

**POLICY ISSUE**  
**(NOTATION VOTE)**

July 22, 2014

SECY-14-0074

FOR: The Commissioners

FROM: Mark A. Satorius  
Executive Director for Operations

SUBJECT: DISCONTINUANCE OF THE PROBATION PERIOD FOR THE  
GEORGIA AGREEMENT STATE PROGRAM

PURPOSE:

The purpose of this paper is to request Commission approval to discontinue the Probation period for the Georgia Agreement State Program (the Georgia Program), as described in the U.S. Nuclear Regulatory Commission (NRC) Management Directive (MD) 5.6, "Integrated Materials Performance Evaluation Program (IMPEP)," dated February 26, 2004. This paper does not address any resource implications.

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 quantities of special nuclear materials under critical mass, when the NRC determines that the State program is adequate to protect public health and safety and 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 uses the IMPEP to periodically review Agreement State programs for adequacy to protect public health and safety, and compatibility with the NRC's regulatory program.

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The NRC typically reviews the Regions and Agreement States 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 additional 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. A Management Review Board (MRB) composed of senior NRC managers (with an Agreement State liaison attending) makes the final determination of adequacy for the NRC Regions, and both adequacy and compatibility of each Agreement State.

If an Agreement State program is found adequate, but needs improvement, or not compatible, the MRB may direct an additional action (e.g., Monitoring or Heightened Oversight). These additional actions increase the level of communication between the NRC and the Agreement State and supports Agreement State program performance improvements. In cases where the Commission finds that 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 also an option when an Agreement State on Heightened Oversight has not addressed program weaknesses identified in previous reviews during the period of Heightened Oversight. Additional information on the IMPEP program can be found in MD 5.6.

## DISCUSSION:

### The 2012 IMPEP Review

In 2012, the NRC conducted an IMPEP review of the Georgia Program. The IMPEP team identified an overall decline in performance since the 2008 IMPEP review. Although the Georgia Program had been placed on Monitoring, and Georgia took actions to address specific observations from the 2008 IMPEP review, the overall performance continued to degrade and a number of significant performance deficiencies were identified during the 2012 IMPEP review. Specifically, the team identified performance deficiencies involving 1) the technical quality of observed inspections, 2) a backlog of overdue high priority inspections, 3) 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 4) 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. 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. Due to the significant programmatic weaknesses identified during the 2012 review, the team made 12 recommendations regarding the need for performance improvements by the Georgia Program. The team also recommended that the MRB place the Georgia Program on Probation.

On January 17, 2013, the MRB met to discuss the 2012 Georgia Program IMPEP review. 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 requested the Commission's approval to place the Georgia Program on Probation. The Commission approved placing the State of Georgia on Probation as of July 9, 2013. (SRM-SECY-13-0051)

In response to the draft 2012 IMPEP report, the Georgia Program described the actions taken to address the recommendations and performance issues identified by the IMPEP team. These actions included organizational changes to improve its management oversight of the program. The Georgia Program replaced the radioactive materials program manager and hired two new technical staff. The Georgia Program management responded to the IMPEP report by submitting the State's Program Improvement Plan (Plan) on March 7, 2013, (ML13070A161). The Georgia Program Managers expressed their firm commitment to making improvements. The latest revision of the Georgia Program Improvement Plan is provided as Enclosure 1.

#### The 2014 IMPEP Review

During the 2014 IMPEP review, the team found that changes made by the Georgia Program in response to the previous IMPEP review resulted in significant improvement in management and staff communications. The team also found an increased focus on Program needs from senior level State management as evidenced by the appointment of a new program manager and providing resources for staffing. The team found that four of the performance indicators had improved, one stayed the same, and the team downgraded the indicator-Status of the Materials Inspection Program because of the number of overdue inspections. This inspection deficiency was identified by the Program prior to the IMPEP review, and the Program reported that they had completed a majority of the overdue inspections at the time of the IMPEP review. The review team made one new recommendation regarding the indicator, Technical Quality of Inspections: for the State to implement its inspection procedures to ensure that inspectors document the reason for missing temporary job site inspections; document details and circumstances of violations in inspection reports and Notice of Violations; consider inspecting licensees more frequently following the occurrences of serious violations; conduct performance based inspections; and complete its enforcement procedure for assigning severity levels of violations. Of the 12 recommendations made during the 2012 IMPEP review, 10 were closed, and the team determined that two recommendations for the indicator, Technical Quality of Licensing Actions should remain open since actions to address these were in progress. The team recommended that the State be placed on Heightened Oversight.

On April 15, 2014, the MRB met to discuss the IMPEP review. The MRB directed that the recommendation regarding the Program's implementation of the pre-licensing guidance can be closed since the team determined that license reviewers were implementing these requirements. The MRB also directed the team to make a new recommendation specific to the actions in progress by the Program (i.e., finalize its pre-licensing procedure as official policy and provide staff training). The MRB agreed that eight of the recommendations from the 2012 IMPEP review regarding program performance for the indicators, Status of the Materials Inspection Program, Technical Quality of Inspections, and Technical Quality of Incident and Allegation Activities, can be closed. The two recommendations regarding the Sealed Source and Device program are no longer applicable since the State returned the program to the NRC in August 2013. The MRB agreed with the team's recommendation that

the Georgia Program be found adequate to protect public health and safety, but needs improvement, and compatible with the NRC's program. The MRB agreed that the Georgia Program be placed on Heightened Oversight, and that the Probation period be discontinued. The MRB noted that Commission approval is needed to discontinue the Probation period. During the MRB meeting, the Georgia Program reported that since the IMPEP review, they had lost two staff members and were in the process of filling these positions. Additionally, they reported that all but one of the overdue inspections had been completed. While some actions to improve performance are in progress as noted in the Plan, the team determined that the Georgia Program has sufficiently addressed and implemented the actions committed to in the Plan. The final 2014 IMPEP report (ML14121A618) is provided as Enclosure 2. The minutes for the April 15, 2014, MRB meeting (ML14149A465) are provided as Enclosure 3.

### Georgia Program Response

Georgia Program managers submitted their responses to the draft 2014 IMPEP report on April 2, 2014 (ML14014A159). 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 meeting, the Georgia Program managers expressed their firm commitment to making improvements and noted that the changes made since the last IMPEP review (change in program manager, added staffing, and implementation of weekly staff-management meetings) were evidence of this commitment.

### 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 and 2014 IMPEP reports; (2) conduct a full IMPEP review in 2 years from the date of the Georgia Program MRB meeting (April 2014); and (3) schedule a periodic meeting in 1 year from the IMPEP review.

RECOMMENDATION:

The NRC staff recommends that the Commission:

Approve: Discontinuance of the Probation period for the Georgia Program.

Note:

- a). The Notice of Discontinuance of the Probation period will be published in the *Federal Register* (Enclosure 4).
- b). A letter from the Chairman notifying the Governor of Georgia of this action, including initiation of a period of Heightened Oversight (Enclosure 5).

COORDINATION:

The Office of the General Counsel has no legal objection to the approval of discontinuance of the Probation period for the Georgia Program. The Office of the Chief Financial Officer has no objection to the approval of the discontinuance for the period of Probation for the Georgia Agreement State Program as there are no resource implications.

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Mark A. Satorius  
Executive Director  
for Operations

Enclosures:

1. Georgia Program Improvement Plan
2. Georgia 2014 Final IMPEP Report
3. Minutes of Georgia MRB meeting
4. *Federal Register* notice
5. Governor Letter

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.	<ol style="list-style-type: none"> <li>Develop spreadsheet of all past due and all CY 13 priority 1, 2, &amp; 3 inspections</li> <li>Assign to staff to ensure balanced workload</li> <li>Conduct inspections necessary to eliminate backlog and get current</li> <li>Track during weekly staff meetings</li> <li>Create spreadsheet of inspections for each subsequent calendar year</li> </ol>	<ol style="list-style-type: none"> <li>Mueller, Hardeman</li> <li>Mueller, Hardeman</li> <li>All Staff</li> <li>Mueller, Crowley</li> <li>Mueller, Crowley</li> </ol>	<ol style="list-style-type: none"> <li>January 15, 2013</li> <li>January 15, 2013</li> <li>June 30, 2013</li> <li>January 15, 2013</li> <li>December 1 of previous calendar year</li> </ol>	<ol style="list-style-type: none"> <li>Spreadsheet developed</li> <li>Assignments for backlog and all CY 2013 inspections</li> <li>Staff are conducting inspections according to schedule</li> <li>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.</li> <li>Not started yet</li> </ol>	<ol style="list-style-type: none"> <li>Spreadsheet finalized January 15, 2013.</li> <li>Assignments made January 15, 2013.</li> <li>Ongoing</li> <li>Made a standing agenda item for weekly staff meetings January 15, 2013</li> <li>TBD</li> </ol>
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	<ol style="list-style-type: none"> <li>Using IMC 2800, revise Georgia Inspection Procedures to incorporate changes and revisions to bring the Georgia Inspection Procedure document up to date.</li> <li>Circulate draft for specialist input</li> <li>Finalize inspection procedures</li> <li>Train all staff on new procedures</li> <li>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)</li> </ol>	<ol style="list-style-type: none"> <li>Mueller</li> <li>Cartoski</li> <li>Mueller</li> <li>Mueller, Crowley</li> <li>Mueller, Crowley</li> </ol>	<ol style="list-style-type: none"> <li>First draft by January 30, 2013</li> <li>Specialist complete review and provide input by March 1, 2013</li> <li>Finalize procedures by April 1, 2013</li> <li>Train all staff by July 1, 2013</li> <li>June and December of each calendar year</li> </ol>	<ol style="list-style-type: none"> <li>Sent initial draft to Cartoski on February 15, 2013 for his review and input</li> <li>Specialist completed review and provided edits to management on February 26, 2013</li> <li>Procedures were finalized May 31, 2013.</li> <li>Training was conducted on July 23, 2013.</li> <li>Not started yet</li> </ol>	<ol style="list-style-type: none"> <li>First draft completed February 11, 2013</li> <li>Specialist completed review February 26, 2013</li> <li>May 31, 2013</li> <li>July 23, 2013</li> <li>TBD</li> </ol>

IMPEP Recommendations	Task(s)	Milestones	Assignments	Anticipated Completion Date(s)	Status	Actual Completion Date
<p>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)</p>	<p>Establish a policy that all increased 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 verification.</p>	<ol style="list-style-type: none"> <li>1. Verbally establish policy</li> <li>2. Require post inspection report out to manager to ensure IC inspections are being completed.</li> <li>3. Memorialize policy in revised inspection procedures</li> <li>4. Include a verification that a licensee has IC as a part of the pre-inspection checklist.</li> <li>5. Train all staff on NRC requirements</li> <li>6. Train all staff on revised policy</li> </ol>	<ol style="list-style-type: none"> <li>1. Mueller</li> <li>2. Hardeman</li> <li>3. Mueller</li> <li>4. Mueller, Crowley</li> <li>5. Crowley</li> <li>6. Mueller, Crowley</li> </ol>	<ol style="list-style-type: none"> <li>1. Institute policy immediately</li> <li>2. Manager immediately begin using post inspection report out as means of verifying IC inspection was conducted</li> <li>3. Final inspection procedures by April 1, 2013</li> <li>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.</li> <li>5. Schedule NRC refresher training in March</li> <li>6. Train all staff by May 1, 2013</li> </ol>	<ol style="list-style-type: none"> <li>1. Policy has been Instituted</li> <li>2. Manager requires post-inspection report out and discusses IC component is required.</li> <li>3. Procedures were finalized May 31, 2013.</li> <li>4. Required in final inspection procedures.</li> <li>5. Working with NRC Regional State Agreement Officer to schedule training for June 6, 2013</li> <li>6. Training was conducted on July 23, 2013.</li> </ol>	<ol style="list-style-type: none"> <li>1. Policy instituted at January 15, 2013 staff meeting.</li> <li>2. All inspections since January 15, 2013 have included the required report out to manager</li> <li>3. May 31, 2013</li> <li>4. May 31, 2013</li> <li>5. July 23, 2013.</li> </ol>
<p>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)</p>	<p>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.</p>	<ol style="list-style-type: none"> <li>1. Require team inspections (two inspectors) for all Priority 1 and high Priority 2 inspections until problems are identified and resolved.</li> <li>2. Interview staff involved with deficient accompanied inspections.</li> <li>3. Determine and document causes.</li> <li>4. Develop a corrective action plan.</li> <li>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</li> </ol>	<ol style="list-style-type: none"> <li>1. Mueller</li> <li>2. Mueller, Hardeman</li> <li>3. Mueller, Hardeman</li> <li>4. Mueller, Hardeman</li> <li>5. Mueller, Seale</li> <li>6. Mueller, Crowley, Seale</li> <li>7. Crowley</li> </ol>	<ol style="list-style-type: none"> <li>1. January 2013</li> <li>2. Interviewed staff week of December 17, 2012.</li> <li>3. Document causes by January 4, 2013</li> <li>4. Develop corrective action plan by January 15, 2013</li> <li>5. Complete all inspections by July 1, 2013</li> <li>6. Provide critique of accompanied</li> </ol>	<ol style="list-style-type: none"> <li>1. Implemented January 2013</li> <li>2. Conducted interview with JM on November 7, 2012 and interviews with KR and QT on December 18, 2012.</li> <li>3. Determined inadequate preparation as the primary cause of the poor inspections. Determined corrective actions would include a) KR's licensee would be re-inspected, b)</li> </ol>	<ol style="list-style-type: none"> <li>1. Completed on January 15, 2013 in conjunction with revised schedule developed for recommendation</li> <li>1. Completed interviews on December 18, 2012.</li> <li>3. Completed documentation of interviews and determination of</li> </ol>

