

## **EXECUTIVE SUMMARY**

The Reactor Oversight Process (ROP) self-assessment program evaluates the overall success of the ROP being objective, risk-informed, understandable, and predictable as well as its success in meeting the agency's performance goals of maintaining safety; protection of the environment and the common defense and security; increasing public confidence; making NRC activities and decisions more effective, efficient, and realistic; and reducing unnecessary regulatory burden on stakeholders. On a periodic basis, the self-assessment program collects information from various sources, including the Reactor Program System (RPS), the inspection program, the ROP performance indicator (PI) program, additional industry level PIs, periodic independent audits, stakeholder surveys, and public comment. Based on this information, an assessment of ROP success in the programmatic areas of PIs, inspection program, significance determination process, and assessment is performed. In addition, an assessment of overall ROP efficacy will be made and recommendations for improvement will be developed.

This report focuses on those self-assessment questions associated with the Assessment Program. Due to the lack of historical data, in depth analysis is not possible at this time. However, where appropriate, some conclusions were reached.

The results of the metrics indicate that the Assessment Program is objective based upon 1) no deviations from the Action Matrix, 2) only one appeal of an SDP result which was upheld by the agency, and 3) few departures from program office guidance. The one area of concern is limited to signature authority for Assessment Follow-Up letters. The March 23, 2001 revision to IMC 0305 clarified the guidance on signature authority for all assessment letters.

The results of the metrics indicate that the Assessment Program is risk-informed. This conclusion is based upon 1) only one appeal of an SDP result which was upheld by the agency and 2) all actions taken by the regional offices during the four quarters of ROP initial implementation were consistent with program guidance.

The results of the metrics indicate that the Assessment Program is predictable. This conclusion is based upon 1) only one appeal of an SDP result which was upheld by the agency, 2) all actions taken by the regional offices during the four quarters of ROP initial implementation were consistent with program guidance, 3) no deviations from the Action Matrix, 4) few program timeliness goals that were not met, 4) all assessment letters that were issued on time were available in agencywide documents access and management systems (ADAMS) and the web within timeliness goals, 5) only one unplanned substantive change to IMC 0350, and 6) a positive survey result on the perception of program timeliness. The resources expended on the assessment program is an area of concern due to the varied methods by which the regions captured their resource expenditures. The staff will continue to evaluate this area of concern as the regions more consistently report their expenditures.

The limited results of the metrics are inconclusive as to whether the Assessment Program maintains safety. This conclusion is based upon a positive perception of the appropriateness of agency actions given to licensees with performance problems. The data from the metric that measures the appropriateness with which the staff addresses risk-significant performance issues is inconclusive based on the limited data to date. However, the staff's evaluation of the data received to date does not indicate that the agency's goal of "maintaining safety" has been challenged.

The results of the metrics indicate that the Assessment Program is efficient, effective, and realistic. This conclusion is based upon 1) a positive perception of the appropriateness of agency actions given to licensees with performance problems and the resources expended on the areas of greatest safety significance, 2) no deviations between the position level of people involved in NRC actions vs the position levels specified in the Action Matrix during the first four quarters of initial implementation, 3) few program timeliness goals that were not met, 4) all assessment letters that were issued on time were available in ADAMS and the web within timeliness goals, and 5) only one unplanned substantive change to IMC 0350, and 6) a positive survey result on the perception of program timeliness. The data from the metric that measures the appropriateness with which the staff addresses risk-significant performance issues is inconclusive based on the limited data to date. However, the staff's evaluation of the data received to date does not indicate that the agency's goal of "maintaining safety" has been challenged.

The results of the metrics indicate that the Assessment Program does enhance public confidence in the ROP. This conclusion is based upon 1) positive results from the internal and external surveys, 2) no deviations from the Action Matrix, 3) all assessment letters were issued on time and were available in ADAMS and the web within timeliness goals, and 4) assessment letters were consistent with the inspection reports.

The results of the metrics indicate that the Assessment Program does reduce unnecessary regulatory burden. This conclusion is based upon 1) positive results from the external survey, 2) few departures from program office guidance, and 3) all actions taken by the regional offices during the four quarters of ROP initial implementation were consistent with program guidance.

**OA1 Subjective Judgment Is Minimized and Is Not a Central Feature of the Process. Actions Are Determined by Quantifiable Assessment Inputs (Examine PIs, SDP, Cross-Cutting Issues). Measured by:**

**OA1.a** Number and type/scope of deviations from the action matrix, including whether level of management is appropriate.

**How:** IIPB 100% audit of assessment-related letters. Ongoing review, report semi-annual.

**Success:** Few deviations, declining trend

**Lead:** IIPB

**Results:** There were no deviations from the Action Matrix during the four quarters of ROP initial implementation.

**Other Areas:** Predictable, Enhances Public Confidence

**OA1.b** Percent successful, number and type/scope of documented challenges of assessment outcomes.

**How:** Data collection using data collection forms. Regions record number and type of challenges to assessment and assessment follow up letters, basis for appeal and justification of final resolution.

**Success:** Few successful challenges; steady or declining trend from first year benchmark.

**Lead:** Regions

**Results:** There was one challenge to 3 white findings in the Occupational Radiation Safety cornerstone at Callaway Nuclear Station in 1Q/2001. This appeal was processed in accordance with IMC 0609 "Significance Determination Process" and the original determination was subsequently upheld by the agency. There were no challenges to assessment outcomes during the second, third, or fourth quarters of CY 2000. There were no successful challenges to the SDP results during the first four quarters of initial implementation.

**Other Areas:** Risk-Informed, Predictable

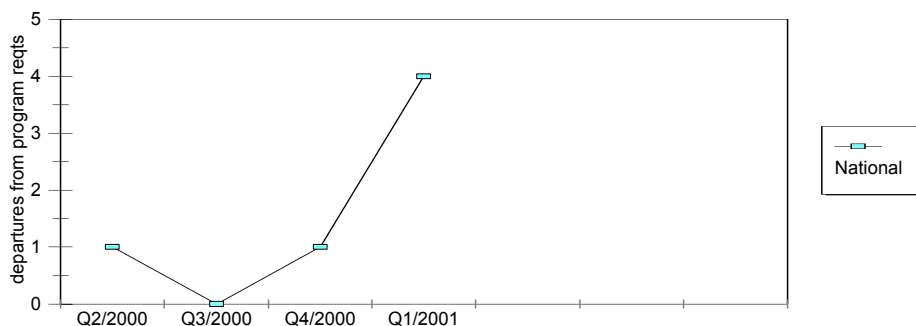
**OA2 The Program Is Well-defined Enough to Be Consistently Implemented. Measured By:**

- a. Track number of significant departures from requirements in IMC 0305 & 0350 or other programmatic guidance.

