



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

November 7, 2014

Mr. Scott Thompson  
Executive Director  
Department of Environmental Quality  
P.O. Box 1677  
Oklahoma City, OK 73101-1677

Dear Mr. Thompson:

On October 24, 2014, the Management Review Board (MRB) met to consider the proposed final Integrated Materials Performance Evaluation Program (IMPEP) report on the Oklahoma Agreement State Program. The MRB found the Oklahoma program adequate to protect public health and safety and compatible with the U.S. Nuclear Regulatory Commission's program.

Section 5.0, page 12, of the enclosed final report contains a summary of the IMPEP team's findings and recommendations. The review team made two recommendations in regard to program performance by the Oklahoma Agreement State Program during this review. The MRB determined the recommendation concerning information security could be removed since the Oklahoma program took action following the onsite review to fully address the issue. We request your evaluation and response to the second recommendation in the report within 30 days from receipt of this letter. Based on the results of the current IMPEP review, the next full review of the Oklahoma Agreement State Program will take place in approximately 4 years, with a periodic meeting tentatively scheduled for August 2016.

S. Thompson

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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,

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Roy P. Zimmerman  
Acting Deputy Executive Director for  
Materials, Waste, Research, State, Tribal and  
Compliance Programs  
Office of the Executive Director for Operations

Enclosure:  
Oklahoma Final IMPEP Report

cc: Bill Dundulis, RI  
Organization of Agreement States  
Liaison to the MRB

Jimmy D. Givens, Deputy Executive Director  
Department of Environmental Quality

Mike Broderick, Manager  
Radiation Management Section



INTEGRATED MATERIALS PERFORMANCE EVALUATION PROGRAM  
REVIEW OF THE OKLAHOMA AGREEMENT STATE PROGRAM

August 4–8, 2014

**FINAL REPORT**

Enclosure

## **EXECUTIVE SUMMARY**

This report presents the results of the Integrated Materials Performance Evaluation Program (IMPEP) review of the Oklahoma Agreement State Program. The review was conducted during the period of August 4–8, 2014, by a review team composed of technical staff members from the U.S. Nuclear Regulatory Commission (NRC) and the State of Kansas.

Based on the results of this review, Oklahoma's performance was found satisfactory for all performance indicators reviewed. The review team made two recommendations concerning program performance by the State regarding the marking of sensitive information/securing of documents and incident reporting and follow-up. In the Management Review Board (MRB) discussion of the IMPEP team's recommendations, the MRB determined the recommendation concerning information security could be removed since the Oklahoma program took action following the onsite review to fully address the issue (Section 3.4). In addition, the review team determined that the four recommendations from the 2010 IMPEP review should be closed.

Accordingly, the review team recommended, and the MRB agreed, that the Oklahoma Agreement State Program be found adequate to protect public health and safety and compatible with the NRC's program. The review team recommended, and the MRB, that the next IMPEP review take place in approximately 4 years and that a periodic meeting be held in 2 years.

## 1.0 INTRODUCTION

This report presents the results of the review of the Oklahoma Agreement State Program. The review was conducted during the period of August 4-8, 2014, by a review team composed of technical staff members from the U.S. Nuclear Regulatory Commission (NRC) and the State of Kansas. 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 September 18, 2010 to August 8, 2014, were discussed with Oklahoma managers on the last day of the review.

A draft of this report was issued to Oklahoma on September 2, 2014, for factual comment. Oklahoma responded to the findings and conclusions of the review by letter dated September 18, 2014. A copy of the State's response is included as an attachment to this report. The Management Review Board (MRB) met on October 24, 2014, to consider the proposed final report. The MRB found the Oklahoma Agreement State Program adequate to protect public health and safety, and compatible with the NRC's program.

The Oklahoma Agreement State Program is administered by the Radiation Management Section (the Section) which is located within the Land Protection Division (the Division). The Division is part of the Department of Environmental Quality (The Department). Organization charts for the Department, the Division, and the Section are included as Appendix B.

At the time of the review, the Oklahoma Agreement State Program regulated 224 specific licenses authorizing possession and use of radioactive 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 Oklahoma. The Agreement includes source material only when it is used to take advantage of the density and high-mass property where the use of the specifically licensed source material is subordinate to the primary specifically licensed use of either 11e.(1) byproduct material or special nuclear material.

In preparation for the review, a questionnaire addressing the common and applicable non-common performance indicators was sent to the Section on April 24, 2014. The Section provided its response to the questionnaire on July 19, 2014. A copy of the questionnaire response can be found in NRC's Agencywide Documents Access and Management System (ADAMS) using the Accession Number ML14216A025.

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

## 2.0 STATUS OF ITEMS IDENTIFIED IN PREVIOUS REVIEWS

During the previous IMPEP review, which concluded on September 17, 2010, the review team made four recommendations regarding the Oklahoma Agreement State Program's performance. The status of each recommendation is as follows:

**Recommendation 1:** "The review team recommends that the Section take appropriate measures to conduct their inspection program in a sustainable manner by continuing to implement their corrective action program. (Section 3.2 of the 2010 IMPEP report)"

**Status:** The Section has continued to implement its corrective action program as identified during the 2010 IMPEP review. The review team calculated that the Section performed 5.6 percent of its Priority 1, 2, 3, and initial inspections overdue during the review period which is significantly less than the 17.9 percent that were performed overdue during the previous review period. The review team determined that the Section is adequately tracking and performing inspections to ensure that the number of inspections performed overdue is less than 10 percent. Pursuant to Management Directive (MD) 5.6 the Section needs to complete less than 10 percent of Priority 1, 2, 3, and initial inspections overdue during a review period to meet one of the criteria for a satisfactory rating. This recommendation is closed.

**Recommendation 2:** "The review team recommends that the Section retrain its staff to gain increased familiarity with the regulations under 10 CFR Part 35 and the appropriate NRC guidance documents for medical use authorizations. (Section 3.4 of the 2010 IMPEP report)"

**Status:** The Section made a request to the NRC Region IV office to provide on-site training, involving medical licensing requirements, to its staff. A Region IV staff member provided a two day training presentation on medical licensing to Section staff shortly after the 2010 IMPEP review. The Section also performed an audit of its medical licenses during the review period and found that the issues as mentioned during the 2010 IMPEP review had been resolved. The review team found that medical licensing actions were completed appropriately and found no additional issues in regards to the Section's performance of medical licensing actions completed during the review period. This recommendation is closed.

**Recommendation 3:** "The review team recommends that the Section take measures to ensure proper documentation and appropriate response, review, enforcement, and follow up of all radioactive materials incidents. (Section 3.5 of the 2006 and 2010 IMPEP reports)"

**Status:** After the 2010 IMPEP review, measures taken by the Section included developing and implementing a standard operating procedure and flowchart for responding to incidents and allegations. The standard operating procedure and flowchart ensures that proper documentation and appropriate response, review, enforcement, and follow-up of radioactive materials incidents are achieved. The Section received initial training on the standard operating procedure after it was finalized. Documentation of incidents is officially maintained

in license files per Section policy. General information describing the incident is maintained the Section's database as well as in the Section's local version of the Nuclear Materials Events Database (NMED). While some incidents were reported late during the review period, the IMPEP team determined that this did not represent a trend from what was seen during the 2006 and 2010 IMPEP reviews and that the root cause of the currently identified issue was a lack of training on the program's procedure. The procedure developed and implemented in response to the recommendation is adequate for incident response, review, enforcement, and follow up. This recommendation is closed.

