

From: [Orendi, Monica](#)
To: [Meyer, Karen](#)
Subject: FW: Questionnaire?
Date: Monday, August 20, 2012 9:28:34 AM
Attachments: [KY IMPEP Questionnaire Rev 081712.doc](#)

From: Pendergrass, Curt (CHFS DPH) [mailto:Curt.Pendergrass@ky.gov]
Sent: Monday, August 20, 2012 8:45 AM
To: Browder, Rachel
Cc: Orendi, Monica
Subject: FW: Questionnaire?

Good morning Rachel.

Attached is the revised KY IMPEP Questionnaire with the list of priority 1, 2 and 3 inspections updated to conform with what we arrived at during the week of IMPEP and what Monica used to calculate the percentage of overdue inspections while the team was here. These are questions 11 and 12 on the questionnaire. The fantastic spread sheet that my staff member Chris Keffer put together, now does this automatically. I went ahead and threw in the overdue calculation at the end of question 12 just to show that it gave nearly the same result as what Monica calculated ($\pm 1\%$).

I am glad to report that currently we have no overdue inspections on the books. In fact, we are completing most of our inspections as soon as they become due or many cases, before they are actually due. Hopefully this is a trend that we can maintain moving forward. With the addition of two new staff members bringing our total to 6 inspectors with one hopefully to return in 6 months from active duty, there are no excuses for us ever getting behind again.

My apologies for not getting this to you on Friday as promised. Let me know if you need anything else.

Regards,

Curt Pendergrass PhD
Supervisor, Radioactive Materials Section
Kentucky Radiation Health Branch
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Mailstop HS-1CA
Frankfort, KY 40621
Tel: 502-564-3700 ext. 4140
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Website: <http://www.chfs.ky.gov/dph/radioactive.htm>
Pay your fees on line at https://apps4.chfs.ky.gov/Rad_ePay/



From: Pendergrass, Curt (CHFS DPH)
Sent: Friday, August 17, 2012 3:01 PM
To: McKinley, Matthew W (CHS-PH)
Subject: FW: Questionnaire?

Hello Matt,

Attached is the revised IMPEP questionnaire. I promised Rachel and Monica that I would update questions 11 and 12 to show the actual number of priority 1, 2 and 3 inspections conducted during the last reporting period and of those, the number that were conducted overdue just so our numbers would match up with what Monica calculated. As we discovered during the IMPEP, the numbers submitted in the first questionnaire turned out to be incomplete and in some cases, incorrect. I basically just cut and pasted the data straight from Chris's spreadsheet for the IMPEP reporting period. His numbers closely matched up with what Monica calculated (41% vs. 42%). While we did not discuss it, I would very much like to update the accompaniment question 16. I could not find records of your accompaniment inspections during 2009 and 2010 and the only responses I got back from the staff regarding accompaniments during those years, I have included in the attached draft. If you have any records or can recall any accompaniments during those years, please feel free to add them. I know that it is not going to make a difference in the big scheme of things since I did not accompany all inspectors during 2011 as required. I promised Rachel that I would have this to her today but I thought you were going to be in the office to review it. I guess there is no harm in waiting until Monday if you want to discuss the matter further before we send it out.

Have a nice weekend.

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From: Pendergrass, Curt (CHFS DPH)

Sent: Thursday, August 16, 2012 4:27 PM
To: Browder, Rachel
Subject: RE: Questionnaire?

Hello Rachel,

I will have the updated IMPEP questionnaire to you tomorrow. Sorry for the delay.

Regards,

Curt Pendergrass PhD
Supervisor, Radioactive Materials Section
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From: Browder, Rachel [<mailto:Rachel.Browder@nrc.gov>]
Sent: Thursday, August 16, 2012 8:09 AM
To: McKinley, Matthew W (CHS-PH); Pendergrass, Curt (CHFS DPH)
Subject: Questionnaire?

Were you going to resubmit the Questionnaire in its entirety or just certain parts? We need the updated response to go with the Proposed Draft Final report, which is scheduled to go out next week. Can you please send me the updated response by tomorrow or Monday at the latest?

Thanks,
Rachel

Rachel S. Browder, CNDP
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INTEGRATED MATERIALS PERFORMANCE EVALUATION PROGRAM
QUESTIONNAIRE

Name of State: Kentucky
Reporting Period: August 1, 2008 to June 15, 2012

Note: If there has been no change in the response to a specific question since the last IMPEP questionnaire, the State or Region may copy the previous answer, if appropriate.

A. GENERAL

1. Please prepare a summary of the status of the State's or Region's actions taken in response to each of the open recommendations from previous IMPEP reviews.

Recommendation 1.

The review team recommended that the Commonwealth revise its inspection procedures to require documentation of the closure of any previous violation, verification of corrective actions and evaluation of preventive measures implemented by the licensee both in the inspection documentation and during the exit meeting with the licensee.

Summary:

The Program has revised their inspection procedures to address this recommendation and has trained the staff on the revised procedures. Return to compliance is based on submission of both documentation to close violations and written commitments from the licensee to implement corrective measures to prevent reoccurrence. All items of non-compliance on the previous inspection are discussed with the licensee and status verified and documented in subsequent inspections. Items of non-compliance discovered during the current inspection are documented and discussed with the licensee during the exit briefing.

Recommendation 2.

The review team recommended that the Commonwealth discuss previous inspection findings, corrective actions, and any potential violations with the licensee during inspections.

¹ Estimated burden per response to comply with this voluntary collection request: 53 hours. Forward comments regarding burden estimate to the Records Management Branch (T-5 F52), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, and to the Paperwork Reduction Project (3150-0183), Office of Management and Budget, Washington, DC 20503. If an information collection does not display a currently valid OMB control number, NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

Summary:

The Program has revised their inspection procedures to address this recommendation and has trained the staff on the revised procedures. Staff are responsible for discussing and reviewing previous inspection findings and verifying corrective actions implemented in response to those violations. During current inspections, staff have been instructed to discuss any potential or alleged violations with the licensee during the exit briefing.

Recommendation 3.

The review team recommended that the Commonwealth use its own calibrated radiological survey equipment to perform independent confirmatory surveys during inspections.

Status:

The Program has revised their inspection procedures to address this recommendation and has trained the staff on the revised procedures and the need to use Program equipment when conducting radiation surveys/measurements at licensee facilities.

Recommendation 4.

The review team recommended that the Commonwealth develop and implement a reliable mechanism to identify when a license is in need of a comprehensive renewal, identify these licenses, and develop and implement a plan to perform these renewals.

Status:

The Program has put in place a revised data base that tracks licensing actions and identifies when a license is in need of a comprehensive renewal. Efforts are currently underway to work through the pending backlog of licensees requiring a comprehensive renewal. Up until the end of 2011, the Program was sending out 10 requests per quarter to licensees due for comprehensive renewal, or as it is referred in Kentucky regulation, "amendment in entirety". However, due to the departure of three staff at the beginning of 2012 and an increasing backlog of pending license actions, the decision was made to temporarily suspend timely renewal requests.

Recommendation 5.

The review team recommended that the Commonwealth integrate the pre-licensing requirements of FSME 07-026 into their licensing program and reevaluate new licenses issued since September 2007 for implementation of these requirements.

Status:

The Program has put in place a specific procedure to implement the requirements of FSME 07-026; Program staff has received training on this procedure. These requirements have been implemented for new licenses issued since September 2007.

Recommendation 6.

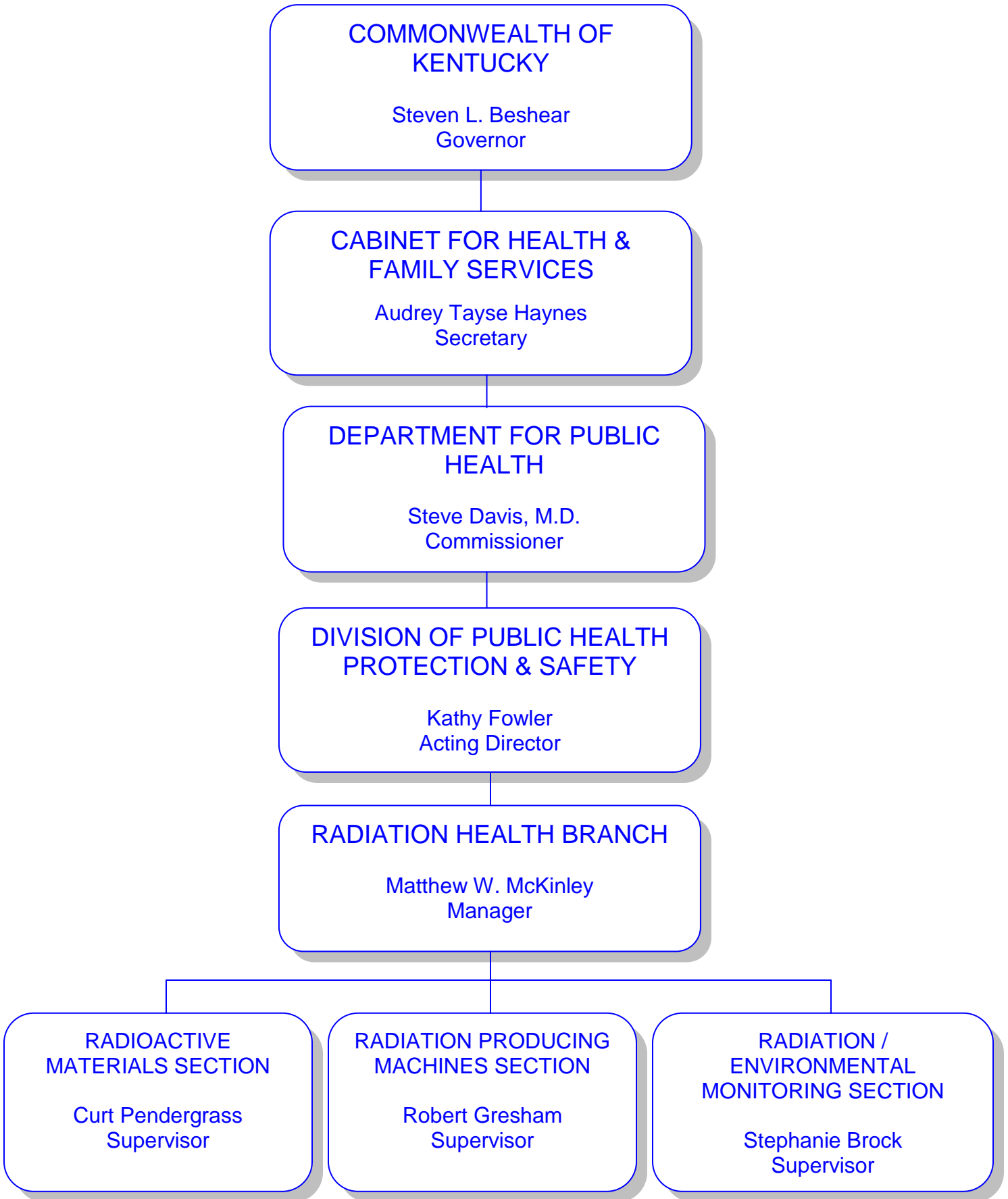
The review team recommended that the Commonwealth develop and implement a mechanism to verify the implementation of the approved quality assurance and quality control program of the SSD manufacturer's program.