**How:** IIPB 100% audit of assessment letters and assessment follow-up letters. Timeliness goals are not included in this metric as they are captured in PA3a. On-going review, report semi-annual.

**Success:** Few departures from IMC 0305 & 0350 program guidance..

**Lead:** IIPB



**Results:** Four Assessment Follow-Up Letters for plants in the Regulatory Response Column of the Action Matrix in 1Q/2001 were signed by the regional Branch Chief instead of the Division Director. The 03/23/01 revision to IMC 0305 clarified the guidance on signature authority for all assessment letters.

Two performance indicators turned white in the mitigating systems cornerstone for Farley during 2Q/2000. This resulted in Farley's performance being considered in the Degraded Cornerstone column of the Action Matrix. The Assessment Follow-Up letter was signed by the cognizant DRP Branch Chief. In accordance with IMC 0305, the Assessment Follow-Up letter should have been signed by the Regional Administrator.

The mid-cycle letter for Palo Verde stated that the plant was within the Licensee Response Column of the Action Matrix and was signed by the applicable DRP Branch Chief. The letter should have stated that the plant was within the Regulatory Response Column of the Action Matrix and signed by the regional Division Director.

During the four quarters of the ROP, 98 assessment letters were reviewed with 6 discrepancies.

**Other Areas:** Reduces Unnecessary Regulatory Burden

**Conclusion:** The results of the metrics indicate that the Assessment Program is objective based upon 1) no deviations from the Action Matrix, 2) only one appeal of an SDP result which was upheld by the agency, and 3) few departures from program office guidance, but no steady or declining trend . The one area of concern is limited to signature authority for Assessment Follow-Up letters. The 03/23/01 revision to IMC 0305 clarified the guidance on signature authority for all assessment letters. IIPB will continue to closely monitor this area of concern.

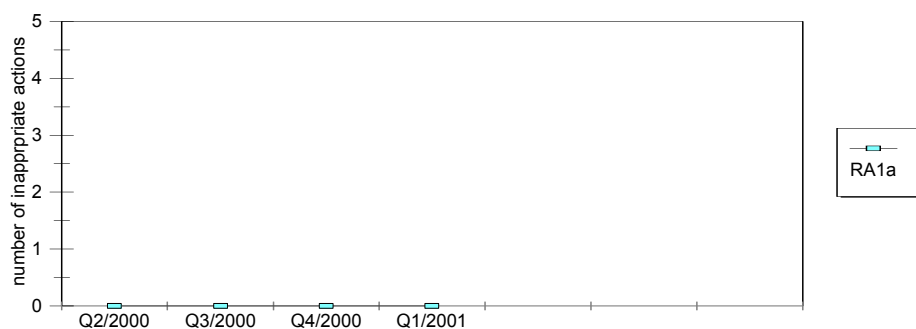
**RA1 Actions Taken Are Commensurate with the Risk of the Issue and Overall Plant Risk. Measured By:**

**RA1.a** Actions or lack of actions taken on plants is at the appropriate level for the significance of the issues, based on inputs from PIs and inspection findings.

**How:** IIPB review of actions taken for other than green findings and compare to Action Matrix (subset of OA2a).

**Success:** Few departures, steady or declining trend.

**Lead:** IIPB



**Analysis:** All actions taken by the regional offices during the four quarters of ROP initial implementation were consistent with program office guidance.

**Other Areas:** None

**RA1.b** Percent successful, number and type/scope of documented challenges of assessment outcomes.

**How:** Data collection using data collection forms. Regions record number and type of challenges to assessment and assessment follow up letters, basis for appeal and justification of final resolution.

**Success:** Few successful challenges; steady or declining trend from first year benchmark.

**Lead:** Regions

**Results:** There was one challenge to 3 white findings in the Occupational Radiation Safety cornerstone at Callaway Nuclear Station in 1Q/2001. This appeal was processed in accordance with IMC 0609 "Significance Determination Process" and the original determination was subsequently upheld by the agency. There were no challenges to assessment outcomes during the second, third, or fourth quarters of CY 2000. There were no successful challenges to the SDP results during initial implementation.

**Other Areas:** Objective, Predictable

**Conclusion:** The results of the metrics indicate that the Assessment Program is risk-informed. This conclusion is based upon 1) only one appeal of an SDP result which was upheld by the agency and 2) all actions taken by the regional offices during the four quarters of ROP initial implementation were consistent with program guidance.



**There are no metrics for the criteria**

**PA1 Results Are Repeatable. Measured By:**

**PA1.a** Regions arrive at same Action Matrix column and take similar actions and document similar levels of concern give similar inputs (especially cross cutting issues).

**How:** Audit of assessment-related letters (Done in conjunction with RA1.a). Track number/type of issues. IIPB review other regions letters for consistency (2 letters per region, semi-annual).

**Success:** Few disagreements, with a steady or declining trend.

**Lead:** IIPB

**Results:** All actions taken by the regional offices during the four quarters of ROP initial implementation were consistent with program guidance.

**Other Areas:** Reduces Unnecessary Regulatory Burden

**PA2.a** Number and type/scope of deviations from the action matrix, including whether level of management is appropriate.

**How:** IIPB 100% audit of assessment-related letters. Ongoing review, report semi-annual.

**Success:** Few deviations, declining trend

**Lead:** IIPB

**Results:** There were no deviations from the Action Matrix during the four quarters of ROP initial implementation.

**Other Areas:** Objective, Enhances Public Confidence

**PA2.b** Percent successful, number and type/scope of documented challenges of assessment outcomes.

**How:** Data collection using data collection forms. Regions record number and type of challenges to assessment and assessment follow up letters, basis for appeal and justification of final resolution.

**Success:** Few successful challenges; steady or declining trend from first year benchmark.

**Lead:** Regions

**Results:** There was one challenge to 3 white findings in the Occupational Radiation Safety cornerstone at Callaway Nuclear Station in 1Q/2001. This appeal was processed in accordance with IMC 0609 "Significance Determination Process" and the original determination was subsequently upheld by the agency. There were no challenges to assessment outcomes during the second, third, or fourth quarters of CY 2000. There were no successful challenges to the SDP results during initial implementation.

