

DATED: NOVEMBER 23, 1999; SIGNED BY: CARL J. PAPERIELLO

Stephen C. Gleason, D.O.
Director
Iowa Department of Public Health
Lucas State Office Building
321 E. 12th Street
Des Moines, Iowa 50319-0075

Dear Dr. Gleason:

On November 9, 1999, the Management Review Board (MRB) met to consider the proposed final Integrated Materials Performance Evaluation Program (IMPEP) report on the Iowa Agreement State Program. The MRB found the Iowa program adequate to assure public health and safety and compatible with NRC's program.

Section 5.0, page 11, of the enclosed final report presents the IMPEP team's recommendations. We received a November 9, 1999 fax from Mr. Donald Flater which described the actions taken in response to the team's recommendations. We request no additional information.

Based on the results of the current IMPEP review, the next full review will be in approximately 4 years.

I appreciate the courtesy and cooperation extended to the IMPEP team during the review and your support of the Radiation Control Program. I look forward to our agencies continuing to work cooperatively in the future.

Sincerely, */RA/*

Carl J. Paperiello
Deputy Executive Director
for Materials, Research
and State Programs

Enclosure:
As stated

cc: David Fries, Deputy Director of Regulatory Affairs
Iowa Department of Public Health

Donald A. Flater, Chief, Bureau of Radiological Health
Iowa Department of Public Health

Steven Collins, OAS Liaison
to the Management Review Board

Daniel K. McGhee, State Liaison Officer
Iowa Department of Public Health

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bcc: Chairman Meserve
Commissioner Dicus
Commissioner Diaz
Commissioner McGaffigan
Commissioner Merrifield

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INTEGRATED MATERIALS PERFORMANCE EVALUATION PROGRAM

REVIEW OF IOWA AGREEMENT STATE PROGRAM

August 17-20, 1999

FINAL REPORT

U.S. Nuclear Regulatory Commission

1.0 INTRODUCTION

This report presents the results of the review of the Iowa radiation control program. The review was conducted during the period August 17-20, 1999, by a review team comprised of technical staff members from the Nuclear Regulatory Commission (NRC) and the Agreement State of North Carolina. 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 a Final General Statement of Policy," published in the Federal Register on October 16, 1997, and the November 25, 1998, NRC Management Directive 5.6, "Integrated Materials Performance Evaluation Program (IMPEP)." Preliminary results of the review, which covered the period April 4, 1996 to August 20, 1999 were discussed with Iowa management on August 20, 1999.

A draft of this report was issued to Iowa for factual comment on September 17, 1999. The State responded in a letter dated September 24, 1999 and a fax dated November 9, 1999. The Management Review Board (MRB) met on November 9, 1999, to consider the proposed final report. The MRB found the Iowa radiation control program was adequate to protect public health and safety and compatible with NRC's program.

The Iowa Agreement State program is administered by Iowa Department of Public Health (the Department). The Department is the agency within Iowa State government that regulates, among other public health issues, radiation hazards. The Department Director is appointed by and reports directly to the Governor. Within the Department, the Iowa radiation control program is administered by the Bureau of Radiological Health (the Bureau), Division of Administration and Regulatory Affairs. Organization charts for the Department are included as Appendix B. At the time of the review, the Iowa program regulated 220 specific licenses, including industrial radiography, academic, medical and research and development (both broad scope and specific) with broad scope activities including high dose rate (HDR)/teletherapy, veterinary medicine, waste incineration, brachytherapy, nuclear pharmacy, research & development, and irradiator. The review focused on the 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 Iowa.

In preparation for the review, a questionnaire addressing the common and non-common indicators was sent to the Bureau on May 19, 1999. The Bureau provided a response to the questionnaire on June 10, 1999. Copies of the questionnaire responses are included as Appendix F to the proposed final report.

The review team's general approach for conduct of this review consisted of: (1) examination of Iowa's response to the questionnaire; (2) review of applicable Iowa statutes and regulations; (3) analysis of quantitative information from the Bureau licensing and inspection data base; (4) technical review of selected licensing and inspection actions; (5) field accompaniments of four Iowa inspectors; and (6) interviews with staff and management to answer questions or clarify issues. The team evaluated the information that it gathered against the IMPEP performance criteria for each common and applicable non-common indicator and made a preliminary assessment of the radiation control program's performance.

Section 2 below discusses the Department's actions in response to recommendations made following the previous review. Results of the current review for the IMPEP common performance indicators are presented in Section 3. Section 4 discusses results of the applicable non-common performance indicators, and Section 5 summarizes the review team's findings, recommendations. Recommendations made by the review team are comments that relate directly to program performance by the Department. A response is requested from the Department to all recommendations in the final report.

2.0 STATUS OF ITEMS IDENTIFIED IN PREVIOUS REVIEWS

During the previous routine review, which concluded on April 4, 1996, two recommendations were made and the results of the review transmitted to Mr. Christopher Atchison, Director, Iowa Department of Public Health on August 28, 1996. The team's review of the current status of these recommendations is as follows:

1. The review team recommends that the two new licenses that have not been inspected, be scheduled for inspection and that the State continue to follow the IMC 2800 provisions for new licenses.

Current Status: These two licenses have been inspected. The tracking system used by the Bureau identifies new licenses and schedules initial inspections for six months after license issuance. The licensee is called at the six-month mark and an inspection is scheduled if licensed material has been received. If no material has been received, the inspection is delayed. The Bureau confirmed that all new licenses are inspected within one year of license issuance. A review of two new licenses issued during this IMPEP review period verified that both licensees were inspected within six months of the license issuance. This recommendation is closed.

