

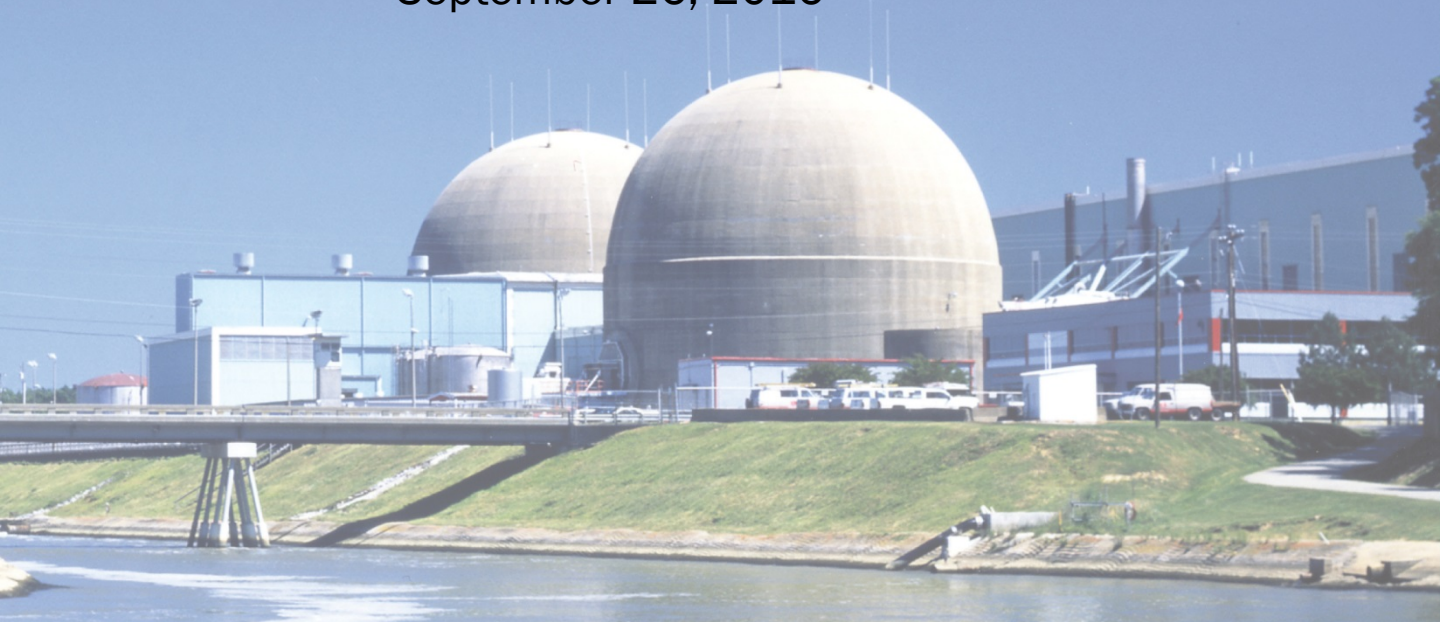


OFFICE OF THE INSPECTOR GENERAL

U.S. NUCLEAR REGULATORY COMMISSION
DEFENSE NUCLEAR FACILITIES SAFETY BOARD

Audit of NRC's Significance Determination Process for Reactor Safety

OIG-16-A-21
September 26, 2016



All publicly available OIG reports (including this report)
are accessible through NRC's Web site at
<http://www.nrc.gov/reading-rm/doc-collections/insp-gen>



UNITED STATES
NUCLEAR REGULATORY COMMISSION
WASHINGTON, D.C. 20555-0001

**OFFICE OF THE
INSPECTOR GENERAL**

September 26, 2016

MEMORANDUM TO: Victor M. McCree
Executive Director for Operations

FROM: Steven E. Zane **IRAI**
Acting Assistant Inspector General for Audits

SUBJECT: AUDIT OF NRC'S SIGNIFICANCE DETERMINATION
PROCESS FOR REACTOR SAFETY (OIG-16-A-21)

Attached is the Office of the Inspector General's (OIG) audit report titled, *Audit of NRC's Significance Determination Process for Reactor Safety*.

