



Office of Nuclear Material Safety and Safeguards Procedure Approval

Evaluating the Impacts of the COVID-19 Public Health Emergency as Part of the Integrated Materials Performance Evaluation Program (IMPEP) TI-003

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NOTE

Any changes to the procedure will be the responsibility of the NMSS Procedure Contact. Copies of NMSS procedures are available through the NRC Web site at <https://scp.nrc.gov>

I. INTRODUCTION

- A. This document describes the process the U.S. Nuclear Regulatory Commission (NRC) will use to evaluate the impacts of the COVID-19 Public Health Emergency (PHE) on the Agreement State and NRC radiation control programs (Programs) through the Integrated Materials Performance Evaluation Program (IMPEP). The Office of Nuclear Material Safety and Safeguards (NMSS) will reevaluate and revise this Temporary Instruction (TI), as necessary but at least once every 24 months, until such time as the COVID-19 PHE impacts on the National Materials Program are no longer seen during IMPEP reviews.
- B. Decisions made by State elected officials in response to the COVID-19 PHE vary widely and every Program may be impacted differently. In order to maintain consistency and bound the effects of the COVID-19 PHE, each Program will need to establish the dates in which impacts from the COVID-19 PHE applied within their jurisdiction. Those dates should be provided to the IMPEP team prior to the start of the on-site review and may define a specific period of time during the IMPEP review period or may be separated by the end of one review period and the beginning of another. As stated in Section V.A.2.a, the Program should include details of the impacts that occurred during the review period as a part of the questionnaire response or have the information ready for the team to review when they arrive on site. In addition to the specific common and non-common performance indicator guidance shown in Sections V.B through V.J below, IMPEP teams should use the information provided in COVID-19 related State and Tribal Communication letters.

II. OBJECTIVES

- A. To supplement the criteria and guidance found in the NRC's Management Directive (MD) 5.6, "Integrated Materials Performance Evaluation Program (IMPEP)," and applicable NMSS State Agreements (SA) procedures when conducting IMPEP reviews.
- B. To provide additional guidance to ensure radiation control programs are reviewed consistently under IMPEP in areas that could be impacted by the COVID-19 PHE.
- C. To describe specific considerations to be given under each common and non-common performance indicator due to impacts from the COVID-19 PHE.

III. BACKGROUND

Pursuant to Section 274j(1) of the Atomic Energy Act (Act) of 1954, as amended, the NRC has the responsibility to periodically review agreements between the NRC and the States. The NRC uses IMPEP to evaluate the adequacy of the NRC's radiation control program and the adequacy and compatibility of an Agreement State's radiation control program. IMPEP reviews are conducted in accordance with MD 5.6 and applicable NMSS SA procedures.

This TI was developed to ensure that IMPEP teams recognize the potential wide-ranging impacts of the COVID-19 PHE on program performance and to provide additional guidance to ensure the consistent evaluation of these impacts.

IV. RESPONSIBILITIES

A. Team Leader

1. In coordination with the IMPEP Program Manager, the Team Leader assigns a principal reviewer for each of the applicable common and non-common performance indicators.
2. Ensures the team's findings are in accordance with this TI when evaluating the impacts related to the COVID-19 PHE.

B. Principal Reviewers

1. Reviews all assigned indicators in accordance with MD 5.6, applicable NMSS SA procedures, and the additional guidance provided in this TI.