**Recommendation 4:** "The review team recommends that the Section take measures to ensure proper documentation and appropriate tracking and closure of all allegations involving radioactive material. (Section 3.5 of the 2006 and 2010 IMPEP reports)"

**Status:** During the previous IMPEP review, the review team determined that the Section was not able to verify if closure information was provided to the concerned individual for one allegation the team reviewed. Since the 2010 IMPEP, the Section developed and implemented a standard operating procedure and flowchart for responding to incidents and allegations. In 2013, the Section revised the procedure to ensure the proper tracking, documentation, and closure of allegations is achieved. The review team determined that the Section has appropriately responded to the concerned individuals and that a copy of the closure letter was contained in each license file. This recommendation is closed.

### 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

Considerations central to the evaluation of this indicator include the Section'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 Section's questionnaire response relative to this indicator, interviewed managers and staff, reviewed job descriptions and training records, and considered workload backlogs.

The Oklahoma Agreement State Program is composed of a Section manager, eight technical staff positions, and one administrative staff person. Technical staff members conduct inspections, perform licensing actions, and respond to incidents and allegations, based on individual qualifications. The technical staff members also have additional responsibilities that are outside of the Agreement State Program, most notably the regulation of industrial and therapeutic x-ray and radon in Oklahoma. The Section devotes approximately 5.6 technical staff full-time equivalents (FTE) to administer the Agreement State Program which is comparable to other programs of similar size and complexity.

At the time of the review, the Section had no vacant positions. At the time of the previous review there were two vacant positions. During this four year review period, three technical staff

left the program. The departure dates for these three staff were October 2010, March 2011, and January 2012. This amounted to five total vacant positions over the four year review period. Of the three technical staff that left the Section during this review period, one retired, one left for personal reasons, and one left for a higher paying job in the private sector. The Section was able to hire four technical staff over the course of the review period. Two staff started with the Section in January 2011, one staff started with the Section in September 2011, and one staff started with the Section in May 2012. Three of the newly hired staff were hired right out of school with no prior experience and the other new hire came from another Section in the Department. All four newly hired staff have at least a bachelor of science degree. Although the Section hired four staff to cover the five vacant positions, the level of effort on the part of each staff member in regards to the Agreement State Program has increased so no overall change in FTE from the previous review has occurred. The legislature passed a fee increase that was tied to the consumer price index so that the program can be funded and account for increased costs as time goes on. The first consumer price index increase in fees went into effect on July 1, 2014, at the start of the current fiscal year. The Department suffered a significant cut in appropriations after the 2014 legislative session. Section management stated that this cut in appropriations is not currently affecting the Agreement State Program or the staffing of the Section.

The Section 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." However, the review team identified to Section staff and management that the formal qualification plan, Section 6.2: Formal Qualification Plan from the State of Oklahoma, Department of Environmental Quality, Radiation Management Section, had not been updated since December 14, 1999, which was prior to Oklahoma becoming an Agreement State. The Section's documented training program is also inconsistent with NRC's IMC 1248, "Qualification Programs for Federal and State Materials and Environmental Management Programs," which the States were required to adopt the essential elements of, as a matter of compatibility by November 2013. During the onsite review, Section management committed to updating the document to meet the latest guidance and standards described in IMC 1248. Section management stated that the Section hopes to have this completed by December 31, 2014.

The Section uses on-the-job training, such as inspector accompaniments, to supplement formal coursework. Staff members are assigned increasingly complex duties as they progress through the qualification process. The Section Manager signs off on all staff qualifications which are documented by the training coordinator and placed in staff members' training files. The review team noted that the most recently hired technical staff members were successfully progressing through the Section's qualification process. The review team concluded that the Section's training program is adequate to carry out its regulatory duties and noted that Oklahoma management supports the Section's training program.

Based on the IMPEP evaluation criteria, the review team recommended, and the MRB agreed, that Oklahoma's performance with respect to the indicator, Technical Staffing and Training, be found 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 Section's questionnaire response relative to this indicator, data gathered from the Section's database, examination of completed inspection casework, and interviews with management and staff.

The review team verified that the Section's inspection frequencies for all types of radioactive material licenses are the same as similar license types listed in IMC 2800, "Materials Inspection Program." The Section conducted 162 Priority 1, 2, and 3 inspections during the review period, based on the inspection frequencies established in IMC 2800. Eleven of these inspections were conducted overdue by more than 25 percent of the inspection frequency prescribed in IMC 2800. In addition, the Section performed 33 initial inspections during the review period, none of which were conducted overdue. Overall, the review team calculated that the Section performed 5.6 percent of its inspections overdue during the review period.

The review team evaluated the Section's timeliness in providing inspection findings to licensees. A sampling of 23 inspection reports indicated that three of the inspection findings were communicated to the licensees beyond the Section's goal of 30 days after the inspection. Two of the inspection findings were inspections with no violations issued 5 days and 6 months late respectively. Section management stated that the Section was moving towards issuing a form similar to NRC's Form 591 in the field in order to be timelier with its issuance of clear inspection findings. In its response to the draft IMPEP report (attached), the Section indicated that its experienced inspectors can now issue an equivalent form to NRC's Form 591.

During the review period, the Section granted 39 reciprocity permits, 37 of which were candidate licensees based upon the criteria in IMC 1220. The review team determined that the Section met the NRC's criteria of inspecting 20 percent of candidate licensees operating under reciprocity in calendar years 2013 and 2014 and did not meet the NRC's criteria in calendar years 2011 and 2012. In the two years that the Section did not meet the NRC's criteria of inspecting 20 percent of candidate licensees operating under reciprocity the review team determined that the Section inspected 12 percent of candidate licensees in 2011 and no candidate licensees in 2012. Section management stated that the reason the Section missed the 20 percent criteria in calendar year 2011 and 2012 was due to inspecting one licensee in 2011 and two licensees in 2012, who originally came in as reciprocity licensees, after they became Oklahoma specific licensees. Had these inspections counted as inspections of candidate licensees for reciprocity the Section would have exceeded the NRC's criteria in all four years.

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

### 3.3 Technical Quality of Inspections

The review team evaluated inspection reports, enforcement documentation, and interviewed the responsible inspector for 23 radioactive materials inspections conducted during the review period. The casework examined included a cross-section of inspections conducted by six current inspectors and two former inspectors, and covered a wide variety of inspection types. These included gamma knife, diagnostic and therapeutic nuclear medicine, high dose-rate remote afterloaders, brachytherapy, industrial radiography, nuclear pharmacy, well logging, academic, portable and fixed gauges, and service providers. The casework included initial, routine, follow-up, reciprocity, and Increased Controls (IC) inspections. Appendix C lists the inspection casework files reviewed.

Based on the evaluation of casework, the review team determined that inspections covered all aspects of the licensees' radiation safety and security programs. The review team noted that the inspections evaluated IC, fingerprinting, and the National Source Tracking System when appropriate. The review team found that inspection reports were complete, consistent, and contained sufficient documentation to ensure that the licensees' performances with respect to health, safety, and security were acceptable. Inspection report documentation supported violations, recommendations made to licensees, and unresolved safety issues. The review team verified that the Section maintains an adequate supply of appropriately calibrated survey instruments to support the inspection program, as well as to respond to radioactive materials incidents and emergency situations.

The Section has a policy to accompany all staff performing radioactive materials inspections on an annual basis. The Section Manager performs most supervisory inspector accompaniments. Based on the final report for the previous IMPEP review, the Section Manager stated he believed it was acceptable for a senior inspector, who is not a supervisor, to accompany inspectors in lieu of the Manager conducting the accompaniment. The review team discussed with the Section manager that State Agreements procedure [SA-102](#) "Technical Quality of Inspections," states that "Inspectors should be accompanied by their supervisor at least annually as described in the U.S. NRC Inspection Manual Chapter 2800, Materials Inspection Program." In the event that an inspector is not accompanied by his/her supervisor in a particular calendar year, it should be documented in the inspector's personnel file. In Agreement States where the program manager is the immediate supervisor, accompaniments may be performed by experienced senior staff instead of the program manager, if the program manager is fulfilling other obligations. In an Agreement State that is experiencing staffing issues where there is a vacancy in a supervisory position, the accompaniments may be performed by experienced senior staff during the time the vacancy is "unfilled". This was discussed with the Section Manager who stated that he would conduct all supervisory accompaniments from now on. The review team also noted that one senior inspector was not accompanied during the 2011 calendar year. The review team verified that all other staff members that regularly perform inspections were accompanied by the Section Manager or a senior inspector annually during the review period.

