



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

September 16, 2009

Richard Whitley, M.S.
Administrator
Nevada State Health Division
Suite 300
4150 Technology Way
Carson City, NV 89706

Dear Mr. Whitley:

On August 17, 2009, the Management Review Board (MRB) met to consider the proposed final Integrated Materials Performance Evaluation Program (IMPEP) report on the Nevada Agreement State Program. The MRB found the Nevada Agreement State Program adequate to protect public health and safety and compatible with the U.S. Nuclear Regulatory Commission's program.

Section 5.0, page 13, of the enclosed final report summarizes the IMPEP review team's findings and recommendations regarding program performance by the State. We request your evaluation and response to the recommendations within 30 days from receipt of this letter.

Based on the results of the current IMPEP review, the next full review of the Nevada Agreement State Program will take place in approximately 4 years, with a periodic meeting tentatively scheduled for June 2011.

I appreciate the courtesy and cooperation extended to the IMPEP team during the review. I also wish to acknowledge your continued support for the Agreement State Program. I look forward to our agencies continuing to work cooperatively in the future.

Sincerely,

/RA Michael F. Weber for/

Martin J. Virgilio
Deputy Executive Director for Materials, Waste,
Research, State, Tribal, and Compliance Programs
Office of the Executive Director for Operations

Enclosure:
Nevada Final IMPEP Report

cc w/encl.: See next page

R. Whitley

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cc w/encl: Karen Beckley, Manager
Nevada Radiation Control Program

Richard Ratliff, Texas
Organization of Agreement States
Liaison to the MRB



INTEGRATED MATERIALS PERFORMANCE EVALUATION PROGRAM

REVIEW OF THE NEVADA AGREEMENT STATE PROGRAM

June 1-5, 2009

FINAL REPORT

Enclosure

1.0 INTRODUCTION

This report presents the results of the review of the Nevada Agreement State Program. The review was conducted during the period of June 1-5, 2009, by a review team composed of technical staff members from the U.S. Nuclear Regulatory Commission (NRC) and the State of Minnesota. Team members are identified in Appendix A. The review was conducted in accordance with the "Implementation of the Integrated Materials Performance Evaluation Program and Rescission of Final General Statement of Policy," published in the *Federal Register* on October 16, 1997, and NRC Management Directive 5.6, "Integrated Materials Performance Evaluation Program (IMPEP)," dated February 26, 2004. Preliminary results of the review, which covered the period of March 19, 2005, to June 5, 2009, were discussed with Nevada managers on the last day of the review.

A draft of this report was issued to Nevada for factual comment on July 6, 2009. The State responded by letter dated August 6, 2009, from Richard Whitley, Administrator, State Health Division (the Division). A copy of the State's response is included as the Attachment to this report. The Management Review Board (MRB) met on August 17, 2009, to consider the proposed final report. The MRB found the Nevada Agreement State Program adequate to protect public health and safety and compatible with NRC's program.

The Nevada Agreement State program is administered by the Radiation Control Program (the Program) in the Bureau of Health Care Quality and Compliance (the Bureau). The Bureau is part of the Division. Organization charts for the Division and the Program are included in Appendix B.

At the time of the review, the Nevada Agreement State Program regulated 265 specific licenses authorizing byproduct, source, and certain special nuclear materials. The review focused on the radioactive materials program as it is carried out under the Section 274b. (of the Atomic Energy Act of 1954, as amended) Agreement between NRC and the State of Nevada.

In preparation for the review, a questionnaire addressing the common and applicable non-common performance indicators was sent to the Division on March 10, 2009. The Program provided a response to the questionnaire on April 30, 2009. A copy of the questionnaire response may be found in the NRC's Agencywide Documents Access and Management System (ADAMS) using the Accession Number ML091830869.

The review team's general approach for conduct of this review consisted of: (1) examination of Nevada's response to the questionnaire; (2) review of applicable Nevada statutes and regulations; (3) analysis of quantitative information from the Program's database; (4) technical review of selected regulatory actions; (5) field accompaniments of three inspectors; and (6) interviews with staff and managers. The review team evaluated the information gathered against the established criteria for each common and applicable non-common performance indicator and made a preliminary assessment of the Nevada Agreement State Program's performance.

Section 2.0 of this report covers the State's actions in response to recommendations made during previous reviews. Results of the current review of the common performance indicators are presented in Section 3.0. Section 4.0 details the results of the review of the applicable non-

common performance indicators, and Section 5.0 summarizes the review team's findings and recommendations. The review team's recommendations are comments that relate directly to program performance by the State. A response is requested from the State to all recommendations in the final report.

2.0 STATUS OF ITEMS IDENTIFIED IN PREVIOUS REVIEWS

During the previous IMPEP review, which concluded on March 18, 2005, the review team made three recommendations regarding program performance. The current status of the recommendations is as follows:

1. The review team recommends that the State develop and implement a staffing plan to fill current vacancies, meet growing program needs, and maintain long-term program stability. (Section 3.1 of the 2005 IMPEP Report)

Status: The Program has been successful in both replacing staff that left the Program and in obtaining authorization for new positions. Although the Program has been unable to increase salaries to help address staff turnover, they have developed a "Grow Your Own" program. The Program hires staff with Bachelor's degrees and/or experience in physical sciences or environmental health, not necessarily in the field of radiation protection. Staff members are then trained through a combination of on-the-job training and formal coursework, including NRC training courses. This recommendation is closed.

2. The review team recommends that the Program revise their inspection procedures and provide training to implement a policy for timely and orderly license termination of licensed materials not in use. (Section 3.3 of the 2005 IMPEP Report)

Status: The Program handles issues associated with licensees who possess licensed material not in use on a case-by-case basis. The Program is in the process of developing written procedures to address this issue. Inspectors are trained on proper notification procedures when this issue is identified on an inspection. The Program has the support of the Attorney General's office in requiring payment of fees, confiscation of materials, and the revocation of licenses. This recommendation remains open.

3. The review team recommends that the Program develop, implement, and maintain a reliable and comprehensive licensing and inspection database that serves as an effective and efficient planning, tracking, and management tool. (Section 3.4 of the 2005 IMPEP Report)

Status: Following the previous review, the Program revised its existing database to better manage information on radioactive materials licensing and inspection. The Program is still working to implement a database that will serve as an efficient planning, tracking, and management tool. Subsequent to the on-site review, the Program received legislative approval to use program funding to

acquire a new database that will address the limitations of the current database. This recommendation remains open.

3.0 COMMON PERFORMANCE INDICATORS

Five common performance indicators are used to review NRC Regional and Agreement State radioactive materials programs. These indicators are: (1) Technical Staffing and Training, (2) Status of Materials Inspection Program, (3) Technical Quality of Inspections, (4) Technical Quality of Licensing Actions, and (5) Technical Quality of Incident and Allegation Activities.

3.1 Technical Staffing and Training

Issues central to the evaluation of this indicator include the Program's staffing level and staff turnover, as well as the technical qualifications and training histories of the staff. To evaluate these issues, the review team examined the Program's questionnaire response relative to this indicator, interviewed Program managers and staff, reviewed job descriptions and training records, and considered any possible workload backlogs.

The Program, headed by the Program Manager, regulates approximately 265 specific licenses with 7.7 full-time equivalents (FTE), including 1.0 FTE for administrative duties. Within the Program there are two offices: one based in Carson City and one based in Las Vegas. There are two supervisors in the Carson City office. One supervisor manages radioactive materials licensing and inspection activities for both offices; the other supervisor manages incident response and special projects (intergovernmental) activities for both offices. In addition, there is one supervisor in the Las Vegas office who manages machine-based radiation activities for both offices.