IMPEP Recommendations	Task(s)	Milestones	Assignments	Anticipated Completion Date(s)	Status	Actual Completion Date
5. The review team recommends that the State update its medical licensing guidance documents to be consistent with Georgia regulations.	Update and keep current our medical licensing guidance documents to be consistent with Georgia regulations and with the latest	<p>conducted by the inspector and to evaluate the overall radioactive inspection program in GA.</p> <p>6. Brief management on results of each accompanied inspection</p> <p>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.</p>	<p>1. Bennett</p> <p>2. Crowley, Mims</p> <p>3. Bennett, Crowley, Mueller</p> <p>4. Bennett, Crowley</p>	<p>inspection to management after each inspection</p> <p>7. Institute beginning CY 2014</p>	<p>new inspection 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</p> <p>5. Schedule of accompanied inspections was developed on March 18. All accompanied inspections were completed on May 29, 2013.</p> <p>6. In addition to being provided with individual inspection reports, management was fully briefed on all accompanied inspections on June 4, 2013. Primary findings were a need to improve survey techniques, brush up on signage requirements and improve performance based inspection approaches.</p> <p>7. Not started yet</p>	<p>causes on January 7, 2013.</p> <p>4. Finalized corrective action plan on January 15, 2013</p> <p>5. May 29, 2013</p> <p>6. June 4, 2013</p> <p>7. TBD</p>
5. The review team recommends that the State update its medical licensing guidance documents to be consistent with Georgia regulations.	Update and keep current our medical licensing guidance documents to be consistent with Georgia regulations and with the latest	<p>1. Using NUREG 1556 as a starting point, revise and make it Georgia specific consistent with Georgia regulations</p> <p>2. Circulate draft for specialists input</p>	<p>1. Bennett</p> <p>2. Crowley, Mims</p> <p>3. Bennett, Crowley, Mueller</p> <p>4. Bennett, Crowley</p>	<p>1. First draft by April 1, 2013</p> <p>2. Specialists complete review and input by May 1, 2013</p> <p>3. Final version by</p>	<p>1. IB has begun updating existing guidance to more closely reflect latest NUREG 1556. IB completed initial draft on March 5.</p>	<p>1. April 5, 2013</p> <p>2. May 31, 2013.</p> <p>3. August 16, 2013.</p> <p>4. <del>TBD-September 17, 2013</del></p> <p>5. TBD</p>

IMPEP Recommendations (Section 3.4)	Task(s)	Milestones	Assignments	Anticipated Completion Date(s)	Status	Actual Completion Date
	version of NUREG-1556	<ol style="list-style-type: none"> <li>Finalize medical licensing guidance</li> <li>Train all staff on revised procedures</li> <li>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)</li> </ol>	<ol style="list-style-type: none"> <li>Bennett, Crowley</li> </ol>	<ol style="list-style-type: none"> <li>June 1, 2013</li> <li>Train all by July 1, 2013</li> <li>June of each calendar year</li> </ol>	<ol style="list-style-type: none"> <li>JM completed second review April 5.</li> <li>Staff completed review by May 31, 2013.</li> <li>Revised guidance finalized August 16, 2013.</li> <li><del>Training being developed.</del> <u>Training conducted September 17, 2013.</u></li> <li>Not started yet</li> </ol>	
<ol style="list-style-type: none"> <li>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)</li> </ol>	<p>Ensure all previously approved medical authorized users have proper documentation. Implement a policy to ensure AU's are added to license, in accordance with Georgia regulations, in the future.</p>	<ol style="list-style-type: none"> <li>Require a specific step during the peer review of medical licenses to ensure all new AUs being added have proper documentation</li> <li>Review existing licenses to determine universe of authorized users.</li> <li>Identify authorized users that still need proper documentation</li> <li>Contact the applicable licensees and request proper documentation</li> <li>Amend and reissue licenses if necessary</li> </ol>	<ol style="list-style-type: none"> <li>Crowley, Odom</li> <li>Crowley, Odom</li> <li>Crowley, Odom</li> <li>All staff</li> <li>All staff</li> </ol>	<ol style="list-style-type: none"> <li>Implement peer review process by January 2, 2013</li> <li>Determine universe of authorized users by April 1, 2013 (estimate is that approximately 300 AUs have been added since 2008)</li> <li>Identify authorized users that need documentation by April 1, 2013</li> <li>Request proper documentation from licensees by May 1, 2013</li> <li>Amend and reissue necessary licenses by July 1, 2013</li> </ol>	<ol style="list-style-type: none"> <li>Peer review of medical licenses is being conducted to ensure new AUs have proper documentation</li> <li>As of June 7, 2013 all active licenses have been reviewed for the addition of an AU since 2008.</li> <li>As of June 7, 2013, 285 AUs have been identified as needing additional documentation and 1388 were added prior to the 2008 start date and therefore have been grandfathered</li> <li>Instead of contacting all 285 AUs individually, the program will request the necessary credentials when it receives a notification, amendment or</li> </ol>	<ol style="list-style-type: none"> <li>Began January 2, 2013 and it is ongoing</li> <li>June 7, 2013</li> <li>June 7, 2013</li> <li>Ongoing</li> <li>Ongoing</li> </ol>

IMPEP Recommendations	Task(s)	Milestones	Assignments	Anticipated Completion Date(s)	Status	Actual Completion Date
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 <u>within overall licensing procedures (see program identified weakness #2).</u> 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. Crowley 3. <del>Mueller</del> 4. <del>Cartoski</del> 5. <del>Jameson</del> 6. <del>Mims</del> 7. <del>Ramdeen</del> , <u>All staff</u> 8. <del>Mueller</del> 9. <del>Cartoski</del> 10. Crowley, 11. Mueller	1. January 2, 2013 2. Schedule NRC refresher training for March, 2013 3. First draft by <del>April 4, 2013</del> <u>December 1, 2013</u> 4. Specialists complete review and input by <del>May 4, 2013</del> <u>December 17, 2013</u> 5. Final version by <del>June 4, 2013</del> <u>January 21, 2014</u> 6. Train all by <del>July 1, 2013</del> <u>February 11, 2014</u> 7. <del>July 1, 2013</del> <u>February 11, 2014</u>	5. Ongoing, remaining gaps in certifying documentation will actively requested starting CY2014.  1. Staff are now hand delivering all new licenses 2. Training was conducted July 30, 2013. 3. In progress, <del>will be handled with overall licensing procedures on target for December 1, 2013 draft.</del> 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. July 30, 2013. 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 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	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 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	1. Hardeman 2. Hardeman, Jameson 3. All staff 4. Crowley, Mueller 5. Crowley, Jameson 6. Crowley, Jameson	1. Conduct refresher training in February 2. Complete draft of incident procedures by March 15, 2013. 3. Specialists complete review by April 1, 2013 4. Final procedure by April 15, 2013 5. May 1, 2013 6. January 2013 and monthly thereafter	1. Refresher training was provided by NRC 2. Initial draft of procedures was completed March 26. 3. EJ completed the second review on June 4, 2013.. 4. Staff completed review on June 25, 2013. 5. Revised procedures were finalized July 31, 2013. 6. Training is scheduled for August	1. Refresher training conducted February 12, 2013 2. June 4, 2013 3. June 25, 2013. 4. July 31, 2013 5. Scheduled for August 27, 2013. 6. Ongoing.

August 21 November 11, 2013

IMPEP Recommendations	Task(s)	Milestones	Assignments	Anticipated Completion Date(s)	Status	Actual Completion Date
<p>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 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</p>	<p>Develop incident response procedures which address all elements of the recommendation and find ways to ensure management awareness of all reported incidents.</p>	<p>1. Train staff on the CTS (GA's Complaint Tracking System) with a special focus on Radioactive Material Incident fields</p> <p>2. Utilize EPD's Complaint Tracking System to ensure incidents are properly evaluated for appropriate response.</p> <p>3. Utilize EPD's CTS to ensure incidents are properly responded to in a timely manner.</p> <p>4. Utilize EPD's CTS to ensure incidents are properly documented.</p> <p>5. Manager review of CTS weekly</p> <p>6. Draft comprehensive procedures for handling incidents.</p> <p>7. Circulate draft for specialists input</p> <p>8. Finalize procedures</p> <p>9. Train all staff on final procedure document and implement.</p>	<p>1. Hays</p> <p>2. All staff</p> <p>3. All staff</p> <p>4. All staff</p> <p>5. Hardean</p> <p>6. Hardean, Jameson</p> <p>7. All staff</p> <p>8. Crowley, Mueller</p> <p>9. Crowley, Jameson</p>	<p>1. Train staff on CTS in early January</p> <p>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.</p> <p>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).</p> <p>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.</p> <p>5. Manager to begin reviewing CTS</p>	<p>27, 2013.</p> <p>6. Monthly review began in January</p> <p>1. Staff have been trained on CTS</p> <p>2. Staff are using CTS</p> <p>3. Staff are using CTS</p> <p>4. Staff are using CTS</p> <p>5. Manager is reviewing CTS weekly</p> <p>6. Initial draft of procedures was completed March 26.</p> <p>7. EJ completed the second review on June 4, 2013.</p> <p>8. Staff completed review on June 25, 2013.</p> <p>9. Revised procedures were finalized July 31, 2013.</p> <p>10. Training is scheduled for August 27-2013. Training conducted August 27, 2013.</p>	<p>1. Staff were trained on January 8, 2013</p> <p>2. Staff began using and CTS on January 8, 2013</p> <p>3. Staff began using and CTS on January 8, 2013</p> <p>4. Staff began using and CTS on January 8, 2013</p> <p>5. Manager began reviewing CTS weekly on January 8, 2013</p> <p>6. June 4, 2013.</p> <p>7. June 25, 2013.</p> <p>8. July 31, 2013.</p> <p>9. <del>Scheduled for August 27, 2013.</del> <u>Scheduled for August 27, 2013.</u></p>

IMPEP Recommendations	Task(s)	Milestones	Assignments	Anticipated Completion Date(s)	Status	Actual Completion Date
<p>review of licensee reports, on-site reviews, or inspection follow-up, is properly documented to facilitate future followup. (Section 3.5)</p>				<p>weekly in early January</p> <ol style="list-style-type: none"> <li>6. Complete draft of incident procedures by March 15, 2013.</li> <li>7. Specialists complete review by April 1, 2013</li> <li>8. Final procedure by April 15, 2013</li> <li>9. Train all staff by May 1, 2013</li> </ol>		
<p>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 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</p>	<p>Revise current allegation procedures to address all elements of the recommendation and find ways to ensure management awareness of all reported incidents.</p>	<ol style="list-style-type: none"> <li>1. Train staff on the CTS with a special focus on the Radioactive Material Allegation fields</li> <li>2. Utilize EPD's Complaint Tracking System to ensure allegations are properly evaluated for appropriate response.</li> <li>3. Utilize EPD's CTS to ensure allegations are properly responded to in a timely manner.</li> <li>4. Utilize EPD's CTS to ensure allegations are properly documented.</li> <li>5. Draft revised procedures for handling allegations.</li> <li>6. Circulate draft for specialists input</li> <li>7. Finalize procedures</li> <li>8. Train all staff on final procedure document and implement.</li> </ol>	<ol style="list-style-type: none"> <li>1. Hays</li> <li>2. All staff</li> <li>3. All staff</li> <li>4. All staff</li> <li>5. Hardeman, Jameson</li> <li>6. All staff</li> <li>7. Crowley, Mueller</li> <li>8. Crowley, Jameson</li> </ol>	<ol style="list-style-type: none"> <li>1. Train staff on CTS in early January</li> <li>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.</li> <li>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).</li> <li>4. Management will review the entries in CTS for proper documentation and will follow-up</li> </ol>	<ol style="list-style-type: none"> <li>1. Staff have been trained on CTS</li> <li>2. Staff are using CTS</li> <li>3. Staff are using CTS</li> <li>4. Staff are using CTS</li> <li>5. Initial draft of procedures was completed March 26.</li> <li>6. EJ completed the second review on June 4, 2013.</li> <li>7. Staff completed review on June 25, 2013.</li> <li>8. Revised procedures were finalized July 31, 2013.</li> <li>9. 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).</li> <li>10. Management will review the entries in CTS for proper documentation and will follow-up</li> </ol>	<ol style="list-style-type: none"> <li>1. Staff were trained on January 8, 2013</li> <li>2. Staff began using and CTS on January 8, 2013</li> <li>3. Staff began using and CTS on January 8, 2013</li> <li>4. Manager began reviewing CTS weekly on January 8, 2013</li> <li>5. June 4, 2013</li> <li>6. June 25, 2013.</li> <li>7. July 31, 2013.</li> <li>8. <del>Scheduled for August 27, 2013.</del> <u>Scheduled for August 27, 2013.</u></li> </ol>

