

Performance Improvement Plan and Progress Report  
Georgia Radioactive Materials Program

IMPEP Recommendations	Task(s)	Milestones	Assignments	Anticipated Completion Date(s)	Status	Actual Completion Date
1. The review team recommends that the State develop and implement a plan to complete higher priority and initial inspections in accordance with the inspection frequencies specified in IMC 2800. (Section 3.2)	Eliminate backlog, get current, and ensure we stay current on all priority 1, 2, & 3 inspections.	<ol style="list-style-type: none"> <li>Develop spreadsheet of all past due and all CY 13 priority 1, 2, &amp; 3 inspections</li> <li>Assign to staff to ensure balanced workload</li> <li>Conduct inspections necessary to eliminate backlog and get current</li> <li>Track during weekly staff meetings</li> <li>Create spreadsheet of inspections for each subsequent calendar year</li> </ol>	<ol style="list-style-type: none"> <li>Mueller, Hardeman</li> <li>Mueller, Hardeman</li> <li>All Staff</li> <li>Mueller, Crowley</li> <li>Mueller, Crowley</li> </ol>	<ol style="list-style-type: none"> <li>January 15, 2013</li> <li>January 15, 2013</li> <li>June 30, 2013</li> <li>January 15, 2013</li> <li>December 1 of previous calendar year</li> </ol>	<ol style="list-style-type: none"> <li>Spreadsheet developed</li> <li>Assignments for back log and all CY 2013 inspections have been made</li> <li>Staff are conducting inspections according to schedule</li> <li>Standing agenda item at weekly staff meetings to review inspections completed in past week and to ensure staff are prepared for inspections for the next 2 weeks.</li> <li>Not started yet</li> </ol>	<ol style="list-style-type: none"> <li>Spreadsheet finalized January 15, 2013.</li> <li>Assignments made January 15, 2013.</li> <li>Ongoing</li> <li>Made a standing agenda item for weekly staff meetings January 15, 2013</li> <li>TBD</li> </ol>
2. The review team recommends that the State update its inspection procedures to include the most recent revisions to Inspection Manual Chapter 2800, including the implementation of inspection guidance for NSTS reviews. (Section 3.3)	Revise, update and keep current inspection procedure document	<ol style="list-style-type: none"> <li>Using IMC 2800, revise Georgia Inspection Procedures to incorporate changes and revisions to bring the Georgia Inspection Procedure document up to date.</li> <li>Circulate draft for specialist input</li> <li>Finalize inspection procedures</li> <li>Train all staff on new procedures</li> <li>Twice a year review GA Inspection procedure and monitor NRC All Agreement State letters for changes and revisions that need to be incorporated into the Inspection Procedure (update as necessary)</li> </ol>	<ol style="list-style-type: none"> <li>Mueller</li> <li>Cartoski</li> <li>Mueller</li> <li>Mueller, Crowley</li> <li>Mueller, Crowley</li> </ol>	<ol style="list-style-type: none"> <li>First draft by January 30, 2013</li> <li>Specialist complete review and provide input by March 1, 2013</li> <li>Finalize procedures by April 1, 2013</li> <li>Train all staff by July 1, 2013</li> <li>June and December of each calendar year</li> </ol>	<ol style="list-style-type: none"> <li>Sent initial draft to Cartoski on February 15, 2013 for his review and input</li> <li>Specialist completed review and provided edits to management on February 26, 2013</li> <li>Procedures were finalized May 31, 2013.</li> <li>Training was conducted on July 23, 2013.</li> <li>Not started yet</li> </ol>	<ol style="list-style-type: none"> <li>First draft completed February 11, 2013</li> <li>Specialist completed review February 26, 2013</li> <li>May 31, 2013</li> <li>July 23, 2013</li> <li>TBD</li> </ol>

