental Protection Division, Air Protection Branch
4244 International Parkway
Suite 120
Atlanta, GA 30354

Dear Mr. Turner

On January 17, 2013, the Management Review Board (MRB) met to consider the proposed final Integrated Materials Performance Evaluation Program (IMPEP) report on the Georgia Agreement State Program. The MRB found the Georgia program adequate to protect public health and safety, but needs improvement, and compatible with the U.S. Nuclear Regulatory Commission's (NRC) program.

The IMPEP team identified an overall declining performance by Georgia. Significant deficiencies were noted throughout the program and have the potential to impact public health and safety, if left uncorrected. Because of the significance of the findings, the MRB will recommend to the Commission that Georgia be placed on probation. Probation is a formal process that requires Commission approval. If approved, a press release and notifications to the Governor and Congressional delegation will be made. Probation requires an increased level of communication between the NRC staff and the State program office. Pending the Commission's review, the Georgia Agreement State Program is on Heightened Oversight. Heightened Oversight involves increased interaction with the NRC staff, the State's preparation of a program improvement plan, bimonthly conference calls, and submission of status reports.

Section 5.0, page 18, of the enclosed final report contains a summary of the IMPEP team's findings and recommendations. The State was found unsatisfactory for two performance indicators and satisfactory, but needs improvement, for three performance indicators. The review team made 11 new recommendations regarding program performance by Georgia and kept open a recommendation from the 2008 review. Based on the results of the current IMPEP review, the MRB directed that the next full review of the Georgia Agreement State Program will take place in approximately one year (January 2014).

I request that you prepare and submit a program improvement plan as part of your response to the review team's recommendations and to further support the response you provided on December 27, 2012, to the draft IMPEP report. A program improvement plan is necessary whether or not the Commission approves placing your State on probation. I ask that you have your staff discuss the required elements of this plan with Mr. Brian McDermott, Director, Division of Materials Safety and State Agreements, Office of Federal and State Materials and Environmental Management Programs, before you submit it, to ensure that the planned actions and measures of success are clearly identified.

The plan should be submitted within 30 days of receipt of this letter. Upon review of your program improvement plan, the NRC staff will schedule the first conference call.

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

Sincerely,

/RA/

Michael F. Weber
Deputy Executive Director for Materials, Waste,
Research, State, Tribal, and Compliance Programs
Office of the Executive Director for Operations

Enclosure:
Georgia Final IMPEP Report

cc w/ encl: Alice Rogers, TX
Organization of Agreement States
Liaison to the MRB

Jim Ussery, Assistant Director
Environmental Protection Division

Jac Capp, Chief
Air Protection Branch

Chuck Mueller, Senior Policy Analyst
Air Protection Branch

James Hardeman, Manager
Radioactive Materials Program

Letter to J. Turner, M.D. from Michael F. Weber dated February 5, 2013

SUBJECT: GEORGIA FY2013 FINAL IMPEP REPORT

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INTEGRATED MATERIALS PERFORMANCE EVALUATION PROGRAM

REVIEW OF THE GEORGIA AGREEMENT STATE PROGRAM

October 22-26, 2012

FINAL REPORT

Enclosure

EXECUTIVE SUMMARY

This report presents the results of the Integrated Materials Performance Evaluation Program (IMPEP) review of the Georgia Agreement State Program. The review was conducted during the period of October 22-26, 2012, by a review team composed of technical staff members from the U.S. Nuclear Regulatory Commission (NRC) and the States of North Carolina and Florida.

In 2008, the Georgia Agreement State Program was found to be adequate to protect public health and safety, but needs improvement, and compatible with the NRC's program. A period of Monitoring was initiated to monitor the effects of a State-wide hiring freeze, staff attrition and weaknesses in the Georgia Agreement State Program training and qualification programs.

The review team identified an overall declining performance by the Georgia Agreement State Program. Significant deficiencies were noted throughout the program and have the potential to impact public health and safety, if left uncorrected. The review team observed a basic misunderstanding of several important safety and security parameters by staff and management. The review team also observed significant communication issues between staff and management which affected the safety culture of the program.

Agreements between the NRC and a State assume that certain tasks be prioritized and performed in an efficient manner. Prominent among these tasks is the response to incidents involving radioactive materials. When a program becomes aware of a potentially significant incident, the program is obligated, under the Agreement, to promptly respond to ensure that public health and safety are protected. Additionally, prioritizing inspections of high priority licensees, such as industrial radiographers, is important because of the significant potential for harm if the radioactive material is not controlled properly. The review team's evaluation of the Georgia program identified numerous examples where appropriate tasks were not prioritized and thus, potentially affecting public health and safety.

For the 2012 IMPEP review, the review team recommended, and the Management Review Board (MRB) agreed, that the Georgia Agreement State Program be found adequate to protect public health and safety, but needs improvement, and compatible with the NRC's program. Due to the prioritization problems noted during the review, the review team considered whether to recommend that the Georgia program was compatible, or not, with the NRC's program. After some discussion and examination of the NRC's policy statements on the subject, the review team recommended to the MRB that, despite the problems noted, Georgia be found compatible with the NRC's program.

The review team recommended, and the MRB agreed, that Georgia's performance be found unsatisfactory for the performance indicators: Technical Quality of Inspections and Technical Quality of Incident and Allegation Activities. The review team recommended, and the MRB agreed, that Georgia's performance be found satisfactory, but needs improvement, for the performance indicators: Technical Staffing and Training, Status of Materials Inspection Program, and Technical Quality of Licensing Actions. The review team found Georgia's performance to be satisfactory for the two non-common performance indicators reviewed. The review team made 11 new recommendations regarding the performance of the State and kept open a recommendation from the 2008 IMPEP review.

Based on the results of the current IMPEP review, and in accordance with the criteria in the NRC Management Directive 5.6, the review team recommended, and the MRB agreed, that the period of Monitoring be discontinued and that the Georgia Agreement State Program be placed on Probation. In cases where program weaknesses exist regarding the adequacy and/or compatibility of an Agreement State's program yet the weaknesses are not so serious as to find the program inadequate to protect public health and safety, one of the options available to ensure continued protection of public health and safety, is to place the Agreement State on Probation.

The review team further recommended, and the MRB agreed, that a full IMPEP review be conducted within one year of the MRB meeting to assess the State's progress in addressing the open recommendations and the programmatic issues identified during this review.

1.0 INTRODUCTION

This report presents the results of the review of the Georgia Agreement State Program. The review was conducted during the period of October 22-26, 2012, by a review team composed of technical staff members from the U.S. Nuclear Regulatory Commission (NRC) and the States of North Carolina and Florida. Team members are identified in Appendix A. The review was conducted in accordance with the "Implementation of the Integrated Materials Performance Evaluation Program and Rescission of Final General Statement of Policy," published in the *Federal Register* on October 16, 1997, and the NRC Management Directive 5.6, "Integrated Materials Performance Evaluation Program (IMPEP)," dated February 26, 2004. Preliminary results of the review, which covered the period of September 27, 2008, to October 26, 2012, were discussed with Georgia managers on the last day of the review. A second exit meeting was conducted by telephone with Georgia managers on November 2, 2012.

A draft of this report was provided to Georgia for factual comment on November 27, 2012. The State responded by letter dated December 27, 2012. A copy of the State's response is included as an Attachment to this report. A Management Review Board (MRB) met on January 17, 2013, to consider the proposed final report. The MRB found the Georgia Agreement State Program adequate to protect public health and safety, but needs improvement and compatible with the NRC's program. The MRB will recommend to the Commission that the State be placed on Probation.

The Georgia Agreement State Program (the Program) is administered by the Air Protection Branch (the Branch), which is located within the Environmental Protection Division (the Division). The Division is part of the Department of Natural Resources (the Department). Organization charts for the Department, Division, and the Branch are included as Appendix B.

At the time of the review, the Program regulated 490 specific licenses authorizing possession and use of radioactive materials. The review focused on the radioactive materials program as it is carried out under the Section 274b. (of the Atomic Energy Act of 1954, as amended) Agreement between the NRC and the State of Georgia.

In preparation for the review, a questionnaire addressing the common and applicable non-common performance indicators was sent to the Branch on June 19, 2012. The Branch provided its response to the questionnaire on October 4, 2012. A copy of the questionnaire response may be found in the NRC's Agencywide Documents Access and Management System (ADAMS) using the Accession Number ML12278A182.

The review team's general approach for conduct of this review consisted of (1) examination of the Branch's response to the questionnaire, (2) review of applicable Georgia statutes and regulations, (3) analysis of quantitative information from the Program's database, (4) technical review of selected regulatory actions, (5) field accompaniments of six inspectors, and (6) interviews with staff and managers. The review team evaluated the information gathered against the established criteria for each common and the applicable non-common performance indicator and made a preliminary assessment of the Georgia Agreement State Program's performance.

Section 2.0 of this report covers the State's actions in response to recommendations made during previous reviews. Results of the current review of the common performance indicators are presented in Section 3.0. Section 4.0 details the results of the review of the applicable non-common performance indicators, and Section 5.0 summarizes the review team's findings.

2.0 STATUS OF ITEMS IDENTIFIED IN PREVIOUS REVIEWS

During the previous IMPEP review, which concluded on September 26, 2008, the review team made four recommendations regarding the Georgia Agreement State Program's performance. The status of the recommendations is as follows:

1. "The review team recommends that the State develop, document, and implement a formal qualification program for licensing and inspection activities that includes written documentation and supervisor endorsement of competency in each program area. (Section 3.1 of the 2008 IMPEP report)"

   Status: The State developed, documented and implemented a formal qualification program for licensing and inspection activities in October 2009. This qualification program was applied to new staff currently going through the qualification process. The qualification program includes written documentation and supervisor endorsement of competency in each area. The Program manager also reviewed select licensing and inspection casework of fully qualified employees to assess their competency in each area. This recommendation is closed.

2. "The review team recommends that the State update its inspection procedures and enforcement guidance to include the requirements for timely follow-up of Increased Controls violations. (Section 3.3 of the 2008 IMPEP report)"

   Status: Following the 2008 IMPEP review, the State updated its inspection procedures and enforcement guidance; these updates incorporated guidance on the performance of Increased Controls inspections, and associated follow-up for any violations identified. This recommendation is closed.

3. "The review team recommends that the State develop and implement a process for conducting annual accompaniments of all radiation compliance inspectors by a supervisor. (Section 3.3 of the 2004 IMPEP report)"

   Status: Following the 2008 IMPEP review, the State developed requirements for an annual supervisory accompaniment of each radiation compliance inspector. This recommendation is closed.

4. "The review team recommends that the State qualify one additional reviewer in SS&D evaluations to provide backup for the principal reviewer. This is in addition to a qualified reviewer or supervisor performing concurrence reviews. (Section 4.2 of the 2004 IMPEP report and 2013 IMPEP MRB)."

   Status: Although the State provided some SS&D training to two staff members, no additional SS&D reviewers were qualified to provide backup for the principal reviewer. This recommendation remains open.

3.0 COMMON PERFORMANCE INDICATORS

Five common performance indicators are used to review the NRC regional and Agreement State radioactive materials 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

Issues central to the evaluation of this indicator include the Program's staffing level and staff turnover, as well as the technical qualifications and training histories of the staff. To evaluate these issues, the review team examined the Branch's questionnaire response relative to this indicator, interviewed managers and staff, reviewed job descriptions and training records, and considered workload backlogs.

At the time of the review, there were six technical staff members and a program manager in the Branch, totaling approximately seven full-time equivalents (FTE). Five of the six technical staff members are fully qualified to perform inspection and licensing (with the exception of Sealed Source and Device (SS&D) work) activities. Only one staff member is fully qualified to perform SS&D reviews as the primary reviewer. Each technical staff member has at least a Bachelor of Science degree in a physical science and has between 4 and 16 years experience with the Program. There were no new hires during the review period and two technical staff members left the Program. According to the staffing plan, two positions were vacant at the time of this review. A third vacant position was removed from the staffing plan during the review period. Branch management stated that this position could be reinstated if funding for the position was made available.

In October 2009, the Program implemented a newly documented training plan for technical staff that is consistent with the requirements in the NRC/Organization of Agreement States Training Working Group Report and the NRC's Inspection Manual Chapter (IMC) 1246, "Formal Qualification Programs in the Nuclear Material Safety and Safeguards Program Area." This documented training plan was in response to a recommendation made during the 2008 IMPEP review. Staff members are assigned increasingly complex duties as they progress through the qualification process. The review team concluded that the Program's documented training program is adequate to carry out its regulatory duties and noted that Georgia management supports the training program.

While the review team concluded that the training program is adequate if implemented properly, it was noted by the team that correct knowledge of current licensing and inspection activities was lacking amongst management and senior staff. Therefore, training of new staff using these criteria, which includes in-house training and mentoring by management and senior staff, could lead to insufficient knowledge by the new staff members thereby impacting each of the other indicators reviewed. Examples of incorrect knowledge were identified by the review team in program components such as pre-licensing visits, inspection security requirements and response to incidents and allegations. These deficiencies are described in later sections of this report.

The review team also observed significant communication issues between staff and management which affected the safety culture of the program. These issues were evident during interviews with both the Program manager and with inspection/licensing staff members. As a result, key information was not communicated to the Program manager, including the awareness of significant incidents which occurred at licensee facilities. Work priorities were not effectively communicated to staff members, resulting in a failure to emphasize safety and security inspections of high risk licensees, such as industrial radiographers. This lack of communication affected the ability of the Georgia program to manage its health and safety responsibilities.

Based on the IMPEP evaluation criteria, the review team recommended, and the MRB agreed, that Georgia's performance with respect to the indicator, Technical Staffing and Training, be found satisfactory, but needs improvement.

3.2 Status of Materials Inspection Program

The review team focused on five factors while reviewing this indicator: inspection frequency, overdue inspections, initial inspections of new licenses, timely dispatch of inspection findings to licensees, and performance of reciprocity inspections. The review team's evaluation was based on the Branch's questionnaire response relative to this indicator, data gathered from the Program's database, examination of completed inspection casework, and interviews with management and staff.

The review team evaluated Georgia's inspection frequencies for all types of radioactive material licenses to determine if they are at least as frequent as similar license types listed in IMC 2800, "Materials Inspection Program." Several lower priority license categories established by the Program were assigned inspection priority codes that prescribe a less frequent inspection schedule than those established in IMC 2800 for similar license types. Specifically, small academic research programs have a Georgia inspection priority of six years. Currently, six Georgia academic institutions are in this category. Similar NRC licensees are inspected on a five-year frequency. The State also assigns several priority code 7 frequencies, which correlates to the NRC's five-year contacts. A total of 12 Georgia licensees have priority code 7 inspection frequencies. The Program manager stated that this was an oversight and that the Program intended to have the same inspection frequencies as the NRC. The Program manager indicated that they would adjust the inspection priorities as appropriate, if license fees associated with the license categories were not adversely affected.

The Program reported that it conducted approximately 247 high priority (Priority 1, 2, and 3) inspections during the review period, based on the inspection frequencies established in IMC 2800. Thirty-six of these inspections were conducted overdue by more than 25 percent of the inspection frequency prescribed in IMC 2800. In addition, the Program performed approximately 20 initial inspections during the review period, four of which were conducted overdue. As required by IMC 2800, initial inspections need to be conducted within 12 months of license issuance. Approximately 15 inspections, both high priority and initial, were overdue at the time of the review. The Program manager stated that inspections were conducted late due to the loss of inspection personnel and exacerbated by errors in the inspection database. Overall, the review team calculated that the Program performed 19.5 percent of its inspections overdue during the review period, an increase from the 15 percent overdue percentage

identified during the 2008 IMPEP review. Of the six Priority 1 (high safety significance) licensees in the State, four (67 percent) were inspected overdue. The review team recommends that the State develop and implement a plan to complete the higher priority and initial inspections in accordance with the inspection frequencies specified in IMC 2800.

The review team evaluated the Program's timeliness in providing inspection findings to licensees. A sampling of inspection reports indicated that inspection findings were communicated to the licensees within the Program's goal of 30 days after the inspection.

