



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

June 3, 2021

Mr. Jerry Newhouse, Director
Reed College
Reed Research Reactor
3203 Southeast Woodstock Boulevard
Portland, OR 97202-8199

SUBJECT: REED COLLEGE – U.S. NUCLEAR REGULATORY COMMISSION ROUTINE
SAFETY INSPECTION REPORT NO. 05000288/2021201

Dear Mr. Newhouse:

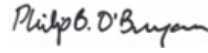
From April 19-22, 2021, the U.S. Nuclear Regulatory Commission (NRC) staff conducted an inspection at the Reed Research Reactor facility. The enclosed report presents the results of that inspection that were discussed on April 22, 2022, with you, and members of your staff.

The inspection examined activities conducted under your license as they relate to safety and compliance with the Commission's rules and regulations and with the conditions of your license. The inspector reviewed selected procedures and records, observed various activities, and interviewed personnel. The inspector identified one Severity Level IV, Non-Cited Violation of NRC requirements. The violation was evaluated in accordance with the NRC Enforcement Policy. The current Enforcement Policy is included on the NRC's Web site at <https://www.nrc.gov/about-nrc/regulatory/enforcement/enforce-pol.html>. However, because the violation discussed in the report is Non-Cited, no response to this letter is required.

In accordance with Title 10 of the *Code of Federal Regulations* 2.390, "Public inspections, exemptions, requests for withholding," a copy of this letter, its enclosure, and your response (if any) will be available electronically for public inspection in the NRC Public Document Room or from the Publicly Available Records component of NRC's document system (Agencywide Documents Access and Management System (ADAMS)). ADAMS is accessible from the NRC Web site at <http://www.nrc.gov/reading-rm/adams.html> (the Public Electronic Reading Room).

Should you have any questions concerning this inspection, please contact Mr. Kevin Roche at (301) 415-1554, or by electronic mail at Kevin.Roche@nrc.gov.

Sincerely,



O'Bryan, Philip signing on behalf
of Tate, Travis
on 06/03/21

Travis L. Tate, Chief
Non-Power Production and Utilization Facility
Oversight Branch
Division of Advanced Reactors and Non-Power
Production and Utilization Facilities
Office of Nuclear Reactor Regulation

Docket No. 50-288
License No. R-112

Enclosure:
As stated

cc: See next page

Reed College

Docket No. 50-288

cc:

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Test, Research and Training
Reactor Newsletter
Attention: Ms. Amber Johnson
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University of Maryland
4418 Stadium Drive
College Park, MD 20742-2115

SUBJECT: REED COLLEGE – U.S. NUCLEAR REGULATORY COMMISSION ROUTINE
INSPECTION REPORT NO. 05000288/2021201 DATED: JUNE 3, 2021

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NAME	KRoche	NParker	TTate (PO'Bryan for)
DATE	5/17/2021	5/24/2021	6/3/2021

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U.S. NUCLEAR REGULATORY COMMISSION
OFFICE OF NUCLEAR REACTOR REGULATION

Docket No.: 50-288

License No.: R-112

Report No.: 05000288/2021201

Licensee: Reed College

Facility: Reed Research Reactor

Location: Portland, Oregon

Dates: April 19-22, 2021

Inspector: Kevin M. Roche

Accompanied by: Travis L. Tate, Branch Chief
Thomas W. Pfahler, Oregon Health Authority

Approved by: Travis L. Tate, Chief
Non-Power Production and Utilization Facility
Oversight Branch
Division of Advanced Reactors and Non-Power
Production and Utilization Facilities
Office of Nuclear Reactor Regulation

Enclosure

EXECUTIVE SUMMARY

Reed College
Reed Research Reactor
Inspection Report No. 05000288/2021201

The primary focus of this routine, announced safety inspection was the onsite review of selected aspects of the Reed College (the licensee's) Class II 250 kilowatt research reactor facility safety program, including: (1) organization and staffing, (2) operations logs and records, (3) procedures, (4) requalification training, (5) surveillance and limiting conditions for operation (LCO), (6) experiments, (7) design changes, (8) emergency planning, (9) maintenance logs and records, and (10) fuel handling logs and records. The NRC staff determined that the licensee's programs were acceptably directed toward the protection of public health and safety, and in compliance with NRC requirements.