IMPEP Recommendations to allegers. (Section 3.5)	Task(s)	Milestones	Assignments	Anticipated Completion Date(s) with the entering staff person if additional information is needed.	Status	Actual Completion Date
<p>11. The review team recommends that the State qualify one additional reviewer in SS&amp;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).</p>	<p>Qualify two additional SS&amp;D reviewers (one primary and one secondary).</p>	<ol style="list-style-type: none"> <li>Evaluate option of returning the SS&amp;D certification program back to the NRC</li> <li>Register recently transferred employee for all applicable NRC courses.</li> <li>Conduct on the job training as a primary reviewer for recently transferred employee</li> <li>Once new program manager is hired, register them for all applicable NRC courses</li> <li>Conduct on the job training as a secondary reviewer for new program manager</li> <li>Utilize NC for secondary reviews as needed until new manager is hired and trained a secondary reviewer</li> </ol>	<ol style="list-style-type: none"> <li>Mueller</li> <li>Nederhand</li> <li>Jameson, Nederhand</li> <li>Crowley</li> <li>Jameson, Crowley</li> <li>Jameson</li> </ol>	<ol style="list-style-type: none"> <li>Make a decision on whether to keep or return the SS&amp;D program by July 1, 2013</li> <li>Complete all necessary NRC courses by end of calendar year 2013</li> <li>Complete on the job training by end of calendar year 2014</li> <li>Complete all necessary NRC courses within one year of program manager being hired</li> <li>Complete on the job training within two years of program manager being hired</li> <li>Ongoing as needed</li> </ol>	<ol style="list-style-type: none"> <li>A memo outlining the prospect and procedures for returning the SS&amp;D program has been prepared and routed for upper managements consideration. On June 5, 2013 Governor Deal signed a letter requesting the return of the SS&amp;D program to the NRC. Nederhand has attended H-122 (1/28-2/8), G-108 (3/4-3/8) and G-109 (3/11-3/15). Nederhand has retired effective May 31, 2013.</li> <li>OJT is occurring</li> <li>David Crowley hired as new program manager effective May 1, 2013.</li> <li>David Crowley hired</li> </ol>	<ol style="list-style-type: none"> <li>Governor's letter signed June 5, 2013.</li> <li>Nederhand retired May 31, 2013.</li> <li>Nederhand retired May 31, 2013.</li> <li>In light of the June 5, 2013 Governor's letter, training the new manager will not be a priority.</li> <li>In light of the June 5, 2013 Governor's letter, training the new manager will not be a priority.</li> <li>In light of the June 5, 2013 Governor's letter, training the new manager will not be a priority.</li> </ol>

IMPEP Recommendations	Task(s)	Milestones	Assignments	Anticipated Completion Date(s)	Status	Actual Completion Date
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.	<ol style="list-style-type: none"> <li>1. Develop a spreadsheet identifying all subject registrations.</li> <li>2. Identify target dates to complete inactivation.</li> <li>3. Inactivate applicable registrations.</li> </ol>	<ol style="list-style-type: none"> <li>1. Jameson, Netherhand</li> <li>2. Jameson, Netherhand</li> <li>3. Jameson, Netherhand</li> </ol>	<ol style="list-style-type: none"> <li>1. Develop spreadsheet of all subject registrations by January 31, 2013.</li> <li>2. Identify target dates to complete inactivations by January 31, 2013</li> <li>3. Complete inactivations by June 1, 2013</li> </ol>	<p>as new program manager effective May 1, 2013.</p> <p>6. This is no longer necessary. Governor Nathan Deal submitted a letter to NRC to give up SS&amp;D program on June 5<sup>th</sup>, 2013. A letter response to Governor Deal approved taking back the program dated August 15<sup>th</sup>, 2013 and will become active on August 22<sup>nd</sup>, 2013. The files will be transferred on/after the 22<sup>nd</sup> based on the NRC's availability.</p>	<ol style="list-style-type: none"> <li>1. February 12, 2013</li> <li>2. February 12, 2013</li> <li>3. In light of the June 5, 2013 Governor's letter, staff will begin preparing the files for transfer to NRC. <u>All files have been transferred to NRC.</u></li> </ol>
13. Improve communication and foster a strong safety culture within the program	Improve communication, camaraderie and safety culture	<ol style="list-style-type: none"> <li>1. Conduct weekly staff meetings</li> <li>2. Informally visit with staff individually every morning</li> <li>3. Require pre inspection meetings with management</li> <li>4. Require post inspection report out with management</li> <li>5. Relocate staff to offices</li> </ol>	<ol style="list-style-type: none"> <li>1. Mueller</li> <li>2. Crowley</li> <li>3. Crowley</li> <li>4. Crowley</li> <li>5. Mueller, All staff</li> </ol>	<ol style="list-style-type: none"> <li>1. Begin January 8, 2013</li> <li>2. Begin December 10, 2012</li> <li>3. Begin January 8, 2013</li> <li>4. Begin January 8, 2013</li> <li>5. January 31, 2013</li> </ol>	<ol style="list-style-type: none"> <li>1. Weekly meetings are held regularly</li> <li>2. Manager walks around every morning and visits with staff regarding what they are working on and any issues they may be having</li> </ol>	<ol style="list-style-type: none"> <li>1. January 8, 2013</li> <li>2. December 10, 2013</li> <li>3. January 8, 2013</li> <li>4. January 8, 2013</li> <li>5. January 24, 2013</li> </ol>

IMPEP Recommendations	Task(s)	Milestones	Assignments	Anticipated Completion Date(s)	Status	Actual Completion Date
		within the Air Branch to foster camaraderie with all branch staff			<ol style="list-style-type: none"> <li>3. Staff discuss preparation for upcoming inspections at the weekly staff meetings</li> <li>4. Staff discuss how inspections went including any findings at the weekly staff meeting</li> <li>5. All staff have relocated to offices within the Air Branch's building</li> </ol>	

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.

Update: David Crowley was promoted to Program Manager effective May 1, 2013. Travis Cartoski resigned effective May 3, 2013. Frank Nederhand retired effective May 31, 2013. Three vacant positions were advertised on May 15, 2013 and closed on May 24, 2013. Interviews will be conducted in the month of June 2013.

Update: The program hired three staff to fill the gaps made by promoting within and Frank/Travis leaving. Fortunately, Travis actually decided to come back and will be a tremendous help in alleviating the training process of the other two staff. The two new individuals are Amy Mundell and Gregory Reese. Amy has experience with DNR/EPD work as well as being experienced with compliance and enforcement of environmental regulation; she will be a key component in strengthening the programs enforcement policies. Gregory started his career working in the nuclear power plant industry testing primary plant chemistry and since then has been working mostly with hazardous materials. He is excited to start learning the specifics of regulating radioactive material and has shown great characteristics necessary for being an inspector/license reviewer.

While not a part of the NRC approved PIP, the program will also be using this document to identify self-identified areas where improvement is needed.

Program-Identified Weakness	Task(s)	Milestones	Assignments	Anticipated Completion Date(s)	Status	Actual Completion Date
1. No system in place to actively track expiring licenses and to notify licensees to make renewals.	Establish effective means for identifying and notifying a licensee that their license is expiring.	<ol style="list-style-type: none"> <li>Assign responsibility to individual for tracking expiring licenses.</li> <li>Establish flags/queries to assist in the database and information management.</li> <li>Begin issuing notices to afford licensee sufficient lead time to submit renewals via email/mail/fax/telephone.</li> </ol>	<ol style="list-style-type: none"> <li>Tinson, Crowley</li> <li>Crowley</li> <li>Tinson</li> </ol>	<ol style="list-style-type: none"> <li>Person assigned by 1 July 2013.</li> <li>Optimized tracking means by 1 July 2013.</li> <li>Issuing notices by 31 July 2013.</li> </ol>	<ol style="list-style-type: none"> <li>Assigned</li> <li>Trying to rework database to facilitate.</li> <li>Created a list of licensees requiring renewal submissions.</li> <li><del>Developing</del> <u>Developed</u> a letter/mail merge system to ease in the notification process.</li> </ol> <p>Goal will be to give a notice 3 months out to provide ample time for a licensee to submit a renewal a month prior to expiration.</p>	<ol style="list-style-type: none"> <li>July 25<sup>th</sup>, 2013</li> <li>August 12<sup>th</sup>, 2013</li> <li><del>TBD</del> <u>September 20<sup>th</sup>, 2013</u></li> </ol>
2. No formalized license procedures in place. This leads to inconsistent licensing timeliness and different communication protocols which severely reduces licensing efficacy.	Establish a formal licensing procedure, this will provide timelines and expectations of the staff.	<ol style="list-style-type: none"> <li>Evaluate current licensing processes.</li> <li>Formulate a draft procedure to include pre-licensing, licensing, and office administrative protocols.</li> <li>Circulate draft to staff <del>for</del> <u>and receive comments.</u></li> <li>Finalize licensing procedures.</li> <li>Provide training on new licensing procedures and expectations.</li> </ol>	<ol style="list-style-type: none"> <li>Crowley, Cartoski</li> <li><del>Crowley</del> <u>Cartoski</u></li> <li>All staff</li> <li>Crowley</li> <li>Crowley</li> </ol>	<ol style="list-style-type: none"> <li>13 September 2013</li> <li><del>11 October 2013</del> <u>1 December 2013</u></li> <li><del>25 October 2013</del> <u>3 January 2014</u></li> <li><del>8 November 2013</del> <u>14 February 2014</u></li> <li><del>22 November 2013</del> <u>18 February 2014</u></li> </ol>	<ol style="list-style-type: none"> <li><del>In progress.</del> <u>Complete.</u></li> <li><del>Not started.</del> <u>In Progress.</u></li> <li>Not started.</li> <li>Not started.</li> <li>Not started.</li> </ol>	<ol style="list-style-type: none"> <li><del>TBD</del> <u>1 November 2013.</u></li> <li>TBD</li> <li>TBD</li> <li>TBD</li> <li>TBD</li> </ol>
3. Poor database system for tracking inspections, licensing, licensee information, enforcement, etc.	To revamp or create new process for tracking office	<ol style="list-style-type: none"> <li>Identify the needs and requirements of a new system.</li> <li>Create platform.</li> <li>Migrate existing data.</li> <li>Implement and train staff who will use.</li> </ol>	<ol style="list-style-type: none"> <li>Crowley</li> <li><del>Crowley, Brian Gregory, Tom Conley (KS)</del> <u>Crowley, Tom Conley (KS)</u></li> <li><del>Crowley, Tom Conley (KS)</del> <u>Namiki-Keith, Tom Conley (KS)</u></li> <li>Crowley, <del>Namiki-Keith, Tom Conley (KS)</del> <u>all staff.</u></li> </ol>	<ol style="list-style-type: none"> <li>15 February 2014</li> <li>11 April 2014</li> <li>18 April 2014</li> <li>25 April 2014</li> </ol>	<ol style="list-style-type: none"> <li><del>Not started.</del> <u>Complete</u> - needed WBL or more complete access driven system, but WBL's implementation time is too long.</li> <li><del>Not started.</del> <u>Decided to adopt Kansas' data management and licensing system.</u> To be implemented week of <u>18 November 2013.</u></li> <li>Not started.</li> <li>Not started.</li> </ol>	<ol style="list-style-type: none"> <li><del>TBD</del> <u>30 September 2013.</u></li> <li><del>TBD</del> <u>31 October 2013.</u></li> <li>TBD</li> <li>TBD</li> </ol>

<p>4. Enforcement policies are not well-defined and need to be updated.</p>	<p>Formalize and update program enforcement policy.</p>	<ol style="list-style-type: none"> <li>1. Examine NRC and other agreement state enforcement policies. Compare with existing GA EPD policy.</li> <li>2. Establish a set procedure to issuing non-cited violations up through civil penalties.</li> <li>3. Provide opportunity for staff comment.</li> <li>4. Finalize enforcement policy.</li> <li>5. Train staff on requirements and process of issuing enforcement.</li> </ol>	<ol style="list-style-type: none"> <li>1. Mundell, Crowley</li> <li>2. Mundell</li> <li>3. All staff</li> <li>4. Mundell, Crowley</li> <li>5. Mundell</li> </ol>	<ol style="list-style-type: none"> <li>1. 18 October 2014</li> <li>2. 8 November 2014</li> <li>3. 22 November 2014</li> <li>4. 13 December 2014</li> <li>5. 10 January 2014</li> </ol>	<ol style="list-style-type: none"> <li>1. <del>Not started.</del> Complete.</li> <li>2. <del>Not started.</del> In progress.</li> <li>3. Not started.</li> <li>4. Not started.</li> <li>5. Not started.</li> </ol>	<ol style="list-style-type: none"> <li>1. <del>TBD</del> 31 October 2013.</li> <li>2. TBD</li> <li>3. TBD</li> <li>4. TBD</li> <li>5. TBD</li> </ol>
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UNITED STATES  
**NUCLEAR REGULATORY COMMISSION**  
WASHINGTON, D.C. 20555-0001

May 30, 2014

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

Dear Mr. Turner:

On April 15, 2014, 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 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. In addition, the MRB agreed with the team's recommendation to recommend discontinuation of the period of Probation of the Georgia Agreement State Program and to place the Program on Heightened Oversight. The NRC staff is preparing to transmit this recommendation for Commission consideration by the end of June 2014. The final decision for the discontinuance of Probation will be made by the Commission and will be transmitted to the Governor of Georgia under separate cover.