The report presents the results of the subject audit. Following the August 29, 2016, exit conference, agency staff indicated that they had formal comments for inclusion in this report. These comments are included in Appendix B of this report.

Please provide information on actions taken or planned on each of the recommendations within 30 days of the date of this memorandum. Actions taken or planned are subject to OIG followup as stated in Management Directive 6.1.

We appreciate the cooperation extended to us by members of your staff during the audit. If you have any questions or comments about our report, please contact me at (301) 415-5915 or Paul Rades, Team Leader, at (301) 415-6228.

Attachment: As stated



Office of the Inspector General

U.S. Nuclear Regulatory Commission
Defense Nuclear Facilities Safety Board

OIG-16-A-21

September 26, 2016

Results in Brief

Why We Did This Review

The U.S. Nuclear Regulatory Commission (NRC) Significance Determination Process (SDP) is used to determine the safety significance of inspection findings identified within the Reactor Oversight Process (ROP) cornerstones of safety.

NRC inspectors perform inspections at nuclear reactor sites to identify licensee failures to meet a regulatory requirement or self-imposed standard that a licensee should have met.

The SDP consists of several steps and activities performed by agency staff and management to determine and categorize the significance of licensee performance deficiencies identified through inspections. The SDP also requires an independent audit of inspection findings to ensure significance determination results are predictable and repeatable.

The audit objective was to assess the consistency with which NRC evaluates power reactor safety inspection findings under the SDP.

Audit of NRC's Significance Determination Process for Reactor Safety

What We Found

NRC needs to establish, communicate, and document clear and consistent expectations for staff and managers to complete their roles in the SDP; clarify more-than-minor screening questions; and implement controls to ensure independent audits of greater than Green inspection findings are performed and documented.

NRC does not know the amount of resources used by staff and managers to complete various steps in the SDP. Additionally, unclear questions used to screen issues identified during inspections have made it difficult for inspectors to determine whether issues should be categorized as either minor or more-than-minor. Also, NRC is unable to provide documentation of independent audits performed on greater than Green inspection findings despite recently reporting that these inspection findings were assessed by an independent auditor.

What We Recommend

This report makes recommendations to improve overall management of SDP workflow, clarify issue screening questions for inspection staff, and implement controls to ensure independent audits are performed and documented.

Agency management stated their general agreement with the recommendations in this report and provided additional comments.

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ABBREVIATIONS AND ACRONYMS

NRC	Nuclear Regulatory Commission
OIG	Office of the Inspector General
ROP	Reactor Oversight Process
SDP	Significance Determination Process
SERP	Significance and Enforcement Review Panel
SRA	Senior Reactor Analyst

I. BACKGROUND

NRC's Reactor Oversight Process

The U.S. Nuclear Regulatory Commission's (NRC) Reactor Oversight Process (ROP) is an approach to assessing plant performance in key areas. Each plant performance goal established by the ROP has cornerstones that reflect the essential safety aspects of facility operation. Licensee performance that meets NRC requirements in these cornerstones provides reasonable assurance of safe facility operation.

Significance Determination Process

The Significance Determination Process (SDP) is a process used by NRC to determine the safety significance of inspection findings identified within the ROP cornerstones of safety.¹ Before the SDP is conducted, inspectors located at reactor sites and NRC regional offices perform inspections and identify potential performance deficiencies as part of pre-SDP steps. Performance deficiencies are licensee failures to meet a regulatory requirement or self-imposed standard that a licensee should have met. NRC assesses performance deficiencies as minor or more-than-minor by using screening questions. Minor performance deficiencies are not documented; however, the SDP is conducted for more-than-minor performance deficiencies, or findings. Findings are categorized as either Green, White, Yellow, or Red.

