

July 19, 2011

Paul Halverson, DrPH, MHSA  
Director and State Public Health Officer  
Arkansas Department of Health  
4815 West Markham, Slot 39  
Little Rock, AR 72205

Dear Dr. Halverson:

On June 20, 2011, the Management Review Board (MRB) met to consider the proposed final Integrated Materials Performance Evaluation Program (IMPEP) report on the Arkansas Agreement State Program. The MRB found the Arkansas Agreement State Program adequate, but needs improvement, to protect public health and safety, and compatible with the U.S. Nuclear Regulatory Commission's (NRC) program.

Section 3.0, page 7, of the enclosed final report contains a summary of the IMPEP review team's findings. Based on the results of the current IMPEP review, a periodic meeting will be held in approximately 18 months and the next full IMPEP review take place in approximately 4 years from the date of the previous full IMPEP review.

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

Enclosure:  
Arkansas Final IMPEP Report

cc w/encl.: Renee Mallory, RN, Chief  
Arkansas Health Systems Licensing  
and Regulation Branch

Bernard Bevill, Chief  
Arkansas Radiation Control Section



INTEGRATED MATERIALS PERFORMANCE EVALUATION PROGRAM  
FOLLOW-UP REVIEW OF THE ARKANSAS AGREEMENT STATE PROGRAM

April 5-8, 2011

**FINAL REPORT**

Enclosure

## **EXECUTIVE SUMMARY**

This report presents the results of the follow-up Integrated Materials Performance Evaluation Program (IMPEP) review of the Arkansas Agreement State Program. The review was conducted during the period of April 5-8, 2011, by a review team composed of technical staff members from the U.S. Nuclear Regulatory Commission (NRC) and the State of Ohio.

The Management Review Board (MRB) met on June 20, 2011, to consider the proposed final report. Based on the results of this review, the review team recommended, and the MRB agreed, that Arkansas' performance be found satisfactory for the indicators Technical Staffing and Training and Status of Materials Inspection Program; and satisfactory, but needs improvement, for the indicator Technical Quality of Licensing Actions. The review team made two recommendations regarding the performance of the Arkansas Agreement State Program. The review team recommends that the State develop and implement an action plan for the completion of the review of all license renewals which are backlogged for more than one year. The review team recommends that the State develop and implement a method for tracking the status of license action reviews to ensure timely completion.

Accordingly, the review team recommended, and the MRB agreed, that the Arkansas Agreement State Program be found adequate, but needs improvement, to protect public health and safety, and compatible with NRC's program. The review team recommended, and the MRB agreed, that the period of Heightened Oversight of the Arkansas Agreement State Program be discontinued. However, the review team believes that additional time is necessary in order to be able to evaluate a sustained period of performance by the State and therefore recommended, and the MRB agreed, that the State be placed on Monitoring.

Based on the results of the review, the review team recommended, and the MRB agreed, that a periodic meeting take place in approximately 18 months and the next full IMPEP review take place in approximately four years from the date of the previous full IMPEP review.

## 1.0 INTRODUCTION

Under Section 274 of the Atomic Energy Act (AEA) of 1954, as amended, the U.S. Nuclear Regulatory Commission (NRC) has programmatic responsibility to periodically review the actions of the Agreement States to comply with the requirements of the AEA to continue to maintain adequate and compatible programs. The current review process under the Integrated Materials Performance Evaluation Program (IMPEP) is conducted with State staff participation under the National Materials Program.

This report presents the results of the follow-up IMPEP review of the Arkansas Agreement State Program, conducted April 5-8, 2011. The follow-up review was conducted by a review team composed of technical staff members from the NRC and the State of Ohio. Review team members are identified in Appendix A. The follow-up review was conducted in accordance with NRC Management Directive 5.6, "Integrated Materials Performance Evaluation Program (IMPEP)," dated February 26, 2004. Preliminary results of the follow-up review, which covered the period of October 31, 2009 to April 8, 2011, were discussed with Arkansas managers on the last day of the review.

A draft of the report was issued to Arkansas for factual comment on April 29, 2011. The State responded by letter dated May 25, 2011, from Nathaniel Smith, MD, MPH, Director for Public Health Programs and State Epidemiologist. The Management Review Board (MRB) met on June 20, 2011, to consider the proposed final report. The MRB found the Arkansas Agreement State Program adequate to protect public health and safety, but needs improvement and compatible with NRC's program

The day-to-day operations of the Arkansas Agreement State Program are administered by the Radioactive Materials Program (the Program). The Program is one of three programs in the Radiation Control Section (the Section), which is part of the Health Systems Licensing and Regulation Branch (the Branch). The Branch is part of the Center for Health Protection within the Arkansas Department of Health (the Department). Organization charts for the State, the Department, and the Section are included as Appendix B.

At the time of the review, the Arkansas Agreement State Program regulated 219 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 the NRC and the State of Arkansas.

On January 14, 2010, the MRB found the Arkansas Program adequate to protect public health and safety, but needs improvement, and compatible with the NRC's program. Because of the significance of the findings, the MRB decided to extend the period of Heightened Oversight of the Arkansas Agreement State Program. The MRB requested that a follow-up review take place approximately 18 months from the date of the October 2009 review.

As part of the Heightened Oversight process, NRC conducted quarterly conference calls with the Program to discuss Arkansas' progress in implementing the Program Improvement Plan (the Plan). The Agency submitted the Plan on March 11, 2010 and NRC approved the Plan on March 22, 2010. In lieu of the first quarterly call, an informal meeting with the Program was held

on April 20, 2010 in conjunction with the 2010 Conference of Radiation Control Program Director's Annual Meeting. Quarterly conference calls were then held on July 19, 2010; October 20, 2010; and January 20, 2011. A listing of correspondence and summaries from the quarterly calls is included as Appendix C. Arkansas' actions and their status, as documented in the Plan and subsequent status updates, were reviewed in preparation for this follow-up review.