The review team accompanied four of the Section's inspectors during the period of June 23-27, 2014. The inspectors conducted inspections of two well logging licensees, an industrial radiography licensee, and an academic Type A broad scope licensee. The inspector accompaniments are listed in Appendix C. The inspectors demonstrated performance-based

inspection techniques and had knowledge of the regulations. The inspectors were well trained, prepared for the inspections, and thorough in their audits of the licensees' radiation safety and security programs. The inspectors conducted interviews with appropriate personnel, observed licensed operations, conducted confirmatory measurements, and utilized good health physics practices. 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 Oklahoma's performance with respect to the indicator, Technical Quality of Inspections, be found satisfactory.

### 3.4 Technical Quality of Licensing Actions

The review team examined completed licensing casework and interviewed license reviewers for 28 licensing actions covering 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, security requirements, operating and emergency procedures, appropriateness of license conditions, and overall technical quality. The casework was also reviewed for timeliness, use of appropriate correspondence, reference to appropriate regulations, supporting documentation, consideration of enforcement history, pre-licensing visits, peer 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 1 new license, 4 renewals, 21 amendments, and 2 license terminations. Casework reviewed included a cross-section of license types, including: medical and academic broadscope, medical institution, nuclear pharmacy, mobile nuclear medicine, industrial radiography, gauges, well logging, service provider and self-shielded irradiator. A listing of the licensing casework reviewed can be found in Appendix D.

All licensing actions received by the Section are assigned a log number and entered into the license database tracking system called RADMAN. Once the action is entered into the database, the Section Manager reviews the action and assigns it to a license reviewer. All licensing actions are reviewed by a peer license reviewer prior to having a final approval and signature by the Section Manager. The licensing staff uses formal correspondence to licensees for technical notices of deficiencies. The review team assessed that there was not a backlog of licensing actions at the time of the review.

The review team found that the Section has gained increased familiarity with the regulations under 10 CFR Part 35 and the appropriate NRC guidance documents for medical use authorizations. After the previous IMPEP review, the Section requested that the NRC Region IV office provide on-site training involving medical license requirements to its staff. Accordingly, an NRC Region IV staff member provided two days of training on medical licensing for the Section management and staff. The review team determined that this training was beneficial to the Section and found that licensing actions for medical licensees performed throughout the review period were complete, consistent, and addressed health, safety, and security issues.

The review team also determined that non-medical licensing actions were thorough, complete, consistent, and addressed health, safety, and security issues. License tie-down conditions were stated clearly, backed by information contained in the file and enforceable. The review team found that actions terminating licenses were well documented, included the appropriate material survey records, and contained documentation of proper disposal or transfer of radioactive material, as appropriate.

The review team evaluated the financial assurance documents provided for two licensees. The documentation was maintained by the Section and it was determined to be appropriate, physically secured, and contained the originally signed documents. The review team determined that the Section was not tracking when financial assurance documents were due for re-evaluation. The Section Manager indicated that the Section would develop a license condition to state when the financial assurance documents were due for re-evaluation. The review team also determined that the financial assurance documents and determination of licenses that required financial assurance were adequate.

The review team assessed the Section's implementation of the pre-licensing guidance. The Section has implemented the essential elements of the NRC's pre-licensing guidance issued on September 22, 2008, and transmitted to the Agreement States via Office of Federal and State Materials and Environmental Management Programs (FSME) Letter RCPD-08-020, "Requesting Implementation of the Checklist to Provide a Basis for Confidence That Radioactive Material Will Be Used as Specified on a License and the Checklist for Risk-Significant Radioactive Material." Based on the files reviewed, the review team determined that the assigned license reviewer conducted the respective pre-licensing visit prior to the issuance of the license. The pre-licensing checklists were documented sufficiently and the licenses were issued from the office under the Section Manager's signature.

The Section has addressed maximum possession limits on radioactive materials licenses as requested by RCPD-10-007 letter dated June 21, 2010. The Section identified the licenses affected and sent letters to the respective licensees requesting information for the maximum possession limit authorization.

The review team evaluated the Section's handling and storing of sensitive documents. The review team noted that the radioactive materials license files were maintained in a secured location that was accessed by the central records administration staff. The Section has to request the license files from the central records staff. Warning labels on all license files alert staff to ensure that files are appropriately reviewed by the Section for sensitive or security-related information prior to being released to a member of the public under the State's Freedom of Information laws. The review team also noted that although the files were secured while in the Central Records room, the files were not adequately stored or secured while signed out to an individual for use during an inspection or licensing action. The review team determined that Section staff will leave files in unsecured office cabinets and drawers when leaving their desk or when going home for the evening. This was discussed with the Section manager who stated that the Section was aware of the issue and had placed an order for each staff member to have a locking file cabinet at their desk. The Section stated in its response to the draft report (attached), that it had begun implementing guidance on the control of documents and also had begun marking documents containing sensitive information. The Section also

stated that locking cabinets were received and staff locks up documents when they are not in use.

The review team also determined that the Section was not consistently marking documents contained within files that contained sensitive or security-related information. This was discussed with the Section manager who stated that the Section would also mark inspection documents and out-going correspondence that contained sensitive or security-related information, in the same manner that the Section marked licensing documents related to Increased Controls. The Section manager subsequently notified all staff via email of the importance of marking documents containing sensitive or security related information. Lastly the Section stated during the MRB that the draft policy, "Information Security Standard Operating Procedure," for document handling and marking was finalized since the onsite review. The policy requires the proper marking of inspection reports, license documents, and licensee correspondence, as containing sensitive information, if applicable, according to the screening criteria specified in NRC Regulatory Issue Summary RIS-2005-31 which was issued to the Agreement States in RCPD 11-005 dated May 11, 2011. The review team had recommended in the draft report that the Section should finalize its information security policy to ensure proper marking, handling, and storing of sensitive documents. The review team did not discover any evidence of an unintended release or unauthorized disclosure of sensitive information. The MRB discussed and directed that the recommendation concerning information security could be removed since the Oklahoma program took action following the onsite review to fully address the issue by finalizing its policy and obtaining the locking cabinets.

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

### 3.5 Technical Quality of Incident and Allegation Activities

In evaluating the effectiveness of the Section's actions in responding to incidents and allegations, the review team examined the Section's response to the questionnaire relative to this indicator, evaluated selected incidents reported for Oklahoma in NMED against those contained in the Section's files, and evaluated the casework for 14 radioactive materials incidents. A list of the incident casework examined, with case-specific comments, may be found in Appendix E. The review team also evaluated the Section's response to five allegations involving radioactive materials, including one allegation referred to the State by the NRC during the review period.

The incidents selected for review included the following categories: lost/stolen radioactive material, potential overexposures, equipment failures, and leaking sources. The review team identified 15 radioactive material incidents in NMED for Oklahoma which required reporting during the review period. The review team determined that for 5 of the 15 incidents requiring reporting to the NRC, the Section was not timely in reporting the incident to the NRC or NMED as established in the FSME Procedure [SA-300](#) "Reporting Material Events."