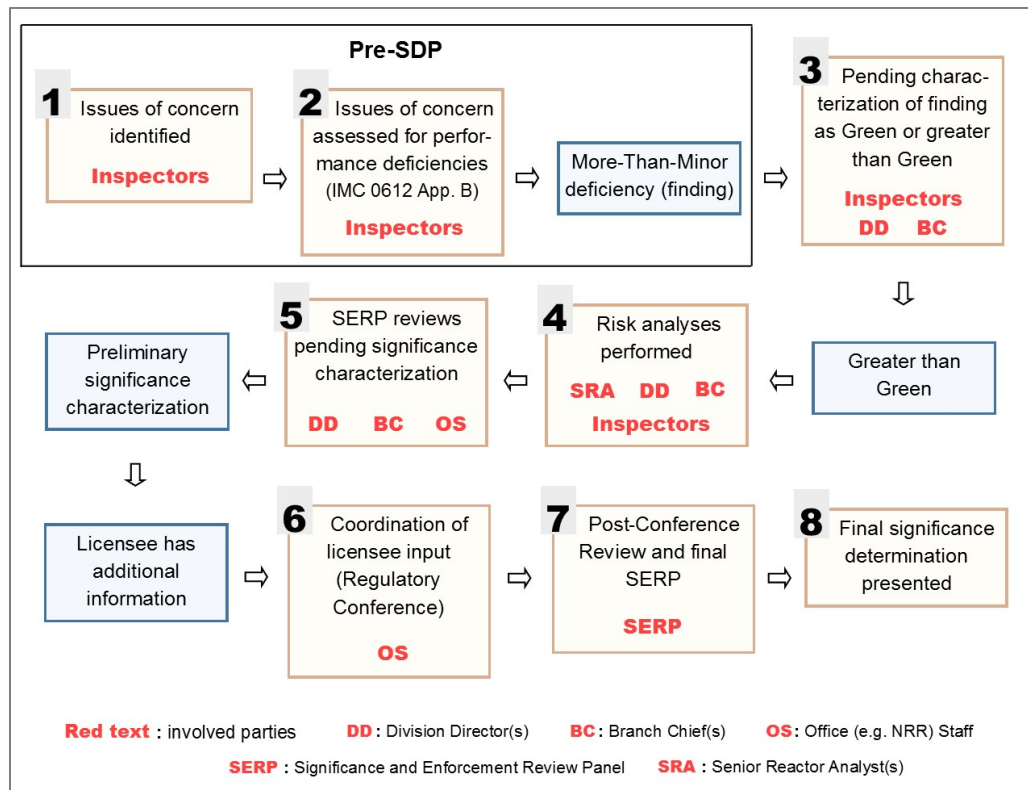
Green findings² have a very low safety significance while White findings have a low to moderate safety significance, and Yellow findings have a substantial safety significance. Red findings have a high safety significance and move the operating plant to NRC's highest category of

¹ The ROP regulatory framework is comprised of three strategic performance areas that each contain cornerstones reflecting essential safety aspects of facility operation. These three strategic performance areas and their associated cornerstones are: (1) Reactor Safety (initiating events, mitigating systems, barrier integrity, and emergency preparedness); (2) Radiation Safety (public radiation safety and occupational radiation safety); and (3) Safeguards (security). This audit focused on the Reactor Safety strategic performance area and its initiating events, mitigating systems, and barrier integrity cornerstones.

² Green findings are documented by NRC and do not undergo additional risk analyses.

oversight, which entails thousands of additional hours of inspection. In 2015, there were 17 greater than Green findings issued under all ROP cornerstones.

Figure 1. SDP Workflow



Source: OIG

Senior reactor analysts (SRA) perform risk analyses in step four to inform the significance determination for the finding. Division directors, branch chiefs, and other staff such as regional administrators provide general oversight, guidance, direction, and resource allocation to support the SDP during several steps. Division directors and branch chiefs also attend or provide representatives, as requested, for Significance and Enforcement Review Panels (SERP) and licensee Regulatory Conferences in steps five through seven. NRC staff and managers are also responsible for reviewing SDP results for timeliness and accuracy.

Recently, NRC took steps to improve the SDP through a business process improvement initiative with the goals of reviewing SDP resource and timeliness data, evaluating SDP practices and guidance, and identifying opportunities for improvement. NRC has also proposed SDP changes associated with milestones and resource allocation.

