

INTEGRATED MATERIALS PERFORMANCE EVALUATION PROGRAM QUESTIONNAIRE

Alabama Agreement State Program

Reporting Period: May 24, 2019 – May 22, 2023

Note: If there has been no change in the response to a specific question since the last IMPEP questionnaire, the State or Region may copy the previous answer, if appropriate.

A. GENERAL

1. Please prepare a summary of the status of the State's or Region's actions taken in response to each of the open recommendations from previous IMPEP reviews.

We continue to use the same strategies described during our mid-period IMPEP. We've improved communication and better communicated expectations about reciprocity inspections. Inspectors currently take more of an active role related to reciprocity applications, and are more aware of applications (from reciprocity and out-of-state licensees).

B. COMMON PERFORMANCE INDICATORS

I. Technical Staffing and Training

2. Please provide the following organization charts, including names and positions:
 - (a) A chart showing positions from the Governor down to the Radiation Control Program Director; **(Attached)**
 - (b) A chart showing positions of the radiation control program, including management; and **(Attached)**
 - (c) Equivalent charts for sealed source and device evaluation, low-level radioactive waste and uranium recovery programs, if applicable. **Not applicable. Alabama does not perform SS&D evaluations, low-level radioactive waste reviews, or uranium recovery program reviews.**
3. Please provide a staffing plan, or complete a listing using the suggested format below, of the professional (technical) full-time equivalents (FTE) applied to the radioactive materials program by individual. Include the name, position, and, for Agreement States, the fraction of time spent in the following areas: administration, materials licensing & compliance, emergency response, low-level radioactive waste, uranium recovery, other. If these regulatory responsibilities are divided between offices, the table should be consolidated to include all personnel contributing to the radioactive materials program.

If consultants were used to carry out the program's radioactive materials responsibilities, include their efforts. The table heading should be:

Response:	<u>Name</u>	<u>Position</u>	<u>Area of Effort</u>	<u>FTE%</u>
	Name	Position	Area of Effort	FTE%
	Cason Coan	Director	Administrative	50

		Agreement State Program	15
		Emergency Response	30
		X-Ray	1
		WIPP/SSEB	3
		Radon	1
John (Nick) Swindall	Asst. Director	Administrative	1
		Agreement State Program	2
		Emergency Response	5
		X-Ray	30
		WIPP/SSEB	3
		Radon	50
		Mammography	9
Undria McCallum	Director, Licensing & Registration Branch	Administrative	30
		RAM Licensing	40
		Emergency Response	5
		PA& X-Ray Registration	20
		Other	5
Sean Williams	Radiation Physicist, Sr.	Materials Inspections	85
		X-ray & PA inspections	5
		Emergency Response	5
		Other	5
Cortney Dillard	Radiation Physicist, Sr.	Materials Inspections	85
		X-ray & PA inspections	5
		Emergency Response	5
		Other	5
Vacant	Radiation Physicist	Materials Inspections	85
		X-ray & PA inspections	5
		Emergency Response	5
		Other	5
Kasey McGinty	Radiation Physicist, Sr.	RAM Licensing	70
		X-ray & PA registration	20
		Emergency Response	5
		Other	5
Oluwaseun Koriko	Radiation Physicist, Sr.	RAM Licensing	70
		X-ray & PA registration	20
		Emergency Response	5
		Other	5
Vacant	Radiation Physicist	RAM Licensing	70
		X-ray & PA registration	20
		Emergency Response	5
		Other	5

¹Estimated burden per response to comply with this voluntary collection request: 53 hours. Forward comments regarding burden estimate to the Records Management Branch (T-5 F52), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, and to the Paperwork Reduction Project (3150-0183), Office of Management and Budget, Washington, DC 20503. If an information collection does not display a currently valid OMB control number, NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

- Please provide a listing of all new professional personnel hired into your radioactive materials program since the last review, indicate the date of hire; the degree(s) they received, if applicable; additional training; and years of experience in health physics or other disciplines, as appropriate.