Section 5.0, page 15, of the enclosed final report contains a summary of the IMPEP team's findings and recommendations. We request your evaluation and response to the recommendations in the report within 30 days from receipt of this letter. Based on the results of the current IMPEP review, and subject to the Commission's review the next full review of the Georgia Agreement State Program will take place in approximately 2 years, with a periodic meeting tentatively scheduled for January 2015.

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: Lee Cox, North Carolina  
Organization of Agreement States  
Liaison to the MRB

David Crowley, Program Manager  
Radiation Control Section

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

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*/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: Lee Cox, North Carolina  
 Organization of Agreement States  
 Liaison to the MRB

David Crowley, Program Manager  
 Radiation Control Section

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Letter to J. Turner from Michael F. Weber dated: May 30, 2014

SUBJECT: GEORGIA FY2014 FINAL IMPEP REPORT

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INTEGRATED MATERIALS PERFORMANCE EVALUATION PROGRAM

REVIEW OF THE GEORGIA AGREEMENT STATE PROGRAM

January 27– February 10, 2014

**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 Program). The review was conducted during the period of January 27 - February 10, 2014, by a review team composed of technical staff members from the U.S. Nuclear Regulatory Commission (NRC) and the Commonwealth of Massachusetts.

Based on the results of this review, Georgia's performance was found satisfactory for the performance indicators, Technical Staffing and Training, Technical Quality of Licensing Actions, Technical Quality of Incidents and Allegation Activities, and Compatibility Requirements. The indicator, Technical Quality of Inspections, was found satisfactory, but needs improvement, and the indicator, Status of the Materials Inspection Program, was found unsatisfactory. Since the last IMPEP review, four of the indicators improved while one indicator, Status of the Materials Inspection Program, was downgraded, and one indicator, Compatibility Requirements, stayed the same.

The review team made one new recommendation regarding program performance by the State for the indicator, Technical Quality of Inspections. Of the twelve recommendations made during the 2012 IMPEP review, the team determined that two recommendations for the indicator, Technical Quality of Licensing Actions should remain open since actions to address these are in progress; however, the MRB directed that one of the recommendations regarding the implementation of pre-licensing procedures be closed as the team determined that the Georgia Program is implementing the pre-licensing guidance. The MRB directed instead that a new recommendation be added for the State to formally write the pre-licensing guidance into its official licensing procedures and provide training to the staff. The team determined, and the MRB agreed, that eight of the recommendations from the 2012 IMPEP review regarding program performance for the indicators, Status of the Materials Inspection Program, Technical Quality of Inspections and Technical Quality of Incident and Allegation Activities, can be closed. The two recommendations regarding the Sealed Source and Device program are no longer applicable, and are therefore closed, as the authority for this program was returned by the State to the NRC in August 2013.

Accordingly, the review team recommended, and the MRB agreed, that the Program is adequate, but needs improvement to protect public health and safety, and is compatible with the NRC's program. Due to the State's significant progress in addressing previous recommendations, the noted improvement in staff and management communications, and the strong commitment from Program management to continue to improve performance as evidenced by the actions taken since the last IMPEP review (including the replacement of the Program manager and the additional resources allocated for staffing), the review team recommended, and the MRB agreed, that the Program be removed from Probation and placed on Heightened Oversight. The MRB noted that the Commission will make the final decision regarding discontinuance of probation for the Georgia Program.

The review team recommended, and the MRB agreed, that the next IMPEP review take place in approximately two years from the Management Review Board meeting that was held on April 15, 2014, and that a periodic meeting be held in approximately one year from this IMPEP review

to assess the State's sustained performance and progress. The MRB directed that the periodic meeting include a focused review of the State's inspection program, specifically inspector accompaniments and implementation of inspection procedures, and progress in addressing the performance issues identified in the report.

## 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 January 27 - February 10, 2014, by a review team composed of technical staff members from the U.S. Nuclear Regulatory Commission (NRC) and the Commonwealth of Massachusetts. 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 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 October 26, 2012 to January 31, 2014, were discussed with Georgia managers on the last day of the review.

A draft of this report was issued to Georgia for factual comment on March 5, 2014. The State responded by letter dated April 2, 2014 (included as an Attachment to this report). The Management Review Board (MRB) met on April 15, 2014, 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 Radioactive Materials 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 471 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 Program on June 20, 2013. The Program provided its response to the questionnaire by email dated January 10, 2014. A copy of the questionnaire response can be found in NRC's Agencywide Documents Access and Management System (ADAMS) using the Accession Number ML14014A159.

The review team's general approach for conduct of this review consisted of (1) examination of the Program'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 Program 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 October 26, 2012, the review team made 12 recommendations regarding the Georgia Agreement State Program's performance. The status of each recommendation is as follows:

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)"

Status: To initially address this recommendation, the Program developed and implemented a plan to complete higher priority and initial inspections in January 2013. This plan involved creating a spreadsheet of all known overdue inspections and organizing them by priority code. The inspections were then assigned to staff with the focus being on completing the most safety significant inspections first. The spreadsheet was discussed at each weekly staff meeting in order to monitor the progress of completing the overdue inspections. In November 2013 the Program implemented a new database which is being used to track inspections and licensing actions. This system is utilized in the license writing process as well. This database was a copy of a database being used by another Agreement State Program. The manager of that Agreement State Program helped the Program install and populate the database for their use. In populating the new database the program uncovered additional inspections that were overdue for inspection. At the time of the onsite review, the Program was in the process of completing these overdue Priority 1, 2, 3 and initial inspections. During the April 2014 MRB meeting, the Program reported it had completed all overdue inspections. This recommendation is closed.

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)"

Status: The Program completed the update of its inspection procedures in May 2013 to include the most recent revisions to Inspection Manual Chapter 2800, including the implementation of inspection guidance for NSTS reviews. This recommendation is closed.

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)"

Status: The Program updated its inspection procedures to address performance of Increased Controls security inspections to be at least as frequent as the priority of the license being inspected. The team determined that the Program successfully implemented its procedure related to Increased Controls security inspection frequency and performs Increased Controls security inspections at least as frequently as the priority of the license being inspected. This recommendation is closed.

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)”

Status: The Program performed a causal analysis regarding the deficiencies identified during the NRC accompaniments of the Program inspectors, as documented in Section 3.3 as well as Appendix C of the 2012 IMPEP report dated February 5, 2013. The team verified that the Program formulated corrective actions for the causes identified during this analysis which included completion by inspectors of inspection preparation checklists that are discussed upon and reviewed by management before performance of inspections; and knowledge transfer and discussions of inspection performance and activities amongst staff and management during weekly staff meetings. This recommendation is closed.

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

Status: In August 2013 the Program completed actions to update their medical licensing guidance to include the new regulatory requirements regarding authorized user training and experience, including the need for preceptor attestation. The review team confirmed that license reviewers are implementing the updated guidance. This recommendation is closed.

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)”

Status: Since the previous review, the State devoted two full time employees over two months to identify how many authorized users (AUs), radiation safety officers (RSOs), authorized nuclear pharmacists (ANPs), and/or authorized medical physicists (AMPs) may have been added to a license prior to receiving all necessary credentialing documentation. In addition, the Program performed a search of the Nuclear Materials Events Database (NMED) for any medical events involving the identified authorized users; no events were found. However, due to a prioritization of more immediate health and safety issues within the State, program management decided to collect the appropriate documentation during future amendment, renewal, or notification actions for those licenses listing the identified authorized users. The State’s proposed actions for completion of this activity were submitted in their Program Improvement Plan in response to the 2012 IMPEP report on March 7, 2013 (ML13070A161). The NRC staff approved the Plan and responded to the Georgia Agreement State Program on April 4,

2013 (ML13084A029). In addition, bimonthly calls are being held between the Program and the NRC staff which monitor the State's progress in addressing this and the other recommendations from the previous IMPEP review. The State plans to actively pursue the appropriate credentialing documentation for AUs, RSOs, ANPs, and/or AMPs beginning May 2014. From the casework reviewed, the team confirmed that preceptor attestation statements were reviewed as appropriate for licenses issued during the review period; however the Program is in the process of addressing this on applicable licenses issued since 2008 and at the time of this review, actions have not been completed. This recommendation remains open.

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)"

Status: After the last IMPEP review, the NRC conducted training on the proper completion of pre-licensing activities. Since this training, it has been the State's internal policy to complete this pre-licensing basis for confidence. The review team confirmed that license reviewers are evaluating new license applications and license amendments using a program which incorporates the essential elements of the NRC's revised pre-licensing guidance to verify that the applicant will use requested radioactive materials as intended. This recommendation is closed.

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)"

Status: The team found that the State developed a procedure for the proper reporting of events to the NRC. Training on this procedure was given to the staff in August 2013. From the casework reviewed, the team determined that the State provided notification to the NRC for all events requiring reporting. This recommendation is closed.

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)"

Status: The team found that the State had developed a comprehensive program which addresses all aspects of incident evaluation, handling, response and documentation. Training on this procedure was given to the staff in August 2013. From the files

reviewed, the team determined that the staff is implementing the procedure and taking actions appropriate to the type of incident. The team confirmed that management reviews each case and provides feedback as to whether the action can be closed or if additional action or information is needed. This recommendation is closed.

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 alлегers. (Section 3.5)”

Status: The team found that the State has revised its Allegation procedure to include the proper identification, response and reporting of allegations. Training on this procedure was given to the staff in August 2013. From the files reviewed, the team determined that all three allegations received by the State were properly documented, responded to and reported to the Program manager for further followup actions and closure. This recommendation is closed.

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 2012 IMPEP report).”

Status: Georgia returned its authority for the Sealed Source and Device Program in August 2013; therefore this recommendation is closed.

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)”

Status: Georgia returned its authority for the Sealed Source and Device Program in August 2013; therefore this recommendation is closed.

### 3.0 COMMON PERFORMANCE INDICATORS

Five common performance indicators are used to review 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

Considerations 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 Program’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 nine technical staff members and a program manager totaling approximately 10 full-time equivalents (FTE); this was increased from the 2012 IMPEP review where the staffing plan was 6 technical staff members and a program manager. Five of the nine technical staff members are fully qualified to perform inspection and licensing activities. The other four technical staff members are at various points in the qualification process and program management expects that all staff will be fully qualified by August 2015. Each technical staff member has at least a Bachelor's degree in a physical science and has between 6 months and 18 years of experience with the Program. There were four new hires during the review period. At the time of the last IMPEP review, there were two vacant technical staff positions and one technical staff position was removed. The Program manager left the Program during the current review period and one of the new hires was appointed to this position. There were no vacant positions at the time of the review; however, the team was informed by program management that one technical staff member resigned the week after the IMPEP review. The technical staff who resigned had only been with the program for six months and was not yet a fully qualified inspector or license reviewer. Program management will begin the process to post and fill the vacant position.

The Program updated its formal training and qualification process in June 2013. The new training plan for technical staff is consistent with the requirements in the NRC/Organization of Agreement States Training Working Group Report and the NRC's Inspection Manual Chapter (IMC) 1248, "Formal Qualifications Programs for Federal and State Materials and Environmental Management Programs." Two technical staff members were hired since the process was put into place and both are being trained utilizing the new process. The review team concluded that the Program's documented training program is adequate to carry out its regulatory duties and noted that program management supports the training program.

During the previous IMPEP review, the review team noted significant communication issues between staff and management which affected the ability of the program to manage its health and safety responsibilities. During the current IMPEP review, the team noted that the communication between program management and staff had greatly improved. Several changes were made during the 15 months since the October 2012 IMPEP review, including the appointment of a new program manager and the addition of weekly staff meetings. Program staff consistently stated to the team that they felt more comfortable discussing licensing and inspection questions with fellow staff and program management, and that they felt more like a team instead of individuals.