The follow-up review focused on the State's performance in regard to the common performance indicators: Technical Staffing and Training, Status of Materials Inspection Program, and Technical Quality of Licensing Actions. The follow-up review also included evaluation of the actions taken by the State to address the recommendations made during the 2009 IMPEP review. Other aspects of the program not fully evaluated as part of the follow-up review were discussed at a periodic meeting held in conjunction with the follow-up review. The periodic meeting summary is included as Appendix D.

In preparation for the follow-up review, a questionnaire addressing the applicable performance indicators was sent to the Program on January 12, 2011. The Program provided responses to the questionnaire on March 17, 2011. A copy of the questionnaire responses can be found in NRC's Agencywide Documents Access and Management System (ADAMS) using the Accession Number ML110810029.

The review team's general approach for conduct of this follow-up review consisted of: (1) examination of Arkansas' response to the questionnaire; (2) review of the Heightened Oversight information, including status reports; (3) review of applicable Arkansas statutes and regulations; (4) analysis of quantitative information from the Program's licensing database; (5) technical evaluation of selected regulatory actions; and, (6) interviews with staff and managers. The review team evaluated the information gathered against the IMPEP performance criteria for the three common performance indicators and made a preliminary assessment of the Agreement State Program's performance.

Results of the review of three common performance indicators are presented in Section 2.0. Section 3.0 summarizes the follow-up review team's findings and the open recommendations.

## 2.0 COMMON PERFORMANCE INDICATORS

The follow-up review addressed three of the five common performance indicators used to review NRC Regional and Agreement State radioactive materials programs. The indicators that were reviewed during the follow-up review were: (1) Technical Staffing and Training, (2) Status of Materials Inspection Program, and (3) Technical Quality of Licensing Actions.

### 2.1 Technical Staffing and Training

During the follow-up review, the review team evaluated actions taken by the Program in response to the finding of unsatisfactory made during the 2009 IMPEP review, as well as the status of the staffing and training of the Program.

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 responses relative to this

indicator; interviewed managers and staff, reviewed job descriptions and training records, and considered any possible workload backlogs.

The Program, when fully staffed, consists of the Program Manager, six Health Physicists, and one administrative staff member; and at the time of the review the Program was fully staffed. The Health Physicists perform licensing, inspection, and incident response duties, as well as emergency response duties at the nuclear power plant in the State. The Program also has two part-time consultants for licensing actions and special projects. During the 18 month review period, one individual left the program and one individual was hired to fill the vacancy. With the exception of the newest staff member, all others in the Program had a minimum of 2.5 years of experience with the longest having been with the Program for 18 years. All staff members have a minimum of a bachelor's degree in science or equivalent work experience. The review team determined that the number of staff in the Program are sufficient based on the Program's current and projected workloads. The Program self identified a weakness with regards to staffing and training during the Periodic meeting held during the follow-up IMPEP review (see Appendix D). The Program stated that currently they only have two fully qualified individuals. The Program is aware of this issue and is not allowing it to impact the work being done by their Program. The Program is currently working towards fully qualifying the four remaining Health Physicists.

The Program has a documented training plan for technical staff that is consistent with the requirements in the NRC/Organization of Agreement States Training Working Group Report and NRC's Inspection Manual Chapter (IMC) 1246, "Formal Qualification Programs in the Nuclear Material Safety and Safeguards Program Area." The Program uses on-the-job training, such as inspector accompaniments, to supplement formal coursework. Staff members are typically assigned increasingly complex duties as they progress through the qualification process. Staff members are authorized to perform regulatory duties independently after demonstrating competency. The review team noted that Program managers encourage and support training opportunities, based on program needs.

The review team's evaluation of the Program's responses to Recommendations 1 and 2 of the 2009 IMPEP report is presented below:

#### Recommendation 1:

The review team recommends that the State take additional actions, such as increasing salary and/or benefits, to stabilize staffing and ensure successful program implementation. (Section 3.1 of the 2009 IMPEP report)

#### Current Status:

In an effort to address the high staff turnover rate experienced by the Program in recent years, management increased starting salaries and introduced flexible work hours, resulting in a better work-life balance. They have also modified management of the Program to give the staff more ownership of the process. Staff members are now part of the decision making process, are involved in the development of processes and procedures, and are involved in workload distribution. Overall management has responded in a positive manner to the issues facing the Program. This recommendation is closed.

### Recommendation 2:

The review team recommends that the State update its existing procedures and develop new procedures, if necessary, to institutionalize the policies and practices of the Agreement State program and to serve as a knowledge management tool. (Section 3.1 of the 2009 IMPEP report)

### Current Status:

The Program reviewed existing procedures to ensure they were current and accurately reflected any changes to the manner in which they conduct business. The review conducted by the Program found that several of their existing procedures needed to be updated. The Program also noted that due to recent NRC operational changes, additional procedures needed to be developed to meet these changes. In response, the staff updated existing procedures and developed new procedures where needed. These updated and newly developed procedures serve as a knowledge management tool for the Program. The Program provided staff training on the procedures to ensure staff had a common understanding. This recommendation is closed.

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

## 2.2 Status of Materials Inspection Program

During the follow-up review, the review team evaluated actions taken by the Program in response to the finding of satisfactory, but needs improvement made during the 2009 IMPEP review, as well as the status of the inspections performed since the 2009 IMPEP review and the current status of due and overdue inspections.

The review team evaluated the timeliness of inspections performed since the last review period, the current and projected backlog of overdue inspections, and the timeliness of communication of inspection findings to licensees. The team reviewed data provided by the Program from their inspection tracking system to determine the timeliness of inspections, and reviewed inspection files to determine the date of the issuance of inspection findings to licensees relative to the date of inspection.

