STATE OF ALABAMA DEPARTMENT OF
PUBLIC HEALTH
Donald E. Williamson, MD
State Health Officer

July 1, 2015

Christian E. Einberg, Chief
Agreement State Programs Branch
Division of Material Safety, State, Tribal, and Rulemaking Programs
Office of Nuclear Material Safety and Safeguards
U.S. Nuclear Regulatory Commission
Washington, DC 20555-0001

Re: Draft Alabama IMPEP Report

Dear Mr. Einberg:

I have reviewed the draft IMPEP report for the State of Alabama's radiation control program and offer the following comments.

1.0 Introduction

Fourth paragraph – The date for returning the questionnaire should be March 5, 2015, not April 28, 2015.

3.1 c. Evaluation

Please note that while our current written training policy may not be equivalent to IMC 1248, it was found to be adequate and compatible during the 2010 IMPEP review. I believe this should be noted in the report.

The use of the word "formalized" is subjective, given the "formalized" training program we had in 2010 was found adequate and compatible, I request that the use of the term "formalized" be removed.

Alternative wording:

> The review team determined that during the review period the State did not fully meet performance indicator objective listed 3.1.a concerning the State's qualification program. Alabama hired two technical staff as inspectors during the review period and transitioned an existing technical staff member into a license reviewer role. The State had not hired or trained technical staff for approximately seven years so there was no previous focus on updating Alabama Policy No. 417 "Summary of Basic and Specialized Training Requirements for Staff Working in the Agreement States Program in the Division of Radiation Control" which was put into place on October 20, 1997. This policy ~~is less formalized with undocumented~~does not require documented training qualification for both the license reviewer and inspectors and lacks ~~the~~ a 24 hour refresher training criteria for existing qualified staff. While this training policy was

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found adequate and compatible during the 2010 IMPEP review, it is not considered equivalent to NRC's IMC 1248. The review team attributed several performance issues discussed under the indicators Technical Quality of Inspections and Technical Quality of Licensing Actions to the lack of a ~~formalized~~ training policy equivalent to IMC 1248. The review team recommends that the State: (1) create a formal training qualification program equivalent to IMC 1248 and apply it to staff going through the qualification process; (2) require 24 hours of refresher training for currently qualified staff; and (3) reevaluate the qualifications of the two newest inspection staff to determine if additional training is needed.

3.1 d. Result

Remove the term "formalized" in the first paragraph… "The review team determined that the root cause of the performance issues is the lack of an updated ~~and formalized~~ training policy."

Please note that we have developed, and have begun using, a revised training policy (see Attachment 1). We have also performed in-house and field retraining of our two new inspectors. They were then accompanied by their supervisor. After he completed his review of their performance he requested that they be accompanied by either the office director or assistant director. This has been accomplished for two types of inspections (industrial measuring systems and basic medical).

3.3 c. Evaluation

This area is arranged in a way that does not seem to flow correctly, and appears to bury the aspects of our program that are assets and which likely contributed to us not having a worse finding.

We were told by the reviewer that the inspections he witnessed, while showing a need for additional training and experience, were adequate in regards to health and safety. This is not stated in the report.

This section also has statements that are either erroneous or misleading. For example, stating "The new inspectors were under the impression that medical sealed sources did not need to be leak tested." leads one to believe that our inspectors did not believe that **any** medical sealed sources, including brachytherapy sources, should be leak tested. That is not true. The misunderstanding was over calibration and reference sources only.

Please provide further background on the statement "…when asked about instrument calibrations, therapy spot checks, and certain quality assurance tests, the inspectors indicated that they inspect for completion and not for validity or accuracy of the data and/or what would be considered outside of accepted values." Did he actually say that he does not check for "validity or accuracy of the data and/or what would be considered outside of accepted values?" In my discussions with the inspector in question, he stated that he did not tell the reviewer anything about checking for validity or accuracy of the data. Is it possible that this statement is an inference by the reviewer? I have asked our inspectors what they consider as they review QA/QC, and they have stated that they verify that it is performed each day of use and that it falls within the acceptable parameters specified for the equipment.