Organization and Staffing

- Facility organization and staffing followed the requirements specified in technical specification (TS) 6.1.

Operation Logs and Records

- The operation logs and records were maintained in accordance with facility procedures and TSs.

Procedures

- Facility procedures were reviewed, approved, and implemented in accordance with TSs and licensee administrative procedures.

Requalification and Training

- Except for the violation noted in section 4 of this report, the requalification program was conducted consistently with the TSs and licensee procedures.

Surveillance and Limiting Conditions for Operation

- Operations followed the LCO and surveillance requirements as required in the TSs.

Experiments

- Experiments and irradiations were performed in accordance with TSs, the applicable experiment irradiation authorizations, and associated licensee procedures.

Design Changes

- The corrective actions associated with a Severity Level IV Notice of Violation (NOV) 50-288/2020-201-01 identified during the last inspection were satisfactorily completed.

Emergency Planning

- The Emergency Plan (E-Plan), oversight, drills, and training were implemented as required by facility procedures and regulations.

Maintenance Logs and Records

- The licensee maintained records documenting principal maintenance activities in compliance with TS requirements and facility procedures.

Fuel Handling Logs and Records

- The licensee conducted and documented fuel handling activities in accordance with TS requirements and facility procedures.

REPORT DETAILS

Summary of Facility Status

The licensee's Class II 250 kilowatt Training, Research, Isotopes, General Atomics Mark-I (TRIGA) research reactor is operated in support of undergraduate instruction, laboratory experiments, reactor operator training, and various types of research. During the inspection, the reactor was not operated.

1. Organization and Staffing

a. Inspection Scope (Inspection Procedure (IP) 69001-02.01)

To ensure that the requirements of TS 6.1 were met, the inspector reviewed the following:

- Facility Operating License No. R-112, Docket No. 50-288, Amendment No. 10
- Appendix A to Facility Operating License No. R-112, Amendment No. 10
- Reed Research Reactor (RRR) Administrative Procedures, Section 1, "Personnel," and Section 3, Reactor Operations," dated 2020
- reactor console logs documenting operation from November 2018 through the present
- RRR standard operating procedure (SOP) 60, "Logbook Entries," dated December 12, 2018.
- RRR Annual Report for the period from July 1, 2018, through June 30, 2019
- RRR Annual Report for the period from July 1, 2017, through June 30, 2018

b. Observations and Findings

The inspector found that since the previous NRC inspection (Inspection Report No. 50-288/2018-201), there were personnel changes in the organization at the RRR. The licensee selected a new Facility Director, Mr. Jerry Newhouse. The inspector determined that this individual meets the requirements specified in TS 6.1.2 and the guidance in "American National Standards Institute/American National Standards-15.4-1988," as required by TS 6.1.4.

The inspector verified that a list of facility personnel is posted in the control room in accordance with TS 6.1.3.b. The inspector found the list to contain the names and contact information for management, operations, radiation safety, and other support personnel. The inspector verified the current management and operational personnel are listed. Further, the inspector confirmed the accuracy of the contact information for offsite support organizations.

The inspector reviewed RRR logbook entries and determined that staffing satisfied the requirements of TS 6.1.3.a.

c. Conclusion

The inspector determined the RRR organization and staffing were consistent with the requirements in TS 6.1.1 and 6.1.3.

2. Operations Logs and Records

a. Inspection Scope (IP 69001-02.02)

To ensure that the requirements of TS 6.7 were met, the inspector reviewed the following:

- SOP 2, "Scram or Dropped Rod," dated December 3, 2019
- SOP 2A, "Scram Response Form," May 31, 2017
- SOP 60, "Logbook Entries," dated December 12, 2018
- completed SCRAM response form 2A for April 8, 2019 and associated log entry.
- completed SCRAM response form 2A for July 15, 2019 and associated log entry.
- completed SCRAM response form 2A for October 5, 2019 and associated log entry.
- Completed SCRAM Response form 2A for January 25, 2020 and associated log entry.
- completed SCRAM response form 2A for September 7, 2020 and associated log entry.
- SOP 1, "Reactor Operation," dated June 13, 2019
- SOP 66, "Corrective Action Report," dated December 5, 2018.

b. Observations and Findings

The inspector observed that logbook entries were maintained in accordance with approved procedures. The inspector reviewed selected logbook entries, request for operations, and pre-start and post-shutdown forms and determined that logs and records are maintained as required by the licensee's administrative procedures. The inspector verified that records also showed that operational conditions and parameters were consistent with the license and TS requirements.

c. Conclusion

The inspector determined the licensee's logbook records and record keeping programs were maintained as required by RRR administrative procedures and met the retention requirements of the TSs.