During the review period, the Program conducted a total of 43 routine inspections of high priority (Priority 1, 2, and 3) licensees. Of these 43 inspections, the review team identified 1 inspection that was conducted overdue by more than 25 percent of the inspection frequency prescribed by Inspection Manual Chapter (IMC) 2800. The one overdue inspection was conducted late due to the licensee only performing work at Arkansas Nuclear One. The Program is aware of the limited work performed by this licensee and as soon as this particular licensee was back in Arkansas the inspection was completed. The review team did not identify any inspections that were overdue at the time of the review. The review team also evaluated the Program's timeliness for conducting initial inspections. The review team noted that the Program conducted one initial inspection during the review period, which was conducted within 12 months after

license issuance, as required by IMC 2800. 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 two percent of all Priority 1, 2, and 3 and initial inspections overdue during the review period.

The review team evaluated the Program's timeliness of issuance of inspection findings. The Program has a goal of completing inspection reports within 30 days of the final date of the inspection. The Program dispatches all inspection findings from the office via letter. Of the 43 inspection findings letters reviewed by the team, four were issued beyond the 30-day goal. The letters were issued anywhere between two and 35 days beyond the 30-day goal. In all cases, the licensees were made aware of the inspectors' preliminary findings during the exit meetings.

During the review period, the Program granted 25 reciprocity licenses that were candidates for inspection based upon the criteria in IMC 1220, "Processing of NRC Form 241 and Inspection of Agreement State Licensees Operating under 10 CFR 150.20." IMC 1220 requires on-site inspection of 20 percent of candidate licensees operating under reciprocity. The review team determined that the Program inspected 14 (56 percent) of the candidate reciprocity licensees during the review period.

The review team evaluated the Program's prioritization methodology and found it acceptable. Subsequent inspections of Increased Controls licensees evaluated the pertinent aspects of the security measures.

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

### 2.3 Technical Quality of Licensing Actions

During the follow-up review, the review team evaluated actions taken by the Program in response to the finding of satisfactory, but needs improvement made during the 2009 IMPEP review, as well as for new licensing actions completed since that review. The State currently regulates 219 licensees. Licensing actions are all entered into a database by program staff upon receipt. Other than for new applications, there is no structured process for the assignment of license actions to Program staff for primary or secondary review.

During the review period, the State processed over 290 licensing actions, which included eight new applications, 44 renewals, 14 expiration date extension amendments, and 22 terminations. The review team evaluated a cross-section sampling of these licensing actions which included work by all license reviewers on staff at the time of the follow-up review. The 20 licensing actions reviewed included many of the State's major license types as defined by the State as follows: academic broad scope; medical and academic institutions; medical private practice; portable gauge; veterinary; service provider; and industrial radiography. A list of the licenses reviewed, with case-specific comments, can be found in Appendix E.

The licensing actions selected for review included one new application, eight renewals, one termination, five expiration date extension amendments, and five other amendments. Casework was evaluated for timeliness; adherence to good radiation safety practices; references to



appropriate regulations; tie-down conditions, markings, and overall technical quality; documentation of safety evaluation reports, product certifications or other supporting documents; pre-licensing visits; peer or supervisory review, as indicated; and proper signature authority. In general, the review team found that licensing actions were complete and adequately addressed health, safety, and security related issues. Licensee staff appropriately contacted licensees to address noted deficiencies. There were very few errors noted in the casework reviewed and these were primarily limited to administrative items.

The review team examined the Program's licensing practices in regard to the Increased Controls and Fingerprinting Orders and noted that the Program routinely reviews license actions and adds the legally binding license conditions as appropriate. The review team evaluated the Program's handling and storing of sensitive documents and determined that they were appropriately maintained and secured in a locked file cabinet, segregated from publicly available information. The review team found that the Program appropriately marks documents identifying them as containing sensitive information. The review team discussed with the Program that as a good practice, these licenses should also be marked as they contain information in the form of the quantities and location of radioactive materials subject to Increased Controls listed on the license. The Program decided to begin marking license documents on applicable future actions and to issue amended licenses with the appropriate markings to those licensees currently subject to Increased Controls. In a response letter dated May 25, 2011 (ML111470816) the Program stated that as of April 28, 2011 all 22 Increased Control licenses have been labeled "Official Use Only – Security Related Information" and all 22 license files have been labeled "Official Use Only."

The Program has made significant changes in their license review process, including the revision of existing procedures, development of new procedures, introduction of a peer review system for license actions, and a change to a seven-year licensing period. The staff generally responds to new applications and amendment requests in a timely manner and there was no backlog of amendments or new applications at the time of the follow-up review. The program has completed more than 40 of the 86 renewals which were identified during the 2009 IMPEP review as having been backlogged for more than one year. However, as of the date of this review, the program has more than 75 renewals (over 35% of existing licenses) that have been in-house for more than one year. This continued backlog is due, in part, to a comparable number of new renewals being received as those backlogged renewals which were completed during this period.

The staff is currently in the process of reviewing 31 of the 75 backlogged renewals. However, the review team noted that the Program does not have a formal process for tracking licensing renewals and other licensing actions from assignment through completion, which could have an adverse affect on the timely completion of other licensing actions received by the Program as the staff works to complete the renewal backlog. The review team recommends that the State develop and implement a method for tracking the status of license action reviews to ensure timely completion.

Based on the Program's actions described above and the information presented below, the review team is closing the two recommendations from previous reviews regarding the reduction of previously identified renewal backlog and terminated license procedure development. However, as stated above, the review team is issuing one new recommendations regarding the

continued efforts needed to complete all license renewals that are backlogged for more than one year.

The review team's evaluation of the State's responses to Recommendations 3 and 4 of the 2009 IMPEP report is presented below:

Recommendation 3:

The review team recommended that Department management develop and implement an action plan to reduce the licensing renewal backlog. (Section 3.4 of the 2006 and 2009 IMPEP Report)

Current Status:

The State developed a plan which reduced the number of the backlogged license renewals identified during the 2009 IMPEP review by the completion of 44 of those renewals. This recommendation is closed.