I request that the text be clarified and rearranged. Alternative wording:

> The review team found that the new inspectors brief management after they have performed an inspection. This briefing includes a discussion that covers the inspections, start to finish. However, ~~T~~the review team noted some performance issues with quality of the inspections and casework for the newer inspectors.
>
> During one of the accompaniments, the inspector did not appear to have ~~present with the~~ appropriate knowledge of the Increased Controls (IC), specifically on how a licensee approves unescorted access to quantities of concern and how the process should be inspected. In addition, ~~during~~ on-site interviews with the two newest inspectors, it became apparent the inspectors lack a full understanding of several key areas for materials they are already inspecting independently. One example included an apparent lack of understanding of what constituted a medical event with regards to an I-131 therapy. A second example included a misunderstanding with regards to leak testing requirements. The new inspectors were under the impression that medical calibration and reference sealed sources did not need to be leak tested. ~~In addition, when asked about instrument calibrations, therapy spot checks, and certain quality assurance tests, the inspectors indicated that they inspect for completion and not for validity or accuracy of the data and/or what would be considered outside of accepted values~~. In reviewing the overall technical quality of inspections ~~T~~the review team determined the above issues ~~are~~ can be attributed to the ~~Sate's~~ State's qualification process.
>
> Based on interviews with management and staff, and reviews of case work, the review team resolved its performance concerns observed during the accompaniments and determined that during the review period Alabama met the performance indicator objectives listed in Section 3.3.a.

Section 3.4 b. Discussion

In the second paragraph, the sentence "Specifically, one of the licenses was authorized for a high dose-rate remote afterloader (HDR) without an authorized user; another license was authorized to use palladium-103 and yttrium-90 without an authorized user." While we believe we know the licensee with the HDR, we are unsure of whom you are referring to with the Pd-103 and Y-90 sources. Please provide more information.

In the third paragraph, the sentence "Additionally, the review team identified that financial assurance was not requested from pharmaceutical licensees in accordance with Alabama regulation 420-3-26-.02(26) "Financial Assurance and Recordkeeping for Decommissioning."" Two of our three pharmacy/cyclotron licensees/registrants have submitted DFP's and one wanted us to give them an exception through license condition, which we denied. In these instances, it appears that the lack of a specific listing for cobalt 57 in Appendix A to 10 CFR Part 30 forces this issue. We encourage the NRC to address this problem by amending Appendix A of Part 30 to add a line item for cobalt 57.

In the fifth paragraph, the sentence "The review team identified that two authorized nuclear pharmacists did not have complete training documentation, in accordance with 420-3-26-.07(28) "Training for an Authorized Nuclear Pharmacist."" Please provide us with the names of the pharmacists. We believe we know who one of them is. For this individual, we based our approval on an accepted method; that he was already listed on a license. We were able to determine that fact from our database. That individual had submitted required T&E documentation and was approved as an ANP on an Alabama license August 27, 2001. He remained on that license until October 15, 2009. During that period, he was approved and listed on another Alabama license based on already being an ANP on the first license. He later was listed on yet another Alabama license, again based on his continuous approval as an ANP on an Alabama license. The original T&E documentation was retrieved from the original file, which had to be retrieved from archives, and we did make copies of the original T&E and placed them into the other license files. However, that was not required to approve him as an ANP on the two licenses in question.

In the sixth paragraph, the sentence "The review team also identified several license folders that contained IC materials that were found in the regular file cabinets and did not contain any security related markings." "Several" implies more than two. Please provide us with a list of IC licensees that were improperly filed. Further, we are not aware of any files that contained IC materials and were kept in unlocked file cabinets. The two files that I believe are being referenced **have no IC information such as security systems and procedures, background checks, T&R officers, etc. in the files.** This is because they have not possessed radioactive material quantities of concern under their Alabama license. A condition of their licenses requires that they have all the IC order requirements in place before receiving RAM quantities of concern, which would include that they must provide us with the appropriate documentation. The two licensees that were pointed out to us do have authorization to possess quantities of concern, but are out of state licensees that have no permanent location or facility here in Alabama. They have not brought quantities of concern into Alabama (according to their required notification records) and, therefore, are not subject to the IC's.