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3. The review team recommends that the State perform Increased Controls security inspections at least as frequently as the priority of the license being inspected. (Section 3.3)	Establish a policy that all increased controls security inspections will be conducted as frequently as the priority of the license being inspected utilizing a pre-inspection checklist and a mandatory post-inspection report out to manager as a means of verification.	<ol style="list-style-type: none"> <li>1. Verbally establish policy</li> <li>2. Require post inspection report out to manager to ensure IC inspections are being completed.</li> <li>3. Memorialize policy in revised inspection procedures</li> <li>4. Include a verification that a licensee has IC as a part of the pre-inspection checklist.</li> <li>5. Train all staff on NRC requirements</li> <li>6. Train all staff on revised policy</li> </ol>	<ol style="list-style-type: none"> <li>1. Mueller</li> <li>2. Hardeman</li> <li>3. Mueller</li> <li>4. Mueller, Crowley</li> <li>5. Crowley</li> <li>6. Mueller, Crowley</li> </ol>	<ol style="list-style-type: none"> <li>1. Institute policy immediately</li> <li>2. Manager immediately begin using post inspection report out as means of verifying IC inspection was conducted</li> <li>3. Final inspection procedures by April 1, 2013</li> <li>4. By April 1, 2013, include a pre-inspection checklist to identify if IC is to be inspected as well. Manager sign off of pre-inspection checklist is required.</li> <li>5. Schedule NRC refresher training in March</li> <li>6. Train all staff by May 1, 2013</li> </ol>	<ol style="list-style-type: none"> <li>1. Policy has been Instituted</li> <li>2. Manager requires post-inspection report out and discusses IC component is required.</li> <li>3. Procedures were finalized May 31, 2013.</li> <li>4. Required in final inspection procedures.</li> <li>5. Working with NRC Regional State Agreement Officer to schedule training for June 6, 2013</li> <li>6. Training was conducted on July 23, 2013.</li> </ol>	<ol style="list-style-type: none"> <li>1. Policy instituted at January 15, 2013 staff meeting.</li> <li>2. All inspections since January 15, 2013 have included the required report out to manager</li> <li>3. May 31, 2013</li> <li>4. May 31, 2013</li> <li>5. July 23, 2013.</li> </ol>
4. The review team recommends that the State perform a causal analysis regarding the deficiencies identified during the NRC accompaniments of the Branch inspectors, as documented in this section as well as Appendix C of this report, and formulate corrective actions for the causes identified during this analysis. (Section 3.3)	Conduct a causal analysis of the three inspections with identified deficiencies and develop a corrective action plan to address. Modify policy for accompanied inspections to ensure a similar situation does not recur in the future.	<ol style="list-style-type: none"> <li>1. Require team inspections (two inspectors) for all Priority 1 and high Priority 2 inspections until problems are identified and resolved.</li> <li>2. Interview staff involved with deficient accompanied inspections.</li> <li>3. Determine and document causes.</li> <li>4. Develop a corrective action plan.</li> <li>5. Assign a senior qualified inspector to accompany all GA inspection staff on one of their inspections to give an objective assessment of the quality of inspection</li> </ol>	<ol style="list-style-type: none"> <li>1. Mueller</li> <li>2. Mueller, Hardeman</li> <li>3. Mueller, Hardeman</li> <li>4. Mueller, Hardeman</li> <li>5. Mueller, Seale</li> <li>6. Mueller, Crowley, Seale</li> <li>7. Crowley</li> </ol>	<ol style="list-style-type: none"> <li>1. January 2013</li> <li>2. Interviewed staff week of December 17, 2012.</li> <li>3. Document causes by January 4, 2013</li> <li>4. Develop corrective action plan by January 15, 2013</li> <li>5. Complete all accompanied inspections by July 1, 2013</li> <li>6. Provide critique of accompanied</li> </ol>	<ol style="list-style-type: none"> <li>1. Implemented January 2013</li> <li>2. Conducted interview with JM on November 7, 2012 and interviews with KR and QT on December 18, 2012.</li> <li>3. Determined inadequate preparation as the primary cause of the poor inspections.</li> <li>4. Determined corrective actions would include a) KR's licensee would be re-inspected, b)</li> </ol>	<ol style="list-style-type: none"> <li>1. Completed on January 15, 2013 in conjunction with revised schedule developed for recommendation 1.</li> <li>2. Completed interviews on December 18, 2012.</li> <li>3. Completed documentation of interviews and determination of</li> </ol>