II. OBJECTIVE

The audit objective was to assess the consistency with which NRC evaluates power reactor safety inspection findings under the SDP.

III. FINDINGS

Opportunities exist for NRC to more consistently manage the SDP by communicating clear and consistent expectations, clarifying issue screening questions, and ensuring independent audits are performed and documented.

A. SDP Resource Use and Expectations for Time Spent on the SDP Are Unknown

NRC does not know the extent of resources used to complete each SDP step, and staff and managers do not know how much time they have to complete each SDP step. This is because NRC has not evaluated the resources used to complete each SDP step, nor has it established or communicated clear and consistent expectations for how long staff and managers should spend completing each step. As a result, NRC (1) does not have a complete view of how resources are used, (2) may undertake unnecessary changes to improve timeliness, and (3) cannot compare actual performance to planned performance. Additionally, without clear and consistent expectations, step completion time is driven by individual staff and manager priorities.

What Is Required

Resource Use and Expectations Should Be Known

Federal internal control standards require NRC to use quality information to achieve program objectives and have controls in place to compare actual program performance to planned or expected results. NRC should

know the resources allocated and used for different SDP steps and establish clear and consistent expectations for how long each step should take. Further, staff and managers responsible for performing SDP steps should know how much time they should spend to complete their work.

What We Found

Resource Use and Expectations Unknown

NRC does not know the amount of resources used to complete each SDP step. NRC relies on aggregate hours charged to an SDP activity code to identify how much time it takes to complete significance determinations. For example, NRC's most recent data shows approximately 13,000 hours were spent on the SDP in 2014.³ However, auditors found staff and managers charge time spent performing SDP steps in different ways. For example, SRAs charge time to an SDP activity code, and inspectors might sometimes charge time to this code. However, branch chiefs and other management such as division directors do not charge time to the SDP activity code even when performing SDP related work.

NRC also relies on the total number of days it takes to issue a final significance determination as a measure of timeliness, but sometimes the clock does not start until most of the work for a significance determination has already been completed. Preliminary analysis of significance can entail several months of work by inspectors, SRAs, and branch chiefs. Further, staff can start charging time to the SDP at different steps.

Staff and managers do not know how much time they should spend to complete each SDP step. A manager contended inspectors and SRAs should spend no more than 90 days (the current metric for the entire process) performing the steps. Other managers maintained the overall amount of time spent dispositioning findings should vary based on the complexity of the finding.

³ NRC recently changed the time codes and was unable to provide comparable data for 2015.

Why This Occurred

Evaluation Not Performed and Expectations Not Communicated

NRC has not evaluated the resources used to perform each SDP step. NRC recently made efforts to identify how long it takes to complete significance determinations, but these efforts are incomplete. For example, NRC recently evaluated the number of hours spent completing significance determinations and compared those hours to the number of significance determinations completed over the last 13 years. However, the data used in the analysis excluded time spent by branch chiefs and other managers on the SDP. NRC also identified that the total number of SDP findings had decreased since 2001, but observed that overall time spent on the SDP had increased. However, NRC did not include all hours spent on the SDP by all participants nor did it analyze how much time staff and managers took to perform each SDP step.

Additionally, NRC has not established and communicated clear and consistent expectations for how much time staff and managers should spend completing each SDP step. There is an aggregate metric for the SDP, but no metrics for specific steps.

Why This Is Important

Risk of Unreasonable Timeliness Standards, Inability to Measure Performance, and Inconsistent Priorities

Because NRC does not have a complete view of how SDP resources are used, it risks undertaking unnecessary changes to improve SDP timeliness. For example, current reliance on hourly data that always excludes manager participation and focuses on the total number of days it takes to issue a final significance determination, could lead to inaccurate timeliness assessments. Also, timeliness assessments lack consistency because these assessments can have different starting points within the SDP.