3.4 c. Evaluation

Again, the use of the term "formalized" seems subjective in that we had in place a training program that was found adequate and compatible during the 2010 IMPEP, but that did not meet the requirements of the current IMC 1248.

Alternative wording:

> The review team interviewed the licensing staff and although the primary reviewer was an experienced inspector, the training of the individual as a license reviewer ~~was not a formalized~~did not meet the qualification process of IMC 1248, as discussed earlier. The review team attributed the licensing ~~errors~~ issues noted above to ~~the lack of~~incomplete training and experience. Alabama is in the process of correcting the licensing ~~errors~~issues. Despite ~~some licensing~~these issues, the review team determined that during the review period Alabama met the performance indicator objectives listed in Section 3.4.a.

The Alabama Office of Radiation Control appreciates the work done by the IMPEP team before and during their review of our program. This IMPEP did point out some areas where our program can improve, and we immediately took steps to correct the issues.

We have implemented a new documented training program for inspectors and license reviewers that is compatible with IMC 1248 (see Attachment 1). We have initiated documented retraining of our staff as specified in this new training program.

We have clarified to inspection staff about the medical calibration and reference sealed source leak test requirements; that is, that while the rules require licensees to perform leak tests, we are not required to review those records.

We have a new policy regarding what constitutes an acceptable amendment request (see Attachment 2).

Our current database does not allow us to attach a pdf copy of T&E documents. Our IT staff is developing a new system for our entire office that will allow us to create such attachments. In the interim, to address the confusion regarding T&E, we have implemented some changes in our licensing program that should make it easier for us to track T&E documents.

I believe IMPEP is an excellent process for review of a regulatory program. Our program has benefited from the review, and will improve as a result.

Thank you for the chance to comment on the draft report. If you have any questions or would like to discuss any of my comments, please feel free to contact me.

Sincerely,

David Walter

David Walter, Director
Office of Radiation Control

DW
Attachments

cc: Donald E. Williamson, M.D.
State Health Officer

Lisa Dimmick
IMPEP Project Coordinator

Bryan Parker
IMPEP Team Leader

Office Policy No. 417

Attachment 1

STATE OF ALABAMA DEPARTMENT OF
PUBLIC HEALTH

Donald E. Williamson, MD
State Health Officer

June 18, 2015

MEMORANDUM

TO: Staff, Office of Radiation Control

FROM: David Walter, Director
Office of Radiation Control

SUBJECT: Training Program for Radioactive Materials Staff.

PURPOSE

To define training and qualification requirements for staff under the radioactive materials program of the Office of Radiation Control (ORC) and to establish the requirements for maintaining qualifications.

OBJECTIVES

To ensure that staff meet the minimum knowledge and qualification standards and to provide standardized methodology for determining that staff have met the minimum knowledge and qualification requirements.

DEFINITIONS

Category. An area or class of activity for which a license may be issued or inspected, such as portable gauge, industrial radiography, medical use or decommissioning.

Discipline. A specific qualification being sought by an individual, such as Radioactive Materials License Reviewer or Radioactive Materials Inspector.

Individual Study Activity. A training method that is performed by the individual on their own, with assistance as needed by their immediate supervisor, rather than in a structured classroom setting.

On-the-job Training (OJT). A training method using structured hands-on activities to develop the required job-related knowledge and skills.

Refresher Training. Additional training required after qualification that allows a staff member to maintain a "qualified" status.

Qualification Journal. The document used by an individual or immediate supervisor to record completion of the minimum training requirements for qualification in a discipline. The qualification journals are found in the appendices to this memorandum.

Qualified Staff. A staff member who has successfully completed a qualification journal and who has been certified by the office director or his designee.

Specialized Training Courses. Additional training courses beyond those required. The individual's immediate supervisor determines additional training requirements depending on the individual's previous work experience and planned work activities.