Initial responses were prompt and well-coordinated, and the level of effort was commensurate with the health and safety significance of the incident. The Section's policy is to perform a reactive inspection for all incidents. During the review period, the timeframe for the start of the

reactive inspection ranged from immediately after notification to several weeks later depending on the significance of the incident. The Section dispatched inspectors for on-site investigations in all of the cases reviewed and took suitable enforcement and follow-up actions. The review team determined that the Section's response to incidents was complete and comprehensive in all but one case. In that case, the review team determined that the Section had not thoroughly documented the Section's response to a scrap alarm incident. This case appeared to be an isolated occurrence at the beginning of the review period, and therefore, no performance trend was identified. The case file in question lacked the documentation needed to support a dose calculation for a member of the public. At the time of the review, the Section staff could not answer the review team's questions about the dose calculations for members of the public who may have been exposed as a result of the incident. The dose calculated for the member of the public was not reproducible because of incomplete dose calculation documentation in the file. The case file indicated the dose to the member of the public was less than the regulatory limits for members of the public (100 millirem annually), but exactly how the Section staff came to that conclusion was not fully explained or supported by documentation in the case file.

The review team examined the Section's implementation of its incident and allegation processes, including written procedures for handling allegations and incident response, file documentation, notification of incidents to the NRC Headquarters Operations Center, and the use of NMED software. When notification of an incident or an allegation is received, the Section manager determines the appropriate level of initial response and assigns it to an inspector for additional follow-up. Management stated that when the incident or allegation is assigned to a staff member, the staff is expected to follow the flowchart and standard operating procedures to initiate a reactive inspection. During interviews with the staff, some of the staff indicated that the management expectations for the use of the flowchart and incident response procedures were not clearly understood by all staff and that some staff had not been provided training on the procedure or management expectations with respect to incident response. As mentioned above the review team found that 5 of 15 incidents were reported late to either the NRC or NMED and one incident case file contained incomplete documentation. Consequently, the review team recommends that the Section provide additional training to the staff on the Section's revised standard operating procedure "Environmental Complaints Program" and associated flowcharts to ensure consistent, timely, and accurate reporting and adequate follow-up of incidents.

In evaluating the effectiveness of the Section's response to allegations, the review team evaluated the completed casework for five allegations, including one that NRC referred to the State during the review period. The review team determined that the Section took prompt and appropriate actions in response to concerns raised. The review team determined that the Section documented the investigations of concerns and retained all necessary documentation to appropriately close the allegations. The Section notified the concerned individuals of the conclusion of their investigations. The review team determined that the Section adequately protected the identity of concerned individuals when applicable.

Based on the IMPEP evaluation criteria, the review team recommended, and the MRB agreed, that Oklahoma's performance with respect to the indicator, Technical Quality of Incident and Allegation Activities, be found 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. The NRC's Agreement with Oklahoma does not relinquish regulatory authority for sealed source and device evaluation, low level radioactive waste disposal, or uranium recovery program; therefore, only the first non-common performance indicator applied to this review.

##### 4.1 Compatibility Requirements

###### 4.1.1 Legislation

Oklahoma became an Agreement State on September 29, 2000. The current effective statutory authority is contained in the Radiation Management Act Chapter 27A, of the Oklahoma Statutes, section 2-9-101 et seq. The Department is designated as the State's radiation control agency. The Section implements the radiation control program.

The review team noted that one piece of legislation affecting the radiation control program was amended during the review period. Chapter 51 of the Oklahoma Statutes Section 24A.1 et seq. is the Open Records Act. In 2013, section 24A.28 was amended by adding a subsection A.9 which allows for records received, maintained, or generated by the Department that contain information regarding sources of radiation in quantities determined by the NRC to be significant to public health and safety and when the information could reasonably be expected to have an adverse effect on public health and safety by increasing the likelihood of theft, diversion, or sabotage, to be kept confidential.

###### 4.1.2 Program Elements Required for Compatibility

The Oklahoma regulations governing radiation protection requirements are located in Chapter 410 of the Oklahoma Administrative Code and apply to all ionizing radiation. Oklahoma requires a license for possession and use of all radioactive material for which they are granted authority under their Agreement.

The review team examined the administrative rulemaking process and found that the process takes approximately 18 months from the development stage to the final approval. This time frame increased from the previous review due to an amendment to procedures for promulgating rules that occurred in 2014. Section management stated that although the procedure was amended it should not impact Oklahoma's ability to promulgate regulations within the three year timeframe established by the NRC. The public, NRC, other agencies, and potentially impacted licensees and registrants are offered an opportunity to comment during the process. Comments are considered and incorporated, as appropriate, before the regulations are finalized.

The review team noted that the State's rules and regulations are not subject to sunset laws. The State may adopt the regulations of another agency by reference and also has the authority to issue legally binding requirements (e.g., license conditions) in lieu of regulations until compatible regulations become effective.

The review team evaluated Oklahoma's response to the questionnaire relative to this indicator, 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 State Regulation Status Sheet that FSME maintains. During the review period, the Section submitted 17 final regulation amendments to the NRC for a compatibility review. Current NRC policy requires that Agreement States adopt certain equivalent regulations or legally-binding requirements no later than 3 years after they become effective. None of the amendments were overdue for State adoption at the time of submission. The NRC's compatibility review resulted in no comments that need to be addressed by the State in upcoming rulemaking activities.

At the time of this review, there were no amendments overdue for adoption. A complete list of regulation amendments can be found on the NRC website at the following address: [http://nrc-stp.ornl.gov/rss\\_regamendments.html](http://nrc-stp.ornl.gov/rss_regamendments.html).

Based on the IMPEP evaluation criteria, the review team recommended, and the MRB agreed, that Oklahoma's performance with respect to the indicator, Compatibility Requirements, be found satisfactory.

## 5.0 SUMMARY

As noted in Sections 3.0 and 4.0 above, Oklahoma's performance was found satisfactory for all six performance indicators reviewed. The review team made two recommendations regarding program performance by the State and determined that the four recommendations from the 2010 IMPEP review should be closed. In MRB discussion of the IMPEP team's recommendations, the MRB determined the recommendation concerning information security could be removed since the Oklahoma program took action following the onsite review to fully address the issue.

Accordingly, the review team recommended, and the MRB agreed, that the Oklahoma Agreement State Program be found adequate to protect public health and safety and compatible with the 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 take place in approximately 4 years and a periodic meeting be held with the State in approximately 2 years.

Below is the review team's recommendation, as mentioned in the report, for evaluation and implementation by the State:

### RECOMMENDATION

The review team recommends that the Section provide additional training to the staff on the Section's revised standard operating procedure "Environmental Complaints Program" and associated flowcharts to ensure consistent, timely, and accurate reporting and adequate follow-up of incidents. (Section 3.5)

## LIST OF APPENDICES

Appendix A	IMPEP Review Team Members
Appendix B	Oklahoma Organization Charts
Appendix C	Inspection Casework Reviews
Appendix D	License Casework Reviews
Appendix E	Incident Casework Reviews

APPENDIX A

IMPEP REVIEW TEAM MEMBERS

<b>Name</b>	<b>Area of Responsibility</b>
Monica Ford, Region I	Team Leader Status of Materials Inspection Program Compatibility Requirements
Binesh Tharakan, Region IV	Technical Staffing and Training Technical Quality of Incidents and Allegation Activities
Shawn Seeley, Region I	Technical Quality of Inspections
Judee Walden, Kansas	Technical Quality of Licensing Actions

