2013 ARKANSAS IMPEP
Comment Resolution for the March 21, 2014 letter, Appendix B, from ADH (ML14083A332) regarding the February 20, 2014, draft IMPEP report

ARKANSAS' COMMENTS REGARDING THE DRAFT REPORT:

ITEM 1:

Cover letter. page 1:
"The review team's revised recommendations and preliminary findings were discussed with Arkansas management on December 12, 2013."

Draft report, Introduction. page 1:
"The review team's revised recommendations were discussed with Arkansas management on December 12, 2013."

Draft report, Technical Quality of Inspections, page 7:
"These changes were discussed with the Program Manager on December 12, 2013."

For consistency and accuracy, please change these statements in the draft report to read:
"The revised preliminary findings were discussed with the Radioactive Materials Program Manager on December 12, 2013 which was shared with the Department's upper management."

Response:

The referenced statements have been corrected to read: "The revised preliminary Findings were discussed with the Radioactive Materials Program Manager on December 12, 2013." The IMPEP team is unable to report on further actions taken by the Program Manager to disseminate the information, and therefore, did not include the suggested revision "…which was shared with the Department's upper management."

ITEM 2.a.:

"Licenses are issued for a 10 year period under a timely renewal system."

According to Program Procedures, radioactive material licenses are issued for a 7 year period. Please make this correction in the draft report.

Response:

The statement has been corrected to reflect a 7 year renewal period.

ITEM 2.b.:

"In another case file reviewed, a licensee requested to have a location removed from a license, but did not include radiation surveys or leak test records to demonstrate that the facility could be released for unrestricted use; however, the location was removed from the license."

The storage location for this radiography licensee was a portable building owned by the licensee and used for permanent storage at the use location in Arkansas. The portable storage building was identified during the pre-license visit. The licensee removed the

portable building containing the radiography cameras to another location in another state. The actual use location in Arkansas would not require radiation surveys or leak test records to demonstrate compliance for release. It should be noted that the licensee did not request that the portable building be released for unrestricted use.

This is also identified in Appendix D, File Number 5.

The Department requests that this information be removed from the draft report and Appendix D.

Response:

The permanent storage location in Arkansas was removed from the license via an amendment request. The licensing case file did not include justification for removing the storage location from the license, such as surveys or leak tests. The text was revised to reflect this clarification. The comment listed in Appendix D, File No. 5, was also revised accordingly.

ITEM 3:

Draft report. Technical Quality of Incident and Allegation Activities, pages 10-11:

"'The review team inquired regarding commensurate procedures for responding to medical events. The Program Manager indicated that procedures for responding to medical events were not developed because the Program does not receive many medical event reports. Given the infrequency of reported or identified medical events and the Program's inexperience, the team determined the Program would benefit from procedures addressing medical events."

The Department would like to offer information that may further clarify the above referenced statements. The Radiation Control Section has the responsibility to respond to all emergencies involving radiation. The Section maintains and provides training on very detailed internal procedures for possible emergencies at Arkansas Nuclear One. The internal guidance document entitled "' Emergency Response Procedures for non-ANO Incidents" finalized in 2013 was prepared for use by any Radiation Control Section Staff who might receive a notification of an incident involving radioactive materials. The RAM Program has more detailed procedures for incidents involving materials.

Medical event notifications were not included in these internal procedures. Medical event notifications are rarely, if ever, received by other Radiation Control Section Staff. Based on past history and experience, notifications of medical events have been directly reported to RAM Program Staff. This was apparently miscommunicated by the RAM Program Manager.

Radiation Control Section Staff may be inexperienced in handling the notification of medical events, but they are trained to promptly direct these events to the RAM Program Staff. The Department recognizes the importance of cross training and encourages a teamwork concept in emergencies and incidents.

Radiation Control Section Staff is in the process of developing an incident response

guidance document entitled "RAM Licensee Medical Incidents". This is a draft document and is still under review for final approval. Training will be provided once the document has received final approval.