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.

### 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 Program'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 verified that the Program's inspection frequencies for all types of radioactive material licenses are at least as frequent as similar license types listed in IMC 2800, "Materials Inspection Program." In addition, the review team confirmed the Program is conducting Increased Controls inspections in conjunction with routine health and safety inspections.

The Program reported that it conducted approximately 70 high priority (Priority 1, 2, and 3) inspections during the review period, based on the inspection frequencies established in IMC 2800. Thirty of these inspections were conducted overdue by more than 25 percent of the inspection frequency prescribed in IMC 2800. In addition, the Program performed 21 initial inspections during the review period, 13 of which were conducted overdue. As required by IMC 2800, initial inspections need to be conducted within 12 months of license issuance. Twelve inspections, both high priority and initial, were overdue at the time of the review. The Program is in the process of working off an inspection backlog that was identified during the previous IMPEP review. Based on a recommendation from the previous IMPEP review the Program installed a new database to help track inspections to ensure that they are not conducted past their due date. In populating this database, the Program discovered additional inspections that were overdue which added to the backlog. The Program manager stated that the Program would be caught up on all overdue inspections by the MRB meeting, and reported at the April 2014 MRB meeting that the Program was current on inspections. Overall, the review team calculated that the Program performed 53 percent of its inspections overdue during the review period. The review team evaluated the Program's timeliness in providing inspection findings to licensees. A sampling of 15 inspection reports indicated that 2 inspection findings were communicated to the licensees greater than the Program's goal of 30 days after the inspection. One report had violations associated with the inspection and was sent out two months after the inspection, and the other report had no violations associated with the inspection and was sent out four months after the inspection.

During the review period, the Program granted 26 reciprocity permits. The review team determined that the Program inspected approximately 19 percent of candidate licensees operating under reciprocity in the year covered by the review period. This is below the NRC's criteria of inspecting 20 percent of candidate licensees operating under reciprocity as stated in IMC 1220, "Processing of NRC Form 241 and Inspection of Agreement State licensees Operating under 10 CFR 150.20."

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 unsatisfactory.

### 3.3 Technical Quality of Inspections

The review team evaluated the inspection reports, enforcement documentation, inspection field notes, and interviewed 5 of the 10 inspectors for 15 radioactive materials inspections conducted during the review period. The casework reviewed covered inspections of various license types: medical broad scope, medical institutions-therapy including high dose rate remote afterloader

(HDR), unsealed radioiodine therapy, permanent implant brachytherapy, radionuclide production (cyclotron), medical-diagnostic, portable gauges, industrial radiography, self-shielded irradiators, gamma knife, nuclear pharmacy, HDR mobile medical services, nuclear laundry, academic broad scope, manufacturing and distribution and Increased Security Controls for Large Quantities of Radioactive Materials (Increased Controls).

The inspection procedures utilized by the Program are consistent with the inspection guidance outlined in IMC 2800. An inspection report is completed by the inspectors which is then discussed and reviewed by the Program Manager prior to the issuance of inspection results to the licensee.

Based on the evaluation of casework, the review team noted that inspections covered all aspects of the licensee's radiation safety programs, the documentation supported recommendations made to licensees, unresolved safety issues, the effectiveness of corrective actions taken to resolve previous violations and discussions held with licensees during exit interviews. The team found that inspection findings were appropriate, clearly stated and documented, and prompt regulatory actions were taken, as necessary. Inspection findings were documented in the reports and sent to the licensees with the appropriate letter detailing the results of the inspection in 9 of the 15 files. In 6 of the 15 case files reviewed, the team determined that the inspectors did not follow the Program's procedures for the classification and documentation of violations including the determination of the frequency of the next inspection, the reason for not inspecting temporary job sites, and specifics of the violations cited. Although the Program's inspection procedures discuss what action to take for different severity level violations, the Program had not completed or fully utilized its procedure for assigning severity level or seriousness of violations. Appendix C lists the inspection casework files reviewed, with case-specific comments, as well as the results of the inspector accompaniments. The Program has been working on revising its enforcement policy and procedure that includes how severity levels may be assigned and additional actions necessary dependent on the severity level. The Program issues to the licensee, either a letter indicating a clear inspection or a Notice of Violation (NOV), in letter format, which details the results of the inspection. When the Program issues an NOV, the licensee is asked by the Program to provide a written corrective action plan based on the violations cited, within 30 days. All findings are reviewed by the Program Manager.

The Program made considerable efforts to develop and update its inspection procedures in May 2013 to be equivalent to IMC 2800. The Program provided training to staff on the updated inspection procedures on July 23, 2013, and plans to review its inspection procedures at six month intervals. From discussions with Program management, the team determined that the Program has not had enough time to address complete implementation of its inspection procedures, including ensuring that inspectors conduct performance-based inspections and other performance issues that were identified during the inspector accompaniments detailed later in this section of the report. Program management discussed the results of the causal analysis performed in response to the previous IMPEP recommendation. The team verified that the Program formulated corrective actions for the causes identified during this analysis which included completion by inspectors of inspection preparation checklists that are discussed upon and reviewed by management before performance of inspections; and knowledge transfer and discussions of inspection performance and activities amongst staff and management during weekly staff meetings.

Accompaniments of six Program inspectors were conducted by an IMPEP team member during the weeks of August 5 and December 16, 2013. A re-accompaniment of one inspector was performed by another team member on November 6, 2013. The inspectors were accompanied during health and safety and security inspections of medical institutions with therapy [high dose rate remote afterloader (HDR) and permanent brachytherapy], industrial radiography, self-shielded irradiator, nuclear laundry and PET production and distribution (cyclotron-pharmacy). The accompaniments, with case specific comments, are identified in Appendix C. During the accompaniments, three of the six inspectors demonstrated appropriate inspection techniques. During two of the three medical inspection accompaniments, the team member found that the inspectors did not verify whether the licensee had any medical events through examination of the written directives (prescribed vs. administered dose). The inspectors were unaware of the revised IMC 2800 Inspection Procedure (IP) 87132 issued in April 2012 which addresses this issue. One of the inspectors had just been qualified to perform brachytherapy inspections. In addition, when one of the inspectors questioned the authorized medical physicist (AMP) about how he verifies if any medical events occurred, he stated that he was unaware of this requirement, and further added that he had never been inspected on this before. This AMP is authorized on multiple licenses which perform brachytherapy treatments. The team member determined that this inspector did not possess the training and experience necessary to be qualified to perform brachytherapy inspections. It was noted during the MRB meeting that this inspector had left the Program after the review. During an accompaniment of the other medical-therapy inspection (HDR remote afterloader), the inspector failed to respond immediately to a security breach in which it appeared that the licensee had allowed unescorted access to personnel who did not have the appropriate trustworthy and reliability clearance. The Program requested that this inspector be re-accompanied. Another team member performed an accompaniment of this inspector during an HDR inspection in November 2013. The team member found that the inspector examined appropriate records to confirm that no medical events had occurred; however, the team member noted that the inspector would benefit from additional brachytherapy training. During an accompaniment of a PET production pharmacy, the team member found that the inspector missed valuable opportunities to evaluate the licensee's performance while activities were ongoing. The inspector instead focused on the inspection checklist. As stated previously, the Program revised its inspection procedures in accordance with IMC 2800 which requires performance-based inspections. The team determined that the inspectors need to implement IMC 2800 which requires performance-based inspections. The team also advised program management that these inspectors would benefit from attending the newly revised brachytherapy training course. Overall, the team did not identify any missed health and safety issues during the accompaniments, and determined that the inspections were adequate to assess radiological health and safety and security at the licensed facilities. The review team recommends that the State: (1) implement its inspection procedures to ensure that inspectors document the reason for missing temporary job site inspections; document details and circumstances of violations in inspection reports and NOVs; consider an increase in inspection frequency for serious violations and conduct performance based inspections; and (2) complete its enforcement procedure for assigning severity levels of violations. The team discussed with Program managers the effectiveness of the corrective actions taken as a result of the previous causal analysis, as performance issues with inspectors were also identified as part of this review. The managers believe that constant reinforcement of procedures and expectations through training and the weekly staff meetings will, over time, result in improved performance.

The review team found that accompaniments of inspectors by supervisors were not conducted annually for all inspectors during the review period. Two of the six qualified inspectors were not accompanied; these included one inspector for whom an NRC inspector performed an accompaniment and an inspector who had briefly left and subsequently returned to the Program. The review team discussed with Program management the importance of performing annual supervisory accompaniments systematically to assess performance and assure application of appropriate and consistent policies and guides. The Program Manager committed to perform supervisory accompaniments beginning in 2014, of all qualified inspection staff.

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 and a mobile laboratory having a liquid scintillation counter, high purity germanium detectors, and gas proportional alpha/beta counters. Instruments are calibrated at least annually, or as needed, by persons specifically licensed to perform instrument calibrations that use National Institute of Standards and Technology traceable sources.

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 satisfactory, but needs improvement.

#### 3.4 Technical Quality of Licensing Actions

The review team examined completed licensing casework and interviewed license reviewers for 18 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 signature authority.

The licensing casework was selected to provide a representative sample of licensing actions completed during the review period. Licensing actions selected for evaluation included four new licenses, six amendments, six renewals, and two termination actions. Files reviewed included a cross-section of license types: medical with and without written directive required, industrial radiography, mobile nuclear medicine, gamma stereotactic radiosurgery, research and development, nuclear pharmacy, fixed and portable gauges, manufacturer and distributor generally licensed devices, and brachytherapy. The casework sample represented work from all current license reviewers. A list of the licensing casework evaluated is provided in Appendix D.

The Program has nine full time license reviewer staff positions. Currently there are seven license reviewers with signature authority. New license reviewers who are working on getting signature authority for licensing casework utilize a qualification journal and are assigned a mentor who eventually provides signature on the action. Mentored work is subject to an

independent secondary review by someone else with signature authority. Licensing actions are assigned by administrative and managerial staff directly to the license reviewer. After the initial technical review is completed, the action will undergo a peer review. The action is then processed and logged into an electronic tracking system. Since the last IMPEP review the Program has installed and is implementing a new system/database to process its licenses which the Program reports has improved the transparency of licensing work and is proving to be extremely useful in holding staff accountable for their work products.

The Program's licensing metric for new and renewal licensing actions is that they be completed within six weeks of receipt; amendments and terminations are to be completed within four weeks of receipt; and notifications are to be completed within two weeks of receipt. License tie-down conditions, including security requirements, were stated clearly and were inspectable. Deficiency letters were usually sent via email and follow-up telephone calls were made and documented, as appropriate. 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. As of August 2013, the Program has completed actions to update its medical licensing guidance to include the new regulatory requirements regarding authorized user training and experience, including the need for preceptor attestation. In response to the recommendation made during the last IMPEP review regarding licensing actions which authorized physician users on the license without proper documentation to verify the training, experience, and preceptor attestation, the State devoted two full time employees over two months to identify how many authorized users (AUs), radiation safety officers (RSOs), authorized nuclear pharmacists (ANPs), and/or authorized medical physicists (AMPs) may have been added to a license prior to receiving all necessary credentialing documentation. In addition, the Program performed a search of the NMED database for any medical events involving the identified authorized users; no events were found. However, due to a prioritization of more immediate health and safety issues within the State, program management decided to collect the appropriate documentation during future amendment, renewal, or notification actions for those licenses listing the identified authorized users. The State's proposed actions for completion of this activity were submitted in their Program Improvement Plan in response to the 2012 IMPEP report, on March 7, 2013 (ML13070A161). The NRC staff approved the Plan and responded to the Georgia Agreement State Program on April 4, 2013 (ML13084A029). In addition, bimonthly calls are being held between the Program and the NRC staff which monitor the State's progress in addressing this and the other recommendations from the previous IMPEP review. The State plans to actively pursue the appropriate credentialing documentation for AUs, RSOs, ANPs, and/or AMPs beginning May 2014. The review team noted that the casework reviewed demonstrated that license reviewers were implementing this requirement currently.

The review team confirmed that license reviewers are evaluating new license applications and license amendments using a three-step program which incorporates the essential elements of the NRC's revised pre-licensing guidance to verify that the applicant will use requested radioactive materials as intended. The team reviewed four new licenses and confirmed that all received a pre-licensing visit. In addition, as specified in its Performance Improvement Plan and Progress Report, the Program has updated its procedures and implemented the pre-licensing

guidance for all licensing actions to ensure consistency with 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." As the Program has not completed all actions to address the previous recommendation regarding the implementation of pre-licensing guidance for all licensing actions, the team, as directed by the MRB, recommends that the Georgia Program finalize the pre-licensing procedure and provide training to staff on the revised procedure.

