

Calendar Year 2015

ROP Self-Assessment Metric Report

(Enclosures 1 and 2)

ROP Self-Assessment Metrics Overview/Dashboard

Independence Metrics

Metric	I-1 "Completion of the Baseline Inspection Program"	I-2 "Resident Inspector Objectivity Through Rotation Policy"	I-3 "Resident Inspector Objectivity Through Diverse Experience"	I-4 "Inspector Objectivity Reviews"	I-5 Fully Qualified Inspectors and Operator Licensing Examiners	I-6 "Analysis of Permanent Site Staffing"
Data	100%	100%	128/129 (99.2%)	377/379 (99.5%)	380/381 (99.7%)	98.5%
Result	Green	Green	Green	Green	Green	Green

Openness Metrics

Metric	O-1 Issuance of Inspection Reports	O-2 Issuance of Assessment Letters	O-3 Conduct of Annual Assessment Meetings or Other Engagement Activities	O-4 Reporting and Dissemination of PI Data	O-5 Issuance of ROP Public Meeting Notices and Summaries	O-6 Responsiveness to ROP Contact Us Forms
Data	552/559 (98.7%)	173/174 (99.4%)	59/60 (98.3%)	100%	135/138 (97.5%)	100%
Result	Green	Green	Green	Green	Green	Green

Efficiency Metrics

Metric	E-1 Completion of Supplemental Inspections	E-2 Initiation of Reactive Inspections	E-3 Completion of Temporary Instructions	E-4 Completion of Performance Deficiency Determinations	E-5 Completion of Final Significance Determinations	E-6 Responsiveness to ROP Feedback Forms
Data	23/23 (100%)	9/9 (100%)	24/24 (100%)	N/A	15/17 (88%)	N/A
Result	Green	Green	Green	N/A	Red	N/A

Clarity Metrics

Metric	C-1 Maintenance of ROP Web Pages	C-2 Corrections to ROP Web Pages	C-3 Traceability of Greater-than-Green Inspection Findings	C-4 Maintenance of ROP Governance Documents
Data	100%	100%	17/17 (100%)	N/A
Result	Green	Green	Green	N/A

Reliability Metrics

Metric	R-1 Performance of Lessons Learned Evaluations	R-2 Predictability and Repeatability of Significance Determination Results	R-3 Predictability of Agency Actions and Response	R-4 Consideration of Operating Experience Insights
Data	100%	17/17 (100%)	1 Deviation	100%
Result	Green	Green	Green	Green

MANUAL CHAPTER 0307 APPENDIX A

REACTOR OVERSIGHT PROCESS SELF-ASSESSMENT METRICS

0307A-01 INDEPENDENCE PERFORMANCE METRICS (I)

I-1 Completion of Baseline Inspection Program

Metric Criterion Met: Yes (Green)

Definition: The baseline inspection program is completed annually in accordance with program requirements.

<u>Criteria:</u>	Green	Yellow	Red
	All regions and NSIR met completion requirements	N/A	1 or more regions or NSIR did not meet completion requirements

*Note: No less than 100% compliance for any region or NSIR. Baseline inspection program completion is defined in section 04.07 of IMC 2515, "Light-Water Reactor Inspection Program - Operations Phase". Any region (or NSIR) that does not complete the baseline inspection program per IMC 2515 is individually evaluated.

Basis: IMC 2515
Program Area: Inspection
Lead/Data Source: Regions, NSIR
Related Principles: Efficiency

Analysis: For CY 2015 all regions and NSIR completed 100% of their baseline inspections within the allocated resources. Each region documented completion of the baseline inspection program in a memorandum available in the Agencywide Documents Access and Management System (ADAMS) at Accession Nos. (ML16047A029) for Region I, (ML16043A467) for Region II, (ML16049A387) for Region III, and (ML16057A123) for Region IV. Additionally, the NSIR completed all security baseline inspections as documented in memorandum (ML16034A409).

I-2 Resident Inspector Objectivity Through Rotation Policy

Metric Criterion Met: Yes (Green)

Definition: Senior resident inspectors (SRIs) and resident inspectors (RIs) are stationed for a 7-year maximum tour length, unless specifically granted an extension per IMC 2515.