Status:

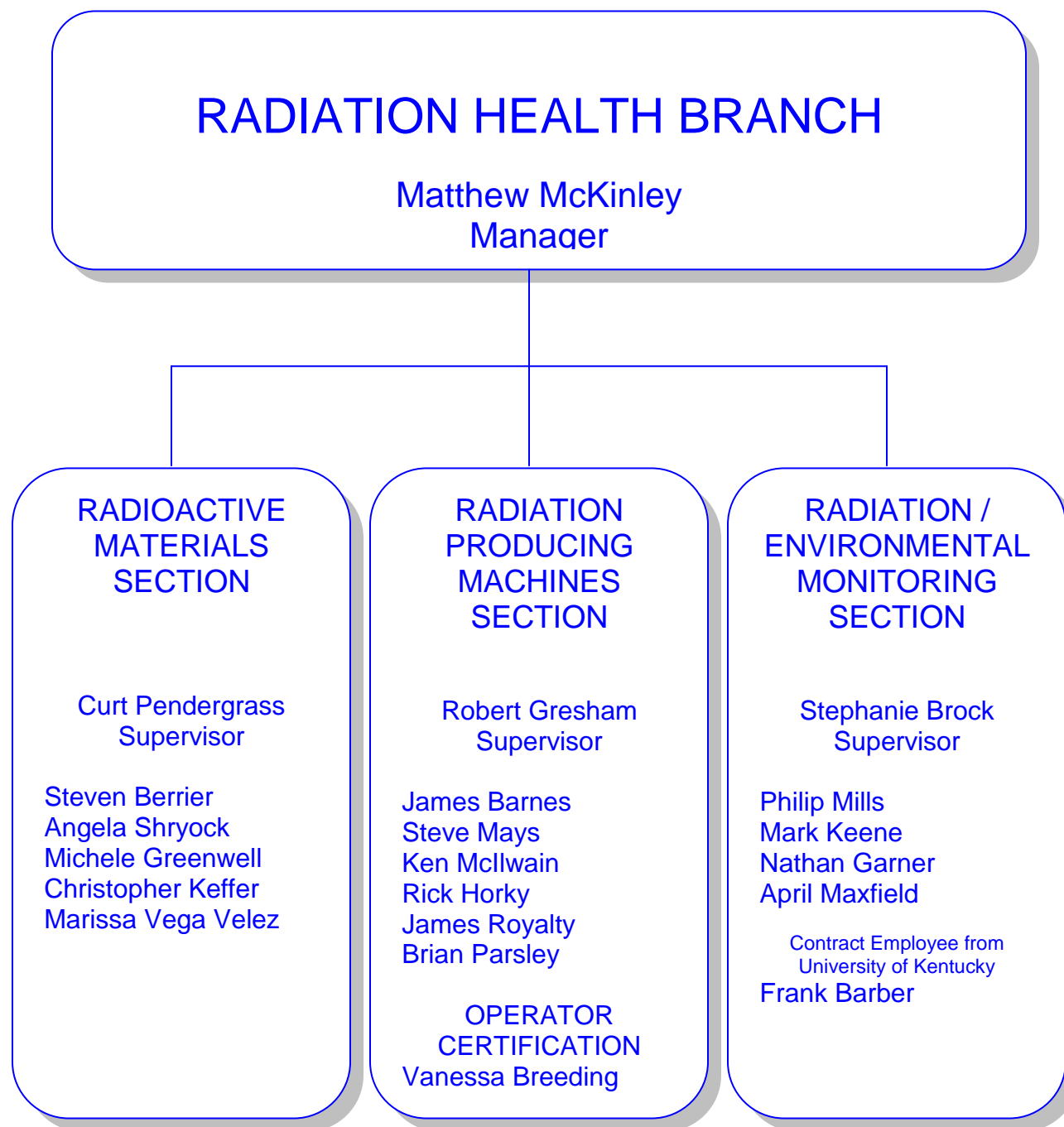
The Program has taken action on this recommendation. Changes were made to the manufacturing and distribution inspection forms so that during inspections of SS&D manufacturers, the staff verifies the implementation of the manufacturers' approved quality assurance and quality control programs. Furthermore, the license of the Programs only affected M&D licensee, Ronan Engineering, was amended to condition the SSDR numbers of all approved devices currently in production. Also, license conditions were modified to require tracking of all reportable events involving those approved devices. The Program has scheduled quarterly meetings with the licensee to review all events reported in NMED involving its devices.

COMMON PERFORMANCE INDICATORS

- I. Technical Staffing and Training
2. Please provide the following organization charts, including names and positions:
 - (a) A chart showing positions from the Governor down to the Radiation Control Program Director;



- (b)



- (c) Equivalent charts for sealed source and device evaluation, low-level radioactive waste and uranium recovery programs, if applicable.

For SS&D evaluation and LLRW, see the Radioactive Materials Section chart above; Kentucky does not have a uranium recovery program.

3. Please provide a staffing plan, or complete a listing using the suggested format below, of the professional (technical) full-time equivalents (FTE) applied to the radioactive materials program by individual. Include the name, position, and, for Agreement States, the fraction of time spent in the following areas: administration, materials licensing & compliance, emergency response, low-level radioactive waste, uranium recovery, other. If these regulatory responsibilities are divided between offices, the table should be consolidated to include all personnel contributing to the radioactive materials program. Include all vacancies and identify all senior personnel assigned to monitor work of junior personnel. If consultants were used to carry out the program's radioactive materials responsibilities, include their efforts. The table heading should be:

<u>Name</u>	<u>Position</u>	<u>Area of Effort</u>	<u>FTE%</u>
Matthew McKinley	RCPD	Administration	2%
		Materials Lic. & Comp.	0%
		Emergency Response	10%
		LLW	0%
		Other	8%
		Total	20%
Curt Pendergrass	Supervisor	Administration	75%
		Materials Lic. & Comp.	10%
		Emergency Response	10%
		LLW	2.5%
		Other	2.5%
		Total	100%
Steven Berrier (deployed active Duty on 5/16/11)	RH Spec. III	Administration	45%
		Materials Lic. & Comp.	40%
		Emergency Response	0%
		LLW	0%
		Other (GLs)	15%
		Total	100%
Angela Shryock	RH Spec. III	Administration	35%
		Materials Lic. & Comp.	55%
		Emergency Response	5%
		LLW	0%
		Other (NSTS, RAM escorts)	5%
		Total	100%

Michele Greenwell	RH Spec. III	Administration	45%
		Materials Lic. & Comp.	35%
		Emergency Response	0%
		LLW	0%
		Other (Training, Brachy Com)	20%
		Total	100%
Marissa Vega Velez	RH Spec. III	Administration	35%
		Materials Lic. & Comp.	35%
		Emergency Response	0%
		LLW	0%
		Other (I&A, Reg Rev)	30%
		Total	100%
Christopher Keffer	RH Spec. III	Administration	20%
		Materials Lic. & Comp.	55%
		Emergency Response	5%
		LLW	0%
		Other (IT, Reciprocity, GLs)	20%
		Total	100%
Vacant	RH Spec. II	Administration	35%
		Materials Lic. & Comp.	35%
		Emergency Response	5%
		LLW	0%
		Other	25%
		Total	100.00%
Vacant	RH Spec. II	Administration	35%
		Materials Lic. & Comp.	35%
		Emergency Response	5%
		LLW	0%
		Other	25%
		Total	100%

FTE % for Matthew McKinley is an estimated average of time spent on radioactive materials responsibilities since becoming the RCPD in May, 2011.

4. Please provide a listing of all new professional personnel hired since the last review, indicate the degree(s) they received, if applicable, and additional training and years of experience in health physics, or other disciplines, as appropriate.

<u>Name</u>	<u>Hire Date</u>	<u>Degree(s) received</u>	<u>Years of Experience</u>
Christopher Keffer	6/16/07 (REML, moved 03/03/09 RMS)	N/A	7 years, US Navy Nuclear Program & REML staff
Marissa Vega Velez	05/01/09	Associates, Applied Science, 2004	7 years Nuclear Medicine
Rick Johnson	03/16/09 (01/31/12 Departed)	BS Occupational Health	24 years Environ- mental & Occu- pational Health & Safety, US Air Force
Raymond Poston	9/16/11 (12/31/11 Departed)	BS Health Sciences, 2000, Radiology Therapy 1986	26 years, RT, ARSO & RSO, Radiology Manager
Nathan Garner	11/16/2006 (moved to REML 2/28/09)	N/A	6 years, US Navy Nuclear Program

5. Please list all professional staff who have not yet met the qualification requirements for a license reviewer or materials inspector. For each, list the courses or equivalent training/experience they need and a tentative schedule for completion of these requirements.

All staff members have fully met the qualification requirements in at least one modality with an industrial or medical emphasis. Two staff members have fully qualified in all modalities through the documented on the job and didactic training process. Two staff members are working to complete the NRC core training program and on the job training as defined in the Radioactive Materials Section Training and Qualification Program.

6. Identify any changes to your qualification and training procedure that occurred during the review period.

RMS Staff Qualification and Training Program was revised in March 2012 to encompass new class specifications (revised 01/16/12) and to reflect recent revisions of NRC sponsored courses added to the core and specialized training curriculum. Requirements for qualification as an Incident Investigator and Sealed and Source Device Reviewer clarified.

7. Please identify the technical staff that left your program during the review period.

Raymond Poston left state employment on December 31, 2011 after only 4 months on the job to take a higher paying position as Radiology Manager of a large medical facility.

Rick Johnson left the Radioactive Materials Section on 1/31/12 to take a job in the Preparedness Branch where is now the state Emergency Exercise Coordinator.

Melvin Goodfriend retired from state government on 3/31/12.

Steven Berrier did not leave the program, but he was deployed on active duty with the National Guard on May 16, 2011 and has not returned to state government from active duty.

Nathan Garner transferred from the Radioactive Materials Section to the Radiation Environmental Monitoring Laboratory on 2/28/09.

8. List any vacant positions in your program, the length of time each position has been vacant, and a brief summary of efforts to fill the vacancy.

There are currently two Radiation Health Specialists II vacancies in the Radioactive Materials Section. Qualified candidates have been interviewed and two individuals have been selected by the interview panel. The Personnel Cabinet is currently vetting those two individual's qualifications prior to RHB being given permission to offer them the jobs.

9. For Agreement States, does your program have an oversight board or committee which provides direction to the program and is composed of licensees and/or members of the public? If so, please describe the procedures used to avoid any potential conflict of interest.

The Radiation Health Branch is currently in discussions with upper Cabinet level administrators regarding the formation of a Medical Advisory Board composed of Program administration and professionals in the private sector. This Medical Advisory Board would encompass both radioactive materials and radiation producing machines. Several current medical RSOs, AMPs, and physician authorized users have been approached about possibly serving on this board and all have responded favorably. Discussions on how to establish the board, appoint its members, develop its mission and by-laws, etc. are in their early stages of development but the hope is to have the board established by the end of the year.

II. Status of Materials Inspection Program

10. Please identify individual licensees or categories of licensees the State is inspecting less frequently than called for in NRC's Inspection Manual Chapter (IMC) 2800 and explain the reason for the difference. The list only needs to include the following information: licensee name, license number, your inspection interval, and rationale for the difference.

