

**SITE VISIT OBSERVATION**

NAME OF ORIGINATOR

ORGANIZATION

LICENSEE

SENIOR LICENSEE PERSON

TITLE OF SENIOR LICENSEE PERSON

PURPOSE OF VISIT

INSPECTOR(S) OBSERVED

SAFETY ISSUES

SECURITY ISSUES

Note: When documenting the licensee's comments, be as specific as possible with respect to the NRC organization involved and the associated characteristics (communication, timeliness, quality of activity, working relationship, etc.).

FAVORABLE FEEDBACK

**Email completed form to [FeedbackROP.Resource@nrc.gov](mailto:FeedbackROP.Resource@nrc.gov) and/or forward hard copy to  
Branch Chief, IPAB, Mail Stop O-7 G13**

UNFAVORABLE FEEDBACK (ISSUE OR PROBLEM)

OTHER COMMENTS

RECOMMENDATIONS/RESOLUTION

ACTIONS NEEDED

TRACKING

DOCKET NO(S)

LICENSE NO(S)

cc: Regional Administrator  
Deputy Regional Administrator  
Technical Division Directors  
Cognizant Regional Branch Chief  
Cognizant Senior Resident Inspector  
Cognizant DORL Project Manager  
Cognizant DORL Branch Chief  
Chief, IPAB  
NMSS (appropriate DD)  
Chief, Security Oversight Section, NSIR (for security issues)