During the review period, the Program granted 252 reciprocity permits, of which approximately 35 were Priority 1–3 licenses. The Program does not categorize reciprocity inspections as candidates or non-candidates as is outlined in the IMC 1220 "Processing of NRC Form 241 and Inspection of Agreement State Licensees Operating under 10 CFR 150.20" procedure. The review team determined that the Program inspected approximately 17 percent of Priority 1–3 licensees requesting reciprocity from Georgia during the entire review period. The Program manager stated that she prioritized inspections of Georgia specific licenses over the reciprocity licenses due to the limited staff available to do such inspections. The review team identified only one Priority 1 and five Priority 3 reciprocity license inspections that were completed during the review period. This issue is discussed further in Section 3.3.

Based on the IMPEP evaluation criteria, the review team recommended, and the MRB agreed, that Georgia's performance with respect to the indicator, Status of Materials Inspection Program, be found satisfactory, but needs improvement.

3.3 Technical Quality of Inspections

The review team evaluated the inspection reports, enforcement documentation, inspection field notes, and interviewed inspectors for 25 radioactive materials inspections conducted during the review period. The casework reviewed included inspections conducted by six Program inspectors and covered inspections of various license types: medical institutions-therapy, medical-diagnostic, portable nuclear gauges, industrial radiography, self-shielded irradiators, industrial manufacturers and distributors, and Increased Security Controls for large quantities of radioactive materials (Increased Controls). Appendix C lists the inspection casework files reviewed, with case-specific comments, as well as the results of the inspector accompaniments.

The inspection procedures utilized by the Program are not consistent with the inspection guidance outlined in IMC 2800. In December 2010, changes to IMC 2800 were announced to Agreement States, who had 6 months to implement the changes. The changes included revised security inspection frequency, requirements for initial security inspections, and pre-licensing visits. Additionally, the inspection guidance addressed the use of the National Source Tracking System (NSTS) which is to be reviewed during each inspection of those licensees authorized to possess greater than or equal to Category 2 quantities of radioactive material. The Program did not update its inspection guidance and inspectors were not aware of the changes, including the required NSTS reviews. Further, most of the Program inspectors did not have access to the NSTS database, because their NSTS digital certificates had expired, and had not been renewed. The review team recommends that the State update its inspection procedures to include the most recent revisions to Inspection Manual Chapter 2800, including the implementation of inspection guidance for NSTS reviews.

Inspection field notes were completed by the inspector for each safety and security inspection and maintained in the licensee file, and an inspection report was sent to the licensee. For inspections that did not identify violations, the inspection reports were sent to the licensee by the inspector without supervisory review. Inspection reports that identified violations were sent to the licensee by the supervisor, after review and approval. During the review period, supervisory accompaniments were conducted annually for all but one of the inspectors; this inspector was accompanied in three of the four years by the supervisor.

Based on the evaluation of casework, the review team noted that Increased Controls security inspections of licensees were not always performed during the same visit as the health and safety inspections. In some cases, Increased Controls security inspections were not performed at all. For one of Georgia's industrial radiography licensees, a Priority 1 licensee, neither a safety nor a security inspection had been performed in over three years. For another industrial radiography licensee, safety inspections were performed in 2009 and 2012, but during neither visit was a security inspection performed. The review team recommends that the State perform Increased Controls security inspections at least as frequently as the priority of the license being inspected.

The review team determined that inspection documentation reviewed supported violations; however, the effectiveness of corrective actions taken to resolve these violations were not always documented or reviewed. During one of the security inspections performed in January 2011, a security violation was identified involving the failure to perform a trustworthiness and reliability determination of an employee granted unescorted access to licensed material. The licensee never responded to this violation, and the Program did not follow up with the licensee to ensure that corrective actions had been taken. It should be noted that the Program's failure to follow up on Increased Controls security violations was identified during the previous IMPEP review in 2008.

The review team found that the Program has a useful method of collecting data for both reciprocity work in the State, as well as licensed industrial radiography work at temporary job sites. Georgia licensees that perform industrial radiography at temporary job sites are required by license condition to notify the Program at least three days in advance prior to performing this work, affording the Program the opportunity to inspect licensee work. Reciprocity licensees are also required to provide at least three days notice of work performed in Georgia. Although the Program performed various inspections of reciprocity licensees during the review period, the review team identified only one Priority 1 licensee that had been inspected. Most of the reciprocity inspections were of Priority 5 licensees. Additionally, the review team only identified one industrial radiography licensee that had been inspected at a temporary job site during the review period, even though there were dozens of opportunities during the review period to perform these radiography inspections. The Program receives daily notifications via facsimile from Georgia licensees performing radiography within the State. The review team found that many of these notifications were placed into a former employee's mailbox and were not being reviewed by the Program. During interviews with staff members, the review team noted that other factors, such as distance to the licensed operations from the Program office, took priority over the safety significance of the licensed activities being performed.

The review team noted that the Program has an adequate supply of survey instruments to support its inspection program. Appropriate, calibrated survey instrumentation, such as Geiger-Mueller (GM) meters, scintillation detectors, ion chambers, micro-R meters, and neutron detectors, was observed to be available. The Program also has portable multi-channel analyzers available for investigations. Instruments are calibrated at least annually, or as needed, by a service provider with National Institute of Standards and Technology traceable sources. The Program uses a database to track each instrument, its current location, and next calibration date. The responsibilities for the calibration program are rotated amongst Program inspectors annually.

Accompaniments of six Program inspectors were conducted by two IMPEP team members during the weeks of September 10 and 24, 2012. The inspectors were accompanied during health and safety inspections of medical institutions with therapy, medical-diagnostic, portable nuclear gauges, industrial radiography, self-shielded irradiators, and industrial manufacturers and distributors. The accompaniments are identified in Appendix C. During the accompaniments, four of the six inspectors demonstrated appropriate inspection techniques, knowledge of the regulations, and conducted performance-based inspections. On one of the accompaniments, however, the inspector was unprepared for the inspection, stating to the licensee's RSO that he was unfamiliar with the licensee's program and license. This licensee had an extensive calibration program that was used to calibrate its own radiation detection instruments, pocket dosimeters, and alarming rate meters; however, none of the licensee's calibration program was reviewed by the Program inspector. Further, NSTS data was not reviewed during this inspection, nor were the licensee's increased controls requirements, such as trustworthy and reliability determinations. At one point during the accompaniment, the Program inspector told the licensee that they were not allowed to transfer a radiography camera to its Kentucky field office because the Kentucky field office was not on its Georgia license, indicating that the inspector was unfamiliar with licensing and jurisdictional boundaries. The inspector also told the licensee that a leak test needed to be performed each time that the radiography cameras were transferred to another location, which indicated that the inspector was unfamiliar with industrial radiography requirements. This is especially important, because this particular inspector performed four out of the seven industrial radiography inspections during this review period. Finally, the Program inspector only interviewed the RSO, and did not perform interviews of any of the radiographers or radiographer's assistants present at the facility.

During another of the inspector accompaniments, the inspector was not cognizant of the requirements for the two independent physical controls necessary to prevent unauthorized removal of a nuclear gauge when left unattended. The review team recommends that the State perform a causal analysis regarding the deficiencies identified during the NRC accompaniments of the Program inspectors, as documented in this section as well as Appendix C of this report, and formulate corrective actions for the causes identified during this analysis.

Based on the IMPEP evaluation criteria, the review team recommended, and the MRB agreed, that Georgia's performance with respect to the indicator, Technical Quality of Inspections, be found unsatisfactory.

3.4 Technical Quality of Licensing Actions

The review team examined completed licensing casework and interviewed license reviewers for 36 specific licensing actions involving 27 specific licenses. Licensing actions were reviewed for completeness, consistency, proper radioisotopes and quantities, qualifications of authorized users, adequacy of facilities and equipment, adherence to good health physics practices, financial assurance, operating and emergency procedures, appropriateness of license conditions, and overall technical quality. The casework was also reviewed for timeliness, use of appropriate deficiency letters and cover letters, reference to appropriate regulations, supporting documentation, consideration of enforcement history, pre-licensing visits, peer/supervisory review, and proper signatures.

The licensing casework was selected to provide a representative sample of licensing actions completed during the review period. Licensing actions selected for evaluation included 8 new licenses, 3 renewals, 6 termination actions, and 19 amendments. Files reviewed included a cross-section of license types: broad scope, medical diagnostic and therapy, industrial radiography, research and development, nuclear pharmacy, gauges, manufacturers, and self-shielded irradiators. The casework sample represented work from all current license reviewers. A list of the licensing casework evaluated, with case-specific comments, is provided in Appendix D.

The Program has five license reviewers responsible for licensing in six geographical regions. One of the staff is currently only trained to do portable nuclear gauge licenses and amendments. This reviewer is being trained to write licenses for diagnostic nuclear medicine licensees. Each of the remaining four license reviewers has a specific region assigned to them, and they are responsible for the licensing in that region. Licensing actions are assigned by administrative staff directly to the license reviewer who is responsible for the region from which the licensing request originated. The workload for the remaining two unstaffed regions is shared by the license reviewers. Tracking numbers are assigned and logged into a computer tracking system.

After the technical review is completed, a license reviewer will place his or her action on a review table. The Program manager will then assign a secondary review to a peer license reviewer, or performs the secondary review herself. Documentation of the secondary review and the dates of discussions with the licensee and peer reviewer are documented on a routing form. If a license reviewer has authority to sign for a particular type of licensing action, the action is then processed and logged in an electronic tracking system. The Program manager authorizes license reviewers to sign licensing actions. Each license reviewer has a form documenting what licensing actions he or she is authorized to sign. If a license reviewer is not yet authorized to sign a type of license, the Program manager will sign the license document after the secondary peer review.

License tie-down conditions, including previously omitted security requirements, were stated clearly and inspectable. Deficiency letters were usually sent via email and follow-up telephone calls were documented in the licensee file. Both deficiency letters and follow-up telephone calls clearly stated regulatory positions, were used at the proper time, and identified substantive deficiencies in the licensees' documents. Licenses are issued for a five-year period under a timely renewal system.

License reviewers use the Program's licensing guides that are similar to the NUREG-1556 series. Several of the Program's licensing guidance documents had not been updated since new regulations were adopted in 2008. Specifically, the Program's medical guidance had not been updated to include new regulatory requirements regarding authorized user training and experience, including the need for preceptor attestation. The review team recommends that the State update its medical licensing guidance documents to be consistent with Georgia regulations.

The review team identified five medical licenses that included authorized users that were added to the license without proper documentation to verify the training, experience, and preceptor attestation. The review team brought this to the attention of the Program. The Program manager and license reviewers indicated a misunderstanding regarding preceptor attestation requirements, as stated in the Georgia regulations, in situations where a potential authorized user is board certified. Due to this misunderstanding, the Program did not request preceptor attestation information for potential authorized users who submitted board certification documentation. The review team recommends that the State verify that all previously approved medical authorized users have proper documentation of their qualifications, since the new requirements were initiated in 2008.

The review team analyzed the Program's methodology for identifying Increased Controls licenses. The review team confirmed that license reviewers evaluated new license applications and license amendments using a three-step program. The Program's pre-licensing review forms incorporate the essential elements of the NRC's revised pre-licensing guidance to verify that the applicant will use requested radioactive materials as intended. Eight new licenses were reviewed but only one of those reviewed received a pre-licensing visit. Review of the form and interviews with the Program manager and license reviewers indicate that the intent of the pre-licensing form was misunderstood. New licenses issued to previously unlicensed entities did not prompt further investigation into whether a pre-licensing visit was required. Examples of failures in the pre-licensing process include a new nuclear pharmacy license that was not reviewed using the Program's guidance, and a new industrial radiography license which was properly identified as needing Increased Controls but did not receive a pre-licensing visit to ensure that the radioactive material would be used as intended and that security measures were implemented prior to obtaining material. The industrial radiography licensee was inspected for the first time, 11 months after issuance. The review team referred the Program to pre-licensing guidance in Radiation Control Program Directors (RCPD) letter RCPD-08-020 "Requesting Implementation of the Checklist to Provide a Basis for Confidence that Radioactive Material will be used as Specified on a License and the Checklist for Risk-Significant Radioactive Material." The review team recommends that the State implement pre-licensing guidance for all licensing actions to provide assurance that radioactive material will be used as specified on the license.

As stated above, the review team noted repeated examples of issues with thoroughness, completeness, consistency, clarity, technical quality, and adherence to existing licensing guidance. The instance of not performing a pre-licensing visit for an industrial radiography license posed a potential security threat.

The Program manager indicated that State open records laws prohibit the Program from routinely marking licenses or documents containing security-related information as recommended in RCPD-11-005 "Additional Guidance and Clarification Regarding the Review of

the Control of Sensitive Information during Integrated Materials Performance Evaluation Program Reviews." License reviewers indicated that they encourage licensees to mark documents as "sensitive" if they want information withheld. If a licensee indicates in a document that any information is sensitive or a trade secret, the marked documentation is put in a separate locked file cabinet. If records are requested by a member of the public, the documents are reviewed and potentially withheld, as appropriate.

Based on the IMPEP evaluation criteria, the review team recommended, and the MRB agreed, that Georgia's performance with respect to the indicator, Technical Quality of Licensing Actions, be found satisfactory, but needs improvement.

3.5 Technical Quality of Incident and Allegation Activities

In evaluating the effectiveness of the Program's actions in responding to incidents and allegations, the review team examined the Branch's response to the questionnaire relative to this indicator, evaluated selected incidents reported for Georgia in the Nuclear Material Events Database (NMED) against those contained in the Program's files, and evaluated the casework for 13 radioactive materials incidents. A list of the incident casework examined, with case-specific comments, may be found in Appendix E. The review team also evaluated the Program's response to nine allegations involving radioactive materials, including five allegations referred to the State by the NRC during the review period.

The incidents selected for review included the following categories: medical event, leaking source, damaged equipment, contamination, transportation, lost/stolen radioactive material, and dose to embryo/fetus. Of the 13 incidents reviewed, 7 were reportable to the NRC. There were two additional incidents whose reportability was unclear due to a lack of supporting information. Two of the seven incidents determined to be reportable within 24 hours had not been reported by the State to the NRC Headquarters Operations Center. These incidents were reported subsequent to the IMPEP review. For two incidents, there was insufficient information in the Program's incident file to determine whether or not they were reportable to the NRC within 24 hours. Specifically, the licensee's reports indicate that the dose to the embryo/fetus for both incidents is "greater than 500 millirem," but the final dose determination was not available in the Program's incident files. Depending on the final dose, these incidents could be a 24-hour reportable event to the NRC and could meet the Abnormal Occurrence reporting criteria. Both of the incidents were reported in NMED as 30-day reports. These incidents were reported to the NRC Headquarters Operations Center following the IMPEP review. In addition, two of the seven reportable incidents were not promptly reported to NMED.

The review team found that although the Program understands "how" to report incidents to the NRC, some Program members did not know which types of incidents were reportable or how to determine whether or not an incident was reportable. The review team identified many items in NMED, including several for reportable incidents, which were identified in NMED as incomplete, resulting in the NMED contractor requesting additional information from the Program about the incidents. Those requests for additional information remain unanswered. The review team recommends that the State develop, document, provide training to the Program staff on, and implement a procedure to notify the NRC of reportable incidents in a complete, timely, and accurate manner in accordance with Office of Federal and State Materials and Environmental Management Programs Procedure SA-300 "Reporting Material Events."

The review team's evaluation of selected incident case files found that the Program's responses to reported incidents were not well coordinated, not consistent, and in several cases, not thorough. The Program's level of effort was often not commensurate with the potential health and safety significance of the incident. Based on a review of Program procedures and discussions with the Program manager and technical staff, it was revealed that the Program did not have either formal or informal procedures to respond to radioactive materials incidents. Incidents reported by licensees were typically reported directly to Program inspectors. Due to the lack of incident evaluation and response processes or procedures, when the Program inspectors received notification of an incident, there was no consistent approach to perform an initial evaluation of the safety or security significance of an incident. Furthermore, there was no clear expectation that the Program manager be informed of reported incidents, and as a result, the Program manager was unaware of several reported incidents until they were discussed by the review team. Because the Program manager was unaware of many reported incidents along with the lack of procedures for incident response, the review team determined that there was no consistent approach to determine the type, level, or timeliness of Program response.