Four staff members left the Program during the review period, three of whom retired. Nine staff members, including one supervisor, were hired during the review period. The new staff members have a wide range of technical experience and education, which brings depth of knowledge to the Program. New technical staff members have attended training courses to assist in their qualification process.

The Program has a documented training and qualification program for staff members who perform licensing and inspection duties and investigate incidents. The training and qualification program is equivalent to NRC Inspection Manual Chapter (IMC) 1246, "Formal Qualification Programs in the Nuclear Material Safety and Safeguards Program Area" and is consistent with the NRC and Organization of Agreement States (OAS) Training Working Group Recommendations for Agreement State Training Programs. Qualification is achieved through a combination of education and experience, formal classroom training, and on-the-job training. Staff members are required to have a Bachelor's degree or equivalent experience in a physical or biological science or engineering.

The Program maintains training and qualification records for each staff member. The review team noted that the Program manager encourages and supports training opportunities, based on program needs and funding. The review team concluded that the Program's staffing and training is adequate to carry out its regulatory duties.

Based on the IMPEP evaluation criteria, the review team recommended, and the MRB agreed, that Nevada's performance with respect to the indicator, Technical Staffing and Training, was satisfactory.

3.2 Status of Materials Inspection Program

The review team focused on five factors while reviewing this indicator: inspection frequency, overdue inspections, initial inspections of new licenses, timely dispatch of inspection findings to licensees, and performance of reciprocity inspections. The review team's evaluation was based on the Program's questionnaire response relative to this indicator, data gathered from the Program's database, examination of completed inspection casework, and interviews with managers and staff.

The Program conducted a total of 65 inspections of high priority (Priority 1, 2, and 3) licensees during the review period. The review team's evaluation of the Program's inspection priorities verified that inspection frequencies for all types of Nevada material licenses are at least the same as those listed in IMC 2800, "Materials Inspection Program." In its response to the questionnaire, the Program stated that none of the inspections were conducted overdue nor were any overdue at the time of the review. The review team verified that no inspections were overdue at the time of the review; however, the review team identified that seven of the Priority 1, 2 and 3 inspections conducted during the review period were performed overdue. This was due to the inadvertent mischaracterization of some inspection priority codes when entering the information into the Program's licensing and inspection database (e.g., some Priority 3 licensees were coded in the database as Priority 5 licensees and were not inspected at the correct interval.) The Program identified the cause of this issue during the on-site review and corrected the program codes in the database for the affected licensees. The review team also evaluated the Program's timeliness for conducting initial inspections. The review team noted that the Program conducted 46 initial inspections during the review period. IMC 2800 guidelines require all initial inspections to be conducted within 12 months after license issuance. Of the 46 initial inspections, 3 were performed overdue. The review team verified that there were no overdue initial inspections at the time of the review. Overall, the review team calculated that the Program performed 9 percent of all Priority 1, 2, and 3 and initial inspections overdue during the review period.

The review team determined that the Program adequately planned for the initial set of Increased Controls inspections of affected licensees. The review team evaluated the Program's prioritization methodology and found it acceptable. The Program identified 12 licensees that were subject to the Increased Controls and the review team verified that the Program performed the initial round of Increased Controls inspections in a timely manner. The Program plans to conduct subsequent inspections of these licensees in accordance with the inspection frequency of the routine health and safety inspection.

The review team evaluated the Program's timeliness of issuance of inspection reports. The majority of inspection findings are issued to licensees within 30 days of inspection completion. Ten inspection findings were delivered greater than 30 days from inspection completion. Most of these occurred during the first 2 years of the review period because of workload of the staff at that time. At the time of the review, Program staff was issuing inspection findings on-site at the completion of an inspection, when appropriate. This practice helps ensure that inspection

findings are communicated to licensees in a timely manner. The review team verified that no inspection findings were overdue at the time of the review.

During the review period, the Program granted 123 reciprocity licenses. The Program considers all reciprocity licensees as candidates for inspection. Consequently, the review team was unable to apply the reciprocity inspection frequency criteria prescribed by IMC 1220, "Processing of NRC Form 241 and Inspection of Agreement State Licensees Operating under 10 CFR 150.20." In 2005 and 2006, the Program inspected at least 20 percent of the candidate reciprocity licensees. The Program self-identified that, for 2007 and 2008, they inspected less than 20 percent of reciprocity licensees. This was due in part to redirecting resources to address higher priority tasks, such as new security initiatives. Although the Program did not inspect the minimum of 20 percent of candidate reciprocity licensees in each of the calendar years covered by the review period, the review team determined that the State applied a risk-informed approach to conduct reciprocity inspections during the years that the 20 percent requirement was not met.

Since the previous IMPEP review, the Program implemented a new policy to address inspection of reciprocity licensees. Each time the Program grants a reciprocity license, the time and location where the licensee will be working is placed on a shared calendar that can be accessed by managers, supervisors, and inspectors. This new method allows the supervisors to better track reciprocity licensees and allows them to immediately assign these inspections to a Program inspector working in the geographical area where the reciprocity licensee is working. Also, in August 2008, the Program changed their policy to incorporate a check on the compliance history of the licensee requesting reciprocity approval with the Agreement State or NRC Region that issued the radioactive materials license. If it is determined that a reciprocity applicant has outstanding compliance issues with their licensing authority (Agreement State or NRC Region), the Program will deny the reciprocity application. The review team recognized that this practice does not necessarily have to lead to the denial of a reciprocity application but could also be used to make an informed decision on whether or not to perform a field inspection of the reciprocity licensee. The review team recommended, and the MRB agreed, that the use of compliance checks on reciprocity applicants as part of a regulator's decision-making processes is a good practice.

Based on the IMPEP evaluation criteria, the review team recommended, and the MRB agreed, that Nevada's performance with respect to the indicator, Status of Materials Inspection Program, was satisfactory.

3.3 Technical Quality of Inspections

The review team evaluated inspection reports, enforcement documentation, inspection field notes, and interviewed the responsible inspectors for 26 radioactive materials inspections conducted during the review period. The casework examined included a cross-section of inspections conducted by nine current and former inspectors and covered a wide variety of inspection types involving both initial and routine inspections. These included academic broadscope, industrial radiography, self-shielded irradiator, service provider, gamma knife, positron emission tomography, high dose-rate remote afterloader, nuclear pharmacy, diagnostic nuclear medicine, portable gauge, and reciprocity licensees. The casework review also

included both initial and follow-up Increased Controls inspections. Appendix C lists the inspection casework reviewed and includes case-specific comments.

Based on the evaluation of casework, the review team determined that inspections covered all aspects of the licensees' radiation safety programs. The review team noted that inspection reports were thorough, complete, consistent, and of high quality with sufficient documentation to ensure that licensees' performance with respect to health, safety, and security were acceptable. Inspection report documentation supported violations, recommendations made to licensees, unresolved safety issues, and discussions held with licensees during exit interviews.

The Program's inspection procedures are consistent with the inspection guidance found in IMC 2800. At the conclusion of each inspection, inspectors have the option to document clear inspection results on a form similar to NRC's Form 591 which can be left with the licensee at the conclusion of the inspection. Inspectors also have the option to send results from the office.

Supervisor accompaniments were, for the most part, conducted annually for all inspectors. From 2005 to 2007, one or two accompaniments per year were not performed; however, no inspector went two consecutive years without being accompanied by a supervisor on an inspection. Supervisors who perform inspections also accompany each other on an annual basis to ensure that each qualified inspector's performance is evaluated. The supervisory accompaniments are documented with copies of the reports maintained in the inspector's file.