RESPONSIBILITIES AND AUTHORITIES

Office Director, Assistant Office Director. Assist the staff in developing, monitoring, and reviewing classroom training for the qualification journal. Approves specialized training courses necessary to supplement required training.

Immediate Supervisor. Ensures that individuals under their supervision complete required training and OJT. Identifies and documents in an individual's qualification journal specialized training courses necessary to supplement required training.

BASIC REQUIREMENTS

Staff must understand the facilities, equipment, processes, and activities of the programs and/or projects they inspect, license, or manage, as well as the criteria, techniques, and mechanics of the specific discipline for which they are responsible.

The qualification process provides individuals in all disciplines with sufficient information on the appropriate technologies to allow individuals to carry out their responsibilities in accordance with the ORC's regulations, policies, and procedures.

Individuals assigned to positions that require specific discipline qualifications must successfully complete the appropriate qualification journal(s) found in the appendices to this memorandum. In addition to the requirements of this memorandum, other training may be necessary to supplement or enhance the development of the individual, as determined by the individual's immediate supervisor.

The qualification journal(s) in the appendices specify the minimum qualification requirements for the specific disciplines in the program areas. The immediate supervisor may customize specific qualification journals to add other requirements, as appropriate. Before customizing a specific qualification journal, the immediate supervisor must consider whether the change is needed for the individual to perform her or his assigned function. Any customization must be documented to include the reason for the change. The additional requirement(s) must be approved by the office director or his designee.

REQUIRED TRAINING COURSES

All radioactive material license reviewers and inspectors should participate in the following health physics, emergency response and NRC courses. It is the responsibility of the immediate supervisor to ensure that training courses are completed in a timely manner. Participation of formal courses will be dependent upon scheduling, application acceptance and priority.

- Five-Week Applied Health Physics Course, Oak Ridge, TN (or its equivalent)
- Inspection Procedures (G-108) – required for inspectors, recommended for license reviewers
- Licensing Procedures (G-109) – required for license reviewers, recommended for inspectors
- Nuclear Medicine (H-304)
- Industrial Radiography (H-305)
- Transportation of Radioactive Materials (H-308)
- Brachytherapy & Gamma Knife® (H-313)
- NRC Materials Control & Security Systems Principles (S-201)
- Radiological Emergency Response Operations (RERO)
- Radiological Accident Assessment Concepts (RAAC)

These training courses are the minimum formal training a license reviewer or inspector should pass to complete the appropriate radioactive materials health physics qualification.

SPECIALIZED TRAINING COURSES

The following NRC courses may be recommended by the immediate supervisor to provide additional training specific to the license reviewer or inspector's duties.

- Root Cause/Incident Investigation Workshop (G-205)
- Environmental Monitoring of Radioactivity (H-111)
- Characterization & Planning for Decommissioning (H-115)
- Air Sampling of Radioactive Materials (H-119)
- MARSSIM (H-121)
- MARSSAME (H-120)
- Internal Dosimetry and Whole Body Counting (H-312)
- Safety Aspects of Well Logging (H-314)
- Irradiator Technology Course (H-315)
- RESRAD Training Workshop (H-410)
- RESRAD-OFFSITE Training Workshop (H-411)
- Visual Sampling Plan (H-500)
- Additional courses that may be developed by NRC, informational and instructional webinars or other training modalities

ON-THE-JOB TRAINING (OJT)

License Reviewers

For the purpose of the OJT program for license reviewers, the license program codes are grouped in the following categories:

- Industrial Measuring Systems (e.g., portable and fixed gauges, gas chromatographs, analytical instruments)
- Civil Defense, Self-Shielded and Panoramic Irradiators, Service Licenses
- Medical (excluding medical broad scope, HDR, Gamma Knife®, Brachytherapy and Teletherapy)
- Industrial Radiography
- Well Logging and Field Flooding
- Nuclear Pharmacy
- Decommissioning (Groups 1 & 2)
- Broad Scope (nonmedical)
- Broad Scope Medical and Other Medical (including Teletherapy, HDR, Brachytherapy and Gamma Knife®)
- All Other including R&D, Veterinary, Source Material, In-Vitro Testing, and NORM
- Increased Control Licenses

An individual must participate in a number of license actions in each program code category taking more responsibility in each action to demonstrate competency.