On-site incident evaluation was performed for 2 of the 13 incident case files reviewed. For the first incident, a Program inspector performed an on-site inspection to evaluate the circumstances that led to the loss of a package containing sealed sources for therapy. For the second incident, the Environmental Radiation Protection Branch responded to the scene of a transportation incident involving several damaged portable nuclear gauges. For the remainder of the 13 case files, on-site inspections or evaluation of incidents were not performed by the Program. Although on-site inspections might not be warranted in all cases, there was no systematic approach by the Program to evaluate which incidents were of actual or potential safety consequence and warranted on-site inspection. The Program inspectors waited for the licensee's written report rather than perform an on-site review. The review team found that the Program's review of licensee written reports was not thorough. In several cases, the Program's review of licensee written reports did not identify missing information required by regulation to be contained in written reports. In some cases, the Program did not identify that licensee written reports were missing corrective actions to prevent recurrence or did not recognize that the licensee's identified actions were inadequate to prevent recurrence.

Several of the reported incidents that the Program did not respond to with an on-site inspection warranted a more detailed review by the Program, including an on-site presence to review licensee actions and perform an independent evaluation of the circumstances of the incident. During the review period, licensees reported three medical events, although only one was considered a medical event by the Program. In one case involving permanent implant prostate brachytherapy, the Program inspector did not recognize that it was a probable medical event even though the licensee reported that the administered dose to the prostate gland met the requirement for a medical event (i.e., was less than 80 percent of the prescribed dose). Another medical event involved yttrium-90 microspheres that leaked between the vial and the catheter during infusion. The inspector considered this a spill or contamination incident, not recognizing the potential medical event. The inspector indicated that he relied on the licensee's conclusion that no harm or medical event occurred. In this case, the leakage of the microspheres could indicate a potential generic problem with equipment and warranted follow-up.

Another incident that warranted additional review, including an on-site inspection by the Program, was a contamination incident involving nickel-63. The incident involved a researcher

who was using 25 millicuries of nickel-63 in aqueous solution. A licensee survey of the laboratory indicated levels of nickel-63 that were up to 220 times the licensee's action level. This resulted in the closure of the laboratory and additional surveys of adjacent areas, including hallways and a restroom. Two days later, when additional contamination was detected, the licensee notified the Program and took actions to restrict access to the entire building for almost three days. Licensee efforts to contain and decontaminate affected areas took over a week but the Program did not respond to the incident. The licensee's written report identified potential violations but the Branch did not issue any enforcement action. The review team found that the Program's response to the incident was not commensurate with the potential consequences. The review team questioned the Program manager regarding this incident and the lack of an appropriate response. The Program manager stated that it was the first time she had heard of the incident.

The review team recommends that the State strengthen its incident response program and take measures to (1) develop, document, implement, and provide training to the Program on the incident response procedure; (2) ensure that reported incidents are promptly evaluated to determine the appropriate type and level of Program response, including providing for Program management notification and review; (3) ensure that incidents are responded to with an appropriate level of effort and in a timeframe commensurate with the potential health and safety and/or security consequences of the incident; (4) ensure that licensee written reports are reviewed for completeness and appropriate corrective actions; and (5) ensure that the Program's evaluation of licensee incidents, whether based on a review of licensee reports, on-site reviews, or inspection follow-up, is properly documented to facilitate future follow-up.

In evaluating the effectiveness of the Program's response to allegations, the review team evaluated the completed casework for nine allegations, including five that the NRC referred to the State during the review period. The review team concluded that the Program's actions in response to allegations were not well coordinated, not consistent, and not well documented. The review team found that the Program often failed to take prompt and appropriate actions in response to concerns raised.

The five allegations that were referred to the State by the NRC during the review period were discussed with the Program manager and appropriate technical staff. The first allegation, which was forwarded to the State in December 2009, was related to prostate brachytherapy procedures and had been put on hold by the Program manager. The stated reason it was put on hold was because the inspector was having difficulty understanding and addressing the concern. No documentation of the Program's actions in this case was available for review and the allegation continues to be on hold since December 2009. The second allegation referred to the State by the NRC related to scrap metal and nuclear laundry activities. The Program manager was unable to identify what actions were taken to address the allegation. The third allegation referred to the State by the NRC regarded an alleged impropriety by licensee personnel that was not related to regulatory requirements. The fourth allegation referred to the State by the NRC involved radiation levels in a public area. The Program manager stated that this allegation was reviewed by a former Program member; however, documentation regarding the results of the allegation evaluation was not available for review. The fifth allegation, which was forwarded to the State by the NRC in September 2012, involved a medical licensee and as of the date of the IMPEP review, had not yet been assigned to a staff member for evaluation.

The review team examined the Program's response to four allegations that were directly received by the Program. The first allegation regarded the alleged use of improper radiological boundaries by a radiography licensee. The inspector's evaluation appeared appropriate, was documented, and a verbal discussion of the outcome of the evaluation was provided to the alleger. The second allegation received by the State was related to a spill of radioactive material. The inspector who received the allegation concluded that the short half-life did not warrant that the State take any action, and the allegation was closed. The third allegation was received a few days after the second allegation. This allegation was from a different individual regarding the same facility from the second allegation, and also related to an alleged spill of radioactive material in addition to other radiation safety concerns. An inspector was dispatched to the licensee facility, documented the results of his evaluation, and provided verbal follow-up to the alleger.

The fourth allegation was received in December 2010, from a member of the public that purchased an abandoned storage unit and had inadvertently acquired an abandoned device containing an americium-241 sealed source. The individual stated that he would store the device and requested the Program's assistance in disposing of the device. The Program inspector who received the allegation made an attempt to locate the original owner of the device but took no further action when the attempt was unsuccessful. The review team discussed this allegation with the inspector during the review. The inspector said that no action had been taken since receipt of the allegation and that he was unaware of the status of the device. The review team discussed this with the Program manager, who expressed that she was unaware of the allegation and that had she been aware she would have taken action to recover the device or arrange for its disposal. Following this discussion, the Program manager took immediate action and contacted the member of the public. Fortunately, after almost two years, the individual still possessed the device, which he had wrapped in plastic and stored under an out-building on his property. The Program manager made arrangements for an inspector to recover the device from the member of the public later in the week.

The Program has a procedure to address allegations, entitled "Allegation Procedure," dated October 2004. The procedure includes guidance on allegation receipt, timeliness of allegation evaluation, and expectations for providing written follow-up to allegers. An allegation receipt form and a sample close-out letter to allegers are included in the procedure. The review team determined that the Program was not consistently implementing the Program's allegation procedure. As a result, allegations were not being tracked to ensure timely and thorough review, completion, and response to allegers. Furthermore, Program management was not aware of all received allegations. The review team noted that in several cases, the Program did not document the results of investigations of allegations and did not retain all necessary documentation to appropriately close allegations. The review team was informed that the Program is unable to protect the identity of allegers but makes every attempt to avoid disclosure of such information.

The review team recommends that the State revise, enhance, implement, and provide training to the staff on its allegation procedure, including providing additional written guidance and training on (1) recognizing and identifying allegations; (2) notifying Program management of all received allegations; (3) promptly evaluating allegations for safety and security significance;

(4) ensuring that the level of effort and timeliness in responding to allegations is commensurate with the potential significance of the allegation; and (5) tracking all allegations to ensure timely review and closure of allegations and timely feedback to allegers.

Based on the IMPEP evaluation criteria, the review team recommended, and the MRB agreed, that Georgia's performance with respect to the indicator, Technical Quality of Incident and Allegation Activities, be found unsatisfactory.

4.0 NON-COMMON PERFORMANCE INDICATORS

Four non-common performance indicators are used to review Agreement State programs: (1) Compatibility Requirements, (2) Sealed Source and Device Evaluation Program, (3) Low-Level Radioactive Waste Disposal Program, and (4) Uranium Recovery Program. The NRC's Agreement with Georgia does not relinquish regulatory authority for a low level radioactive waste disposal or uranium recovery program; therefore, only the first two non-common performance indicators applied to this review.

4.1 Compatibility Requirements

4.1.1 Legislation

Georgia became an Agreement State on December 15, 1969. The current effective statutory authority is contained in the Official Code of Georgia Annotated, Title 31 Chapter 13. The Department is designated as the State's radiation control agency. The Branch implements the radiation control program. The review team noted that no legislation affecting the radiation control program was passed during the review period.

4.1.2 Program Elements Required for Compatibility

The Georgia regulations governing radiation protection requirements are located in Chapter 391 of the Georgia Administrative Code and apply to all ionizing radiation. Georgia requires a license for possession and use of all radioactive material. Georgia also requires registration of all equipment designed to produce ionizing radiation.

The review team examined the State's administrative rulemaking process and found that the process takes approximately one year from the development stage to the final approval by the Board of Natural Resources, after which the rule becomes effective in 20 days. The public, the NRC, other agencies, and potentially impacted licensees and registrants are offered an opportunity to comment during the process. Comments are considered and incorporated, as appropriate, before the regulations are finalized and approved. The review team noted that the State's rules and regulations are not subject to sunset laws.

The review team evaluated Georgia's response to the questionnaire relative to this indicator, reviewed the status of regulations required to be adopted by the State under the Commission's adequacy and compatibility policy, and verified the adoption of regulations with data obtained from the State Regulation Status Sheet that FSME maintains.

During the review period, Georgia submitted one final regulation amendment and no proposed regulation amendments or legally binding license conditions to the NRC for a compatibility review. Current NRC policy requires that Agreement States adopt certain equivalent regulations or legally-binding requirements no later than three years after they become effective.

At the time of this review, the following four amendments were overdue:

- "Exemptions from Licensing, General Licenses, and Distribution of Byproduct Material; Licensing and Reporting Requirements," 10 CFR Parts 30, 31, 32, and 150 amendment (72 FR 58473), that was due for Agreement State adoption by December 17, 2010.

- "Requirements for Expanded Definition of Byproduct Material,"10 CFR Parts 20, 30, 31, 32, 33, 35, 61, 150 amendment (72 FR 55864), that was due for Agreement State adoption by November 30, 2010.

- "Occupational Dose Records, Labeling Containers, and Total Effective Dose Equivalent," 10 CFR Parts 19 and 20 amendment (72 FR 68043), that was due for Agreement State adoption by February 15, 2011.

- "Medical Use of Byproduct Material – Authorized User Clarification," 10 CFR Part 35 amendment (74 FR 33901), that was due for Agreement State adoption by September 28, 2012.

The Branch has drafted proposed regulations for these four amendments and plans to submit them to the NRC for review in the spring of 2013. As noted in the 2008 IMPEP report, which covered a review period from August 27, 2004, through September 26, 2008, the Board approved nine regulation amendments in final on September 24, 2008. These nine regulation amendments became effective on November 6, 2008. Six of the nine regulation amendments adopted were overdue for adoption. A list of regulations that are due for adoption can be found at: http://nrc-stp.ornl.gov/rss_regamendents.html.

Based on the IMPEP evaluation criteria, the review team recommended, and the MRB agreed, that Georgia's performance with respect to the indicator, Compatibility Requirements, be found satisfactory.

4.2 Sealed Source and Device Evaluation Program

In reviewing this indicator, the review team used three subelements to evaluate the Program's performance regarding the Sealed Source and Device (SS&D) Evaluation Program. These subelements are (1) Technical Staffing and Training, (2) Technical Quality of the Product Evaluation Program, and (3) Evaluation of Defects and Incidents Regarding SS&Ds.

In assessing the Georgia SS&D evaluation activities, the review team examined the Branch's response to the IMPEP questionnaire on this indicator, performed a search of the SS&D Registry for registrations issued by Georgia, and performed NMED searches of manufacturers and distributors identified on SS&D registrations issued by Georgia. A review of new and amended SS&D registration evaluations and supporting documents covering the review period

was conducted. The review team noted the staff's use of guidance documents and procedures; interviewed managers and staff; and verified the use of regulations, license conditions, and inspections to enforce commitments made in the applications.

4.2.1. Technical Staffing and Training

SS&D registry evaluation responsibilities currently are performed by two qualified reviewers where one of the reviewers (the Program manager) only performs the concurrence review. The Program has two reviewers in training to become full reviewers, but they are not currently active in the SS&D program. The review team was informed that the Program's vacant Environmental Planning Specialist position that has SS&D review job descriptions has been reclassified as an Environmental Compliance Specialist. There has been no change in SS&D staffing levels since the 2008 review. Due to the time delays in processing current SS&D requests and related licensing actions and the existing backlog of registry inactivations, as outlined below, the review team has concerns that the current SS&D staffing level may be insufficient to maintain the program. A recommendation was made to the State in 2004 to qualify one additional reviewer in SS&D evaluations to provide backup for the principal reviewers. That recommendation remains open, as discussed in Section 2.0.

The Program has a documented qualification program for SS&D reviewers as a subsection of its overall Licensing Evaluator Qualification Procedures. The SS&D qualification procedures require that reviewers in training be trained in-house with oversight from the senior SS&D reviewers.

4.2.2 Technical Quality of the Product Evaluation Program

During the review period, the Program processed 13 SS&D actions from seven different distributors. Only one of these distributors actually possesses radioactive materials related to the manufacturing, assembly and distribution under a SS&D registration. The other six distributors either do not possess radioactive materials used in the SS&D registration or are for foreign vendors where the product is manufactured overseas and dropped shipped to the customer. All six of these distributors are authorized to provide servicing of their products (installation, surveys, relocations, repair, leak testing, etc.) at customer sites. Of the 13 SS&D actions, six were amendments in their entirety and seven were new applications. Four of the seven new applications were transferred from Arizona and one of the new applications was transferred from Georgia to Virginia. There were no inactivations of SS&D registrations or emerging technology evaluations processed during the review period.

The review team evaluated six actions completed during the review period consisting of four new applications and two amendments in their entirety. The actions selected for review included the one distributor who actually possesses radioactive materials. The casework selected for review was representative of two qualified reviewers, one of whom while qualified for a full review, only performed concurrence reviews during the review period. A list of the SS&D registrations evaluated by the review team, with case-specific comments, may be found in Appendix F.

The Program performed evaluations based on sound conservative assumptions to ensure public health and safety is adequately protected. Good health physics practices were implemented

throughout this review period. As a means to legally enforce the commitments made for the SS&D actions, the Program incorporates these commitments into the radioactive materials license authorizing the distribution as a unique license condition listing the SS&D registry number in the tie-down condition. It is the policy of the Program to issue the radioactive materials license amendments with the issuance of the registration sheets. During the on-site visit, the review team identified one instance where the Program omitted these license conditions and therefore did not provide a means to legally enforce these commitments. Subsequent to the on-site review, an amendment was issued to correct this license.

In assessing the Program's SS&D evaluation activities, the review team examined information contained in the questionnaire response and interviewed program staff and managers. The review team confirmed that the Program follows the recommended guidance from the NRC SS&D Workshop, NUREG-1556, Volume 3, applicable and pertinent American National Standards Institute (ANSI) and Military standards, ISO-9001 and Georgia regulations, statutes, policies and procedures. The review team verified that these documents were available and were used appropriately in performing SS&D reviews. Deficiency correspondence clearly stated regulatory positions and all health and safety issues were addressed.

While the review team determined that product evaluations were complete and adequately addressed the integrity of the products during use and in the event of accidents, a few items were noted. The review team identified that one registration was missing the radiation dose rate profile at one meter as required in NUREG-1556, Volume 3 and that three of the registrations did not follow the format and content recommended in NUREG-1556, Volume 3 where the date on the registration's page one did not match the dates on the signature page. These formatting issues did not adversely impact the technical quality or content of the reviews; however, because the registrations are used nationally (especially page one information), the documents should be consistent with national standards.