August 24 November 11, 2013

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		<p>conducted by the inspector and to evaluate the overall radioactive inspection program in GA.</p> <p>6. Brief management on results of each accompanied inspection</p> <p>7. Program management will perform (or if no management qualified staff senior level qualified staff member to perform and provide feedback to management) at a minimum, annual inspector accompaniments of each qualified inspector and will not repeat the same modality (i.e. medical, industrial, ...) in back to back accompaniments.</p>		<p>inspection to management after each inspection</p> <p>7. Institute beginning CY 2014</p>	<p>new inspection procedures will emphasize proper pre-inspection preparation, c) assess areas needing refresher training and d) work with NRC state liaison to schedule another accompanied inspection with KR</p> <p>5. Schedule of accompanied inspections was developed on March 18. All accompanied inspections were completed on May 29, 2013.</p> <p>6. In addition to being provided with individual inspection reports, management was fully briefed on all accompanied inspections on June 4, 2013. Primary findings were a need to improve survey techniques, brush up on signage requirements and improve performance based inspection approaches.</p> <p>7. Not started yet</p>	<p>causes on January 7, 2013.</p> <p>4. Finalized corrective action plan on January 15, 2013</p> <p>5. May 29, 2013</p> <p>6. June 4, 2013</p> <p>7. TBD</p>
5. The review team recommends that the State update its medical licensing guidance documents to be consistent with Georgia regulations.	Update and keep current our medical licensing guidance documents to be consistent with Georgia regulations and with the latest	<p>1. Using NUREG 1556 as a starting point, revise and make it Georgia specific consistent with Georgia regulations</p> <p>2. Circulate draft for specialists input</p>	<p>1. Bennett</p> <p>2. Crowley, Mims</p> <p>3. Bennett, Crowley, Mueller</p> <p>4. Bennett, Crowley</p>	<p>1. First draft by April 1, 2013</p> <p>2. Specialists complete review and input by May 1, 2013</p> <p>3. Final version by</p>	<p>1. IB has begun updating existing guidance to more closely reflect latest NUREG 1556. IB completed initial draft on March 5.</p>	<p>1. April 5, 2013</p> <p>2. May 31, 2013.</p> <p>3. August 16, 2013.</p> <p>4. <del>TBD-September 17, 2013</del></p> <p>5. TBD</p>

IMPEP Recommendations (Section 3.4)	Task(s)	Milestones	Assignments	Anticipated Completion Date(s)	Status	Actual Completion Date
	version of NUREG-1556	3. Finalize medical licensing guidance 4. Train all staff on revised procedures 5. Annually review GA Inspection procedure and monitor NRC All Agreement State letters for changes and revisions that need to be incorporated into the Inspection Procedure (update as necessary)	5. Bennett, Crowley	June 1, 2013 4. Train all by July 1, 2013 5. June of each calendar year	JM completed second review April 5. 2. Staff completed review by May 31, 2013. 3. Revised guidance finalized August 16, 2013. 4. <del>Training being developed. Training conducted</del> <u>September 17, 2013.</u> 5. Not started yet	
6. The review team recommends that the State verify that all previously approved medical authorized users have proper documentation of their qualifications; since the new requirements were initiated in 2008. (Section 3.4)	Ensure all previously approved medical authorized users have proper documentation. Implement a policy to ensure AU's are added to license; in accordance with Georgia regulations, in the future.	1. Require a specific step during the peer review of medical licenses to ensure all new AUs being added have proper documentation to determine universe of authorized users. 2. Review existing licenses to determine universe of authorized users. 3. Identify authorized users that still need proper documentation 4. Contact the applicable licensees and request proper documentation 5. Amend and reissue licenses if necessary	1. Crowley, Odom 2. Crowley, Odom 3. Crowley, Odom 4. All staff 5. All staff	1. Implement peer review process by January 2, 2013 2. Determine universe of authorized users by April 1, 2013 (estimate is that approximately 300 AUs have been added since 2008) 3. Identify authorized users that need documentation by April 1, 2013 4. Request proper documentation from licensees by May 1, 2013 5. Amend and reissue necessary licenses by July 1, 2013	1. Peer review of medical licenses is being conducted to ensure new AUs have proper documentation 2. As of June 7, 2013 all active licenses have been reviewed for the addition of an AU since 2008. 3. As of June 7, 2013, 285 AUs have been identified as needing additional documentation and 1388 were added prior to the 2008 start date and therefore have been grandfathered 4. Instead of contacting all 285 AUs individually, the program will request the necessary credentials when it receives a notification, amendment or	1. Began January 2, 2013 and it is ongoing 2. June 7, 2013 3. June 7, 2013 4. Ongoing 5. Ongoing