V. GUIDANCE

A. General Guidance

1. Impacts of the COVID-19 PHE that were outside the Program's control and affected Program performance should not adversely affect the overall rating of an indicator while the Program continued to maintain protection of public health and safety. Actions related to the completion of impacted activities, after the Program exits the defined COVID-19 PHE period, will not adversely affect the overall indicator rating.
2. To ensure the impacts of the COVID-19 PHE are properly considered and evaluated, IMPEP teams should:
 - a. Document the impacts of the COVID-19 PHE in the Discussion Section of each applicable common and non-common performance indicator in the IMPEP report. If possible, the Program being reviewed should include details of the impacts that occurred during the review period as a part of the questionnaire response or have the information ready for the team to review when they arrive on site.
 - b. Document the team's assessment of the impacts of the COVID-19 PHE in the Evaluation Section of each applicable common and non-common performance indicator in the IMPEP report. The report should identify those performance indicator objectives that were not met as a result of the COVID-19 PHE, and as such not considered as part of the overall rating provided the Program continued to maintain health, safety, and security. The report should also identify those performance indicator objectives that were not met due to other factors which could impact the overall indicator rating.
3. IMPEP teams should use the guidance provided in MD 5.6 and the applicable NMSS SA procedures when evaluating each indicator; except when reviewing the period of time defined by the Program as being adversely affected by the COVID-19 PHE. IMPEP teams should supplement its review using the indicator specific guidance provided in Sections V.B. through V.J. below.

B. Indicator Specific Guidance - Technical Staffing and Training

1. The following performance indicator objectives may be adversely affected by the COVID-19 PHE and could, under normal circumstances, impact the overall performance indicator rating. However, as discussed previously in this TI, if these impacts are outside the Program's control, they should not be considered by the IMPEP team while establishing the overall indicator rating. These performance indicator objectives may include, but are not limited to:
 - a. A well-conceived and balanced staffing strategy may not exist during the time the Program was impacted by the COVID-19 PHE. Vacancies occurring during this time may affect the balance in both licensing and inspection staff.
 - b. Vacancies at the technical staff or management level may not be filled in a timely manner.
 - c. License reviewers and inspectors may take longer to become qualified due to the inability to travel to attend training classes needed to complete qualification and inspections being delayed due to social distancing or other factors related to the COVID-19 PHE.
2. The following performance indicator objectives should not be adversely affected by the impacts of the COVID-19 PHE. Performance issues identified by the team throughout the review period related to these objectives should be considered by the team when determining the overall rating for this indicator:
 - a. Management is committed to training and staff qualification.
 - b. Agreement State training and qualification program is equivalent to the NRC Inspection Manual Chapter (IMC) 1248, "Formal Qualifications Program for Federal and State Material and Environmental Management Programs."
 - c. Individuals performing materials licensing and inspection activities are adequately qualified and trained to perform their duties.

C. Indicator Specific Guidance - Status of Materials Inspection Program

1. The following performance indicator objectives may be adversely affected by the COVID-19 PHE and could, under normal circumstances, impact the overall performance indicator rating. However, as discussed previously in this TI, if these impacts are outside the Program's control, they should not be considered by the IMPEP team while establishing the overall indicator rating. These performance indicator objectives may include, but are not limited to:
 - a. The Program has implemented a temporary policy allowing for initial and Priority 1, 2, and 3 inspections to be performed at a frequency greater than or in a manner that differs from that described in Inspection Manual Chapter 2800.
 - b. Candidate licensees working under reciprocity are inspected in a manner that differs with the criteria prescribed in IMC 2800, and other applicable guidance or compatible Agreement State Procedure.

- c. For inspections that exceed the scheduling window as described in Inspection Manual Chapter 2800 with overdue dates falling inside the defined timeframe of the COVID-19 PHE, the number of inspections should be noted in the report in section 3.2 b. but should not be counted in the calculation of overdue inspections described in SA-101 Appendix A.
 2. The following performance indicator objective should not be adversely affected by the impacts of the COVID-19 PHE. Performance issues identified by the team throughout the review period related to these objectives should be considered by the team when determining the overall rating for this indicator:
 - a. Inspection findings are communicated to licensees in a timely manner.
- D. Indicator Specific Guidance - Technical Quality of Inspections
 1. The following performance indicator objectives may be adversely affected by the COVID-19 PHE and could, under normal circumstances, impact the overall performance indicator rating. However, as discussed previously in this TI, if these impacts are outside the Program's control, they should not be considered by the IMPEP team while establishing the overall indicator rating. These performance indicator objectives may include, but are not limited to:
 - a. Supervisory accompaniments of all qualified inspectors may not be able to be performed in each calendar year impacted by the PHE.
 - b. Inconsistencies in citing violations or taking escalated enforcement due to wide-spread use of enforcement discretion.
 2. The following performance indicator objectives should not be adversely affected by the impacts of the COVID-19 PHE. Performance issues identified by the team throughout the review period related to these objectives should be considered by the team when determining the overall rating for this indicator:
 - a. Inspections of licensed activities focus on health, safety, and security.
 - b. Inspection findings are well-founded and properly documented in reports.
 - c. Management promptly reviews inspection results.
 - d. Procedures are in place and used to help identify root causes and poor licensee performance.
 - e. Inspections address previously identified open items and violations.
 - f. Inspection findings lead to appropriate and prompt regulatory action.
 - g. For programs with separate licensing and inspection staffs, procedures are established and followed to provide feedback information to license reviewers.
 - h. Inspection guides are compatible with NRC guidance.