No licensees or groups of licensees are inspected less frequently than called for in NRC Inspection Manual Chapter 2800. Up until January 1, 2012, some licensee groups were inspected more frequently than specified in the IMC 2800 such as Private Practice Medical, Broad Medical, Broad Academic, Radiopharmacies, Portable Gauge users and Manufacturers and Distributors of Industrial Gauges. The increased frequency was due historically to the observation of previous program personnel that, for these particular groups, reducing the time between inspections resulted in fewer and less significant violations. In recent years, program compliance is these licensee groups relative to others has not significantly differed based on increased inspection frequency so the decision was made to adopt the inspection frequency called for in IMC 2800 for all KY licensees starting on January 1, 2012 to make better use of available manpower and resources while still providing adequate licensee oversight.

11. Please provide the number of routine inspections of Priority 1, 2, and 3 licensees, as defined in IMC 2800 and the number of initial inspections that were completed during each year of the review period.

Date		Priority 1	Priority 2	Priority 3	Initial	Yearly Total
8/1/2008	12/31/2008	1	2	4	1	8
1/1/2009	12/31/2009	9	8	12	8	37
1/1/2010	12/31/2010	5	8	17	15	45
1/1/2011	12/31/2011	9	14	27	17	67
1/1/2012	6/15/2012	6	10	12	8	36
Priority Totals		30	42	72	49	
Total Priority 1-3 & Initial Inspections for the reporting period						193

12. Please submit a table, or a computer printout, that identifies inspections of Priority 1, 2, and 3 licensees and initial inspections that were conducted overdue.

At a minimum, the list should include the following information for each inspection that was conducted overdue during the review period:

- (1) Licensee Name
- (2) License Number
- (3) Priority (IMC 2800)
- (4) Last inspection date or license issuance date, if initial inspection
- (5) Date Due
- (6) Date Performed
- (7) Amount of Time Overdue
- (8) Date inspection findings issued

Inspections for reporting period of August 1, 2008 to June 15, 2012 sorted by actual inspection date. Negative numbers in last column indicate inspections conducted on or before the actual overdue date. Positive numbers indicate number of days inspections conducted after actual overdue date.

Licensee	License #		Prior-ity	Initial Inspection	Date of Last Inspection	Inspection Due date	Inspection Date	Number of Days Overdue
H & H X-RAY SERVICES, INC.	201342	5	1	FALSE	5/7/2008	5/7/2009	8/6/2008	-365
NUCSAFE, L.L.C.	201678	90	3	FALSE	7/16/2007	7/15/2010	9/4/2008	-953
COMMONWEALTH CANCER CENTER OF DANVILLE	202329	29	2	FALSE	4/18/2006	4/17/2008	9/23/2008	-24
CENTRAL BAPTIST HOSPITAL	202004	-26	2	FALSE	8/2/2007	8/1/2009	10/15/2008	-473
LEXINGTON CLINIC	202061	26	3	FALSE	8/6/2007	8/5/2010	10/30/2008	-918
WESTERN KENTUCKY UNIVERSITY	203017	83	5	TRUE	7/22/2003	7/21/2008	11/12/2008	-343
SAINTS MARY & ELIZABETH HOSPITAL	202096	26	3	FALSE	12/5/2007	12/4/2010	11/13/2008	-1025
SCINTIPHARMA, INC.	202238	8	3	FALSE	8/16/2007	8/15/2010	11/25/2008	-902
ALLIANCE IMAGING	202227	29	2	FALSE	6/3/2008	6/3/2010	1/14/2009	-688
JAN-X	201700	5	1	FALSE	2/8/2008	2/7/2009	2/1/2009	-97
JEWISH HOSPITAL MEDICAL CENTER	202294	25	3	FALSE	2/17/2006	2/16/2009	2/5/2009	-285
SAINT JOSEPH MARTIN	202381	24	5	TRUE	12/4/2003	12/3/2008	2/12/2009	-386
HAZARD APPALACHIAN REGIONAL HOSPITAL	202147	26	3	FALSE	3/8/2006	3/7/2009	3/5/2009	-276
CROCKETT FINE COAL RECOVERY FACILITY	201740	56	5	TRUE	2/25/2004	2/24/2009	3/18/2009	-435
ONCOLOGY / HEMATOLOGY CARE, INC.	202336	27	2	FALSE	2/6/2006	2/6/2008	3/20/2009	224
ST JOSEPH LONDON HEART CLINIC LONDON	202388	24	5	TRUE	5/25/2004	5/25/2009	4/30/2009	-482
INTEGRITY TESTING & INSPECTION	201692	5	1	FALSE	6/11/2008	6/11/2009	5/5/2009	-128
MARCUM & WALLACE MEMORIAL HOSPITAL	202393	24	5	TRUE	5/16/2005	5/16/2010	6/3/2009	-804
SAFETY & ECOLOGY CORPORATION	201650	90	3	FALSE	6/4/2006	6/3/2009	6/4/2009	-273
MISTRAS HOLDING GROUP-ASHLAND	201699	5	1	FALSE	1/28/2008	1/27/2009	6/8/2009	40
MINUTEMAN FINE COAL RECOVERY FACILITY	201739	56	5	TRUE	2/20/2004	2/19/2009	6/10/2009	-346
THE HEART GROUP	202380	24	5	TRUE	9/3/2003	9/2/2008	6/10/2009	-176
RADIOPHARMACY OF PADUCAH, INC.	202221	32	2	FALSE	6/11/2008	6/11/2010	6/10/2009	-549
JENNIE STUART MEDICAL CENTER	202038	26	3	FALSE	1/19/2006	1/18/2009	6/11/2009	-130
SUPERIOR WELL SERVICES, INC.	201714	40	3	FALSE	5/7/2008	5/7/2011	6/17/2009	-963
GILCO NUCLEAR SURVEYS	201214	40	3	FALSE	6/10/2008	6/10/2011	6/30/2009	-984
STUPP BRIDGE COMPANY	201674	5	1	FALSE	5/1/2008	5/1/2009	7/1/2009	-30
CARDINAL HEALTH LOUISVILLE	202206	32	2	FALSE	2/13/2008	2/12/2010	7/2/2009	-408
MOBILE DIAGNOSTICS	202355	29	2	FALSE	5/17/2007	5/16/2009	7/24/2009	-114

Licensee	License #		Prior-ity	Initial Inspection	Date of Last Inspection	Inspection Due date	Inspection Date	Number of Days Overdue
NORTON HOSPITAL	202031	-26	2	FALSE	11/26/2007	11/25/2009	7/30/2009	-301
ST JOSEPH LONDON HEART CLINIC CORBIN	202389	24	5	TRUE	6/1/2004	6/1/2009	8/4/2009	-393
INTEGRITY TESTING & INSPECTION	201692	5	1	FALSE	5/5/2009	5/5/2010	9/3/2009	-335
HAYES TESTING LABORATORY, INC.	201168	5	1	FALSE	6/9/2008	6/9/2009	10/1/2009	22
MARSHALL MILLER & ASSOCIATES	201430	40	3	FALSE	6/1/2006	5/31/2009	10/21/2009	-131
HAZARD APPALACHIAN REGIONAL HOSPITAL	202147	26	3	FALSE	3/5/2009	3/4/2012	10/28/2009	-1132
TECHNICAL WELDING INSPECTION INC.	201324	5	1	FALSE	1/31/2008	1/30/2009	10/29/2009	180
ACUREN INSPECTION, INC.	201666	5	1	FALSE	5/20/2008	5/20/2009	11/5/2009	77
FRANKFORT REGIONAL MEDICAL CENTER	202106	25	3	FALSE	4/20/2006	4/19/2009	11/6/2009	-73
GEORGETOWN COMMUNITY HOSPITAL	202220	26	3	FALSE	4/21/2006	4/20/2009	11/6/2009	-74
H & H X-RAY SERVICES, INC.	201342	5	1	FALSE	8/6/2008	8/6/2009	11/9/2009	3
CHASE ENVIRONMENTAL GROUP, INC.	201605	90	3	FALSE	2/17/2005	2/17/2008	11/13/2009	360
LANDMARK ENGINEERING	201746	51	5	TRUE	10/13/2004	10/13/2009	11/19/2009	-420
NORTON SUBURBAN HOSPITAL	202099	-26	2	FALSE	1/25/2007	1/24/2009	12/3/2009	129
OWENSBORO MEDICAL HEALTH SYSTEM	202161	-26	2	FALSE	3/19/2008	3/19/2010	12/4/2009	-288
HARRISON MEMORIAL HOSPITAL	202200	25	3	FALSE	1/30/2007	1/29/2010	12/10/2009	-324
MISTRAS HOLDING GROUP-ASHLAND	201699	5	1	FALSE	6/8/2009	6/8/2010	2/2/2010	-217
ST JOSEPH LONDON MEDICAL SPECIALISTS	202387	24	5	TRUE	5/25/2004	5/25/2009	3/15/2010	-163
BAPTIST REGIONAL MEDICAL CENTER	202113	26	3	FALSE	6/1/2005	5/31/2008	3/15/2010	378
OWENSBORO MEDICAL HEALTH SYSTEM	202161	-26	2	FALSE	12/4/2009	12/4/2011	3/22/2010	-805
H & H X-RAY SERVICES, INC.	201342	5	1	FALSE	11/9/2009	11/9/2010	3/24/2010	-321
C.S.I. OF KENTUCKY	201742	51	5	TRUE	3/17/2004	3/17/2009	3/25/2010	-84
C.W.M. ENGINEERING	201747	51	5	TRUE	11/20/2004	11/20/2009	3/25/2010	-332
NORTON BROWNSBORO HOSPITAL	202396	24	5	TRUE	10/15/2004	10/15/2009	3/30/2010	-291
MEDICAL CENTER CARDIOLOGISTS (BARDSTOWN)	202383	24	5	TRUE	1/24/2004	1/23/2009	3/31/2010	-25
EPHRAIM MCDOWELL REGIONAL	202114	26	3	FALSE	1/6/2006	1/5/2009	3/31/2010	175
JEWISH HOSPITAL MEDICAL CENTER NORTHEAST	202394	25	3	TRUE	10/15/2006	10/15/2009	4/1/2010	-106
E.P.P.C. / D.E.P. MAXEY FLATS PROJECT	206002	3	2	FALSE	1/15/2004	1/14/2006	4/7/2010	1360
U.K. HEALTHCARE, SAMARITAN HOSPITAL	202010	26	3	FALSE	1/23/2007	1/22/2010	4/15/2010	-191
SAINT JOSEPH HOSPITAL (MOUNT STERLING)	202154	25	3	FALSE	2/16/2007	2/15/2010	4/15/2010	-215
ALLIANCE IMAGING	202227	29	2	FALSE	1/14/2009	1/14/2011	4/16/2010	-456