The review team found that the program's licensing procedures covering "Additional Information Requests and Timely Filed Notices" and "Identifying, Marking, and Securing of Increased Controls (IC) Documents" have been instituted and licenses are being reviewed to ensure these licensing procedures are being followed accordingly. The team found examples of administrative errors (typos, incorrect dates, missing cover letters, etc.) in half of the licenses reviewed; however, these were of minor health and safety significance. As noted previously, the Program has installed a new licensing system which, once implemented, will help to reduce the amount of errors in the licenses.

The review team found that the Program is in the process of 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".

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.

### 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 Program's response to the questionnaire relative to this indicator, evaluated incidents reported for Georgia in the Nuclear Material Events Database (NMED) against those contained in the Program's files, and evaluated the casework for 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 three allegations involving radioactive materials, none of which were referred to the State by the NRC during the review period.

The review team identified 11 radioactive material incidents in NMED for Georgia during the review period; one of which was incorrectly categorized and did not require reporting. The team examined the Program's non-reportable incidents and found them to be correctly categorized as non-reportable. The review team evaluated all 10 radioactive material incidents. The incidents included several categories: lost/stolen radioactive material, potential overexposure, medical event, damaged equipment and leaking sources. The review team determined that the Program's response to incidents was complete and comprehensive. Initial responses were prompt and well-coordinated, and the level of effort was commensurate with the health and safety significance. The Program dispatched inspectors for on-site investigations in three of the cases reviewed and took suitable enforcement and follow-up actions. If the incident met the reportability thresholds, as established in the Office of Federal and State Materials and

Environmental Management Programs (FSME) Procedure SA-300 "Reporting Material Events," the State notified the NRC Headquarters Operations Center and entered the information into NMED, in a prompt manner in all but two of the incidents that required reporting; both of these incidents involved leaking sources (i.e. 4 and 26 days late). Program management acknowledged this oversight and committed to reporting all events involving leaking sources in a timely manner.

The review team examined the Program's implementation of its incident and allegation processes, including written procedures for handling allegations and incident response, file documentation, notification of incidents to the NRC Headquarters Operations Center, and the use of NMED software. The team found that the Program developed comprehensive procedures which address all aspects of incident and allegation evaluation, handling, response and documentation. Training on this procedure was given to the staff in August 2013. From the files reviewed, the team determined that the staff is implementing the procedure and taking actions appropriate to the type of incident. The team confirmed that management reviews each case and provides feedback as to whether the action can be closed or if additional action or information is needed. When notification of an incident or an allegation is received, the procedure requires staff to complete a Complaint Tracking System (CTS) Form with details describing the incident/allegation and to notify the Program manager who determines the appropriate level of response.

In evaluating the effectiveness of the Program's response to allegations, the review team evaluated the completed casework for all three allegations received during the review period. The review team concluded that the Program took prompt and appropriate actions in response to concerns raised. The review team noted that the Program documented the investigations of concerns and retained all necessary documentation to appropriately close the allegations. The Program notified the concerned individuals of the conclusion of their investigations. The Georgia Open Records Act does not permit the Program to protect alleege's identities; staff is instructed to advise concerned individuals not to provide their name or contact information if they wish to remain anonymous.

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 satisfactory.

#### 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. In addition, the State returned its authority for the Sealed Source and Device Program in August 2013; therefore, only the first non-common performance indicator 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.

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. 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 the Program'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, the Program submitted five final regulation amendments to the NRC for a compatibility review. Four of the five amendments were adopted overdue. Those four amendments were overdue at the time of the last IMPEP review and the Program adopted them during this review period as part of its corrective actions from the last IMPEP 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, there were no amendments overdue for adoption. A complete list of regulation amendments can be found on the NRC website at the following address: [http://nrc-stp.ornl.gov/rss\\_regamendents.html](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.

## 5.0 SUMMARY

As noted in Sections 3.0 and 4.0 above, Georgia's performance was found satisfactory for the performance indicators Technical Staffing and Training, Technical Quality of Licensing Actions, Technical Quality of Incident and Allegation Activities and Compatibility Requirements; satisfactory, but needs improvement for the indicator, Technical Quality of Inspections; and unsatisfactory for the indicator, Status of the Materials Inspection Program. Since the last IMPEP review, four of the indicators have improved; one indicator has been downgraded, Status of the Materials Inspection Program; and one indicator has stayed the same, Compatibility Requirements.

The review team made one new recommendation regarding program performance by the State for the indicator, Technical Quality of Inspections. Of the twelve recommendations made during the 2012 IMPEP review, the team determined that two recommendations for the indicator Technical Quality of Licensing Actions should remain open since actions to address these recommendations are in progress; however, the MRB directed that one of the recommendations regarding the implementation of pre-licensing procedures be closed as the team determined that the Georgia Program is implementing the pre-licensing guidance. The MRB directed instead that a new recommendation be added for the State to formally write the pre-licensing guidance into its official licensing procedures and provide training to the staff. The team determined, and the MRB agreed, that eight of the recommendations from the 2012 IMPEP review regarding program performance for the indicators, Status of the Materials Inspection Program, Technical Quality of Inspections and Technical Quality of Incident and Allegation Activities, can be closed. The two recommendations regarding the Sealed Source and Device program are no longer applicable, and are closed, as the authority for this program was returned by the State to the NRC in August 2013.

Accordingly, the review team recommended, and the MRB agreed, that the Program is adequate to protect public health and safety, but needs improvement, and is compatible with the NRC's program. Due to the State's significant progress in addressing previous recommendations, the noted improvement in staff and management communications, and the strong commitment from Program management to continue to improve performance as evidenced by the actions taken since the last IMPEP review including the replacement of the Program manager and the additional resources allocated for staffing, the review team recommended, and the MRB agreed, that the Program be removed from Probation and placed on Heightened Oversight. The MRB noted that the Commission will make the final decision regarding discontinuance of probation for the Georgia Program.

The review team recommended, and the MRB agreed, that the next IMPEP review take place in approximately two years from the Management Review Board meeting, and that a periodic meeting be held in approximately one year from this IMPEP review to assess the State's sustained performance and progress. The MRB directed that the periodic meeting include a focused review of the State's inspection program, specifically inspector accompaniments and implementation of inspection procedures, and progress in addressing the performance issues identified in the report.

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: (1) implement its inspection procedures to ensure that inspectors document the reason for missing temporary job site inspections; document details and circumstances of violations in inspection reports and NOVs; consider a reduction in inspection frequency for serious violations and conduct performance based inspections; and (2) complete its enforcement procedure for assigning severity levels of violations. (Section 3.3)
2. 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, kept open from 2012 IMPEP)
3. The review team recommends that the State finalize its procedure for pre-licensing requirements and provide training to the staff on the revised procedure. (Section 3.4)

## LIST OF APPENDICES

Appendix A	IMPEP Review Team Members
Appendix B	Georgia Organization Charts
Appendix C	Inspection Casework Reviews
Appendix D	License Casework Reviews
Appendix E	Incident Casework Reviews

APPENDIX A

IMPEP REVIEW TEAM MEMBERS

<b>Name</b>	<b>Area of Responsibility</b>
Michelle Beardsley, FSME	Team Leader Technical Quality of Incident and Allegation Activities Inspection accompaniments
Monica Ford, Region I	Technical Staffing and Training Status of Materials Inspection Program Compatibility Requirements
Joshua Daehler, Massachusetts	Technical Quality of Inspections
Jackie Cook, Region IV	Technical Quality of Licensing Actions
Bryan Parker, Region III	Inspection accompaniment

APPENDIX B

GEORGIA ORGANIZATION CHARTS

ADAMS ACCESSION NO.: ML14014A075

## APPENDIX C

### INSPECTION CASEWORK REVIEWS

NOTE: CASEWORK LISTED WITHOUT COMMENT IS INCLUDED FOR COMPLETENESS.

File No.: 1

Licensee: Unitech Services Group, Inc.  
Inspection Type: Routine, Unannounced  
Inspection Date: 8/8/13

License No.: 894-1  
Priority: 3  
Inspectors: KR; TC

Comments:

- a.) The violation cited a commitment made by the licensee that was misinterpreted by the Program.
- b.) The details of violation documented by inspectors did not match the licensee's commitment cited.

File No.: 2

Licensee: PETNET Solutions, Inc.  
Inspection Type: Routine, Unannounced  
Inspection Date: 12/18/13

License No.: 1475-1  
Priority: 2  
Inspectors: JM; KR

Comments:

- a.) Contrary to Program's inspection procedures and IMC 2800, inspectors did not document details and circumstances of violation, when violation occurred and who was involved.
- b.) Violation transmitted to licensee identified problem related to bill of lading whereas Inspectors documented problem related to emergency procedures without identification of any bill of lading. It is not clear how the documented problem of the emergency procedures evolved to a violation involving the bill of lading.

File No.: 3

Licensee: Monroe HMA, Inc. d/b/a Clearview Regional Medical Center  
Inspection Type: Routine, Announced  
Inspection Date: 12/17/13

License No.: 648-1  
Priority: 3  
Inspectors: TC; JO

File No.: 4

Licensee: Atlanta Outpatient Surgery Center  
Inspection Type: Routine, Unannounced  
Inspection Date: 12/19/13

License No.: 1325-1  
Priority: 3  
Inspector: QT

Comments:

- a.) Contrary to Program's inspection procedures and IMC 2800, inspector did not document details and circumstances of the cited violation, when requirement was violated and who was involved.
- b.) The non-cited violation identified a reporting requirement whereas problem resulted from the licensee's lack of knowledge of reporting requirement.

File No.: 5

Licensee: Metals & Materials Engineers, LLC  
Inspection Type: Initial, Announced  
Inspection Date: 8/7/13

License No.: 1643-1  
Priority: 1  
Inspectors: EJ; IB

Comment: Contrary to Program's inspection procedures and IMC 2800, inspectors did not document explanation for missing temporary job site inspection.

File No.: 6

Licensee: Metals & Materials Engineers, LLC  
Inspection Type: Special, Announced  
Inspection Date: 2/22/13

License No.: 1643-1  
Priority: 1  
Inspector: IB

File No.: 7

Licensee: St. Joseph's Hospital  
Inspection Type: Routine, Unannounced  
Inspection Date: 8/9/13; 9/5/13

License No.: 296-4  
Priority: 2  
Inspectors: IB; DC; AM

Comment: Inspection letter was issued 60 days after inspection was completed.

File No.: 8

Licensee: St. Joseph's Hospital  
Inspection Type: Routine, Unannounced  
Inspection Date: 7/10/13

License No.: 296-6  
Priority: 2  
Inspectors: KR; QT

File No.: 9

Licensee: Harbin Clinic Radiation Oncology  
Inspection Type: Routine, Unannounced  
Inspection Date: 11/6/13

License No.: 1411-1  
Priority: 2  
Inspectors: IB; QT

File No.: 10

Licensee: Radiotherapy Clinics of Georgia  
Inspection Type: Special, Unannounced  
Inspection Date: 12/18/13

License No.: 848-5  
Priority: 2  
Inspector: TC

File No.: 11

Licensee: Professional Service Industries, Inc.  
Inspection Type: Special, Announced  
Inspection Date: 6/14/13

License No.: 629-1  
Priority: 5  
Inspector: DC

Comment: Contrary to Program's inspection procedures, the Program did not schedule and conduct another inspection within six months of the escalated enforcement action, issuance of severity level II violation.

File No.: 12

Licensee: H & H X-Ray Services, Inc.  
Inspection Type: Reciprocity, Unannounced  
Inspection Date: 10/25/13

License No.: LA-2970-L01  
Priority: 1  
Inspector: KR

File No.: 13

Licensee: Georgia Institute of Technology  
Inspection Type: Routine, Announced  
Inspection Date: 2/27/13; 2/28/13

License No.: 147-1  
Priority: 3  
Inspectors: IB; DC

File No.: 14

Licensee: Acuren Inspection, Inc.  
Inspection Type: Routine, Announced  
Inspection Date: 1/31/13

License No.: 1115-1  
Priority: 1  
Inspectors: EJ; TC

Comment: Contrary to Program's inspection procedures and IMC 2800, inspectors did not document explanation for missing temporary job site inspection.

File No.: 15

Licensee: Honeywell International, Inc.  
Inspection Type: Routine, Unannounced  
Inspection Date: 2/15/13

License No.: 832-1  
Priority: 5  
Inspectors: EJ; FN

#### INSPECTOR ACCOMPANIMENTS

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

Accompaniment No.: 1

Licensee: Metals and Materials Engineers  
Inspection Type: Initial, Unannounced, Special  
Inspection Date: 8/7/13

License No.: 1643-1  
Priority: 1  
Inspectors: EJ, IB

Accompaniment No.: 2

Licensee: Unitech Services Group, Inc.  
Inspection Type: Routine, Unannounced  
Inspection Date: 8/8/13

License No.: 894-1  
Priority: 3  
Inspectors: KR, IB

Accompaniment No.: 3

Licensee: St. Joseph's Regional Medical Ctr.  
Inspection Type: Routine, Unannounced, Special  
Inspection Date: 8/9/13

License No.: 296-4  
Priority: 2  
Inspectors: IB, DC

Comment: Inspector was not knowledgeable of revised inspection procedure IP 87132.