E. Indicator Specific Guidance - Technical Quality of Licensing Actions

1. The following performance indicator objective may be adversely affected by the COVID-19 PHE and could, under normal circumstances, impact the overall performance indicator rating. However, as discussed previously in this TI, if these impacts are outside the Program's control, they should not be considered by the IMPEP team while establishing the overall indicator rating. These performance indicator objectives may include, but are not limited to:
 - a. Timeliness of renewal actions. Licensees, and in particular medical licensees may take longer to respond to deficiency letters due to having to respond to the COVID-19 PHE.
2. The following performance indicator objectives should not be adversely affected by the impacts of the COVID-19 PHE. Performance issues identified by the team throughout the review period related to these objectives should be considered by the team when determining the overall rating for this indicator:
 - a. Licensing action reviews are thorough, complete, consistent, and of acceptable technical quality with health, safety, and security issues properly addressed.
 - b. Essential elements of license applications have been submitted and elements are consistent with current regulatory guidance (e.g., pre-licensing guidance, Title 10 of the Code of Federal Regulations (CFR) Part 37, financial assurance, etc.).
 - c. License reviewers, if applicable, have the proper signature authority for the cases they review independently.
 - d. License conditions are stated clearly and can be inspected.
 - e. Deficiency letters clearly state regulatory positions and are used at the proper time.
 - f. Reviews of renewal applications demonstrate a thorough analysis of a licensee's inspection and enforcement history.
 - g. Licensing practices for risk-significant radioactive materials are appropriately implemented including the physical protection of Category 1 and Category 2 quantities of radioactive material (10 CFR Part 37 equivalent).
 - h. Documents containing sensitive security information are properly marked, handled, controlled, and secured.

F. Indicator Specific Guidance - Technical Quality of Incident and Allegation Activities

The following performance indicator objective may be adversely affected by the COVID-19 PHE and could, under normal circumstances, impact the overall performance indicator rating. However, as discussed previously in this TI, if these impacts are outside the Program's control, they should not be considered by the IMPEP team while establishing the overall indicator rating. These performance indicator objectives may include, but are not limited to:

- a. Alternative approaches in event or allegation response may be used that differ from Program's procedures due to a higher threshold for what constitutes an onsite response under the COVID-19 PHE.
2. The following performance indicator objectives should not be adversely affected by the impacts of the COVID-19 PHE. Performance issues identified by the team throughout the review period related to these objectives should be considered by the team when determining the overall rating for this indicator:
 - a. Incident response, and allegation procedures are in place and followed.
 - b. Appropriate follow-up actions are taken to ensure prompt compliance by licensees.
 - c. Notifications are made to the NRC Headquarters Operations Center for incidents requiring a 24-hour or immediate notification to the Agreement State or NRC.
 - d. Incidents are reported to the Nuclear Material Events Database (NMED) and closed when all required information has been obtained.
 - e. Allegations are investigated in a prompt manner.
 - f. Concerned individuals are notified within 30 days, of investigation conclusions.
 - g. Concerned individuals' identities are protected, as allowed by law.
- G. Indicator Specific Guidance - Legislation, Regulations, and Other Program Elements
 1. The following performance indicator objectives may be adversely affected by the COVID-19 PHE and could, under normal circumstances, impact the overall performance indicator rating. However, as discussed previously in this TI, if these impacts are outside the Program's control, they should not be considered by the IMPEP team while establishing the overall indicator rating. These performance indicator objectives may include, but are not limited to:
 - a. NRC regulations adopted by the Agreement State for purposes of compatibility or health and safety were adopted more than 3 years after the effective date of the NRC regulation, due to the State's legislative process being delayed or adversely affected due to the COVID-19 PHE.
 - b. Other program elements, as defined in SA-200, that have been designated as necessary for maintenance of an adequate and compatible program, have been adopted and implemented by an Agreement State beyond 6 months of such designation and issuance by the NRC due to the COVID-19 PHE.
 - c. Agreement States have the authority to issue exemptions to their licensees provided the exemptions are protective of health and safety. Exemptions issued by Agreement States do not need prior approval from the NRC. Agreement States have flexibility to issue exemptions to their licensees and flexibility in the administrative procedures they use to issue

exemptions. The regulatory relief that the State approves may be different than those exemptions issued by the NRC.

2. The following performance indicator objectives should not be adversely affected by the impacts of the COVID-19 PHE. Performance issues identified by the team throughout the review period related to these objectives should be considered by the team when determining the overall rating for this indicator:
 - a. The State statutes authorize the State to establish a program for the regulation of agreement material and provide authority for the assumption of regulatory responsibility under the agreement with the NRC and does not create gaps or conflicts in the National Materials Program due to compatibility or health and safety discrepancies.
 - b. The State is authorized through its legal authority to license, inspect, and enforce legally binding requirements such as regulations and licenses.
 - c. State statutes are consistent with Federal statutes, as appropriate.
 - d. The State has legally enforceable measures, such as generally applicable rules, license provisions, or other appropriate measures, necessary to allow the State to ensure adequate protection of public health, safety, and security in the regulation of agreement material.
 - e. The State has compatible legally binding requirements, regulations, and other program elements in accordance with MD 5.9, and NMSS procedures SA-200, SA-201, and SA-107.
 - f. The NRC regulations adopted by the Agreement State for purposes of compatibility or health and safety were adopted and implemented within 3 years after the effective date of the NRC's final rule or as approved by the Commission, if the Program was late prior to the COVID-19 PHE.
 - g. Sunset requirements, if any, do not negatively impact the effectiveness of the State's regulations.

H. Indicator Specific Guidance - Sealed Source and Device Evaluation Program

1. The following performance indicator objectives may be adversely affected by the COVID-19 PHE and could, under normal circumstances, impact the overall performance indicator rating. However, as discussed previously in this TI, if these impacts are outside the Program's control, they should not be considered by the IMPEP team while establishing the overall indicator rating. These performance indicator objectives may include, but are not limited to:
 - a. Technical Staffing and Training:
 - i. A well-conceived and balanced staffing strategy may not exist during the time the Program was impacted by the COVID-19 PHE.

Vacancies occurring during this time may affect the balance in both licensing and inspection staff.