The Department requests that the referenced statement be removed or revised to correctly reflect the role of the Radiation Control Section Staff in response to medical events. We believe that the RAM Program Staff does have the experience and knowledge to properly handle a medical event notification.

We agree that there is a need for a medical event procedure and additional training for Radiation Control Section Staff."

Response:

The referenced text has been clarified to indicate that the "Emergency Response Procedures for non-ANO Incidents" address how the Radiation Control Section receives notifications of events. It was further clarified that the Radiation Materials Program procedure RAM-04.4 "Responding to Events Involving Radioactive Material" describes general event response procedures and does not contain specific guidance associated with responding to or evaluating medical events.

ITEM 4:

Appendix C Inspection Casework Reviews

We have reviewed the information in this Appendix and request the following corrections be made to the report.
a. File No.: 4
Licensee: University Nuclear & Diagnostic
Inspection Type: Initial, Inspection Date. 5/21-25/13
License No.: ARK-1019-02201
Announced Priority: 5
Inspectors: RP, AS, JT

The initial on-site inspection was conducted on 05/21/2010 by RP, JT. There is no RAM Staff member with initials AS. Please make appropriate changes in the draft report.

Response:

The date of the inspection has been corrected to 5/21/10 and the Inspector initials "AS" have been deleted.

ITEM 5.a.:

Appendix D License Casework Reviews

We have reviewed the information in this Appendix and request the following corrections or additions should be included in the report.
File No.: 10
Licensee: St. Vincent Infirmary Medical Center
Type of Action: Amendment
Date Issued: 8/27/13

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License No.: ARK-0394-02120
Amendment No.: 143
License Reviewer: AH

Comments:

1) Sealed Sources/or manual brachytherapy therapy authorized as "seed" on the license and did not specify manufacturer or model number.
2) Sealed Sources for manual brachytherapy and calibration sources did not specify Manufacturer or model number.
3) Sealed sources listed in sections 8.H, 8.O and 8.P did not list the maximum activity authorized per single source as directed in Requesting Implementation of a Policy on Maximum Possession Limits for Radioactive Licenses (RCPD-10-007).
4) Cover letter mailed with license amendment did not include the standard language for releasing a specific authorized use location for unrestricted use in accordance.

The Department issued Amendment 144 on 01/06/2014 to correct the items identified in the comment.

Response:

Although the team appreciates the stated actions taken by the State to address the comments and correct the license, the action was taken by the State after the review period. The IMPEP team cannot include a comment regarding an action taken by the State that was performed outside of the review period and not reviewed by the team; however the State can address this at the MRB meeting.

ITEM 5.b.:

b. File No.: 15
Licensee: CARTI
Type of Action: Renewal
Date Issued: 7/11/13
License No.: ARK-0654-02200
Amendment No.: 61
License Reviewers: KA, JT

Comment:

Licensee upgraded the high dose rate remote afterloader (HDR) unit to a new model with pulsed dose mode (PDR) capabilities, as well as interlock, and software updates. The Operating and Emergency procedure that was a tie-down condition to the license did not reflect the change in the model number of the HDR unit, the changes associated with its operation and additional/raining on the upgraded HDR unit. According to Program License Files, the document identified as a Renewal action is Amendment Number 56 issued on 04/09/2012 reviewed by KA, KW. The Department requests that the draft report be changed to reflect the correct information for the renewal document. The Department has requested information from the licensee to correct the Operating and Emergency Procedures to correctly identify the correct model number of the HDR unit.

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Response:

The Amendment Number has been corrected to 56; the License reviewer initials were corrected to “KA, KW;” and the Date Issued was corrected to 4/9/12. Similar to the above, the team appreciates the stated action taken by the State to address the comment. The IMPEP team cannot include a comment regarding an action taken by the State that was performed outside of the review period and not reviewed by the team; however the State can address this at the MRB meeting.