While on site, the review team evaluated the Program's handling and storing of sensitive information. The review team determined that documents involving Increased Controls inspections were protected and maintained in a locked file cabinet within a locked room with limited personnel access. Files were held in individual color coded folders, clearly identifying each file that is subject to special handling requirements. During file reviews, the review team noted that documents containing sensitive information were not marked with unique markings identifying them as sensitive or protected. The review team determined that the files were not subject to Freedom of Information Act-equivalent State law and verified that staff handling the files was aware of the sensitive information and its special handling requirements. The review team found that outgoing correspondence to licensees also was not marked with unique markings identifying them as sensitive information. The review team did not discover any evidence of an inadvertent release or unauthorized disclosure on the part of the Program or any licensees, but recognized the potential for a mistake due to the lack of policy of marking sensitive documents. After discussions between the review team and the Program Manager, the Program immediately began development of a procedure for marking sensitive documents. On June 16, 2009, the Program Manager notified the review team that the Program developed and implemented a procedure for marking sensitive documents.

The review team verified that the Program maintains an adequate supply of appropriately calibrated survey instruments to support the inspection program and to respond to radioactive materials incidents and emergency conditions. Funding for instrumentation comes from several sources including U.S. Department of Homeland Security and the U.S. Department of Energy. This financial support is due in part to Nevada's support for these Federal Agencies' activities within the State. Instruments used to support the materials inspection program are sent to the manufacturer for calibration.

The Program has a contract with a private laboratory for sample analysis and also receives minimal laboratory support from the U.S. Environmental Protection Agency Office in Las Vegas. The State laboratory does not have radiological capabilities.

The review team accompanied three of the Program's inspectors in April 2009. The inspectors conducted inspections at a small hospital performing iodine-131 therapy and two industrial radiography facilities. Two of the inspections included a review of the licensees' implementation of the Increased Controls requirements. Appendix C lists the inspector accompaniments. The inspectors demonstrated performance-based inspection techniques and knowledge of the regulations. The inspectors were well trained, prepared for the inspections, and thorough in their audits of the licensees' radiation safety programs. The inspectors conducted interviews with appropriate personnel, observed licensed operations, conducted confirmatory measurements, and utilized good health physics practices. The inspectors held entrance and exit meetings with the appropriate level of licensee management. The review team determined that the inspections were adequate to assess radiological health, safety, and security at the licensed facilities.

Based on the IMPEP evaluation criteria, the review team recommended, and the MRB agreed, that Nevada's performance with respect to the indicator, Technical Quality of Inspections, was satisfactory.

3.4 Technical Quality of Licensing Actions

The review team examined completed licensing casework and interviewed license reviewers for 23 specific licenses. Licensing actions were reviewed for completeness, consistency, proper radioisotopes and quantities, qualifications of authorized users, adequacy of facilities and equipment, adherence to good health physics practices, financial assurance, operating and emergency procedures, appropriateness of license conditions, and overall technical quality. The casework was also reviewed for timeliness, use of appropriate deficiency letters and cover letters, reference to appropriate regulations, supporting documentation, consideration of enforcement history, pre-licensing visits, peer/supervisory review, and proper signatures.

The licensing casework was selected to provide a representative sample of licensing actions completed during the review period. Licensing actions selected for evaluation included 4 new licenses, 3 renewals, 13 amendments, 1 amendment denial, and 2 license terminations. Files reviewed included a cross-section of license types, including: medical diagnostic and therapy, brachytherapy, gamma knife, industrial radiography, nuclear pharmacies, blood irradiators, broadscopes, and industrial licensees. The casework reviewed represented work from each of the license reviewers. A listing of the licensing casework reviewed, with case-specific comments, can be found in Appendix D.

All licensing actions for radioactive materials are assigned a tracking number and logged into a computer tracking spreadsheet. The licensing and inspection supervisor assigns licensing actions based on the reviewer's qualifications. Each license reviewer uses a boilerplate license specific to the type of licensing action (i.e., medical, industrial, or gauge) to ensure consistency in standard licenses. If needed, the reviewer generates a deficiency letter and produces a draft licensing action upon final resolution of all deficiency items. The Program recently implemented a peer review procedure for licensing actions for quality assurance. Licenses are then given a

supervisory review followed by an editorial review. The Program Manager has final signature authority. All new licenses are hand delivered to and thoroughly reviewed with licensees. The Program has a policy that does not allow licenses to be issued if the applicant cannot follow the terms of the license, as reviewed.

License reviewers utilize a pre-licensing checklist for all new licenses, licensee name changes, and changes in radiation safety officers. The review team noted that the pre-licensing checklist is not utilized for all amendments. The Program uses an amendment procedure checklist for all amendments. The review team noted that for amendments that request additional radioactive material, the amendment procedure checklists did not require reviewers to verify that possession limits did not exceed risk-significant quantities. The Program has indicated they will add an additional item to the amendment checklist to include verification that possession limits do not exceed risk-significant quantities, financial assurance, decommissioning plan, or emergency plan requirements.

The Program has a policy of hand-delivering all new licenses. Each applicant is subject to an on-site evaluation of their radiation safety and security programs prior to receipt of the initial license. This practice ensures that applicants have adequate radiation safety and security programs in place prior to taking possession of radioactive material. This practice meets the essential objective of a "pre-licensing visit."

The review team identified that the Program reduced authorized possession limits on some licenses listing radionuclides of concern in order to be below the threshold limits requiring implementation of the Increased Controls; however, these lower possession limits were calculated based on activities in curies instead of terabequerels. As a result, possession limits for certain isotopes were authorized at quantities that were still above the Increased Controls threshold limits and did not contain the appropriate license condition. The Program identified those licenses that potentially contained such errors and gave refresher training on the *Guidance for Applying the Additional Requirements for Increased Controls*, issued December 14, 2006. While the review team was on site, the Program completed corrections on all of the affected licenses.

The review team examined the Program's licensing practices regarding the Increased Controls, Fingerprinting, and National Source Tracking System (NSTS) Orders. The review team noted that the Program added legally binding license conditions to the licenses that met the criteria for implementing the Increased Controls, including fingerprinting, as appropriate. The NSTS requirements were incorporated by rulemaking. The Program contacted licensees who were required to follow NSTS constraints and verified the licensees' compliance with the requirements. The review team analyzed the Program's methodology for identifying those licenses required to comply with Increased Controls or NSTS and found the rationale was thorough and accurate.

The review team noted the licensing actions were of good quality and consistent with the Program's procedures, the State's regulations, and good health physics practices. In addition to individual licensing action peer review, the licensing staff meets weekly in an effort to improve the quality of licensing actions. The consistent use of templates and newly implemented peer reviews contribute to the quality of licensing actions.

Based on the IMPEP evaluation criteria, the review team recommended, and the MRB agreed, that Nevada's performance with respect to the indicator, Technical Quality of Licensing Actions, was satisfactory.

3.5 Technical Quality of Incident and Allegation Activities

In evaluating the effectiveness of the Program's actions in responding to incidents and allegations, the review team examined the Program's response to the questionnaire relative to this indicator, evaluated the incidents reported for Nevada in the Nuclear Material Events Database (NMED) against those contained in the Program's files, and evaluated the casework for 14 radioactive materials incidents. A listing of the casework examined, with case-specific comments, can be found in Appendix E. The review team also evaluated the Program's response to two allegations involving radioactive materials reported directly to the State during the review period. NRC did not refer any allegations to the State during the review period.