Additionally, NRC risks developing new timeliness metrics based on incomplete data. For example, NRC has undertaken an effort to revise the SDP by modifying guidance and changing timeliness metrics. However, these efforts are underway without knowing how much time or resources are used for the SDP.

Further, NRC is unable to compare actual performance of SDP steps to planned performance. Without clear and consistent expectations for how much time staff and managers have to complete each SDP step, completion time is driven by individual staff and manager priorities. Therefore, there are varying thoughts among staff and management on how much time is appropriate for each SDP step.

Recommendation

OIG recommends that the Executive Director for Operations

1. Assess SDP workflow, and establish, communicate, and document clear and consistent expectations for staff and managers to complete their roles in the SDP.

B. Unclear Issue Screening Questions

Inspectors sometimes have difficulty determining whether issues identified during inspections should be categorized as either minor or more-than-minor because issue screening questions in Inspection Manual Chapter 0612 Appendix B, "Issue Screening," are unclear. As a result, inspectors might needlessly spend time or resources formally documenting minor issues and miss opportunities to document more significant issues. Further, NRC risks the potential for inconsistent screening of performance deficiencies.

What Is Required

More-than-Minor Screening Process Should Be Readily Understood and Easily Applied

NRC requires agency positions to be readily understood and easily applied. The more-than-minor screening questions should be clear to staff and managers applying the criteria to issues identified in inspections.

What We Found

More-than-Minor Screening Process Is Not Readily Understood or Easily Applied

Inspectors sometimes have difficulty understanding and applying the questions used to screen inspection findings as either minor or more-than-minor. IMC 0612 Appendix B more-than-minor screening questions ask if a performance deficiency has “the potential to lead to a more significant safety concern” and “adversely affect the associated cornerstone objective.”⁴ Some inspectors could not readily define, based on the guidance, which aspects of a performance deficiency have potential to cause a more significant safety concern. Some inspectors said they are left to rely on past experience to get through the questions and expressed concern that the questions do not provide a clear and consistent approach to determining whether an issue is minor or more-than-minor.

⁴ Recently, NRC initiated an effort staffed by headquarters and regional representatives, to develop several options to improve consistency in the more-than-minor screening process.

Figure 2. More-than-Minor Screening Questions

Block 3	Is the performance deficiency More-than-Minor?
<p>If the answer to any of the following questions is "yes," then the performance deficiency is More-than-Minor and is a finding. If the answer to all of the following questions is "no," then the performance deficiency is minor and is not a finding.</p> <ul style="list-style-type: none"> • Could the performance deficiency reasonably be viewed as a precursor to a significant event? • If left uncorrected, would the performance deficiency have the potential to lead to a more significant safety concern? • Does the performance deficiency relate to a performance indicator that would have caused the performance indicator to exceed a threshold? • Is the performance deficiency associated with one of the cornerstone attributes listed at the end of this attachment and did the performance deficiency adversely affect the associated cornerstone objective? <p>Inspectors should consider using IMC 0612, Appendix E, "Examples of Minor Issues," to inform answers to the screening questions listed above.</p>	

Source: NRC Inspection Manual

Why This Occurred

IMC 0612 Appendix B Screening Questions Are Unclear

Unclear issue screening questions have made it difficult for inspectors to determine whether issues should be categorized as either minor or more-than-minor. The questions promote a large degree of subjectivity in the more-than-minor determination process.⁵ Some inspectors noted it is unclear which conditions have potential to lead to a more significant safety concern. Additionally, inspectors and managers explained that nearly any performance deficiency can be presented to adversely affect the associated cornerstone objective because the cornerstone objectives are broad.

Why This Is Important

Unclear Screening Questions Could Lead to Use of Unnecessary Resources and Inconsistency

Unclear issue screening questions could cause inspectors to needlessly spend time or resources formally documenting minor issues and miss

⁵ NRC management noted that results from the more-than-minor screening process often vary given specific circumstances associated with individual issues.

opportunities to document more significant issues. Inspectors and managers explained that excessively long periods of time can be spent deliberating whether a performance deficiency is minor or more-than-minor according to the IMC Appendix B screening questions. Inspectors said that the time spent determining if a performance deficiency is minor or more-than-minor can take away time and resources that could be better used toward other inspection activities.

