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UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION II
101 MARIETTA STREET, N.W., SUITE 2900
ATLANTA, GEORGIA 30323-0199

AUG - 5 1996

Regional Office Instruction No. 1030, Revision 8

PROCESSING ALLEGATIONS, COMPLAINTS, AND CONCERNS

A. Purpose:

To establish Regional Office procedures for the proper processing, control, and disposition of allegations, complaints, and concerns received by any Region II staff member involving NRC licensed facilities or activities.

This revision implements the requirements of Management Directive (MD) 8.8, "Management of Allegations," and includes the following substantive changes 1) Section 8, definition of allegation, 2) Section 1.9.2, deleting the requirement for Division Directors to perform audits since the SAC performs a final audit of all completed cases, 3) Section 1.5.5, Allegation Action Plans are mandatory for performing followup on allegations, 4) Section 1.9 & 1.10, Handling allegation correspondence, 5) Section 1.5.10, responsible branch chief will provide periodic status to allegers, 6) Section 1.6.3, objection to licensee referrals by allegers should be honored.

B. Discussion:

Allegations, complaints, and concerns (hereinafter referred to as allegations) pertaining to NRC licensed facilities and activities may be received in a wide variety of forms and under varying circumstances. It is imperative that allegations be recognized as such by Region II staff members and that this information be processed in a professional, prompt, and consistent manner. Region II staff members are required to maintain a high level of sensitivity to allegations paying particular attention to any public health and safety aspects of allegations.

An allegation is a declaration, statement, or assertion of impropriety or inadequacy associated with NRC-regulated activities, the validity of which has not been established. This term includes all concerns identified by sources such as individuals or organizations, and technical audit efforts from Federal, State, or local government offices regarding activities at a licensee's site. Excluded from this definition are inadequacies provided to NRC staff by licensee managers acting in their official capacity, matters being handled by more formal processes such as 10 CFR 2.206 petitions, misconduct by NRC employees or NRC contractors; non-radiological occupational health and safety issues; and matters involving law enforcement and other Government agencies.

Region II staff members who receive an allegation must understand that it is absolutely essential to protect the identity of the individual providing the information in an allegation and that every effort must be made to preclude the inadvertent or premature disclosure of the

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individual's identity outside NRC. To this end, in the event an individual's identity must be released or revealed under any circumstances, coordination must be effected with the Region II Senior Allegation Coordinator (SAC) who will initiate the necessary coordination for obtaining authorization to disclose the identity of an individual who provides information to the NRC. This provision of protecting the identity of an individual is not to be confused with the principle of "confidentiality," a matter which is discussed in detail in Enclosure 2 to this Instruction. Identity protection does not include withholding the individual's identity when anonymity has been requested and the NRC representative is aware of the individual's identity.

It is important to note that no information provided to the NRC can be considered as being "off-the-record," and any such information is required to be officially documented and acted upon appropriately.

C. Action:

1. All Region II staff members generally should be familiar with the procedures for processing allegations as outlined in this Instruction and NRC Management Directive 8.8, "Management of Allegations."
2. Those individual staff members who can expect to receive allegations in the field should be fully familiar with the policies and procedures contained in this Instruction. In addition, Region II supervisors and managers should be fully familiar with the policies and procedures relative to processing allegations.

D. Responsibility:

1. The Director, Enforcement and Investigation Coordination Staff, has the primary responsibility for ensuring that all allegations are properly documented, controlled, and processed.
2. The Division Director having project technical responsibility in the area of concern identified in an allegation is responsible for scheduling and conducting an Allegation Review Board (ARB).
3. Each Division Director and Branch Chief is responsible for assuring that allegations referred to them for action by the ARB are inspected and resolved in a timely manner.
4. It is the responsibility of Region II staff members who receive allegations to document the information promptly and forward such documentation within three working days of receipt of the information through their supervisor to the SAC so that appropriate processing action can be initiated.

E. Contact:

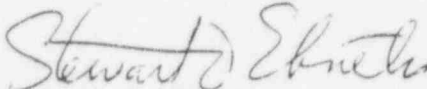
Questions or comments regarding this Instruction should be directed to the Director, Enforcement and Investigation Coordination Staff, at extension 15505.

F. References:

1. Regional Office Instruction (ROI) 1004, "Notification to the Office of Investigations of Potential Wrongdoing"
2. MD 8.8, "Management of Allegations"
3. MD 9.2, "Office of the Inspector General"
4. ROI 1801, REV 2, "Handling of Allegations of Improper Actions by NRC Employees or Contractors"
5. ROI 1040, "Assistance to the Office of Investigations"
6. Field Policy Manual (NUREG/BR-0075), No. 1 - "Coordination with FBI," and No. 13 - "Witnessing Unsafe Situations"

G. Effective Date:

This Instruction supersedes Regional Office Instruction 1030, Revision 7, dated March 18, 1996, and is effective upon issuance.


Stewart D. Ebner
Regional Administrator

Enclosures:

1. Receiving and Processing Allegations
2. Protecting Identity
3. Confidentiality Agreement
4. Guidance for Receipt and Documentation of Allegations
5. Allegation Report
6. Allegation Summary
7. Index of Concerns
8. Chronology
9. Allegation Action Plan

Distribution List A

RECEIVING AND PROCESSING ALLEGATIONS

1.1 Incoming Allegations

1.1.1 Telephone Calls or Visits by Allegers to the Regional Office

Any Region II staff member within the Regional Office who receives a telephone call from a concerned individual (hereinafter referred to as an allexer) who wishes to make an allegation, express a concern, or register a complaint shall transfer the caller to the Senior Allegation Coordinator (SAC). Likewise, if an allexer comes to the Regional Office to personally discuss an allegation, the allexer is to be referred to the SAC who will conduct an interview with the allexer. Technical staff members within the Regional Office who are unable to contact the SAC, the Director, Enforcement and Investigation Coordination Staff (EICS), or a member of EICS to meet the allexer or take a telephone call shall handle the matter themselves and obtain as much information as possible regarding the allegation. Administrative staff members who cannot locate the SAC or a member of EICS, shall locate a technical staff supervisor or manager, and refer the allexer to that person.

1.1.2 Allegations Received in the Region II Mail

Allegations received in the mail normally are handwritten or typed on plain paper (no letterhead), while official correspondence is usually on letterhead stationary. Therefore, unless it is otherwise obvious, administrative personnel who open and screen mail will forward correspondence which appears to contain an allegation to the SAC. Both the letter and envelope will be delivered and no copies of such documents/correspondence will be made. Any Regional staff member who receives documents or correspondence, including internal NRC memoranda, which contain allegations, shall forward the documents to the SAC.

1.1.3 Allegations Received During the Course of an Inspection

If an allegation is received by an inspector in the field, the inspector should document the allegation and transmit all acquired information and documentation to the SAC for processing. The inspector should also encourage the allexer to contact the SAC directly for status of their concern and provide the allexer with the Region II "800" telephone

number (800-577-8510) or the Allegation Hotline "800" telephone number (800-695-7403) to the alleged to make that contact. The inspector should also be aware that meeting with an alleged on site may compromise the alleged's identity. If meeting off site is more appropriate, the inspector should immediately inform his or her management for concurrence. In such circumstances, consideration shall be given to having another NRC employee present during the interview to ensure personal safety and security during the meeting.

1.1.4 Referrals from Other Agencies or NRC Offices

Any member of the Regional staff who receives written or telephonic notification that other agencies or NRC offices have received allegations regarding facilities or licensees within Region II shall promptly forward such information to the SAC.