APPENDIX B

OKLAHOMA ORGANIZATION CHARTS

ADAMS ACCESSION NO.: ML14216A042

# ENVIRONMENTAL QUALITY BOARD

## OFFICE OF THE EXECUTIVE DIRECTOR

Executive Director  
Scott A. Thompson  
  
Deputy Executive Director  
Jimmy Givens

**OFFICE OF EXTERNAL AFFAIRS**  
Director, Lloyd Kirk  
Asst. Director, Tim Ward  
Eng. Mgr, Saba Tahmassebi

**OFFICE OF COMMUNICATIONS**  
Admin. Prog. Officer, Skylar McElhaney

**LEGAL SERVICES**

General Counsel Martha Penisten	Deputy General Counsel Sarah Penn
AQD Env. Attorney Supervisor Robert Singletary	LPD Env. Attorney Supervisor Vacant
WQD Env. Attorney Supervisor Betsey Streuli	ECLS Env. Attorney Supervisor Trevor Hammons

**CRIMINAL INVESTIGATORS**  
Env. Prog. Mgr, Dennis Williams

Small Business Assistance Compliance Advisory Panel	Air Quality Council
--	---------------------

Water Quality Mgmt. Advisory Council	Hazardous Waste Mgmt. Advisory Council
	Radiation Mgmt. Advisory Council
	Solid Waste Mgmt. Advisory Council

**ADMINISTRATIVE SERVICES DIVISION**

Acting Director, Catherine Sharp  
Acting Asst. Director, Roy Walker  
Prog. Mgr, Monte Boyce

Financial Management  
-Amber Miller

Human Resources & Records  
Mgmt.  
-Karla Addington

Budgets, Payables, & Grants Mgmt.  
Section  
-Kellie Moore

Revenue Mgmt. Section  
-Mark Hardisty

Human Resources Mgmt. Section  
-Melanie Leathers

Acquisition Mgmt. Section  
-Irelita Jones

Building Operations  
-Phill Sanger

Records Mgmt. Section  
-Rhonda Craig

Administrative Section  
-Vacant

**AIR QUALITY DIVISION**

Director, Eddie Terrill  
Asst. Director, Beverly Botchlet-Smith  
Eng. Mgr, Dawson Lasseter

Data & Planning  
-Scott Thomas

Permitting  
-Phillip Fielder

Enforcement  
-Kendal Cody Stegmann

Emission Inventory Section  
-Mark Gibbs

Rules & Planning Section  
-Cheryl Bradley

Technical Resources & Projects Section  
-Randy Ward

Monitoring Section  
-Kent Stafford

Existing Source Permit Section  
-Phillip Martin

New Source Permit Section  
-Richard Kienlen

Enforcement Section  
-Rick Groshong

Compliance Section  
-Melanie Foster

Reg. Office at Tulsa Air Program Section  
-Rhonda Jeffries

Quality Assurance  
-Jeffrey Davidson

Engineering Section  
-Lee Warden

Surveillance Section  
-Brad Flaming

Infrastructure Mgmt & Program Services  
-Keith Duncan

**COMPLAINTS & LOCAL SERVICES DIVISION**

Director, Gary Collins  
Asst. Director, David Freede

West District  
-Richard McDaniel

East District  
-Robert Huber

Programs Management  
-Lynne Moss

Complaints & Administrative  
Section  
-Debbie Nichols

Onsite Sewage & TRLs Section  
-Matt Pace

West Region Section  
-Bill Kropf

Central Region Section  
-Bruce Vande Lune

Southeast Region Section  
-Stan Ketchum

South Central Region Section  
-David Golden

North Central & Northeast Region  
Section  
-Rick Austin

Project Management  
-Vacant

Storm Water & Minor Water Section  
- Loree Boyanton

**STATE ENVIRONMENTAL LABORATORY SERVICES**

Director, Chris Armstrong  
Asst. Director, Jeff Franklin

Customer Assistance  
- Jay Wright

Organics Analysis  
- Jennifer Baughn-Fennell

Inorganic Analysis  
- Susan Mensik

GC/MS Organics Section  
- Milton Campbell

GC Organics Section  
- Skip Pierce

General Chemistry Section  
-Candace Brooks

Metal & Radiochemistry Section  
-Greg Goode

Laboratory Customer Asst. Section  
-Jayme Jones

Laboratory Accreditation Program  
-David Caldwell

Statewide Sample Management  
-Andrea Newberry

Environmental Microbiology Section  
-Cody Danielson

**WATER QUALITY DIVISION**

Director, Shellie Chard-McClary  
Asst. Director, Terry Lyhane  
Eng. Mgr, Carl Parrott  
Env. Prog. Mgr, Mark Hildebrand

Administration & Tracking  
-David Pruitt

Enforcement & Inspection  
-Patrick Rosch

Construction & Operation  
-Patty Thompson

Permitting  
-Michael Moe

PWS Compliance Tracking Section  
-Michele Welsh

Industrial Wastewater Enf. Section  
-Wayne Craney

DWSRF Section  
-Vacant

Industrial Permits Section  
-Carol Paden

Watershed Plan./Stormwater Permit. Section  
-Mark Derichsweiler

Operator Certification  
-Chris Wisniewski

Public Water Supply Enf. Section  
- Kay Coffey

Municipal Wastewater Enf. Section  
- Vacant

Municipal Permits Section  
-Vacant

Wastewater Compliance Tracking Section  
-Tom Bailey

Construction Permitting Section  
-Rocky Chen

**LAND PROTECTION DIVISION**

Director, Kelly Dixon  
Asst. Director, Vacant  
Eng. Mgr, Vacant

Solid Waste & Sustainability Unit  
-Fenton Rood

Remediation Unit  
-Rita Kottke

Hazardous Waste & Radiation Mgt.  
-Jon Roberts

Radiation Management Section  
-Mike Broderick

Site Remediation Section  
-Amy Brittain

Voluntary Cleanup Section  
-Ray Roberts

Hazardous Waste Compliance Section  
-Michael Edwards

Hazardous Waste Permitting &  
Corrective Action Section  
-Don Hensch

Solid Waste Compliance Section  
-Michael Stickney

Solid Waste Permitting Section  
-Hillary Young

Land Restoration  
-Wesley Squyres

Site Cleanup Assistance  
-Angela Hughes

Pollution Prevention Unit  
-Dianne Wilkins

Brownfields Section  
- Vacant

Used Tire Recycling Program Unit  
- Ferrella March

Quality Assurance  
-Karen Khalafian

Risk Management Section  
- Monty Elder

Vacant funded

### Land Protection Division

**Risk Management Section**  
Env. Prog. Mgr III (0536)  
Monty Elder

---

Env. Prog. Spec. III (0538)    Env. Prog. Spec. III (0541)  
Jami Murphy                      Tom Bergman

---

Env. Prog. Spec. II (1411)  
Jimmy Carter

Acting Division Director (0963)    Env. Programs Manager IV (0255)  
Kelly Dixon                              Fenton Rood

---

Secretary IV (0966)                      **Engineering Manager (1598)**  
Mary Johnson                              **Vacant**

**Legal Counsel**

---

**Env. Attorney Supv. (0065)**                      Env. Attorney III (0024)  
**Vacant**    Pam Dizikes

---

Env. Attorney II (0032)                      Env. Attorney I (0012)  
Thomas Alford                                  Stephen Baldrige

**DEQ Quality Assurance Officer**  
Env. Prog. Mgr II (0901)  
Karen Khalafian

---

Env. Prog. Spec. III (0991)    Env. Prog. Spec. III (1005)  
Clint Cook                      Carol Bartlett