Name	Hire Date	Degree	Experience
Sean A. Williams	8/16/2019	B.S./Mathematics	3 y 9 mo
Cortney L. Dillard	10/1/2020	B.S./Chemistry	2 y 7 mo
Destiny Wilson	6/1/2022	B.S./Forensic Science	5 m
Oluwaseun Koriko	1/1/2022 (transfer)	B.S./Physical Science	12 y (1 yr 5 mo in RM)

5. Please list all professional staff who have not yet met the qualification requirements for a radioactive materials license reviewer or inspector. For each, list the courses or equivalent training/experience they need and a tentative schedule for completion of these requirements. **Undria McCallum has not completed the U.S. N.R.C.'s well logging class, H-314. It is noted that she applied for the class shortly before the class was temporarily suspended.**

Oluwaseun Koriko has not completed the U.S. N.R.C.'s S-201, Materials Control, Security Systems, and Principles as of the date of questionnaire submission. She is scheduled to complete this class the week of 5/22-26/2023.

6. Identify any changes to your qualification and training procedure that occurred during the review period. **Our in-office training policy (Office Policy 417) was revised as of 7/22/2019 and 7/1/2021. 2021 changes to the policy appear to relate mostly to requirements for the Environmental Technician position.**

7. Please identify the technical staff that left your radioactive materials program during the review period and indicate the date they left.

Name	Last Date/Employment	Name	Last Date/Employment
Roger Cleckler	7/1/2019 (transfer)	Myron Riley	9/1/2022
Latira Simon	6/26/2021	Destiny Wilson	11/10/2022
David Turberville	8/1/2022	Emily Hasson	12/15/2022

8. List any vacant positions in your radioactive materials program, the length of time each position has been vacant, and a brief summary of efforts to fill the vacancy. **Radiation Physicist Supervisor, Radioactive Materials Compliance-vacant for 6 months. Currently considering rewriting job qualifications.**

Radiation Physicist, Junior, Radioactive Materials Compliance-vacant for almost 7 months. Intend to start the hiring process once other positions are filled.

Radiation Physicist, Junior/Senior, Licensing-vacant for about 5 months. Intend to start the hiring process once other positions are filled.

9. For Agreement States, does your program have an oversight board or committee which provides direction to the program and is composed of licensees and/or members of the public? If so, please describe the procedures used to avoid any potential conflict of interest. **The Alabama Department of Public Health acts under the State Committee of Public Health (SCPH). This Committee reviews actions of this office (such as rule changes, exemptions from rules, etc.). The SCPH does not direct the day-to-day activities of our office nor manage the program. Several members of the Committee work for licensees or registrants. Members of the Committee are required to file annual Ethics Commission statements regarding their service and possible conflicts of interest.**

II. Status of Materials Inspection Program

10. Please identify individual licensees or categories of licensees the State is inspecting less frequently than called for in NRC's Inspection Manual Chapter (IMC) 2800 and explain the reason for the difference. The list only needs to include the following information: license category or licensee name and license number, your inspection interval, and rationale for the difference. **Alabama does not have any inspection intervals less frequent than the NRC.**

11. Please provide the number of routine inspections of Priority 1, 2, and 3 licensees, as defined in IMC 2800 and the number of initial inspections that were completed during each year of the review period.

Priority	5/1/2019-12/31/2019	2020	2021	2022	2023 to April 29
1	14	22	19	14	7
2	10	18	14	14	10
3	13	18	14	19	0
Initial	5	9	7	3	1

12. Please submit a table, or a computer printout, that identifies inspections of Priority 1, 2, and 3 licensees and initial inspections that were conducted overdue.