1.2 Contact with Concerned Individuals

- 1.2.1 The SAC is responsible for ensuring that communications are maintained with an alleged. Although not always possible, the SAC should normally be the initial point of contact for the alleged when he or she communicates with the NRC. This enables better control of communications and aids in protecting the identity of the alleged. Branch Chiefs who receive direct communication from an alleged as a result of a status or closure letter should coordinate the contact with the SAC and document the contact with a memo to file.
- 1.2.2 All contacts with the alleged should be professional. The safety significance of the allegation, or lack thereof, should not affect the treatment of the alleged, although it may effect the timing of NRC follow-up.
- 1.2.3 Any member of the Regional staff having initial contact with an alleged shall attempt to obtain as much information as possible, including:
- Full name of the alleged and employer;
 - Complete mailing address;
 - Home and work telephone numbers;
 - Position in or relationship to the facility or activity involved;
 - Nature and details of allegation; and
 - Alleged's preference for method and time of contact

Additional guidance in this regard is provided in Enclosure 4 to this Instruction.

- 1.2.4 If the alleged persists in not providing personal identification, fully document the allegation and advise the alleged that he or she may contact the SAC in 30 working days for information on the status of any actions being taken related to the information provided.
- 1.2.5 If the alleged does not object to being contacted again, the alleged should be informed that the SAC will be contacting them to acknowledge receipt of the allegation within 30 days. The alleged also should be advised of the NRC policy on identity protection and that they will be notified of the NRC findings at the completion of the appropriate review.
- 1.2.6 Region II staff members shall, as soon as possible after contact with an alleged or receiving an allegation, notify their supervisor that they have made contact with an alleged and that they have received an allegation. The supervisor shall ensure that the SAC is promptly notified of the allegation.

1.3 Documenting Allegations

- 1.3.1 It is important to obtain as much information as possible concerning the allegation. In addition to the basic information (e.g., who, what, when, where, why, and how), attempts should be made to develop and clarify the information so that the issue is relatively well defined. Every allegation received, regardless of the source, method of communication involved, or apparent substance, must be documented and evaluated.
- 1.3.2 A standardized Allegation Report form (included as Enclosure 5) should be utilized to document all allegations where practicable. A memorandum format may also be used.
- 1.3.3 The importance of obtaining all possible details concerning an allegation cannot be overemphasized. Evaluation of the allegation as well as the proposed course of action that will be initiated to resolve the allegation will be based on this initial information. In some instances, the information may be so substantial, technically complex, or indicative of possible wrongdoing, that a personal interview with the alleged is warranted. In these cases, the SAC and the Director, EICS, will brief the Regional Administrator (RA) and discuss the most appropriate means of arranging for

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and conducting an interview of the alleged to obtain the details required. Depending on the nature of the allegation and time constraints, the RA may request assistance from the Office of Investigations (OI) or utilize other Region II resources, as required, to promptly address the issue. If the RA determines that OI assistance is appropriate, the Region II OI Field Office Director will be briefed by the SAC.

1.4 Allegation Report

The Region II staff member who receives an allegation shall prepare an Allegation Report (see Enclosure 5) and forward it through his/her supervisor to the SAC. The Allegation Report shall be placed in an envelope marked "To Be Opened By Addressee Only" and addressed to the supervisor. Preparation of the Allegation Report shall be accomplished within three working days following receipt of the information and forwarded to the appropriate supervisor. The following guidelines shall be adhered to in preparing the Allegation Report or memorandum and transmitting it to the SAC.

- 1.4.1 The Allegation Report shall be typed (or handwritten legibly) and no copies of the Allegation Report shall be made or distributed. This requirement prohibits the originator from retaining a copy for their personal file and is intended to provide an extra measure of protection for both the alleged and the staff member receiving the allegation. If an allegation is being mailed to the Regional Office, the sender shall retain a copy until it is verified that the Regional Office has received the Allegation Report. The retained copy shall then be destroyed.
- 1.4.2 If placed in the U.S. Postal Service mail, the Allegation Report shall be mailed to the SAC at the following address: RII/SAC, Post Office Box 845, Atlanta, GA 30301. The SAC will inform the appropriate supervisor of the receipt of the allegation as well as the individual who sent the Allegation Report.
- 1.4.3 Prepare the Allegation Report in accordance with the guidance provided in Enclosure 4. If a memorandum format is used, the opening paragraph shall identify the alleged, the date, time, location, and circumstances surrounding the contact with the alleged including identification of other persons present during the contact. Each succeeding paragraph shall document all information associated with a particular allegation. The NRC staff member documenting the

allegation should take care to document the allegation precisely as stated by the allegor. The purpose of this is to clearly record exactly what the allegation was so as to ensure appropriate followup. If information is received from more than one allegor, consideration should be given to reporting the information from each allegor in separate Allegation Reports or memoranda to ensure clarity and separation. If separate memoranda are not used, then the details should be separated so that the specific facts of the allegation can be readily attributed to each individual allegor. If the individual receiving and documenting the allegation adds any personal views, comments, analysis or evaluation, to clarify the information received, those comments should be clearly identified as such in a separate paragraph at the end of the Allegation Report. Judgement should be used in providing any personal comments or observations as the Allegation Report is subject to release under the Freedom of Information Act.

- 1.4.4 The SAC is responsible for reviewing all information received in conjunction with an allegation and ensuring that appropriate Region II staff are fully briefed. If the information contained in the Allegation Report is determined to be insufficient to permit followup, the SAC may recontact the allegor to obtain additional information, or advise the receiving staff member that additional information is required and request the staff member to obtain the information from the allegor. When an allegation involves issues outside of the SAC's area of expertise, arrangements shall be made to have an appropriate technical staff member present during the conversation or interview with the allegor.
- 1.4.5 The SAC will provide a copy of all Allegation Reports to the OI Field Office Director for informational purposes.
- 1.4.6 Normally, the receipt of allegations shall not be addressed in Preliminary Notifications (PN) or Daily reports (DR). If, however, such entries are deemed appropriate, the approval of the RA shall be obtained prior to issuance of the PN or DR.

1.5 Processing Allegations

- 1.5.1 Within 30 days of receipt of an allegation, the SAC will assign a unique file number to the allegation and enter the allegation into the Allegation Management System (AMS). The following unique numbering sequence is used for allegation

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numbers: RII-96-A-0001, where "RII" indicates Region II, "96" is the calendar year the allegation was received in Region II, "A" indicates an allegation, and the four digit number represents the sequential order in which the allegation was received during the calendar year indicated.

- 1.5.1.1 A single allegation case file may include any number of concerns. Each specific concern shall be individually identified and tracked within the case file utilizing the Index of Concerns, an example of which is provided as Enclosure 7 to this Instruction.
- 1.5.1.2 Entries into AMS should not contain personal, sensitive or private information related to the alleged, safeguards information, or information related to a civil or criminal wrongdoing case.
- 1.5.1.3 The following types of allegations received in the Region will not be entered into the AMS; however, associated case files or records can be maintained by EICS on an "as needed" basis:
 - Allegations related to 2.206 petitions;
 - Allegations referred to the Department of Justice (DOJ), state or local law enforcement agencies, and military agencies unless the referral is to the organization in the capacity of an NRC licensee;
 - Allegations referred to the Office of the Inspector General (OIG); and
 - Allegations referred to the Occupational Safety and Health Administration (OSHA).
- 1.5.1.4 All Department of Labor (DOL) cases and OI cases opened in Region II will be assigned an allegation number and entered into the AMS.
- 1.5.1.5 Multiple allegations of employee discrimination (as defined in the Energy Reorganization Act) may be maintained under the same allegation number if the allegations are less than 90 days apart and they involve the same supervisor or manager or the alleged is claiming a continuing pattern of discrimination by management in general.

However, for technical allegations, a new case file should be opened. This is to preclude revision of the "receipt date" of previously opened allegations in the AMS.