Inspectors

For the purpose of the OJT program for inspectors, the license program codes are grouped in the following categories:

- Industrial Measuring Systems and all other similar licenses (fixed and portable)
- R&D, Veterinary, Source Material, In-Vitro Testing and NORM
- Medical, basic (excluding medical broad scope, HDR, Gamma Knife®, Teletherapy and Brachytherapy)
- Medical, technical (includes HDR, Gamma Knife®, Teletherapy and Brachytherapy)
- Nuclear Pharmacy
- Industrial Radiography
- Well Logging and Field Flooding
- Broad Scope (medical and nonmedical)
- Increased Control Licenses

An individual must participate in a number of inspections in each program code group category demonstrating competency. In general, the individual should observe, participate, perform and lead inspections in each of the program code categories.

Upon completion of the training identified in the qualification journal, the management evaluates the individual's understanding of the material.

In situations in which qualification is delayed as a result of the unavailability of required classroom training, or for other compelling reasons, the office director or his designee may provide the individual written qualification under provisions of this memorandum for those program code categories in which the individual is considered qualified. An individual that changes disciplines must meet or complete the requirements of the new discipline. In such cases, the individual need not repeat previous equivalent training requirements in common between the two disciplines. The new qualification journal shall indicate credit for similar training taken previously.

Special circumstances may result in the temporary unavailability of courses required for qualification. This does not remove the individual's requirement to attend the course(s). The individual's schedule will be adjusted, as appropriate, to allow and require the individual to attend the required training when available.

Temporary Instructions (TIs) or office Policies and Procedures (P&Ps) that focus on a specific discipline may require specialized training before personnel perform specific job functions. The individual's immediate supervisor shall identify these special training requirements and communicate the training needs to the appropriate staff, as necessary. The schedule for special training should allow enough time to prepare the required training course, and implement it before inspection or licensing is performed using the TIs or P&Ps.

TRAINING ACTIVITIES

Individuals assigned to the radioactive materials program areas must successfully complete the requirements they have been assigned in the qualification journal.

a. Written examinations for designated courses evaluate the individual's understanding of the material.
b. Not all courses have examinations. In these cases, satisfactory course completion requires attendance and completion of class activities. For incomplete attendance, satisfactory course completion requires determination on a case-by-case basis.
c. Individuals or qualified staff taking training who fail examinations may be given an opportunity to review the material through self-study and may then be reexamined. If deemed desirable, individuals or qualified staff who do not complete the course, or who fail the course's examination, may repeat the course with the approval of the office director. The staff member's immediate supervisor and the office director will determine whether the individual can review the material through self-study and then retake the exam, if there is one associated with the course, or if the staff member must repeat the entire course.
d. The immediate supervisor will document the completion of classroom training.

QUALIFICATION JOURNAL COMPLETION

The qualification journals contain a detailed series of activities and study areas. The individual will complete the activities in the qualification journal within a specific period, usually in the first 2 years after the assignment. If the individual needs more time to complete their qualification journal, the office director may grant an extension. The justification and approval for the extension must be documented in the individual's training record.

PARTIAL AND FULL QUALIFICATION

An individual who has not completed all of the requirements for full certification in his or her qualification program may obtain qualification within a program code category to independently perform his or her specific work activities in the discipline for which the prescribed training has been completed. The individual's immediate supervisor, in consultation with the qualified or senior staff assigned to work with the individual, if used, will recommend whether to grant the individual qualification within a program code category after evaluating the individual's body of work. The individual's immediate supervisor and qualified or senior staff assigned to work with the individual, if used, will identify the categories for which qualification is appropriate. The individual's immediate supervisor will generate a request for qualification in the identified categories. For inspectors, the office director or his designee will assess the individual's category qualification(s) through inspector accompaniment(s) and interviews. For license reviewers, the office director or his designee will assess the individual's category qualification(s) through the review of the license reviewer's work and interviews. The request shall be approved by the office director or his designee. Approval of qualification within a category will be documented and a record kept in the individual's training file. Additional category qualifications can be obtained before full qualification and certification as skills improve and increase.