Criteria:

Green	Yellow	Red
0 inspectors exceeded 7 years without an extension	N/A	1 or more inspectors exceeded 7 years without an extension

*Note: No less than 100% compliance for any region. Any region that has 1 or more inspectors exceed 7 years at a site without an extension is individually evaluated.

Basis: IMC 0102, "Oversight and Objectivity of Inspectors and Examiners at Reactor Facilities," and IMC 2515

Program Area: Inspection

Lead/Data Source: Regions

Related Principles: Reliability

Analysis: For CY 2015 there was 100% compliance in all regions with no SRIs or RIs that were stationed at any plant beyond the maximum tour length without an extension.

I-3 Resident Inspector Objectivity Through Diverse Experience

Metric Criterion Met: Yes (**Green**)

Definition: Permanently-staffed SRIs and RIs spend a minimum of one week each year inspecting at another site.

<u>Criteria:</u>	Green	Yellow	Red
	≤ 3 noncompliant (~97.5%)	4-5 noncompliant	≥ 6 noncompliant (~95%)

*Note: No more than two non-compliances in any region. Any region that has more than two non-compliances is individually evaluated.

Basis: IMC 0102

Program Area: Inspection

Lead/Data Source: Regions

Related Principles: Reliability

Analysis: For CY 2015, 128 of the 129 (99.2%) permanently-staffed resident inspectors completed their objectivity visits by spending a minimum of one week inspecting at another plant. No one region had two or more non-compliances.

I-4 Inspector Objectivity Reviews

Metric Criterion Met: Yes (Green)

Definition: Line managers perform annual on-site employee performance and objectivity reviews of their assigned inspectors.

Criteria:

Green	Yellow	Red
≤ 3 noncompliant (~97.5%)	4-5 noncompliant	≥ 6 noncompliant (~95%)

*Note: No more than two non-compliances in any region. Any region that has more than two non-compliances is individually evaluated. NSIR will also meet the 95% compliance expectation for their assigned employees.

Basis: IMC 0102

Program Area: Inspection

Lead/Data Source: Regions, NSIR

Related Principles: Reliability

Analysis: For CY 2015, line managers completed 377 of the 379 (99.5%) annual on-site employee performance and objectivity reviews. No one region more than one noncompliance.

I-5 Fully Qualified Inspectors and Operator Licensing Examiners

Metric Criterion Met: Yes (Green)

Definition: Inspectors and operator licensing examiners remain fully qualified in accordance with qualification requirements.

Criteria:

Green	Yellow	Red
≤ 5 noncompliant (~97.5%)	6-9 noncompliant	≥ 10 noncompliant (~95%)

*Note: No more than three non-compliances in any region. Any region that has more than three non-compliances is individually evaluated. NSIR will also meet the 95% compliance expectation for their assigned employees.

Basis: IMC 1245, "Qualification Program for Operating Reactor Programs," and Davis-Besse Reactor Vessel Head Degradation Lessons-Learned Task Force Report (ML022760172)

Program Area: Inspection

Lead/Data Source: Regions, NSIR

Related Principles: Reliability

Analysis: For CY 2015, 380 of the 381 (99.7%) inspectors and operator licensing examiners remained fully qualified. No one region had more than one noncompliance.

I-6 Analysis of Permanent Site Staffing

Metric Criterion Met: Yes (Green)

Definition: Permanent inspector staffing levels at each of the reactor sites for both SRIs and RIs are maintained to provide continuity of regulatory oversight.

Criteria:

Green	Yellow	Red
≥ 95%	< 95% AND ≥ 90%	< 90%

*Note: No less than 90% compliance for any region. Any single site that falls below 90% is individually evaluated. Provide reasons for any meaningful increase or decrease in the inspector staffing level at reactors sites.

Inspectors assigned to the site permanently or through a rotation with a minimum duration of 6 weeks shall be counted. Inspectors on 6 week or longer rotational assignments will be identified as such. Inspectors assigned to the site for less than six weeks will not be counted, but should be indicated as such. Additionally, the regions shall indicate sites where permanently assigned resident or senior resident inspectors are away from the site for greater than 6 continuous weeks. Only inspectors who have attained at least a basic inspector certification status, as defined by Appendix A to Inspection Manual Chapter 1245, shall be counted.