Accompaniment No.: 4

Licensee: Clearview Regional Medical Ctr.

Inspection Type: Routine, Unannounced

Inspection Date: 12/17/13

License No.: 648-1

Priority: 3

Inspector: TC

Accompaniment No.: 5

Licensee: PETNET Solutions, Inc.

Inspection Type: Routine, Unannounced

Inspection Date: 12/18/13

License No.: 1475-1

Priority: 2

Inspectors: JM, KR

Comment: Inspector did not perform a performance-based inspection as required by IMC 2800 and the Program's inspection procedures.

Accompaniment No.: 6

Licensee: Atlanta Outpatient Surgery Ctr.

Inspection Type: Routine, Unannounced

Inspection Date: 12/19/13

License No.: 1325-1

Priority: 3

Inspectors: QT, JM

Comment: Inspector was not knowledgeable of revised inspection procedure IP 87132.

Accompaniment No.: 7

Licensee: Harbin Clinic Radiation Oncology

Inspection Type: Routine, Unannounced

Inspection Date: 11/6/13

License No.: 1411-1

Priority: 3

Inspector: IB

## APPENDIX D

### LICENSE CASEWORK REVIEWS

NOTE: CASEWORK LISTED WITHOUT COMMENT IS INCLUDED FOR COMPLETENESS.

File No.: 1 Licensee: Nuclear Medicine Professionals, Inc. Type of Action: Amendment Date Issued: 10/18/13	License No.: 1631-1 Amendment No.: 01 License Reviewer: IB
File No.: 2 Licensee: Acuren Inspection, Inc. Type of Action: Amendment Date Issued: 1/7/14	License No.: 1115-1 Amendment No.: 17 License Reviewer: TC
File No.: 3 Licensee: Nuclear Medicine Professionals, Inc. Type of Action: New Date Issued: 11/9/12	License No.: 1631-1 Amendment No.: N/A License Reviewer: IB
File No.: 4 Licensee: Cemex, Inc. Type of Action: Amendment Date Issued: 12/3/13	License No.: 433-1 Amendment No.: 21 License Reviewer: KR
File No.: 5 Licensee: Imerys Kaolin, Inc. Type of Action: Renewal Date Issued: 12/30/13	License No.: 903-1 Amendment No.: 28 License Reviewer: TC
File No.: 6 Licensee: Schnabel Engineering South, LLC Type of Action: Renewal Date Issued: 9/24/13	License No.: 1360-1-1 Amendment No.: 08 License Reviewer: IB
File No.: 7 Licensee: Lewis Hall Singletary Oncology Center Type of Action: Renewal Date Issued: 11/18/13	License No.: 78-2 Amendment No.: 07 License Reviewer: KR
File No.: 8 Licensee: PETNET Solutions, Inc. Type of Action: Amendment Date Issued: 9/6/13	License No.: 1475-1 Amendment No.: 13 License Reviewer: JO

File No.: 9

Licensee: Landis International, Inc.  
Type of Action: Renewal  
Date Issued: 11/20/12

License No.: 941-1  
Amendment No.: 14  
License Reviewer: KR

File No.: 10

Licensee: St. Joseph's Hospital  
Type of Action: Amendment  
Date Issued: 10/7/13

License No.: 296-6  
Amendment No.: 08  
License Reviewer: JO

File No.: 11

Licensee: ECS Southeast, LLC  
Type of Action: Renewal  
Date Issued: 12/6/13

License No: 1335-1  
Amendment No.: 14  
License Reviewer: JM

File No.: 12

Licensee: Golder Associates, Inc.  
Type of Action: Renewal  
Date Issued: 11/4/13

License No.: 1205-1  
Amendment No.: 12  
License Reviewer: QT

File No.: 13

Licensee: Havells USA  
Type of Action: New  
Date Issued: 6/21/13

License No.: 1611-1  
Amendment No.: N/A  
License Reviewer: EJ

File No.: 14

Licensee: Urology Specialist Surgery Center  
Type of Action: New  
Date Issued: 7/8/13

License No: 1639-1  
Amendment No.: N/A  
License Reviewer: KR

File No.: 15

Licensee: Radiotherapy Clinics of GA  
Type of Action: Termination  
Date Issued: 11/7/12

License No.: 848-4  
Amendment No.: N/A  
License Reviewer: TC

File No.: 16

Licensee: Givinette Heart Specialists  
Type of Action: New  
Date Issued: 5/1/13

License No.: 1645-1  
Amendment No.: N/A  
License Reviewer: IB

File No.: 17

Licensee: Lewis Hall Singletary Oncology Center  
Type of Action: Amendment  
Date Issued: 11/18/13

License No: 78-2  
Amendment No.: 07  
License Reviewer: KR

File No.: 18  
Licensee: Paper Making Controls Services  
Type of Action: Termination  
Date Issued: 10/28/13

License No.: 1430-1  
Amendment No.: N/A  
License Reviewer: EJ

## APPENDIX E

### INCIDENT CASEWORK REVIEWS

NOTE: CASEWORK LISTED WITHOUT COMMENT IS INCLUDED FOR COMPLETENESS.

File No.: 1

Licensee: Georgia Institute of Technology

Date of Incident: 12/6/12

Investigation Date: 12/19/12

License No.: 0147-1

NMED No.: 120728

Type of Incident: Leaking source

Type of Investigation: Telephone/report

Comment: The State did not report this event to the NRC within 24 hrs. as required (4 days late).

File No.: 2

Licensee: Cardinal Health Radiopharmacy

Date of Incident: 9/23/13

Investigation Date: 10/9/13

License No.: 1609-1

NMED No.: 130459

Type of Incident: Possible overexposure

Type of Investigation: Site

File No.: 3

Licensee: Professional Services Industries

Date of Incident: 4/24/13

Investigation Date: 5/2/13

License No.: 0629-1

NMED No.: 130217

Type of Incident: Lost RAM

Type of Investigation: Telephone

File No.: 4

Licensee: Pet Imaging

Date of Incident: 3/28/13

Investigation Date: 6/20/13

License No.: 1429-1

NMED No.: 130330

Type of Incident: Leaking source

Type of Investigation: Telephone

Comment: The State did not report this event to the NRC within 24 hrs. as required (26 days late).

File No.: 5

Licensee: Piedmont Hospital

Date of Incident: 8/7/13

Investigation Date: 8/9/13

License No.: 0292-1

NMED No.: 130361

Type of Incident: Medical event

Type of Investigation: Telephone

File No.: 6

Licensee: Radiotherapy Clinics of Georgia

Date of Incident: 12/16/13

Investigation Date: 12/16/13

License No.: 848-5

NMED No.: 140002

Type of Incident: Medical event

Type of Investigation: Site

File No.: 7

Licensee: GE Healthcare

Date of Incident: 12/16/13

Investigation Date: 12/16/13

License No.: N/A (Illinois licensee)

NMED No.: 140006

Type of Incident: Lost RAM

Type of Investigation: Telephone

File No.: 8

Licensee: Arizona Chemical

Date of Incident: 12/9/13

Investigation Date: 12/16/13

License No.: GL

NMED No.: 140039

Type of Incident: Equipment malfunction

Type of Investigation: Telephone/report

File No.: 9

Licensee: NOVA Engineering and Environmental

Date of Incident: 1/14/14

Investigation Date: 1/14/14

License No.: 1323-1

NMED No.: 140040

Type of Incident: Stolen RAM

Type of Investigation: Telephone

File No.: 10

Licensee: The PQ Corporation

Date of Incident: 1/16/14

Investigation Date: 1/16/14

License No.: 976-1

NMED No.: 140048

Type of Incident: Equipment malfunction

Type of Investigation: Telephone

April 2, 2014 letter from Judson H. Turner  
Georgia's Response to the Draft Report  
ADAMS Accession No.: ML14093A580



UNITED STATES  
**NUCLEAR REGULATORY COMMISSION**  
WASHINGTON, D.C. 20555-0001

May 30, 2014

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

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

Brian E. Holian, Acting Director  
Office of Federal and State Materials  
and Environmental Management Programs

Darrell J. Roberts, Deputy Regional Administrator  
Region III

FROM: Michelle R. Beardsley, Health Physicist */RA/*  
Division of Materials Safety and State Agreements  
Office of Federal and State Materials  
and Environmental Management Programs

SUBJECT: MINUTES: APRIL 15, 2014 GEORGIA  
MANAGEMENT REVIEW BOARD (MRB) MEETING

Enclosed are the minutes of the MRB meeting held on April 15, 2014. If you have comments or questions, please contact me at (610) 337-6942.

Enclosure: Meeting Minutes

cc w/encl.: Lee Cox, NC  
Organization of Agreement States  
Liaison to the MRB

Management Review Board Members

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MFord, RI

JCook, RIV

BParker, RIII

JDaehler, MA

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DCrowley, GA

KBentley, GA

CMueller, GA

DJanda, RI

RErickson, RIV

BTharakan, RIV

JKatanic, FSME

JLynch, RIII

PLouden, RIII

MStephens, FL

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JWeil, OCA (2 copies)

ML14149A465

<b>OFFICE</b>	FSME/MSSA
<b>NAME</b>	MBeardsley via email
<b>DATE</b>	05/30/14

**OFFICIAL RECORD COPY**

MINUTES: MANAGEMENT REVIEW BOARD MEETING OF April 15, 2014

The attendees were as follows:

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

Michael Weber, MRB Chair, DEDMRT	Duncan White, FSME
Brian Holian, MRB Member, FSME	Lisa Dimmick, FSME
Bradley Jones, MRB Member, OGC	Laura Dudes, FSME
Michelle Beardsley, Team Leader, FSME	Monica Ford, Team Member, Region I
Joseph Nick, OEDO	Judson Turner, GA
Jack Foster, OEDO	Keith Bentley, GA
David Crowley, GA	Chuck Mueller, GA

By videoconference:

Darrell Roberts, MRB Member, Region III	Jackie Cook, Team Member, Region IV
---	-------------------------------------

By telephone:

Lee Cox, MRB Member, NC	Joshua Daehler, Team Member, MA
James Clifford, Region I	Donna Janda, Region I
David Lew, Region I	Randy Erickson, Region IV
Binesh Tharakan, Region IV	Janine Katanic, FSME
Pat Loudon, RIII	Jim Lynch, RIII
Bob Dansereau, NY	Michael Stephens, FL
Ruth Thomas, no affiliation noted	

- 1. Convention.** Ms. Lisa Dimmick convened the meeting at 1:03 p.m. (ET). She noted that this Management Review Board (MRB) meeting was open to the public; several members of the public identified themselves by name and affiliation as noted above. Ms. Dimmick then transferred the lead to Mr. Michael Weber, Chair of the MRB. Introductions of the attendees were conducted.
- 2. Georgia IMPEP Review.** Ms. Michelle Beardsley, Team Leader, led the presentation of the Georgia Integrated Materials Performance Evaluation Program (IMPEP) review results to the MRB. She summarized the review and the team's findings for the six indicators reviewed. The on-site review was conducted by a review team composed of technical staff members from the NRC and the Commonwealth of Massachusetts during the period of January 27 – February 10, 2014. A draft report was issued to the State for factual comment on March 5, 2014. The State responded to the review team's findings by letter dated April 2, 2014. The last IMPEP review for Georgia was conducted in October 2012. Ms. Beardsley noted that there were 12 recommendations made during the previous IMPEP review. She reported that the team recommended that 8 of the 12 recommendations be closed; 2 be kept open and that 2 of the recommendations regarding the Sealed Source and Device (SS&D) Program be closed as the Georgia Agreement State Program (the Program) returned its authority for a SS&D program to the NRC in August 2013. Ms. Beardsley stated that the review team is recommending to the MRB that the Program is adequate to protect public health and safety, but needs

improvement, and is compatible with the NRC's program. She further noted that due to the State's significant progress in addressing all previous recommendations, the noted improvement in staff and management communications, and the strong commitment from Program management to continue to improve performance as evidenced by the actions taken since the last IMPEP review including the replacement of the Program manager and the additional resources allocated for staffing, the review team recommends that the Program be removed from Probation and placed on Heightened Oversight.

**Common Performance Indicators.** Ms. Monica Ford 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. Ms. Ford noted that at the time of the IMPEP review, the Georgia Program was fully staffed, with five of the nine technical staff members fully qualified to perform inspection and licensing activities. The Georgia Program Manager informed the MRB that two technical staff members had left the program since the review. The Manager informed the NRC that the Program is in the process of hiring new staff and added that they had many qualified applicants apply for the positions. Ms. Ford noted that the Program updated its formal training and qualification process in June 2013 and that the review team concluded that the Program's documented training program is sufficient to carry out its regulatory duties. Ms. Ford reported that since the 2012 IMPEP review, the team noted improved communication between management and staff which the team determined was due to the appointment of a new program manager and the addition of weekly staff meetings.