- ii. Vacancies at the technical staff or management level may not be filled in a timely manner.
 - iii. Individuals performing SS&D evaluation activities may take longer to become qualified due to the inability to travel to attend classes needed to complete qualification or other factors related to the COVID-19 PHE.
 - b. Technical Quality of Product Evaluation Program:
 - i. Communication with the licensee, with regard to the timely issuance of the product registrations could potentially be impacted by the COVID-19 PHE.
 - c. Evaluation of Defects and Incidents:
 - i. Inconsistencies in defect or incident investigations due to travel restrictions and differing standards for what requires a reactive investigation throughout the COVID-19 PHE.
- 2. The following performance indicator objectives should not be adversely affected by the impacts of the COVID-19 PHE. Performance issues identified by the team throughout the review period related to these objectives should be considered by the team when determining the overall rating for this indicator:
 - a. Technical Staffing and Training:
 - i. Qualification criteria for new technical staff are established and are being followed or qualification criteria will be established if new staff members are hired.
 - ii. Management is committed to training and staff qualification.
 - iii. SS&D reviewers are trained and qualified in a reasonable period of time, unless the training and qualification process was delayed or adversely affected as a result of the COVID-19 PHE.
 - b. Technical Quality of the Product Evaluation Program:
 - i. SS&D evaluations are adequate, accurate, complete, clear, specific, and consistent with the guidance in NUREG-1556, Volume 3.
 - c. Evaluation of Defects and Incidents:
 - i. SS&D incidents are reviewed to identify possible manufacturing defects and the root causes of these incidents.
 - ii. Incidents are evaluated to determine if other products may be affected by similar problems. Appropriate action and notifications to the NRC, Agreement States, and others, as appropriate, occur in a timely manner.

- I. Indicator Specific Guidance - Low-Level Radioactive Waste (LLRW) Disposal Program
 1. The following performance indicator objectives may be adversely affected by the COVID-19 PHE and could, under normal circumstances, impact the overall performance indicator rating. However, as discussed previously in this TI, if these impacts are outside the Program's control, they should not be considered by the IMPEP team while establishing the overall indicator rating. These performance indicator objectives may include, but are not limited to:
 - a. Technical Staffing and Training:
 - i. A well-conceived and balanced staffing strategy may not exist during the time the Program was impacted by the COVID-19 PHE. Vacancies occurring during this time may affect the balance in both licensing and inspection staff.
 - ii. Vacancies at the technical staff or management level may not be filled in a timely manner, due to the impacts of the COVID-19 PHE.
 - iii. LLRW license reviewers and inspectors may take longer to become qualified due to the inability to travel to attend training classes needed to complete qualification and inspections being delayed due to social distancing or other factors related to the COVID-19 PHE.
 - b. Status of LLRW Inspection Program:
 - i. LLRW facility inspection frequencies may be greater than prescribed, where the inspection frequency was delayed or adversely affected due to the COVID-19 PHE.
 - c. Technical Quality of Inspections:
 - i. Supervisory accompaniments of all qualified LLRW supervisors and inspectors may not be able to be performed in during the time frame the Program was impacted by the Covid-19 PHE.
 - ii. Inconsistencies in citing violations or taking escalated enforcement due to wide-spread use of enforcement discretion.
 - d. Technical Quality of Licensing Actions:
 - i. Timeliness of renewal actions. Licensees may take longer to respond to deficiency letters due to having to respond to the COVID-19 PHE.
 - e. Technical Quality of Incident and Allegation Activities:
 - i. Alternative approaches in event or allegation response may be used that differ from Program's procedures due to a higher threshold for what constitutes an onsite response under the COVID-19 PHE.
 - ii. Inconsistencies in event or allegation response due to travel restrictions and differing standards for what constitutes an emergency situation as directed by State officials during the COVID- 19 PHE.

2. The following performance indicator objectives should not be adversely affected by the impacts of the COVID-19 PHE. Performance issues identified by the team throughout the review period related to these objectives should be considered by the team when determining the overall rating for this indicator:
 - a. Technical Staffing and Training:
 - i. Qualified and trained technical staff are available to license, regulate, control, inspect, and assess the operation and performance of the LLRW disposal facility.
 - ii. Qualification criteria for new LLRW technical staff are established and are followed or qualification criteria will be established if new staff members are hired.
 - iii. Management is committed to training and staff qualification.
 - iv. Individuals performing LLRW licensing and inspection activities are adequately qualified and trained to perform their duties.
 - v. LLRW license reviewers and inspectors are trained and qualified in a reasonable period of time.
 - b. Status of LLRW Inspection Program:
 - i. Statistical data on the status of the inspection program are maintained and can be retrieved.
 - ii. Deviations from inspection schedules are coordinated between LLRW technical staff and management.
 - iii. There is a plan to perform any overdue inspections and reschedule any missed or deferred inspections; or a basis has been established or not performing any overdue inspections or rescheduling any missed or deferred inspections.
 - iv. Inspection findings are communicated to licensees in a timely manner.
 - c. Technical Quality of Inspections:
 - i. Inspections of LLRW licensed activities focus on health, safety, and security.
 - ii. Inspection findings are well-founded and properly documented in reports.
 - iii. Management promptly reviews inspection results.
 - iv. Procedures are in place and used to help identify root causes and poor licensee performance.
 - v. Inspections address previously identified open items and violations.
 - vi. Inspection findings lead to appropriate and prompt regulatory action.