Data will indicate number of days a qualified resident and senior resident inspector are permanently assigned to the site during the year divided by the number of days in the year. Number of days spent on training; meetings away from the site; participation in team inspections; leave; or other temporary duties (e.g. acting for branch chiefs in his/her absence) will not be counted against the metric unless the absence exceed 6 continuous weeks.

Basis: Davis-Besse Reactor Vessel Head Degradation Lessons-Learned Task Force Report (ML022760172) and IMC 2515

Program Area: Inspection

Lead/Data Source: Regions

Related Principles: Reliability

Analysis: For CY 2015, the average permanent inspector staffing was 98.5% for all regions with no single region falling below 96% and no individual site falling below 90%.

0307A-02 OPENNESS PERFORMANCE METRICS (O)

O-1 Issuance of Inspection Reports

Metric Criterion Met: Yes (Green)

Definition: ROP inspection reports are issued within applicable timeliness goals.

Criteria:

Green	Yellow	Red
≤ 25 late (~ 95% timely)	> 25 AND ≤ 50 late	> 50 late (~ 90% timely)

*Note: No more than 15 late inspection reports in any region. Any region that has more than 15 late inspection reports is individually evaluated. NSIR will also meet the 90% timeliness expectation for reports generated by their office.

All inspection reports resulting from direct inspections of operating light water reactors and documented in accordance with IMC 0612, "Power Reactor Inspection Reports," are counted for this metric. For inspections not conducted by a resident inspector, inspection completion is normally defined as the day of the exit meeting. For integrated inspection reports, inspection completion is normally defined as the last day covered by the inspection report.

Basis: IMC 0612 and IMC 2515

Program Area: Inspection

Lead/Data Source: Regions, NSIR

Related Principles: Reliability, Efficiency

Analysis: For CY 2015, 552 out of 559 (98.7%) of the inspection reports were issued on time. No single region or NSIR had more than 15 late inspection reports.

O-2 Issuance of Assessment Letters

Metric Criterion Met: Yes (Green)

Definition: Annual, mid-cycle, and follow-up assessment letters are issued within the applicable timeliness goals.

Criteria:

Green	Yellow	Red
≤ 2 late	3 late	≥ 4 late

*Note: No more than one late letter in any region. Any region that has more than one late letter is individually evaluated.

Basis: IMC 0305, "Operating Reactor Assessment Program"

Program Area: Assessment

Lead/Data Source: Regions

Related Principles: Reliability, Efficiency

Analysis: For CY 2015, 173 out of 174 (99.4%) annual, mid-cycle, and follow up assessment letters were issued on time. No region had more than one late annual, mid-cycle, or follow-up assessment letter.

O-3 Conduct of Annual Assessment Meetings or Other Engagement Activities

Metric Criterion Met: Yes (Green)

Definition: Public assessment meetings, or other engagement activities that discuss the results of the NRC's annual assessment of the licensee's performance, are conducted annually for all sites within the applicable timeliness goals.

Criteria:

Green	Yellow	Red
≤ 2 late	3 late	≥ 4 late

*Note: The level of public engagement and timeliness goals are determined by plant performance as described in IMC 0305. No more than one late meeting/activity in any region. Any region that has more than one late meeting/activity is individually evaluated.

Basis: IMC 0305
Program Area: Assessment
Lead/Data Source: Regions
Related Principles: Reliability, Efficiency

Analysis: For CY 2015, 59 of the 60 public assessment meetings, or other engagements activities met the timeliness goals. No region had more than one late public assessment meeting or other engagement activity.

O-4 Reporting and Dissemination of PI Data

Metric Criterion Met: Yes (Green)

Definition: PI data submittals by the licensees are posted to the U.S. Nuclear Regulatory Commission's (NRC) external web site within the applicable timeliness requirements.

Criteria:

Green	Yellow	Red
0 late web posting	1- 3 late web postings	> 3 late web postings

*Note: Any licensee submittals that did not meet the timely reporting requirements will also be evaluated by NRC staff and discussed with industry to address corrective actions to prevent recurrence.

Basis: IMC 0306, "Information Technology Support for the Reactor Oversight Process," and NEI 99-02, "Performance Indicator Data Collection"

Program Area: Performance Indicators

Lead/Data Source: NRR/DIRS

Related Principles: Reliability, Efficiency

Analysis: For CY 2015, 100% of the licensee PI data submitted to the NRC was posted to the external ROP website on time. No licensee submitted data late to the NRC.