**Solid Waste & Sustainability Unit**  
**Env. Prog. Mgr. (1019)**  
**Vacant**  
Secretary II (1149)  
Michele Woods

**Remediation Unit**  
Env. Prog. Mgr III (1648)  
Rita Kottke  
Secretary II (1118)  
Linda Yarber

**Hazardous Waste & Radiation Mgmt.**  
Env. Prog. Mgr III (1653)  
Jon Roberts  
Secretary II (0911)  
Traci Kelly

**Solid Waste Permitting Section**  
Engineering Mgr II (0942)  
Hillary Young

**Solid Waste Compliance Section**  
Env. Prog. Mgr II (1020)  
Michael Stickney

**Site Remediation Section**  
Env. Prog. Mgr II (1042)  
Amy Brittain

**Site Cleanup Assistance**  
Env. Prog. Mgr. II (1028)  
Angela Hughes

**Voluntary Cleanup & Brownfields Section**  
Env. Prog. Mgr II (1040)  
Ray Roberts

**Radiation Mgmt Section**  
Env. Prog. Mgr II (0915)  
Mike Broderick  
Secretary I (0959)  
Suzanne Curry

**Hazardous Waste Compliance Section**  
Env. Prog. Mgr III (1009)  
Michael Edwards

**Hazardous Waste Permitting & Corrective Action Section**  
Engineering Mgr II (0944)  
Don Hensch

**Land Disposal Facilities Unit**

---

Engineer Intern IV (0948)  
Cynthia Hailes

---

Engineer Intern II (1145)  
Rachel Hanigan

---

**Engineer Intern (1142)**  
**Vacant**

**Solid Waste Inspection Unit**

---

Env. Prog. Spec. IV (0982)  
Melissa Adler-McKibben

---

Env. Prog. Spec. IV (0998)  
John Gowan

---

Env. Prog. Spec. I (0997)  
Kelly Dillow

**Site Assessment Unit**

---

Env. Prog. Spec. IV (1007)  
Hal Cantwell

---

Env. Prog. Spec. IV (0979)  
Amber Edwards

---

Env. Prog. Spec. IV (0995)  
Aron Samwel (.75)

Prof. Engineer III (0949)  
David Cates

---

Env. Prog. Spec. IV (1038)  
Dustin Davidson

---

Env. Prog. Spec. III (1126)  
Brian Stanila

---

Env. Prog. Spec. II (0988)  
Brittany Downs

**Voluntary Cleanup Unit**

---

Env. Prog. Spec. III (1032)  
Kendel Posey

---

Env. Prog. Spec. III (0975)  
Jonathan Reid

---

Env. Prog. Spec. III (0149)  
James Paul Davis

---

Env. Prog. Spec. II (1030)  
Jordan Caldwell

---

Env. Prog. Spec. I (1024)  
Brian Sanford

**Compliance Unit**

---

Env. Prog. Spec. IV (1000)  
Kevin Sampson

---

Env. Prog. Spec. III (0969)  
Elizabeth McCaskill

---

Env. Prog. Spec. II (0988)  
Jennifer McAllister

---

Env. Prog. Spec. II (0989)  
Katelyn Deaton

**Inspection Unit**

---

Env. Prog. Spec. IV (0143)  
Clifton Hoyle

---

Env. Prog. Spec. IV (1409)  
Ryan Kirk

---

Env. Prog. Spec. III (1036)  
Christina Coffel

---

Env. Prog. Spec. II (1026)  
Lixia Chen

---

Env. Prog. Spec. I (0999)  
Roarke Blackwell

**Hazardous Waste Permitting Unit**

---

Prof. Engineer III (0950)  
Sampson Ukpaka

---

Prof. Engineer III (0953)  
J. David Lawson

---

Prof. Engineer I (1141)  
Adrian Simmons

---

Engineer Intern II (1140)  
Orphius Mohammad

**Underground Injection Control Unit**

---

Engineer Intern II (1624)  
Martha Grafton

**Used Tire Recycling Program Unit**  
Env. Prog. Mgr II (1655)  
Ferrella March

---

Env. Prog. Spec. III (1033)  
Kole Kennedy

---

Env. Prog. Spec. III (1002)  
Jeffery Schultz

**Remediation Unit**

---

Prof. Engineer III (1138)  
Dennis Datin

---

Env. Prog. Spec. IV (0980)  
Sara Downard

---

Env. Prog. Spec. III (0977)  
Todd Downham

**Brownfields Section**  
**Env. Prog. Mgr (0978)**  
**Vacant**

---

Env. Prog. Spec. IV(1001)  
Heather Mallory

---

Env. Prog. Spec. II (0747)  
Rachel Francks

---

Env. Prog. Spec. II (1037)  
Alisha Grayson

---

Env. Prog. Spec. I (1031)  
Brooke Holleman

**Inspection Unit**

---

Prof. Engineer III (1144)  
John Flynn

---

Env. Prog. Spec. IV (0981)  
Keisha Cornelius

---

Env. Prog. Spec. IV (0993)  
Michelle Brewer

---

Env. Prog. Spec. II (0994)  
Michael Reid

**Data Management Unit**

---

Env. Prog. Spec. IV (1006)  
Al Coulter

---

Env. Prog. Spec. IV (0986)  
T. Jonathan King

**Groundwater Assessment Unit**

---

Env. Prog. Spec. III (1034)  
Askari Zaidi

---

Env. Prog. Spec. III (1035)  
Gail Hamill

## APPENDIX C

### INSPECTION CASEWORK REVIEWS

NOTE: CASEWORK LISTED WITHOUT COMMENT IS INCLUDED FOR COMPLETENESS.

File No.: 1

Licensee: Advanced Inspection Technologies, Inc.

Inspection Type: Routine, Unannounced

Inspection Date: 6/12/08

License No.: OK-27588-02

Priority: 1

Inspectors: NN, MV

Comment: The inspection correspondence reminded the licensee to sign the form and return it to the Section; however, a signed form was not in the file.

File No.: 2

Licensee: AHS Claremore Regional Hospital

Inspection Type: Routine, Unannounced

Inspection Date: 1/3/12

License No.: OK-16298-01

Priority: 3

Inspector: NN

File No.: 3

Licensee: Core Laboratories

Inspection Type: Routine, Unannounced

Inspection Date: 6/23/14

LP License No.: OK-26928-02

Priority: 3

Inspector: MB

File No.: 4

Licensee: Oklahoma State University

Inspection Type: Routine, Unannounced

Inspection Date: 6/26/14

License No.: OK-00237-03

Priority: 3

Inspectors: KC,LM

File No.: 5

Licensee: Big State X-Ray, Inc.

Inspection Type: Routine, Unannounced

Inspection Date: 4/10/14–5/7/14

License No.: OK-21144-02

Priority: 1

Inspector: JM

Comment: IC inspection letter with results not marked appropriately.

File No.: 6

Licensee: E + P Wireline Services, LLC

Inspection Type: Initial, Announced

Inspection Date: 4/25/11

License No.: OK-32122-01

Priority: 3

Inspector: JF

File No.: 7

Licensee: Southwestern Medical Center LLC

Inspection Type: Routine, Unannounced

Inspection Date: 3/20/14

License No.: OK-10669-02

Priority: 3

Inspector: JF

File No.: 8

Licensee: Washita Valley Enterprises, Inc.  
Inspection Type: Routine, Announced  
Inspection Date: 2/16/12

License No.: OK-23164-01  
Priority: 5  
Inspector: JM

File No.: 9

Licensee: American Airlines, Maintenance & Engineering Center  
Inspection Type: Routine, Unannounced  
Inspection Date: 12/13/12

License No.: OK-13964-01  
Priority: 1  
Inspector: MB

File No.: 10

Licensee: Cardinal Health 414, LLC  
Inspection Type: Routine, Unannounced  
Inspection Date: 10/5/11

License No.: OK-23359-02MD  
Priority: 2  
Inspector: KS

File No.: 11

Licensee: Best Theratronics, LTD  
Inspection Type: Reciprocity, Unannounced  
Inspection Date: 4/30/14

License No.: 5-31299-01  
Priority: 2  
Inspector: MB

File No.: 12

Licensee: DBI, Inc.  
Inspection Type: Routine, Unannounced  
Inspection Date: 10/17/13

License No.: KS 21-B805  
Priority: 1  
Inspectors: MB,KC

File No.: 13

Licensee: Element Materials Technology  
Inspection Type: Reciprocity, Unannounced  
Inspection Date: 6/12/12

License No.: MN 1070-201-62  
Priority: 5  
Inspector: LM

File No.: 14

Licensee: American Piping Inspections  
Inspection Type: Routine, Unannounced  
Inspection Date: 9/17/13–11/18/13

License No.: OK-27438-02  
Priority: 1  
Inspector: LM

File No.: 15

Licensee: Sagebrush Pipeline Equipment Company, Inc.  
Inspection Type: Routine, Unannounced  
Inspection Date: 6/24/14

License No.: OK-32109-01  
Priority: 1  
Inspector: JM

Comment: Inspection correspondence to licensee containing sensitive information was not properly marked.