If an allegation has already been reviewed by an ARB, a new allegation number will be assigned to any subsequent allegations received from the same alleged. Allegations are required to be reviewed by an ARB within 30 days of receipt of the allegation. If an alleged provides additional new concerns within 29 days of receipt of the original concerns they are to be included with the original concerns and reviewed by an ARB at the same time if possible.

- 1.5.2 The SAC will maintain a Region II file, retrievable by the allegation number, for each allegation received. The file will include all correspondence, memoranda to file, documentation of interviews, and summaries of telephone conversations, discussions, and meetings. The SAC is responsible for maintaining a case chronology (Enclosure 7) in the allegation file which identifies all documents received and filed in the case file as well as all actions associated with the allegation file.
- 1.5.3 The SAC will promptly provide each new allegation to the Division Director with project responsibility. The Division Director will arrange an Allegation Review Board (ARB) as soon as practical consistent with the urgency and significance of the allegation. However, the allegation shall be reviewed by an ARB no later than 30 days after the allegation was received.
- 1.5.4 Allegation Review Board
 - 1.5.4.1 The ARB will consist of the Division Director responsible for the area of concern (Chairman), the Directors (or Deputy Directors) of other Region II divisions that may have followup responsibilities associated with the allegation, the SAC, and an OI representative for matters of suspected wrongdoing. The Regional Counsel and other staff members should participate, as appropriate.
 - 1.5.4.2 The ARB will evaluate each concern contained within an allegation, determine the appropriate

course of action required for resolution, and assign specific responsibility for the required resolution action. The following factors should be considered by the ARB in dispositioning an allegation:

- Concerns requiring immediate regulatory action
- Feedback to the alleged
- Technical issues
- Wrongdoing concerns and recommended OI prioritization
- Potential for chilling effects
- Referrals to other entities
- Office of General Counsel positions
- Actions necessary to resolve and close the allegation
- Basis for another ARB

1.5.4.3 Allegations of wrongdoing, including employee discrimination, will be reviewed by the ARB and processed in accordance with Regional Office Instruction 1004, "Notification to the Office of Investigations of Potential Wrongdoing."

1.5.4.4 The ARB should be reconvened if supplemental information is obtained which changes or affects the safety significance of the allegation. In addition, allegations that are open for more than six months should be reviewed by an ARB at four month intervals (except DOL and OI cases in which no outstanding technical issues remain open). These timeliness reviews may also be accomplished through regularly scheduled allegation timeliness meetings as directed by senior regional management.

1.5.4.5 The SAC is responsible for documenting the minutes of all ARB meetings. The minutes should be approved within 24 hours by the Chairman of the ARB, distributed to ARB participants and OI, and include the following information:

- Allegation number and description
- Date of ARB and participants
- Affected licensee
- Safety significance

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- Proposed action, identification of individual or group assigned resolution action, and schedule for completion
- Recommended priority level of any OI investigation
- Any generic implications possibly associated with the allegation

1.5.4.6 Minutes of ARB meetings will be maintained in the allegation file for each individual case.

1.5.5 The assigned technical staff member or group, as directed by the ARB or senior regional management, is responsible for initiating, developing, and implementing review activities pertinent to the resolution of the allegation. Enclosure 9, Allegation Action Plan, must be used to document the resolution strategy for performing followup on allegations. A copy of the Allegation Action Plan will be forwarded to the SAC.

1.5.6 Allegations of relatively high safety significance should be addressed immediately. Allegations having less safety significance should be addressed during the next regularly scheduled inspection of that area or within six months of receipt.

1.5.7 Within 30 days of receipt of an allegation, the SAC shall notify the allexer in writing to acknowledge receipt of the allegation and to confirm the staff's understanding of the specifics of the allegation. The letter should contain the following information:

- NRC limitations related to the protection of an allexer's identity (see mandatory statement in Allegation Report);
- Advisement related to filing a complaint of employee discrimination with DOL under Section 211 of the Energy Reorganization Act;
- Discussion related to the potential for the allegation to be referred to other entities for resolution;
- Initial feedback on NRC actions; and
- Method for contacting the SAC

1.5.8 For allegations involving employee discrimination as a result of identifying safety concerns, the allexer shall be specifically advised that if they are discriminated against by their employer for reporting nuclear safety concerns to their employer or to the NRC, they have 180 days from the

date of the act of discrimination to file a complaint with the DOL under the provisions of Section 211 of the Energy Reorganization Act. The alleged should be informed that the DOL, and not the NRC, provides the process for obtaining a personal remedy and relief. Further, the alleged shall also be informed that although the NRC may investigate the allegation prior to its resolution by DOL, the NRC may await the results of the DOL investigation which will be monitored by the NRC.

1.5.8.1 Allegers making allegations of employee discrimination for which OI has not initiated an investigation should be recontacted by the SAC before the expiration of the 180 day tolling period to determine if the alleged has filed a complaint with DOL.

1.5.8.2. When an allegation of employee discrimination is initially received as a DOL complaint, the alleged will be contacted by the SAC to determine if the alleged has safety concerns that were not included in the DOL complaint.

1.5.8.3. In addition to the AMS database, EICS maintains an approved System 6 database of DOL complaints by name of complainant for enforcement tracking purposes. No listing shall be maintained that correlates DOL complainants' names with allegation numbers.

1.5.9 If the NRC receives a credible report from an alleged expressing reasonable fears of retaliation for reporting safety concerns, and the alleged is willing to be identified to the licensee, the Regional Administrator may initiate actions to alert the licensee that the NRC has received information.

1.5.10 For allegations requiring a lengthy resolution period, the responsible branch chief shall advise the alleged of the status of the allegation in writing every six months so that the alleged is aware and understands that the staff is continuing to pursue the allegation. This periodic contact requirement includes allegations involving an open OI investigation, DOL complaint and enforcement action.

1.6 Referral of Allegations to Licensees

1.6.1 It is NRC policy to refer as many allegations as possible to the licensee for action and response unless any of the following conditions apply:

- Information cannot be released in sufficient detail to the licensee without compromising the identity of the alleged or confidential source (unless the alleged has no objection to his or her name being released).
- The licensee could compromise an investigation or inspection because of knowledge gained from the referral.
- The allegation is made against the licensee's management or those parties who would normally receive and address the allegation.
- The basis of the allegation is information received from a Federal agency that does not approve of the information being released in a referral.

1.6.2 Except in cases where there is an immediate threat to the health and safety of the public (including licensee employees), allegations will not be discussed with the licensee until after the ARB has reviewed and evaluated the allegation.

1.6.3 Any allegation not meeting the criteria specified in Section 1.6.1 above shall be evaluated by the ARB for referral to the licensee using the following guidance:

- Could the release of information bring harm to the alleged or confidential source?
- Has the alleged or confidential source voiced objections to the release of the allegation to the licensee?
- What is the licensee's history of allegations against it and past record in dealing with allegations, including the likelihood that the licensee will effectively investigate, document, and resolve the allegation?

- Has the alleged or confidential source already taken this concern to the licensee with unsatisfactory results? If the answer is "yes," the concern is within NRC's jurisdiction, and the alleged objects to the referral, the concerns should normally not be referred to the licensee.
- Are resources to investigate available within the region?

1.6.4

Before referring the allegation, the alleged should be contacted and informed of the planned referral. Such notification should be documented by letter, if possible, and should inform the alleged that the NRC will review and evaluate the licensee's resolution activities and response and that the alleged will be informed of the final disposition. In addition, if an allegation referral includes a copy of documentation supplied by the alleged, written permission should be obtained from the alleged acknowledging that the material will be provided to the licensee. Allegers should generally be given 14 days to respond and pose their objection to the referral. If an objection to the referral is made by the alleged, a referral may still be made by the NRC with consideration of the factors described in Section 1.6.1 and 1.6.3 above.