O-5 Issuance of ROP Public Meeting Notices and Summaries

Metric Criterion Met: Yes (Green)

Definition: ROP-related public meetings are noticed prior to the meeting and meeting summaries are posted after the meeting within the applicable timeliness requirements.

Criteria:

Green	Yellow	Red
≥ 95%	< 95% AND ≥ 90%	< 90%

*Note: ROP-related public meetings include ROP working group meetings, annual assessment meetings, and other ROP-related meetings conducted by NRC staff. No more than two late notices or summaries for any region or office. Any region or office that has more than two late notices or summaries is individually evaluated.

Basis: M.D. 3.5, "Attendance at NRC Staff-Sponsored Meetings," and COM-202 "Meetings With Applicants, Licensees, Vendors or Other Members of the Public."

Program Area: All

Lead/Data Source: NRR/DIRS, Regions, NSIR

Related Principles: Efficiency, Clarity

Analysis: For CY 2015, 135 of the 138 (97.5%) of all public meeting notices and meeting summaries were completed within timeliness goals. No region or office had more than 2 late meeting notices or summaries.

O-6 Responsiveness to ROP Contact Us Forms

Metric Criterion Met: Yes (Green)

Definition: ROP “Contact Us” (feedback) forms received through the public or internal website regarding the ROP are responded to within 45 days upon receipt.

<u>Criteria:</u>	Green	Yellow	Red
	≥ 95%	< 95% AND ≥ 90%	< 90%

Basis: IMC 0307

Program Area: All

Lead/Data Source: NRR/DIRS

Related Principles: Efficiency, Clarity

Analysis: For CY 2015, 2 of 2 (100%) of all the completed ROP “contact us” feedback forms were responded to within the timeliness goals. The “contact us” forms were not made available until late in the calendar year so participation thus far has been low. With the upcoming update to the ROP public website, we are expecting more outreach and public feedback through the ROP “contact us” form for CY 2016.

0307A-03 EFFICIENCY PERFORMANCE METRICS (E)

E-1 Completion of Supplemental Inspections

Metric Criterion Met: Yes (Green)

Definition: Exit meetings for supplemental inspections are completed within 180 days from licensee notification of readiness.

Criteria:

Green	Yellow	Red
≤ 1 late	2 late	≥ 3 late

*Note: No more than one late exit meeting in any region. Any region that has more than one late exit meeting is individually evaluated.

Basis: Management Direction
Program Area: Inspection, Assessment
Lead/Data Source: Regions, NRR/DIRS
Related Principles: Reliability, Clarity

Analysis: For CY 2015, 23 of the 23 (100%) of the supplemental inspections were completed within timeliness goal. No region failed to complete a supplemental inspection within the timeliness goal.

E-2 Initiation of Reactive Inspections

Metric Criterion Met: Yes (Green)

Definition: Entrance meetings for reactive inspections are conducted within 30 days of a determination that an event or specific circumstances require a reactive inspection.

Criteria:

Green	Yellow	Red
≤ 2 late	3 late	≥ 4 late

*Note: No more than one late entrance meeting in any region. Any region that has more than one entrance meeting is individually evaluated.

Basis: MD 8.3, "NRC Incident Investigation Program"
Program Area: Inspection
Lead/Data Source: Regions, NRR/DIRS
Related Principles: Reliability, Clarity

Analysis: For CY 2015, 9 of the 9 (100%) reactive inspections were completed within timeliness goal. No region failed to complete a reactive inspection within the timeliness goal.

E-3 Completion of Temporary Instructions

Metric Criterion Met: Yes (Green)

Definition: Temporary Instruction inspections are completed within the required TI completion time.

<u>Criteria:</u>	Green	Yellow	Red
	≥ 97.5% of documented completions are timely	< 97.5% AND ≥ 95%	< 95% of documented completions are timely

*Note: No less than 95% completion for any region. Any region that falls below 95% is individually evaluated. Documented completions are instances where TI results are documented in an inspection report.

Basis: Applicable Temporary Instruction
Program Area: Inspection
Lead/Data Source: Regions, NRR/DIRS
Related Principles: Reliability, Clarity

Analysis: In CY 2015, 24 of the 24 (100%) Temporary Instructions were completed within the timeliness goals. No region fell below 95% TI completion timeliness.