NRC also risks the potential for inconsistent screening of performance deficiencies and inspectors might miss opportunities to document issues in inspection reports and the ability to share potentially similar findings across regions.

Recommendation

OIG recommends that the Executive Director for Operations

2. Clarify IMC 0612 Appendix B issue screening questions so that they are readily understood and easily applied.

C. Unable To Verify Independent Audits

NRC is unable to provide documentation of independent audits performed on greater than Green inspection findings because NRC does not have controls in place to ensure the audits are performed and documented. As a result, NRC risks inaccurately presenting agency activities in agency reporting documents and could miss opportunities to implement needed programmatic changes identified by audits.

What Is Required

Independent Audits of Greater than Green Inspection Findings Should Be Performed

Inspection Manual Chapter 0307 Appendix A, "Reactor Oversight Process Self-Assessment Metrics," requires independent audits of greater than Green inspection findings to be performed to ensure significance determination results are predictable and repeatable. One metric, "Predictability and Repeatability of Significance Determination Results," is

evaluated based on an independent auditor's ability to conclude that the finding's significance characterization is "reasonably justifiable from both programmatic and technical positions." Appendix A adds that appropriate programmatic changes will be implemented if the independent auditor finds the significance characterization is not reasonably justifiable.

What We Found

NRC Cannot Confirm Independent Audits Are Performed

NRC is unable to provide documentation of independent audits being performed on greater than Green inspection findings. NRC's annual self-assessment of the ROP for calendar year 2015 stated all greater than Green inspection findings had reasonably justifiable significance characterizations "as verified by an independent auditor using available documentation." However, NRC management responsible for overseeing the ROP self-assessment was not able to provide documentation of the audits.

Why This Occurred

No Controls for Independent Audit Performance and Documentation

NRC does not have controls in place to ensure audits of greater than Green inspection findings are performed and documented. Some NRC staff and managers involved in the SDP were not familiar with the predictability and repeatability metric or its requirement that an independent audit be performed. Some of those who were aware of the metric and independent audit requirement were unable to specify who had been responsible for conducting the audits in the past or verify whether these audits had been performed at all. Neither staff nor management could specify where documentation of independent audits could be found.

Why This Is Important

Risk of Inaccurate Presentation and Missed Opportunities For Improvement

NRC risks inaccurately presenting agency activities in agency reporting documents, and could miss opportunities to implement needed programmatic changes identified by audits. The lack of audit documentation could lead to inaccurate presentation of agency activities because the information reported cannot be verified. Additionally, NRC might miss opportunities to improve the SDP because documentation of needed programmatic changes is not available to staff.

Recommendations

OIG recommends that the Executive Director for Operations

3. Implement controls to ensure independent audits of greater than Green inspection findings are performed.
4. Document independent audits of greater than Green inspection findings.

IV. CONSOLIDATED LIST OF RECOMMENDATIONS

OIG recommends that the Executive Director for Operations

1. Assess SDP workflow, and establish, communicate, and document clear and consistent expectations for staff and managers to complete their roles in the SDP.
2. Clarify IMC 0612 Appendix B issue screening questions so that they are readily understood and easily applied.
3. Implement controls to ensure independent audits of greater than Green inspection findings are performed.
4. Document independent audits of greater than Green inspection findings.

V. AGENCY COMMENTS

An exit conference was held with the agency on August 29, 2016. Agency managers reviewed a discussion draft and provided comments that have been incorporated into this report, as appropriate. During the exit conference, and in post exit discussions, agency managers agreed with the report's recommendations. Additionally, agency managers opted to provide additional formal comments on the findings. These comments can be found in Appendix B.

OBJECTIVE, SCOPE, AND METHODOLOGY

Objective

The audit objective was to assess the consistency with which NRC evaluates power reactor safety inspection findings under the SDP.