1.6.5

Allegation Referral Letters

- 1.6.5.1 Official letters referring allegations to licensees for review and action will normally be signed by the responsible Division of Reactor Projects (DRP) or Division of Nuclear Material Safety (DNMS) Branch Chief. A higher level of signature authority such as the Division Director, or the Regional Administrator, may be appropriate if the allegation is of such importance to warrant conveying the significance of the issue. The ARB Chairman is responsible for making this determination.
- 1.6.5.2 Branch Chiefs having technical oversight of substance of an allegation are responsible for the preparation of the allegation referral letters sent to licensees. Referral letters should clearly inform the licensee of the concern without compromising the identity of the alleged, request an evaluation, and require a written response.

- 1.6.5.3 Referral letters are to be coordinated with and concurred on by the SAC or the Director, EICS, prior to issuance.
- 1.6.5.4 The letter referring an allegation to a licensee does not go in the Public Document Room. A copy of the licensee referral letter is filed in the allegation case file.
- 1.6.5.5 The licensee referral letter instructs the licensee to send their response to the region-designated contact. They should not send a copy to the document control desk.
- 1.6.5.6 The cover letter and enclosures must be marked "Contains Information Not For Public Disclosure."

1.6.6 NRC Independent Verification

The NRC should ensure that the licensee's response to a referred allegation is adequate. The overall scope and depth of independent verification should be based on factors such as, but not limited to, a licensee's prior performance related to resolution of referred allegations, the degree of independence of the licensee's staff's evaluation, safety significance of the matter, and level of licensee management potentially involved in the matter. The following examples should be used in determining the adequacy of a licensee's response:

- 1.6.6.1 Was the evaluation conducted by a licensee entity independent of the organization in which the alleged event took place?
- 1.6.6.2 Was the licensee's evaluator competent in the specific functional area in which the alleged event occurred?
- 1.6.6.3 Was the evaluation of adequate depth to establish the scope of the problem?
- 1.6.6.4 Was the scope of the evaluation sufficient to establish that the alleged event or problem was/was not a systematic defect?

- 1.6.6.5 If the allegation was substantiated, did the licensee's evaluation consider the root cause and generic implications of allegation?
- 1.6.6.6 Were the licensee's corrective actions sufficient to prevent, alleviate, or correct the deficiency in both the short and long term?

As appropriate, the inspection staff should independently inspect and review selected elements of the concern to verify the validity of the representations stated in the licensee's response. This evaluation may most appropriately be conducted by the Resident Inspection staff. If the NRC is not satisfied with the licensee's disposition of the allegation, the issue will remain open pending further NRC inspection activity.

1.7 Allegation Referral to State and Federal Entities

1.7.1 Agreement States

- 1.7.1.1 Allegations against an Agreement State licensee shall be forwarded to the Division of Nuclear Materials Safety (DNMS) for coordination and referral to the appropriate State agency.
- 1.7.1.2 The Director, DNMS, is responsible for ensuring a review and assessment of the adequacy of the State agency's resolution response to a referred allegation.
- 1.7.1.3 Referred allegations will be closed following receipt of acceptable documentation from the State and subsequent notification to the allegor.
- 1.7.1.4 The Director, DNMS, will forward allegations made against an Agreement State official to the Director, Office of State Programs, for disposition.
- 1.7.1.5 Consistent with Section 1.6.4 above, the SAC will inform the allegor of the NRC's intent to refer the allegation to the appropriate State agency for resolution.
- 1.7.1.5 In cases where employee discrimination is alleged against an Agreement State licensee, the

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Director, DNMS, will refer the allegation to the Agreement State for followup only if the alleged agrees to be identified to the agreement state. The Director, DNMS, will coordinate the proposed referral with the SAC, who will inform the alleged that the NRC does not have jurisdiction to investigate employee discrimination by an Agreement State licensee and unless they agree to be identified to the State, no investigation will occur. The SAC will also inform the alleged that it is not possible to investigate employee discrimination if the alleged does not agree to the release of their identity to the appropriate State agency. If the alleged does not agree to the disclosure of their identity to the State, the allegation will not be forwarded to the State. If the alleged does not agree to have their identity disclosed to the State, the SAC will inform the alleged that the concern will be considered closed because of the inability to pursue action in complaints of discrimination without identifying the complainant.

- 1.7.1.6 If the alleged agrees to be identified to the State, the SAC will close the allegation file after appropriate referral to the State and the alleged is informed of the referral. The SAC will provide the alleged with the name, address and telephone number of a contact at the State agency responsible for resolution of the allegation. For those cases where the alleged does not want to be identified, the case will be kept open until the State provides an adequate response and that response is provided to the alleged.

1.7.2 Other Federal Entities

- 1.7.2.1 Allegations within the purview of OSHA are to be handled in accordance with Manual Chapter 1007, Interfacing Activities Between Regional Offices, NRC, and OSHA. The Director, DNMS, will coordinate with the Region II State Liaison Officer (SLO) regarding the referral and any required response. The ARB should consider referring occupational health and safety issues to the licensee.

- 1.7.2.2 The SAC will coordinate allegations where wrongdoing has been substantiated with the Director, OI Field Office, for consideration of referral to DOJ as appropriate. The fact that an allegation is being considered for referral to DOJ will not be disclosed to a licensee, an alleged or the public without the concurrence of the Director, OI Field Office.
- 1.7.2.3 Allegations under the jurisdiction of other Federal or State government entities not addressed in this Instruction should be evaluated for referral to the internal affairs department or NRC contact of that Federal or State entity by the ARB. The Director, DNMS and SLO, as appropriate, will effect the referral after coordination with the SAC.
- 1.7.2.4 If an allegation is referred to another Federal or State government entity for which the NRC has no regulatory oversight, that agency will not be requested to provide a response or the results of their review of the allegation. The SAC will ensure that the Director, DNMS has sent a letter to the alleged advising the alleged of the referral, the agency to which the allegation was referred and a point of contact for the alleged within the referral agency.
- 1.7.2.5 Notification of Federal, State, and local law enforcement agencies, to include the type and amount of information provided to them, is the responsibility of the OI Field Office when possible criminal activity or other nationally significant information is included in the allegation.
- 1.7.2.6 The Director, DNMS, will ensure that allegations against an Agreement State licensee that fall within the purview of other Federal agencies are referred to the appropriate agency and concurrently transmitted to the appropriate Agreement State.
- 1.7.2.7 Allegations involving suspected improper conduct by NRC employees will be forwarded to the Deputy Regional Administrator (DRA) for referral to the OIG in accordance with Regional Office

Instruction 1801. "Handling of Allegations of Improper Actions by NRC Employees or Contractors." The SAC will provide all associated documents to the DRA for retention. Subsequent contact with the allegor regarding the issue should be referred directly to the OIG.

- 1.7.2.8 The Director, DNMS, is responsible for ensuring that the allegor is promptly notified when an allegation has been referred to another government agency and when the allegation is closed by the NRC.