The staff completed TI 2515/187, "Inspection of Near-Term Task Force Recommendation 2.3 Flooding Walkdowns," TI 2515/191 "Inspection of Licensee's Responses to Order EA-12-049", TI 2201/004 "Inspection of Implementation of Interim Cyber Security Milestones 1-7", TI 2800/041 "10 CFR Part 37 Materials Security Review at Facilities with a Title 10 CFR Part 73 Physical Protection," at multiple sites across all regions in CY 2015.

E-4 Completion of Performance Deficiency Determinations

Metric Criterion Met: N/A

Definition: The time from the identification date (i.e. the date the issue of concern was brought to the licensee's attention by the NRC, the date the performance deficiency was self-revealed, or the date the licensee documented the condition resulting from the performance deficiency in the corrective action program) to the start date used for consideration of inspection findings in the assessment process (as defined by IMC 0305) is within 120 days.

Criteria:

Green	Yellow	Red
≥ 90% timely	< 90% AND ≥ 75%	< 75% timely

*Note: No more than two untimely occurrences for any region. Any region that has more than two untimely occurrences is individually evaluated.
NSIR will also meet the 75% timeliness expectation for security-related findings.

Basis:

Business Process Improvement, "Process Improvement Review of the Significance Determination Process" (ML14318A512), and IMC 0305

*Note: This is a pilot metric that will be evaluated through focus and effectiveness reviews, and only applies to those findings finalized as greater-than-green.

Program Area:

Significance Determination Process

Lead/Data Source:

Regions, NSIR, NRR/DIRS

Related Principles:

Reliability, Clarity

Analysis:

For CY 2015 no data was collected for this metric. This is a new metric, which the data will be collected and reported for the CY 2016 self-assessment metric report. The staff is in the process of clarifying this metric to ensure that it is understandable, predictable, and consistently implemented. The revised metric will be used for the CY 2016 self-assessment.

E-5 Completion of Final Significance Determinations

Metric Criterion Met: No (Red)

Definition: Inspection items are finalized as greater-than-green within 90 days since:
(1)The date of initial licensee notification of the preliminary significance in an inspection report, or (2)The item was otherwise documented in an inspection report as an apparent violation or finding pending completion of a significance determination and not counted in the above category.

Criteria:

Green	Yellow	Red
≥ 95% timely	< 95% AND ≥ 90%	< 90% timely

*Note: No more than one late finalized significance determination for any region. Any region that has more than one late finalized significance determination is individually evaluated. NSIR will also meet the 90% timeliness expectation for security-related findings.

Basis: IMC 0609, "Significance Determination Process."
Program Area: Significance Determination Process
Lead/Data Source: Regions, NSIR, NRR/DIRS
Related Principles: Clarity, Reliability

Analysis: For CY 2015 15 of the 17 (88%) greater-than-green findings were completed within the timeliness goals. No region had more than one late Greater-than-Green SDP finalization.

Two determinations surpassed the 90 day goal, one by a matter of days. The greater-than-green findings that were not finalized within the timeliness goals were for Arkansas Nuclear One (ANO) "Inadequate Flood Protection for Auxiliary and Emergency Diesel Fuel Storage Buildings" (EA-14-088) and Pilgrim's "Failure to Identify, Evaluate, and Correct 'A' SRV Failure to Open Upon Manual Actuation" (EA-15-081). The staff is currently undertaking an SDP streamlining initiative that is expected to improve SDP timeliness performance. In addition, metric E-4, "Completion of Performance Deficiency Determinations," was created and will be implemented going forward to ensure timeliness of performance deficiency determinations, further contributing to overall SDP timeliness.

E-6 Responsiveness to ROP Feedback Forms

Metric Criterion Met: N/A

Definition: ROP Feedback Forms are completed within applicable timeliness goals.

Criteria:

Green	Yellow	Red
≥ 90% timely	< 90% AND ≥ 80%	< 80% timely

Basis: IMC 0801, "Reactor Oversight Process Feedback Program."

Program Area: All

Lead/Data Source: NRR/DIRS

Related Principles: Clarity, Openness

Analysis: This metric will be evaluated for the CY 2016 self-assessment. For CY 2015 no data was collected. Timeliness goals do not presently exist in the governance documents. However, IMC 0801 is being revised to include timeliness goals so this metric will be evaluated for the CY 2016 self-assessment.