Licensee	License #		Prior-ity	Initial Inspection	Date of Last Inspection	Inspection Due date	Inspection Date	Number of Days Overdue
CARDINAL HEALTH BOWLING GREEN	202333	32	2	FALSE	5/29/2008	5/29/2010	4/19/2010	-223
GREENVIEW REGIONAL HOSPITAL	202098	26	3	FALSE	8/9/2006	8/8/2009	4/19/2010	-20
WESTERN KENTUCKY DIAGNOSTIC	202236	25	3	FALSE	2/19/2007	2/18/2010	4/19/2010	-214
T. J. SAMSON COMMUNITY HOSPITAL	202110	26	3	FALSE	6/19/2008	6/19/2011	4/20/2010	-699
LAKE CUMBERLAND REGIONAL HOSPITAL	202123	26	3	FALSE	10/10/2007	10/9/2010	4/21/2010	-445
R.D.I. OUTPATIENT IMAGING	202384	24	5	TRUE	9/2/2004	9/2/2009	5/5/2010	-212
KENTUCKY HEART INSTITUTE	202397	24	5	TRUE	2/22/2005	2/22/2010	6/8/2010	-351
TRIECO, L.L.C.	201717	90	3	TRUE	2/18/2005	2/19/2008	6/9/2010	566
MISTRAS GROUP (LOUISVILLE)	201736	5	1	FALSE	5/12/2009	5/12/2010	6/10/2010	-62
COLD STREAM LABORATORIES	202373	32	2	FALSE	5/23/2008	5/23/2010	6/10/2010	-165
MARSHALL MILLER & ASSOCIATES	201430	40	3	FALSE	10/21/2009	10/20/2012	6/10/2010	-1137
UNIVERSITY OF KENTUCKY (GAMMA KNIFE)	202024	31	2	FALSE	5/6/2008	5/6/2010	6/11/2010	-147
ST. ELIZABETH MEDICAL CENTER COVINGTON	202400	24	5	TRUE	1/5/2005	1/5/2010	7/7/2010	-274
ELIZABETHTOWN DIAGNOSTIC IMAGING	202392	25	3	TRUE	5/15/2007	5/15/2010	7/13/2010	-215
PETNET SOLUTIONS, INC.	202281	32	2	FALSE	3/13/2008	3/13/2010	7/13/2010	-61
SAINT JOSEPH HOSPITAL	202047	26	3	FALSE	7/25/2006	7/24/2009	7/23/2010	89
Regional Medical Center	202141	26	3	FALSE	2/21/2007	2/20/2010	7/27/2010	-117
H & H X-RAY SERVICES, INC.	201342	5	1	FALSE	3/24/2010	3/24/2011	7/28/2010	-330
SAINT JOSEPH EAST	202158	25	3	FALSE	4/17/2006	4/16/2009	8/30/2010	226
KENTUCKY CARDIOVASCULAR CONSULTANTS	202379	24	5	TRUE	7/26/2003	7/25/2008	8/31/2010	309
HIGHLANDS REGIONAL MEDICAL CTR	202102	26	3	FALSE	5/22/2006	5/21/2009	9/27/2010	219
UNIVERSITY OF LOUISVILLE	202029	22	2	FALSE	6/5/2008	6/5/2010	10/20/2010	-46
AFFINITY PHOTOPROBES	201744	90	3	TRUE	11/11/2006	11/11/2009	10/27/2010	75
AFFINITY PHOTOPROBES	201745	93	5	TRUE	11/11/2004	11/11/2009	10/27/2010	-107
LEXINGTON CLINIC	202061	26	3	FALSE	10/30/2008	10/30/2011	11/4/2010	-634
WEATHERFORD INTERNATIONAL, INC.	201094	40	3	FALSE	8/14/2008	8/14/2011	11/5/2010	-556
KINDRED HOSPITAL	202039	26	3	FALSE	8/5/2005	8/4/2008	11/23/2010	566
Our Lady Bellefant Hospital	202144	26	3	FALSE	5/18/2007	5/17/2010	11/30/2010	-77
Cancer and Blood Specialist	202402	24	5	TRUE	4/14/2005	4/14/2010	12/9/2010	-218
HUNTINGTON TESTING & INSPECTION	201551	5	1	FALSE	3/25/2008	3/25/2009	12/9/2010	532
SAINT ELIZABETH FLORENCE	202003	25	3	FALSE	7/31/2006	7/30/2009	1/5/2011	249
TECHNICAL WELDING INSPECTION INC.	201324	5	1	FALSE	10/29/2009	10/29/2010	1/25/2011	-3

Licensee	License #		Prior-ity	Initial Inspection	Date of Last Inspection	Inspection Due date	Inspection Date	Number of Days Overdue
LOURDES HOSPITAL	202149	25	3	FALSE	3/14/2007	3/13/2010	1/25/2011	43
INTEGRITY TESTING & INSPECTION	201692	5	1	FALSE	9/3/2009	9/3/2010	2/22/2011	80
JAN-X	201700	5	1	FALSE	2/1/2009	2/1/2010	2/23/2011	295
EAST KENTUCKY POWER COOPERATIVE (DALE)	201752	56	5	TRUE	1/28/2006	1/28/2011	3/1/2011	-425
ST. JOSEPH LONDON, CARDIOVASCULAR SPECIALIST	202406	24	5	TRUE	10/27/2005	10/27/2010	3/15/2011	-318
STUPP BRIDGE COMPANY	201674	5	1	FALSE	7/1/2009	7/1/2010	3/29/2011	179
UNIVERSITY OF KENTUCKY (BROAD SCOPE)	202049	22	2	FALSE	6/3/2008	6/3/2010	3/29/2011	115
MEDICAL MALL IMAGING CENTER	202403	24	5	TRUE	6/28/2005	6/28/2010	4/6/2011	-175
REVELATION ENERGY	201750	56	5	TRUE	11/10/2005	11/10/2010	4/13/2011	-303
JEWISH HOSPITAL MEDICAL CENTER	202353	25	3	FALSE	12/20/2006	12/19/2009	4/18/2011	210
CENTRAL BAPTIST CARDIOLOGY CLINIC	202410	24	5	TRUE	3/3/2006	3/3/2011	4/27/2011	-402
UNIFIED HEALTHCARE	202347	32	2	FALSE	6/10/2010	6/9/2012	4/29/2011	-590
MISTRAS HOLDING GROUP-ASHLAND	201699	5	1	FALSE	2/2/2010	2/2/2011	5/3/2011	-1
WEST KENTUCKY WELL SURVEYS	201056	41	3	FALSE	3/27/2007	3/26/2010	5/23/2011	148
NORTON AUDUBON HOSPITAL	202041	26	3	FALSE	8/28/2006	8/27/2009	5/23/2011	359
JEWISH HOSPITAL	202115	26	3	FALSE	3/11/2008	3/11/2011	5/25/2011	-199
SAINT CLAIRE MEDICAL CENTER	202116	25	3	FALSE	3/12/2008	3/12/2011	5/25/2011	-200
HARDIN MEMORIAL HOSPITAL	202148	-26	2	FALSE	4/27/2006	4/26/2008	6/28/2011	974
WESTERN BAPTIST HOSPITAL	202142	-26	2	FALSE	2/26/2007	2/25/2009	7/11/2011	682
COMMUNITY METHODIST HOSPITAL	202065	25	3	FALSE	11/7/2007	11/6/2010	7/20/2011	-18
ST. JOSEPH HOSPITAL LONDON	202187	25	3	FALSE	3/12/2008	3/12/2011	7/27/2011	-137
NORRIS WELL SERVICES, INC.	201251	40	3	FALSE	4/18/2007	4/17/2010	8/2/2011	197
ST ELIZABETH HEALTHCARE	202409	24	5	TRUE	3/23/2006	3/23/2011	8/9/2011	-318
RADIATION HEALTH BRANCH	201501	90	3	FALSE	9/17/2002	9/16/2005	8/16/2011	1885
KENVIRONS, INC.	201751	51	5	TRUE	1/28/2006	1/28/2011	8/17/2011	-256
CENTRAL BAPTIST HOSPITAL	202004	-26	2	FALSE	10/15/2008	10/15/2010	8/18/2011	123
SCINTIPHARMA, INC.	202238	8	3	FALSE	11/25/2008	11/25/2011	8/18/2011	-373
CARDINAL HEALTH LEXINGTON	202204	32	2	FALSE	7/9/2008	7/9/2010	8/19/2011	222
GILCO NUCLEAR SURVEYS	201214	40	3	FALSE	6/30/2009	6/29/2012	8/19/2011	-589
COMMONWEALTH CANCER CENTER OF DANVILLE	202329	29	2	FALSE	9/23/2008	9/23/2010	9/9/2011	167
FLAGET MEMORIAL HOSPITAL	202193	25	3	FALSE	5/13/2008	5/13/2011	9/13/2011	-151

Licensee	License #		Prior-ity	Initial Inspection	Date of Last Inspection	Inspection Due date	Inspection Date	Number of Days Overdue
RIVER CITIES CARDIOLOGY	202378	29	2	TRUE	10/1/2006	9/30/2008	9/28/2011	909
21ST CENTURY/LOUISVILLE	202352	27	2	FALSE	7/9/2008	7/9/2010	9/28/2011	262
BAPTIST HOSPITAL EAST	202117	26	3	FALSE	4/5/2006	4/4/2009	10/4/2011	638
ASHLAND BELLEFONTE CANCER CENTER	202297	25	3	FALSE	6/26/2008	6/26/2011	10/6/2011	-172
SAINT ELIZABETH MEDICAL CENTER FT. THOMAS	202163	26	3	FALSE	1/27/2006	1/26/2009	10/12/2011	714
SAINT ELIZABETH MEDICAL CENTER	202152	26	3	FALSE	1/27/2006	1/26/2009	10/13/2011	715
NUCSAFE, L.L.C.	201678	90	3	FALSE	9/4/2008	9/4/2011	10/27/2011	-221
LEONARD LAWSON CANCER CENTER	202375	27	2	TRUE	5/12/2007	5/11/2009	10/31/2011	719
PIKEVILLE MEDICAL CENTER	202053	26	3	FALSE	5/26/2006	5/25/2009	10/31/2011	614
CLARK REGIONAL MEDICAL CENTER	202407	24	5	TRUE	1/26/2006	1/26/2011	11/9/2011	-170
BLUEGRASS CARDIOLOGY	202408	24	5	TRUE	1/12/2006	1/12/2011	11/9/2011	-156
CUMBERLAND ISOTOPES, INC.	202334	32	2	FALSE	3/20/2008	3/20/2010	11/10/2011	416
CALDWELL COUNTY HOSPITAL, INC.	202145	25	3	FALSE	6/24/2008	6/24/2011	11/15/2011	-130
RADIOPHARMACY OF PADUCAH, INC.	202221	32	2	FALSE	6/10/2009	6/10/2011	11/16/2011	-24
NORTHERN SHARED MEDICAL	202368	29	2	FALSE	7/9/2008	7/9/2010	11/16/2011	311
MURRAY-CALLOWAY COUNTY HOSPITAL	202120	26	3	FALSE	6/25/2008	6/25/2011	11/16/2011	-130
ASHLAND CARDIAC IMAGING	202401	24	5	TRUE	7/30/2005	7/30/2010	11/17/2011	17
CHEMSOLUTIONS	201735	4	5	TRUE	9/15/2006	9/15/2011	11/18/2011	-393
HAYES TESTING LABORATORY, INC.	201168	5	1	FALSE	10/1/2009	10/1/2010	11/18/2011	321
MISTRAS GROUP (LOUISVILLE)	201736	5	1	FALSE	6/10/2010	6/10/2011	11/18/2011	69
SOUTHERN WELL SURVEYS, INC.	201170	40	3	FALSE	2/19/2008	2/18/2011	11/21/2011	1
JEWISH HOSPITAL SHELBYVILLE	202198	25	3	FALSE	5/15/2008	5/15/2011	11/23/2011	-82
THE MEDICAL CENTER AT BOWLING GREEN	202124	26	3	FALSE	5/29/2008	5/29/2011	11/29/2011	-90
BAPTIST HOSPITAL NORTHEAST	202181	25	3	FALSE	6/20/2008	6/20/2011	12/1/2011	-110
PETNET SOLUTIONS, INC.	202281	32	2	FALSE	7/13/2010	7/12/2012	12/6/2011	-402
E.P.P.C. / D.E.P. P.G.D.P.	201738	90	3	TRUE	12/15/2005	12/15/2008	12/7/2011	812
LIFESCAN AMERICA	202289	29	2	FALSE	4/4/2006	4/3/2008	12/7/2011	1159
LOGAN MEMORIAL HOSPITAL	202159	25	3	FALSE	6/23/2008	6/23/2011	12/7/2011	-107
EAST KENTUCKY POWER COOPERATIVE (COOPER)	201753	56	5	TRUE	1/28/2006	1/28/2011	12/12/2011	-139
H & H X-RAY SERVICES, INC.	201342	5	1	FALSE	7/28/2010	7/28/2011	12/16/2011	49
NORTON SUBURBAN HOSPITAL	202099	-26	2	FALSE	12/3/2009	12/3/2011	12/20/2011	-166