The review team noted that there were occasionally a significant time lag between receiving SS&D action requests and when work began on these requests. Two actions were more than a year between application date and issuance and one action appeared to be reviewed only in conjunction with the license renewal that was submitted more than five years earlier. Another registry action took more than five months for a minor amendment and the corresponding license amendment authorizing its distribution was not completed until more than 14 months from that date. The review team also noted that the Program has in excess of 40 registry sheets that are no longer active due to licensees' discontinuation of product lines, license terminations, or have requested SS&D inactivations and license terminations that have not been processed. This issue was also noted during the 2008 review. SS&D registrations need to be inactivated to let other regulatory agencies know that that product line is no longer in production and additional care needs to be taken regarding obtaining servicing for or disposal of these products containing radioactive material. The review team recommends that the State develop and implement a plan to inactivate SS&D registrations for devices and sources that are no longer being made or distributed.

The review team determined the Program has not started reviewing two of the three SS&D actions indentified in the questionnaire as "under review". These actions were received in March and May, 2012. Also, the Program is aware that a Georgia licensee, Elekta, Inc. has acquired Nucletron, currently located in Maryland, and that in May 2012 the Program received

an application from Elekta for a radioactive materials distribution license and up to seven new SS&D applications for the current HDR devices authorized under the Maryland license. While the Program has not started reviewing these applications at the time of the review, they have been in contact with Elekta regarding licensing and SS&D requirements needed to obtain a Georgia license.

4.2.3 Evaluation of Defects and Incidents Regarding SS&Ds

Based upon the Branch's response to the questionnaire, interview of Program personnel, and the review team's searches of NMED, the review team selected a suspect incident reported during the review period involving SS&D products registered in Georgia. NMED No. 120591 was reviewed because the event description described a potential product defect. After reviewing the incident with the SS&D reviewer, the review team determined this incident was not related to a SS&D product defect but due to an implementation issue regarding the licensee's other QA/QC processes. The Program manager stated that they confirmed with the SS&D distributor that the QA/QC program related to the SS&D is being implemented.

Based on the IMPEP evaluation criteria, the review team recommended, and the MRB agreed, that Georgia's performance with respect to the indicator, Sealed Source and Device Evaluation Program, be found satisfactory.

4.3 Low-level Radioactive Waste Disposal Program

In 1981, the NRC amended its Policy Statement, "Criteria for Guidance of States and the NRC in Discontinuance of NRC Regulatory Authority and Assumption Thereof by States Through Agreement," to allow a State to seek an amendment for the regulation of LLRW as a separate category. Although the Georgia Agreement State Program has LLRW disposal authority, the NRC has not required States to have a program for licensing a LLRW disposal facility until such time as the State has been designated as a host State for a LLRW disposal facility. When an Agreement State has been notified or becomes aware of the need to regulate a LLRW disposal facility, they are expected to put in place a regulatory program which will meet the criteria for an adequate and compatible LLRW disposal program. There are no plans for a LLRW disposal facility in Georgia. Accordingly, the review team did not review this indicator.

5.0 SUMMARY

The review team identified an overall declining performance by the Georgia Agreement State Program. Significant deficiencies were noted throughout the program and have the potential to impact public health and safety, if left uncorrected. The review team observed a basic misunderstanding of several important safety and security parameters by staff and management. The review team also observed significant communication issues between staff and management which affected the safety culture of the program.

As noted in Sections 3.0, and 4.0 above, the review team recommended, and the MRB agreed, that Georgia's performance be found unsatisfactory for the performance indicators: Technical Quality of Inspections and Technical Quality of Incident and Allegation Activities. The review team recommended, and the MRB agreed, that Georgia's performance be found satisfactory, but needs improvement for the performance indicators: Technical Staffing and Training, Status

of Materials Inspection Program, and Technical Quality of Licensing Actions. The review team found Georgia's performance to be satisfactory for the two non-common performance indicators reviewed. The review team made 11 new recommendations regarding the performance of the State and kept open a recommendation from the 2008 IMPEP review.

Accordingly, the review team recommended, and the MRB agreed, that the Georgia Agreement State Program be found adequate to protect public health and safety, but needs improvement, and compatible with the NRC's program. Agreements between the NRC and a State assume that certain tasks be prioritized and performed in an effective and efficient manner. Prominent among these tasks is the response to incidents involving radioactive materials. When a Program becomes aware of a significant incident, the Program is obligated, under the Agreement, to promptly respond to ensure that public health and safety is protected. Additionally, prioritizing inspections of high priority licensees, such as industrial radiographers, is important because of the significant potential for harm if the radioactive material is not controlled properly. Due to the prioritization problems noted during the review, the review team considered whether to recommend that the Georgia program was compatible, or not, with the NRC's program. After some discussion and examination of the NRC's policy statements on the subject, the review team decided to recommend that, despite the problems noted, Georgia be found compatible with the NRC's program.

Based on the results of the current IMPEP review, and in accordance with the criteria in the NRC Management Directive 5.6, the review team recommended, and the MRB agreed, that the period of Monitoring be discontinued and that the Georgia Agreement State Program be recommended to be placed on Probation. Specifically, the review team notes that Management Directive 5.6 states that in cases where program weaknesses exist regarding the adequacy and/or compatibility of an Agreement State's program yet the weaknesses are not so serious as to find the program inadequate to protect public health and safety, one of the options available to ensure continued protection of public health and safety, is to place the Agreement State on Probation. Probation is a formalized process that requires Commission approval. If approved, a press release and notifications to the Governor and Congressional delegation will be made. Probation also requires a program improvement plan and an increased level of communication between the NRC staff and the State program office.

The review team further recommended, and the MRB agreed, that a full IMPEP review be conducted within one year of the Management Review Board meeting to assess the State's progress in addressing the open recommendations and the programmatic issues identified during this review.

Below are the review team's recommendations, as mentioned in the report, for evaluation and implementation by the State:

RECOMMENDATIONS

1. The review team recommends that the State develop and implement a plan to complete higher priority and initial inspections in accordance with the inspection frequencies specified in IMC 2800. (Section 3.2)

2. The review team recommends that the State update its inspection procedures to include the most recent revisions to Inspection Manual Chapter 2800, including the implementation of inspection guidance for NSTS reviews. (Section 3.3)

3. The review team recommends that the State perform Increased Controls security inspections at least as frequently as the priority of the license being inspected. (Section 3.3)

4. The review team recommends that the State perform a causal analysis regarding the deficiencies identified during the NRC accompaniments of the Program inspectors, as documented in this section as well as Appendix C of this report, and formulate corrective actions for the causes identified during this analysis. (Section 3.3)

5. The review team recommends that the State update its medical licensing guidance documents to be consistent with Georgia regulations. (Section 3.4)

6. The review team recommends that the State verify that all previously approved medical authorized users have proper documentation of their qualifications, since the new requirements were initiated in 2008. (Section 3.4)

7. The review team recommends that the State implement pre-licensing guidance for all licensing actions to provide assurance that radioactive material will be used as specified on the license. (Section 3.4)

8. The review team recommends that the State develop, document, provide training to the Program staff on, and implement a procedure to notify the NRC of reportable incidents in a complete, timely and accurate manner in accordance with Office of Federal and State Materials and Environmental Management Programs Procedure SA-300 “Reporting Material Events.” (Section 3.5)

9. The review team recommends that the State strengthen its incident response program and take measures to (1) develop, document, implement, and provide training to the Program on the incident response procedure; (2) ensure that reported incidents are promptly evaluated to determine the appropriate type and level of Program response, including providing for Program management notification and review; (3) ensure that incidents are responded to with an appropriate level of effort and in a timeframe commensurate with the potential health and safety and/or security consequences of the incident; (4) ensure that licensee written reports are reviewed for completeness and appropriate corrective actions; and (5) ensure that the Program’s evaluation of licensee incidents, whether based on a review of licensee reports, on-site reviews, or inspection followup, is properly documented to facilitate future followup. (Section 3.5)

10. The review team recommends that the State revise, enhance, implement, and provide training to the staff on its Allegation Procedure, including providing additional written guidance on (1) recognizing and identifying allegations; (2) notifying Program management of all received allegations; (3) promptly evaluating allegations for safety and security significance; (4) ensuring that the level of effort and timeliness in

responding to allegations is commensurate with the potential significance of the allegation; and (5) tracking all allegations to ensure timely review and closure and timely feedback to allegers. (Section 3.5)

11. The review team recommends that the State qualify one additional reviewer in SS&D evaluations to provide backup for the principal reviewer. This is in addition to a qualified reviewer or supervisor performing concurrence reviews. (Section 4.2 of the 2004 IMPEP report and 2013 IMPEP MRB).

12. The review team recommends that the State develop and implement a plan to inactivate SS&D registrations for devices and sources that are no longer being made or distributed. (Section 4.2.2)

LIST OF APPENDICES

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Appendix B	Georgia Organization Charts
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Appendix D	License Casework Reviews
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Appendix F	Sealed Source and Device Casework Reviews

APPENDIX A

IMPEP REVIEW TEAM MEMBERS

Name	**Area of Responsibility**
Jim Lynch, Region III	Team Leader Status of Materials Inspection Program Inspector Accompaniments
Monica Orendi, Region I	Technical Staffing and Training Compatibility Requirements
James Thompson, Region IV	Technical Quality of Inspections Inspector Accompaniments
Diana Sulas, North Carolina	Technical Quality of Licensing Actions
Janine Katanic, FSME	Technical Quality of Incident & Allegation Activities
Mike Stephens, Florida	Sealed Source and Device Evaluation Program Technical Quality of Licensing Actions

APPENDIX B

GEORGIA ORGANIZATION CHARTS

ADAMS ACCESSION NO.: ML12278A179

APPENDIX C

INSPECTION CASEWORK REVIEWS

NOTE: CASEWORK LISTED WITHOUT COMMENT IS INCLUDED FOR COMPLETENESS.

File No.: 1
Licensee: Robert T. Hart — License No.: 1189-1
Inspection Type: Routine, Announced — Priority: 1
Inspection Date: 4/20/11 — Inspector: EJ

Comments:
a) This inspection performed overdue; last inspection was 7/16/09.
b) NSTS review not performed.

File No.: 2
Licensee: Hurst Boiler and Welding — License No.: 0918-1
Inspection Type: Routine, Unannounced — Priority: 2
Inspection Date: 1/27/11 — Inspector: KR

Comments:
a) This inspection performed overdue; last inspection was 6/23/08.
b) NSTS review not performed.
c) Security violation for this inspection issued on 5/6/11; however, no licensee response was received nor Program followup performed.

File No.: 3
Licensee: Mistras Group — License No.: 1615-1
Inspection Type: Initial, Announced — Priority: 1
Inspection Date: 3/8/12 — Inspector: JM

Comment: NSTS review not performed

File No.: 4
Licensee: Acuren Inspection — License No.: 1115-1
Inspection Type: Routine, Announced — Priority: 1
Inspection Date: 7/7/11 — Inspector: KR

Comments:
a) This inspection performed overdue; last inspection was 7/29/09.
b) NSTS review not performed.

File No.: 5
Licensee: Applied Technical Services License No.: 0896-1
Inspection Type: Routine, Announced Priority: 1
Inspection Date: 9/26/12 Inspector: KR

Comments:
a) No security review performed during this inspection.
b) NSTS review not performed.

File No.: 6
Licensee: Jan-X Integrity License No.: 1369-1
Inspection Type: Routine, Announced Priority: 1
Inspection Date: 7/21/11 Inspector: JM

Comments:
a) This inspection performed overdue; last inspection was 5/8/08.
b) NSTS review not performed.

File No.: 7
Licensee: Sowega Testing Services License No.: 0923-1
Inspection Type: Routine, Announced Priority: 1
Inspection Date: 10/8/09 Inspector: KR

Comment: This licensee is currently overdue for inspection, as of 10/26/12.

File No.: 8
Licensee: John D. Archbold Hospital License No.: 0078-1
Inspection Type: Routine, Unannounced Priority: 2
Inspection Date: 7/29/10 Inspector: KR

File No.: 9
Licensee: Arch Chemicals License No.: 1619-1
Inspection Type: Initial, Announced Priority: 3
Inspection Date: 12/13/11 Inspector: IB

File No.: 10
Licensee: Cardinal Health License No.: 1609-1
Inspection Type: Initial, Announced Priority: 2
Inspection Date: 10/27/11 Inspector: KC

File No.: 11
Licensee: Emory University License No.: 0153-1
Inspection Type: Routine, Announced Priority: 2
Inspection Date: 6/12/12 Inspector: JM

Comment: This inspection performed overdue; last inspection was 6/10/06.

File No.: 12
Licensee: Theragenics Corporation License No.: 0881-5
Inspection Type: Routine, Unannounced Priority: 2
Inspection Date: 6/21/12 Inspector: EJ

Comment: This inspection performed overdue; last inspection was 9/18/08.

File No.: 13
Licensee: Savannah Oncology Center License No.: 1119-1
Inspection Type: Routine, Announced Priority: 2
Inspection Date: 1/6/11 Inspector: TC

Comment: This inspection performed overdue; last inspection was 6/5/08.

File No.: 14
Licensee: Redmond Regional Medical License No.: 0165-1
Inspection Type: Routine, Unannounced Priority: 3
Inspection Date: 5/26/11 Inspector: JM

Comment: This inspection performed overdue; last inspection was 5/14/07.

File No.: 15
Licensee: Harbin Clinic License No.: 1278-1
Inspection Type: Routine, Unannounced Priority: 3
Inspection Date: 12/9/10 Inspector: JM

File No.: 16
Licensee: Shashikant A. Daya License No.: 1545-1
Inspection Type: Routine, Announced Priority: 3
Inspection Date: 9/16/10 Inspector: TC

File No.: 17
Licensee: Clark Holder Clinic License No.: 1358-1
Inspection Type: Routine, Announced Priority: 3
Inspection Date: 12/16/10 Inspector: TC

File No.: 18
Licensee: Georgia Urology License No.: 1510-1
Inspection Type: Routine, Unannounced Priority: 3
Inspection Date: 7/26/11 Inspector: KC

File No.: 19
Licensee: Dalton Imaging Center License No.: 1222-1
Inspection Type: Routine, Unannounced Priority: 3
Inspection Date: 12/7/11 Inspector: JM

File No.: 20
Licensee: Central Georgia Diagnostic License No.: 1093-1
Inspection Type: Routine, Unannounced Priority: 3
Inspection Date: 7/21/11 Inspector: KR

File No.: 21
Licensee: Atlanta Outpatient Surgery License No.: 1325-1
Inspection Type: Routine, Unannounced Priority: 3
Inspection Date: 11/2/10 Inspector: TC

File No.: 22
Licensee: Georgia Cardiology Center License No.: 1341-1
Inspection Type: Routine, Unannounced Priority: 5
Inspection Date: 8/2/12 Inspector: KR

File No.: 23
Licensee: Morpho Detection License No.: Reciprocity
Inspection Type: Reciprocity, Unannounced Priority: 5
Inspection Date: 5/29/12 Inspector: IB

File No.: 24
Licensee: Ameriphysics License No.: Reciprocity
Inspection Type: Reciprocity, Unannounced Priority: 5
Inspection Date: 2/17/12 Inspector: JM

File No.: 25
Licensee: Best Theratronics License No.: Reciprocity
Inspection Type: Reciprocity, Unannounced Priority: 3
Inspection Date: 4/4/12 Inspector: JM

INSPECTOR ACCOMPANIMENTS

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

Accompaniment No.: 1
Licensee: American Red Cross Blood Services License No.: 0096-2
Inspection Type: Routine, Announced Priority: 3
Inspection Date: 9/11/12 Inspector: JM

Comment: Inspector was not prepared to perform an NSTS review.

Accompaniment No.: 2
Licensee: Doctors Hospital License No.: 0615-1
Inspection Type: Routine, Unannounced Priority: 2
Inspection Date: 9/12/12 Inspector: TC

Accompaniment No.: 3
Licensee: Hopewell Designs, Inc. License No.: 1434-1
Inspection Type: Routine, Unannounced Priority: 3
Inspection Date: 9/13/12 Inspector: EJ

Accompaniment No.: 4
Licensee: Stewart Brothers, Inc. License No.: 1025-1
Inspection Type: Routine, Unannounced Priority: 5
Inspection Date: 9/14/12 Inspector: QT

Comment: The inspector was unaware of the two barrier portable gauge security rule.