- vii. Inspection guides are consistent with NRC guidance.
- d. Technical Quality of Licensing Actions:
 - i. Licensing action reviews are thorough, complete, consistent, and of acceptable technical quality with health, safety, and security issues properly addressed.
 - ii. Applicable LLRW guidance documents are available to reviewers and are followed (e.g., pre-licensing guidance, regulatory guides, etc.).
 - iii. Essential elements of license applications have been submitted and elements are consistent with current NRC or Agreement State regulatory guidance for describing the isotopes and quantities used, qualifications of authorized users, facilities, equipment, locations of use, operating and emergency procedures, and any other requirements necessary to ensure an adequate basis for the licensing action (e.g., financial assurance, 10 CFR Part 37 equivalent, etc.).
 - iv. LLRW license reviewers, if applicable, have the proper signature authority for the cases they review independently.
 - v. License tie-down conditions are stated clearly and can be inspected.
 - vi. Deficiency letters clearly state regulatory positions and are used at the proper time.
 - vii. Reviews of renewal applications demonstrate a thorough analysis of a licensee's inspection and enforcement history.
 - viii. Licensing practices for risk significant radioactive materials are appropriately implemented including 10 CFR Part 37 equivalent.
 - ix. Documents containing sensitive security information are properly marked, handled, controlled, and secured.
- e. Technical Quality of Incident and Allegation Activities:
 - i. LLRW incident response and allegation procedures are in place and followed.
 - ii. Response actions are appropriate, well-coordinated, and timely.
 - iii. Appropriate follow-up actions are taken to ensure prompt compliance by licensees.
 - iv. Notifications are made to the NRC Headquarters Operations Center for incidents requiring a 24-hour or immediate notification to the Agreement State or NRC.
 - v. Incidents are reported to the NMED.
 - vi. Allegations are investigated in a prompt, appropriate manner.

- vii. Concerned individuals are notified within 30 days, of investigation conclusions.
- viii. Concerned individuals' identities are protected, as allowed by law.

J. Indicator Specific Guidance - Uranium Recovery Program.

1. The following performance indicator objectives may be adversely affected by the COVID-19 PHE and could, under normal circumstances, impact the overall performance indicator rating. However, as discussed previously in this TI, if these impacts are outside the Program's control, they should not be considered by the IMPEP team while establishing the overall indicator rating. These performance indicator objectives may include, but are not limited to:

a. Technical Staffing and Training:

- i. A well-conceived and balanced staffing strategy may not exist during the time the Program was impacted by the COVID-19 PHE. Vacancies occurring during this time may affect the balance in both licensing and inspection staff.
- ii. Vacancies at the technical staff or management level may not be filled in a timely manner, due to the COVID-19 PHE.
- iii. UR license reviewers and inspectors may take longer to become qualified due to the inability to travel to attend training classes needed to complete qualification and inspections being delayed due to social distancing or other factors related to the COVID-19 PHE.

b. Status of Uranium Recovery Inspection Program:

- i. The uranium recovery facility is inspected at frequencies greater than prescribed, where the inspection frequency was delayed or adversely affected due to the COVID-19 PHE.

c. Technical Quality of Inspections:

- i. Supervisors, or senior staff as appropriate, are unable to conduct annual accompaniments of each uranium recovery inspector to assess performance and assure consistent application of inspection policies.
- ii. Inconsistencies in citing violations or taking escalated enforcement due to wide-spread use of enforcement discretion.

f. Technical Quality of Incident and Allegation Activities:

- i. Alternative approaches in event or allegation response may be used that differ from Program's procedures due to a higher threshold for what constitutes an onsite response under the COVID-19 PHE.
- ii. Inconsistencies in event or allegation response due to travel restrictions and differing standards for what constitutes an emergency situation under the COVID-19 PHE.