Upon completion of all the requirements identified in the individual's qualification journal, the individual's immediate supervisor will recommend to the office director that the individual be certified as fully qualified in his or her assigned discipline. The office director, assistant office director and the individual's immediate supervisor will then meet to determine if the individual has the necessary competencies to independently conduct the prescribed program area responsibilities in the individual's specific discipline. A description of the competencies assessed is contained in the appendices of this memorandum. If the assessment is favorable, the individual will be certified as fully qualified. If the assessment identifies areas of weaknesses that can be remediated by additional review or training, such training along with a tentative timeline will be established and agreed upon at the meeting. If, during the meeting, performance deficiencies are identified that cannot be successfully addressed with a remediation effort, then the deficiencies will documented and the individual will not be qualified.

If the individual is determined to be qualified, a memorandum signed by the immediate supervisor and cosigned by the office director or assistant office director will be placed in the individual's training file.

PROGRAM REVISIONS

This training program and qualification journals are periodically revised to reflect the training needs of the individuals in training and for staff already qualified as determined by changes in program area procedures. When new revisions are issued, personnel who qualified under previous requirements shall remain qualified, but must complete any new required classroom training requirements in their discipline within 2 years from the date of the revision.

Individuals in the process of qualifying when new revisions are issued will transition to and complete their qualification under the new program. Individuals will be given credit in the new program for activities completed under the old program. Waivers to specific new training requirements and extensions to the 2-year period can be granted using the procedures outlined in this memorandum.

REFRESHER TRAINING

Qualified staff are expected to maintain their qualification by completing 24 hours of refresher training in the established requalification cycle of 24 months. The beginning of each requalification cycle will be determined by the month and year the individual completed his or her qualification. If the date the individual completed his or her qualification is unknown, the immediate supervisor should establish a requalification cycle based on the best available information. The individual's immediate supervisor may grant a 6-month extension, if for good reason, the individual was unable to complete the required refresher training within the limits of the requalification cycle. The requirement for receiving refresher training can be waived under special circumstances by the office director when it is concluded that the qualified individual does not require refresher training.

Refresher training may consist of either health and safety or security topics. Examples of training that may be considered include health physics training courses, NRC technical training courses, external training courses, in-house training, attending lectures, developing presentations on subjects related to health and safety or security, directed self-study courses related to health and safety or security, inspection accompaniments that are identified as training opportunities, or other training approved by the qualified staff member's supervisor. Before taking refresher training, the qualified staff member should receive approval from his or her immediate supervisor to confirm that the training will be credited as refresher training. In making this decision, the immediate supervisor should take into consideration the objectives of the training and the qualified staff member's specific training needs. If the supervisor is unsure if a specific training course is appropriate, he or she should consider consulting with the office director or the assistant office director for their analysis of the training.

It should be noted that only taking a single course may not be enough refresher training. Completing the refresher training will depend on the number of hours that the qualified staff has completed. The qualified staff's immediate supervisor is responsible for tracking and crediting the number of refresher hours received by the qualified staff.

Appendices:

Appendix A – Radioactive Materials Health Physics Inspector Qualification Journal
Appendix B – Radioactive Materials Health Physics License Reviewer Qualification Journal
Appendix C – Radioactive Materials Health Physics Competencies