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7. The review team recommends that the State implement pre-licensing guidance for all licensing actions to provide assurance that radioactive material will be used as specified on the license. (Section 3.4)	Update and implement the pre-licensing guidance for all licensing actions to ensure it is consistent with RCPD-08-020 "Requesting Implementation of the Checklist to Provide a Basis for Confidence that Radioactive Material will be used as Specified on a License and the Checklist for Risk-Significant Radioactive Material."	1. Establish and implement a policy that all new licenses will be hand delivered 2. Conduct refresher training on NRC's pre-licensing requirements 3. Using RCPD-08-020 as a starting point, develop Georgia specific procedures for pre-licensing actions <u>within overall licensing procedures (see program identified weakness #2).</u> 4. Circulate draft for specialists input 5. Finalize guidance 6. Train all staff on new procedures 7. Rescind original policy implemented and institute the newly created GA procedure.	1. Hardeman 2. Crowley 3. <del>Mueller</del> 4. <del>Cartoski</del> 5. <del>Bennett</del> 6. <del>Jameson</del> 7. <del>Mime</del> 8. <del>Ramdeen</del> 9. <del>All staff</del> 10. <del>Mueller</del> 11. <del>Cartoski</del> 12. Crowley, Mueller	1. January 2, 2013 2. Schedule NRC refresher training for March, 2013 3. First draft by <del>April 4, 2013</del> <u>December 1, 2013</u> 4. Specialists complete review and input by <del>May 4, 2013</del> <u>December 1, 2013</u> 5. Final version by <del>June 4, 2013</del> <u>January 21, 2014</u> 6. Train all by <del>July 1, 2013</del> <u>February 11, 2014</u> 7. <del>July 1, 2013</del> <u>February 11, 2014</u>	5. Ongoing, remaining gaps in certifying documentation will actively requested starting CY2014.  1. Staff are now hand delivering all new licenses 2. Training was conducted July 30, 2013. 3. In progress, <del>will be bundled with overall licensing procedures on target for December 1, 2013 draft.</del> 4. Not started yet 5. Not started yet 6. Not started yet 7. Not started yet	1. January 2, 2013 and it is ongoing 2. July 30, 2013. 3. TBD 4. TBD 5. TBD 6. TBD 7. TBD
8. The review team recommends that the State develop, document, provide training to the Branch staff on, and implement a procedure to notify the NRC of reportable incidents in a complete, timely and accurate manner in accordance with Office of Federal and State Materials and Environmental Management	Develop and implement procedures and train staff to ensure proper notification to NRC of reportable incidents.	1. Conduct refresher training on SA-300 and NMED reporting requirements 2. Using SA-300, develop Georgia specific procedures for notifying NRC of reportable incidents 3. Circulate draft for specialists input 4. Finalize procedures 5. Train all staff on new procedures and implement. 6. Review NMED monthly to ensure information submitted is accurate, requests for additional information has been	1. Hardeman 2. Hardeman, Jameson 3. All staff 4. Crowley, Mueller 5. Crowley, Jameson 6. Crowley, Jameson	1. Conduct refresher training in February 2. Complete draft of incident procedures by March 15, 2013. 3. Specialists complete review by April 1, 2013 4. Final procedure by April 15, 2013 5. May 1, 2013 6. January 2013 and monthly thereafter	1. Refresher training was provided by NRC 2. Initial draft of procedures was completed March 26. EJ completed the second review on June 4, 2013.. 3. Staff completed review on June 25, 2013. 4. Revised procedures were finalized July 31, 2013. 5. Training is scheduled for August	1. Refresher training conducted February 12, 2013 2. June 4, 2013 3. June 25, 2013. 4. July 31, 2013 5. Scheduled for August 27, 2013. 6. Ongoing.