When notified of an incident or an allegation, the Program manager and staff discuss the initial response and the need for an on-site investigation, based on the safety significance. The Program uses their local version of NMED for tracking the status of all incidents and allegations. The Program also enters non-sensitive incident and allegation information in a Bureau-wide database named Automated Survey Processing Environment (ASPEN). If the incident meets the reporting thresholds, as established in the NRC's Office of Federal and State Materials and Environmental Management Programs (FSME) Procedure SA-300 "Reporting Material Events," the Program promptly notifies the NRC Headquarters Operations Center, typically by e-mail, using the information template established for NMED. If the investigation is complex and extends over a period of time, NMED is appropriately updated, using the NMED software. Of the reportable incidents evaluated by the review team, all had been reported to NRC within the required time frame and were properly completed in NMED.

The incidents reviewed consisted of events involving lost or stolen radioactive material, damaged equipment, and equipment failures. The review team determined that the Program's responses to incidents were thorough, complete, and comprehensive. Initial responses were prompt and well coordinated, and the level of effort was commensurate with the health and safety significance of the incident. When the possibility of an immediate threat to public health and safety existed, the Program responded to incidents by immediately dispatching inspectors to the site. When no immediate threat was present and the Program determined that the licensee had qualified, competent individuals investigating the incident, the Program generally responded telephonically with an on-site followup investigation, either immediately or at a later date depending on the safety significance of the incident. The review team noted that at the conclusion of investigations, inspectors generated narrative reports that thoroughly documented the investigations. These reports were stored as a paper copy placed in the licensee's file.

The review team noted that one licensee file, while containing the correspondence between the licensee and the Program relevant to the incident, did not contain the inspector-generated report of the incident investigation. At the time of the on-site review, the Program was attempting to locate a copy of the report in order to complete the file.

In evaluating the effectiveness of the Program's response to allegations, the review team evaluated the casework for two allegations. The review team concluded that the Program

consistently took prompt and appropriate action in response to concerns raised. The review team noted that the Program thoroughly documented the investigations and retained all necessary documentation to appropriately close the allegations. The Program notified the alleged, when provided with the alleged's contact information, of the conclusion of their investigation. The review team verified that the Program can adequately protect the identities of alleged seeking anonymity.

Based on the IMPEP evaluation criteria, the review team recommended, and the MRB agreed, that Nevada's performance with respect to the indicator, Technical Quality of Incident and Allegation Activities, was satisfactory.

4.0 NON-COMMON PERFORMANCE INDICATORS

Four non-common performance indicators are used to review Agreement State Programs: (1) Compatibility Requirements, (2) Sealed Source and Device Evaluation Program, (3) Low-level Radioactive Waste Disposal Program, and (4) Uranium Recovery Program. NRC's Agreement with the State of Nevada does not relinquish authority to regulate a uranium recovery program, so only the first three non-common performance indicators were applicable to this review.

4.1 Compatibility Requirements

4.1.1 Legislation

Nevada became an Agreement State in 1972. Legislative authority to create an agency and enter into an Agreement with the NRC is granted in Nevada Revised Statutes (NRS) Section 459. The Nevada State Health Division is designated as the State's radiation control agency. Another NRS section that affects the Agreement State program includes NRS 439, "Public Health Administrative Procedures." The review team noted that no significant legislation affecting the radiation control program was passed since the previous review.

4.1.2 Program Elements Required for Compatibility

The Nevada Radiation Control Program regulations, found in Chapter 459 of the Nevada Administrative Code (NAC), apply to all ionizing radiation, whether emitted from radionuclides or devices. Nevada requires a license for possession and use of all radioactive material. Nevada also requires registration of all machines specifically designed to produce x-rays or other ionizing radiation. The review team noted that the State's rules and regulations are not subject to "sunset" provisions. The State may adopt other agency's regulations by reference and has the authority to issue legally binding requirements (e.g., license conditions) in lieu of regulations until compatible regulations become effective.

The review team examined the State's process for adopting regulations. After drafting regulations, the Program first sends them to the Legislative Council Bureau (LCB) for review and comment. LCB is a legal office within Nevada that first reviews and then later codifies regulations for all Nevada regulatory agencies. LCB only performs this function when they are not engaged with the Nevada Legislature, which meets every other year for a minimum 6- to 8-month period. LCB reviews the draft regulations and makes changes they believe are

necessary to make them compatible with Nevada State Law. The LCB can at times make substantial legal language changes to the regulations, which has the potential to cause discrepancies with NRC regulations and could possibly lead to Nevada's regulations being incompatible with NRC regulations. Following LCB's review, draft regulations are sent to the Nevada Attorney General's Office for an additional review before they are returned to the Program. If the Program disagrees with LCB's changes, they then begin a negotiation process that can take several months. Once an agreement is reached, the Program sends the negotiated regulations to NRC for a compatibility review of the proposed regulations. The Program stated that incorporating NRC comments at this point would result in restarting the entire process with LCB, further delaying adoption of regulations; therefore, the Program generally chooses to allow the process to proceed and incorporate NRC initial review comments during a future regulation revision.

Draft regulations are then published for public comment. Following the public comment period, comments are compiled; then draft regulations and public comments are taken before the State Board of Health (BOH) for consideration and adoption. Once adopted by BOH, the regulations become enforceable, even though they have not yet been codified. Adopted regulations marked as "non-codified," are posted to the Department's web page and sent to licensees. At this point, the Program resolves initial NRC comments by sending the regulations back through LCB as a regulatory revision. While this process is underway, the adopted and potentially incompatible regulations are being enforced by the Program. The review team identified seven amendments that were submitted to NRC as proposed regulations but were not submitted as final regulations by the time of the onsite review. The review team recommends that the State submit proposed and final regulations to NRC for compatibility reviews.

When the process is complete (including resolution of initial NRC comments), the adopted regulations are then sent back to LCB for codification to be placed into a regulatory format and numbered as such. This step can take several months to several years to complete. Once codified, the newly formatted regulations are sent to the Secretary of State's Office for filing. After approximately 30-45 days the regulations become final. At this point, the Program typically sends the regulations to NRC for a final compatibility review. Current NRC policy requires that Agreement States adopt certain equivalent regulations or legally binding requirements no later than three years after they are effective unless otherwise mandated by the Commission. This process has the potential to take years to complete and often has caused the Program to not complete the regulation adoption process within the required timeframe. During the review period, Nevada submitted to the NRC nine final amendments that were overdue at the time of submission. In addition, four amendments were overdue at the time of the onsite review. The review team recommends that the State develop all required regulations within the required timeframe.

The Program is already addressing this recommendation. The Program is beginning to adopt NRC regulations by reference, a process they want to continue until all the Nevada regulations are adopted by reference sometime in the future.

The review team also evaluated the Program's response to the questionnaire, reviewed the status of regulations required to be adopted by the State under the Commission's adequacy and compatibility policy, and verified the adoption of regulations with data obtained from the SRS data sheet that FSME maintains.

Subsequent to the onsite review, the Program submitted a rulemaking package that addressed the seven amendments that received a compatibility review as proposed regulations but were not reviewed as final regulations. The package also addressed one of the outstanding amendments currently required for compatibility. The following three outstanding NRC regulatory amendments are currently required for compatibility:

- “Compatibility with IAEA Transportation Safety Standards and Other Transportation Safety Amendments,” 10 CFR Part 71 amendment (69 FR 3697), that was due for Agreement State adoption by October 1, 2007.
- “Medical Use of Byproduct Materials - Recognition of Specialty Boards - Part 35,” 10 CFR Part 35 amendment (70 FR 16336 and 71 FR 1926), that was due for Agreement State adoption by April 29, 2008.
- “Minor Amendments,” 10 CFR Parts 20, 30, 32, 35, 40 and 70 amendment (71 FR 15005), that was due for Agreement State adoption by March 27, 2009.