File No.: 16

Licensee: INTEGRIS Health, Inc.  
Inspection Type: Routine, Unannounced  
Inspection Date: 2/28/13–4/10/13

License No.: OK-11022-01  
Priority: 2  
Inspectors: KS,LM

File No.: 17

Licensee: SGS North America Inc.  
Inspection Type: Initial, Unannounced  
Inspection Date: 11/22/10

License No.: OK-32124-01  
Priority: 1  
Inspector: MI

File No.: 18

Licensee: Allied Wireline Services, LLC  
Inspection Type: Routine, Unannounced  
Inspection Date: 9/17/13–11/18/13

License No.: OK-32125-02  
Priority: 3  
Inspector: JF

File No.: 19

Licensee: Norman Regional Health System  
Inspection Type: Routine, Unannounced  
Inspection Date: 8/21–23/2013

License No.: OK-14145-01  
Priority: 2  
Inspector: KC

File No.: 20

Licensee: McAlester Regional Health Center  
Inspection Type: Routine, Unannounced  
Inspection Date: 9/17/13–11/18/13

License No.: OK-17223-01  
Priority: 3  
Inspector: KC

File No.: 21

Licensee: Mercy Health Center  
Inspection Type: Routine, Unannounced  
Inspection Date: 2/14/14

License No.: OK-07018-03  
Priority: 2  
Inspector: KS

File No.: 22

Licensee: St. Anthony Hospital  
Inspection Type: Routine, Unannounced  
Inspection Date: 9/17/13–11/18/13

License No.: OK-01428-03  
Priority: 2  
Inspectors: KS,LM,JM

File No.: 23

Licensee: AHS Hillcrest Medical Center, LLC  
Inspection Type: Routine, Unannounced  
Inspection Date: 3/28/13

License No.: OK-09206-03  
Priority: 1  
Inspector: JF

### INSPECTOR ACCOMPANIMENTS

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

Accompaniment No.: 1

Licensee: Core Laboratories LP  
Inspection Type: Routine, Unannounced  
Inspection Date: 6/23/14

License No.: OK-26928-02  
Priority: 3  
Inspector: MB

Accompaniment No.: 2

Licensee: Sagebrush Pipeline & Equipment Company, Inc.  
Inspection Type: Routine, Unannounced  
Inspection Date: 6/24/14

License No.: OK-32109-01  
Priority: 1  
Inspector: JM

Accompaniment No.: 3

Licensee: Allied Wireline Services LLC  
Inspection Type: Routine, Unannounced  
Inspection Date: 6/25/14

License No.: OK-32125-02  
Priority: 3  
Inspector: JF

Accompaniment No.: 4

Licensee: Oklahoma State University  
Inspection Type: Routine, Unannounced  
Inspection Date: 6/26/14

License No.: OK-00237-03  
Priority: 3  
Inspector: KC

## APPENDIX D

### LICENSE CASEWORK REVIEWS

NOTE: CASEWORK LISTED WITHOUT COMMENT IS INCLUDED FOR COMPLETENESS.

File No.: 1 Licensee: Diagnostic Physics, LLC. Type of Action: Amendment Date Issued: 1/10/11	License No.: OK-32097-01 Amendment No.: 02 License Reviewer: KS
File No.: 2 Licensee: Oklahoma State University Type of Action: Renewal Dates Issued: 7/26/11	License No.: OK-00237-03 Amendment No.: 41 License Reviewer: KC
File No.: 3 Licensee: Southwestern Medical Center LLC. Type of Action: Amendment Dates Issued: 5/28/14	License No.: OK-10669-02 Amendment No.: 34 License Reviewer: MB
File No.: 4 Licensee: Washita Valley Enterprises, Inc. Type of Action: Termination Date Issued: 10/31/12	License No.: OK-23164-01 Amendment No.: 09 License Reviewer: JM
File No.: 5 Licensee: E&P Wireline Services Type of Action: Termination Date Issued: 9/1/11	License No.: OK-32122-01 Amendment No.: 02 License Reviewer: JF
File No.: 6 Licensee: INTEGRIS Health, Inc. Type of Actions: Amendments Dates Issued: 3/28/14, 6/17/14	License No.: OK-11022-01 Amendment Nos.: 85 & 86 License Reviewers: MB, MB
File No.: 7 Licensee: PETNET Solutions, Inc. Type of Action: Renewal Date Issued: 10/11/13	License No.: OK-31050-01MD Amendment No.: 06 License Reviewer: KS
File No.: 8 Licensee: AHS Claremore Regional Hospital, LLC Type of Action: Amendment Date Issued: 2/28/14	License No.: OK-16298-01 Amendment No.: 26 License Reviewer: JF

File No.: 9

Licensee: American Red Cross  
Type of Action: Amendment  
Date Issued: 3/14/14

License No.: OK-27576-01  
Amendment No.: 06  
License Reviewer: KC

File No.: 10

Licensee: Allied Wireline Services, LLC.  
Types of Action: Amendments  
Dates Issued: 8/16/11, 10/19/12

License No.: OK-32125-01  
Amendment Nos.: 04, 05  
License Reviewers: KC, KS

File No.: 11

Licensee: Mercy Health Center  
Type of Action: Amendment  
Dates Issued: 5/27/14

License No.: OK-07018-02  
Amendment No.: 50  
License Reviewer: KS

File No.: 12

Licensee: Standard Testing and Engineering Co.  
Type of Action: Amendment  
Date issued: 6/5/11

License No.: OK-17054-03  
Amendment No.: 02  
License Reviewer: NN

File No.: 13

Licensee: Circuit Engineering District #7  
Type of Actions: Amendment  
Date Issued: 1/22/13

License No.: OK-27534-01  
Amendment No.: 05  
License Reviewers: KD

File No.: 14

Licensee: St. Anthony Hospital  
Type of Actions: Amendments  
Dates Issued: 2/16/12, 9/9/13, 11/14/13

License No.: OK-01428-03  
Amendment Nos.: 72, 73, 74  
License Reviewers: KS, KC, JF

File No.: 15

Licensee: American Piping Inspections, Inc.  
Type of Action: Renewal  
Date Issued: 3/12/13

License No.: OK-27438-02  
Amendment No.: 15  
License Reviewer: KS

File No.: 16

Licensee: The Boeing Company  
Type of Action: New  
Date Issued: 5/24/13

License No.: OK-32151-01  
Amendment No.: New  
License Reviewer: KC

File No.: 17

Licensee: Chevron Phillips Chemical Company LLC.  
Type of Action: Amendment  
Date Issued: 11/14/13

License No.: OK-31024-01  
Amendment No.: 05  
License Reviewer: LM

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File No.: 18

Licensee: Big State X-Ray, Inc.

Type of Action: Renewal

Date Issued: 7/22/11

License No.: OK-21144-02

Amendment No.: 09

License Reviewer: KS

File No.: 19

Licensee: Sagebrush Pipeline and Equipment Company, Inc.