1.8 Allegation Resolution Documentation

- 1.8.1 Within 30 days of the completion of all actions required for the closure of an allegation, the Branch Chief responsible for resolution of the allegation will advise the allegor by letter of the results of NRC followup. The Branch Chief will prepare the closure letter to the allegor incorporating the information contained from the staff memo along with a copy of the applicable inspection report. The Branch Chief will provide a copy of the closure letter to the SAC who will then close the allegation in the AMS. If the allegation was referred to a licensee, pertinent portions of the licensee's response may be incorporated into the NRC's closeout letter. The closure letter will be signed by the Branch Chief and sent to the allegor via certified mail (return receipt requested).
- 1.8.2 Allegations will normally be resolved through the inspection process and documented in an inspection report. The inspection report should not identify that an inspection is based in whole or in part on an allegation. In most cases, the inspection facts and findings can be fully documented without reference to the fact that an area was inspected because of an allegation. In those rare instances where there is a need to refer to an allegation or the allegor in an inspection report, the concurrence of the Director, EICS, will be required prior to issuance of the inspection report.
- 1.8.3 When action on an allegation has been completed by the responsible Branch Chief, a copy of the pertinent inspection documentation and an Allegation Evaluation Report should be transmitted to the SAC along with a copy of the closure letter to the allegor. The Allegation Evaluation Report should include a restatement of the allegation, a description of the evaluation performed, and the conclusions

reached as a result of the review (see Enclosure 6). In cases where there is no inspection report that addresses the allegation, the inspection report cannot be provided due to safeguards concerns, or the allegation evaluation and results are not presented in detail in the inspection report due to identity protection concerns, the Allegation Evaluation Report should be expanded to comprehensively address the actions taken to resolve the allegation.

- 1.8.4 If available, electronic versions of inspection reports and Allegation Evaluation Reports should be provided to the SAC in addition to the normal copy.
- 1.8.5 Allegation resolution documentation is used to officially close an allegation file and shall be included in the allegation file; however, cases will remain open pending resolution of DOL, OI and related enforcement actions.
- 1.8.6 Allegation documentation should be handled with extreme care to preserve the fundamental concept of assuring identity protection to individuals who bring safety concerns to the NRC. Allegation Evaluation Reports that are prepared by the staff could contain information that may compromise the identity of an alleged. Therefore, the staff shall be sensitive to the proper controls and safeguards for such documents, to include computer disks, electronic mail and reproduction.
- 1.8.7 Proposed language for letters to allegeders when OI returns a potential wrongdoing issue to the staff for lack of resources or low priority, including employee discrimination, is provided below. This language may be revised to fit the particular set of circumstances but should always include a statement that the particular circumstances were reviewed, that there are constraints on NRC investigatory resources, and that other cases of higher priority are being pursued.

"Based on a review of your concerns of [insert description of wrongdoing concerns] as well as other cases needing investigation by the NRC, NRC has determined not to expend further investigatory effort on these concerns. This is not a finding that your wrongdoing concerns do not have merit, rather it is a recognition that the NRC must focus its limited investigatory resources on cases of higher priority. [For discrimination cases only---Accordingly, absent a finding of discrimination by the Secretary of Labor,

or any additional substantial indications and/or evidence from you that would support your discrimination concerns] the NRC staff plans no further followup on concerns you have provided to the NRC."

1.9 Allegation Correspondence

- 1.9.1 All allegation correspondence that identifies an allegeder must be protected in blue folders with an appropriate warning label; or readily identifiable with a cover sheet displaying the warning label.
- 1.9.2 All acknowledgement and closure letters to allegeders are sent certified mail. The certified mail "green card" return address should be PO Box 845, Atlanta Georgia 30301 as identified on the letters to allegeders.
- 1.9.3 The "green card" should list the name and address for the allegeder and it is important to list the allegation number so that the EICS staff can file the green card in the appropriate allegation case file when it is returned. The certified mail white & green slip that shows the certified mail number should not have the name and address of the allegeder. List the allegation number for the name and address on the slip.
- 1.9.4 No Copies or distribution are to be made except one copy to EICS for the allegation case file. The allegation case file is the official record. No copies are to be provided to DRMA or any copies retained. The branch chief may want to retain a sanitized copy but it must not contain the identity of the allegeder. Remember - all documentation you retain is subject to a FOIA request.
- 1.9.5 After you have mailed the allegation correspondence, provide EICS with their copy including the enclosures and send the SAC an e-mail version of the documents.

1.10 Allegation Program Audits

- 1.10.1 The SAC is responsible for maintaining the current status of allegations in the AMS by ensuring that all open allegations are reviewed and updated, as necessary, on a monthly basis. In addition, following case closure, the SAC will perform an audit of the

Enclosure 1

allegation file and AMS to ensure completeness and accuracy.

- 1.10.2 The Agency Allegation Advisor will periodically conduct an audit of the Region II Allegation Management Program. The review will include the handling, documenting, tracking, and resolution of allegations; procedures and instruction; allegation file maintenance; ARB activities; and related staff training.

1.11 Allegation Records

- 1.11.1 The SAC is responsible for maintaining allegation files and related documentation. Allegation files are generally restricted for access to the staff except on a "need-to-know" basis. In addition, EICS maintains a document check-out system which has been established to record individual file access. Allegation files may be signed out for period not to exceed five days.
- 1.11.2 Files and documents for cases in which confidentiality has been formally granted must be kept in a secure file cabinet or safe when not under the personal control of an authorized user.
- 1.11.3 OI will maintain its own records regarding criminal/civil investigations and OI confidential sources.
- 1.11.4 Closed allegation files will be maintained in the Region for a period of three years, after which they will be retired to the NRC archives.

1.12 Training

Staff members having responsibility for implementing this Instruction are to receive training in its requirements as directed by the Regional Administrator. Currently, training is conducted on an annual basis.

PROTECTING IDENTITY

2.1 Background

A fundamental premise supporting the information gathering process is a recognition of the need to protect the identity of individuals providing the information. Inherent in the principle of identity protection is that no one will refrain from reporting information if they have the assurance that their identity will not be disclosed. The responsibility to protect the identity of individuals providing information from retaliatory action by their employers and coworkers begins with the initial contact between the individual and NRC.

While Public Law 95-601 makes it unlawful for employers to take retaliatory actions against employees reporting information to the NRC and provides the means for the employees to obtain legal remedies, the legal process can be very lengthy; so much so, that employees could be reluctant to provide information for fear of being out of work for an extended period of time while going through the legal process.

2.2 Identity Protection

If an individual is concerned about identity protection, the staff member involved should explain that the NRC protects the identity of individuals who provide information by not revealing their identity to their employer. However, individuals to whom the NRC has not granted confidentiality by written agreement should be informed of the following:

1. In resolving technical issues, the NRC intends to take all reasonable efforts not to disclose the identity of an alleged outside the agency unless --
 - a. The alleged clearly indicated no objection to being identified.
 - b. Disclosure is necessary because of an overriding safety issue.
 - c. Disclosure is necessary pursuant to an order of a court or NRC adjudicatory authority or to inform Congress or State or Federal agencies in furtherance of NRC responsibilities under law or public trust.
 - d. Disclosure is necessary in furtherance of a wrongdoing investigation (e.g., allegations involving record

Enclosure 2

falsification, willful or deliberate violations, or other deliberate conduct in violation of NRC regulatory requirements) including an investigation of harassment and intimidation allegations.

- e. The alleged has taken actions that are inconsistent with and override the purpose of protecting the alleged's identity.

This information is also included as part of the Allegation Report to facilitate providing all mandatory elements to the alleged.

2. Under the Freedom of Information Act (FOIA), disclosure may be necessary; however, to the extent possible, information provided under the FOIA will, to the extent consistent with the Act, be purged of names and other potential identifying information.
3. The NRC will normally disclose an alleged's identity during an NRC investigation if the alleged is the victim of discrimination.

The NRC does not provide physical protection to an individual who provides information to the NRC. This is a matter for local law enforcement officials and the alleged should be so advised.

Within Region II, the identity of any individual reporting allegations, expressing concerns, or registering complaints will be withheld from the staff except on a need-to-know basis. Allegers' names shall not appear in any report (except as noted above regarding the preparation of Allegation Reports or related memorandum) or in any internal memorandum or other document placed in normal mail distribution, nor will it be divulged to any NRC employee or outside individual who has not clearly demonstrated a "need-to-know" relative to such information. This policy is intended to reinforce the regional emphasis on the responsibilities associated with protecting the identity of individuals who provide information to NRC.