The following amendments will need to be addressed by the Program in future rulemakings or by adopting alternate generic legally binding requirements:

- “Medical Use of Byproduct Material – Minor Corrections and Clarifications,” 10 CFR Parts 32 and 35 amendment (72 FR 45147, 54207), that is due for Agreement State adoption by October 29, 2010.
- “Requirements for Expanded Definition of Byproduct Material,” 10 CFR Parts 20, 30, 31, 32, 33, 35, 61, and 150 amendment (72 FR 55864), that is due for Agreement State adoption by November 30, 2010.
- “Exemptions from Licensing, General Licenses, and Distribution of Byproduct Material: Licensing and Reporting Requirements,” 10 CFR Parts 30, 31, 32, and 150 amendment (72 FR 58473), that is due for Agreement State adoption by December 17, 2010.
- “Occupational Dose Records, Labeling Containers, and Total Effective Dose Equivalent,” 10 CFR Parts 19 and 20 amendment (72 FR 68043), that is due for Agreement State adoption by February 15, 2011.

The review team discussed the current regulatory adoption process with Program management. The Program acknowledged that changes needed to be made to ensure compatibility with NRC requirements. The Program committed to send initial draft regulations to NRC for comment, and resolve those comments before submitting them to LCB. They further committed to notify NRC if LCB makes changes and ensure that draft regulations are acceptable to NRC before sending them to BOH for adoption. Program management indicated that following adoption, final regulations would be sent to NRC for final comment.

Based on the IMPEP evaluation criteria, the review team recommended, and the MRB agreed, that Nevada’s performance with respect to the indicator, Compatibility Requirements, was satisfactory, but needs improvement.

4.2 Sealed Source and Device Evaluation Program

There are currently three manufacturers/distributors licensed by the Program. Two of the licensees assemble and distribute generally licensed devices in accordance with sealed source and device (SS&D) registry sheets issued by other Agreement States. The third licensee manufactures gun and bow sights in accordance with an NRC-issued SS&D registry sheet and distributes them under an NRC exempt distribution license.

During the review period, the Program did not issue any SS&D certificates. During the previous IMPEP review, the State indicated that they planned to return their SS&D authority to NRC; however, this plan did not receive management approval. At the time of the review, the Program had no staff members qualified to perform safety evaluations of SS&D applications and amendments. The Program entered into an agreement with the State of California whereby California's qualified SS&D reviewers will conduct any necessary safety evaluations for future applications and amendments.

Based on the review team's determination that the Program has not issued any SS&D certificates since the last IMPEP review and the Program has a plan in place to ensure safety evaluations for any future SS&D certificates are performed by only qualified individuals, the review team did not review this indicator.

4.3 Low-level Radioactive Waste Disposal Program

Although NRC's Agreement with the State of Nevada relinquishes the authority for a low-level radioactive waste (LLRW) program, the State's LLRW program is currently inactive. No further activity is anticipated at this time; therefore, the LLRW program staff is working on other projects. Accordingly, the review team did not review this indicator.

5.0 SUMMARY

As noted in Sections 3.0 and 4.0, Nevada's performance was found satisfactory for five performance indicators and satisfactory, but needs improvement for the performance indicator Compatibility Requirements. The review team made two recommendations regarding program performance by the State, kept open two recommendations from the previous IMPEP review, and identified one good practice. Overall, the review team recommended, and the MRB agreed, that the Nevada Agreement State Program is adequate to protect public health and safety and compatible with NRC's program. Based on the results of the current IMPEP review, the review team recommended, and the MRB agreed, that the next full IMPEP review of the Nevada Agreement State Program take place in approximately 4 years.

Below are the recommendations, as mentioned earlier in the report, for evaluation and implementation by the State:

1. The review team recommends that the Program revise their inspection procedures and provide training to implement a policy for timely and orderly license termination of licensed materials not in use. (Section 3.3 of the 2005 IMPEP Report)

2. The review team recommends that the Program develop, implement, and maintain a reliable and comprehensive licensing and inspection database that serves as an effective and efficient planning, tracking, and management tool. (Section 3.4 of the 2005 IMPEP Report)
3. The review team recommends that the State submit proposed and final regulations to NRC for compatibility reviews. (Section 4.1.2)
4. The review team recommends that that the State develop all required regulations within the required timeframe. (Section 4.1.2)

Below is the good practice, as mentioned earlier in the report:

The Program has a policy of checking on the compliance history of a licensee requesting reciprocity approval with the Agreement State or NRC Region that issued the radioactive materials license. If it is determined that a reciprocity applicant has outstanding compliance issues with their licensing authority (Agreement State or NRC Region), the Program will deny the reciprocity application. The review team recognized that this practice does not necessarily have to lead to the denial of a reciprocity application but could also be used to make an informed decision on whether or not to perform a field inspection of the reciprocity licensee. (Section 3.2)

LIST OF APPENDIXES AND ATTACHMENT

Appendix A	IMPEP Review Team Members
Appendix B	Nevada Organization Charts
Appendix C	Inspection Casework Reviews
Appendix D	License Casework Reviews
Appendix E	Incident Casework Reviews
Attachment	August 6, 2009 Letter from Richard Whitley Nevada's Response to Draft IMPEP Report

APPENDIX A

IMPEP REVIEW TEAM MEMBERS

Name	Area of Responsibility
Donna Janda, Region I	Team Leader Technical Staffing and Training
Leira Cuadrado, FSME	Status of Materials Inspection Program
Randy Erickson, Region IV	Technical Quality of Inspections Compatibility Requirements Inspector Accompaniments
Sherrie Flaherty, Minnesota	Technical Quality of Licensing Actions
William Rautzen, FSME	Technical Quality of Incident and Allegation Activities

APPENDIX B

NEVADA ORGANIZATION CHARTS

ADAMS ACCESSION NO.: ML091870230

**Nevada State Health
Division
January 2009**

Governor Jim Gibbons

Michael J. Willden, Director
Department of Health and Human
Services

Richard Whitley, MS, Administrator
(unclassified)
3223/001/1.0 FTE

State Board of Health

Mary Guinan
State Health Officer
(unclassified)
3223/0017/1.0 FTE

Ihsan Azzam
State Epidemiologist
U9091
3220/0003

Nikki Isaacs
Health Program Specialist II
37/3225/0052/1.0 FTE
See RW Chart

Vacant
Management Analyst IV
39/3223/0320

Tracy Walters
Personnel Officer II
38/3223/005/1.0 FTE
See HR Chart

Janet Osalvo, Executive Asst
(unclassified)
3223/004/1.0 FTE

Anna Mattox, Admin Asst I
23/3223/036/1.0 FTE

Mary Wherry
Deputy Administrator
44/3223/007/1.0 FTE

Emie Hernandez, IT Manager III
43/3223/0060/1.0 FTE
See OIT Chart

Randy Figurski,
Clinical Program Planner I
38/3208/0050/1.0 FTE

Ellen Richardson-Adams
Health Program Manager III
Southern Region
41/3208/0018/1.0 FTE

Martha Framsted, BA
Public Information Officer II
37/3223/68/1.0 FTE

Mary Keating
Administrative Services Officer IV
44/3223/002/1.0 FTE
See Financial Services Chart