Recommendation 4:

The review team recommended that the State develop and implement a license termination procedure to ensure consistent and acceptable quality of information requests and documentation. (Section 3.4 of the 2006 and 2009 IMPEP Report)

Current Status:

The State did develop a license termination procedure as recommended, and reviewed other procedures to ensure they were accurate and consistent with current methods. This recommendation is closed.

Based on the IMPEP evaluation criteria, the review team recommended, and the MRB agreed, that Arkansas' performance with respect to the indicator, Technical Quality of Licensing Actions, be found satisfactory, but needs improvement.

### 3.0 SUMMARY

The review team found Arkansas' performance to be satisfactory for the indicators Technical Staffing and Training and Status of Materials Inspection Program; and satisfactory, but needs improvement, for the indicator Technical Quality of Licensing Actions.

Accordingly, the review team recommended, and the MRB agreed, that the Arkansas Agreement State Program continue to be found adequate to protect public health and safety, but needs improvement, and compatible with NRC's program. The review team recommended, and the MRB agreed, that the period of Heightened Oversight of the Arkansas Agreement State Program be discontinued. However, the review team believes that additional time is necessary in order to be able to evaluate a sustained period of performance by the State and therefore recommended, and the MRB agreed, that the State be placed on Monitoring.

Based on the results of the review, the review team recommended, and the MRB agreed, that a periodic meeting take place in approximately 18 months and the next full IMPEP review take place in approximately four years from the date of the previous full IMPEP review.

Below is the recommendation, as mentioned in Section 2.3, for evaluation and implementation by the State:

#### RECOMMENDATION

1. The review team recommends that the State develop and implement a method for tracking the status of license action reviews to ensure timely completion.

## LIST OF APPENDIXES

Appendix A	IMPEP Review Team Members
Appendix B	Arkansas Organization Charts
Appendix C	Heightened Oversight Program Correspondence
Appendix D	Periodic Meeting Summary
Appendix E	License Casework Reviews

APPENDIX A

IMPEP REVIEW TEAM MEMBERS

<b>Name</b>	<b>Area of Responsibility</b>
Monica Orendi, Region I	Team Leader Status of Materials Inspection Program Periodic Meeting
Randy Erickson, Region IV	Technical Staffing and Training Periodic Meeting
Stephen James, Ohio	Technical Quality of Licensing Actions

APPENDIX B

ARKANSAS ORGANIZATION CHARTS

ADAMS ACCESSION NO.: ML110810034

**Department of Health  
Radiation Control Section**

**Bernie Bevill, ADH Public Health  
Section Chief III**

22109693 L025C/C123

Vacant, Budget Specialist

22106759 R027C/C117

Lucile Humes, Administrative Specialist II

22106605 C073C/C109

**Jared Thompson, Health Physicist  
Supervisor (Radioactive Material  
Program)**

22105717 B044C/C121

Angela Hill, Health Physicist

22105032 B063C/C119

Tammy Kriesel, Health Physicist

22106796 B063C/C119

Angela Minden, Health Physicist

22105697 B063C/C119

Kayla Avery, Health Physicist

22105862 B063C/C119

Robert Pemberton, Health Physicist

22105772 B063C/C119

Steve Mack, Health Physicist

22106313 B063C/C119

Sandra Page, Administrative  
Specialist III

22104773 C056C/C112

Kim Wiebeck, Extra Help

22076921 9999,9999

David Snellings, Extra Help

22112197 9999,9999

**Valerie Brown, Health Program Specialist II  
(Radiologic Technologist Program)**

22131671 L048C/C118

Rita Price, Administrative Specialist III

22105910 C056C/C112

Glynis Elmore, Administrative Specialist II

22104727 C073C/C109

**Sherry Davidson, Health  
Physicist Supervisor (X-ray and  
Mammography Programs)**

22105061 B044C/C121

Susan Dooley, Health Physicist

22106310 B063C/C119

Toni Mullens, Health Physicist

22105428 B063C/C119

David Stephens, Health Physicist

22106551 B063C/C119

Wayne Wright, Health Physicist

22107001 B063C/C119

Melinda Davis, Health Physicist

22105104 B063C/C119

Donna Thompson,

Health Physicist

22104916 B063C/C119

Ruby Forrest, Administrative

Specialist III

22107005 C056C/C112

# ARKANSAS DEPARTMENT OF HEALTH

**Director and State Health Officer**  
Paul Halverson, DrPH, MHSA

**Office of Governmental Affairs**  
Katheryn Hargis, MA, Policy Director  
Robert Brech, JD, Legislative Counsel

**Office of the General Counsel**  
Rick Hogan, JD, MPH, Chief General Counsel

**Deputy State Health Officer and Chief Science Officer**  
Joe Bates, MD, MS

**Deputy Director for Public Health Programs  
State Epidemiologist**  
Nathaniel Smith, MD, MPH

**Deputy Director for Administration**  
Mary Leath

**Minority Health and Health Disparities**  
Nichelle Smith, PhD, MPH, Director

**Tobacco Prevention and Cessation Program**  
Carolyn Dresler, MD, MPA, Director

**Health Communications and Marketing**  
Ann Wright, MA, Director

**Strategic Initiatives**  
Jennifer Dillaha, MD, Special Advisor

**Human Resources and Professional Development**  
Xavier Heard, Director

**Finance**  
Bob Bennett, Chief Financial Officer

**Information Technology Services**  
Jerry Pack, Chief Information Officer

**Facilities Support Services**  
James Joiner, PE, Building/Supply Manager

**Internal Audit**  
Shane Benbrook, CPA, Internal Audit Manager

**Policies and Procedures**  
Cassie Frazier, Coordinator

**Center for Health Advancement**  
Stephanie Williams, RNP, Director  
Marna Jones, MA, Assoc Dir for Mgmt & Operations  
Namvar Zohoon, MD, PhD, Assoc Dir for Science