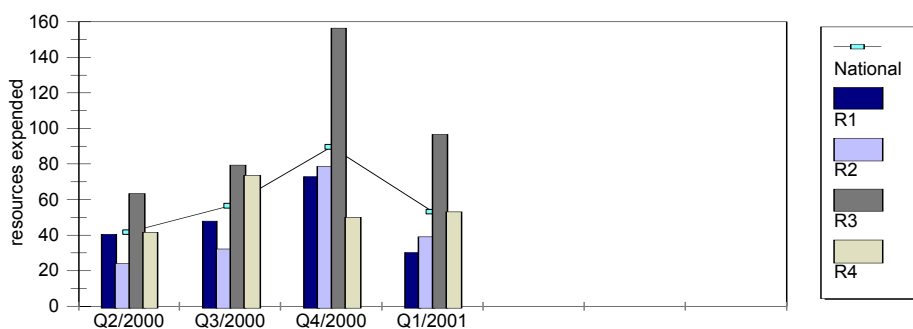
**Other Areas:** Objective, Risk-Informed

**PA2.c** Resources expended are appropriate and consistent across regions (region data collection).

**How:** Extract data from RITS and track the resources expended on assessment activities under the ASM code (i.e. resources spent preparing for and participating in quarterly, mid-cycle, and end-of-cycle meetings; staffing assessment and assessment follow up letters; and conducting public meetings).

**Success:** Resources expended are not significantly different between regional offices and not significantly different from allocated hours.

**Lead:** IIPB



**Comments:** The graph reflects the actual total hours per site charged to performance assessment activities (PA 141A prior to FY 2001; PA 103120 for FY 2001 and after) during the quarter. Due to inadequacies in the database and in reporting and recording the time actually spent performing assessment activities, the quality of these data cannot be confirmed with absolute certainty. The initial estimate for licensee performance assessment was 192 hours per site annually.

**Analysis:** A significant portion of the hours charged to performance assessment were incorrectly reported to the SALP activity without a corresponding docket number. Because of the inadequacies in the database and the methods used to record the actual time spent on the assessment activities, the quality of the data can not be confirmed with absolute certainty. The staff will continue to track assessment expenditures with more accurate reporting by the regions.

**Other Areas:** None

**PA2.d** Number and type/scope of actions recommended by the Agency Action Review Meeting (AARM) beyond the actions already taken per the ROP program.

**How:** IIPB review of AARM report.

**Success:** Few additional actions are recommended by AARM; steady or declining trend from first year benchmark.

**Lead:** IIPB

**Results:** The first AARM will be conducted on June 26-28, 2001 and therefore no data is currently available for this metric.

**Other Areas:** Maintain Safety, Effective, Efficient & Realistic

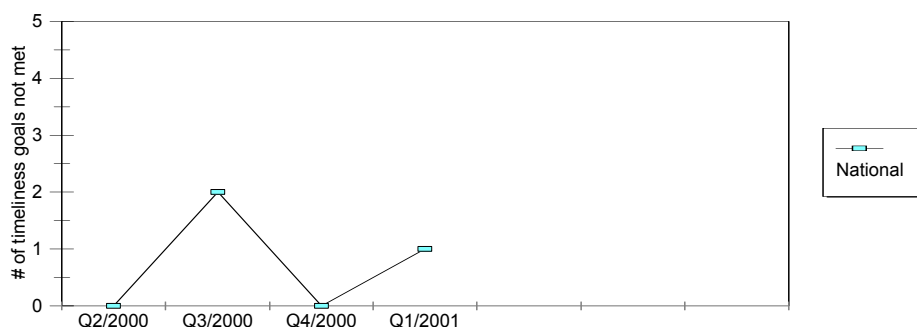
**PA3 Information (Process Outputs and Documents) Is Readily Available in a Timely Manner. Measured By:**

**PA3.a** Track the number of instances in which timeliness goals established in IMC 0305 were not met.

**How:** Regions collect timeliness data for conduct of quarterly reviews (within 5 weeks after end of quarter); Mid-cycle, and End-of-Cycle reviews (within 6 weeks after end of quarter; issuance of assessment letters (within 2 weeks after quarterly review, 3 weeks after mid-cycle and end-of-cycle reviews); assessment follow up letters (on or before the next quarterly review); and public meetings (within 16 weeks of end of assessment period).

**Success:** Few instances in which timeliness goals were not met; steady or declining trend from first year benchmark.

**Lead:** Regions



**Comments:**

1Q/2001: One of the six Assessment Follow-Up letter issued in 1Q/2001 did not meet the established timeliness goals. This letter was the subject of a white inspection finding at V.C. Summer.

4Q/2000: All of the Mid-Cycle and Assessment Follow-Up letters issued in 4Q/2000 met the established timeliness guidelines.

3Q/2000: Two of the 15 issues that warranted Assessment Follow-Up letters during 3Q/2000 did not have the letters issued and posted to the web within timeliness guidelines. These included the unplanned scrams PI for Indian Point 2 and the unplanned power changes PI for FitzPatrick, both which crossed thresholds into the white band. An Assessment Follow-Up letter was issued to Indian Point 2 several weeks after the due date that addressed this PI issue and several other performance issues. An Assessment Follow-Up letter was issued to FitzPatrick 2 weeks after the due date.

**Analysis:** During the four quarters of the ROP, 98 assessment letters were reviewed with only 3 timeliness goals not met. All public meetings for the pilot plants were conducted in accordance with timeliness guidelines. All of the regional offices have a compliance rate of greater than 90%.

**Other Areas:** Effective, Efficient & Realistic

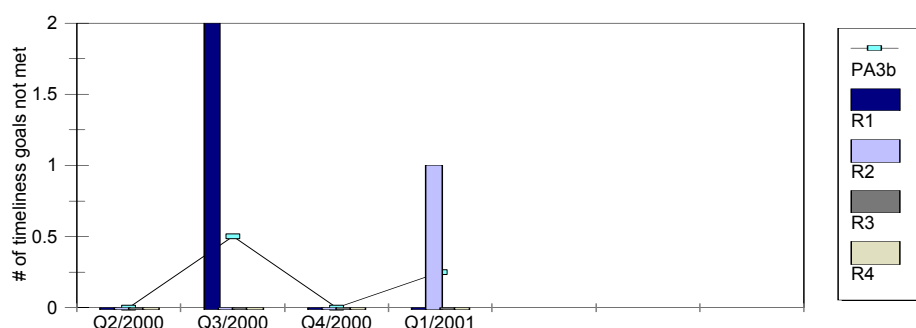


**PA3.b** Timeliness of web posting and availability via ADAMS of assessment letters (HQ data collection).

**How:** IIPB post letters to external web within timeliness goals using electronic version of letters entered into ADAMS by the regions. IIPB record number of letters not available in ADAMS and number of letters not posted to web within goals.

**Success:** IIPB posts assessment letters to external web using electronic version in ADAMS within 10 weeks after end of mid-cycle and end-of-cycle assessment periods, 8 weeks after end of intervening quarters.

**Lead:** IIPB



**Comments:**

1Q/2001: One of the six Assessment Follow-Up letters were not posted to the web within timeliness guidelines because the letter was issued late. This letter was the subject of a white inspection finding at V.C. Summer.