Any breakdown in the system which results in the unauthorized disclosure of the identity of an alleged shall be immediately brought to the attention of the Director, EICS.

In no case will the identity of an alleged be made known to a licensee employee or disclosed for the reasons outlined above without the specific approval of the Regional Administrator. In addition, reasonable efforts will be made to contact the alleged and explain the need for disclosure, with the exception of wrongdoing investigations. If the licensee correctly guesses the identity of the alleged, staff members will respond if necessary under the circumstances, that the NRC

position is to neither confirm nor deny the validity of such guesses and decline to discuss the matter further.

2.3 Confidentiality

Confidentiality is the protection of data that directly or otherwise could identify an alleged or other individual by name and/or the fact that a confidential source provided such information to the NRC. The NRC only grants confidentiality in very special circumstances to acquire information related to activities within its jurisdiction. However, it is NRC policy not to divulge to others the identity of an individual who has been granted confidentiality, either during or subsequent to an inquiry based on the information provided to NRC. Within Region II, confidentiality is considered so important that a need-to-know rule will be vigorously implemented and followed by all Region II personnel.

- 2.3.1 The Regional Administrator is the regional authority for granting confidentiality and this authority has been redelegated to designated Region II staff members. The current letter authorizing individual Region II staff members to grant confidentiality is on file in the Office of the Regional Administrator. This letter and its enclosure should be reviewed if additional information regarding confidentiality is required.
- 2.3.2 Region II staff members authorized to grant confidentiality must be thoroughly familiar with the NRC "Statement of Policy on Confidentiality," dated November 25, 1985, which is appended to the delegation letter discussed above. The Regional Administrator will be briefed as soon as possible before any grant of confidentiality. If the Regional Administrator is unavailable, the Deputy Regional Administrator will be briefed. If it is not practicable to brief either the Regional or Deputy Regional Administrator, they should be briefed as soon as practicable following the grant of confidentiality.
- 2.3.3 Inspectors or other Region II staff members involved with an alleged who requests confidentiality should contact the SAC. If the SAC is not available, contact one of the Region II staff members who have been authorized to grant confidentiality.
- 2.3.4 Confidentiality is in force and effect when an alleged signs the confidentiality agreement and that agreement is signed by an authorized Region II representative.
- 2.3.5 In those cases where an alleged requests confidentiality during a telephone conversation or it is not possible to immediately sign a confidentiality agreement, a temporary

Enclosure 2

oral grant of confidentiality may be given by an authorized Region II representative; however, the SAC should be immediately notified and arrangements made to mail the alleged a confidentiality agreement.

- 2.3.6 The alleged must be advised that they have two weeks from receipt of the confidentiality agreement to sign it and return it to the SAC. If the agreement is not completed with this time frame, the Executive Director for Operations (EDO) will determine if the temporary grant of confidentiality should continue. A copy of the Confidentiality Agreement is provided in Enclosure 3.

One point regarding promises of confidentiality should be clearly understood by all Region II staff members and explained to the individual providing information, if appropriate. A pledge of confidentiality shall not be made (or may not be honored if previously granted) if the individual provides information indicating that he intends to or has personally committed, or participated in criminal acts which may include a deliberate (knowing and willful) violation of NRC requirements. In cases such as this, the Regional Counsel should be contacted for advice and guidance. Caution should also be exercised in this particular area as there is the possibility the individual could infer he was granted immunity.

- 2.3.7 Communications with confidential sources should be handled with extreme care so as not to compromise the alleged's identity. Use of government stationary, government return addresses, or government vehicles should be avoided when dealing with a confidential source.
- 2.3.8 Revocation of confidentiality may only be implemented by the Commission or the EDO. However, confidentiality will only be revoked in extreme circumstances such as failure to sign an agreement or alleged actions inconsistent with the purpose of confidentiality.
- 2.3.9 The granting official may withdraw confidentiality following receipt of a written request from the alleged.
- 2.3.10 The SAC is responsible for maintaining records of the status of confidential sources and signed confidentiality agreements.

2.4 Anonymous Allegers

There are instances when an allegor will not provide his or her identity even after identity protection and confidentiality have been explained. The following points should be explained if an anonymous allegor will not reveal their identity:

- The Region II staff member taking the call may not have the technical expertise to evaluate the information provided to determine if it is sufficient to permit adequate followup or if it is within the regulatory jurisdiction of the NRC; therefore, it may be necessary to contact the allegor for additional information at a later date.
- It is Region II policy to keep the allegor informed of the final resolution on an allegation within the jurisdiction of the NRC. In cases where an allegation is not within the regulatory jurisdiction of the NRC, it is Region II policy to notify the individual of the responsible agency to which the matter has been referred.

After the above points have been explained to the allegor and the allegor persists in not revealing their identity, document the allegation in as much detail as possible. Advise the individual to contact the SAC collect at (404) 331-4193 or 1-800-577-8510 as soon as possible to provide any additional information that may be necessary for the appropriate resolution of this matter.

Once an allegor provides their identity or if the receiving NRC representative is aware of the allegor's identity, the allegor will be afforded identity protection, but can no longer be treated as anonymous, even if the allegor requests anonymity.

IDENTITY PROTECTION

This is important information concerning Nuclear Regulatory Commission (NRC) procedures for protection of the personal identity of individuals providing information and/or concerns to the NRC.

All reasonable efforts will be made by the NRC not to disclose the identity of an alleged outside the agency. Only NRC staff who have a need to know will be provided an alleged's identity. This would happen, for example, when an inspector or investigator is assigned to interview an alleged. Documents that contain the alleged's identity will be stored in a locked cabinet within controlled access and will not be placed in NRC public document rooms. However, the NRC may reveal your identity as an alleged outside the agency under the following circumstances:

- 1) You clearly state that you have no objection to being identified;
- 2) Disclosure is necessary to protect the public because of an overriding safety issue identified in your allegation;
- 3) Disclosure is necessary to satisfy a request from Congress or State or Federal agencies;
- 4) In response to a court order or NRC Licensing Board order;
- 5) You take an action that is inconsistent with protecting your identity such as notifying the news media; or
- 6) To pursue a wrongdoing investigation or support a hearing on an NRC enforcement action.

Furthermore, if the NRC was investigating a claim that you were a victim of discrimination because you raised a safety concern, it would be extremely difficult to investigate the allegation without identifying you. Therefore, the NRC will disclose your name when investigating claims of discrimination.

Individuals should be aware, however, that licensees can and do sometimes correctly guess the identity of individuals who provide information to the NRC because of the nature of the information or other factors beyond our control. In such cases, our policy is to neither confirm nor deny the accuracy of their guesses.

The NRC will not consider an individual as a confidential source unless confidentiality has been formally granted in writing.

CONFIDENTIALITY AGREEMENT

I have information that I wish to provide in confidence to the U.S. Nuclear Regulatory Commission (NRC). I request an express pledge of confidentiality as a condition for providing this information to the NRC.

It is my understanding that consistent with its legal obligations, the NRC, by agreeing to this confidentiality, will adhere to the conditions stated herein.

During the course of an inquiry or investigation, the NRC will make its best effort to avoid actions that would clearly be expected to result in disclosure of my identity.

My identity will be divulged outside the NRC only in the following narrow situations:

- (1) When disclosure is necessary because of an overriding safety issue and I agree to this disclosure. If I cannot be reached to obtain my approval or do not agree to disclosure, the NRC staff will contact the Commission for resolution.
- (2) When a court orders such disclosure.
- (3) When required in NRC adjudicatory proceedings by order of the Commission itself.
- (4) In response to a written Congressional request. While such a request will be handled on a case-by-case basis, the request must be in writing and the NRC will make its best efforts to limit the disclosure to the extent possible.
- (5) When requested by a Federal or State agency in furtherance of its statutory responsibilities and the agency agrees to abide by the terms of this confidentiality agreement, and I agree to the release. If I do not agree to the release, my identity may be provided to another agency only in an extraordinary case where the Commission itself finds that furtherance of the public interest requires such release.
- (6) When the Office of Investigations (OI) and the Department of Justice (DOJ) are pursuing an investigation or when OI is working with another law enforcement agency, my identity may be disclosed to DOJ or the other law enforcement agency without my knowledge or consent.

