

Georgia Radioactive Materials Program
Performance Improvement Plan (PIP) and Progress Report -
Response to Final IMPEP Report dated 30 May 2014

IMPEP Recommendations	Task(s)	Milestones	Assignments	Anticipated Completion Date(s)	Status	Actual Completion Date
1. The review team recommends that the State: (1) implement its inspection procedures to ensure that inspectors document the reason for missing temporary job site inspections; document details and circumstances of violations in inspection reports and NOV's; consider a reduction (or increase) in inspection frequency for serious violations and conduct performance based inspections; and (2) complete its enforcement procedure for assigning severity levels of violations. (Section 3.3)	A. Retrain staff and better implement current standards for the documentation of inspections.	A.1. Retrain staff on the appropriate documentation of inspection activities.	A.1. Crowley	A.1. 5 August 2014	A.1. Developing training, documenting examples, and scheduled training.	A.1. 5 August 2014
		A.2. Conduct manager or peer reviews of 100% of inspection reports (all reports alleging violations were already being reviewed and signed by management).	A.2. Crowley and Qualified Staff	A.2. 10 October 2014	A.2. Management currently reviewing all reports with NOV's. Developing a peer review policy for qualified staff to review non-NOV reports.	A.2. TBD
	B. Reinforce inspection procedures on what is meant by performance based inspections.	B.1. Reinforce current procedures through targeted training on performance based inspection techniques by NRC personnel.	B.1. Crowley and NRC Inspection Staff	B.1. 23 September 2014	B.1. Scheduled with NRC and GA staff for 23 September 2014.	B.1. TBD
		B.2. Conduct supervisory accompaniments to ensure proper performance based techniques are utilized.	B.2. Crowley	B.2. Ongoing, at least once per staff per year.	B.2. Two accompaniments completed. Two more schedule before end of September 2014.	B.2. TBD
		B.3. Update inspection report forms to have more performance based characteristics.	B.3. Various Staff	B.3. 15 October 2014	B.3. Waiting to commence until previous training milestones are completed.	B.3. TBD
		B.4. Review current inspection procedures for possible improvements that would enhance an inspector's comprehension of performance based inspections. Continue reviews annually for possible improvements.	B.4. TBD	B.4. 26 November 2014	B.4. Awaiting completion of prior milestones for consideration in editing the procedure. Not started.	B.4. TBD
	C. Complete enforcement procedures and train staff on how to	C.1. Prepare a draft enforcement procedure to include assignments of various severity levels and enforcement actions.	C.1. Reese	C.1. 2 June 2014	C.1. Draft completed.	C.1. 7 May 2014

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	utilize them (to include increasing inspection frequency based on severity levels).	C.2. Finalize enforcement procedure, provide training and begin implementation for all future violations. C.3. Analyze efficacy of enforcement procedure on an annual basis.	C.2. Reese, Crowley C.3. TBD	C.2. 17 December 2014 C.3. 17 December 2015	C.2. Management and state enforcement personnel providing additional review. C.3. Will be conducted within one year of initial implementation. Not started.	C.2. TBD C.3. TBD
2. 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, kept open from 2012 IMPEP)	A. Audit all existing medical licenses for users added post 2008 rule change and identify those needing further documentation. B. Continuous tertiary checks by a devoted authorized user reviewer to ensure proper and consistent documentation is acquired. C. Actively send requests to users for securing the appropriate documentation.	A. Perform review of all existing licensees to determine how many users do not have adequate certifying documentation. B. Check all license actions for appropriate documentation of all authorized users. C. Send monthly requests to 10% of the remaining deficient users.	A. Odom B. Odom C. Odom, Franklin	A. 1 April 2013 B. Ongoing C. Ongoing, until all known gaps are filled. It could take more than 10 months depending on response cooperation.	A. Completed and showed that 285 users still needed some proof of certification, typically the preceptor attestation letters. B. As of 9 June 2014, 211 users remained that still required some form of documentation. C. Letter is drafted and in review. First monthly requests were sent out in July 2014. 135 users remaining of the ~285 (since June 2013).	A. 7 June 2013 B. TBD C. TBD
3. The review team recommends that the State finalize its procedure for pre-licensing requirements and provide training to the staff on the revised	A. Finalize licensing procedures (which includes pre-licensing requirements).	A.1. Incorporate comments from reviews and finalize procedures. A.2. Perform annual review and revise as necessary.	A.1. Cartoski A.2. TBD	A.1. 29 April 2014 A.2. 20 May 2015	A.1. Allowed for extra time so that program staff could properly read through and comment on the upcoming procedures. Complete. A.2. Will be conducted within one year of initial procedure.	A.1. 20 May 2014 A.2. TBD

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procedure. (Section 3.4)	B. Provide training and conduct reviews of new license actions to ensure adequacy with requirements.	B.1. Develop and conduct training to inform staff of new licensing procedure requirements.	B.1. Cartoski	B.1. 8 July 2014	B.1. Training scheduled for 8 July 2014.	B.1. 8 July 2014
		B.2. Review pre-licensing activities to ensure adequate basis of confidence is reached.	B.2. Crowley	B.2. 26 November 2014	B.2. Awaiting prior milestone completion and example cases for review.	B.2. TBD