3Q/2000: Two of the 15 issues that warranted Assessment Follow-Up letters did not have the letters issued and posted to the web within timeliness guidelines. These included the unplanned scrams PI for Indian Point 2 and the unplanned power changes PI for FitzPatrick, both which crossed thresholds into the white band. An assessment follow up letter was issued to Indian Point 2 several weeks after the due date that addressed this PI issue and several other performance issues. An Assessment Follow-Up letter was issued to FitzPatrick 2 weeks after the due date.

**Analysis:** During the four quarters of the ROP, 98 assessment letters were reviewed with only 3 timeliness goals not met.

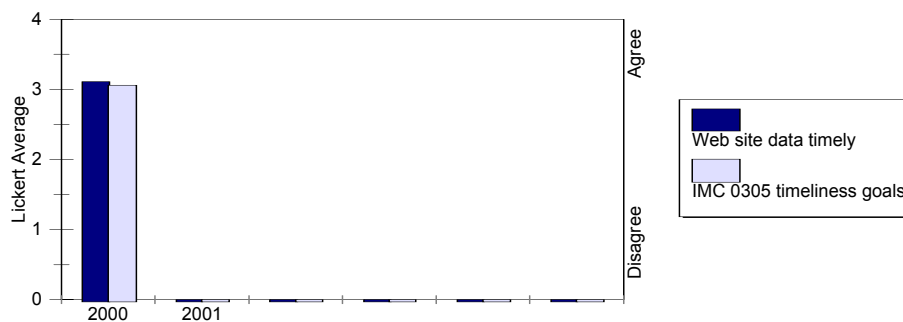
**Other Areas:** Effective, Efficient & Realistic, Enhance Public Confidence

**PA3.c** Stakeholder feedback to determine acceptability of timeliness goals and information distribution methods.

**How:** Survey question

**Success:** Steady or improved perception of IMC 0305 timeliness goals and information distribution methods regarding plant performance as compared to the first year benchmark.

**Lead:** IIPB



**Comments:** None

**Analysis:** The survey results indicate a positive perception of the timeliness of web site data availability and IMC 0305 goals.

**Other Areas:** Effective, Efficient & Realistic

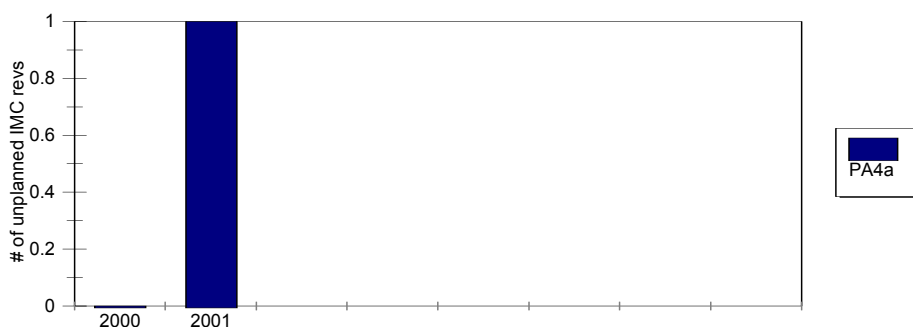
**PA4 Process Documents Are Stable Enough to Be Perceived as Predictable. Measured By:**

**PA4.a** Number and type/scope of revisions to IMC 0305 & 0350.

**How:** Count the number of unplanned substantive revisions. Substantive revisions do not include those revisions that are for editorial or clarification purposes only.

**Success:** Few revisions; steady or declining trend from first year benchmark.

**Lead:** IIPB



**Comments:** There were no revisions to IMC 0305 or IMC 0350 during CY 2000. There was one unplanned substantive revision to IMC 0350 in 1Q/2001.

**Analysis:** The process documents for the assessment program have been stable enough to be perceived as predictable.

**Other Areas:** Effective, Efficient & Realistic

**Conclusions:** The results of the metrics indicate that the Assessment Program is predictable. This conclusion is based upon 1) only one appeal of an SDP result which was upheld by the agency, 2) all actions taken by the regional offices during the four quarters of ROP initial implementation were consistent with program guidance, 3) no deviations from the Action Matrix, 4) few program timeliness goals that were not met, 4) with few exceptions, all assessment letters that were issued on time were available in ADAMS and the web within timeliness goals, 5) only one unplanned substantive change to IMC 0350, and 6) a positive survey result on the perception of program timeliness. The resources expended on the assessment program is an area of concern due to the varied methods by which the regions captured their resource expenditures. The staff will continue to evaluate this area of concern as the regions more consistently report their expenditures.

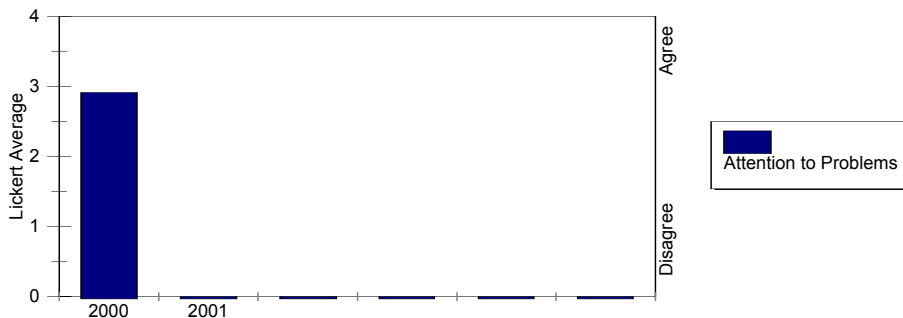
**MA1 Appropriate Actions Are Taken to Address Performance That Is Not in the Licensee Response Column, and to Prevent Recurrence. Measured by:**

**MA1.a** Feedback on appropriateness of regulatory attention given to licensees with performance problems.

**How:** Survey question to both internal and external stakeholders - examine trends of negative comments on appropriateness of actions

**Success:** Steady or improved perception of appropriateness of actions as compared to the first year benchmark.

**Lead:** IIPB



**Comments:** None

**Analysis:** The survey results indicate a positive perception of the appropriateness of agency actions given to licensees with performance problems.

**Other Areas:** Effective, Efficient & Realistic

**MA1.b** Number and type/scope of actions recommended by the Agency Action Review (AAR) meeting beyond the actions already taken per the ROP program.

**How:** IIPB review of AAR report.

**Success:** Few additional actions are recommended by AAR meeting; steady or declining trend from first year benchmark.

**Lead:** IIPB

**Results:** The first AARM will be conducted on June 26-28, 2001 and therefore no data is currently available for this metric.