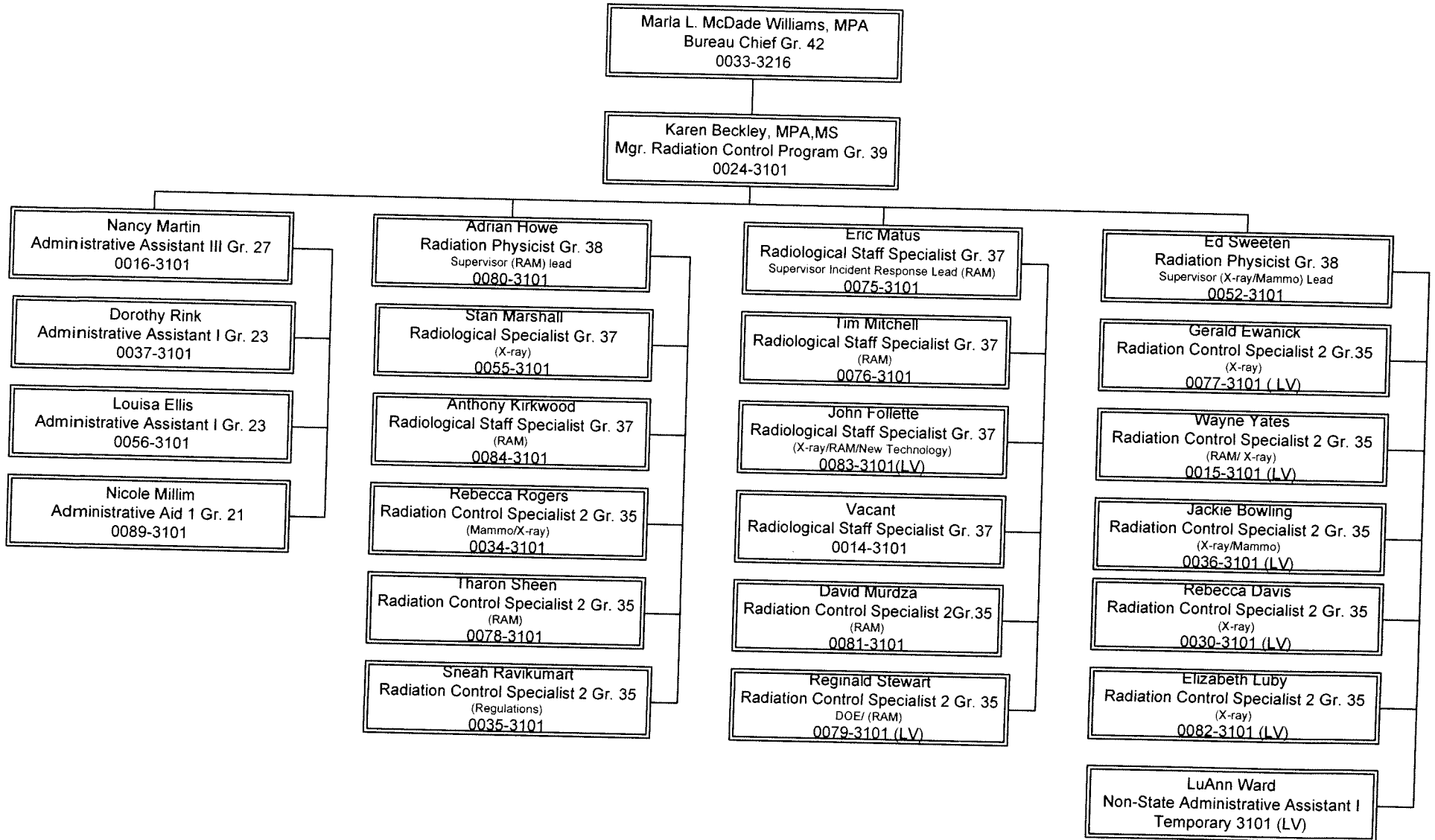
Luana Ritch, PhD
Health Bureau Chief I
40/3223/27/1.0 FTE
See HSPER Chart

Maria McDade-Williams
Health Bureau Chief II
42/3216/33/1.0 FTE
See HCQC Chart

Maria Canfield,
Health Bureau Chief II
42/3224/06/1.0 FTE
See CFCW Chart

Pam Graham
Community Health Nursing Mgr
45/3224/0163
See FaRPHS Chart

Nevada State Health Division
 Bureau of Health Care Quality and Compliance
 Radiological Health Section
 May 4, 2009



Richard Whitley, MS, Administrator Date

Marla McDade Williams, MPA, Bureau Chief Date

APPENDIX C

INSPECTION CASEWORK REVIEWS

NOTE: CASEWORK LISTED WITHOUT COMMENT IS INCLUDED FOR COMPLETENESS ONLY.

File No.: 1

Licensee: Advanced Isotopes of Nevada
Inspection Type: Initial, Announced
Inspection Date: 4/23/09

License No.: 03-11-0634-01
Priority: 1
Inspector: JP

File No.: 2

Licensee: Stantec Consulting, Inc.
Inspection Type: Special, Announced
Inspection Date: 4/15/09

License No.: 00-11-0438-01
Priority: 1
Inspector: EM

Comment:

Inspection documentation issued to licensee 14 days late.

File No.: 3

Licensee: Nevada Imaging Centers
Inspection Type: Routine, Announced
Inspection Date: 10/6/06

License No.: 03-12-0437-01
Priority: 5
Inspector: RV

File No.: 4

Licensee: Bigelow Aerospace
Inspection Type: Partial, Unannounced
Inspection Date: 4/14/09

License No.: 03-11-0622-01
Priority: 2
Inspector: RS

File No.: 5

Licensee: Sunrise Hospital Laboratory
Inspection Type: Routine/Special, Announced
Inspection Date: 2/7/06

License No.: 03-12-0325-02
Priority: 3
Inspector: RV

File No.: 6

Licensee: Sunrise Hospital Laboratory
Inspection Type: Special, Announced
Inspection Date: 11/15/06

License No.: 03-12-0325-02
Priority: 3
Inspector: JF

File No.: 7

Licensee: Sunrise Diagnostic Center
Inspection Type: Special, Announced
Inspection Date: 11/15/06

License No.: 03-12-0395-02
Priority: 2
Inspector: JF

File No.: 8

Licensee: United Blood Services
Inspection Type: Routine/Special, Announced
Inspection Dates: 10/13/06, 12/12/06

License No.: 03-11-0226-01
Priority: 3
Inspectors: RV, AH

File No.: 9

Licensee: Davis Laboratories, Inc.
Inspection Type: Routine/Special, Announced
Inspection Date: 4/14/09

License No.: 00-11-0113-01
Priority: 1
Inspector: AH

Comment:

Inspection documentation issued to licensee 8 days late.