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<p>Programs Procedure SA-300 "Reporting Material Events." (Section 3.5)</p> <p>9. The review team recommends that the State strengthen its incident response program and take measures to (1) develop, document, implement, and provide training to the Branch on the incident response procedure; (2) ensure that reported incidents are promptly evaluated to determine the appropriate type and level of Branch response, including providing for Branch management notification and review; (3) ensure that incidents are responded to with an appropriate level of effort and in a timeframe commensurate with the potential health and safety and/or security consequences of the incident; (4) ensure that licensee written reports are reviewed for completeness and appropriate corrective actions; and (5) ensure that the Branch's evaluation of licensee incidents, whether based on a</p>	<p>Develop incident response procedures which address all elements of the recommendation and find ways to ensure management awareness of all reported incidents.</p>	<p>1. Train staff on the CTS (GA's Complaint Tracking System) with a special focus on Radioactive Material Incident fields</p> <p>2. Utilize EPD's Complaint Tracking System to ensure incidents are properly evaluated for appropriate response.</p> <p>3. Utilize EPD's CTS to ensure incidents are properly responded to in a timely manner.</p> <p>4. Utilize EPD's CTS to ensure incidents are properly documented.</p> <p>5. Manager review of CTS weekly</p> <p>6. Draft comprehensive procedures for handling incidents.</p> <p>7. Circulate draft for specialists input</p> <p>8. Finalize procedures</p> <p>9. Train all staff on final procedure document and implement.</p>	<p>1. Hays</p> <p>2. All staff</p> <p>3. All staff</p> <p>4. All staff</p> <p>5. Hardeman</p> <p>6. Hardeman, Jameson</p> <p>7. All staff</p> <p>8. Crowley, Mueller</p> <p>9. Crowley, Jameson</p>	<p>1. Train staff on CTS in early January</p> <p>2. Begin using CTS in early January. When an entry is made into CTS GA management receives a notification of the entry. Also staff are asked during the weekly staff meeting to report out on any phone calls they may have received from a licensee discussing a potential incident.</p> <p>3. Management will review the entry in CTS and discuss the entry with the entering staff person to obtain additional information in order to decide the appropriate response action(s).</p> <p>4. Management will review the entries in CTS for proper documentation and will follow-up with the entering staff person if additional information is needed.</p> <p>5. Manager to begin reviewing CTS</p>	<p>27, 2013.</p> <p>6. Monthly review began in January</p> <p>1. Staff have been trained on CTS</p> <p>2. Staff are using CTS</p> <p>3. Staff are using CTS</p> <p>4. Staff are using CTS</p> <p>5. Manager is reviewing CTS weekly</p> <p>6. Initial draft of procedures was completed March 26.</p> <p>EJ completed the second review on June 4, 2013.</p> <p>7. Staff completed review on June 25, 2013.</p> <p>8. Revised procedures were finalized July 31, 2013.</p> <p>9. <del>Training is scheduled for August 27, 2013.</del> <u>Training conducted August 27, 2013.</u></p>	<p>1. Staff were trained on January 8, 2013</p> <p>2. Staff began using and CTS on January 8, 2013</p> <p>3. Staff began using and CTS on January 8, 2013</p> <p>4. Staff began using and CTS on January 8, 2013</p> <p>5. Manager began reviewing CTS weekly on January 8, 2013</p> <p>6. June 4, 2013.</p> <p>7. June 25, 2013.</p> <p>8. July 31, 2013.</p> <p>9. <del>Scheduled for August 27, 2013.</del> <u>August 27, 2013.</u></p>