3. Procedures

a. Inspection Scope (IP 69001-02.03)

The inspector reviewed the following to ensure that the requirements of TS Section 6.4 and RRR procedures concerning development, control, and use of written procedures were met:

- RRR Administrative Procedures, Section 8, "Adoption and Revision of Operating Procedures," and Section 9, "Record Retention," dated 2020
- SOP 61, "Procedure Writing and Use," dated August 26, 2016
- SOP 61, Appendix A, "Document Structure," dated December 29, 2015
- SOP 61, Appendix B, "Document Locations," dated July 14, 2016
- SOP 61, Appendix C, "Temporary Procedure Change," dated February 5, 2016
- reactor oversight meeting minutes from 2019 and 2020
- SOP 0B, "Procedure Changes and Notices," from November 2018 through the present

b. Observations and Findings

The inspector found that written procedures for the activities listed in TS 6.4 were available. The inspector verified those activities included normal reactor operations, abnormal operations, emergency conditions involving the potential or actual release of radioactivity, radiation protection, site emergency actions, and fuel handling. The inspector also verified that the official, approved copies of reactor operations procedures were kept in the control room as stipulated.

c. Conclusion

The inspector determined the procedure revision, control, approval, and implementation program satisfied procedural and TS requirements

4. Requalification Training

a. Inspection Scope (IP 69001-02.04)

To ensure that the requalification training requirements of TSs 6.1.4, and 6.8.2, and, Title 10 of the *Code of Federal Regulations* (10 CFR) 55.53, "Conditions of licenses," paragraphs (e) and (h), were met, the inspector reviewed the following:

- RRR requalification plan, dated November 18, 2020
- SOP 63, "Requalification," dated May 8, 2020
- SOP 63 Appendix A, "Reactor Operator Physical Exam," dated May 8, 2020
- SOP 63 Appendix B, "Accelerated Requalification Form," dated May 13, 2011
- SOP 63 Appendix C, "Annual Read and Sign," dated June 8, 2020
- Letter regarding: "Violation of Requalification Plan," dated October 28, 2020

b. Observations and Findings

(1) Observations

The inspector found that the requalification plan, SOP-63, contains annual on-the-job training, oral test, and operational test requirements. The inspector verified that training lectures in the areas required were performed throughout the training cycle. The inspector found that written, operations, and emergency preparedness exams were completed during the training cycle, as required. The inspector verified that a sample of licensed operators performed the required quarterly hours of reactor operations. Further, the inspector confirmed by record review that all active operators completed a biennial medical examination.

(2) Operators not attending a required requalification meeting

10 CFR 55.53(h), states that a licensed operator "shall complete a requalification program as described by § 55.59." Additionally, the licensee's NRC-approved requalification program requires operators to attend requalification meetings.

Contrary to the above, two licensed operators missed the March 2020 requalification meeting and did not make up the meeting within the licensee's required timeframe. Therefore, the licensed operators did not complete the licensee's requalification program and they were "out of requal," as defined by the licensee's requalification program procedure, SOP 63. Subsequent to the operators becoming "out of requal," and prior to making up the meeting requirements, they conducted several licensed activities.

The licensee's corrective actions included briefing all licensed operators on the importance of attending and/or making up requalification meetings. The inspector confirmed that the licensee also committed to redesigning the requalification database to make it more user friendly. Lastly, the inspector verified that the licensee committed to modifying SOP 63 to provide more detailed instruction regarding the requalification supervisor duties, including monitoring requalification status.