Licensee	License #		Prior-ity	Initial Inspection	Date of Last Inspection	Inspection Due date	Inspection Date	Number of Days Overdue
COMMUNITY MEDICAL ASSOCIATES, PSC	202411	24	5	TRUE	9/23/2006	9/23/2011	12/21/2011	-368
COMMUNITY MEDICAL ASSOCIATES	202412	24	5	TRUE	10/11/2006	10/11/2011	12/21/2011	-386
HUNTINGTON TESTING & INSPECTION	201551	5	1	FALSE	12/9/2010	12/9/2011	12/29/2011	-71
TAYLOR REGIONAL HOSPITAL	202160	26	3	FALSE	3/1/2006	2/28/2009	1/11/2012	772
SAINT JOSEPH BEREAS	202218	26	3	FALSE	6/11/2008	6/11/2011	1/19/2012	-52
PATTIE A. CLAY REGIONAL HOSPITAL	202134	26	3	FALSE	6/10/2008	6/10/2011	1/20/2012	-50
OSRAM SYLVANIA PRODUCTS, INC.	201635	90	3	FALSE	9/14/2007	9/13/2010	2/6/2012	236
ONCOLOGY / HEMATOLOGY CARE, INC.	202336	27	2	FALSE	3/20/2009	3/20/2011	2/9/2012	142
ST ELIZABETH HEALTHCARE	202413	24	5	TRUE	1/17/2007	1/17/2012	2/16/2012	-427
ST ELIZABETH HEALTHCARE	202414	24	5	TRUE	1/17/2007	1/17/2012	2/16/2012	-427
TERRACON CONSULTANTS INC, (Lex)	201760	51	5	TRUE	10/21/2006	10/21/2011	2/23/2012	-332
COLD STREAM LABORATORIES	202373	32	2	FALSE	6/10/2010	6/9/2012	2/23/2012	-290
UNIVERSITY OF KENTUCKY (ACADEMIC)	203021	72	3	FALSE	6/5/2008	6/5/2011	3/5/2012	0
UNIVERSITY OF LOUISVILLE (ACADEMIC)	203034	71	3	FALSE	6/5/2008	6/5/2011	3/5/2012	0
PRECISION SOLUTIONS, LLC	201759	90	3	TRUE	3/12/2009	3/12/2012	3/7/2012	-279
MOBILE DIAGNOSTICS	202355	29	2	FALSE	7/24/2009	7/24/2011	3/8/2012	44
HEART AND VASCULAR, PLLC	202415	24	5	TRUE	10/19/2006	10/19/2011	3/9/2012	-315
REDBUD DOCK	201758	56	5	TRUE	10/19/2006	10/19/2011	3/15/2012	-309
MISTRAS HOLDING GROUP-ASHLAND	201699	5	1	FALSE	5/3/2011	5/2/2012	3/15/2012	-139
INTEGRITY TESTING & INSPECTION	201692	5	1	FALSE	2/22/2011	2/22/2012	3/27/2012	-57
CARDINAL HEALTH LOUISVILLE	202206	32	2	FALSE	7/2/2009	7/2/2011	3/29/2012	87
ACUREN INSPECTION, INC.	201666	5	1	FALSE	11/5/2009	11/5/2010	4/11/2012	431
STUPP BRIDGE COMPANY	201674	5	1	FALSE	3/29/2011	3/28/2012	4/19/2012	-69
GEORGETOWN COMMUNITY HOSPITAL	202220	26	3	FALSE	11/6/2009	11/5/2012	4/19/2012	-474
EPHRAIM MCDOWELL REGIONAL	202114	26	3	FALSE	3/31/2010	3/30/2013	4/20/2012	-618
SAINTS MARY & ELIZABETH HOSPITAL	202096	26	3	FALSE	11/13/2008	11/13/2011	4/23/2012	-112
JEWISH HOSPITAL MEDICAL CENTER	202294	25	3	FALSE	2/5/2009	2/5/2012	4/24/2012	-195
UNIVERSITY OF KENTUCKY (GAMMA KNIFE)	202024	31	2	FALSE	6/11/2010	6/10/2012	4/25/2012	-229
E.P.P.C. / D.E.P. MAXEY FLATS PROJECT	206002	3	2	FALSE	4/7/2010	4/6/2012	5/9/2012	-150
JAN-X	201700	5	1	FALSE	2/23/2011	2/23/2012	5/15/2012	-9
TRISTATE REGIONAL CANCER CENTER	202362	27	2	FALSE	6/24/2000	6/24/2002	5/21/2012	3435
KINGS DAUGHTERS MEDICAL CENTER	202066	26	3	FALSE	6/27/2008	6/27/2011	5/22/2012	55

Licensee	License #		Prior-ity	Initial Inspection	Date of Last Inspection	Inspection Due date	Inspection Date	Number of Days Overdue
NORTON HOSPITAL	202031	-26	2	FALSE	7/30/2009	7/30/2011	5/23/2012	114
CARDINAL HEALTH BOWLING GREEN	202333	32	2	FALSE	4/19/2010	4/18/2012	5/25/2012	-146
OWENSBORO MEDICAL HEALTH SYSTEM	202161	-26	2	FALSE	3/22/2010	3/21/2012	5/26/2012	-117
APPLIED TECHNICAL SERVICES	201754	5	1	TRUE	3/23/2011	3/22/2012	6/1/2012	-20
TEAM INDUSTRIAL SERVICES, INC.	201756	5	1	TRUE	3/1/2011	2/29/2012	6/4/2012	4
SAFETY & ECOLOGY CORPORATION	201650	90	3	FALSE	6/4/2009	6/3/2012	6/5/2012	-272

IMPEP Data Report

PCO = number of Priority 1, 2, and 3 inspections completed overdue during the review period

PU = number of Priority 1, 2, and 3 inspections overdue at the time of the review

PC = number of Priority 1, 2, and 3 inspections completed on time during the review period

ICO = number of Priority 1, 2, and 3 inspections completed overdue during the review period

IU = number of Priority 1, 2, and 3 inspections overdue at the time of the review

IC = number of Priority 1, 2, and 3 inspections completed on time during the review period

$$\% = \text{Overdue} = 100 \times \frac{\text{PCO} + \text{PU} + \text{ICO} + \text{IU}}{\text{PCO} + \text{PU} + \text{ICO} + \text{IU} + \text{PC} + \text{IC}}$$

	On Time	Overdue	Overdue on Arrival
Priority 1	0	10	0
Priority 2	9	17	0
Priority 3	39	21	3
Priority total	48	48	3
Initial	41	8	7
Total	89	56	10

Term	Value
PCO	48
PU	3
PC	48
ICO	8
IU	7
IC	41

$$\% = \text{Overdue} = 100 \times \frac{66}{155}$$

$$\% = 42.58065$$

13. Please submit a table or computer printout that identifies any Priority 1, 2, and 3 licensees and initial inspections that are currently overdue, per IMC 2800. At a minimum, the list should include the same information for each overdue inspection provided for Question 12 plus your action plan for completing the inspection. Also include your plan for completing the overdue inspections.

There are no Priority 1, 2, or 3 licensees, or initial inspections currently overdue with the exception of one, Technical Welding Inspection, Inc. (license no. 201-324-05). TWI was overdue on 4/26/12 and the decision was made to save this inspection for an IMPEP accompaniment scheduled for 6/6/12. The other two licensees that are currently overdue are both in the process of terminating - Corhart Refractories Corporation (license no. 204-027-92) and Analog Services (license no. 201-456-41).

14. Please provide the number of reciprocity licensees that were candidates for inspection per year as described in IMC 1220 and indicate the number of reciprocity inspections of candidate licensees that were completed each year during the review period.

Year	Priority 1		Priority 2		Priority 3		Priority 4		Other	
	Candi-dates	Inspec-ted	Candi-dates	Inspec-ted	Candi-dates	Inspec-ted	Candi-dates	Inspec-ted	Candi-dates	Inspec-ted
2008	7	2	0	0	4	1	14	7	18	7
2009	5	2	0	0	4	0	13	2	26	5
2010	7	3	0	0	4	0	20	2	17	3
2011	4	2	0	0	4	0	37	5	26	3
2012 YTD	5	3	0	0	2	0	24	0	13	0

III. Technical Quality of Inspections

15. What, if any, changes were made to your written inspection procedures during the reporting period?

A comprehensive review of all inspection procedures was conducted and several inspection forms were revised. These included the medical diagnostic imaging and brachytherapy inspection forms, the radiopharmacy inspection form and the gamma knife inspection form and the industrial radiography office and field inspection report forms to incorporate increased controls requirements. A new inspection form cover sheet was adopted to capture initial and prelicensing inspections as well as routine inspections and reactive inspections. In addition, space was provided on the inspection cover page to capture a reduction in inspection interval and the reasoning behind that reduction.