My identity will be withheld from NRC staff, except on a need-to-know basis. Consequently, I acknowledge that if I have further contacts with NRC personnel, I cannot expect that those people will be cognizant of this confidentiality agreement, and it will be my responsibility to bring that point to their attention if I desire similar treatment for the information provided to them.

I also understand that the NRC will revoke my grant of confidentiality if I take, or have taken, any action so inconsistent with the grant of confidentiality that the action overrides the purpose behind the confidentiality, such as (1) disclosing publicly information that reveals my status as a confidential source or (2) intentionally providing false information to the NRC. The NRC will attempt to notify me of its intent to revoke confidentiality and provide me an opportunity to explain why this action should not be taken.

Other Conditions: (if any)

I have read and fully understand the contents of this agreement. I agree with its provisions.

Date Name
 Address

Agreed to on behalf of the U.S. Nuclear Regulatory Commission.

Date Signature
Name
Title

GUIDANCE FOR RECEIPT AND DOCUMENTATION OF ALLEGATIONS

OBJECTIVE

To gather sufficient information whereby another party can verify the facts and circumstances without recourse to the originator.

ESTABLISH RAPPORT

1. Introduce yourself, shake hands.
2. Maintain professionalism at all times.
3. Be a good listener and ask questions.
4. Your primary purpose is to gather as much information as possible.
5. Remember that you are someone's image of the NRC.

GENERAL INFORMATION

1. Individual's name, address, and phone
2. Individual's employer, job/title
3. Facility. (Unit I, II?)
4. Date, time (beginning-end) of interview

WHAT IS THE CONCERN?

1. Discuss one issue at a time.
2. Ask questions that lead back to the issue.
3. Use a different interview form for each issue to ensure all aspects of each issue are recorded.
4. Specificity is essential.
5. General statements need specifics.
6. Remember, if you can't define the problem, you can't solve the problem.

WHERE IS IT LOCATED?

1. Building, elevation, room, etc.
2. Record location as accurately as possible in order for someone else to be able to verify.

WHAT IS THE REQUIREMENT/VIOLATION?

1. Does the individual know the requirement and what is being violated?
2. Is the problem being described by the alleged actually a personal opinion related to the way things should be done?

WHEN DID IT OCCUR?

1. Specific dates and times determine the procedures in effect at that time.
2. Specific time frames can provide support for the circumstances and facts surrounding the issue.

WHO IS INVOLVED/WITNESSED?

1. Other individuals lend credibility to information and they should be fully identified.
2. The involvement of others becomes a critical factor when dealing with confidentiality.

HOW/WHY DID IT OCCUR?

1. The development of information for this question involves the individual's interpret action of the events.
2. This question can indicate wrongdoing, falsification, or possible harassment and intimidation.
3. Develop the sequence of events/process.
4. Often it's not what happened that is a problem but how it happened and how it was done that is the problem.
5. What is the alleged's interpretation of the cause of the problem.

WHAT EVIDENCE CAN BE EXAMINED?

1. This question should be viewed as if you had to followup this matter.

2. Most of the time the inspector receiving the information is not going to perform the followup activity. Be sensitive to this fact while gathering the initial information.
3. The more information you gather the easier the followup will be. (i.e., drawings, procedures, codes, FSAR, etc.)
4. The need for objective evidence is critical to a successful resolution of the issue.

DID THE INDIVIDUAL EXPRESS THE CONCERN TO THE LICENSEE?

1. If no, why not?
2. Is the licensee's policy to encourage employees to identify concerns? If so, was the individual aware of that policy.

WHAT IS THE STATUS OF THE LICENSEE'S ACTIONS?

1. Sometimes individuals just want you to know that they have filed a concern. If the individual reported the concern to the licensee find out what the individual knows in relation to the licensee's resolution of the concerns.
2. Advise the individual if he/she is not satisfied with the results of the licensee's action they can contact RII/SAC.

WHAT IS THIS AN ISSUE OF?

In your own mind differentiate types of issues during the conversation.

NOTE: If the individual claims employee discrimination as a result of raising a safety concern, you must advise the individual of the 180 day reporting requirements for filing a complaint with DOL.

RESPONSIBILITIES

1. You must speak with an individual who wants to express a concern.
2. You must document the interview on an Allegation Report, and include the name of the alleged, if known.
3. You must make a determination as to whether the information represents an immediate threat to the health and safety of the public or a threat to the safe operation of the facility.
4. You must contact RII/SAC and your supervisor.
5. You must act in a professional manner.

6. You must not compromise a potential OI investigation. Only pursue the technical issues. If you suspect a potential OI issue, contact your supervisor and RII/SAC.
7. You must not reveal the identity of an alleged.
8. Do not agree to meet with an alleged off site. If such a request is made, call your supervisor and RII/SAC for guidance.
9. Except when an allegation is received during an on-site inspection and refers to work in progress, you should contact your supervisor and the RII/SAC and await ARB review prior to performing followup actions.
10. If an alleged requests confidentiality, inform the alleged that the NRC does not reveal the identity of alleged to their employer. Generally, this statement will satisfy the alleged. However, if the alleged specifically requests confidentiality, inform the alleged that his/her confidentiality request will be reviewed by staff personnel authorized to grant confidentiality.
11. Do not withhold or protect the identity of an alleged who requested to remain anonymous if you know the identity of the alleged.
12. Advise alleged of the 180 day DOL reporting requirement for employee discrimination complaints.
3. Inform alleged that there are limits to their identity and that they are not considered confidential sources. You do not have to read alleged the limits, but tell alleged that there are limits on the NRC's ability to protect their identity and that we will also provide a written description of the protection measures NRC takes and the limits of that protection.

ALLEGATION REPORT

CASE NO: RII-96-A-....

FACILITY:

CONCERN NO: (1)

DOCKET NO:

ALLEGER: _____

EMPLOYER: _____

ADDRESS: _____

TITLE: _____

HOME PHONE: () _____

WORK PHONE: () _____

DATE RECEIVED:

WHAT IS THE ALLEGATION?

WHAT IS THE REQUIREMENT/VIOLATION?

WHERE IS IT LOCATED?

WHEN DID IT OCCUR?

WHO IS INVOLVED/WITNESSED?

HOW/WHY DID IT OCCUR?

WHAT EVIDENCE CAN BE EXAMINED?

DID THE INDIVIDUAL EXPRESS A CONCERN TO THE LICENSEE?

WHAT IS THE STATUS OF THE LICENSEE'S ACTIONS?

Alleger informed of NRC identity protection policy? ... Y ☐ N ☐
 Did alleger request confidentiality? ... Y ☐ N ☐
 Did the alleger object to a licensee/state referral? ... Y ☐ N ☐
 Was the alleger informed of DOL reporting requirements? Y ☐ N ☐

Type of Regulated Activity: (a) ☐ Reactor b) ☐ Vendor (c) ☐ Materials
 (d) ☐ Safeguards (e) other: _____

Ask all above questions. do not leave any blanks. Complete one sheet for each issue. Forward this form to:
 RII/SAC, P.O. BOX 845 Atlanta, GA 30301 Do not retain any file copies subsequent to receipt by SAC.
 SAC phone numbers are (404) 331-4193 & 331-4194.