**Other Areas:** Maintain Safety, Effective, Efficient & Realistic

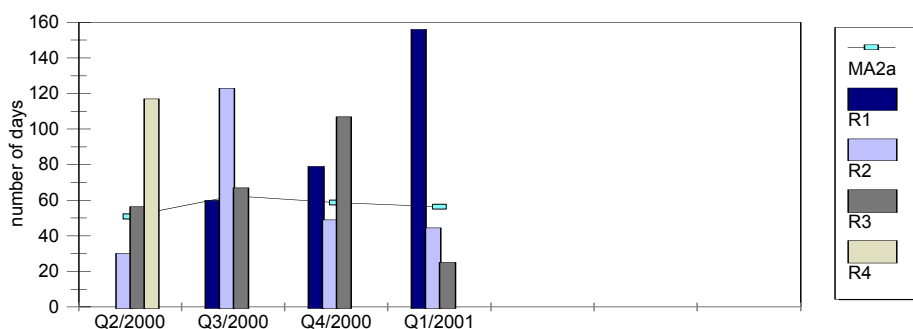
**MA2 NRC Actions Are Timely. Measured By:**

**MA2.a** Lag time between issuance of an assessment letter discussing an other than very low safety significance issue and completion of the supplemental inspection.

**How:** Count the number of days between the issuance of the assessment letter vs. the completion of the supplemental inspection (by exit meeting date, not issuance of the inspection report).

**Success:** Tracking first year to establish thresholds.

**Lead:** Regions



**Comments:** There were no inputs to this metric for region I in 2Q/2000 and region IV for 3Q/2000, 4Q/2000, and 1Q/2001.

**Analysis:** The data from the first year of initial implementation is limited and therefore the staff is unable to draw any conclusions on this metric.

**Other Areas:** Effective, Efficient & Realistic

**Conclusion:** The limited results of the metrics are inconclusive as to whether the Assessment Program maintains safety. This conclusion is based upon a positive perception of the appropriateness of agency actions given to licensees with performance problems. The data from the metric that measures the appropriateness with which the staff addresses risk-significant performance issues is inconclusive based on the limited data to date. However, the staff's evaluation of the data received to date does not indicate that the agency's goal of "maintaining safety" has been challenged.

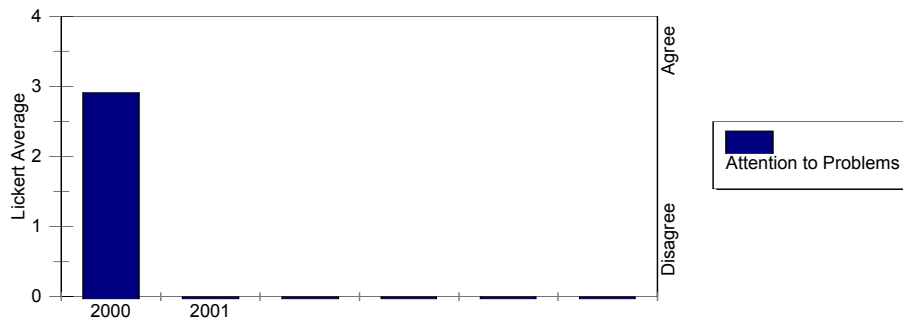
**EA1 Achieves the Desired Outcomes (I.e., Maintains Safety)**

**EA1.a** Feedback on appropriateness of regulatory attention given to licensees with performance problems.

**How:** Survey question to both internal and external stakeholders - examine trends of negative comments on appropriateness of actions

**Success:** Steady or improved perception of appropriateness of actions as compared to the first year benchmark.

**Lead:** IIPB



**Comments:** None

**Analysis:** The survey results indicate a positive perception of the appropriateness of agency actions given to licensees with performance problems.

**Other Areas:** Maintains Safety

**EA1.b** Number and type/scope of actions recommended by the Agency Action Review (AAR) meeting beyond the actions already taken per the ROP program.

**How:** IIPB review of AAR report.

**Success:** Few additional actions are recommended by AAR meeting; steady or declining trend from first year benchmark.

**Lead:** IIPB

**Results:** The first AARM will be conducted on June 26-28, 2001 and therefore no data is currently available for this metric.

**Other Areas:** Maintain Safety, Effective, Efficient & Realistic

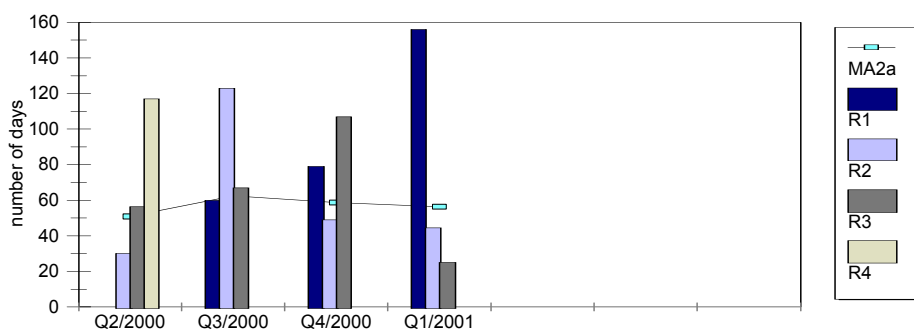


**EA1.c** Lag time between issuance of an assessment letter discussing an other than very low safety significance issue and completion of the supplemental inspection.

**How:** Count the number of days between the issuance of the assessment letter vs. the completion of the supplemental inspection (by exit meeting date, not issuance of the inspection report).

**Success:** Tracking first year to establish thresholds.

**Lead:** Regions



**Comments:** There were no inputs to this metric for region I in 2Q/2000 and region IV for 3Q/2000, 4Q/2000, and 1Q/2001.

**Analysis:** The data from the first year of initial implementation is limited and therefore the staff is unable to draw any conclusions on this metric.

**Other Areas:** Maintains Safety

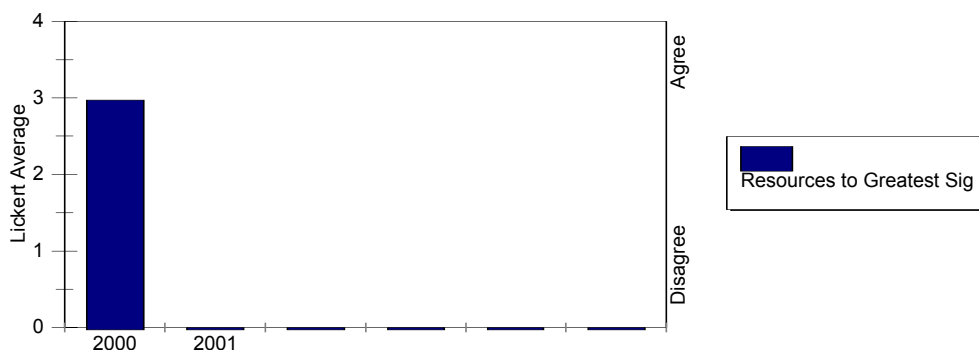
**EA2 Resources Expended Are Appropriate to Plant Performance. Measured By:**

**EA2.a** Stakeholder feedback on appropriateness of resources expended. The ROP should focus agency resources on areas of greatest safety significance.