Accompaniment No.: 5
Licensee: Northeast Georgia Medical Center License No.: 0199-1
Inspection Type: HDR/nuclear medicine Priority: 2
Inspection Date: 9/25/12 Inspector: IB

Accompaniment No.: 6
Licensee: Applied Technical Services License No.: 0896-1
Inspection Type: Industrial Radiography Priority: 1
Inspection Date: 9/26/12 Inspector: KR

Comments:
a) Security not reviewed.
b) NSTS not reviewed.
c) Inspector not well prepared for inspection.
d) Licensee's calibration program not reviewed during inspection.
e) Inspector unaware of some industrial radiography requirements.
f) Inspector unaware of licensed operations with respect to Georgia's jurisdictional boundaries.

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APPENDIX D

LICENSE CASEWORK REVIEWS

NOTE: CASEWORK LISTED WITHOUT COMMENT IS INCLUDED FOR COMPLETENESS.

File No.: 1
Licensee: Liberty Regional Medical Center — License No.: 1131-1
Type of Action: Termination — Amendment No.: 02
Date Issued: 4/18/11 — License Reviewer: JM

File No.: 2
Licensee: Southern Company Services, Inc. — License No.: 0040-4
Type of Action: Termination — Amendment No.: 34
Date Issued: 1/24/11 — License Reviewer: TC

File No.: 3
Licensee: RIS Mobile — License No.: 1527-1
Type of Action: Termination — Amendment No.: 02
Date Issued: 8/7/09 — License Reviewer: IB

File No.: 4
Licensee: Cytyc Surgical Products II — License No.: 1433-1
Type of Action: Termination — Amendment No.: 07
Date Issued: 1/18/12 — License Reviewer: EJ

File No.: 5
Licensee: Tri County Medical Center — License No.: 1484-1
Type of Action: Termination — Amendment No.: 02
Date Issued: 3/31/10 — License Reviewer: IB

File No.: 6
Licensee: Memorial Hospital of Adel — License No.: 0571-1
Type of Action: Termination — Amendment No.: 25
Date Issued: 9/6/12 — License Reviewer: KR

File No.: 7
Licensee: Bryan County Health Department — License No.: 1612-1
Type of Action: New — Amendment No.: N/A
Date Issued: 11/2/10 — License Reviewer: QT

File No.: 8
Licensee: Accura Engineering and Consulting Services, Inc. — License No.: 1511-1
Type of Action: Amendment — Amendment No.: 02
Date Issued: 11/1/10 — License Reviewer: QT

File No.: 9
Licensee: Theragenics Corporation License No.: 0881-5
Type of Action: Renewal Amendment No.: 10
Date Issued: 7/25/12 License Reviewer: EJ

File No.: 10
Licensee: Hopewell Designs, Inc. License No.: 1434-1
Type of Action: Renewal, Amendments Amendment Nos.: 12, 13, 14
Dates Issued: 1/7/11, 10/26/11, 12/12/11 License Reviewer: EJ

File No.: 11
Licensee: Yokogawa Corporation of America License No.: 1635-1
Type of Action: New Amendment No.: N/A
Date Issued: 7/31/12 License Reviewer: EJ

File No.: 12
Licensee: Emory University License No.: 0153-1
Type of Action: Renewal, Amendment Amendment No.: 64
Date Issued: 3/19/12 License Reviewer: JM

File No.: 13
Licensee: Phoenix Technology Consulting, LLC License No.: 1616-1
Type of Action: New Amendment Nos.: 00, 01, 02
Date Issued: 7/22/11 License Reviewer: IB

Comment: Improper use of pre-licensing guidance.

File No.: 14
Licensee: Northeast Georgia Imaging Center License No.: 1587-1
Type of Action: New Amendment No.: N/A
Date Issued: 1/23/09 License Reviewer: IB

Comment: Improper use of pre-licensing guidance.

File No.: 15
Licensee: Mercer Medicine, Mercer University License No.: 1628-1
Type of Action: New Amendment No.: N/A
Date Issued: 3/6/12 License Reviewer: KR

Comments:
a) Improper use of pre-licensing guidance.
b) Authorized user added to the license without proper documentation regarding training, experience, and preceptor attestation.

File No.: 16
Licensee: Applied Technical Services License No.: 0896-1
Type of Action: Amendments Amendment Nos.: 49, 50
Dates Issued: 10/14/09, 6/4/12 License Reviewer: JM

File No.: 17
Licensee: Honeywell International, Inc. License No.: 0832-1
Type of Action: Amendment Amendment Nos.: 44, 45
Dates Issued: 4/3/12, 8/23/12 License Reviewer: EJ

File No.: 18
Licensee: Atlanta Heart Associates, PC License No.: 1271-1
Type of Action: Amendment Amendment No.: 15
Date Issued: 4/6/11 License Reviewer: TC

Comment: Authorized user added to the license without proper documentation regarding training, experience, and preceptor attestation.

File No.: 19
Licensee: Redmond Regional Medical Center License No.: 0165-1
Type of Action: Amendment Amendment No.: 44
Date Issued: 9/4/12 License Reviewer: JM

Comment: Authorized user added to the license without proper documentation regarding training, experience, and preceptor attestation.

File No.: 20
Licensee: John D. Archbold Memorial Hospital License No.: 0078-1
Type of Action: Amendment Amendment No.: 46
Date Issued: 8/31/12 License Reviewer: KR

Comment: Authorized user added to the license without proper documentation regarding training, experience, and preceptor attestation.

File No.: 21
Licensee: Savannah Oncology Center License No.: 1119-1
Type of Action: Amendment Amendment No.: 05
Date Issued: 6/3/11 License Reviewer: IB

File No.: 22
Licensee: Harbin Clinic License No.: 1278-1
Type of Action: Amendment, Renewal Amendment Nos.: 15, 16
Dates Issued: 9/8/10, 6/1/12 License Reviewer: JM

Comment: Authorized user added to the license without proper documentation regarding training, experience, and preceptor attestation.

File No.: 23
Licensee: ROSA of Georgia License No.: 1178-1
Type of Action: Amendment Amendment No.: 25
Date Issued: 8/16/12 License Reviewer: TC

Comment: Authorized users added to the license without proper documentation regarding training, experience, and preceptor attestation.

File No.: 24
Licensee: Northside Hospital- Cherokee, Inc. License No.: 0798-1
Type of Action: Amendment Amendment No.: 24
Date Issued: 5/1/12 License Reviewer: IB

Comment: Authorized users added to the license without proper documentation regarding training, experience, and preceptor attestation.

File No.: 25
Licensee: Cardinal Health License No.: 1178-1
Type of Action: New, Amendments Amendment Nos.: 00, 01, 02, 03
Dates Issued: 2/22/11, 7/15/11, 11/7/11, 7/10/12 License Reviewer: KC

Comment: Pre-licensing guidance not used.

File No.: 26
Licensee: Mistras Group, Inc. License No.: 1615-1
Type of Action: New, Amendment Amendment Nos.: 00, 01
Dates Issued: 4/19/2011, 3/7/2012 License Reviewers: JM, CS

Comment: No pre-licensing visit conducted.

File No.: 27
Licensee: South East Veterinary Oncology License No.: 1622-1
Type of Action: New Amendment No.: 00
Date Issued: 10/12/11 License Reviewer: KS

APPENDIX E

INCIDENT CASEWORK REVIEWS

NOTE: CASEWORK LISTED WITHOUT COMMENT IS INCLUDED FOR COMPLETENESS.

File No.: 1
Licensee: Piedmont Fayette Hospital — License No.: 1340-1
Date of Incident: 7/6/10 — NMED No.: 120675
Investigation Date: 7/14/10 — Type of Incident: Medical Event
Type of Investigation: Review licensee report

Comments:
a) On-site investigation not conducted.
b) Incident not reported to the NRC Headquarters Operations Center or NMED (reported to the HOO post-review on 11/7/12).
c) Licensee's written report did not contain all of the information required by regulation, such as corrective actions to prevent recurrence.

File No.: 2
Licensee: PennTeck Diagnostics — License No.: 0975-1
Date of Incident: 1/7/12 — NMED No.: N/A
Investigation Date: 1/17/12 — Type of Incident: Lost/Stolen RAM
Type of Investigation: Review licensee report

File No.: 3
Licensee: Georgia Institute of Technology — License No.: 0147-1
Date of Incident: 1/21/11 — NMED No.: N/A
Investigation Date: 1/25/11 — Type of Incident: Leaking Source
Type of Investigation: Review licensee report

File No.: 4
Licensee: Building & Earth Sciences, Inc. — License No.: 1136-1
Date of Incident: 9/14/12 — NMED No.: 120618
Investigation Date: 9/14/12 — Type of Incident: Damaged Equipment
Type of Investigation: Review licensee report

File No.: 5
Licensee: Emory University — License No.: 0153-1
Date of Incident: 8/5/09 — NMED No.: 090656
Investigation Date: 8/14/09 — Type of Incident: Medical Event/Contamination
Type of Investigation: Review licensee report

Comments:
a) On-site investigation not conducted.
b) The inspector did not believe that an on-site investigation was warranted because the medical event was the result of an underdose rather than an overdose.
c) License's written report did not contain corrective actions to prevent recurrence.

File No.: 6
Licensee: Northeast Georgia Medical Center License No.: 1479-1
Date of Incident: 10/13/08 NMED No.: 080710
Investigation Date: 10/27/08 Type of Incident: Dose to Embryo/Fetus
Type of Investigation: Review licensee report

File No.: 7
Licensee: Atlanta Heart Associates, PC License No.: 1271-1
Date of Incident: 8/3/09 NMED No.: 090811
Investigation Date: 8/12/09 Type of Incident: Dose to Embryo/Fetus
Type of Investigation: Review licensee report

Comments:
a) On-site investigation not conducted.
b) The Program's incident file did not contain the licensee's fetal dose calculation, only that the dose was "greater than 500 mrem." The inspector could not locate the fetal dose calculation. The dose information is necessary to determine whether the incident is an Abnormal Occurrence.
c) The Program did not identify that the license's corrective actions would not be effective to prevent recurrence.

File No.: 8
Licensee: Atlanta Heart Associates, PC License No.: 1271-1
Date of Incident: 8/17/09 NMED No.: 090812
Investigation Date: 8/28/09 Type of Incident: Dose to Embryo/Fetus
Type of Investigation: Review licensee report

Comments:
a) On-site investigation not conducted.
b) The Program's incident file did not contain the licensee's fetal dose calculation, only that the dose was "greater than 500 mrem." The inspector could not locate the fetal dose calculation. The dose information is necessary to determine whether the incident is an Abnormal Occurrence.
c) The Program did not identify that the license's corrective actions would not be effective to prevent recurrence.

File No.: 9
Licensee: R&L Carriers License No.: Non-licensee
Date of Incident: 9/12/11 NMED No.: 110480
Investigation Dates: 9/12-14/11 Type of Incident: Transportation
Type of Investigation: Site

File No.: 10
Licensee: Medical Center of Central Georgia License No.: 0364-1
Date of Incident: 8/2/11 NMED No.: 120635
Investigation Date: 9/6/11 Type of Incident: Lost/Stolen RAM
Type of Investigation: Site

Comment: Incident reported to NMED over a year late.

File No.: 11
Licensee: Georgia Institute of Technology License No.: 0147-1
Date of Incident: 4/13/10 NMED No.: 100198
Investigation Date: 4/26/10 Type of Incident: Contamination
Type of Investigation: Review licensee report

Comments:
a) On-site investigation not conducted.
b) The Program did not identify the potential consequences of the incident with respect to occupational safety, environmental safety, as well as public health and safety. The incident involved extensive contamination of a lab and adjacent areas, and resulted in a campus building being temporarily shut down for decontamination.
c) The Program did not recognize that the licensee's written report identified violations of regulatory requirements. No violations were issued to the licensee.

File No.: 12
Licensee: Emory University License No.: 0153-1
Date of Incident: 5/24/11 NMED No.: 120641
Investigation Date: 6/7/11 Type of Incident: Medical Event/Contamination
Type of Investigation: Review licensee report

Comments:
a) On-site investigation not conducted.
b) This incident was reported by the licensee to the Program, including a written report, but the Program did not identify it as a reportable incident to the NRC nor did the Program capture the incident in its incident log.
c) The Program inspector considered the incident to be a spill of radioactive material and did not recognize the underlying associated medical event.
d) After the IMPEP review team identified the reportability of the incident, the Program reported the incident to the HOO on 10/25/12.
e) Licensee's written report did not contain some information required by regulation, such as actions to prevent recurrence and patient notification information.

File No.: 13
Licensee: Weyerhaeuser Company License No.: 1109-1
Date of Incident: 8/17/11 NMED No.: 110416
Investigation Date: 8/18/11 Type of Incident: Lost/Stolen RAM
Type of Investigation: Telephone

Comments:
a) Reported to NMED on 10/18/12, fourteen months after the incident.
b) Licensee did not submit a written incident report, as required by regulation.

APPENDIX F

SEALED SOURCE AND DEVICE CASEWORK REVIEWS

NOTE: CASEWORK LISTED WITHOUT COMMENT IS INCLUDED FOR COMPLETENESS.

File No.: 1
Registry No.: GA-0678-D-103-G SS&D Type: (E) Beta Gauge
Applicant Name: Yokogawa Corporation of America Type of Action: New
Date Issued: 8/22/12 SS&D Reviewers: EJ/CL

Comments:

a) Nineteen months to issue SS&D registration with no deficiency noted, and thirteen months to issue distribution license which authorized distribution a month before the SS&D was issued.
b) Applicant submitted design changes that included new drawings. A reviewer's note dated 8/14/12 indicating to include correspondence in next SSR certificate amendment. The distribution license did not include this correspondence in the tie-down.

File No.: 2
Registry No.: GA-0645-S-102-S SS&D Type: (AA) Manual Brachytherapy
Applicant Name: Theragenics Corporation Type of Action: Amendment in Entirety
Date Issued: 3/17/11 SS&D Reviewers: EJ/CL

Comments:

a) License renewal submitted in 2007 and this SS&D amendment is one of many changes requested since that time. The license was renewed authorizing this product distribution 14 months after the SS&D issuance.
b) SS&D registry commitments are not legally binding to the radioactive materials license.

File No.: 3
Registry No.: GA-0571-D-106-B SS&D Type: (E) Beta Gauge
Applicant Name: Honeywell International Type of Action: New
Date Issued: 8/22/12 SS&D Reviewers: EJ/CL

File No.: 4
Registry No.: GA-1077-D-102-S SS&D Type: (H) General Neutron Source Applications
Applicant Name: EADS SODERN North America Type of Action: New
Date Issued: 2/4/10 SS&D Reviewers: EJ/CL

Comments:

a) Concurrence date 2/9/10 does not agree with Page 1 date of 2/4/10.
b) License amended authorizing distribution 54 days after SS&D sheet issuance.
c) Licensee moved to Virginia and the NRC issued NR-1077-D-101-S that supersedes the Georgia SS&D registration. The Georgia registration was not inactivated or distribution license amended to show move.

File No.: 5
Registry No.: GA-1138-D-104-S SS&D Type: (J) Gamma Irradiation Category I
Applicant Name: Hopewell Design. Inc. Type of Action: Amendment in its Entirety
Date Issued: 12/12/11 SS&D Reviewers: EJ/CL

Comments:

a) Concurrence date 12/13/12 does not agree with Page 1 date 12/12/11.
b) SS&D issued 12 months after updated information provided.

File No.: 6
Registry No.: GA-1138-D-106-S SS&D Type: (K) Gamma Irradiation Category II
(H) General Neutron Source Applications
Applicant Name: Hopewell Designs, Inc. Type of Action: New
Date Issued: 12/20/10 SS&D Reviewers: EJ/CL

Comments:

a) Concurrence date 12/21/10 does not agree with Page 1 date 12/20/10.
b) Dose rate at one meter not listed in “External Radiation Levels” section.