Appendix A

Radioactive Materials Health Physics Inspector Qualification Journal

Inspector's Name:	Employee Initials/ Date	Immediate Supervisor's Signature/Date
A. Required and Specialized Training		
5-Week Applied Health Physics Course		
Inspection Procedures (G-108)		
Licensing Procedures (G-109) – **Recommended**		
Nuclear Medicine (H-304)		
Industrial Radiography (H-305)		
Transportation of Radioactive Materials (H-308)		
Brachytherapy & Gamma Knife® (H-313)		
NRC Materials Control & Security Systems & Principles (S-201)		
Radiological Emergency Response Operations Course (RERO)		
Radiological Accident Assessment Concepts (RAAC)		
ICS-100 Introduction to ICS		
ICS-200 ICS for Single Resources and Initial Action Incidents		
ICS-800 National Response Plan Introduction		
B. Individual Study Activities		
Office Policies		
005-A & 006 – Delegation of Authority During Emergencies		
132 – Policy of Production of Documents Prepared for Distribution by Staff of the Office of Radiation Control		
202 – License and Registration Inspection Priority		
208 – Reciprocal Recognition of RAM Licenses		
211 – Lost, Altered or Destroyed Dosimetry Records		
213 – Filing of Overexposures, Incidents, Personnel Monitoring Data, and Patient Data		
214 – Investigation of Overexposures		
216 – Categories of Violations of Agency Rules		
226 – Emergency Telephone Network		
227 – Policy on Conducting Inspections of Licensees		
229 – Non-Reactor Emergency Response Plan and SOGs		
232 – Refused Inspection		
233 – Office Action to be Taken if an Inspector is Denied for Inspection		
234 – Inspection Procedures		
237 – Use of Radioactive Materials in Training		
238 – Use of Unsealed Sources		
242 – Granting Exemptions and Special Authorizations		
255 – Handling Misadministration Reports & Investigations		

256 – Handling of Allegations from Members of Public/Licensees		
257 – Location of Documents		
261 – Staff Itineraries		
262 – Clarification of Duties and Responsibilities of Environmental, Licensing, and Inspection Staff Relating to Environmental Contamination Concerns		
263 – Requirements for Reporting Byproduct Radioactive Material Events to the U.S. Nuclear Regulatory Commission		
264 – Security of Increased Control License Files		
265 – Implementation of SB136 Requiring Citizenship		
266 – Increased Control Requirements That Must Be Completed Before License Issuance		
416 – Preparation of Radiopharmaceuticals		
417 – Training Requirements		
C. On-the-Job Activities		
Industrial Measuring Systems and all other similar licenses (fixed and portable)		
R&D, Veterinary, Source Material, In-Vitro Testing and NORM		
Medical, basic (excluding medical broad scope, HDR, Gamma Knife®, Teletherapy and Brachytherapy)		
Medical, technical (includes HDR, Gamma Knife®, Teletherapy and Brachytherapy		
Nuclear Pharmacy		
Industrial Radiography		
Well Logging and Field Flooding		
Broad Scope (Medical and Nonmedical)		
Increased Control License		

Appendix B

Radioactive Materials Health Physics License Reviewer Qualification Journal

License Reviewer's Name:	Employee Initials/ Date	Immediate Supervisor's Signature/Date
A. Required and Specialized Training		
5-Week Applied Health Physics Course		
Inspection Procedures (G-108) – **Recommended**		
Licensing Procedures (G-109)		
Nuclear Medicine (H-304)		
Industrial Radiography (H-305)		
Transportation of Radioactive Materials (H-308)		
Brachytherapy & Gamma Knife® (H-313)		
NRC Materials Control & Security Systems & Principles (S-201)		
Radiological Emergency Response Operations Course (RERO)		
Radiological Accident Assessment Concepts (RAAC)		
ICS-100 Introduction to ICS		
ICS-200 ICS for Single Resources and Initial Action Incidents		
ICS-800 National Response Plan Introduction		
B. Individual Study Activities		
Office Policies		
005-A & 006 – Delegation of Authority During Emergencies		
132 – Policy of Production of Documents Prepared for Distribution by Staff of the Office of Radiation Control		
202 – License and Registration Inspection Priority		
208 – Reciprocal Recognition of RAM Licenses		
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213 – Filing of Overexposures, Incidents, Personnel Monitoring Data, and Patient Data		
214 – Investigation of Overexposures		
216 – Categories of Violations of Agency Rules		
226 – Emergency Telephone Network		
227 – Policy on Conducting Inspections of Licensees		
229 – Non-Reactor Emergency Response Plan and SOGs		
232 – Refused Inspection		
233 – Office Action to be Taken if an Inspector is Denied for Inspection		
234 – Inspection Procedures		
237 – Use of Radioactive Materials in Training		
238 – Use of Unsealed Sources		
242 – Granting Exemptions and Special Authorizations		
255 – Handling Misadministration Reports & Investigations		