2. The following performance indicator objectives should not be adversely affected by the impacts of the COVID-19 PHE. Performance issues identified by the team throughout the review period related to these objectives should be considered by the team when determining the overall rating for this indicator:
 - a. Technical Staffing and Training:
 - i. Qualified and trained technical staff are available to license, regulate, control, inspect, and assess the operation and performance of the uranium recovery program.
 - ii. Qualification criteria for new uranium recovery technical staff are established and are being followed or qualification criteria will be established if new staff members are hired.
 - iii. Management is committed to training and staff qualification.
 - iv. Individuals performing uranium recovery licensing and inspection activities are adequately qualified and trained to perform their duties.
 - b. Status of Uranium Recovery Inspection Program:
 - i. Statistical data on the status of the inspection program are maintained and can be retrieved.
 - ii. Deviations from inspection schedules are coordinated between uranium recovery technical staff and management.
 - iii. There is a plan to perform any overdue inspections and reschedule any missed or deferred inspections; or a basis has been established for not performing overdue inspections or rescheduling any missed or deferred inspections.
 - iv. Inspection findings are communicated to licensees in a timely manner.
 - c. Technical Quality of Inspections:
 - i. Inspections of uranium recovery licensed activities focus on health, safety, and security.
 - ii. Inspection findings are well-founded and properly documented in reports.
 - iii. Management promptly reviews inspection results.
 - iv. Procedures are in place and used to help identify root causes and poor licensee performance.
 - v. Inspections address previously identified open items, non-compliance, and violations.
 - vi. Inspection findings lead to appropriate and prompt regulatory action.
 - vii. Inspection guides are consistent with NRC guidance.

- d. Technical Quality of Licensing Actions:
 - i. Licensing action reviews are thorough, complete, consistent, and of acceptable technical quality with health, safety, and security issues properly addressed.
 - ii. Applicable uranium recovery guidance documents are available to reviewers and are followed.
 - iii. Uranium recovery license reviewers, if applicable, have the proper signature authority for the cases they review independently.
 - iv. License conditions are stated clearly and can be inspected.
 - v. Deficiency letters clearly state regulatory positions and are used at the proper time.
 - vi. Reviews of renewal applications demonstrate a thorough analysis of a licensee's inspection and enforcement history.
 - vii. Licensing practices for risk significant radioactive materials are appropriately implemented including fingerprinting orders (Part 37 equivalent).
 - viii. Documents containing sensitive security information are properly marked, handled, controlled, and secured.
- e. Technical Quality of Incident and Allegation Activities:
 - i. Uranium recovery incident response, investigation, and allegation procedures are in place and followed.
 - ii. Response actions are appropriate, well-coordinated, and timely.
 - iii. Appropriate follow-up actions are taken to ensure prompt compliance by licensees.
 - iv. Notifications are made to the NRC Headquarters Operations Center for incidents requiring a 24-hour or immediate notification to the Agreement State or the NRC.
 - v. Incidents are reported to the NMED and closed when required information is obtained.
 - vi. Allegations are investigated in a prompt, appropriate manner.
 - vii. Concerned individuals are notified of investigation conclusions.
 - viii. Concerned individuals' identities are protected, as allowed by law.

VI. APPENDICES

Reserved.

VII. REFERENCES

IMPEP Toolbox: <https://scp.nrc.gov/impeptools.html>

NRC Management Directives (MD): <https://scp.nrc.gov>.

NMSS State Agreement procedures: <https://scp.nrc.gov>.

State and Tribal Communications (STC) Letters: <https://scp.nrc.gov/asletters>