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review of licensee reports, on-site reviews, or inspection follow-up, is properly documented to facilitate future followup. (Section 3.5)				weekly in early January 6. Complete draft of incident procedures by March 15, 2013. 7. Specialists complete review by April 1, 2013 8. Final procedure by April 15, 2013 9. Train all staff by May 1, 2013		
10. The review team recommends that the State revise, enhance, implement, and provide training to the staff on its Allegation Procedure, including providing additional written guidance on (1) recognizing and identifying allegations; (2) notifying Branch management of all received allegations; (3) promptly evaluating allegations for safety and security significance; (4) ensuring that the level of effort and timeliness in responding to allegations is commensurate with the potential significance of the allegation; and (5) tracking all allegations to ensure timely review and closure and timely feedback	Revise current allegation procedures to address all elements of the recommendation and find ways to ensure management awareness of all reported incidents.	1. Train staff on the CTS with a special focus on the Radioactive Material Allegation fields 2. Utilize EPD's Complaint Tracking System to ensure allegations are properly evaluated for appropriate response. 3. Utilize EPD's CTS to ensure allegations are properly responded to in a timely manner. 4. Utilize EPD's CTS to ensure allegations are properly documented. 5. Draft revised procedures for handling allegations. 6. Circulate draft for specialists input 7. Finalize procedures 8. Train all staff on final procedure document and implement.	1. Hays 2. All staff 3. All staff 4. All staff 5. Hardeman, Jameson 6. All staff 7. Crowley, Mueller 8. Crowley, Jameson	1. Train staff on CTS in early January 2. Begin using CTS in early January. When an entry is made into CTS GA management receives a notification of the entry. Also staff are asked verbally to communicate the receipt of an allegation to the manager. 3. Management will review the entry in CTS and discuss the entry with the entering staff person to obtain additional information in order to decide the appropriate response action(s). 4. Management will review the entries in CTS for proper documentation and will follow-up	1. Staff have been trained on CTS 2. Staff are using CTS 3. Staff are using CTS 4. Staff are using CTS 5. Initial draft of procedures was completed March 26. EJ completed the second review on June 4, 2013. 6. Staff completed review on June 25, 2013. 7. Revised procedures were finalized July 31, 2013. 8. <del>Training is scheduled for August 27, 2013. Training conducted August 27, 2013.</del>	1. Staff were trained on January 8, 2013 2. Staff began using and CTS on January 8, 2013 3. Staff began using and CTS on January 8, 2013 4. Manager began reviewing CTS weekly on January 8, 2013 5. June 4, 2013 6. June 25, 2013. 7. July 31, 2013. 8. <del>Scheduled for August 27, 2013.</del>

IMPEP Recommendations to allegers. (Section 3.5)	Task(s)	Milestones	Assignments	Anticipated Completion Date(s) with the entering staff person if additional information is needed.	Status	Actual Completion Date
11. The review team recommends that the State qualify one additional reviewer in SS&D evaluations to provide backup for the principal reviewer. This is in addition to a qualified reviewer or supervisor performing concurrence reviews. (Section 4.2 of the 2004 IMPEP report and 2013 IMPEP MRB).	Qualify two additional SS&D reviewers (one primary and one secondary).	<ol style="list-style-type: none"> <li>1. Evaluate option of returning the SS&amp;D certification program back to the NRC</li> <li>2. Register recently transferred employee for all applicable NRC courses.</li> <li>3. Conduct on the job training as a primary reviewer for recently transferred employee</li> <li>4. Once new program manager is hired, register them for all applicable NRC courses</li> <li>5. Conduct on the job training as a secondary reviewer for new program manager</li> <li>6. Utilize NC for secondary reviews as needed until new manager is hired and trained a secondary reviewer</li> </ol>	<ol style="list-style-type: none"> <li>1. Mueller</li> <li>2. Nederhand</li> <li>3. Jameson, Nederhand</li> <li>4. Crowley</li> <li>5. Jameson, Crowley</li> <li>6. Jameson</li> </ol>	<ol style="list-style-type: none"> <li>1. Make a decision on whether to keep or return the SS&amp;D program by July 1, 2013</li> <li>2. Complete all necessary NRC courses by end of calendar year 2013</li> <li>3. Complete on the job training by end of calendar year 2014</li> <li>4. Complete all necessary NRC courses within one year of program manager being hired</li> <li>5. Complete on the job training within two years of program manager being hired</li> <li>6. Ongoing as needed</li> </ol>	<ol style="list-style-type: none"> <li>1. A memo outlining the prospect and procedures for returning the SS&amp;D program has been prepared and routed for upper managements consideration. On June 5, 2013 Governor Deal signed a letter requesting the return of the SS&amp;D program to the NRC.</li> <li>2. Nederhand has attended H-122 (1/28-2/8), G-108 (3/4-3/8) and G-109 (3/11-3/15). Nederhand has retired effective May 31, 2013.</li> <li>3. OJT is occurring</li> <li>4. David Crowley hired as new program manager effective May 1, 2013.</li> <li>5. David Crowley hired</li> </ol>	<ol style="list-style-type: none"> <li>1. Governor's letter signed June 5, 2013.</li> <li>2. Nederhand retired May 31, 2013.</li> <li>3. Nederhand retired May 31, 2013.</li> <li>4. In light of the June 5, 2013 Governor's letter, training the new manager will not be a priority.</li> <li>5. In light of the June 5, 2013 Governor's letter, training the new manager will not be a priority.</li> <li>6. In light of the June 5, 2013 Governor's letter, training the new manager will not</li> </ol>