ATTACHMENT

December 27, 2012 letter from Judson H. Turner
Georgia's Response to the Draft Report
ADAMS Accession No.: ML12363A71

April 9, 2013

MEMORANDUM TO: Michael F. Weber
Deputy Executive Director for Materials, Waste,
Research, State, Tribal, and Compliance Programs
Office of the Executive Director for Operations

Bradley W. Jones, Assistant General Counsel
for Reactor and Materials Rulemaking
Office of the General Counsel

Mark A. Satorius, Director
Office of Federal and State Materials
and Environmental Management Programs

Cynthia D. Pederson, Deputy Regional Administrator
Region III

FROM: Karen N. Meyer, IMPEP Administrative Coordinator ***/RA/***
Division of Materials Safety and State Agreements
Office of Federal and State Materials
and Environmental Management Programs

SUBJECT: MINUTES: JANUARY 17, 2013 GEORGIA
MANAGEMENT REVIEW BOARD (MRB) MEETING

Enclosed are the minutes of the MRB meeting held on January 17, 2013. If you have comments or questions, please contact me at (301) 415-0113.

Enclosure: Cover Page and Minutes of the
Management Review Board Meeting

cc : Judson H. Turner, Director
Environmental Protection Division

Alice Rogers, Texas
Organization of Agreement States
Liaison to the MRB

Management Review Board Members

Distribution: DCD (SP01)
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PHenderson, MSSA
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MOrendi, RSAO/RI
JThompson, RIV
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MINUTES: MANAGEMENT REVIEW BOARD MEETING OF JANUARY 17, 2013

The attendees were as follows:

In person at U.S. Nuclear Regulatory Commission (NRC) Headquarters in Rockville, Maryland:

Michael Weber, MRB Chair, DEDMRT
Mark Satorius, MRB Member, FSME
Brad Jones, MRB Member, OGC
Cynthia Pederson, MRB Member, RIII
Jim Lynch, Team Leader, RIII
Monica Orendi, Team Member, RI
Janine Katanic, Team Member, FSME
James Thompson, Team Member, RIV
Ester Housman, OGC
Sandy Gabrielle, FSME
Joe DeCicco, FSME
Brian McDermott, FSME
Pamela Henderson, FSME
Duncan White, FSME
Lisa Dimmick, FSME
Karen Meyer, FSME
Jac Capp, GA
Chuck Mueller, GA
Jim Ussery, GA
Stephen Poy, FSME
Torre Taylor, FSME
Brian Holian, FSME

By telephone:

Alice Rogers, MRB Member, TX
Diana Sulas, Team Member, NC
Mike Stephens, Team Member, FL
Joan Olmstead, OGC
Jim McNees, AL
Dave Walters, AL
Anne Boland, RIII
Patricia Pelke, RIII
Tamara Bloomer, RIII
Jim Hardeman, GA
Eric Jameson, GA
Michelle Beardsley, FSME
Randy Erickson, RIV
Cheryl Rogers, WI
Steve Matthews, WA
Steve James, OH

1. **Convention.** Ms. Lisa Dimmick convened the meeting at 1:00 p.m. (ET). She noted that this Management Review Board (MRB) meeting was open to the public; however, no members of the public participated in this meeting. Ms. Dimmick then transferred the lead to Mr. Michael Weber, Chair of the MRB. Introductions of the attendees were conducted.

2. **Georgia IMPEP Review.** Mr. Jim Lynch, Team Leader, led the presentation of the Georgia Integrated Materials Performance Evaluation Program (IMPEP) review results to the MRB. He summarized the review and the team's findings for the seven indicators reviewed. The on-site review was conducted by a review team composed of technical staff members from the NRC and the States of Florida and North Carolina during the period of October 22-26, 2012. Prior to the onsite review, the team conducted inspection accompaniments of six inspectors. A draft report was issued to the State for factual comment on November 27, 2012. The State responded to the review team's findings by letter dated December 27, 2012. The last IMPEP review for Georgia was conducted in September 2008 and the Program was found adequate, but needs improvement, and compatible. The MRB directed a period of Monitoring to monitor the effects of a State-wide hiring freeze, staff attrition, and weakness in the Program's training and qualification program During the October 2012 IMPEP, the review team identified an overall declining performance by the Program. The review team identified a

misunderstanding of basic elements of radiation safety as well as communication issues affecting the safety culture of the program.

Common Performance Indicators. Ms. Monica Orendi presented the findings regarding the common performance indicator, *Technical Staffing and Training*. Her presentation corresponded to Section 3.1 of the proposed final IMPEP report. The review team found that at the time of the review the State's staffing plan indicated that two positions were vacant and a third position was removed from the plan during the review period which could be reinstated depending on funding. The State reported to the MRB that since the IMPEP review they had dismissed the Program Manager (who was a qualified Sealed Source and Device (SS&D) reviewer; hired two new staff and moved one staff to the SS&D program. The MRB requested that Recommendation No. 11 be revised in the final report to indicate that the Program now needs to qualify" two" additional SS&D reviewers. Regarding staff training, Ms. Orendi noted that the team concluded that while the training program was adequate, it was determined through interviews with staff and management, and also during the inspection accompaniments, that current knowledge of inspection and licensing procedures was lacking. The team also observed significant communication issues between staff and management which negatively affected the safety culture of the Program. The State noted that they believed the communication issues between the staff and the Program manager created significant problems throughout the Program which prompted them to dismiss the manager. The MRB asked the team why they were not making a recommendation in this section. The team responded that they made recommendations in other sections of the report which addressed these issues. The MRB questioned the team as to why they were recommending a finding of satisfactory, but needs improvement as opposed to unsatisfactory. The team explained that according to the criteria in Management Directive (M.D.) 5.6, the State met more of the criteria for satisfactory, but needs improvement. It was noted that M.D. 5.6 does not fully address the quality of training.

The review team found Georgia's performance with respect to this indicator to be "satisfactory, but needs improvement" and made no recommendations. The MRB agreed that Georgia's performance met the criteria for a "satisfactory, but needs improvement" rating for this indicator.

Mr. Lynch presented the findings regarding the common performance indicator, *Status of Materials Inspection Program*. His presentation corresponded to Section 3.2 of the proposed final IMPEP report. Mr. Lynch reported that the team found that the State conducted 36 out of 247 Priority 1, 2 and 3 inspections and four out of 20 initial inspections or 19.5 percent overdue during the review period and noted that this was an increase from the previous IMPEP (15% overdue). The team also determined that four out of six Priority 1 inspections were conducted overdue which could possibly impact public health and safety as these are inspections of activities with high safety significance.. The MRB asked the team if the overdue inspections were caused by a lack of staff and or funding. Mr. Lynch responded that the team believed that while the staffing issue contributed somewhat, the root cause appeared to be a lack of prioritization and expectations not appropriately communicated. In addition, program funding is not an issue. State staff can travel for inspections. The team also noted that the State's current organizational structure of regional programs contributed to this, as routine and

reciprocity inspections were conducted depending on geographical location rather than safety significance. The State managers attending the MRB reported that since the review they have reorganized their program and trained staff to take a "team approach" in prioritizing, scheduling, and conducting inspections based on priority.

The review team found Georgia's performance with respect to this indicator to be "satisfactory, but needs improvement" and made one recommendation for the State to develop and implement a plan to complete the higher priority and initial inspections in accordance with the inspection frequencies specified in IMC 2800. The MRB agreed that Georgia's performance met the criteria for a "satisfactory, but needs improvement" rating for this indicator.

Mr. James Thompson presented the findings regarding the common performance indicator, *Technical Quality of Inspections*. His presentation corresponded to Section 3.3 of the proposed final IMPEP report. Mr. Thompson reported that the team found that the inspection procedures used by the Program were not consistent with IMC 2800 including recent revisions to this procedure regarding security inspection frequency, requirements for initial security inspections and pre-licensing visits. The team also found significant issues during the inspection accompaniments with inspector's lack of knowledge of the requirements. The MRB expressed concerns and questioned those present as to why this was not identified in previous IMPEP's, periodic meetings and quarterly monitoring calls. Team members explained that some of the same issues were identified in the 2008 IMPEP; however, during the Periodic Meetings and monitoring calls, staff relies on information provided by State management and does not typically perform casework reviews. In the case of Georgia, NRC staff relied on information from the program manager who never provided specific numbers on overdue inspections even though this information was requested prior to each meeting and call. The MRB asked the team if they felt that the inspection staff was rejecting their responsibilities for performing security inspections appropriately. The team responded that they found it was more of an issue with the staff's lack of understanding of what was required. The MRB asked the State what action been taken since the IMPEP. The State managers indicated that they drafted causal analysis and found that some staff were not doing adequate inspection preparation and the State is working to address inspection preparation. The MRB was also concerned whether there are unsafe areas in radiography. The State indicated that a team approach is being taken for radiography inspections.

The review team found Georgia's performance with respect to this indicator to be "unsatisfactory" and made three recommendations: (1)for the State to update its inspection procedures to include the most recent revisions to IMC 2800, including the implementation of inspection guidance for NSTS reviewers; (2) for the State to perform Increased Controls security inspections at least as frequently as the priority of the license being inspected; and (3) for the State to perform a causal analysis regarding the deficiencies identified during the inspection accompaniments. The MRB agreed that Georgia's performance met the criteria for an "unsatisfactory" rating for this indicator.

Ms. Diana Sulas presented the findings regarding the common performance indicator, *Technical Quality of Licensing Actions*. Her presentation corresponded to Section 3.4 of the proposed final IMPEP report. Ms. Sulas reported that the team's review of licensing

actions revealed that several of the State's licensing guidance documents had not been updated since new regulations were adopted in 2008, most specifically with the medical guidance. The review team identified five medical licenses that added authorized users without the proper documentation. The team also found issues with implementing the pre-licensing guidance and the methodology for identifying licenses requiring implementation of Increased Controls in all cases where appropriate. The MRB questioned if evaluation of the pre-licensing criteria was included in the inspections. The team responded that it was noted in some, but not all. The MRB questioned the State as to why and how they were unaware of this issue. The State acknowledged that there was a lack of followup by management and reported that they are addressing all of the recommendations made in the report and implementing corrective actions to increase management oversight in this area. The MRB also asked the team why a finding of "unsatisfactory" was not recommended for this indicator. The team responded that they found many instances where licensing reviews were of good technical quality and therefore they believed, met the criteria for a finding of "satisfactory, but needs improvement."

The review team found Georgia's performance with respect to this indicator to be "satisfactory, but needs improvement" and made three recommendations: (1) for the State to update its medical licensing guidance documents to be consistent with Georgia regulations; (2) for the State to verify that all previously approved medical authorized users have proper documentation of their qualifications since the new requirements were issued in 2008; and (3) for the State to implement pre-licensing guidance for all licensing actions to provide assurance that radioactive material will be used as specified on the license. The MRB agreed that Georgia's performance met the criteria for a "satisfactory, but needs improvement" rating for this indicator.

Dr. Janine Katanic presented the findings regarding the common performance indicator, *Technical Quality of Incident and Allegation Activities*. Her presentation corresponded to Section 3.5 of the proposed final IMPEP report. Dr. Katanic reported that the review team found the State's responses to incidents and allegations were not well coordinated, not consistent, untimely, and in several cases not thorough. Two incidents involved exposures to the embryo/fetus that could have required 24-hour reporting and may have met the Abnormal Occurrence reporting criteria; however there was insufficient information in the file as to the final dose estimate. The team found that the staff was unsure as to how to determine whether an incident is reportable/not reportable. The team determined that the State did not have either formal or informal procedures for responding to radioactive materials events which led to inconsistencies in event evaluation and response. The team also found that there was no expectation that the Program manager be made aware of reported incidents, which also contributed to the inconsistencies in the type, level and timeliness of Program response. Dr. Katanic stated that the team found the State's response to allegations was not well coordinated, not consistent and not well documented. The team determined that the Program often failed to take prompt and appropriate actions in response to concerns raised.

The review team found Georgia's performance with respect to this indicator to be "unsatisfactory" and made three recommendations: (1) for the State to develop, document, provide training to the Program staff on, and implement a procedure to notify

the NRC of reportable incidents in a complete, timely and accurate manner in accordance with Office of Federal and State Materials and Environmental Management Programs Procedure SA-300 "Reporting Material Events."; (2) for the State to strengthen its incident response program and take measures to (a) develop, document, implement, and provide training to the Program on the incident response procedure; (b) ensure that reported incidents are promptly evaluated to determine the appropriate type and level of Program response, including providing for Program management notification and review; (c) ensure that incidents are responded to with an appropriate level of effort and in a timeframe commensurate with the potential health and safety and/or security consequences of the incident; (d) ensure that licensee written reports are reviewed for completeness and appropriate corrective actions; and (e) ensure that the Program's evaluation of licensee incidents, whether based on a review of licensee reports, on-site reviews, or inspection followup, is properly documented to facilitate future followup; and (3) for the State to revise, enhance, implement, and provide training to the staff on its Allegation Procedure, including providing additional written guidance on (a) recognizing and identifying allegations; (b) notifying Program management of all received allegations; (c) promptly evaluating allegations for safety and security significance; (d) ensuring that the level of effort and timeliness in responding to allegations is commensurate with the potential significance of the allegation; and (e) tracking all allegations to ensure timely review and closure and timely feedback to allegers.. The MRB expressed concerns with the State's poor performance regarding incident and allegation evaluation and response. The MRB noted that it appeared to be due to an incredible breakdown in program oversight and asked the State if they feel confident that they can solve these problems. The State agreed with the MRB's evaluation and stated that they now have new management who will provide greater oversight and increased accountability of the Program by both management and staff. The MRB agreed that Georgia's performance met the criteria for an "unsatisfactory" rating for this indicator.

3. Non-Common Performance Indicators. Ms. Orendi presented the findings regarding the non-common performance indicator, *Compatibility Requirements.* Her presentation corresponded to Section 4.1 of the proposed final IMPEP report. Ms. Orendi noted that during the review period, Georgia submitted one final regulation amendment and no proposed regulations to the NRC for review; and that at the time of the review, the State had four overdue regulation amendments. The team found that the Program has drafted proposed regulations for the four overdue amendments and plans to submit them for NRC review in the Spring of 2013. The review team found Georgia's performance with respect to this indicator to be "satisfactory" and made no recommendations. The MRB agreed that Georgia's performance met the criteria for a "satisfactory" rating for this indicator.

Mr. Stephens presented the findings regarding the non-common performance indicator, *Sealed Source and Device Evaluation Program (SS&D).* His presentation corresponded to Section 4.2 of the proposed final IMPEP report. The team found that at the time of the review, the State had two qualified reviewers; however the Program manager performed only concurrence reviews. The State reported that with the loss of the manager, they reassigned one of the staff with an engineering background to the SS&D program. The team also determined that there were occasional significant delays from the time the State receives an application to issuance (i.e. from 1-5 years). The team also noted a

significant number of inactive registry sheets that the Program has not processed which was also a finding during the 2008 IMPEP review. The MRB asked the State when they would expect to have a decision as to their plans to return the SS&D program to the NRC. The State responded that they should have a decision within one year. The review team found Georgia's performance with respect to this indicator to be "satisfactory" and made one new recommendation for the State to develop and implement a plan to inactivate SS&D registrations for devices and sources that are no longer being made or distributed; and kept open the recommendation from the 2004 IMPEP for the State to qualify one additional reviewer in SS&D evaluations to provide backup for the principal reviewer.. The MRB agreed that Georgia's performance met the criteria for a "satisfactory" rating for this indicator.