The failure of two licensed operators to complete the requalification program was a Severity Level IV violation of 10 CFR 55.53(h). However, the safety consequences were low because the operators were able to later review the material. This issue was identified by the licensee and reported to the NRC. This issue is a non-cited violation (NCV), consistent with Section 2.3.2.b of the NRC Enforcement Policy (NCV 05000288/2021201-01).

c. Conclusion

The inspector determined that the RRR requalification program was conducted as required by NRC regulations, RRR TSS, and procedures with the exception noted above.

5. Surveillance and Limiting Conditions for Operation

a. Inspection Scope (IP 69001-02.05)

To ensure that the requirements of TS 3.0, and TS 4.0 were met, the inspector reviewed the following:

- SOP 20, "Startup Checklist," dated December 3, 2019, and completed forms
- SOP 20A, "Startup Checklist," dated December 3, 2019, and completed forms
- SOP 21, "Same Day Startup Checklist," dated June 13, 2019, and completed forms
- SOP 21A, "Same Day Startup Checklist," dated June 13, 2019, and completed forms
- SOP 22, "Shutdown Checklist," dated June 13, 2019, and completed forms
- SOP 22A, "Shutdown Checklist," dated June 13, 2019, and completed forms
- SOP 23, "Biweekly Checklist," dated December 3, 2019, and completed forms
- SOP 23A, "Biweekly Checklist," dated December 3, 2019, and completed forms
- SOP 24, "Bimonthly Checklist," dated June 13, 2019, and completed forms
- SOP 24A, "Bimonthly Checklist," dated June 13, 2019, and completed forms
- SOP 25, "Semiannual Checklist," dated May 25, 2018, and completed forms
- SOP 25A, "Semiannual Checklist Form," dated August 18, 2014, and completed forms
- SOP 26, "Annual Checklist," dated April 3, 2018, and completed forms
- SOP 26A, "Annual Checklist Form," dated April 3, 2018, and completed forms
- SOP 30, "Primary Cooling System and Reactor Pool," dated October 23, 2019 and completed forms
- SOP 33, "Nuclear Instruments," dated December 28, 2017, and completed forms
- SOP 33B, "Nuclear Instruments Calibration Form," dated March 20, 2018, and completed forms
- SOP 34, "Control Rods," dated July 29, 2019 and completed forms
- SOP 34A, "Control Rod Calibration Form," dated July 29, 2019, and completed forms
- SOP 34B, "Control Rod Inspection Checklist," dated April 14, 2010, and completed forms
- SOP 34C, "Control Rod Inspection Form," dated April 14, 2010, and completed forms

b. Observations and Findings

The inspector selected a sample of the TS-required surveillances to verify implementation and determined that the frequency and outcome met TS requirements. The inspector verified surveillance results were retained as required by TS 6.8.1 and licensee's procedural requirements.

c. Conclusion

The inspector determined that RRR operations followed the LCOs and surveillance requirements as stated in the TSs.

6. Experiments

a. Inspection Scope (IP 69001-02.06)

The inspector reviewed the following to verify compliance with TS 3.6 and 6.2:

- SOP 10, "Irradiation Preparation," dated December 3, 2019
- SOP 10A, "Irradiation Request Form," dated December 3, 2019
- SOP 11, "Irradiation Analysis," dated June 17, 2019
- SOP 12, "Lazy Susan," dated December 3, 2019
- SOP 13, "Rabbit," dated December 3, 2019
- selected irradiation request forms for 2019 and 2020

b. Observations and Findings

The inspector found that the various experiments conducted at the facility were reviewed and approved. The inspector also noted that no new experiments were proposed in the past several years.

Through a review of console logs and various irradiation request forms, the inspector noted that irradiations were conducted under the cognizance of the Facility Director and the Reactor Operations Manager. The inspector verified that irradiations were documented in the console logs. The inspector also verified that the resulting radioactive material was transferred to an authorized user, disposed of as stipulated by procedure, or held for decay.

c. Conclusion

The inspector concluded that experiments were reviewed and performed in accordance with the TS requirements and the licensee's written procedures.