**How:** Survey question

**Success:** Steady or improved perception of appropriateness of expended agency resources as compared to the first year benchmark.

**Lead:** IIPB



**Comments:** None

**Analysis:** The survey results indicate a positive perception of the appropriateness of agency expended on the areas of greatest safety significance.

**Other Areas:** None

**EA2.b** Count deviations between the job level of people involved in NRC actions vs the job levels specified in the Action Matrix.

**How:** Regions collect data on the job level of the people who conduct assessment meetings

**Success:** Steady or declining deviations as compared to the first year benchmark.

**Lead:** Regions

**Results:** There were no deviations between the job level of people involved in NRC actions vs the job levels specified in the Action Matrix during the first four quarters of initial implementation .

**Other Areas:** None

**EA3 The Agency Action Review Confirms Decisions Made Throughout the Assessment Cycle. Measured By:**

**EA3.a** Number and type/scope of actions recommended by the Agency Action Review (AAR) meeting beyond the actions already taken per the ROP program.

**How:** IIPB review of AAR report.

**Success:** Few additional actions are recommended by AAR meeting; steady or declining trend from first year benchmark.

**Lead:** IIPB

**Results:** The first AARM will be conducted on June 26-28, 2001 and therefore no data is currently available for this metric.

**Other Areas:** Predictable, Maintains Safety

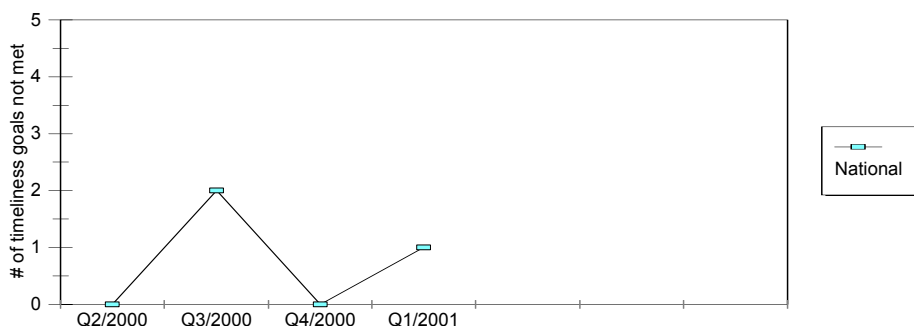
**EA4 NRC Actions Are Timely and the Process Provides Timely Indications of Declining Safety Performance. Measured by:**

**EA4.a** Track the number of instances in which timeliness goals established in IMC 0305 were not met.

**How:** Regions collect timeliness data for conduct of quarterly reviews (within 5 weeks after end of quarter); Mid-cycle, and End-of-Cycle reviews (within 6 weeks after end of quarter; issuance of assessment letters (within 2 weeks after quarterly review, 3 weeks after mid-cycle and end-of-cycle reviews); assessment follow up letters (on or before the next quarterly review); and public meetings (within 16 weeks of end of assessment period).

**Success:** Few instances in which timeliness goals were not met; steady or declining trend from first year benchmark.

**Lead:** Regions



**Comments:**

1Q/2001: One of the six Assessment Follow-Up letter issued in 1Q/2001 did not meet the established timeliness goals. This letter was the subject of a white inspection finding at V.C. Summer.

4Q/2000: All of the Mid-Cycle and Assessment Follow-Up letters issued in 4Q/2000 met the established timeliness guidelines.

3Q/2000: Two of the 15 issues that warranted assessment followup letters during 3Q2000 did not have the letters issued and posted to the web within timeliness guidelines. These included the unplanned scrams PI for Indian Point 2 and the unplanned power changes PI for FitzPatrick, both which crossed thresholds into the white band. An Assessment Follow-up letter was issued to Indian Point 2 several weeks after the due date that addressed this PI issue and several other performance issues. An Assessment Follow-up letter was issued to FitzPatrick 2 weeks after the due date.

**Analysis:** During the four quarters of the ROP, 98 assessment letters were reviewed with only 3 timeliness goals not met. All public meetings for the pilot plants were conducted in accordance with timeliness guidelines. All of the regional offices have a compliance rate of greater than 90%.

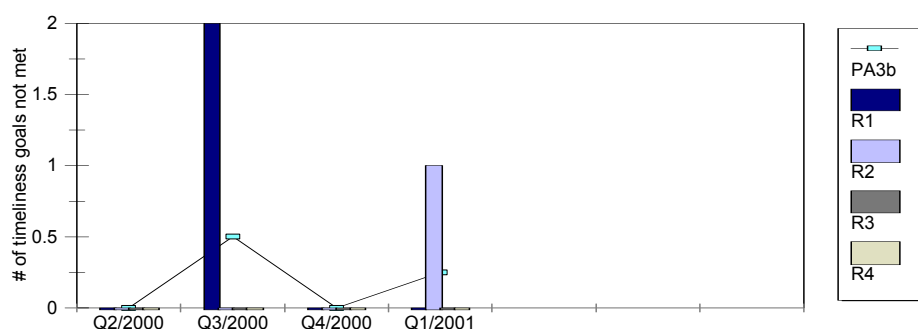
**Other Areas:** Predictable

**EA4.b** Timeliness of web posting and availability via ADAMS of assessment letters (HQ data collection).

**How:** IIPB post letters to external web within timeliness goals using electronic version of letters entered into ADAMS by the regions. IIPB record number of letters not available in ADAMS and number of letters not posted to web within goals.

**Success:** IIPB posts assessment letters to external web using electronic version in ADAMS within 10 weeks after end of mid-cycle and end-of-cycle assessment periods, 8 weeks after end of intervening quarters.

**Lead:** IIPB



**Comments:**

1Q/2001: One of the six Assessment Follow-Up letters were not posted to the web within timeliness guidelines because the letter was issued late. This letter was the subject of a white inspection finding at V.C. Summer.

3Q/2000: Two of the 15 issues that warranted Assessment Follow-Up letters did not have the letters issued and posted to the web within timeliness guidelines. These included the unplanned scrams PI for Indian Point 2 and the unplanned power changes PI for FitzPatrick, both which crossed thresholds into the white band. An assessment followup letter was issued to Indian Point 2 several weeks after the due date that addressed this PI issue and several other performance issues. An Assessment Follow-Up letter was issued to FitzPatrick 2 weeks after the due date.

**Analysis:** During the four quarters of the ROP, 98 assessment letters were reviewed with only 3 timeliness goals not met.