4. **MRB Consultation/Comments on Issuance of Report.** The MRB found the Georgia Agreement State Program "adequate to protect public health and safety, but needs improvement", and compatible with NRC's program." Based on the results of the current IMPEP review, the MRB agreed that the next IMPEP review of the Georgia Agreement State Program should take place within approximately one year from the date of the MRB meeting to assess the State's progress in addressing the open recommendations and the programmatic issues identified during this review. The MRB also discussed and agreed with the team's recommendation that the State be placed on Probation due to the significant performance issues identified, lack of management oversight, and poor safety culture noted within the Program. The MRB agreed by a split decision. The majority view cited the significant communication issues, the lack of understanding and practice of key regulatory program elements, and the lack of responsiveness by the Program to address potential radiation safety incidents brought to the attention of the Program during the review period. The performance of the Georgia program was a significant outlier unlike performance concerns observed in other programs. The minority view cited the strong response and commitment by Georgia management to address the issues once identified.

5. **Precedents/Lessons Learned.** This is the first Agreement State Program to be recommended for Probation. It should be noted that a period of Heightened Oversight of the Georgia Agreement State Program was initiated until the Commission reviews and provides a decision on the MRB's recommendation to place the State on Probation.

6. **Adjournment.** The meeting was adjourned at approximately 4:15p.m. (ET)

Georgia Department of Natural Resources
Environmental Protection Division, Air Protection Branch
4244 International Parkway, Suite 120, Atlanta, Georgia 30354
404-363-7000
Judson H. Turner, Director

March 7, 2013

Michael F. Weber
Deputy Executive Director for Materials, Waste,
Research, State, Tribal, and Compliance Programs
Office of the Executive Director for Operations
U.S. Nuclear Regulatory Commission
Washington, DC 20555-0001

Subject: Program Improvement Plan

Dear Mr. Weber:

In response to your letter of February 5, 2013, the Georgia Environmental Protection Division (EPD) appreciates the opportunity to provide the attached Performance Improvement Plan and Progress Report (PIP). My staff has been working very closely with Ms. Monica Orendi, Georgia's State Agreements Officer, to ensure all of the planned actions and measures of success are clearly identified. As you can see a lot of work has already been accomplished, and I believe the PIP lays out a clear path for getting the Georgia Radioactive Materials program back to the state of excellence we all expect of it.

I want to again thank you for the review and the opportunity to provide input on your report. I hope that the attached PIP, in addition to the formal response I submitted on December 27, 2012, continues to demonstrate how serious I take our responsibility for radiation safety and my commitment to managing an effective program consistent with NRC's expectations. Please contact Jac Capp at 404-363-7016 or james.capp@dnr.state.ga.us if you have any questions.

Sincerely,

Judson H. Turner
Director
Georgia Environmental Protection Division

Attachments

Performance Improvement Plan and Progress Report

Georgia Radioactive Materials Program

IMPEP Recommendations	Task(s)	Milestones	Assignments	Anticipated Completion Date(s)	Status	Actual Completion Date
1. The review team recommends that the State develop and implement a plan to complete higher priority and initial inspections in accordance with the inspection frequencies specified in IMC 2800. (Section 3.2)	Eliminate backlog, get current, and ensure we stay current on all priority 1, 2, & 3 inspections.	1. Develop spreadsheet of all past due and all CY 13 priority 1, 2, & 3 inspections 2. Assign to staff to ensure balanced workload 3. Conduct inspections necessary to eliminate backlog and get current 4. Track during weekly staff meetings 5. Create spreadsheet of inspections for each subsequent calendar year	1. Mueller, Hardeman 2. Mueller, Hardeman 3. All Staff 4. Mueller, Hardeman 5. Mueller, New Manager	1. January 15, 2013 2. January 15, 2013 3. June 30, 2013 4. January 15, 2013 5. December 1 of previous calendar year	1. Spreadsheet developed 2. Assignments for back log and all CY 2013 inspections have been made 3. Staff are conducting inspections according to schedule 4. Standing agenda item at weekly staff meetings to review inspections completed in past week and to ensure staff are prepared for inspections for the next 2 weeks. 5. Not started yet	1. Spreadsheet finalized January 15, 2013. 2. Assignments made January 15, 2013. 3. Ongoing 4. Made a standing agenda item for weekly staff meetings January 15, 2013 5. TBD
2. The review team recommends that the State update its inspection procedures to include the most recent revisions to Inspection Manual Chapter 2800, including the implementation of inspection guidance for NSTS reviews. (Section 3.3)	Revise, update and keep current inspection procedure document	1. Using IMC 2800, revise Georgia Inspection Procedures to incorporate changes and revisions to bring the Georgia Inspection Procedure document up to date. 2. Circulate draft for specialist input 3. Finalize inspection procedures 4. Train all staff on new procedures 5. Twice a year review GA Inspection procedure and monitor NRC All Agreement State letters for changes and revisions that need to be incorporated into the Inspection Procedure (update as necessary)	1. Mueller 2. Cartoski 3. Mueller 4. Mueller, Cartoski 5. Mueller, Hardeman	1. First draft by January 30, 2013 2. Specialist complete review and provide input by March 1, 2013 3. Finalize procedures by April 1, 2013 4. Train all staff by May 1, 2013 5. June and December of each calendar year	1. Sent initial draft to Cartoski on February 15, 2013 for his review and input 2. Specialist completed review and provided eits to management on February 26, 2013 3. Final review and editing is underway 4. Not started yet 5. Not started yet	1. First draft completed February 11, 2013 2. Specialist completed review February 26, 2013 3. TBD 4. TBD 5. TBD
3. The review team	Establish a policy	1. Verbally establish policy	1. Mueller	1. Institute policy	1. Policy has been	1. Policy instituted

IMPEP Recommendations	Task(s)	Milestones	Assignments	Anticipated Completion Date(s)	Status	Actual Completion Date
recommends that the State perform Increased Controls security inspections at least as frequently as the priority of the license being inspected. (Section 3.3)	that all increased controls security inspections will be conducted as frequently as the priority of the license being inspected utilizing a pre-inspection checklist and a mandatory post-inspection report out to manager as a means of verificaiton.	2. Require post inspection report out to manager to ensure IC inspections are being completed. 3. Memorialize policy in revised inspection procedures 4. Include a verification that a licensee has IC as a part of the pre-inspection checklist. 5. Train all staff on NRC requirements 6. Train all staff on revised policy	2. Hardeman 3. Mueller 4. Mueller, Hardeman 5. Hardeman 6. Mueller, Cartoski	immediately 2. Manager immediately begin using post inspection report out as means of verifying IC inspection was conducted 3. Final inspection procedures by April 1, 2013 4. By April 1, 2013, include a pre-inspection checklist to identify if IC is to be inspected as well. Manager sign off of pre-inspection checklist is required. 5. Schedule NRC refresher training in March 6. Train all staff by May 1, 2013	Instituted 2. Manager requires post-inspection report out and discusses IC component is required. 3. Revising inspection procedures is in progress (see recommendation #2 above) 4. Will be included in the final inspection procedures 5. Working with NRC Regional State Agreement Officer to schedule training 6. Not started yet	at January 15, 2013 staff meeting. 2. All inspections since January 15, 2013 have included the required report out to manager 3. TBD 4. TBD 5. TBD
4. The review team recommends that the State perform a causal analysis regarding the deficiencies identified during the NRC accompaniments of the Branch inspectors, as documented in this section as well as Appendix C of this report, and formulate corrective actions for the causes identified during this analysis. (Section 3.3)	Conduct a causal analysis of the three inspections with identified deficiencies and develop a corrective action plan to address. Modify policy for accompanied inspections to ensure a similar situation does not recur in the future.	1. Require team inspections (two inspectors) for all Priority 1 and high Priority 2 inspections until problems are identified and resolved. 2. Interview staff involved with deficient accompanied inspections. 3. Determine and document causes. 4. Develop a corrective action plan. 5. Assign a senior qualified inspector to accompany all GA inspection staff on one of their inspections to give an objective assessment of the quality of inspection conducted by the inspector	1. Mueller 2. Mueller, Hardeman 3. Mueller, Hardeman 4. Mueller, Hardeman 5. Mueller, Seale 6. Mueller, Hardeman, Seale 7. New Program Manager	1. January 2013 2. Interviewed staff week of December 17, 2012. 3. Document causes by January 4, 2013 4. Develop corrective action plan by January 15, 2013 5. Complete all accompanied inspections by July 1, 2013 6. Provide critique of accompanied inspection to	1. Implemented January 2013 2. Conducted interview with JM on November 7, 2013 and interviews with KR and QT on December 18, 2012. 3. Determined inadequate preparation as the primary cause of the poor inspections. 4. Determined corrective actions would include a) KR's licensee would be re-inspected, b) new inspection	1. Completed on January 15, 2013 in conjunction with revised schedule developed for recommendation 1. 2. Completed interviews on December 18, 2012. 3. Completed documentation of interviews and determination of causes on

IMPEP Recommendations	Task(s)	Milestones	Assignments	Anticipated Completion Date(s)	Status	Actual Completion Date
		and to evaluate the overall radioactive inspection program in GA. 6. Brief management on results of each accompanied inspection 7. Program management will perform (or if no management qualified senior level qualified staff member to perform and provide feedback to management) at a minimum, annual inspector accompaniments of each qualified inspector and will not repeat the same modality (i.e. medical, industrial, …) in back to back accompaniments.		management after each inspection 7. Institute beginning CY 2014	procedures will emphasize proper pre-inspection preparation, c) assess areas needing refresher training and d) work with NRC state liaison to schedule another accompanied inspection with KR 5. Schedule of accompanied inspections is being developed 6. Not started yet 7. Not started yet	January 7, 2013. 4. Finalized corrective action plan on January 15, 2013. 5. TBD 6. TBD 7. TBD
5. The review team recommends that the State update its medical licensing guidance documents to be consistent with Georgia regulations. (Section 3.4)	Update and keep current our medical licensing guidance documents to be consistent with Georgia regulations and with the latest version of NUREG-1556	1. Using NUREG 1556 as a starting point, revise and make it Georgia specific consistent with Georgia regulations 2. Circulate draft for specialists input 3. Finalize medical licensing guidance 4. Train all staff on revised procedures 5. Annually review GA Inspection procedure and monitor NRC All Agreement State letters for changes and revisions that need to be incorporated into the Inspection Procedure (update as necessary)	1. Bennett 2. Crowley, Mims 3. Hardeman, Mueller 4. Bennett, Crowley 5. Bennett, Crowley	1. First draft by April 1, 2013 2. Specialists complete review and input by May 1, 2013 3. Final version by June 1, 2013 4. Train all by July 1, 2013 5. June of each calendar year	1. IB has begun updating existing guidance to more closely reflect latest NUREG 1556 2. Not started yet 3. Not started yet 4. Not started yet 5. Not started yet	1. TBD 2. TBD 3. TBD 4. TBD 5. TBD
6. The review team recommends that the State verify that all previously approved medical authorized users have proper documentation of their qualifications, since	Ensure all previously approved medical authorized users have proper documentation. Implement a policy to ensure AU's are added to license, in	1. Require a specific step during the peer review of medical licenses to ensure all new AUs being added have proper documentation 2. Review existing licenses to determine universe of authorized users.	1. Crowley, Odom 2. Crowley, Odom 3. Crowley, Odom 4. All staff 5. All staff	1. Implement peer review process by January 2, 2013 2. Determine universe of authorized users by April 1, 2013 (estimate is that	1. Peer review of medical licenses is being conducted to ensure new AUs have proper documentation 2. As of February 26, 2013 105 out of 166	1. Began January 2, 2013 and it is ongoing 2. TBD 3. TBD 4. TBD 5. TBD

IMPEP Recommendations	Task(s)	Milestones	Assignments	Anticipated Completion Date(s)	Status	Actual Completion Date
the new requirements were initiated in 2008. (Section 3.4)	accordance with Georgia regulations, in the future.	3. Identify authorized users that still need proper documentation 4. Contact the applicable licensees and request proper documentation 5. Amend and reissue licenses if necessary		approximately 300 AUs have been added since 2008) 3. Identify authorized users that need documentation by April 1, 2013 4. Request proper documentation from licensees by May 1, 2013 5. Amend and reissue necessary licenses by July 1, 2013	licenses have been reviewed for the addition of an AU since 2008. 3. As of February 26, 2013, 23 AUs have the proper credentials, 224 AUs have been identified as needing additional documentation and 1026 were added prior to the 2008 start date and therefore have been grandfathered 4. Not started yet 5. Not started yet	
7. The review team recommends that the State implement pre-licensing guidance for all licensing actions to provide assurance that radioactive material will be used as specified on the license. (Section 3.4)	Update and implement the pre-licensing guidance for all licensing actions to ensure it is consistent with RCPD-08-020 "Requesting Implementation of the Checklist to Provide a Basis for Confidence that Radioactive Material will be used as Specified on a License and the Checklist for Risk-Significant Radioactive Material."	1. Establish and implement a policy that all new licenses will be hand delivered 2. Conduct refresher training on NRC's pre-licensing requirements 3. Using RCPD-08-020 as a starting point, develop Georgia specific procedures for pre-licensing actions 4. Circulate draft for specialists input 5. Finalize guidance 6. Train all staff on new procedures 7. Rescind original policy implemented and institute the newly created GA procedure.	1. Hardeman 2. Hardeman 3. Mueller 4. Bennett, Cartoski, Mims, Ramdeen 5. Mueller 6. Mueller 7. Mueller	1. January 2, 2013 2. Schedule NRC refresher training for March, 2013 3. First draft by April 1, 2013 4. Specialists complete review and input by May 1, 2013 5. Final version by June 1, 2013 6. Train all by July 1, 2013 7. July 1, 2013	1. Staff are now hand delivering all new licenses 2. Working with Regional State Agreements Officer to schedule training 3. In progress 4. Not started yet 5. Not started yet 6. Not started yet 7. Not started yet	1. January 2, 2013 and it is ongoing 2. TBD 3. TBD 4. TBD 5. TBD 6. TBD 7. TBD
8. The review team recommends that the State develop, document, provide training to the Branch staff on, and implement a	Develop and implement procedures and train staff to ensure proper notification to NRC of reportable incidents.	1. Conduct refresher training on SA-300 and NMED reporting requirements 2. Using SA-300, develop Georgia specific procedures for notifying NRC of reportable incidents	1. Hardeman 2. Hardeman 3. Jameson, Nederhand, Ramdeen, 4. Hardeman 5. Hardeman,	1. Conduct refresher training in February 2. Complete draft of incident procedures by March 15, 2013.	1. Refresher training was provided by NRC 2. Draft of procedures is in progress. 3. Not started yet 4. Not started yet	1. Refresher training conducted February 12, 2013 2. TBD 3. TBD

IMPEP Recommendations	Task(s)	Milestones	Assignments	Anticipated Completion Date(s)	Status	Actual Completion Date
procedure to notify the NRC of reportable incidents in a complete, timely and accurate manner in accordance with Office of Federal and State Materials and Environmental Management Programs Procedure SA-300 "Reporting Material Events." (Section 3.5)		3. Circulate draft for specialists input 4. Finalize procedures 5. Train all staff on new procedures and implement. 6. Review NMED monthly to ensure information submitted is accurate, requests for additional information has been followed up on, and events are closed and completed in a timely manner	Jameson 6. Hardeman, Jameson	3. Specialists complete review by April 1, 2013 4. Final procedure by April 15, 2013 5. May1, 2013 6. January 2013 and monthly thereafter	5. Not started yet 6. Monthly review began in January	4. TBD 5. TBD 6. TBD
9. The review team recommends that the State strengthen its incident response program and take measures to (1) develop, document, implement, and provide training to the Branch on the incident response procedure; (2) ensure that reported incidents are promptly evaluated to determine the appropriate type and level of Branch response, including providing for Branch management notification and review; (3) ensure that incidents are responded to with an appropriate level of effort and in a timeframe commensurate with the potential health and safety and/or security consequences of the	Develop incident response procedures which address all elements of the recommendation and find ways to ensure management awareness of all reported incidents.	1. Train staff on the CTS (GA's Complaint Tracking System) with a special focus on Radioactive Material Incident fields 2. Utilize EPD's Complaint Tracking System to ensure incidents are properly evaluated for appropriate response. 3. Utilize EPD's CTS to ensure incidents are properly responded to in a timely manner. 4. Utilize EPD's CTS to ensure incidents are properly documented. 5. Manager review of CTS weekly 6. Draft comprehensive procedures for handling incidents. 7. Circulate draft for specialists input 8. Finalize procedures 9. Train all staff on final procedure document and implement.	1. Hays 2. All staff 3. All staff 4. All staff 5. Hardeman 6. Hardeman, Mueller 7. Jameson, Nederhand, Ramdeen, 8. Hardeman 9. Hardeman, Jameson	1. Train staff on CTS in early January 2. Begin using CTS in early January. When an entry is made into CTS GA management receives a notification of the entry. Also staff are asked during the weekly staff meeting to report out on any phone calls they may have received from a licensee discussing a potential incident. 3. Management will review the entry in CTS and discuss the entry with the entering staff person to obtain additional information in order to decide the appropriate response action(s). 4. Management will review the entries	1. Staff have been trained on CTS 2. Staff are using CTS 3. Staff are using CTS 4. Staff are using CTS 5. Manager is reviewing CTS weekly 6. Draft of procedures is in progress. 7. Not started yet 8. Not started yet 9. Not started yet	1. Staff were trained on January 8, 2013 2. Staff began using and CTS on January 8, 2013 3. Staff began using and CTS on January 8, 2013 4. Staff began using and CTS on January 8, 2013 5. Manager began reviewing CTS weekly on January 8, 2013 6. TBD 7. TBD 8. TBD 9. TBD