At a minimum, the list should include the following information for each inspection that was conducted overdue during the review period:

- a. Licensee Name
- b. License Number
- c. Priority (IMC 2800)
 - d. Last inspection date or license issuance date, if initial inspection
- e. Date Due
- f. Date Performed
- g. Amount of Time Overdue
 - h. Date inspection findings issued

TUV Rheinland, RML 1128, 1 priority, previous inspection 10/16/2018, due 10/16/2019, performed 5/7/2020, 6 months 2 weeks overdue, results issued 5/12/2020

Alliance Healthcare Services, Inc., RML 1341, previous inspection 7/24/2018, due 7/24/2021, performed 9/16/2022, 13 months, 3 weeks overdue, results issued 10/16/2022

Inland Dredging Company, LLC, RML 1645, 5 priority, license issued 5/18/2021, due by 11/18/2021, performed 8/11/2022, 8 months overdue, results issued 8/26/2022

University of Alabama in Huntsville, RML 518, 5 priority, due by 3/29/2022, performed 2/22/2023, 11 months overdue, results issued 5/8/2023

13. Please submit a table or computer printout that identifies any Priority 1, 2, and 3 licensees and initial inspections that are currently overdue, per IMC 2800. At a minimum, the list should include the same information for each overdue inspection provided for Question 12 plus your action plan for completing the inspection. Also include your plan for completing the overdue inspections. **Please see attached list. We are working to include these inspections on itineraries as we can.**

14. Please provide the number of reciprocity licensees that were candidates for inspection per year as described in IMC 1220 and indicate the number of reciprocity inspections of candidate licensees that were completed each year during the review period.

Priority	2019 candidates	2019 inspections	2020 candidates	2020 inspections	2021 candidates	2021 inspections	2022 candidates	2022 inspections	2023 candidates	2023 inspections
1	5	0	9	2	12	5	13	2	3	0
2	3	1	2	0	4	1	3	0	2	1
3	5	0	4	0	4	1	4	2	1	0

III. Technical Quality of Inspections

15. What, if any, changes were made to your written inspection procedures during the reporting period? **No changes to Alabama’s written inspection procedures during the reporting period.**
16. Prepare a table showing the number and types of supervisory accompaniments made during the review period. Include:

<u>Inspector</u>	<u>Supervisor</u>	<u>License Category</u>	<u>Date</u>
Inspector	Supervisor	License Category	Date
LaTira J. Simon	Cason Coan	3320	7/16-18/2019
LaTira J. Simon	Cason Coan	3320	7/16-18/2019
LaTira J. Simon	Cason Coan	3320	7/16-18/2019
LaTira J. Simon	Cason Coan	3218	8/3-5/2020
LaTira J. Simon	Cason Coan	22111	8/3-5/2020
Sean A. Williams	Cason Coan	3120	11/4-8/2019
Sean A. Williams	Cason Coan	3120	11/4-8/2019
Sean A. Williams	Cason Coan	2201 x 3	5/19-22/2020
Sean A. Williams	Cason Coan	2500	8/6/2020
Sean. A. Williams	Cason Coan	2230	8/6/2020
Sean. A. Williams	Cason Coan	3620	11/5-6/2020
Sean. A. Williams	Cason Coan	3320 x 2	8/10-13/2021
Cortney L. Dillard	Cason Coan	3120, 3121 x 2	2/17-19/2021
Cortney L. Dillard	Cason Coan	2201 x 2	2/17-19/2021
Cortney L. Dillard	Cason Coan	2500	7/21/2021
Cortney L. Dillard	Cason Coan	2230	7/22/2021
Cortney L. Dillard	Cason Coan	3218, 22111	6/27-28/2022
Cortney L. Dillard	Cason Coan	3320	6/29/2022
Destiny Wilson	Cason Coan	3121	9/29/2022

17. Describe or provide an update on your instrumentation, methods of calibration, and laboratory capabilities. Are all instruments properly calibrated at the present time? Were there sufficient calibrated instruments available throughout the review period? **Each inspector is assigned a Ludlum 14C kit that includes probes 44-38, 44-9, 44-2. Ludlum 14C kits are calibrated on site with a Tech Ops ¹³⁷Cs source. Inspectors have access to pressurized ion chambers (Fluke 451-P and Ludlum 9DP models), and to spectrum collection devices. Equipment calibration is administered through the Emergency Planning Branch.**

Laboratory capabilities: contracted for access to the radiation detection and assessment at the Alabama Dept. of Environmental Management (ADEM).