File No.: 10

Licensee: Grizzly Materials Testing and Inspection Services
Inspection Type: Special, Announced
Inspection Date: 8/30/06

License No.: 00-11-0589-01
Priority: 1
Inspector: AH

File No.: 11

Licensee: Nevada Cancer Institute
Inspection Type: Routine, Unannounced
Inspection Date: 12/4/08

License No.: 03-12-0571-01
Priority: 3
Inspector: WY

File No.: 12

Licensee: Wood Rogers, Inc.
Inspection Type: Routine, Announced
Inspection Date: 11/21/08

License No.: 00-11-0527-01
Priority: 5
Inspector: TM

File No.: 13

Licensee: Las Vegas Materials Testing
Inspection Type: Initial, Unannounced
Inspection Date: 1/16/09

License No.: 00-11-0632-01
Priority: 5
Inspector: RS

File No.: 14

Licensee: Black Eagle Consulting, Inc.
Inspection Type: Followup, Announced
Inspection Date: 6/20/08

License No.: 00-11-0409-01
Priority: 5
Inspector: TM

File No.: 15

Licensee: St. Mary's Regional Medical Center
Inspection Type: Routine, Announced
Inspection Date: 4/23/08

License No.: 16-12-0244-02
Priority: 2
Inspector: LB

File No.: 16

Licensee: Carson Valley Medical Center
Inspection Type: Followup, Unannounced
Inspection Date: 1/31/07

License No.: 04-12-0440-01
Priority: 5
Inspector: LB

File No.: 17

Licensee: Biotech Pharmacy
Inspection Type: Routine, Unannounced
Inspection Date: 7/9/08

License No.: 03-11-0332-01
Priority: 2
Inspector: WY

File No.: 18

Licensee: University of Nevada, Reno
Inspection Type: Routine, Announced
Inspection Date: 2/21/07

License No.: 16-13-0003-07
Priority: 2
Inspector: LB

File No.: 19

Licensee: Cardinal Health
Inspection Type: Routine, Unannounced
Inspection Date: 8/6/08

License No.: 03-11-0150-01
Priority: 2
Inspector: WY

File No.: 20

Licensee: Northwest Inspection
Inspection Type: Reciprocity, Unannounced
Inspection Date: 4/18/06

License No.: WN-IR065-1
Priority: 1
Inspector: WY

File No.: 21

Licensee: Edge Inspection Group, Inc.
Inspection Type: Reciprocity, Unannounced
Inspection Date: 3/8/06

License No.: CA-7214-48
Priority: 1
Inspector: WY

File No.: 22

Licensee: Desert Springs Hospital
Inspection Type: Routine, Announced
Inspection Dates: 4/20/06, 5/3/06

License No.: 03-12-0040-01
Priority: 5
Inspector: RV

File No.: 23

Licensee: PETNET Solutions, Inc.
Inspection Type: Routine, Unannounced
Inspection Date: 8/14/08

License No.: 03-11-0468-01
Priority: 2
Inspector: WY

File No.: 24

Licensee: Antigua Medical Services, LLC
Inspection Type: Routine, Unannounced
Inspection Date: 11/13/08

License No.: 00-12-0501-01
Priority: 5
Inspector: WY

File No.: 25

Licensee: SRI Instruments, Inc.
Inspection Type: Routine, Announced
Inspection Date: 5/7/07

License No.: 03-11-0523-01
Priority: 5
Inspector: WY

File No.: 26

Licensee: CTC Services, Inc.

Inspection Type: Followup, Announced

Inspection Date: 10/15/08

License No.: 00-11-0616-01

Priority: 1

Inspector: LB

INSPECTOR ACCOMPANIMENTS

The following inspector accompaniments were performed prior to the on-site IMPEP review:

Accompaniment No.: 1

Licensee: Valley Hospital Medical Center

Inspection Type: Unannounced

Inspection Date: 4/13/09

License No.: 03-12-0171-01

Priority: 3

Inspector: WY

Accompaniment No.: 2

Licensee: Davis Laboratories, Inc.

Inspection Type: Routine, Announced

Inspection Date: 4/14/09

License No.: 00-11-0113-01

Priority: 1

Inspector: AH

Accompaniment No.: 3

Licensee: Stantec Consulting, Inc.

Inspection Type: Special, Announced

Inspection Date: 4/15/09

License No.: 00-11-0438-01

Priority: 1

Inspector: EM

APPENDIX D

LICENSE CASEWORK REVIEWS

NOTE: CASEWORK LISTED WITHOUT COMMENT IS INCLUDED FOR COMPLETENESS ONLY.

File No.: 1

Licensee: Geocon, Inc.

Type of Action: New

Date Issued: 6/30/05

License No.: 00-11-0576-01

Amendment No.: N/A

License Reviewer: LB

File No.: 2

Licensee: Newmont Gold Lone Tree Mine

Type of Action: Amendment

Date Issued: 6/12/08

License No.: 08-11-0336-01

Amendment No.: 15

License Reviewer: LB

Comment:

License use was amended to storage only; however, License Condition 10 authorizes use and storage at the licensee's location.

File No.: 3

Licensee: West Valley Imaging

Type of Action: Renewal

Date Issued: 5/15/06

License No.: 03-12-0384-01

Amendment No.: 15

License Reviewer: PS

File No.: 4

Licensee: Desert Radiologists

Type of Action: Amendment (Denial)

Date Issued: 5/22/09

License No.: 03-12-0568-01

Amendment No.: N/A

License Reviewer: JF

File No.: 5

Licensee: Davis Laboratories

Type of Action: Amendment

Date Issued: 9/10/08

License No.: 00-11-0113-01

Amendment No.: 36

License Reviewer: TM

File No.: 6

Licensee: Western Technologies, Inc.

Type of Action: Amendment

Date Issued: Under Review

License No.: 00-11-0019-01

Amendment No.: 35

License Reviewer: JF

File No.: 7

Licensee: Grizzly Materials Testing
& Inspection Services, Inc.

License No.: 00-11-0589-01

Type of Action: New

Amendment No.: N/A

Date Issued: 4/3/06

License Reviewer: LB

Comment:

There was insufficient documentation in the license application and deficiency correspondence to determine applicant's compliance with certain security requirements.

File No.: 8

Licensee: Advanced Isotopes of Nevada

License No.: 03-11-0634-01

Type of Action: New

Amendment No.: N/A

Date Issued: 10/1/08

License Reviewer: LB

File No.: 9

Licensee: Nevada Cancer Institute

License No.: 03-12-0571-02

Type of Action: Amendment

Amendment No.: 4

Date Issued: 1/22/08

License Reviewer: LB

Comment:

Authorized users were authorized on the license to use all radioactive material, not just the specific isotopes they are qualified to use.

File No.: 10

Licensee: Biotech Pharmacy, Inc.

License No.: 03-11-0332-01

Type of Action: Amendment

Amendment No.: 27

Date Issued: 4/21/06

License Reviewer: MT

Comment:

Authorization for four new isotopes was granted without the licensee's submittal of documentation regarding procedures for storage or handling of the new material.

File No.: 11

Licensee: Bigelow Aerospace

License No.: 03-11-0622-01

Type of Action: New

Amendment No.: N/A

Date Issued: 11/6/07

License Reviewer: LB

File No.: 12

Licensee: Nevada Cancer Institute

License No.: 03-12-0571-01

Type of Action: Amendment

Amendment No.: 6

Date Issued: 2/11/08

License Reviewer: LB

File No.: 13

Licensee: Renown Regional Medical Center

License No.: 16-12-0016-01

Type of Action: Amendment

Amendment No.: 83

Date Issued: 10/22/08

License Reviewer: LB

File No.: 14

Licensee: Sunrise Hospital
Type of Action: Amendment
Date Issued: 2/1/07

License No.: 03-12-0325-01
Amendment No.: 23
License Reviewer: LB

Comment:

License authorizes medical use for iodine-125 and yttrium-90; however, no authorized users for those materials are listed on the license.

File No.: 15

Licensee: United Blood Services
Type of Action: Amendment
Date Issued: 5/15/08

License No.: 03-11-0226-01
Amendment No.: 14
License Reviewer: LB

File No.: 16

Licensee: Sunrise Diagnostic
Type of Action: Renewal
Date Issued: 1/31/08

License No.: 03-12-0395-02
Amendment No.: 10
License Reviewer: LB

Comment:

Denial of licensees request to add an authorized medical physicist was not documented.