16. Prepare a table showing the number and types of supervisory accompaniments made during the review period. Include:

	<u>Inspector</u>	<u>Supervisor</u>	<u>License Category</u>	<u>Date</u>
<u>2012</u>	Chris Keffer	Curt Pendergrass	Team Industrial Services (radiographer, ICs)	6/1/12
	Marissa Vega Velez	Curt Pendergrass	Gregg Laboratories (portable gauge reactive)	4/19/12
	Angela Shryock	Curt Pendergrass	University of Louisville (broad scope academic)	3/7/12
	Mel Goodfriend	Curt Pendergrass	Sud-Chemie (M&D)	1/10/12
<u>2011</u>	Rick Johnson	Curt Pendergrass	Hayes Testing Laboratory (radiographer, ICs)	11/18/11
	Ray Poston	Curt Pendergrass	Heart Care Associates (diagnostic imaging)	11/14/11
	Mel Goodfriend	Curt Pendergrass	Northern KY PET Scan (diagnostic imaging)	8/19/11
	Michele Greenwell	Curt Pendergrass	Hardin Memorial Hospital (nuc med, brachy, I-131)	6/28/11
	Chris Keffer	Curt Pendergrass	JanX Integrity Testing (radiographer, ICs)	2/23/11
<u>2010</u>	Curt Pendergrass	Matt McKinley	Maxey Flats	3/7/10
	Nathan Garner	Matt McKinley	Maxey Flats	3/7/10
<u>2009</u>	Angela Shryock	Matt McKinley	University of Kentucky Gamma Knife	3/31/09
<u>2008</u>	Angela Shryock	Matt McKinley	Maxey Flats	06/16/08
	Mel Goodfriend	Matt McKinley	Maxey Flats	06/16/08
	Brian Parsley	Matt McKinley	Maxey Flats	06/16/08
	Nathan Garner	Matt McKinley	Sud Chemie	06/04/08
	Curt Pendergrass	Matt McKinley	Sud Chemie	06/04/08
	Brian Parsley	Matt McKinley	Nuclear Medicine	05/15/08
	Rick Horky	Matt McKinley	Nuclear Medicine	05/13/08

17. Describe or provide an update on your instrumentation, methods of calibration and laboratory capabilities. Are all instruments properly calibrated at the present time? Were there sufficient calibrated instruments available throughout the review period?

New equipment purchased during the review period:

Instrument	Qty	Calibration Frequency	Performance Check
Ludlum 2241-3	9	Annually and after any repair.	Prior to each use.
Canberra Mini-Radiac	14	Annually and after any repair.	Prior to each use.
Bubble Technology Microspec G-Probes	3	Annually and after any repair.	Prior to each use.
Ludlum 52-1-1 Portals	4	Annually and after any repair.	Prior to each use.
Thermo Identifinder	3	Annually and after any repair.	Prior to each use.
Thermo RadEye G	18	Annually and after any repair	Prior to each use

The Radiation Environmental Monitoring Laboratory is part of the Radiation Health Branch and is therefore under the direct authority of the RCPD. Radio-analytical equipment used by the laboratory includes 5 Gas-Flow Proportional Counters, 4 Liquid Scintillation Counters, 5 HPGe Gamma Detectors, 3 ISOCS Gamma Detectors and 16 Alpha Chambers. Sample preparation capabilities include drying, grinding, sifting, furnace ashing, acid leaching, acid digesting, U separation, Pu separation, Y-90 separation, Tc-99 separation, distillation (H-3) and C-14 preparation.

All Radiation Health Branch equipment that requires calibration is calibrated according to manufacturer's specifications. In the case of the handheld and field instruments, calibration of all in-use equipment is completed at least annually. In most cases, the equipment is shipped back to the manufacturer for calibration; however, some equipment is calibrated by local calibration vendors.

All equipment currently in use is properly calibrated and performance checks are completed prior to each use. A sufficient number of calibrated instruments have been available throughout the review period.

IV. Technical Quality of Licensing Actions

18. How many specific radioactive material licenses does the Program regulate at this time?

Kentucky Radioactive Materials Section regulates 423 specific radioactive material licenses including 18 subject to increased controls as of May 25, 2012.

19. Please identify any major, unusual, or complex licenses which were issued, received a major amendment, were terminated, decommissioned, submitted a bankruptcy notification or renewed in this period.

Corhart Refractory (KYRAM license # 204-027-92) requested termination of their license on 02/14/05. Decontamination and decommissioning activities were completed by the private contractor and the Final Status Survey submitted for RHB review and data verification in 2011. The FSS results have subsequently been submitted to URS for data validation prior to releasing the site for unrestricted use. RMS staff were on hand continually throughout this process conducting confirmatory surveys of materials and debris prior to leaving the site for disposal and recycling. REML analyzed air and soil samples taken during the remediation phase. RMS and REML jointly conducted gamma walk over surveys of the entire site following remediation and conducted in-situ observational counting (ISOCs) using HPGe and subsequent analysis for residual activities.

Jewish Medical Center broad scope medical license (KY RAM license # 202-115-25) was amended in its entirety and after numerous discussions with the RSO and the facility's management, the decision was made to convert the facility from a broad scope license to a therapeutic multiple modality medical license employing a Radiation Safety Committee with customary RHB program oversight.

Two industrial radiography companies subject to increased controls were issued licenses during the review period. They are Team Industrial Services (KYRAM license # 201-756-05) and Applied Technical Services (KYRAM license # 201-754-05). Every effort was made to ensure increased controls compliance prior to health and safety license issuance, including pre-licensing site visits.

20. Discuss any variances in licensing policies and procedures or exemptions from the regulations granted during the review period.

Ictal Brain Imaging Single Positron Emission Computed Tomography (IBI-SPECT) exemption was developed on 7/31/10 and requirements thoroughly documented by RHB at the behest of several medical licensees. IBI-SPECT exemptions were been granted to two facilities in 2011 – the University of Louisville broad scope medical license (KYRAM license # 202-029-22) and Norton Brownsboro Hospital (KYRAM license # 202-396-24) with a third currently being processed as part of an amendment in entirety, Norton Hospital (KYRAM license # 202-031-74). For those two licenses granted this exemption, a license condition spelling out the requirements for utilization of this exemption including end of year reporting requirements to RHB. Neither facility took advantage of this exemption in 2011. The IBI-SPECT license condition is as follows:

THE LICENSEE SHALL COMPLY WITH THE EXEMPTION REQUIREMENTS DESCRIBED IN THE RADIATION HEALTH BRANCH LETTER DATED JULY 31, 2010 ENTITLED "UNIQUE NEEDS OF SEIZURE DISORDER PATIENTS REQUIRING MEDICAL UNIT MONITORING FOR RADIOPHARMACEUTICAL INJECTION PRIOR TO TOMOGRAPHIC (SPECT) ICTAL BRAIN IMAGING (IBI)". REGARDLESS OF THE INITIAL GRANTING DATE OF THE EXEMPTION, THE LICENSEE MUST SUBMIT AN AMENDMENT REQUEST TO EITHER EXTEND THE EXEMPTION FOR ANOTHER YEAR OR A REQUEST TO RESCIND THE EXEMPTION ALONG WITH THE FOLLOWING INFORMATION BY JANUARY 15TH:

- A. THE NUMBER OF SPECT IBI PROCEDURES ORDERED IN THE PREVIOUS CALENDAR YEAR.
- B. THE NUMBER OF SPECT IBI PROCEDURES WHERE THE PATIENT RECEIVED THE RADIOPHARMACEUTICAL INJECTION.

C. THE NUMBER OF SPECT IBI PROCEDURES WHERE THE RADIOPHARMACEUTICAL WAS TAKEN TO THE MEDICAL UNIT AND NOT USED.

21. What, if any, changes were made in your written licensing procedures (new procedures, updates, policy memoranda, etc.) during the reporting period?

Pre-license checklists were updated to incorporate pre-licensing guidance and RSRM requirements. License templates for industrial and medical licenses were updated to include license conditions for physical address of records location, transfer of license control, requirements for RAM transportation, etc. Fixed and Portable Gauge License Guides were updated to incorporate the revised form RPS-7, Application for Radioactive Materials License which includes sealed source and device possession limits. The Portable Gauge License Guide was also updated to include the recent adoption of the two physical barrier rule that went into effect in 2011 as well as All licenses are undergoing a thorough review to identify those lacking possession limits and efforts to technically amend those licenses are underway.

Several standard forms were revised during the reporting period. These include the following:

- RPS-7, Application for Radioactive Materials License on 6/2011 to include possession limits, AE request, OSLD, etc.
- RPS-8, Authorized User Training and Experience and Preceptor Attestation. Divided single RPS-8 preceptor form into 6 distinct forms to reflect current training requirements specified in Part 072, revised on 6/3/11
 - RPS-8 AUD - Diagnostic Imaging
 - RPS-8 AUT - Therapy Unsealed
 - RPS-8 AUS - Therapeutic Sealed Sources
 - RPS-8 RSO - Radiation Safety Officer
 - RPS-8 AMP - Medical Physicist
 - RPS-8 ANP - Nuclear Pharmacist
- RPS-10, Disposition of Radioactive Material on 3/2011 to include requirement for submitting LLRW along with request for license termination
- Annual Low Level Radioactive Waste Report to simplify the form, to include contact information and to better explain reporting requirements.
- Kentucky Weekly Radiography Schedule to better keep track licensed activities at temporary jobsites
- Kentucky Reciprocity Location Report Form to better keep track of licensed activities

22. Identify by licensee name and license number any renewal applications that have been pending for one year or more. Please indicate why these reviews have been delayed and describe your action plan to reduce the backlog.

No license renewal applications have been pending for more than a year but numerous licenses are overdue for an Amendment in Entirety required every five or seven years depending on the license category (program code). Efforts are currently underway to work through the pending backlog of licensees requiring a comprehensive renewal. Up until the end of 2011, the Program was sending out 10 requests per quarter to licensees due for comprehensive renewal, or as it is referred in Kentucky regulation, "amendment in entirety". However, due to the departure of three staff at the beginning of 2012 and an increasing backlog of pending license actions, the decision was made to temporarily suspend timely renewal requests. Originally it was planned to incorporate possession limits on licensees lacking those restrictions as part of this amendment in entirety process.

V. Technical Quality of Incident and Allegation Activities

23. For Agreement States, please provide a list of any reportable incidents not previously submitted to NRC (See Procedure SA-300, *Reporting Material Events*, for additional guidance, OMB clearance number 3150-0178). The list should be in the following format:

<u>Licensee Name</u>	<u>License #</u>	<u>Date of Incident/Report</u>	<u>Type of Incident</u>
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All reportable incidents occurring during the review period have been previously submitted to the NRC.

24. Identify any changes to your procedures for responding to incidents and allegations that occurred during the period of this review.

All staff were required to attend the 8 hour NMED and SA-300 training workshop conducted jointly on-site by the NRC and INEEL on 5/11/11 in Frankfort. NMED 7.0 was installed on the shared network server and all staff instructed in its use. All staff are required to make entries into the local NMED database for any incident or allegation for which they are directly involved. NMED was adopted as the official method of tracking all incidents and allegations in RMS regardless of whether or not they are reportable. A new Incident & Allegation Report Form was prepared incorporating all of the information in SA-300, Table 4 along with a new NRC Fax Cover Sheet for reporting to the NRC Ops Center. A new 10 CFR -902 KAR reporting requirement cross reference table was developed. All staff were instructed in the use of these new forms and reference table. The staff use the RMS Outlook calendar to prompt follow-up on all open NMED events.

C. NON-COMMON PERFORMANCE INDICATORS

I. Compatibility Requirements

25. Please list all currently effective legislation that affects the radiation control program. Denote any legislation that was enacted or amended during the review period.

Current Effective Legislation for the Radiation Health Branch is listed below:

Kentucky Revised Statutes (KRS) 13B.170, 194A.050, 211.090, 211.842 to 211.852, 211.859, 211.990 (4), and KRS 211.861 to 211.869.