All instruments used routinely in inspections are properly calibrated at this time.

There were enough properly calibrated instruments available through the review period.

IV. Technical Quality of Licensing Actions

18. How many specific radioactive material licenses does your program regulate at this time?

Response

321 Radioactive Material Licensees as of 5/18/2023

19. Please identify any major, unusual, or complex licenses which were issued, received a major amendment, were terminated, decommissioned, submitted a bankruptcy notification or renewed in this period.

Response

Renewals of:
University of Alabama at Birmingham, License No. 266
New Licensees:
Qal-Tek Associates, LLC, License No. 1636
Qal-Tek Associates, LLC, License No. 1637
Pooled Equipment Inventory Company, License No. 1643
Termination of:
Zilkha Biomass Selma, LLC, License No. 1583

20. Discuss any variances in licensing policies and procedures or exemptions from the regulations granted during the review period.

Response

No variances in licensing policies and procedures or exemptions from the regulations were granted for radioactive material licensees during the review period.

21. What, if any, changes were made in your written licensing procedures (new procedures, updates, policy memoranda, etc.) during the reporting period?

Response

Office Policy 273 – Guidance for Review of Alternate Disposal Requests was created to reflect review of alternate disposal requests using NRC Guidance for the Reviews of Proposed Disposal Procedures and Transfers of Radioactive Materials Under 10 CFR 20.2002 and 10 CFR 40.13(A)
Office Policy 274 – Additions to Department Manual “Functional Analysis & Records Disposition Authority”

22. Identify by licensee name and license number any renewal applications that have been pending for one year or more. Please indicate why these reviews have been delayed and describe your action plan to reduce the backlog.

Response

None

V. **Technical Quality of Incident and Allegation Activities**

23. For Agreement States, please provide a list of any reportable incidents not previously submitted to NRC (See Procedure SA-300, *Reporting Material Events*, for additional guidance, OMB clearance number 3150-0178). The list should be in the following format:

<u>Licensee Name</u>	<u>License #</u>	<u>Date of Incident/Report</u>	<u>Type of Incident</u>
Licensee Name	License No.	Date of Incident/Report	Type of Incident
Auburn University	248	11/11/2022 reported	Leaking source
Mobile Infirmary Medical Center	282	3/9/2023 reported	Leaking source

Of note, Alabama has received reports of other incidents, but those incidents would not be considered reportable in accordance with the version of SA-300 in use.

24. Identify any changes to your procedures for responding to incidents and allegations that occurred during the period of this review. **No changes to Alabama’s procedures for addressing incidents and allegations during the review period.**

C. NON-COMMON PERFORMANCE INDICATORS

I. Compatibility Requirements

24. Please list all currently effective legislation that affects the radiation control program. Denote any legislation that was enacted or amended during the review period. **No current legislation affecting the radiation control program. The Agency's rules were amended in October 2021 to reflect changes as indicated in RATS-ID 2020-2 and 2020-3.**
25. Are your regulations subject to a "Sunset" or equivalent law? If so, explain and include the next expiration date for your regulations. **The Agency's regulations are not subject to a "Sunset" or equivalent law.**
26. Please review and verify that the information in the enclosed State Regulation Status (SRS) sheet is correct. For those regulations that have not been adopted by the State, explain why they were not adopted, and discuss actions being taken to adopt them. If legally binding requirements were used in lieu of regulations and they have not been reviewed by NRC for compatibility, please describe their use. **No SRS sheet was transmitted. No response to this question.**
27. If you have not adopted all amendments within three years from the date of NRC rule promulgation, briefly describe your State's procedures for amending regulations in order to maintain compatibility with the NRC, showing the normal length of time anticipated to complete each step.

The Agency strives to address, submit, and adopt rules compatible with the NRC, as applicable.