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					as new program manager effective May 1, 2013. 6. This is no longer necessary. Governor Nathan Deal submitted a letter to NRC to give up SS&D program on June 5 <sup>th</sup> , 2013. A letter response to Governor Deal approved taking back the program dated August 15 <sup>th</sup> , 2013 and will become active on August 22 <sup>nd</sup> , 2013. The files will be transferred on/after the 22 <sup>nd</sup> based on the NRC's availability.	be a priority. Staff will begin preparing the SS&D files for transfer to NRC. <u>All files have been transferred to NRC.</u>
12. The review team recommends that the State develop and implement a plan to inactivate SS&D registrations for devices and sources that are no longer being made or distributed. (Section 4.2.2)	Develop and implement plan to inactivate SS&D registrations.	1. Develop a spreadsheet identifying all subject registrations. 2. Identify target dates to complete inactivation. 3. Inactivate applicable registrations.	1. Jameson, Netherhand 2. Jameson, Netherhand 3. Jameson, Netherhand	1. Develop spreadsheet of all subject registrations by January 31, 2013. 2. Identify target dates to complete inactivations by January 31, 2013 3. Complete inactivations by June 1, 2013	1. Spreadsheet has been developed 2. Target dates have been identified and incorporated into the spreadsheet 3. Inactivations are in progress – as of June 1, 50% of the identified registrations have been inactivated.	1. February 12, 2013 2. February 12, 2013 3. In light of the Governor's letter, staff will begin preparing the files for transfer to NRC. <u>All files have been transferred to NRC.</u>
13. Improve communication and foster a strong safety culture within the program	Improve communication, camaraderie and safety culture	1. Conduct weekly staff meetings 2. Informally visit with staff individually every morning 3. Require pre inspection meetings with management 4. Require post inspection report out with management 5. Relocate staff to offices	1. Mueller 2. Crowley 3. Crowley 4. Crowley 5. Mueller, All staff	1. Begin January 8, 2013 2. Begin December 10, 2012 3. Begin January 8, 2013 4. Begin January 8, 2013 5. January 31, 2013	1. Weekly meetings are held regularly 2. Manager walks around every morning and visits with staff regarding what they are working on and any issues they may be having	1. January 8, 2013 2. December 10, 2013 3. January 8, 2013 4. January 8, 2013 5. January 24, 2013

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		within the Air Branch to foster camaraderie with all branch staff			<p>3. Staff discuss preparation for upcoming inspections at the weekly staff meetings</p> <p>4. Staff discuss how inspections went including any findings at the weekly staff meeting</p> <p>5. All staff have relocated to offices within the Air Branch's building</p>	