Regulations for radioactive material are located in Administrative 902 Kentucky Administrative Regulations (KAR) Chapter 100 (see <http://www.lrc.ky.gov/kar/TITLE902.HTM>).

Twelve parts of 902 KAR 100 were amended and published in their final form on June 3, 2011, November 16, 2011 and December 7, 2011. The final regulations are as follows:

<u>Revision Date</u>	<u>Title</u>	<u>State Section</u>
6/3/11	Definitions for 902 KAR Chapter 100.	902 KAR 100:010
6/3/11	Disposal of radioactive material	902 KAR 100:021
6/3/11	Specific licenses to manufacture, assemble, repair, or distribute products	902 KAR 100:058
6/3/11	Transportation of radioactive material	902 KAR 100:070
6/3/11	Use of radionuclides in the health arts	902 KAR 100:072
6/3/11	Notices, reports, and instructions to employees.	902 KAR 100:165
11/16/11	Standards for protection against radiation	902 KAR 100:019
11/16/11	Licensing requirements for land disposal of	902 KAR 100:022
11/16/11	General provisions for specific licenses	902 KAR 100:040
11/16/11	Decommissioning and financial surety	902 KAR 100:042
11/16/11	Industrial radiography	902 KAR 100:100
12/7/11	Wire line service operations	902 KAR 100:142

These regulation changes corresponded to the following RATS-IDs:

RATS ID # 1995-3
RATS ID # 1998-5
RATS ID # 1998-6
RATS ID # 1999-3
RATS ID # 2000-1
RATS ID # 2000-2
RATS ID # 2002-1
RATS ID # 2003-1
RATS ID # 2004-1
RATS ID # 2005-1
RATS ID # 2005-2
RATS ID # 2006-1

We believe that adoption of these revisions satisfies the compatibility and health and safety categories established in the Office of Federal and State Materials and Environmental Management Programs (FSME) Procedure SA-200.

26. Are your regulations subject to a "Sunset" or equivalent law? If so, explain and include the next expiration date for your regulations.

Our regulations are not subject to a "sunset law"

27. Please review and verify that the information in the enclosed State Regulation Status (SRS) sheet is correct. For those regulations that have not been adopted by the State, explain why they were not adopted, and discuss actions being taken to adopt them. If legally binding requirements were used in lieu of regulations and they have not been reviewed by NRC for compatibility, please describe their use.

The provided SRS information appears to be correct. According to the SRS, there are 10 amendments encompassing 12 parts of regulations finalized by Kentucky on 6/3/11, 11/16/11 and 12/7/11 for which there are outstanding compatibility comments. Of the 12 parts finalized in 2011, 7 received a total of 8 compatibility comments from the NRC on 2/29/12.

Those 7 regulations have been amended based on the NRC's comments and are currently being processed within the State system. Those 7 have not been provided to the NRC for final comment.

One of these amendments, RATS ID # 2001-1, was partially addressed by issuing license conditions to the affected M&D licensee. Those were recently amended to include reporting requirements which were originally omitted. As soon as the pending 7 parts of finalized regulations with NRC comments have been finalized by the Cabinet and submitted to the Legislative Review Committee (LRC), the intention is to begin processing RATS ID #2001-1.

28. If you have not adopted all amendments within three years from the date of NRC rule promulgation, briefly describe your State's procedures for amending regulations in order to maintain compatibility with the NRC, showing the normal length of time anticipated to complete each step.

Our process for amending regulations includes the following steps:

Drafting the regulation(s) IAW NRC compatibility requirements	3 months
NRC review of proposed regulation	2 months
Cabinet review and approval	6 months
File with Legislative Research Commission (LRC)	1 month
Regulation published by LRC	0.5 months
Prepare for public hearing	0.5 months
Public hearing period	1 month
Administrative Regulation Subcommittee review	1 month
Health & Welfare Committee review	1 month
Finalization of Kentucky Administrative Regulation	1 month
NRC review of final regulation	<u>2 months</u>
Total	19 months

II. Sealed Source and Device (SS&D) Evaluation Program

29. Prepare a table listing new and amended (including transfers to inactive status) SS&D registrations of sources and devices issued during the review period. The table heading should be:

Kentucky has only one Manufacturer and Distributor of industrial gauging devices, Ronan Engineering, Inc. (license no. 201-260-95 & 201-267-95). During the reporting period, no new registries for any Ronan devices were approved. However, one registry for the Ronan model SA-20 source holder (KY-576-D-116-S) was not approved due to health and safety concerns not being adequately addressed by the manufacturer. There have been no new discussions on the SA-20 since 2008. Also, during the reporting period, only one existing registry was amended but discussions are currently ongoing between Ronan and the NRC regarding the wording of the leak testing requirements for the RLL-1.

SS&D Registry Number	Manufacturer, Distributor or Custom User	Product Type or Use	Date Issued	Type of Action
KY-776-D-101- B	Ronan SA-1	Gamma Gauge	10/9/08	Amendment
KY-576-D-116-S	Ronan SA-20	Source Holder	N/A	New Device Not Approved
KY-576-D-113-B	Ronan RLL-1	Gamma Gauge	05/30/02	Discussions Ongoing with NRC Regarding Leak Tests

30. Please include information on the following questions in Section A, as they apply to the SS&D Program:

Technical Staffing and Training - Questions 2-9
Technical Quality of Licensing Actions - Questions 18-22
Technical Quality of Incident and Allegation Activities - Questions 23-24

The Radiation Health Specialist III who was primarily responsible for SS&D reviews before his retirement on 3/31/12, spent approximately 80 hours in the commission of these duties during the reporting period (August 1, 2008 through 3/31/12). The Radiation Health Specialist III who is slated to take his place has recently attended the NRC's SS&D Workshop. He has successfully completed 3 weeks of NRC health physics training including Introductory Health Physics course (H-117) and Basic Health Physics course (H-122) but has yet to complete the Health Physics Technology course (H-201) or the newly revised Fundamental Health Physics course (H-123) which may now be substituted for H-201. In addition, he has signed up to take the Licensing Practices and Procedures course (G-109) and Inspection Procedures course (G-108). Until such time that he successfully completes this required training, the Supervisor of the Radioactive Materials Section will serve in the capacity of SS&D reviewer. The Supervisor is the only current member of RMS who has successfully completed all of these required courses.

III. Low-level Radioactive Waste Disposal Program

31. Please include information on the following questions in Section A, as they apply to the Low-Level Radioactive Waste Disposal Program:

Technical Staffing and Training - Questions 2-9
Status of Materials Inspection Program - Questions 10-14
Technical Quality of Inspections - Questions 15-17
Technical Quality of Licensing Actions - Questions 18-22
Technical Quality of Incident and Allegation Activities - Questions 23-24

Information on the LLRW program is incorporated in the responses to the above questions on the program and is not separate from the radioactive materials program.

IV. Uranium Recovery Program

32. Please include information on the following questions in Section A, as they apply to the Uranium Recovery Program:

Technical Staffing and Training - Questions 2-9
Status of Materials Inspection Program - Questions 10-14
Technical Quality of Inspections - Questions 15-17
Technical Quality of Licensing Actions - Questions 18-22
Technical Quality of Incident and Allegation Activities - Questions 23-24

Kentucky does not have a uranium recovery program

MATERIALS REQUESTED TO BE AVAILABLE FOR THE ON-SITE PORTION OF AN IMPEP REVIEW

Please have the following information available for use by the IMPEP review team when they arrive at your office:

- List of open license cases, with date of original request, and dates of follow-up actions.
- List of licenses terminated during review period.
- Copy of current log or other document used to track licensing actions.
- List of all licensing actions completed during the review period (sorted by license reviewer, if possible).
- Copy of current log or other document used to track inspections.
- List of all inspections completed during the review period (sorted by inspector, if possible).
- List of inspection frequencies by license type.
- List of all allegations occurring during the review period. Show whether the allegation is open or closed and whether it was referred by NRC.
- List of all licenses that your agency has imposed additional security requirements upon.

ALSO, PLEASE HAVE THE FOLLOWING DOCUMENTS AVAILABLE:

- | | |
|---|--|
| • All State regulations | • Documented training plan, if applicable |
| • Statutes affecting the regulatory authority of the State program | • Records of results of supervisory accompaniments of inspectors |
| • Standard license conditions | • Emergency plan and communications list |
| • Technical procedures for licensing, model licenses, review guides | • Procedures for investigating allegations |
| • SS&D review procedures, guides, and standards | • Procedures for investigating incidents |
| • Instrument calibration records | • Enforcement procedures, including procedures for escalated enforcement, severity levels, civil penalties (as applicable) |
| • Inspection procedures and guides | |
| • Inspection report forms | • Job descriptions |
| | : |

STATE REGULATION STATUS

State: Kentucky
 [12 amendment(s) reviewed is identified by a ★
 at the beginning of the equivalent NRC requirement.]

Tracking Ticket Number: 12-3
 Date: February 29, 2012

RATS ID	NRC Chronology Identification	Date Due for State Adoption	Incoming Package	Outgoing Package	Notes
1991-1	Safety Requirements for Radiographic Equipment Part 34 55 FR 843 (Superceded by 1997-5)	01/10/1994	Final	No Comments 03/15/1996	Kentucky has adopted Final Regulations equivalent to RATS ID: 1997-5.
1991-2	ASNT Certification of Radiographers Part 34 56 FR 11504 (Superceded by 1997-5)	none	Not Required	Not Required	Kentucky has adopted Final Regulations equivalent to RATS ID: 1997-5.
1991-3	Standards for Protection Against Radiation Part 20 56 FR 23360; 56 FR 61352; 57 FR 38588; 57 FR 57877; 58 FR 67657; 59 FR 41641; 60 FR 20183;	01/01/1994	Final	No Comments 04/17/1998	
1991-4	Notification of Incidents Parts 20, 30, 31, 34, 39, 40, 70 56 FR 64980;	10/15/1994	Final	No Comments 03/15/1996	
1992-1	Quality Management Program and Misadministrations Part 35 56 FR 34104 (Superceded by 2002-2)	01/27/1995	Final	No Comments 03/15/1996	Kentucky has not yet adopted Final Regulations equivalent to RATS ID: 2002-2.
1992-2	Eliminating the Recordkeeping Requirements for Departures from Manufacturer's Instructions Parts 30, 35 57 FR 45566	none	Not Required	Not Required	Kentucky has adopted Final Regulations equivalent to RATS ID: 1997-5.
1993-1	Decommissioning Recordkeeping and License Termination: Documentation Additions [Restricted areas and spill sites] Parts 30, 40 58 FR 39628	10/25/1996	Final	No Comments 03/15/1996	
1993-2	Licensing and Radiation Safety Requirements for Irradiators Part 36 58 FR 7715	07/01/1996	Not Applicable ¹	Not Applicable	Kentucky does not have any licensees subject to these regulations. (See SECY-95-112)

