

C.2 Renewal --- Limited Review Checklist

RENEWAL--LIMITED REVIEW CHECKLIST Performed By: Rachel Browder, September 30, 2005

Use either a check mark to designate a satisfactory response, "NA" to designate not applicable or "D" to designate deficiency, as appropriate. Document areas receiving a focused or thorough review at the end of the checklist.

Licensee: Acuren Inspection Inc.	License No. <u>42-27593-01</u> Docket No. <u>030-34780</u> Control No. <u>470557</u>
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- U NRC-313 or appropriate equivalent signed and dated by senior licensee representative.
- U Check the possession limits and confirm that any decommissioning financial assurance remains adequate.
- U Licensee name and address match the current license.
- U Place of use is a physical location (i.e., not P.O. Box, etc.)
- U RSO and key personnel are appropriately qualified.
- U Facilities and equipment are adequate.
- U All uses qualify for a categorical exclusion in 10 CFR Part 51.
- U Organization structure conforms with applicable regulations and NUREG-1556 guidance. Reviewers are reminded licensees have the flexibility to provide information equivalent to that requested in NUREG-1556. (Appropriate individuals are present and are assigned necessary authority & responsibility.)
- N/A New authorization requested by the licensee and any major program elements that require change as a result of the new authorization structure conform with applicable regulations and NUREG-1556 guidance.
- Yes Inspection records reviewed for issues to be resolved during licensing.

Note: By telecom with licensee on September 30, 2005, the licensee requested that License No. 42-27593-02 (non-radiographic uses) be incorporated into License No. 42-27593-01 (radiographic uses). Therefore, the amendment request to change the name for License No. 42-27593-02, to Acuren Inspection Inc. will be voided, since with this amendment, the license will be combined with License No. 42-27593-01 and the name changed to Acuren Inspection Inc., as requested in Control No. 470640.

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RENEWAL--LIMITED REVIEW CHECKLIST

(continued)

Major program changes, new high risk technology programs, and changes in control (ownership) normally require only a focused review of the specific changes. If these changes are so extensive that a Comprehensive Review of the entire application is needed, obtain Branch Chief approval before proceeding. Each of the following three items must be marked with NA or a check and the change briefly identified.

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|--------------------|--|
| <u> N/A </u> | <i>Major program change conforms with applicable regulations and NUREG-1556 guidance.</i> |
| <u> N/A </u> | <i>New high risk technology program conforms with regulations for similar technologies, guidance provided for similar technologies in NUREG-1556 guidance, and specific licensing conditions for the new technology.</i> |
| <u> N/A </u> | <i>Change in Control (Ownership) conforms with applicable regulations and NUREG-1556 guidance. NOTE: Financial assurance documents can be affected by change of ownership.</i> |
| <u> Yes </u> | A brief overview of the remainder of the application found that the major areas discussed in the guidance on the contents of the application from the appropriate NUREG-1556 series are present. |
| <u> None </u> | An obvious failure or a deficiency in a significant area resulted in a thorough review of that area. Document below. |
| <u> Yes </u> | Additional information was requested fax, and an adequate response was received by .pdf in email. |
| <u> No </u> | A Comprehensive Review was conducted, and the reason for changing from a Limited Review to a Comprehensive Review is documented on the "Performance and Limited Review Check List." |

Area(s) of Focused or Thorough Review:

None

C.1 Renewal ---- Performance Evaluation Checklist

PERFORMANCE EVALUATION OF RENEWAL APPLICANT

Official Agency Record

Licensee: Acuren Inspection Inc.

License No: 42-27593-01

Docket No: 030-34780

Control No: 470557

Records for the 3 years preceding this renewal application were reviewed and/or appropriate staff were interviewed with respect to the following performance indicators:

Performance Indicator	Conclusion	If YES, explain:
Escalated enforcement, or OI or OIG investigation occurred or ongoing	Yes <input type="checkbox"/> No U	
Lost control of licensed material presumed in public domain that is reportable or resulted in a violation	Yes <input type="checkbox"/> No U	
Unauthorized disposal or release of material that is reportable or resulted in a violation	Yes <input type="checkbox"/> No U	
An overexposure that resulted in a violation	Yes <input type="checkbox"/> No U	

If any of the above items are checked "YES", perform a Comprehensive Review using the applicable guidance contained in NUREG-1556. If all boxes are checked "NO," perform a Limited Review. An exception must be approved by a supervisor, documented on this form, or a copy of the documentation must be attached to this document for placement in the docket file.

Additional Information or Explanation of Exception

The review should be ☐ comprehensive ☒ limited

/RA/

Rachel S. Browder

Supervisor/Date
(if exception granted)