**Center for Health Protection**  
Donnie Smith, M.ED, Director  
Ron Stark, Assoc Dir for Mgmt & Operations  
William Mason, MD, MPH, Assoc Dir for Science

**Center for Local Public Health**  
Randy Lee, RN, Director  
Rick Sanders, Assoc Dir for Mgmt & Operations  
Vacant, Assoc Dir for Science

**Center for Public Health Practice**  
John Senner, PhD, Director  
Ed Just, Assoc Dir for Mgmt & Operations  
Vacant, Assoc Dir for Science

**Public Health Laboratory**  
Glen Baker, MD, Director  
Ed Just, Assoc Dir for Mgmt & Operations

**Chronic Disease Branch**  
Namvar Zohoon, MD, PhD, MPH  
Branch Chief

**Family Health Branch**  
David Gimnes, MD, MPH  
Branch Chief

**Lifestyle Health Branch**  
Becky Adams, MPH, RD  
Associate Branch Chief

**Nutrition/WIC Branch**  
Susan Handford, MS, RD  
Associate Branch Chief

**Office of Oral Health**  
Lynn Mouden, DDS, MPH  
Director

**Health System Licensing and Regulation Branch**  
Renee Mallory, RN  
Branch Chief

**Infectious Disease Branch**  
James Phillips, MD  
Branch Chief

**Injury Prevention and Control Branch**  
William Temple, JD  
Branch Chief

**Pharmacy Services and Drug Control Branch**  
Jerry Jones, PD  
Branch Chief

**Preparedness and Emergency Response Branch**  
William Mason, MD, MPH  
Branch Chief

**Environmental Health Branch**  
Terry Paul  
Branch Chief

**Hometown Health Support Services Branch**  
Andrea Ridgway, MS, RD  
Branch Chief

**In-Home Services Branch**  
Marcie Gibson, JD  
Branch Chief

**Local Public Health Offices Branch**  
Randy Lee, RN  
Branch Chief

**Epidemiology Branch Analytical Epidemiology**  
Gordon Reeve, PhD  
Branch Chief

**Epidemiology Branch Applied Epidemiology**  
Shirley Louie, MS  
Branch Chief

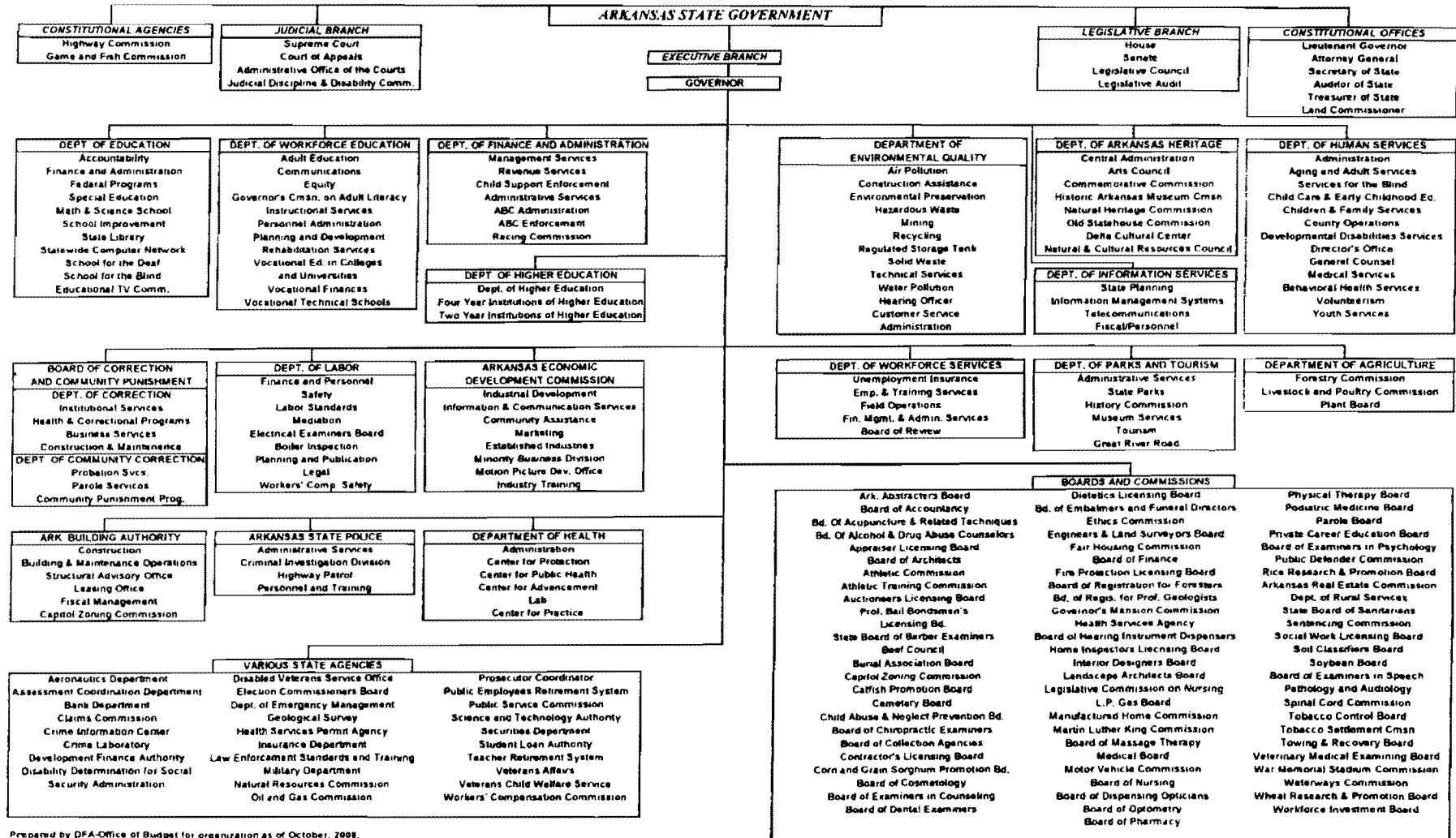
**Health Statistics Branch**  
John Senner, PhD  
Branch Chief