The process of rule-making is overseen by the Assistant Director. Any proposed rule changes are drafted along with a brief explanation of the change and why the change is considered necessary. Initial review is performed by the Department's Office of the General Counsel (OGC) to assure that the proposed rules do not conflict with other existing rules. Upon approval of the OGC, the proposed rules are packaged and submitted to members of the State Committee of Public Health (SCPH) for consideration at the next monthly meeting. The SCPH must approve the proposed rules for public comment. Once approval is made, the proposed rule is submitted to the NRC for review and is submitted to the Legislative Reference Service (LRS) for publication for comment. Routinely, there is a 45-day public comment period. During this comment period, a public meeting is held to allow opportunity for public comment.

All public comments, staff and NRC are analyzed by staff, and modifications of the proposed rule are considered. If applicable, modifications to the proposed rule are made, with staff explanations, along with the comments received. The final rule packet is then submitted to the SCPH with a request for final adoption. SCPH can approve the final rule, or if substantial changes are made, can direct that the packet go out for further public comment. Final rules become effective 45 days after publication. The final rule is sent to the NRC for final review and comment when the rule becomes effective.

The time frame for rule development and final approval is dependent upon a number of variables including complexity of the rule, public comments and the scheduling requirements for the SCPH and the LRS. The Agency does not have a dedicated rule-making branch. This responsibility is overseen by the Assistant Director with assistance from office staff, as needed. Typically, proposed rules requiring compatibility can be finalized and become effective in six to eight months as long as no problems occur in the rule-making process.

II. Sealed Source and Device (SS&D) Evaluation Program

28. Prepare a table listing new and amended (including transfers to inactive status) SS&D registrations of sources and devices issued during the review period. The table heading should be:

<u>SS&D Registry Number</u>	<u>Manufacturer, Distributor or Custom User</u>	<u>Product Type or Use</u>	<u>Date Issued</u>	<u>Type of Action</u>
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Alabama does not currently maintain an SS&D evaluation program.

29. Please include information on the following questions in Section A, as they apply to the SS&D Program:

Technical Staffing and Training - Questions 2-9
Technical Quality of Licensing Actions - Questions 18-22
Technical Quality of Incident and Allegation Activities - Questions 23-24

Not applicable

III. Low-level Radioactive Waste Disposal Program

30. Please include information on the following questions in Section A, as they apply to the Low-Level Radioactive Waste Disposal Program:

Technical Staffing and Training - Questions 2-9
Status of Materials Inspection Program - Questions 10-14
Technical Quality of Inspections - Questions 15-17
Technical Quality of Licensing Actions - Questions 18-22
Technical Quality of Incident and Allegation Activities - Questions 23-24

Not applicable to Alabama's program

IV. Uranium Recovery Program

31. Please include information on the following questions in Section A, as they apply to the Uranium Recovery Program:

Technical Staffing and Training - Questions 2-9
Status of Materials Inspection Program - Questions 10-14
Technical Quality of Inspections - Questions 15-17
Technical Quality of Licensing Actions - Questions 18-22
Technical Quality of Incident and Allegation Activities - Questions 23-24

Not applicable to Alabama's program

Licensee	Nbr	Sts	Current Inspection	Next Inspection	Type	Pty	NRC	IC
Stringfellow Campus of Northeast Alabama Regional Medical Center	630	A	9/11/2019	9/11/2022	7C	3	2120	
Prime Healthcare Services-Gadsden, d/b/a Riverview Regional Medical Center	258	A	9/12/2019	9/12/2022	7C	3	2120	
JAN X-Ray Services, Inc.	1281	A	10/8/2021	10/8/2022	3O	1	3320	Y OOS licensee
Dekalb Regional Medical Center	807	A	11/7/2019	11/7/2022	7C	3	2120	
Highlands Medical Center	441	A	11/7/2019	11/7/2022	7C	3	2120	

Priority 1, 2, 3 licensees due in 2022

Licensee	Nbr	Sts	Current Inspection	Next Inspection	Type	Pty	NRC	IC
Turner Specialty Services, LLC	1391	A	1/19/2022	1/19/2023	3O	1	3320	
Well Service of Alabama, LLC	1005	A	2/28/2020	2/28/2023	5A	3	3111	

Priority 1, 2, 3 licensees due in 2023