0307A-04 CLARITY PERFORMANCE METRICS (C)

C-1 Maintenance of ROP Web Pages

Metric Criterion Met: Yes (Green)

Definition: ROP pages on the public website are reviewed at least quarterly to ensure that the content on the page is up-to-date with accurate information.

<u>Criteria:</u>	Green	Yellow	Red
	≥ 90% Web pages reviewed	< 90% AND ≥ 80%	< 80% Web pages reviewed

*Note: All ROP-related Web pages will be reviewed for general content on a quarterly basis. This review will also include a sampling of hyperlinks for accuracy.

Basis: Management Directive
Program Area: All
Lead/Data Source: NRR/DIRS
Related Principles: Openness

Analysis: For CY 2015, 100% of all ROP internal and external webpages were reviewed. A CY 2015 initiative was started to redesign both the internal and external websites. All ROP webpages have been reviewed and are in the process of being updated as necessary.

C-2 Corrections to ROP Web Pages

Metric Criterion Met: Yes (Green)

Definition: Broken hyperlinks or out-of-date content on the ROP internal or external Website are corrected within 30 days upon discovery.

Criteria:

Green	Yellow	Red
≥ 95% corrected within 30 days	< 95% AND ≥ 90%	< 90% corrected within 30 days

Basis: Management Directive

Program Area: All

Lead/Data Source: NRR/DIRS

Related Principles: Efficiency

Analysis: For CY 2015, 100% of reported broken hyperlinks were corrected within the timeless goal. An average of three to five hyperlinks per quarter were identified and corrected.

C-3 Traceability of Greater-than-Green Inspection Findings

Metric Criterion Met: Yes (Green)

Definition: Inspection findings are updated in the Reactor Program System (RPS) and posted to the ROP web page to ensure traceability of a greater-than-green inspection finding from discovery to final resolution. When a report or letter follows up on an existing item (i.e., final significance determination letters and supplemental inspection reports), the RPS entry is updated to reflect the new information.

Criteria:

Green	Yellow	Red
≥ 95% greater-than-green findings traceable	< 95% AND ≥ 90%	< 90% greater-than-green findings traceable

*Note: No more than one greater-than-green inspection finding found to be untraceable for any region. Any region that has more than one untraceable issue is individually evaluated. NSIR will also meet the 90% traceability expectation for security-related findings.

Basis: IMC 0306
Program Area: Significance Determination Process, Inspection
Lead/Data Source: Regions, NSIR, NRR/DIRS
Related Principles: Openness

Analysis: For CY 2015, 17 of the 17 (100%) greater-than-green inspection finding were found to be traceable from discovery to final resolution on both internal and external website. No region or NSIR had a greater-than-green inspection finding that was deemed untraceable.

C-4 Maintenance of ROP Governance Documents

Metric Criterion Met: N/A

Definition: Baseline Inspection Procedures (BIPs) and other ROP-related Inspection Procedures and Manual Chapters are updated at least once every 4 years.

<u>Criteria:</u>	Green	Yellow	Red
	≥ 95% updated within past 4 years	< 95% AND ≥ 90%	< 90% updated within past 4 years

Basis: IMC 0307 and Appendix B to IMC 0307

Program Area: Inspection

Lead/Data Source: NRR/DIRS

Related Principles: Reliability

Analysis: IMC 0307 was revised in November 2015 which added this expectation. The staff is in the process of clarifying this metric and revising the associated governance documents to ensure that all ROP-related governance documents are reviewed and verified as relevant and up-to-date in a predictable and efficient manner. The revised metric will be used for the CY 2016 self-assessment, with the expectation that at least one-half of the ROP-related IMCs and ROP-related IPs were verified to have been reviewed within the 4-year requirement. By CY 2018, the expectation is that at least three-quarters have been reviewed within the 4-year requirement. The metric will be fully evaluated for the CY 2019 self-assessment at which time all ROP-related governance documents are expected to be reviewed and verified for relevancy and up-to-date.

0307A-05 RELIABILITY PERFORMANCE METRICS (R)

R-1 Performance of Lessons Learned Evaluations

Metric Criterion Met: Yes (Green)

Definition: Lessons learned evaluations are performed, reports are issued, and recommendations are considered and entered into the tracking system for significant NRC activities to ensure their completion in accordance with program expectations.