**Alcohol Testing Branch**  
Laura Bailey, MS  
Branch Chief

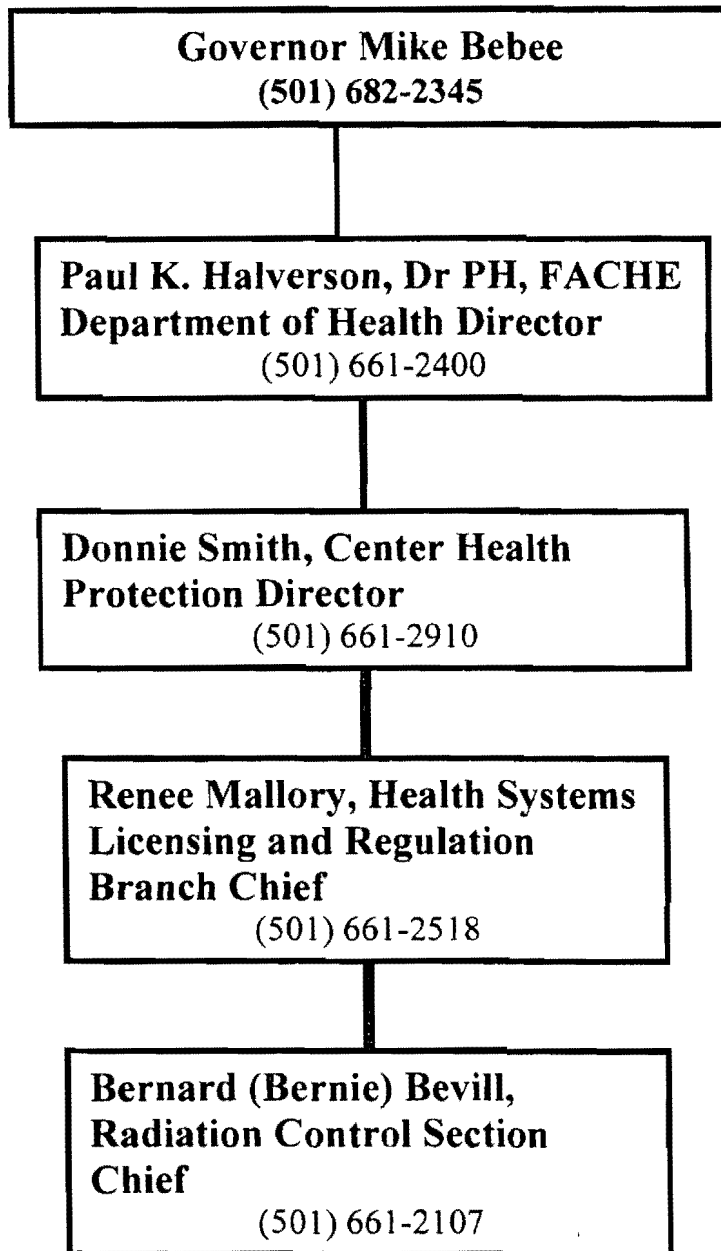
**Clinical/Biological Sciences Branch**  
Randy Owens, PhD  
Branch Chief

**Environmental/Chemistry Branch**  
Jeff Moran, PhD  
Branch Chief





## Organization Chart from Governor to Program Director



## APPENDIX C

### HEIGHTENED OVERSIGHT PROGRAM CORRESPONDENCE

#### Summaries of Quarterly Conference Calls:

- 1 July 19, 2010 Summary (ML102230529)
- 2 October 20, 2010 Summary (ML103000244)
- 3 January 20, 2011 Summary (ML110480546)

#### Letters from/to Arkansas:

1. February 12, 2010 Letter to P. Halverson, DrPH, MHSA from M. J. Virgilio – Arkansas Final IMPEP Report (ML100200435)
2. March 11, 2010 Letter to M. J. Virgilio from C. McGrew – Response to Final IMPEP Report, including Program Improvement Plan (ML100740281)
3. March 22, 2010 Letter to C. McGrew from R. Lewis – Acknowledgement of Response to AR 2009 Final IMPEP Report (ML100760131)

## APPENDIX D

### PERIODIC MEETING SUMMARY

A periodic meeting was held with the Branch Chief, Section Chief, and Program Supervisor by Monica Orendi, Team Leader, and Randy Erickson, Team Member and Regional State Agreements Officer, during the follow-up IMPEP review pursuant to the Office of Federal and State Materials and Environmental Management Programs (FSME) Procedure SA-116, "Periodic Meetings between IMPEP Reviews." Topics normally documented during periodic meetings that were reviewed and documented as part of the follow-up IMPEP review will not be discussed in this Appendix. The following topics were discussed:

1. Status of Recommendations from Previous IMPEP Reviews

See Section 2.0 for details on the status of recommendations identified during previous IMPEP reviews.

2. Strengths and/or weaknesses of the State program as identified by the State including identification of actions that could diminish weaknesses.

In the past several years the Arkansas Radiation Control Program (the Program) has lost many staff members, however, they have been able to hire new staff to fill those vacancies and have recently seen Program success and stability arise from the new staff which is a strength of the Program. Experienced staff have a broad knowledge base both technically and historically. Overall, all staff whether new to the job or seasoned, are eager and have a sense of commitment with regards to their jobs. Management support for the Program is found at all levels of management.

The Program noted two weaknesses. The first weakness mentioned was that due to the previous mentioned staff turnover, the Program only has two fully qualified individuals and the newer staff are still working on getting trained and becoming fully qualified. The newer staff are still growing and are currently struggling with performance based inspections due to their inexperience. As these staff continue to complete training and experience inspections with experienced instructors this weakness will no longer be an issue.