PREPARED BY:

DATE PREPARED:

WARNING - CONTAINS ALLEGATION INFORMATION

ALLEGATION REPORT

CONTINUATION SHEET

CASE FILE NO:

FACILITY:

SUMMARY OF INFORMATION

ACTION REQUIRED

PREPARED BY:

DATE PREPARED:

"EXAMPLE"

ALLEGATION EVALUATION REPORT

ALLEGATION RII-96-A-0000

ALLEGED FAILURE TO PERFORM RADIATION SURVEYS

TURKEY POINT NUCLEAR PLANT

DOCKET NOS. 50-250 AND 50-251

ALLEGATION:

Make a statement of the allegation and the facility associated with the allegation.
Example:

The alleged stated that he/she had a concern related to health physics practices at the Turkey Point Nuclear Plant. The alleged was concerned that surveys were not being performed by qualified health physics personnel due to the strike which caused the licensee to use maintenance personnel to perform health physics activities.

DISCUSSION:

What did you verify? Discussions, observations, review of records, etc. Example:

Through discussions, observations and review of records, the inspector was able to verify that the licensee utilized maintenance personnel to perform some health physics activities. Surveys were performed by maintenance personnel but they received training and were under the direct supervision of senior health physics personnel.

CONCLUSION:

1. Based on the information provided we were able to substantiate, partially substantiate, or unable to substantiate the allegation because-
2. There were or were no violations or deviations of regulatory requirements.
3. Allegations can be substantiated and not be a violation of NRC requirements.
4. Do not discredit the alleged because an allegation was not substantiated.
5. Remember, you are writing this enclosure to the alleged.

Based on the information provided this allegation was substantiated; however, there were no violations or deviations from regulatory requirements because the maintenance personnel that performed surveys received appropriate training and were under the direct supervision of senior health physics personnel. This allegation is considered closed.

INDEX OF CONCERNS

SEQUOYAH

RII-96-A-0000

NO.	DESCRIPTION	LOCATION
1/	_____ _____ _____	Date: __/__/__ Page: ____ Para: ____
ACTION:		
CLOSURE:		
2/	_____ _____ _____	Date: __/__/__ Page: ____ Para: ____
ACTION:		
CLOSURE:		
3/	_____ _____ _____	Date: __/__/__ Page: ____ Para: ____
ACTION:		
CLOSURE:		
4/	_____ _____ _____	Date: __/__/__ Page: ____ Para: ____
ACTION:		
CLOSURE:		
5/	_____ _____ _____	Date: __/__/__ Page: ____ Para: ____
ACTION:		
CLOSURE:		

CASE CHRONOLOGY

RII-96-A-....

FACILITY:

OPENED BY:

DATE/INITIALS	ACTIVITY	SECTION
	DRP/DNMS/EICS ALLEGATION REPORT DATED ALGN:	1
	ALLEGER IDENTIFICATION SHEET	4
	INDEX OF CONCERNS	1
	SAC ENTER ALLEGATION IN AMS	NONE
	ALLEGATION REVIEW BOARD MEETING MINUTES	2
	ACKNOWLEDGEMENT LETTER - LICENSE/STATE REFERRAL 1. STATEMENT OF CONCERNS 2. IDENTITY PROTECTION 3. NRC FORM 3	5
	LICENSEE/STATE REFERRAL LETTER	3
	LICENSEE/STATE RESPONSE LETTER	3
	SAC MEMO TO STAFF - REVIEW LICENSEE/STATE RESPONSE	3
	STATUS LETTER	5
	STAFF CLOSURE MEMO WITH ATTACHED 1. ALLEGATION SUMMARY 2. INSPECTION REPORT NOS. 3. DRAFT LETTER TO ALGR	3
	SAC FINAL REVIEW AND ADMIN CLOSURE	NONE
	SAC QA AMS AND PROVIDE COPY FOR FILE	3
	CLOSURE LETTER TO ALGR CASE CLOSED	5

ALLEGATION ACTION PLAN

CASE NO: RII-

FACILITY:

INSPECTION REPORT NO.:

DOCKET NUMBER:

Type of Inspection: Special/Routine/Announced/Unannounced/Back Shift/Normal Shift

Submitted by:

Date:

Accompanying Personnel:

Allegation to be Resolved:

() Inspector is familiar with ROI 1030, Revision 7 [] Yes [] No

() Locations/specific sites to be visited: _____

() Time period to be covered: _____

() Documents/activities to be reviewed: _____

() Persons to be contacted and/or interviewed: _____

() List of questions to be answered/approach to use: _____

() Limitations/areas to be avoided: _____

() Instructions by Branch Chief: _____

Approved by: _____
Branch Chief Date

Distribution:

Approving Branch Chief:

Deputy Division Director:

Original to Division Allegation File

Copy to EICS SAC:

E. Contact:

Questions or comments regarding this Instruction should be directed to the Director, Enforcement and Investigation Coordination Staff, at extension 15505.

F. References:

1. Regional Office Instruction (ROI) 1004, "Notification to the Office of Investigations of Potential Wrongdoing"
2. MD 8.8, "Management of Allegations"
3. MD 9.2, "Office of the Inspector General"
4. ROI 1801, REV 2, "Handling of Allegations of Improper Actions by NRC Employees or Contractors"
5. ROI 1040, "Assistance to the Office of Investigations"
6. Field Policy Manual (NUREG/BR-0075), No. 1 - "Coordination with FBI," and No. 13 - "Witnessing Unsafe Situations"

G. Effective Date:

This Instruction supersedes Regional Office Instruction 1030, Revision 7, dated March 18, 1996, and is effective upon issuance.

Stewart D. Ebnetter
Regional Administrator

Enclosures:

1. Receiving and Processing Allegations
2. Protecting Identity
3. Confidentiality Agreement
4. Guidance for Receipt and Documentation of Allegations
5. Allegation Report
6. Allegation Summary
7. Index of Concerns
8. Chronology
9. Allegation Action Plan

Distribution List A

SEND TO PUBLIC DOCUMENT ROOM?		YES	NO								
OFFICE	RII: EICS	RII: EICS	RII: DRP	RII: DRS	RII: DNMS	RII: DNMS	RII: DNMS	RII: DNMS	RII: DNMS	RII: DNMS	RII: DNMS
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NAME	ODEMIRANDA	BURYC	JJOHNSON	AGTSON	BMALLET	BMALLET	BMALLET	BMALLET	BMALLET	BMALLET	BMALLET
DATE	7/30/96	7/30/96	7/31/96	7/31/96	8/1/96	8/1/96	8/1/96	8/1/96	8/1/96	8/1/96	8/1/96
	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
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E. Contact:

Questions or comments regarding this Instruction should be directed to the Director, Enforcement and Investigation Coordination Staff, at extension 15505.

F. References:

1. Regional Office Instruction (ROI) 1004, "Notification to the Office of Investigations of Potential Wrongdoing"
2. MD 8.8, "Management of Allegations"
3. MD 9.2, "Office of the Inspector General"
4. ROI 1801, REV 2, "Handling of Allegations of Improper Actions by NRC Employees or Contractors"
5. ROI 1040, "Assistance to the Office of Investigations"
6. Field Policy Manual (NUREG/BR-0075), No. 1 - "Coordination with FBI," and No. 13 - "Witnessing Unsafe Situations"

G. Effective Date:

This Instruction supersedes Regional Office Instruction 1030, Revision 7, dated March 18, 1996, and is effective upon issuance.

Stewart D. Ebner
Regional Administrator

Enclosures:

1. Receiving and Processing Allegations
2. Protecting Identity
3. Confidentiality Agreement
4. Guidance for Receipt and Documentation of Allegations
5. Allegation Report
6. Allegation Summary
7. Index of Concerns
8. Chronology
9. Allegation Action Plan

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