RATS ID	NRC Chronology Identification	Date Due for State Adoption	Incoming Package	Outgoing Package	Notes
1993-3	Definition of Land Disposal and Waste Site QA Program Part 61 58 FR 33886	07/22/1996	Not Applicable ¹	Not Applicable	Kentucky does not have any licensees subject to these regulations. (See SECY-95-112)
1994-1	Self-Guarantee as an Additional Financial Mechanism Parts 30, 40, 70 58 FR 68726; 59 FR 1618	none	Not Required	Not Required	These regulations are not required to be adopted for purposes of Compatibility.
1994-2	Uranium Mill Tailings Regulations: Conforming NRC Requirements to EPA Standards Part 40 59 FR 28220	07/01/1997	Not Applicable	Not Applicable	Kentucky does not have authority to regulate this material under its Agreement.
1994-3	Timeliness in Decommissioning Material Facilities Parts 30, 40, 70 59 FR 36026	08/15/1997	Final	No Comments 04/17/1998	
1995-1	Preparation, Transfer for Commercial Distribution, and Use of Byproduct Material for Medical Use Parts 30, 32, 35 59 FR 61767; 59 FR 65243; 60 FR 322	01/01/1998	Final	No Comments 04/17/1998	
1995-2	Frequency of Medical Examinations for Use of Respiratory Protection Equipment Part 20 60 FR 7900	03/13/1998	Final	No Comments 04/17/1998	
*1995-3	Low-Level Waste Shipment Manifest Information and Reporting Parts 20, 61 60 FR 15649; 60 FR 25983	03/01/1998	Final ML120190307	No Comments 02/29/2012 ML120390127	
1995-4	Performance Requirements for Radiography Equipment Part 34 60 FR 28323 (Superseded by 1997-5)	06/30/1998	Final	No Comments 03/15/1996	Kentucky has adopted Final Regulations equivalent to RATS ID: 1997-5.
1995-5	Radiation Protection Requirements: Amended Definitions and Criteria Parts 19, 20 60 FR 36038	08/14/1998	Final	No Comments 04/17/1998	
1995-6	Clarification of Decommissioning Funding Requirements Parts 30, 40, 70 60 FR 38235	11/24/1998	Proposed	No Comments 06/21/2000	

RATS ID	NRC Chronology Identification	Date Due for State Adoption	Incoming Package	Outgoing Package	Notes
1995-7	Medical Administration of Radiation and Radioactive Materials Parts 20, 35 60 FR 48623 (Superceded by 2002-2 and 2005-2)	10/20/1998			Kentucky has not yet adopted Final Regulations equivalent to RATS IDs: 2002-2 and 2005-2.
1996-1	Compatibility with the International Atomic Energy Agency Part 71 60 FR 50248; 61 FR 28724 (Superceded by 2004-1)	04/01/1999	Final	Comments 06/21/2000	Kentucky has not yet adopted Final Regulations equivalent to RATS ID: 2004-1.
1996-2	One Time Extension of Certain Byproduct, Source and Special Nuclear Materials Licenses Parts 30, 40, 70 61 FR 1109	02/15/1999	Not Required	Not Required	These regulations are not required to be adopted for purposes of Compatibility.
1996-3	Termination or Transfer of Licensed Activities: Record keeping Requirements Parts 20, 30, 40, 61, 70 61 FR 24669	06/17/1999	Final	No Comments 06/21/2000	
1997-1	Resolution of Dual Regulation of Airborne Effluents of Radioactive Materials; Clean Air Act Part 20 61 FR 65120	01/9/2000	Final	No Comments 04/17/1998	
1997-2	Recognition of Agreement State Licenses in Areas Under Exclusive Federal Jurisdiction Within an Agreement State Part 150 62 FR 1662	02/27/2000	Final ML010780156	No Comments 03/30/2001 ML010890409	
1997-3	Criteria for the Release of Individuals Administered Radioactive Material Parts 20, 35 62 FR 4120	05/29/2000	Final	No Comments 04/17/1998	
1997-4	Fissile Material Shipments and Exemptions Part 71 62 FR 5907 (Superceded by 2004-1)	02/10/2000	Not Required	Not Required	These regulations are not required to be adopted for purposes of Compatibility. (See STP-97-078)
1997-5	Licenses for Industrial Radiography and Radiation Safety Requirements for Industrial Radiography Operations Parts 30, 34, 71, 150 62 FR 28947	06/27/2000	Final ML010780156	Comments 03/30/2001 ML010890409	

RATS ID	NRC Chronology Identification	Date Due for State Adoption	Incoming Package	Outgoing Package	Notes
1997-6	Radiological Criteria for License Termination Parts 20, 30, 40, 70 62 FR 39057	08/20/2000	Final	No Comments 06/21/2000	
1997-7	Exempt Distribution of a Radioactive Drug Containing One Micro curie of Carbon-14 Urea Part 30 62 FR 63634	01/02/2001	Final	No Comments 04/17/1998	
1998-1	Deliberate Misconduct by Unlicensed Persons Parts 30, 40, 61, 70, 71, 150 63 FR 1890; 63 FR 13773	02/12/2001	Final	No Comments 06/21/2000	
1998-2	Self-Guarantee of Decommissioning Funding by Nonprofit and Non-Bond-Issuing Licensees Parts 30, 40, 70 63 FR 29535	07/01/2001	Not Required	Not Required	These regulations are not required to be adopted for purposes of Compatibility.
1998-3	License Term for Medical Use Licenses Part 35 63 FR 31604 (Superceded by 2002-2)	07/10/2001	Not Required	Not Required	These regulations are not required to be adopted for purposes of Compatibility. (See STP-98-074)
1998-4	Licenses for Industrial Radiography and Radiation Safety Requirements for Industrial Radiographic Operations Part 34 63 FR 37059	07/09/2001	Final ML010780156	No Comments 03/30/2001 ML010890409	
*1998-5	Minor Corrections, Clarifying Changes, and a Minor Policy Change Parts 20, 32, 35, 36, 39 63 FR 39477; 63 FR 45393	10/26/2001	Final ML120190307	Comments 02/29/2012 ML120390127	
*1998-6	Transfer for Disposal and Manifests: Minor Technical Conforming Amendment Part 20 63 FR 50127	11/20/2001	Final ML120190307	No Comments 02/29/2012 ML120390127	
1999-1	Radiological Criteria for License Termination of Uranium Recovery Facilities Part 40 64 FR 17506	06/11/2002	Not Applicable	Not Applicable	Kentucky does not have authority to regulate this material under its Agreement.

RATS ID	NRC Chronology Identification	Date Due for State Adoption	Incoming Package	Outgoing Package	Notes
1999-2	Requirements for Those Who Possess Certain Industrial Devices Containing Byproduct Material to Provide Requested Information Part 31 64 FR 42269	10/04/2002	Not Required	Not Required	These regulations are not required to be adopted for purposes of Compatibility.
*1999-3	Respiratory Protection and Controls to Restrict Internal Exposure Part 20 64 FR 54543; 64 FR 55524	02/02/2003	Final ML120190307	No Comments 02/29/2012 ML120390127	
*2000-1	Energy Compensation Sources for Well Logging and Other Regulatory Clarifications Part 39 65 FR 20337	05/17/2003	Final ML120190307	Comments 02/29/2012 ML120390127	
*2000-2	New Dosimetry Technology Parts 34, 36, 39 65 FR 63750	01/08/2004	Final ML120190307	Comments 02/29/2012 ML120390127	Part 36 regulation changes were not adopted by Kentucky because they do not have any licensees. See RATS ID: 1993-2.
2001-1	Requirements for Certain Generally Licensed Industrial Devices Containing Byproduct Material Parts 30, 31, 32 65 FR 79162	02/16/2004	License Condition for 32.52 (a) & (b) only (nothing else reviewed) ML040550046	Comments 03/16/2004 ML040770705	
*2002-1	Revision of the Skin Dose Limit Part 20 67 FR 16298	04/05/2005	Final ML120190307	Comments 02/29/2012 ML120390127	
2002-2	Medical Use of Byproduct Material Parts 20, 32, 35 67 FR 20249	10/24/2005	Proposed ML042720262	Comments 10/28/2004 ML043030121	
*2003-1	Financial Assurance for Materials Licensees Parts 30, 40, 70 68 FR 57327	12/03/2006	Final ML120190307	Comments 02/29/2012 ML120390127	
*2004-1	Compatibility With IAEA Transportation Safety Standards and Other Transportation Safety Amendments Part 71 69 FR 3697	10/01/2007	Final ML120190307	Comments 02/29/2012 ML120390127	

RATS ID	NRC Chronology Identification	Date Due for State Adoption	Incoming Package	Outgoing Package	Notes
*2005-1	Security Requirements for Portable Gauges Containing Byproduct Material Part 30 70 FR 2001	07/11/2008	Final ML120190307	No Comments 02/29/2012 ML120390127	
*2005-2	Medical Use of Byproduct Material - Recognition of Specialty Boards Part 35	04/29/2008	Final ML120190307	Comments 02/29/2012 ML120390127	
2005-3	Increased Controls for Risk-Significant Radioactive Sources (NRC	12/01/2005	License Condition ML053180137	No Comments 11/15/2005 ML053190005	
*2006-1	Minor Amendments Parts 20, 30, 32, 35, 40 and 70	03/27/2009	Final ML120190307	Comments 02/29/2012 ML120390127	
2006-2	National Source Tracking System - Serialization Requirements Part 32 with reference to Part 20 Appendix E 71 FR 65685	02/06/2007	Not Applicable	Not Applicable	Kentucky responded on 03/02/2007 to FSME 06-110 stating that they currently have no licensees applicable to this rule ¹ . ML070610044
2006-3	National Source Tracking System Part 20 71 FR 65685, 72 FR 59162	01/31/2009	License Condition ML083180064	No Comments 12/17/2008 ML083220486	
2007-1	Medical Use of Byproduct Material - Minor Corrections and Clarifications Parts 32 and 35 72 FR 45147, 54207	10/29/2010			
2007-2	Exemptions From Licensing, General Licenses, and Distribution of Byproduct Material: Licensing and Reporting Requirements Parts 30, 31, 32, 150 72 FR 58473	12/17/2010			
2007-3	Requirements for Expanded Definition of Byproduct Material Parts 20, 30, 31, 32, 33, 35, 61, 150 72 FR 55864	11/30/2010			

RATS ID	NRC Chronology Identification	Date Due for State Adoption	Incoming Package	Outgoing Package	Notes
2007-4	Order Imposing Fingerprinting Requirements and Criminal History Records Check Requirements for Unescorted Access to Certain Radioactive Material NRC Order EA-07-305 72 FR 70901	06/05/2008	License Condition ML080990413	No Comments 05/02/2008 ML081220993	
2008-1	Occupational Dose Records, Labeling Containers, and Total Effective Dose Equivalent Parts 19, 20 72 FR 68043	02/15/2011			
2009-1	Medical Use of Byproduct Material – Authorized User Clarification Part 35 74 FR 33901	09/28/2012			
2011-1	Decommissioning Planning Parts 20, 30, 40, 70 76 FR 35512	12/17/2015			
2011-2	Licenses, Certifications, and Approvals for Materials Licensees Parts 30, 36, 39, 40, 70, and 150 76 FR 56951	11/14/2014			
2012-1	Change of Compatibility of 10 CFR 31.5 and 31.6 (See RATS ID: 2001-1 for Rule text) 77 FR 3640	01/25/2015			

¹ IMPEP Team: verify that Kentucky does not have any licensees subject to these regulations during each review.