256 – Handling of Allegations from Members of Public/Licensees		
257 – Location of Documents		
261 – Staff Itineraries		
262 – Clarification of Duties and Responsibilities of Environmental, Licensing, and Inspection Staff Relating to Environmental Contamination Concerns		
263 – Requirements for Reporting Byproduct Radioactive Material Events to the U.S. Nuclear Regulatory Commission		
264 – Security of Increased Control License Files		
265 – Implementation of SB136 Requiring Citizenship		
266 – Increased Control Requirements That Must Be Completed Before License Issuance		
416 – Preparation of Radiopharmaceuticals		
417 – Training Requirements		
C. On-the-Job Activities		
Industrial Measuring Systems (e.g., portable and fixed gauges, gas chromatographs, analytical instruments)		
Civil Defense, Self-Shielded and Panoramic Irradiators, Service Licenses		
Medical (excluding medical broad scope, HDR, Gamma Knife® Brachytherapy and Teletherapy)		
Industrial Radiography		
Well Logging and Field Flooding		
Nuclear Pharmacy		
Decommissioning (Groups 1 & 2)		
Broad Scope (Nonmedical)		
Broad Scope Medical and Other Medical (including Teletherapy, Brachytherapy, HDR and Gamma Knife®)		
All Other including R&D, Veterinary, Source Material, In-Vitro Testing, and NORM		
Increased Control License		

Appendix C

Radioactive Materials Health Physics Competencies

The training and qualification program detailed in the qualification journals ensures that every license reviewer and inspector acquires competency in three general areas:

Area 1: Understand the legal basis and regulatory process for achieving the ORC's regulatory objectives by:

- Acquiring a fundamental understanding of the ORC organizational structure, mission, goals, and objectives (Regulatory Framework)
- Understanding the basis for the authority of the agency (Regulatory Framework)
- Understanding the processes established to achieve the regulatory objectives (Regulatory Framework)

Area 2: Master the techniques and skills needed to collect, analyze, and integrate information using a safety and security focus to develop a supportable regulatory conclusion by:

- Independently gathering information through objective review, observation, and open communication (Inspection)
- Evaluating licensing information by conducting an objective review (Licensing Activities)
- Determining acceptability of information by comparing to established criteria (Inspections and Licensing Activities)
- Objectively analyzing and integrating information using a safety and security focus to identify the appropriate regulatory conclusion and regulatory response (Enforcement)

Area 3: Have the personal and interpersonal skills to carry out assigned regulatory activities either individually or as a member of a team by:

- Expressing ideas or thoughts clearly, carefully listening, and speaking and writing with appropriate safety and security focus and context (Communication)
- Working collaboratively with others toward common objectives (Teamwork)
- Working independently, exercising judgment, and exhibiting flexibility in the completion of activities, including during difficult or challenging situations (Self-Management)
- Using technology to locate, gather, manipulate, and share information (Information Technology)

Attachment 2

Office Policy 269

STATE OF ALABAMA DEPARTMENT OF

PUBLIC HEALTH

Donald E. Williamson, MD
State Health Officer

May 8, 2015

MEMORANDUM

To: Radioactive Materials Licensing Branch

From: David Walter, Director
Office of Radiation Control

Subject: Acceptable Methods for License Applications and Amendment Requests

The following are acceptable methods for licensees and prospective licensees to submit information to our office:

- Original signed document(s) sent through the mail
- A faxed copy of the original signed document(s)
- A pdf version of the original signed document(s) submitted as an attachment to an e-mail

Office staff may request additional information in support of a request via e-mail if the licensee or prospective licensee will accept it; however, a hard copy of the e-mail request must be included as a part of the permanent file.

We cannot accept initial requests or supporting information that is in the body of an e-mail.

All license applications and amendment requests must have the signature of an individual who has been granted signature authority for the licensee.