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

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

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

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

Program-Identified Weakness	Task(s)	Milestones	Assignments	Anticipated Completion Date(s)	Status	Actual Completion Date
1. No system in place to actively track expiring licenses and to notify licensees to make renewals.	Establish effective means for identifying and notifying a licensee that their license is expiring.	<ol style="list-style-type: none"> <li>Assign responsibility to individual for tracking expiring licenses.</li> <li>Establish flags/queries to assist in the database and information management.</li> <li>Begin issuing notices to afford licensee sufficient lead time to submit renewals via email/mail/fax/telephone.</li> </ol>	<ol style="list-style-type: none"> <li>Tinson, Crowley</li> <li>Crowley</li> <li>Tinson</li> </ol>	<ol style="list-style-type: none"> <li>Person assigned by 1 July 2013.</li> <li>Optimized tracking means by 1 July 2013.</li> <li>Issuing notices by 31 July 2013.</li> </ol>	<ol style="list-style-type: none"> <li>Assigned</li> <li>Trying to rework database to facilitate. Created a list of licensees requiring renewal submissions.</li> <li><u>Developing</u> <u>Developed</u> a letter/mail merge system to ease in the notification process. Goal will be to give a notice 3 months out to provide ample time for a licensee to submit a renewal a month prior to expiration.</li> </ol>	<ol style="list-style-type: none"> <li>July 25<sup>th</sup>, 2013</li> <li>August 12<sup>th</sup>, 2013</li> <li><del>TBD</del> <u>September 20<sup>th</sup>, 2013</u></li> </ol>
2. No formalized license procedures in place. This leads to inconsistent licensing timeliness and different communication protocols which severely reduces licensing efficacy.	Establish a formal licensing procedure, this will provide timelines and expectations of the staff.	<ol style="list-style-type: none"> <li>Evaluate current licensing processes.</li> <li>Formulate a draft procedure to include pre-licensing, licensing, and office administrative protocols.</li> <li>Circulate draft to staff <del>for</del> <u>and receive comments</u>.</li> <li>Finalize licensing procedures.</li> <li>Provide training on new licensing procedures and expectations.</li> </ol>	<ol style="list-style-type: none"> <li>Crowley, Cartoski</li> <li><u>Crowley, Cartoski</u></li> <li>All staff</li> <li>Crowley</li> <li>Crowley</li> </ol>	<ol style="list-style-type: none"> <li>13 September 2013</li> <li><del>11 October 2013</del> <u>1 December 2013</u></li> <li><del>3-25 October 2013</del> <u>3 January 2014</u></li> <li><del>4-8 November 2013</del> <u>14 February 2014</u></li> <li><del>5-22 November 2013</del> <u>18 February 2014</u></li> </ol>	<ol style="list-style-type: none"> <li><del>In progress</del> <u>Complete</u>.</li> <li><del>Not started</del> <u>In Progress</u>.</li> <li>Not started.</li> <li>Not started.</li> <li>Not started.</li> </ol>	<ol style="list-style-type: none"> <li><del>TBD</del> <u>1 November 2013</u>.</li> <li>TBD</li> <li>TBD</li> <li>TBD</li> <li>TBD</li> </ol>
3. Poor database system for tracking inspections, licensing, licensee information, enforcement, etc.	To revamp or create new process for tracking office	<ol style="list-style-type: none"> <li>Identify the needs and requirements of a new system.</li> <li>Create platform.</li> <li>Migrate existing data.</li> <li>Implement and train staff who will use.</li> </ol>	<ol style="list-style-type: none"> <li>Crowley</li> <li><u>Crowley, Brian Gregory, Tom Conley (KS)</u></li> <li><u>Crowley, Tom Conley (KS)</u></li> <li><u>Crowley, Namiki Keith, Tom Conley (KS)</u>, <u>all staff</u>.</li> </ol>	<ol style="list-style-type: none"> <li>15 February 2014</li> <li>11 April 2014</li> <li>18 April 2014</li> <li>25 April 2014</li> </ol>	<ol style="list-style-type: none"> <li><del>Not started</del> <u>Complete</u> - needed WBL or more complete access driven system, but WBL's implementation time is too long.</li> <li><del>Not started</del> <u>Decided to adopt Kansas' data management and licensing system. To be implemented week of 18 November 2013.</u></li> <li>Not started.</li> <li>Not started.</li> </ol>	<ol style="list-style-type: none"> <li><del>TBD</del> <u>30 September 2013</u>.</li> <li><del>TBD</del> <u>31 October 2013</u>.</li> <li>TBD</li> <li>TBD</li> </ol>

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