3. Feedback on NRC's program as identified by the State and including identification of any action that should be considered by NRC.

The Program welcomed the NRC funding of training. The Program requested additional courses of H-401 Nuclear Pharmacy be offered in the future. The Program is very appreciative of the help they have received from NRC and in particular the staff of NRC's Region III and IV offices. The Program suggested that NRC look at a way to make NSTS more user friendly for those licensees who only use the system at a maximum of once a year. NSTS becomes very cumbersome to use for these licensees when they are required to re-certify each time they use the system.

4. Status of State Program Including:

a. Staffing and Training:

See Section 2.1 for details on this indicator and the status of recommendations identified during previous IMPEP reviews.

b. Materials Inspection Program:

See Section 2.2 for details on the status of this indicator.

c. Technical Quality of Inspection

The Program's inspection frequencies are at least as frequent as NRC's. There are no overdue inspections with respect to NRC inspection frequencies. The Program maintains a database to monitor inspection scheduling and tracking. Currently the Program does not have a form equivalent to NRC's form 591; however they may look at using something like this in the future.

d. Technical Quality of Licensing:

See Section 2.3 for details on the status of this indicator and recommendations identified during the previous IMPEP reviews.

e. Regulations and Legislative Changes:

There was one legislative change since the 2009 IMPEP that has affected the Program. This change was Senate Bill 803 which allows the state board of health to promulgate rules to establish fees to sustain the program operations of the State radiation control agency. These fees can be up to twenty five percent of NRC fees. The initial fee increase will charge licensees fifteen percent of NRC fees and will be implemented around November 2012.

Currently the Program has four overdue regulation changes.

- "Medical Use of Byproduct Material – Minor Corrections," 10 CFR Parts 32 and 35 (72 FR 45147, 54207), which was due for Agreement State implementation on October 29, 2010. (RATS ID: 2007-1)
- "Exemptions from Licensing, General Licenses, and Distribution of Byproduct Material: Licensing and Reporting Requirements," 10 CFR Parts 30, 31, 32, and 150 (72 FR 58473), which was due for Agreement State implementation on December 12, 2010. (RATS ID: 2007-2)
- "Requirements for Expanded Definition of Byproduct Material," 10 CFR Parts 20, 30, 31, 32, 33, 35, 61, and 150 (72 FR 55864), which was due for Agreement State implementation on November 30, 2010. (RATS ID: 2007-3)

- “Occupational Dose Records, Labeling Containers, and Total Effective Dose Equivalent,” 10 CFR Parts 19 and 20 (72 FR 68043), which was due for Agreement State implementation on February 11, 2011. (RATS ID: 2008-1)

In reviewing the State Regulation Status (SRS) sheet, seven final regulation packages had previously been reviewed by NRC and returned to the State with comments for resolution. The Program needs to forward comment resolution of these final regulation packages to NRC for review and approval. Four proposed regulation packages have been previously submitted and reviewed by NRC; however the Program has not yet submitted these regulations in final. The Program needs to finalize these regulation changes and submit them to NRC for review. Program management is aware of the overdue regulations and is currently addressing them. The Program plans to submit final regulations to NRC by fall 2011.

f. Program Reorganizations:

There have been no reorganizations since the 2009 IMPEP.

g. Changes in Program Budget/Funding:

Currently the Program is sixty percent fee funded, with most of the other funds obtained from the general revenue fund. With the passing of Senate bill 803 (see section 4.e.), by the end of 2012 the Program will be seventy five percent fee funded.

5. Event Reporting:

The Program communicates reportable incidents to the NRC Operations Center and Region IV when appropriate in a correct manner. Since the 2009 IMPEP, eight events were reported to the NRC. It was noted during this Periodic meeting that two events which were listed as closed by the State had a request for additional information by INL listed in the record complete section. The Program agreed to follow-up on this issue and provide information as appropriate.

6. Response to Incidents and Allegations:

The Program continues to be sensitive to notifications of incidents and allegations. Incidents are quickly reviewed for their effect on public health and safety. Staff is dispatched to perform onsite investigations when necessary. The Program is aware of the need to maintain an effective response to incidents and allegations.

7. Information Exchange and Discussion:

a. Current State Initiatives:

There are none at this time.

b. State's Mechanisms to Evaluate Performance:

The Program Manager compiles quarterly reports that are provided to the Branch Chief and Section Chief for the Radiation Control Program. The Program staff compiles monthly reports that are provided to the Program Supervisor stating what they are working on and what has been accomplished in the previous month. The Program Manager performs annual accompaniments of all the inspection staff to ensure they are performing at the expected level. Accompaniments are even more frequent for newer staff.

c. Large, complicated, or unusual authorizations for use of radioactive materials:

The Program has one ongoing decommissioning project. Currently decommissioning of this site is waiting for funding from DOE which is on hold due to the continuing resolution. The characterization of the site has been completed and a majority of the cleanup needed is chemical in nature, however there is some radiological cleanup needed. The Program will need to approve the final decommissioning plan once funding becomes available.

## APPENDIX E

### LICENSING CASEWORK REVIEWS

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

File No.: 1 Licensee: Summit Medical Center Type of Action: Amendment Date Issued: 9/29/10	License No.: ARK-0691-02120 Amendment No.: 29 License Reviewers: AH, KA
File No.: 2 Licensee: Mercy Medical Center Type of Action: Amendment Date Issued: 6/22/10	License No.: ARK-0426-02120 Amendment No.: 67 License Reviewers: KA, JT
File No.: 3 Licensee: Johnson Regional Medical Center Type of Action: Amendment Date Issued: 3/25/10	License No.: ARK-0523-02120 Amendment No.: 32 License Reviewers: KA, JT
File No.: 4 Licensee: Huntington Testing Laboratories Type of Action: Amendment Date Issued: 3/25/10	License No.: AKR-0723-03121 Amendment No.: 10 License Reviewers: KA, JT
File No.: 5 Licensee: Helena Regional Medical Center Type of Action: Amendment Date Issued: 3/25/10	License No.: ARK-0415-02121 Amendment No.: 43 License Reviewers: TK, JT
File No.: 6 Licensee: Henderson State University Type of Action: Renewal Date Issued: 1/27/11	License No.: ARK-0350-03620 Amendment No.: 13 License Reviewers: SM, DS
File No.: 7 Cat Clinic of Conway Type of Action: Termination Date Issued: 6/25/10	License No.: ARK-0945-02400 Amendment No.: 6 License Reviewers: KA, SM