Scope

The audit focused on evaluating procedures used to determine the safety significance of inspection findings. We conducted this performance audit from February 2016 through June 2016. Internal controls related to the audit objective were reviewed and analyzed. Throughout the audit, auditors were aware of the possibility of fraud, waste, and abuse in the program.

Methodology

OIG reviewed relevant criteria for this audit, including the NRC Inspection Manual and Government Accountability Office's *Standards for Internal Control in the Federal Government*.

To understand how NRC staff and managers write, interpret, and implement procedures used to characterize the significance of findings, OIG reviewed additional sources such as SDP timeliness and resource data, guidance, SDP improvement initiatives, self-assessments, and SDP tracking tools. OIG also interviewed NRC staff and managers from the Office of Nuclear Reactor Regulation and all regions.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

The audit was conducted by Paul Rades, Team Leader; Levar Cole, Audit Manager; John Thorp, Senior Technical Advisor; Larry Vaught, Auditor; Anna Boyle, Management Analyst; and Urvi Banerjee, Student Management Analyst.

Agency Formal Comments



UNITED STATES
NUCLEAR REGULATORY COMMISSION
WASHINGTON, D.C. 20555-0001

September 7, 2016

MEMORANDUM TO: Steven E. Zane, Acting
Assistant Inspector General for Audits
Office of the Inspector General

FROM: Michael R. Johnson
Deputy Executive Director for Reactor
and Preparedness Programs
Office of the Executive Director for Operations

SUBJECT: FORMAL COMMENTS ON THE OFFICE OF THE INSPECTOR
GENERAL DRAFT REPORT ON THE U.S. NUCLEAR
REGULATORY COMMISSION'S SIGNIFICANCE DETERMINATION
PROCESS FOR REACTOR SAFETY

This memorandum responds to the August 31, 2016, e-mail from Mr. Levar Cole, Office of the Inspector General (OIG), transmitting the OIG's final draft report, "Audit of NRC's [U.S. Nuclear Regulatory Commission] Significance Determination Process for Reactor Safety." OIG revised the report following receipt of the agency's informal written comments of August 26, 2016, and verbal comments provided during the August 29, 2016, exit conference.

The NRC staff has reviewed the report and found no sensitive, proprietary, personally identifiable, classified, or other information that would necessitate redaction before issuing the report as publically available.

The NRC staff appreciates the independent audit function performed by the OIG, as well as the way this audit of the Significance Determination Process (SDP) for Reactor Safety was conducted and the responsiveness to concerns voiced during the exit conference. The staff understands the revised draft report and recommendations.

The following specific comments are relevant to how portions of the audit report could be interpreted by those who did not have the benefit of the discussions that occurred during the audit and at the exit conference. The NRC staff is concerned that the discussion in the report is not clear regarding NRC actions taken to date, what is already known and understood about SDP resource use and timeliness, and planned NRC actions.

CONTACT: Russell A. Gibbs, NRR/DIRS
301-415-8578

S. Zane

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Specifically, the staff requests that the following points be considered:

- In section entitled "Background," page 3, first paragraph, the OIG report states:

"NRC staff and managers are also responsible for reviewing SDP results for timeliness and accuracy."

The NRC staff would like to provide clarification on this sentence. The staff suggests a more appropriate characterization would be that SDP results are viewed for efficiency and effectiveness.

- In section entitled, "Background," page 3, second paragraph, the OIG report states:

"Recently, NRC took steps to improve the SDP through a business process improvement initiative with the goals of reviewing SDP resource and timeliness data, evaluating SDP practices and guidance, and identifying opportunities for improvement. NRC has also proposed SDP changes associated with milestones and resource allocation."

The NRC staff would like to provide clarification on this paragraph. The staff suggests the following language indicated by the bold and strikeout:

Recently, NRC took steps to improve the SDP through a business process improvement initiative **and, as directed by the Commission in Staff Requirements COMSECY-14-0030**, with the goals of reviewing SDP resource and timeliness data, evaluating SDP practices and guidance, and identifying opportunities for improvement. NRC has also proposed SDP changes associated with **improving management oversight and project planning for greater than Green inspection findings** ~~milestones and resource allocation.~~

- In section entitled, "SDP Resource Use and Expectations for Time Spent on the SDP Is Unknown," page 4, first paragraph, item 2, the OIG report states:

"...(2) may undertake unnecessary changes to improve timeliness...."

