

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. 8-5-14
		A.2. 50% Inspection Reports review by MGMT/Team Leader on a quarterly basis. Emphasis on Priorities 1, 2 & 3 Reports and Reports completed by Specialists in Training	A.2. Bennett	A.2. 2 nd Quarter Review: 8/2015, Complete.	A.2. Ongoing. Inspection Procedures revision will include criteria as proposed in A.2.	A.2. Audit completed for Q2 as of 8-2015. Ongoing.
	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. 9-23-14
		B.2. Conduct supervisory accompaniments to ensure proper performance based techniques are utilized.	B.2. Cartoski	B.2. Ongoing, at least once per staff per year.	B.2. Complete	B.2. 10-22-14
		B.3. Update inspection report forms to have more performance based characteristics.	B.3. Staff & Cartoski	B.3. February 2015	B.3. Commenced on 11-4-14. Staff reviewing select inspection reports for errors. MGMT inserting Performance Based Focus Points to all reports. Complete.	B.3. 6-10-15
		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. Cartoski	B.4. TBD/First Annual Review scheduled for 2015	B.4. Compiling needed revisions. Ongoing.	B.4. TBD

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	C. Complete enforcement procedures and train staff on how to utilize them (to include increasing inspection frequency based on severity levels).	<p>C.1. Prepare a draft enforcement procedure to include assignments of various severity levels and enforcement actions.</p> <p>C.2. Finalize enforcement procedure, provide training and begin implementation for all future violations.</p> <p>C.3. Analyze efficacy of enforcement procedure on an annual basis.</p>	<p>C.1. Reese</p> <p>C.2. Reese</p> <p>C.3. Cartoski</p>	<p>C.1. 2 June 2014</p> <p>C.2. 17 December 2014</p> <p>C.3. 17 December 2015</p>	<p>C.1. Complete</p> <p>C.2. Complete</p> <p>C.3. Will be conducted within one year of initial implementation from 1-27-15.</p>	<p>C.1. 1-21-15</p> <p>C.2. 1-27-15</p> <p>C.3. TBD</p>
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)	<p>A. Audit all existing medical licenses for users added post 2008 rule change and identify those needing further documentation.</p> <p>B. Continuous tertiary checks by a devoted authorized user reviewer to ensure proper and consistent documentation is acquired.</p> <p>C. Actively send requests to users for securing the appropriate documentation.</p>	<p>A.1. Perform review of all existing licensees to determine how many users do not have adequate certifying documentation.</p> <p>B.1. Check all license actions for appropriate documentation of all authorized users.</p> <p>C.1. Send monthly requests to 10% of the remaining deficient users.</p>	<p>A.1. Odom</p> <p>B.1. Bennett</p> <p>C.1. Odom</p>	<p>A.1. 1 April 2013</p> <p>B.1. Ongoing</p> <p>C.1. Ongoing, until all known gaps are filled. It could take more than 10 months depending on response cooperation.</p>	<p>A.1. Completed and showed that 285 users still needed some proof of certification, typically the preceptor attestation letters.</p> <p>B.1. See Below.</p> <p>C.1. Complete</p>	<p>A.1. 7 June 2013</p> <p>B.1. CY 2015</p> <p>C.1. 1-21-15</p>

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3. The review team recommends that the State finalize its procedure for pre-licensing requirements and provide training to the staff on the revised procedure. (Section 3.4)	A. Finalize licensing procedures (which includes pre-licensing requirements).	A.1. Incorporate comments from reviews and finalize procedures.	A.1. Cartoski	A.1. 29 April 2014	A.1. Allowed for extra time so that program staff could properly read through and comment on the upcoming procedures. Complete.	A.1. 20 May 2014
		A.2. Perform annual review and revise as necessary.	A.2. Cartoski	A.2. TBD/First Annual Review scheduled for 2015	A.2. Compiling needed revisions. Ongoing.	A.2. TBD
	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. Bennett & Staff for CRXNS	B.2. 2 nd Quarter Review: 8/2015, Complete.	B.2. MGMT/Team Leader will conduct Quarterly audits of all Pre-Licensing activities on a quarterly basis. Ongoing	B.2. Audit completed for Q2 as of 8-2015. Ongoing.

AU PROJECT

As of: 7/27/2015

Active Total Medical Authorized Users	338
Dead End(AU not current on any GA license) This number has already been subtracted from the Active Total Medical Authorized Users(347 is the number of just total au's on the excel sheet)	9
AUs that letters have been submitted and waiting for information	13
Total Mailing of Letters	63
MPs	2
ANPs	4 CORRECTION: 0
RSOs	0