Type of Action: Amendment

Date Issued: 4/13/12

License No.: OK-32109-01

Amendment No.: 02

License Reviewer: KS

File No.: 20

Licensee: Tucker Energy Services, Inc.

Type of Action: Amendment

Date Issued: 5/10/12

License No.: OK-19815-02

Amendment No.: 22

License Reviewer: JF

File No.: 21

Licensee: Alliance HealthCare Services, Inc.

Type of Actions: Amendments

Dates Issued: 8/4/11, 11/21/13

License No.: K-32092-01

Amendment Nos.: 04, 05

License Reviewers: KS, KC

File No.: 22

Licensee: Radiology Associates, LLC.

Type of Action: Amendment

Date Issued: 4/18/14

License No.: OK-01332-06

Amendment No.: 21

License Reviewer: KS

File No.: 23

Licensee: Norman Regional Health System

Type of Action: Amendment

Date Issued: 5/10/12

License No.: OK-14145-01

Amendment No.: 67

License Reviewer: MB

## APPENDIX E

### INCIDENT CASEWORK REVIEWS

NOTE: CASEWORK LISTED WITHOUT COMMENT IS INCLUDED FOR COMPLETENESS.

File No.: 1

Licensee: Core Laboratories (dba Protechnics)

Date of Incident: 3/17/13

Investigation Date: 3/19/13

License No.: OK-26928-02

NMED No.: 140317

Type of Incident: Lost RAM

Type of Investigation: Site

Comment: The State was notified about this incident on 3/19/13, and should have reported the event to the NRC within 30 days; however, the State reported this incident to NRC 445 days later on 6/6/14.

File No.: 2

Licensee: Team Industrial Services, Inc.

Date of Incident: 3/4/14

Investigation Date: 4/17/14

License No.: OK-31066-01

NMED No.: 140336

Type of Incident: Overexposure

Type of Investigation: Telephone/Site

Comment: The State was notified about the incident on 3/6/14, and should have reported it to NMED within 30 days by 4/5/14; however, the State reported this incident 104 days later on 6/17/14.

File No.: 3

Licensee: Tahlequah City Hospital

Date of Incident: 12/13/13

Investigation Date: 1/29/14

License No.: OK-15626-01

NMED No.: 140013

Type of Incident: Lost RAM

Type of Investigation: Site

Comment: The State was notified about the incident on 12/23/13 and should have immediately reported it to NRC; however, the State reported the incident 3 days later on 12/26/13.

File No.: 4

Licensee: Hi-Tech Testing (dba Western X-ray Services)

Date of Incident: 12/31/12

Investigation Date: 2/14/13

License No.: OK-19993-02

NMED No.: 130131

Type of Incident: Overexposure

Type of Investigation: Site

Comment: The State was notified about this incident on 2/4/13 and should have reported it within 30 days to NMED; however, the State reported the incident 32 days later on 3/7/13.

File No.: 5

Licensee: Building and Earth Sciences

Date of Incident: 6/6/13

Investigation Date: 6/11/13

License No.: OK-31032-01

NMED No.: 130269

Type of Incident: Lost/Stolen RAM

Type of Investigation: Site

File No.: 6

Licensee: Metal Check, Inc.

Date of Incident: 05/22/12

Investigation Date: 05/22/12

License No.: N/A

NMED No.: 120328

Type of Incident: Lost RAM

Type of Investigation: Site

File No.: 7

Licensee: Yaffe Iron and Metal

Date of Incident: 10/24/11

Investigation Date: 11/1/11

License No.: N/A

NMED No.: 110568

Type of Incident: Potential Overexposure/Lost RAM

Type of Investigation: Site

Comment: The dose calculated for a scrap yard worker (member of the public) was not reproducible because of incomplete dose calculation documentation in the Section's files. However, based on some measurements and the time spent near the lost RAM, the Section staff concluded that the dose did not exceed regulatory limits.

File No.: 8

Licensee: Cardinal Health

Date of Incident: 12/28/11

Investigation Date: 1/6/12

License No.: OK-23359-02MD

NMED No.: 120070

Type of Incident: Lost RAM

Type of Investigation: Telephone

File No.: 9

Licensee: Globe X-ray Services

Date of Incident: 10/1/11

Investigation Date: 12/21/11

License No.: OK-15194-02

NMED No.: 120086

Type of Incident: Overexposure

Type of Investigation: Site

Comment: The State was notified about the incident on 12/5/11 and should have made a 30-day report to NMED by 1/4/12; however, the State reported this incident 44 days later on 01/17/12.

File No.: 10

Licensee: Mistras Group, Inc.

Date of Incident: 4/23/13

Investigation Date: 5/14/13

License No.: OK-31077-01

NMED No.: 130266

Type of Incident: Equipment Failure

Type of Investigation: Site

File No.: 11

Licensee: The University of Oklahoma Health Science Center

Date of Incident: 9/27/13

Investigation Date: 9/27/13

License No.: OK-03176-01

NMED No.: 130475

Type of Incident: Leaking Source

Type of Investigation: Telephone

File No.: 12

Licensee: Team Industrial Services, Inc.

Date of Incident: 10/05/11

Investigation Date: 10/21/11

License No.: OK-31066-01

NMED No.: N/A

Type of Incident: Overexposure

Type of Investigation: Site

File No.: 13

Licensee: Tulsa Gamma Ray

Date of Incident: 3/19/13

Investigation Date: 4/5/13

License No.: OK-17178-02

NMED No.: 140317

Type of Incident: Overexposure

Type of Investigation: Site

File No.: 14

Licensee: Oklahoma Dept. of Environmental Quality

Date of Incident: 8/23/11

Investigation Date: 9/9/11

License No.: OK-06901-03

NMED No.: N/A

Type of Incident: Leaking Source

Type of Investigation: Site

ATTACHMENT

September 18, 2014 Letter from Mike Broderick  
Oklahoma Response to the Draft Report  
ADAMS Accession No.: ML14269A339



SCOTT A. THOMPSON  
Executive Director

OKLAHOMA DEPARTMENT OF ENVIRONMENTAL QUALITY

MARY FALLIN  
Governor

September 18, 2014

Duncan White, Branch Chief  
Agreement State Programs Branch  
Office of Federal and State Materials and Environmental Management Programs  
11555 Rockville Pike, MS T8-E24  
Rockville, MD 20852

Re: Comments on Draft Oklahoma IMPEP Report

Dear Mr. White:

We appreciate the opportunity to comment on the draft IMPEP report. Please extend my thanks to the review team for their time and effort spent in giving us a solid independent assessment of our program. We are in substantial agreement with the draft report, but we do have a couple of updates on our progress on these issues.

- 1) As mentioned in "Status of Materials Inspection Program", experienced inspectors are now able to issue a Form 591 equivalent in the field, and are doing so.
- 2) We are implementing the guidance on control of documents, and have begun marking documents containing sensitive material as they are generated or received. We have received locking cabinets for staff members and a locking cabinet for a centralized repository that we had custom-built as a distribution point where staff members will store documents they aren't actively working on. Staff members are now locking documents not actually being worked on in these cabinets. Because of an administrative error, one staff member who handles sensitive documents didn't receive a locking cabinet, and we are getting one for him. We have gone through a round of management and legal comments on the draft policy for document handling we had at the time of the IMPEP, and expect to make further minor modifications to it based on experience with the system, and have it finalized prior to the MRB.

Scott Thompson, Executive Director of our agency, has asked me to convey to you how impressed he is by the IMPEP process, especially the use of clearly-defined standards and the involvement of state staff in the process. I look forward to the MRB, and we will of course have a current status report at that time. If you need clarification or other information prior to the MRB, feel free to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read 'Mike Broderick', is written over a light blue horizontal line.

Mike Broderick  
Environmental Programs Manager  
Radiation Management Section

MB/mb