The NRC staff would like to provide the following comment:

The staff has reviewed previous experiences sufficiently enough to determine that the length of time and degree of resources expended to complete SDP evaluations are excessive. The staff does not agree that it lacks sufficient data and may undertake unnecessary changes to the SDP to improve timeliness.

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- In section entitled, "Resource Use and Expectations Should Be Known," page 4, first paragraph, the OIG report states:

"NRC should know the resources allocated and used for different SDP steps and establish clear and consistent expectations for how long each step should take.

Further, staff and managers responsible for performing SDP steps should know how much time they should spend to complete their work."

The NRC staff would like to provide the following comment:

The staff considers this level of prescription for knowing resource expenditures is unnecessary. Given the unique nature of each individual issue, the staff believes that establishing general guidelines and milestones in the inspection and assessment processes is more appropriate.

- In section entitled, "Recommendation," Page 8, first paragraph, the OIG report states:

"Assess SDP workflow, and establish, communicate, and document clear and consistent expectations for staff and managers to complete their role in the SDP."

The NRC staff would like to provide the following comment:

The staff agrees with Recommendation 1. However, the audit report details would indicate that in order to assess the SDP workflow and establish, communicate, and document clear and consistent expectations, the amount of time and resources expended for each step identified in Figure 1 of the audit report would need to be assessed. The staff plans to evaluate the SDP workflow effectiveness, but not assess the time and resources needed to implement each step of the process.

- In section entitled, "Unable To Verify Independent Audits," page 12, first paragraph, the OIG report states:

"...because NRC does not have controls in place to ensure the audits are performed and documented."

The NRC staff would like to provide the following comment:

The staff does not agree that the NRC does not have (*any*) controls in place to ensure audits are performed and documented. The staff has historically and successfully performed the required audits, consistent with IMC 307, "Reactor Oversight Process Self-Assessment Metrics," Appendix A and documented in the required by the annual Reactor Oversight Process (ROP) self-assessment and documented in the associated Commission paper. The staff does agree that

S. Zane

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more comprehensive documentation of the conduct of these audits is appropriate.

- In section entitled, "No Controls For Independent Audit Performance and Documentation," page 13, first paragraph, the OIG report states:

"NRC does not have controls in place to ensure audits of greater than Green inspection findings are performed and documented."

The NRC staff would like to provide the following comment:

The staff does not agree that the NRC does not have (*any*) controls in place to ensure audits are performed and documented. The staff has historically and successfully performed the required audits, consistent with IMC 307, "Reactor Oversight Process Self-Assessment Metrics," Appendix A and documented in the required by the annual ROP self-assessment and documented in the associated Commission paper. The staff does agree that more comprehensive documentation of these audits is appropriate.

- In section entitled, "Consolidated List of Recommendations," page 15, item 1, the OIG report states:

"Assess SDP workflow, and establish, communicate, and document clear and consistent expectations for staff and managers to complete their role in the SDP."

The NRC staff would like to provide the following comment:

The staff agrees with this recommendation. However, the audit report details would indicate that in order to assess the SDP workflow and establish, communicate, and document clear and consistent expectations, the amount of time and resources expended for each step identified in Figure 1 of the audit report would need to be assessed. The staff plans to evaluate the SDP workflow effectiveness, but not assess the time and resources needed to implement each step of the process.

The NRC staff appreciates your willingness to consider these comments as you finalize your report. If you need additional information, please contact Russell Gibbs of my staff at 301-415-8578.

cc: Chairman Burns
Commissioner Svinicki
Commissioner Baran
SECY

TO REPORT FRAUD, WASTE, OR ABUSE

Please Contact:

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COMMENTS AND SUGGESTIONS

If you wish to provide comments on this report, please email OIG using this [link](#).

In addition, if you have suggestions for future OIG audits, please provide them using this [link](#).