7. Design Changes

a. Inspection Scope (IP 69001-02.08)

The inspector reviewed the following to verify completion of corrective actions associated with a Severity Level IV NOV 50-288/2020-201-01 identified during the last inspection:

- letter regarding: "Response to Violation 50-288/2020-201-01," dated September 21, 2020
- requalification lecture material dated September 28, 2020

b. Observations and Findings

During the last inspection (Inspection Report No. 0500288/2020201, Agencywide Documents Access and Management System Accession No. ML20237F406), the inspectors determined that the operation of the RRR reactor without the ability to isolate the ventilation system from the control room would have required a change to RRR TS. The inspectors noted that 10 CFR 50.59, "Changes, tests and experiments" paragraph (c)(1)(i) states that a licensee may not implement a

change to its facility without NRC approval if that change requires a change to the TS incorporated in the facility license. Additionally, contrary to RRR procedures, the inspectors found that the 10 CFR 50.59 screen 18-1 was only signed by one person (the former RRR Director) on November 7, 2018, several months after the condition existed. Inspectors determined this was a Severity Level IV NOV.

In a letter dated September 21, 2020, the licensee provided a docketed response to the violation outlining immediate and long-term corrective actions. The ventilation system was repaired. Additionally, the licensee described the incident in detail during the September requalification meeting. The inspector reviewed the material presented during the meeting and found it reasonable.

c. Conclusion

The inspector concluded that NOV 50-288/2020-201-01 is closed.

8. Emergency Planning

a. Inspection Scope (IP 69001-02.10)

To verify compliance with the RRR E-Plan, the inspector reviewed selected aspects of the following:

- RRR E-Plan dated January 2016
- RRR emergency notification call list dated March 24, 2021
- RRR licensed operator requalification status records dated January 27, 2021
- RRR E-Plan dated August 2014
- RRR External Audit Report dated March 10, 2020
- emergency drills held during 2019, 2020, and 2021
- emergency drill forms dated January 21, 22, & 23, 2021
- emergency drill forms dated January 24, 2020
- emergency drill forms dated January 21, 22, & 23, 2019; February 21, 2019; and May 17, 2019
- E-Plan Agreements with Portland Police Bureau dated April 15, 2009; Portland Fire Bureau dated April 13, 2009; Oregon Department of Energy dated April 14, 2009; American Medical Response dated May 23, 2011; and Legacy Health Systems dated February 7, 2007
- annual E-Plan training email communication between the RRR and Portland Police Department dated July 29, 2020
- annual E-Plan training email communication between RRR and Portland Police Department dated October 19, 2020
- emergency and security training record for the Portland Fire Department dated January 13, 2020
- emergency and security training record for the Portland Police Department dated June 11 and 27, 2019

b. Observations

(1) Emergency Plan and Implementing Procedures

The inspector determined the licensee updated the RRR E-Plan since the last NRC inspection conducted in this area. The current version in use at the RRR is the January 2016 version. The inspector found the E-Plan in use at RRR was reviewed by the Reactor Oversight Committee (ROC) during the March 2-3, 2020 audit and the review was documented in the audit report as required by the E-Plan. No issues were identified in the audit report by the ROC. Additionally, the inspector reviewed the changes made to the E-Plan to determine if the changes resulted in a reduction in effectiveness. The inspector determined that the changes involved minor editorial, formatting, and clarifying information that did not result in a reduction in effectiveness.

Through observations and interviews with licensee personnel, the inspector confirmed that copies of the most recent version of the E-Plan and implementing procedures were in the Control Room, emergency grab bags, and the emergency support center (ESC). The inspector also found the Emergency Notification Call List is current and posted in the facility, the ESC, and Community Safety Dispatch.

(2) Exercises and Drills

The inspector determined that annual emergency drills were conducted as required by the E-Plan since the last inspection in this area. The inspector confirmed that following the emergency drills, written critiques were conducted to identify deficiencies as required by the E-Plan. Through interviews with licensee personnel, the inspector also confirmed that communication links and notification procedures with offsite agencies and support organizations were tested as required by the E-Plan.

(3) Emergency Response Training

The inspector found that the licensee completed training for all onsite emergency response personnel required by the E-plan since the last inspection in this area. For offsite agencies supporting emergency response, the inspector found through interviews of licensee personnel that a video of the RRR facility was utilized instead of a facility tour to limit the potential spread of infectious disease due to the Coronavirus Disease 2019 pandemic. During the inspection, the video was not available for review by the inspector. Therefore, this item is identified as inspector followup item No. 05000288/2021201-02 to confirm in a future inspection following review of the video.