File No.: 8

Licensee: Clean Harbors El Dorado, L.L.C.  
Type of Action: Renewal  
Date Issued: 1/21/11

License No.: ARK-0557-03120  
Amendment No.: 22  
License Reviewers: AM, JT

Comment:

This renewed license was given a 7-year expiration date instead of a 5-year expiration date in accordance with new Program policy and procedure.

File No.: 9

Licensee: URS Energy & Construction  
Type of Action: Renewal  
Date Issued: 10/27/10

License No.: ARK-0837-03320  
Amendment No.: 13  
License Reviewers: DS, JT

Comment:

License document not marked as containing sensitive information.

File No.: 10

Licensee: Bennett and Associates, Inc.  
Type of Action: Renewal  
Date Issued: 7/7/10

License No.: ARK-0751-03225  
Amendment No.: 6  
License Reviewers: LP, JT

File No.: 11

Licensee: NEA Baptist Clinic  
Type of Action: Renewal  
Date Issued: 4/5/11

License No.: ARK-0925-02201  
Amendment No.: 12  
License Reviewers: AH, KA

File No.: 12

Licensee: Cardiovascular Consultants of N. Central Arkansas  
Type of Action: Renewal  
Date Issued: 8/23/10

License No.: ARK-0901-02201  
Amendment No.: 8  
License Reviewers: KA, LP

File No.: 13

Licensee: Subsurface Xplorations, LLC.  
Type of Action: Amendment  
Date Issued: 8/24/10

License No.: ARK-1018-03121  
Amendment No.: 2  
License Reviewers: TK, LP

File No.: 14

Licensee: Hill & Hill Construction Company, Inc.  
Type of Action: Renewal  
Date Issued: 7/9/10

License No.: ARK-0830-03121  
Amendment No.: 5  
License Reviewers: LP, KA

File No.: 15

Licensee: Delta Asphalt of Arkansas, Inc.  
Type of Action: Amendment  
Date Issued: 3/3/11

License No.: ARK-0811-03121  
Amendment No.: 25  
License Reviewers: TK, SM

File No.: 16

Licensee: Hembree Mercy Cancer Center  
Type of Action: Renewal  
Date Issued: 8/26/10

License No.: ARK-0824-02120  
Amendment No.: 24  
License Reviewers: KA, SM

File No.: 17

Licensee: St. Vincent Infirmiry Medical Center  
Type of Action: Amendment  
Date Issued: 4/7/10

License No.: ARK-0394-02120  
Amendment No.: 137  
License Reviewers: AM, JT

Comment:

License document marked incorrectly as amended in its entirety. This wording applied to the renewal done in previous amendment 136.

File No.: 18

Licensee: Ouachita Baptist University  
Type of Action: Amendment  
Date Issued: 1/24/11

License No.: ARK-0044-01120  
Amendment No.: 17  
License Reviewers: KA, JT

File No.: 19

Licensee: H & H X-Ray Services  
Type of Action: Amendment  
Date Issued: 10/11/10

License No.: ARK-0650-03320  
Amendment No.: 21  
License Reviewers: LP, SM

Comments:

- a. License document not marked as containing sensitive information.
- b. Amendment request document from licensee not present in file.

File No.: 20

Licensee: BJ Services Company  
Type of Action: New  
Date Issued: 11/17/09

License No.: ARK-1014-03121  
Amendment No.: 0  
License Reviewers: NS, DS

ATTACHMENT

May 25, 2011 Letter from Nathaniel Smith, MD, MPH  
Arkansas' Response to the Draft Report  
ADAMS Accession No.: ML111470816



# Arkansas Department of Health

4815 West Markham Street • Little Rock, Arkansas 72205-3867 • Telephone (501) 661-2000

Governor Mike Beebe

Paul K. Halverson, DrPH, FACHE, Director and State Health Officer

May 25, 2011

Monica L. Orendi, Regional State Agreement Officer  
U.S. Nuclear Regulatory Commission, Region I  
475 Allendale Road  
King of Prussia, Pennsylvania 19406-1415

Dear Ms. Orendi:

The Department has received and reviewed the Draft Integrated Materials Performance Evaluation Program (IMPEP) report dated April 29, 2011. The Draft report appears to be accurate and reflects the activities of the Radioactive Materials Program.

We would like to make one recommendation to be included in the Final IMPEP report. In Section 2.3 Technical Quality of Licensing Actions, please include the following information regarding the security markings of the Increased Controls Radioactive Materials licenses.

*All 22 Increased Control licenses have been labeled with the following security markings; "OFFICIAL USE ONLY – SECURITY-RELATED INFORMATION". ALL of these license files have also been labeled; "OFFICIAL USE ONLY". These actions were completed on April 28, 2011.*

The Department is appreciative of the favorable findings contained in the report. We would like to thank the IMPEP team members for their professionalism and guidance during the on-site visit.

If you should have any questions or need additional information from the Radioactive Materials Program, please contact Jared Thompson at 501-661-2173.

Sincerely,

Nathaniel Smith, MD, MPH  
Director for Public Health Programs and  
State Epidemiologist

cc: Renee Mallory, Branch Chief  
Health Systems Licensing & Regulation Branch  
Bernard Bevill, Section Chief  
Radiation Control Section  
Jared W. Thompson, Program Manager  
Radioactive Materials Program

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