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.

Ms. Monica Ford presented the findings regarding the common performance indicator, *Status of Materials Inspection Program*. Her presentation corresponded to Section 3.2 of the proposed final IMPEP report. Ms. Ford reported that the Program performed 53 percent of high priority and initial inspections overdue during the review period. Ms. Ford noted the Program was in the process of reducing the backlog of overdue inspections identified during the previous IMPEP review. She stated that the Program had installed a new database to track inspections in response to a previous recommendation, and that in populating the database, the Program discovered additional inspections that were overdue. The Program Manager reported that they have since performed all overdue inspections (with one allowed exception) and were current as of the date of the MRB meeting. Ms. Ford reported that the Program was timely in dispatching inspection reports in 13 of the 15 reports reviewed; and that the Program inspected approximately 19 percent of candidate licensees operating under reciprocity in the one year covered by the review period. The MRB questioned the team as to why they are recommending that the Program be found "unsatisfactory" as it appeared that there were mitigating circumstances for the amount of overdue inspections. The team explained that while the Program identified and corrected this issue, the criteria for an "unsatisfactory" finding, as specified in Management Directive (M.D.) 5.6, is to be applied when the amount of overdue high priority and initial inspections exceeds 25 percent.

The review team found Georgia's performance with respect to this indicator to be "unsatisfactory", closed the previous recommendation and made no new

recommendations. The MRB agreed that Georgia's performance met the criteria for a "unsatisfactory" rating for this indicator.

Mr. Joshua Daehler and Ms. Michelle Beardsley presented the findings regarding the common performance indicator, *Technical Quality of Inspections*. Their presentation corresponded to Section 3.3 of the proposed final IMPEP report. Mr. Daehler reported that the team's review of inspection casework showed that in 9 of the 15 files reviewed, inspections covered all aspects of the licensee's radiation safety programs, and that inspection reports were thorough, complete, consistent, and of high quality, with sufficient documentation to ensure that a licensee's performance with respect to health and safety was acceptable. He further reported that in 6 files reviewed, the team determined that the inspectors did not follow the Program's procedures for the classification and documentation of violations. Ms. Beardsley reported that the team accompanied all six qualified inspectors; including one re-accompaniment as requested by the Program. Ms. Beardsley noted that in three of the six accompaniments, the inspectors did not follow the Program's procedures for performance-based and medical inspections. Mr. Daehler noted that in response to the three recommendations made during the 2012 IMPEP review, the team determined that the Program had taken comprehensive actions to address the issues identified; and that the team was able to close all three recommendations. He stated that the team made one new recommendation for the Program to (1) implement its inspection procedures to ensure that inspectors document the reason for missing temporary job site inspections; document details and circumstances of violations in inspection reports and NOVs; consider an increase in inspection frequency for serious violations and conduct performance based inspections; and (2) complete its enforcement procedure for assigning severity levels of violations. The MRB expressed their concern that many of the performance issues identified during these accompaniments had also been identified during the last IMPEP review. The MRB asked the team why they were making a finding of "satisfactory, but needs improvement" instead of "unsatisfactory". The team explained that the criteria as specified in M.D. 5.6 for a finding of "unsatisfactory" were not met as the team did not identify any missed health and safety issues during the accompaniments. The MRB directed that the report be revised to include this statement. The Program Manager stated that he was planning to perform accompaniments of all qualified inspectors starting in May 2014 as part of the Program's plan to identify and correct performance issues. The MRB commended the Manager on this action plan. The MRB also directed that the next periodic meeting include a focused review of the Program's inspection program, specifically inspector accompaniments and implementation of inspection procedures and progress in addressing the performance issues identified during the review.

The review team found Georgia's performance with respect to this indicator to be "satisfactory, but needs improvement", closed the three previous recommendations and made one new recommendation. The MRB agreed that Georgia's performance met the criteria for a "satisfactory, but needs improvement" rating for this indicator. The MRB agreed with the team's recommendation.

Ms. Jackie Cook 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. She reported that the team reviewed 18 licensing casework files and determined that licensing actions were complete with health and safety and security issues properly addressed. Ms. Cook noted that the Program has installed a new system which once implemented, should help to improve the overall quality of the

written licenses. Ms. Cook noted that the team was able to close one of the three recommendations made during the previous IMPEP review but were keeping the other two recommendations open as actions to address these are in progress (i.e., the Program's actions to verify that all previously approved medical authorized users have the proper documentation of their qualifications, and the Program's actions to implement pre-licensing guidance for all licensing actions). The MRB disagreed with the team's recommendation to keep open the previous recommendation regarding the implementation of pre-licensing procedures as they noted that the team determined that the Program was implementing the procedure, they just needed to finalize it and provide staff training. The MRB directed instead that the previous recommendation be closed and that the team make a new recommendation to specify the actions still in progress. The review team agreed with the MRB's direction as this more accurately reflects the status of the Program's actions. The MRB asked the State about its progress in addressing the authorized user qualification documentation and expressed concern with the transboundary impact. The Program stated that they have identified the affected authorized users and can provide this information to any other State or Federal agency if requested. The team explained to the MRB that as part of the Georgia Program Improvement Plan, it was approved by the NRC for the State to perform these reviews on future new, amendment or renewal licensing actions and that the Program's progress is being monitored during bimonthly calls between the NRC and Georgia Program staff. In addition, Ms. Ford noted that a search of the Nuclear Materials Event Database (NMED) was performed to determine whether any of these medical authorized users were implicated in any medical events; no events were identified.

The review team found Georgia's performance with respect to this indicator to be "satisfactory", closed two recommendations from the previous IMPEP review, and made one new recommendation. The MRB agreed that Georgia's performance met the criteria for a "satisfactory" rating for this indicator. The MRB agreed with the team's new recommendation as noted above.

Ms. Beardsley 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. She reported that in response to the three recommendations made during the last IMPEP review, the Program had developed comprehensive procedures which addressed all aspects of incident and allegation evaluation, handling, response and documentation. The team was able to determine from the casework reviewed that the Program was implementing these procedures in all cases. The MRB commended the State on its greatly improved performance in this area.

The review team found Georgia's performance with respect to this indicator to be "satisfactory", and closed the three recommendations from the previous IMPEP review, and made no new recommendations. The MRB agreed that Georgia's performance met the criteria for a "satisfactory" rating for this indicator.

- 3. Non-Common Performance Indicators.** Ms. Ford 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. Ford noted that Georgia's process for rulemaking takes approximately one year from development to final approval by the Board of Natural Resources. She noted that during the review period, the Program submitted five final regulation amendments to the NRC for review; four of which

were overdue at the time of the previous IMPEP review. Ms. Ford reported that the State is current on all rulemaking at the time of this review.

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.

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 the NRC's program. The MRB will recommend to the Commission that the period of Probation of the Georgia Agreement State Program be discontinued and that the State be placed on Heightened Oversight. Based on the results of the current IMPEP review, the team recommended, and the MRB agreed, that the next full IMPEP review take place in two years (tentatively April 2016), with a periodic meeting to be held in one year (tentatively January 2015).
5. **Precedents/Lessons Learned.** None applicable to this review.
6. **Adjournment.** The meeting was adjourned at approximately 4:25 p.m. (ET)

**U.S. NUCLEAR REGULATORY COMMISSION**

**[NRC-20]**

**Discontinuance of Probation for the Georgia Agreement  
State Program**

**AGENCY:** U.S. Nuclear Regulatory Commission.

**ACTION:** Notice of the discontinuance of the Probation period for the Georgia Agreement State Program.

**SUMMARY:** The U.S. Nuclear Regulatory Commission (NRC) is announcing the discontinuation of the Probation period for the Georgia Agreement State Program (Georgia Program).

**ADDRESSES:** Please refer to Docket ID **NRC-2014-XXXX**] when contacting the NRC about the availability of information regarding this document. You may access publicly-available information related to this action by the following methods:

- **Federal Rulemaking Web site:** Go to <http://www.regulations.gov> and search for Docket ID **NRC-2014-XXXX**]. Address questions about NRC dockets to Carol Gallagher; telephone: 301-287-3422; e-mail: [Carol.Gallagher@nrc.gov](mailto:Carol.Gallagher@nrc.gov). For technical questions, contact the individual(s) listed in the FOR FURTHER INFORMATION CONTACT section of this document.

- **NRC's Agencywide Documents Access and Management System (ADAMS):**  
You may access publicly available documents online in the NRC Library at <http://www.nrc.gov/reading-rm/adams.html>.

To begin the search, select “[ADAMS Public Documents](#)” and then select “[Begin Web-based ADAMS Search.](#)” For problems with ADAMS, please contact the NRC’s Public Document Room (PDR) reference staff at 1-800-397-4209, 301-415-4737, or by e-mail to [pdr.resource@nrc.gov](mailto:pdr.resource@nrc.gov). The ADAMS accession number for each document referenced in this document (if that document is available in ADAMS) is provided the first time that a document is referenced

- **NRC’s PDR:** You may examine and purchase copies of public documents at the NRC’s PDR, Room O1-F21, One White Flint North, 11555 Rockville Pike, Rockville, Maryland 20852. **FOR FURTHER INFORMATION CONTACT:** Michelle Beardsley, Office of Federal and State Materials and Environmental Management Programs, U.S. Nuclear Regulatory Commission, Region I, King of Prussia, PA, telephone: 610-337-6942, e-mail: [Michelle.Beardsley@nrc.gov](mailto:Michelle.Beardsley@nrc.gov).

#### **SUPPLEMENTARY INFORMATION:**

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 quantities of special nuclear materials under critical mass, when the NRC determines it is determined that the State program is 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.

Section 274j of the Atomic Energy Act of 1954, as amended, requires that the NRC periodically review each Agreement State to ensure each State’s regulatory programs are adequate to protect public health and safety and compatible with the NRC’s regulatory program. The NRC evaluates Agreement State radiation control programs, using performance indicators,

to ensure that public health and safety is being adequately protected. The periodic review process for Agreement State programs is called the Integrated Materials Performance Evaluation Program (IMPEP).

A Management Review Board (MRB) composed of senior NRC managers (with an Agreement State liaison attending) makes the final determination of adequacy for each Agreement State. The MRB holds a public meeting and makes the overall assessment of the Agreement State program. The MRB considers information such as the proposed final IMPEP report, which presents suggested performance indicator ratings and recommendations prepared by the IMPEP review team, the State response to the IMPEP report and information provided by the State during 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. In 2008, the MRB placed the Georgia Program under a condition of Monitoring due to the results of the 2008 Georgia Program IMPEP review. In 2013, the Commission placed the Georgia Program on Probation due to an overall programmatic decline in performance.

After the most recent review in 2014, the MRB found the overall Georgia Program adequate to protect public health and safety, but needs improvement and compatible with the NRC program requirements. The MRB found that the Georgia Program performance improved overall since the 2012 review and closed several recommendations from the 2012 report. As a result of the State's improvement, the MRB recommended that the Georgia Program be placed on heightened oversight and removed from Probation. The Commission agreed that the Georgia Program should be removed from Probation. (A copy of the 2014 IMPEP review can

be found in ADAMS ML14121A618). Notification of discontinuance of the Probation period has been made to the Governor of Georgia, the Georgia Congressional delegation, and all other Agreement and Non-Agreement States.

Dated at Rockville, Maryland, this      day of,      2014.

For the U.S. Nuclear Regulatory Commission.

Brian E. Holian, Acting Director  
Office of Federal and State Materials  
and Environmental Management Programs

August 25, 2014

The Honorable Nathan Deal  
Governor of Georgia  
203 State Capitol  
Atlanta, GA 30334

Dear Governor Deal:

On behalf of the U.S. Nuclear Regulatory Commission (NRC), I am notifying you of the Commission's decision to end the Probation period for the Georgia Agreement State Program (the Georgia Program).

The NRC's most recent review of the Georgia Program found that the actions taken to implement your "Program Improvement Plan" to address previously identified weaknesses have resulted in significant performance improvements. Additionally, our review found significant improvement in staff and management communications due to the appointment of a new program manager and weekly staff and management meetings. The NRC staff will continue to hold bimonthly calls with the Georgia Program to monitor the progress of the actions committed to in the Program Improvement Plan and will schedule a review of the Georgia Program in approximately 2 years.

The Commission is ready to assist the State of Georgia in continuing to improve its Agreement State program. I will be happy to answer any questions you may have, or your staff may contact Mr. Brian E. Holian, Acting Director, Office of Federal and State Materials and Environmental Management Programs, at 301-415-7197.

Sincerely,

**/RA/**

Allison M. Macfarlane