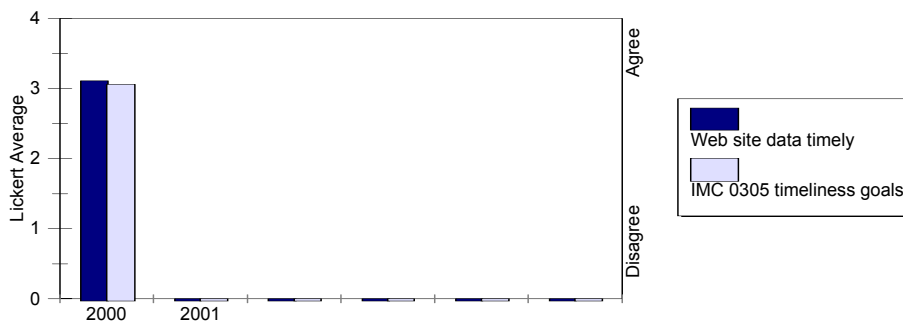
**Other Areas:** Predictable, Enhance Public Confidence

**EA4.c** Stakeholder feedback to determine acceptability of timeliness goals and information distribution methods.

**How:** Survey question

**Success:** Steady or improved perception of IMC 0305 timeliness goals and information distribution methods regarding plant performance as compared to the first year benchmark.

**Lead:** IIPB



**Comments:** None

**Analysis:** The survey results indicate a positive perception of the timeliness of web site data availability and IMC 0305 goals.

**Other Areas:** Predictable



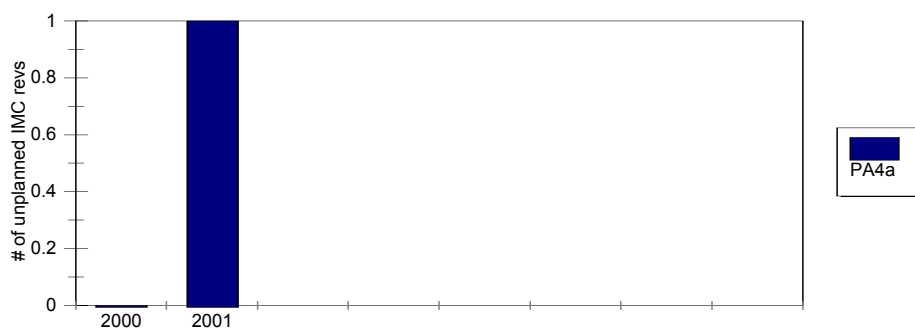
**EA5** The Process Is Stable. Measured by:

**EA5.a** Number and type/scope of revisions to IMC 0305 & 0350.

**How:** Count the number of unplanned substantive revisions. Substantive revisions do not include those revisions that are for editorial or clarification purposes only.

**Success:** Few revisions; steady or declining trend from first year benchmark.

**Lead:** IIPB



**Comments:** There were no revisions to IMC 0305 or IMC 0350 during CY 2000. There was one unplanned substantive revision to IMC 0350 in 1Q/2001.

**Analysis:** The process documents for the assessment program have been stable enough to be perceived as predictable.

**Other Areas:** Predictable

**Conclusions:** The results of the metrics indicate that the Assessment Program is efficient, effective, and realistic. This conclusion is based upon 1) a positive perception of the appropriateness of agency actions given to licensees with performance problems and the resources expended on the areas of greatest safety significance, 2) There were no deviations between the job level of people involved in NRC actions vs the job levels specified in the Action Matrix during the first four quarters of initial implementation, 3) few program timeliness goals that were not met, 4) with few exceptions, all assessment letters that were issued on time were available in ADAMS and the web within timeliness goals, and 5) only one unplanned substantive change to IMC 0350, and 6) a positive survey result on the perception of program timeliness. The data from the metric that measures the appropriateness with which the staff addresses risk-significant performance issues is inconclusive based on the limited data to date. However, the staff's evaluation of the data received to date does not indicate that the agency's goal of "maintaining safety" has been challenged.

**CA1 All Other Self-assessment Goals and Attributes Are Essentially Met.**

**CA2 Actions Taken Are Consistent with the Action Matrix. Measured by:**

CA2.a - Number and type/scope of deviations from the action matrix, including whether level of management is appropriate.

**How:** IIPB 100% audit of assessment-related letters. Ongoing review, report semi-annual.

**Success:** Few deviations, declining trend

**Lead:** IIPB

**Results:** There were no deviations from the Action Matrix during the four quarters of ROP initial implementation.

**Other Area:** Objective, Predictable

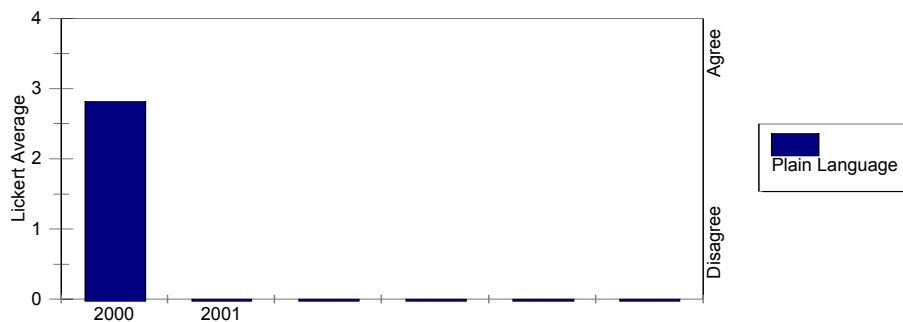
**CA3 Information Is Relevant, Useful and Meaningful. Measured By:**

**CA3.a** Reports are written in plain language.

**How:** Internal stakeholder survey and other external feedback.

**Success:** Steady or improved perception as compared to the first year benchmark.

**Lead:** IIPB



**Comments:** None

**Analysis:** The survey results indicate a positive perception of the understandability of inspection reports. The external survey generally provided a positive perception of the clarity of the inspection reports, especially when compared to reports issued prior to the ROP. Some areas of improvement included the use of no color findings and better explanations of how the agency arrived at the color designation for findings.

**Other Areas:** None

**CA3b** Specific feedback from stakeholders via external survey.

**How:** Survey question that asks the participants if the ROP provides timely, consistent, and relevant assessment information.

**Success:** Steady or improved perception as compared to the first year benchmark.

**Lead:** IIPB

**Results:** The feedback from the external survey was positive regarding the timeliness, consistency, and relevancy of assessment information.