(4) Emergency Response Personnel

The RRR staff, along with augmentation from offsite agencies, forms the RRR emergency organization. The inspector found that key emergency response personnel are trained in emergency response and emergency response procedures are in place. Additionally, the inspector found that written

arrangements with offsite agencies to augment the response to emergency conditions are in place.

c. Conclusion

Based upon the review of emergency response documents, facility walkdowns, and interviews of licensee personnel, the inspector concluded that the licensee met the requirements of the approved RRR E-Plan.

9. **Maintenance Logs and Records**

a. Inspection Scope (IP 69001-02.11)

To ensure that the maintenance requirements of TSs 6.7.1.c. and 6.8.1 were met, the inspector reviewed the following:

- maintenance log pages completed for unscheduled work
- reactor console logs documenting operation from November 2018 through the present
- RRR SOP 60, "Logbook Entries," dated December 12, 2018.
- RRR Annual Report for the period from July 1, 2018, through June 30, 2019
- RRR Annual Report for the period from July 1, 2017, through June 30, 2018

b. Observations and Findings

The inspector reviewed a selection of maintenance logs and console logbooks. The inspector determined that the selected significant maintenance items reviewed were documented and resolved as required by the licensee's administrative procedures. Additionally, the inspector verified by document review that maintenance records were retained for at least 5 years as required by TS 6.8.1.

c. Conclusion

The inspector determined the licensee maintained records documenting maintenance activities in compliance with TS requirements and RRR procedures.

10. **Fuel Handling Logs and Records**

a. Inspection Scope (IP 69001-02.12)

To ensure that the requirements of TSs 3.1.4 and 4.1.c were met, the inspector reviewed the following:

- fuel element inspection cards
- current core configuration map
- core status board in the reactor bay indicating the current location of each element
- reactor console logs documenting operation from November 2018 to the present

- fuel element inspection sheets maintained in the appropriate fuel inspection binder, i.e., northeast quadrant fuel inspection binder and northwest quadrant fuel inspection binder

b. Observations and Findings

The inspector reviewed the fuel movement and surveillance records and determined that three fuel inspections have occurred since this module was previously inspected. The inspector confirmed that during the January 2019, 2020 and 2021, fuel inspections, approximately 25 percent of the fuel elements were inspected in accordance with TSs 3.1.4 and 4.1.c. The inspector reviewed the results and verified that all fuel elements met the TS requirements.

The inspector reviewed core configuration changes. The inspector verified changes were documented and followed established procedures.

c. Conclusion

The inspector determined that the licensee conducted and documented fuel handling activities in accordance with TS requirements and licensee procedures.

11. Exit Interview

The inspector reviewed the inspection results with members of licensee management at the conclusion of the inspection on April 22, 2021. The licensee acknowledged the results and conclusions presented by the inspector.

PARTIAL LIST OF PERSONS CONTACTED

Licensee

T. Ellis	Reactor Operations Manager
J. Newhouse	Facility Director
K. Oleson	Dean of the Faculty, Reed College
A. Sams	Radiation Safety Officer and Campus Environmental Director

INSPECTION PROCEDURES USED

IP 69001 Class II Research and Test Reactors

ITEMS OPENED, CLOSED, AND DISCUSSED

Opened

05000288/2021201-01	NCV	Operators not attending a required requalification meeting
05000288/2021201-02	IFI	Police training video verification

Closed

05000288/2021201-01	NCV	Operators not attending a required requalification meeting
50-288/2020-201-01	NOV	Reactor Operation Without Ventilation System Operable

Discussed

None

LIST OF ACRONYMS USED

10 CFR	Title 10 of the <i>Code of Federal Regulations</i>
ADAMS	Agencywide Documents Access and Management System
E-Plan	Emergency Plan
ESC	Emergency Support Center
IP	Inspection Procedure
LCO	Limiting Conditions for Operation
NOV	Notice of Violation
NRC	U.S. Nuclear Regulatory Commission
ROC	Reactor Operations Committee
RRR	Reed Research Reactor
SOP	Standard Operating Procedure
TS	Technical Specification