File No.: 17

Licensee: Legacy Medical. LLC
Type of Action: Termination
Date Issued: 1/23/06

License No.: 00-12-0510-01
Amendment No.: 3
License Reviewer: LB

File No.: 18

Licensee: Research and Diagnostic Antibodies
Type of Action: Termination
Date Issued: 5/7/09

License No.: 03-11-0602-01
Amendment No.: 1
License Reviewers: RS, DM

File No.: 19

Licensee: AMEC Earth & Environmental, LLC
Type of Action: Amendment
Date Issued: 5/29/09

License No.: 00-11-0193-01
Amendment No.: 37
License Reviewer: DM

File No.: 20

Licensee: University of Nevada, Reno
Type of Action: Amendment
Date Issued: 6/6/07

License No.: 16-13-0003-01
Amendment No.: 36
License Reviewer: LB

File No.: 21

Licensee: Terracon, Inc.

Type of Action: Renewal

Date Issued: 9/19/08

License No.: 00-11-0326-01

Amendment No.: 15

License Reviewer: TM

Comment:

The license does not allow for storage at temporary jobsites which was requested in the renewal application.

File No.: 22

Licensee: Steinberg Diagnostic Medical
Imaging Centers

Type of Action: Amendment

Date Issued: 5/11/09

License No.: 03-12-0352-01

Amendment No.: 23

License Reviewers: LB, RS

Comment:

Documents received as part of the amendment request were not referenced in a tie down condition.

File No.: 23

Licensee: Vascular Institute of Southern Nevada

Type of Action: Amendment

Date Issued: Under Review

License No.: 03-12-0483-01

Amendment No.: 3

License Reviewer: TK

APPENDIX E

INCIDENT CASEWORK REVIEWS

NOTE: CASEWORK LISTED WITHOUT COMMENT IS INCLUDED FOR COMPLETENESS ONLY.

File No.: 1

Licensee: City of Henderson

Date of Incident: 11/27/07

Investigation Date: 12/6/07

License No.: 03-14-0116-01

NMED Log No.: 070736

Type of Incident: Lost/Stolen Material

Type of Investigation: Telephone

Comment:

Investigation performed as part of the next routine inspection; however, investigation documentation was missing from the license file.

File No.: 2

Licensee: Apex Testing Corp.

Date of Incident: 4/2/08

Investigation Date: 4/7/08

License No.: 00-11-0598-01

NMED Log No.: 080201

Type of Incident: Lost/Stolen Material

Type of Investigation: Telephone/Site

File No.: 3

Licensee: Geotek, Inc.

Date of Incident: 8/29/05

Investigation Date: 8/30/05

License No.: 00-11-0348-01

NMED Log No.: 050740

Type of Incident: Damaged Equipment

Type of Investigation: Telephone/Site

File No.: 4

Licensee: Owens Geotechnical Inc.

Date of Incident: 4/25/05

Investigation Date: 4/27/05

License No.: 00-11-0492-01

NMED Log No.: 050294

Type of Incident: Lost/Stolen Material

Type of Investigation: Telephone/Site

File No.: 5

Licensee: Joseph A. Cesare and Associates

Date of Incident: 8/20/05

Investigation Date: 8/22/05

License No.: 00-11-0295-01

NMED Log No.: 050565

Type of Incident: Lost/Stolen Material

Type of Investigation: Telephone/Site

File No.: 6

Licensee: Converse Consultants

Date of Incident: 4/4/07

Investigation Date: 4/4/07

License No.: 00-11-0094-01

NMED Log No.: 070463

Type of Incident: Damaged Equipment

Type of Investigation: Telephone/Site

File No.: 7

Licensee: Joseph A. Cesare and Associates
Date of Incident: 12/23/06
Investigation Date: 1/8/07

License No.: 00-11-0492-01
NMED Log No.: 070001
Type of Incident: Lost/Stolen Material
Type of Investigation: Telephone/Site

File No.: 8

Licensee: Acclaim Material Testing and Inspection
Date of Incident: 6/27/06
Investigation Date: 6/27/06

License No.: 00-11-0470-01
NMED Log No.: 060424
Type of Incident: Lost/Stolen Material
Type of Investigation: Telephone/Site

File No.: 9

Licensee: Las Vegas Valley Water District
Date of Incident: 11/29/06
Investigation Date: 12/6/06

License No.: 00-11-0196-01
NMED Log No.: 060725
Type of Incident: Lost/Stolen Material
Type of Investigation: Telephone/Site

File No.: 10

Licensee: University of Nevada, Reno
Date of Incident: 4/12/05
Investigation Date: 7/29/05

License No.: 16-13-0003-07
NMED Log No.: N/A
Type of Incident: Lost Material
Type of Investigation: Telephone

File No.: 11

Licensee: Non-Licensee
Date of Incident: 4/26/07
Investigation Date: 4/26/07

License No.: N/A
NMED Log No.: N/A
Type of Incident: Monitor Alert
Type of Investigation: Telephone

File No.: 12

Licensee: Kleinfelder, Inc.
Date of Incident: 12/9/05
Investigation Date: 12/9/05

License No.: 00-11-0086-01
NMED Log No.: 050807
Type of Incident: Lost/Stolen Material
Type of Investigation: Telephone/Site

Comment:

Notice of Violation was issued to licensee during next scheduled inspection instead of at time of event.

File No.: 13

Licensee: Joseph A. Cesare and Associates
Date of Incident: 9/25/08
Investigation Date: 9/26/08

License No.: 00-11-0295-01
NMED Log No.: 080600
Type of Incident: Lost/Stolen Material
Type of Investigation: Telephone/Site

File No.: 14

Licensee: Great Basin Construction and Engineering

Date of Incident: 2/11/09

Investigation Date: 2/11/09

License No.: 00-11-0486-01

Incident Log No.: 090003

Type of Incident: Other

Type of Investigation: Site

ATTACHMENT

August 6, 2009 Letter from Richard Whitley
Nevada's Response to Draft IMPEP Report

ADAMS Accession No.: ML092190519

STATE OF NEVADA

JIM GIBBONS
Governor

MICHAEL J. WILLDEN
Director



RICHARD WHITLEY, MS
Administrator

TRACEY D. GREEN, MD
State Health Officer

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH DIVISION**

4150 Technology Way, Suite 300
Carson City, Nevada 89706
Telephone: (775) 684-4200 · Fax: (775) 684-4211

August 6, 2009

Donna M. Janda
State Agreements Officer
United States Nuclear Regulatory Commission
Region I
475 Allendale Road
King of Prussia, PA 19406-1415

Dear Ms. Janda:

We have received the U.S. Nuclear Regulatory Commission (NRC) draft copy of Integrated Materials Performance Evaluation conducted in Nevada on June 1-5, 2009. The information has been reviewed by the Program staff and we have no comments to present for consideration.

Thank you for the opportunity to comment on your findings. Ms. Karen K. Beckley, Manager of the Radiation Control Program will be in Bethesda, MD to participate in the Management Review Board meeting scheduled for August 17, 2009.

Sincerely,

A handwritten signature in black ink, appearing to read "Richard Whitley".

Richard Whitley, MS
Administrator

cc: Marla McDade Williams
Chief, Bureau of Health Care Quality and Compliance

Karen K. Beckley, MPA, MS
Manager, Radiation Control Program
Bureau of Health Care Quality and Compliance