IMPEP Recommendations	Task(s)	Milestones	Assignments	Anticipated Completion Date(s)	Status	Actual Completion Date
incident; (4) ensure that licensee written reports are reviewed for completeness and appropriate corrective actions; and (5) ensure that the Branch's evaluation of licensee incidents, whether based on a review of licensee reports, on-site reviews, or inspection follow-up, is properly documented to facilitate future followup. (Section 3.5)				in CTS for proper documentation and will follow-up with the entering staff person if additional information is needed. 5. Manager to begin reviewing CTS weekly in early January 6. Complete draft of incident procedures by March 15, 2013. 7. Specialists complete review by April 1, 2013 8. Final procedure by April 15, 2013 9. Train all staff by May1, 2013		
10. The review team recommends that the State revise, enhance, implement, and provide training to the staff on its Allegation Procedure, including providing additional written guidance on (1) recognizing and identifying allegations; (2) notifying Branch management of all received allegations; (3) promptly evaluating allegations for safety and security significance; (4) ensuring that the level of effort and timeliness in	Revise current allegation procedures to address all elements of the recommendation and find ways to ensure management awareness of all reported incidents.	1. Train staff on the CTS with a special focus on the Radioactive Material Allegation fields 2. Utilize EPD's Complaint Tracking System to ensure allegations are properly evaluated for appropriate response. 3. Utilize EPD's CTS to ensure allegations are properly responded to in a timely manner. 4. Utilize EPD's CTS to ensure allegations are properly documented. 5. Draft revised procedures for handling allegations. 6. Circulate draft for specialists input 7. Finalize procedures 8. Train all staff on final	1. Hays 2. All staff 3. All staff 4. All staff 5. Hardeman 6. Jameson, Nederhand, Ramdeen, 7. Hardeman 8. Hardeman, Jameson	1. Train staff on CTS in early January 2. Begin using CTS in early January. When an entry is made into CTS GA management receives a notification of the entry. Also staff are asked verbally communicate the receipt of an allegation to the manager. 3. Management will review the entry in CTS and discuss the entry with the entering staff person to obtain additional	1. Staff have been trained on CTS 2. Staff are using CTS 3. Staff are using CTS 4. Staff are using CTS 5. Draft of procedures is in progress. 6. Not started yet 7. Not started yet 8. Not started yet	1. Staff were trained on January 8, 2013 2. Staff began using and CTS on January 8, 2013 3. Staff began using and CTS on January 8, 2013 4. Staff began using and CTS on January 8, 2013 5. Manager began reviewing CTS weekly on January 8, 2013 6. TBD 7. TBD

IMPEP Recommendations	Task(s)	Milestones	Assignments	Anticipated Completion Date(s)	Status	Actual Completion Date
responding to allegations is commensurate with the potential significance of the allegation; and (5) tracking all allegations to ensure timely review and closure and timely feedback to allegers. (Section 3.5)		procedure document and implement.		information in order to decide the appropriate response action(s). 4. Management will review the entries in CTS for proper documentation and will follow-up with the entering staff person if additional information is needed. 5. Complete draft of revised allegation procedures by March 15, 2013. 6. Specialists complete review by April 1, 2013 7. Final procedure by April 15, 2013 8. Train all staff by May1, 2013		8. TBD
11. The review team recommends that the State qualify one additional reviewer in SS&D evaluations to provide backup for the principal reviewer. This is in addition to a qualified reviewer or supervisor performing concurrence reviews. (Section 4.2 of the 2004 IMPEP report and 2013 IMPEP MRB).	Qualify two additional SS&D reviewers (one primary and one secondary).	1. Evaluate option of returning the SS&D certification program back to the NRC 2. Register recently transferred employee for all applicable NRC courses. 3. Conduct on the job training as a primary reviewer for recently transferred employee 4. Once new program manager is hired, register them for all applicable NRC courses 5. Conduct on the job training as a secondary reviewer for new program manager 6. Utilize NC for secondary reviews as needed until	1. Mueller 2. Nederhand 3. Jameson, Nederhand 4. New program manager 5. Jameson, new program manager 6. Jameson	1. Make a decision on whether to keep or return the SS&D program by July 1, 2013 2. Complete all necessary NRC courses by end of calendar year 2013 3. Complete on the job training by end of calendar year 2014 4. Complete all necessary NRC courses within one year of program manager	1. A memo outlining the prospect and procedures for returning the SS&D program has been prepared and routed for upper managements consideration 2. Nederhand has attended H-122 (1/28-2/8) and is registered to attend G-108 (3/4-3/8) and G-109 (3/11-3/15) 3. OJT is occurring 4. New program manager has not been hired yet	1. TBD 2. TBD 3. TBD 4. TBD 5. TBD 6. TBD

IMPEP Recommendations	Task(s)	Milestones	Assignments	Anticipated Completion Date(s)	Status	Actual Completion Date
		new manager is hired and trained a secondary reviewer		being hired 5. Complete on the job training within two years of program manager being hired 6. Ongoing as needed	5. New program manager has not been hired yet 6. Utilizing NC as necessary	
12. The review team recommends that the State develop and implement a plan to inactivate SS&D registrations for devices and sources that are no longer being made or distributed. (Section 4.2.2)	Develop and implement plan to inactivate SS&D registrations.	1. Develop a spreadsheet identifying all subject registrations. 2. Identify target dates to complete inactivation. 3. Inactivate applicable registrations.	1. Jameson, Nederhand 2. Jameson, Nederhand 3. Jameson, Nederhand	1. Develop spreadsheet of all subject registrations by January 31, 2013. 2. Identify target dates to complete inactivations by January 31, 2013 3. Complete inactivations by June 1, 2013	1. Spreadsheet has been developed 2. Target dates have been identified and incorporated into the spreadsheet 3. Inactivations are In progress	1. February 12, 2013 2. February 12, 2013 3. TBD
13. Improve communication and foster a strong safety culture within the program	Improve communication, camaraderie and safety culture	1. Conduct weekly staff meetings 2. Informally visit with staff individually every morning 3. Require pre inspection meetings with management 4. Require post inspection report out with management 5. Relocate staff to offices within the Air Branch to foster camaraderie with all branch staff	1. Mueller 2. Hardeman 3. Hardeman 4. Hardeman 5. Mueller, All staff	1. Begin January 8, 2013 2. Begin December 10, 2012 3. Begin January 8, 2013 4. Begin January 8, 2013 5. January 31, 2013	1. Weekly meetings are held regularly 2. Manager walks around every morning and visits with staff regarding what they are working on and any issues they may be having 3. Staff discuss preparation for upcoming inspections at the weekly staff meetings 4. Staff discuss how inspections went including any findings at the weekly staff meeting 5. All staff have relocated to offices within the Air Branch's building	1. January 8, 2013 2. December 10, 2013 3. January 8, 2013 4. January 8, 2013 5. January 24, 2013

Note: Since the review team completed their visit in October 2012, EPD has hired two additional technical staff and has transferred a third person from elsewhere within EPD to the Radioactive Materials Program. Jenna Odom started on December 3, 2012. Jenna has a Bachelor's degree in Biology from the University of West Georgia. David Crowley started on December 16, 2012. David has a Bachelor's degree in Physics from Case Western Reserve University and a Master's degree in Medical Physics from Georgia Institute of Technology. Frank Nederhand was a current EPD employee in the Air Protection Branch's Industrial Source Monitoring Program and transferred to the Radioactive Materials Program effective January 1, 2013. Prior to joining EPD, Frank worked in the Nuclear Power generation industry. Frank has a Master's degree in Nuclear Engineering and a Bachelor's degree in Electrical Engineering from the University of Utah. The position for the new program manager was advertised on February 19, 2013 and will close on March 1, 2013.

[7590-01-P]

NUCLEAR REGULATORY COMMISSION

[NRC-2012-XXXX]

Placement of the Georgia Agreement State Program on Probation

AGENCY: Nuclear Regulatory Commission.

ACTION: Notice of the Georgia Agreement State Program Being Placed on Probation.

SUMMARY: The U.S. Nuclear Regulatory Commission (NRC) is announcing the placement of the Georgia Agreement State Program (Georgia Program) for the regulation of certain Atomic Energy Act materials on Probation and further increasing the NRC oversight of the Georgia Program, as well as overseeing implementation of a "Program Improvement Plan" developed by the staff of the Georgia Program. Once the Georgia Program has met the commitments made in the "Program Improvement Plan," and has demonstrated significant improvements in program performance, the probationary status will be lifted. There will be further announcements of that action.

FOR FURTHER INFORMATION CONTACT: Lisa Dimmick, Office of Federal and State Materials and Environmental Management Programs, U.S. Nuclear Regulatory Commission, Washington, DC 20555, telephone 301-415-0694, e-mail: Lisa.Dimmick@nrc.gov.

Enclosure 4

SUPPLEMENTARY INFORMATION:

Under Section 274 of the Atomic Energy Act, as amended, the Commission retains the authority and the responsibility to assure that Agreement State programs continue to provide adequate protection of public health and safety, and to be compatible with the NRC's program with respect to the regulation of the materials and uses authorized under the Agreement. Agreement States are States which have assumed regulatory authority from the NRC over the possession and use of certain radioactive materials. The Commission Policy Statement, "Statement of Principles and Policy for the Agreement State Program," established the option of placing an Agreement State radiation control program on Probation for program weaknesses that require increased NRC oversight.

Section 274j. of the Atomic Energy Act of 1954, as amended, requires that the NRC periodically review each Agreement State to ensure Agreement States are adequate and compatible. It is the policy of the NRC to evaluate the NRC regional materials programs and Agreement State radiation control programs in an integrated manner, using common and non-common performance indicators, to ensure that public health and safety is being adequately protected. The periodic review process for Agreement State and NRC regional radioactive materials programs is called the Integrated Materials Performance Evaluation Program (IMPEP).

The Management Review Board (MRB), in a public meeting, makes the overall assessment of each NRC regional materials and Agreement State program. Information considered by the MRB includes the proposed final IMPEP report which presents suggested performance indicator ratings and recommendations prepared by the IMPEP review team, and information provided by the region or State at the MRB meeting. For most IMPEP reviews, no action other than issuance of the final IMPEP report is needed. For those infrequent reviews

where additional action is needed, the MRB may consider Monitoring, Heightened Oversight, and recommendations for Probation, Suspension, or Termination. The most significant actions, Probation, Suspension, or Termination, require Commission approval.

Overall, the MRB found the Georgia Program adequate to protect public health and safety, but needs improvement, and compatible with the NRC's program. The MRB found the Georgia Program performance unsatisfactory for two performance indicators: Technical Quality of Inspections, and Technical Quality of Incident and Allegation Activities. The Georgia Program was found satisfactory, but needs improvement, for three performance indicators: Technical Staffing and Training, Status of Materials Inspection Program, and Technical Quality of Licensing Actions. The indicators, Compatibility Requirements and Sealed Source and Device Evaluation were found satisfactory. The MRB recommended that the Georgia Program be placed on Probation due to the significant performance issues identified. The Commission considered the performance of the Georgia Program and agreed that the Georgia Program should be placed on Probation.

In cases where program weaknesses exist regarding the adequacy or compatibility of an Agreement State's program yet the weaknesses are not so serious as to find the program inadequate to protect public health and safety, one of the options available to ensure continued protection of public health and safety, is to place the Agreement State program on Probation. The probationary period is approximately one year. The Georgia Agreement State Program's progress in addressing the program weaknesses will be evaluated in January 2014 by an IMPEP review team. Once the MRB determines that the Agreement State has met the commitments in the "Program Improvement Plan" and has demonstrated significant improvements in program performance, a recommendation will be made to the Commission that the probationary status be lifted.

Upon Commission approval, the probationary status will be lifted. Notification of discontinuance of Probation will be made to the Governor of Georgia, the Georgia Congressional delegation, and all other Agreement and Non-Agreement States. The NRC will also publish a *Federal Register* Notice and a press release announcing the discontinuance of Probation for the Georgia Program.

Dated at Rockville, Maryland, this **XX** day of **xx**, 2013.

For the Nuclear Regulatory Commission.

Brian J. McDermott, Director,
Division of Materials Safety and State Agreements,
Office of Federal and State Materials
and Environmental Management Programs.

The Honorable Nathan Deal
203 State Capitol
Atlanta, GA 30334

Dear Governor Deal:

On behalf of the U.S. Nuclear Regulatory Commission (NRC), I am writing to bring to your attention significant concerns that were identified during a recent evaluation of the Georgia Agreement State Program in overseeing the safe and secure use of radioactive material in Georgia. I am requesting your support for the program's efforts to address these concerns.

On December 15, 1969, the State of Georgia entered into an Agreement with the NRC pursuant to section 274b. of the Atomic Energy Act, as amended. Under this agreement, the State of Georgia committed to establish a radiation control program that is adequate and compatible to protect the health and safety of Georgia citizens from the potential hazards associated with the use of radioactive materials. The NRC retains the authority and responsibility for ensuring that Agreement State programs continue to provide adequate protection of public health and safety, and that they are compatible with the NRC's program for regulating radioactive materials.

The most recent review of the Georgia Agreement State Program found program weaknesses related to the adequacy your Agreement State program. The identified weaknesses were of such safety significance that assurance of the Georgia Agreement State Program's ability to protect public health and safety was degraded and increased oversight by the NRC is required to confirm program improvements. The Commission has further determined that while making the necessary corrections, the Georgia program would benefit from increased NRC oversight. The Commission is, therefore, placing the Georgia Agreement State Program on Probation. Staff from your Georgia radiation control program has been involved in the discussions leading to this decision.

The weaknesses identified in Georgia Agreement State program do not immediately threaten public health and safety. Probation is appropriate because it allows the NRC to remain closely involved with Georgia program managers as they implement improvements. Probation only involves the 274b. Agreement between the NRC and the State of Georgia involving the use of radioactive materials by medical, industrial, and academic facilities. It is not expected that our decision for Probation would impact other State responsibilities pertaining to emergency preparedness at commercial nuclear power plants or the construction and operation of nuclear power plants.

The Georgia Agreement State Program staff has already provided the NRC staff a "Program Improvement Plan" describing actions to be taken to address the identified weaknesses, including specific goals and timetables. The NRC staff will work with your staff throughout the probationary period. The State's progress in addressing the program weaknesses will be evaluated in a formal review in January 2014. Once the Commission

determines that the commitments in the "Program Improvement Plan" have been met and that the Georgia Agreement State Program has demonstrated significant improvements in program performance, the probationary status will be lifted.

Let me assure you that the Commission is ready to assist Georgia in improving the Agreement State program. I will be happy to answer any questions you may have, or your staff may contact Mark A. Satorius, Director, Office of Federal and State Materials and Environmental Management Programs, at 301-415-7197.

Sincerely,

Allison M. Macfarlane