Criteria:

Green	Yellow	Red
All required evaluations completed and documented	N/A	1 or more evaluations not completed

*Note: All supplemental inspections conducted in accordance with inspection procedure (IP) 95003 "Supplemental Inspection For Repetitive Degraded Cornerstones, Multiple Degraded Cornerstones, Multiple Yellow Inputs Or One Red Input," implementations of IMC 0350, "Oversight Of Reactor Facilities In A Shutdown Condition Due To Significant Performance and/or Operational Concerns," Incident Investigation Team (IIT) responses, and Augmented Inspection Team (AIT) responses are individually evaluated for potential program improvements.

Timeliness expectations will be determined by senior management on a case-by-case basis.

Basis: IP 95003, IMC 0350, and MD 8.3

Program Area: All

Lead/Data Source: Regions, NRR/DIRS

Related Principles: Efficiency

Analysis: For CY 2015, there were no IP 95003, IMC 0350, AIT, or IIT inspections completed. However, 2 of the 2 (100%) IP 95003, IMC 0350, AIT, and IIT inspections with open recommendations are actively being tracked and resolved in accordance with program expectations. These include lessons learned from an IP 95003 for Browns Ferry and IMC 0350 implementation for Fort Calhoun Station.

R-2 Predictability and Repeatability of Significance Determination Results

Metric Criterion Met: Yes (Green)

Definition: Greater-than-green inspection findings and the associated degraded conditions contain adequate detail to enable an independent auditor to trace through the available documentation and conclude that the significance characterization is reasonably justifiable from both programmatic and technical positions.

Criteria:

Green	Yellow	Red
0 deemed unpredictable	1 deemed unpredictable	≥ 2 deemed unpredictable

*Note: Any significance determination outcomes determined to be non-conservative will be evaluated and appropriate programmatic changes will be implemented.

Basis: IMC 0609, "Significance Determination Process"
Program Area: Significance Determination Process
Lead/Data Source: NRR/DIRS
Related Principles: Clarity

Analysis: For CY 2015, 17 of the 17 (100%) greater-than-green inspection findings significance characterization was reasonably justifiable from both a programmatic and technical position as verified by an independent auditor using available documentation. No significance determination was determined to be non-conservative.

R-3 Predictability of Agency Actions and Response

Metric Criterion Met: Yes (Green)

Definition: Deviations from the Action Matrix are expected to be infrequent to ensure reliable and predictable programmatic and technical positions.

Criteria:

Green	Yellow	Red
≤ 1 deviations	2 – 3 deviations	> 3 deviations

*Note: All deviations are individually evaluated for potential program improvements.

Basis: IMC 0305
Program Area: Assessment
Lead/Data Source: NRR/DIRS
Related Principles: Clarity

Analysis: For CY 2015, the staff opened one new Action Matrix deviation for Monticello Nuclear Generating Plant. The deviation was requested to move Monticello to the Regulatory Response Column (Column 2) rather than move it to the Multiple/Repetitive Degraded Cornerstone Column (Column 4) because of the successful completion of the Inspection Procedure (IP) 95002 supplemental inspection, and successful completion of the biennial IP 71152 Problem Identification and Resolution inspection. There was no evidence of broad or systemic performance issues across plant organizational areas, the staff concluded that placement of Monticello in Column 4 of the Action Matrix and the subsequent regulatory actions were not warranted. The decision remains open pending the NRC staff review of the licensee's safety culture assessment. The staff evaluated the deviation to determine if any program changes were needed and concluded that no programmatic changes to the ROP were appropriate.

R-4 Consideration of Operating Experience Insights

Metric Criterion Met: Yes (Green)

Definition: A summary of recent operating experience insights is provided and discussed for the mid-cycle and end-of-cycle assessments for each region to inform inspection planning.

Criteria:

Green	Yellow	Red
Operating experience discussed during all regional assessment meetings	N/A	Operating experience not discussed during 1 or more regional assessment meetings

Basis: IMC 2523, "NRC Application of the Reactor Operating Experience Program in NRC Oversight Processes"

Program Area: Assessment, Inspection

Lead/Data Source: NRR/DIRS

Related Principles: Efficiency

Analysis: For CY 2015, 100% of all mid-cycle and end-of-cycle assessment meetings included discussions of operating experience insights to inform inspection planning.