**Other Areas:** None

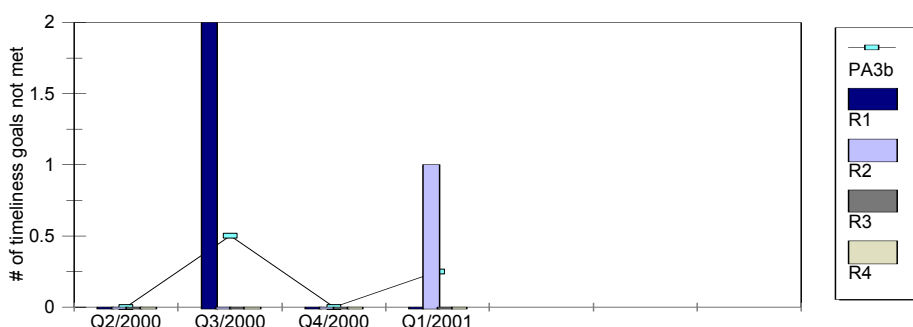
**CA4 Information Is Readily Available in a Timely Manner. Measured by:**

**CA4.a** Timeliness of web posting and availability via ADAMS of assessment letters (HQ data collection).

**How:** IIPB post letters to external web within timeliness goals using electronic version of letters entered into ADAMS by the regions. IIPB record number of letters not available in ADAMS and number of letters not posted to web within goals.

**Success:** IIPB posts assessment letters to external web using electronic version in ADAMS within 10 weeks after end of mid-cycle and end-of-cycle assessment periods, 8 weeks after end of intervening quarters.

**Lead:** IIPB



**Comments:**

1Q/2001: One of the six Assessment Follow-Up letters were not posted to the web within timeliness guidelines because the letter was issued late. This letter was the subject of a white inspection finding at V.C. Summer.

3Q/2000: Two of the 15 issues that warranted Assessment Follow-Up letters did not have the letters issued and posted to the web within timeliness guidelines. These included the unplanned scrams PI for Indian Point 2 and the unplanned power changes PI for FitzPatrick, both which crossed thresholds into the white band. An assessment followup letter was issued to Indian Point 2 several weeks after the due date that addressed this PI issue and several other performance issues. An Assessment Follow-Up letter was issued to FitzPatrick 2 weeks after the due date.

**Analysis:** During the four quarters of the ROP, 98 assessment letters were reviewed with only 3 timeliness goals not met.

**Other Areas:** Effective, Efficient & Realistic, Predictable

**CA5 Information Is Accurate. Measured by:**

**CA5.a** Assessment and assessment follow up letters are consistent with inspection reports.

**How:** IIPB 100% audit of assessment and assessment follow-up letters to assess the number of instances in which the assessment results of risk significant findings (other than green) do not correlate with the description as described in the inspection report.

**Success:** Very few instances, steady or declining trend as compared to first year benchmark.

**Lead:** IIPB

**Results:** For the purposes of this metric, the only data evaluated was those risk significant inspection findings whose assessment letter was issued during the four quarters of initial implementation. All the assessment letters were consistent with the description of the finding as documented in the inspection report

**Other Areas:** None

**Conclusions:** The results of the metrics indicate that the Assessment Program does enhance public confidence in the ROP. This conclusion is based upon 1) positive results from the internal and external surveys, 2) no deviations from the Action Matrix, 3) with few exceptions, assessment letters were issued on time and were available in ADAMS and the web within timeliness goals, and 4) assessment letters were consistent with the inspection reports.

**BA1** It focuses licensee resources on areas of greatest significance and minimizes rework or duplication. Measured by:

**BA1.a** Feedback from external stakeholders.

**How:** Survey question

**Success:** Steady or improved perception as compared to the first year benchmark.

**Lead:** IIPB

**Results:** Feedback from the external survey is generally positive on the ROP when it comes to focusing regulatory attention of areas of the greatest significance and minimizing rework.

**Other Areas:** None



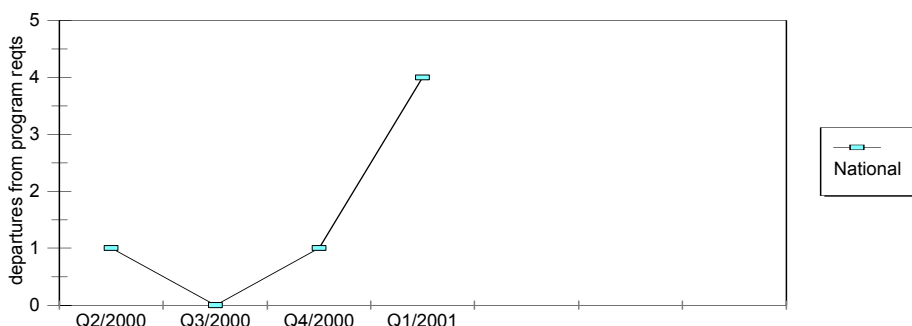
**BA2 It Minimizes Inconsistencies Between Regions and Inspectors. Measured by:**

**BA2.a** Track number of significant departures from requirements in IMC 0305 & 0350 or other programmatic guidance.

**How:** IIPB 100% audit of assessment letters and assessment follow-up letters.  
Timeliness goals are not included in this metric as they are captured in PA3a.  
On-going review, report semi-annual.

**Success:** Few departures, steady or declining trend.

**Lead:** IIPB



**Results:** Four Assessment Follow-Up Letters for plants in the Regulatory Response Column of the Action Matrix in 1Q/2001 were signed by the regional Branch instead of the Division Director. The 03/23/01 revision to IMC 0305 clarified the guidance on signature authority for all assessment letters.

Two performance indicators turned white in the mitigating systems cornerstone for Farley during 2Q/2000. This resulted in Farley's performance being considered in the Degraded Cornerstone column of the Action Matrix. The Assessment Follow-Up letter was signed by the cognizant DRP Branch Chief. In accordance with IMC 0305, the Assessment Follow-Up letter should have been signed by the Regional Administrator.

The mid-cycle letter for Palo Verde stated that the plant was within the Licensee Response Column of the Action Matrix and was signed by the applicable DRP Branch Chief. The letter should have stated that the plant was within the Regulatory Response Column of the Action Matrix and signed by the regional Division Director.

During the four quarters of the ROP, 98 assessment letters were reviewed with 6 discrepancies.

**Other Areas:** Objective

**BA2.b** Regions arrive at same Action Matrix column and take similar actions and document similar levels of concern give similar inputs (especially cross cutting issues).

**How:** Audit of assessment-related letters (Done in conjunction with RA1.a). Track number/type of issues. IIPB review other regions letters for consistency (2 letters per region, semi-annual).

**Success:** Few disagreements, with a steady or declining trend.

**Lead:** IIPB

**Results:** All actions taken by the regional offices during the four quarters of initial implementation were consistent with program guidance

**Other Areas:** Predictable

**Conclusions:** The results of the metrics indicate that the Assessment Program does reduce unnecessary regulatory burden. This conclusion is based upon 1) positive results from the external survey, 2) few departures from program office guidance , and 3) all actions taken by the regional offices during the four quarters of ROP initial implementation were consistent with program guidance.