2. The review team recommends that management information systems, e.g., the computer tracking system be reviewed, with the appropriate management and support staff to ensure that the Bureau is receiving the information to manage the program.

Current Status: The computer tracking system was evaluated and updated by the Bureau since the last review. The Bureau Chief stated that the tracking system provides accurate data for use in managing the radiation control program. During this IMPEP review the computer tracking system was examined and found to be providing accurate information. This recommendation is closed.

During the 1996 review, seven suggestions were made concerning: (1) the timely issuance of inspection results; (2) the review of data in the computer tracking system; (3) the development of specific field notes for HDRs; (4) the revision of the field notes to include dose to the public, embryo/fetus, declared pregnant woman and quality management program requirements; (5) the review of Bureau's field notes for consistent content; (6) the calibration of some Bureau instrumentation with the efficiency to convert cpm to dpm; and (7) the revision of incident procedures to include current guidance for notification of NRC Headquarters Operations Center. The team determined that the State considered the suggestions and took appropriate actions.

3.0 COMMON PERFORMANCE INDICATORS

IMPEP identifies five common performance indicators to be used in reviewing both NRC Regional and Agreement State programs. These indicators are: (1) Status of Materials Inspection Program; (2) Technical Quality of Inspections; (3) Technical Staffing and Training; (4) Technical Quality of Licensing Actions; and (5) Response to Incidents and Allegations.

3.1 Status of Materials Inspection Program

The team focused on four factors in reviewing this indicator: inspection frequency, overdue inspections, initial inspection of new licenses, and timely dispatch of inspection findings to licensees. The review team's evaluation is based on the Iowa questionnaire responses relative to this indicator, data gathered independently from the Bureau's licensing and inspection data tracking system, the examination of completed licensing and inspection casework, and interviews with managers and staff.

Evaluation of Iowa's inspection priorities for the materials program indicated that the maximum period for an inspection interval is seven years. Five of the 36 licensee categories established by the Bureau have inspection frequencies greater than similar type categories listed in NRC Inspection Manual Chapter (IMC) 2800. None of the Bureau categories had a lower frequency of inspection. It was noted that the Bureau uses discretion to increase inspection frequency based on licensee history and performance.

In their response to the questionnaire, the Bureau indicated that they had no inspections overdue by more than 25% of the NRC frequency. During the review, the team verified that there were no inspections that were overdue by these criteria.

With respect to initial inspections, the Bureau assigns the inspection due date six months from the issuance of a new license. This is automatically accomplished on the database. In practice, the Bureau conducts initial inspections six months from receipt of radioactive materials or commencement of licensed activities. As noted previously, all new licenses are inspected within one year of license issuance regardless of license activity.

With respect to reciprocity, the Bureau recognizes licensees one year from the date of their initial request to enter the State. The review team found that the State's reciprocity program was in practice similar to NRC's IMC 1220. The one exception is that the Bureau has committed to inspect 100% of the industrial radiography companies coming in under reciprocity. A review of seven reciprocity inspections conducted during the review period verified this commitment.

Timeliness of inspection correspondence issuance was evaluated during the inspection casework review. Of 10 inspection reports reviewed by the team, eight were issued to the licensee within 30 days. Two were issued at 90 and 120 days, respectively, however, the lateness of these inspection reports was due to the need for the inspector to take unplanned family leave.

Based on the IMPEP evaluation criteria, the review team recommends that Iowa's performance with respect to the indicator, Status of the Materials Inspection Program, be found satisfactory.

3.2 Technical Quality of Inspections

The team evaluated the inspection reports, enforcement documentation, and inspection field notes and interviewed inspectors for 11 materials inspections conducted during the review period. The casework included all of the Bureau's materials inspectors, and covered inspections of various types including industrial radiography fixed facilities and temporary job sites, medical institutions/group/private practice, academic broad scope, nuclear pharmacy, and nuclear medical vans. Appendix C lists the inspection casework files reviewed for completeness and adequacy with case-specific comments.

Based on casework, the review team noted that the routine inspections covered all aspects of the licensees' radiation programs. The review team found that inspection reports were thorough, complete, consistent, and of high quality, with sufficient documentation to ensure that licensee's performance with respect to health and safety was acceptable. The documentation supported violations, recommendations made to the licensee, unresolved safety issues, and discussions held with the licensee during exit interviews. Team inspections were performed when appropriate and for training purposes.

Field notes have been developed to cover most types of inspections that are conducted by the Bureau. These field notes provide documentation for the scope of the licensees' program and cover all areas that need to be reviewed. The information contained in the field notes is comparable with NRC's Inspection Procedure 87100.

During the week of July 20, 1999, a review team member performed accompaniments with all four of the Bureau inspectors. The inspections included a nuclear pharmacy facility, one institutional nuclear medicine facility, one portable and one fixed nuclear gauge facilities. These accompaniments are identified in Appendix C. During the accompaniments, the Iowa inspectors conducted performance based inspections and demonstrated thorough knowledge of the regulations. The inspectors were well prepared and thorough in their reviews of the licensees' radiation safety programs. Overall, the technical performance of the inspectors was good, and their inspections were adequate to assess radiological health and safety at the licensed facilities.

The Bureau tried a new approach to inspecting broad scope licensees during a routine team inspection at the University of Iowa. The new approach involved a performance based-inspection utilizing a narrative report format that incorporated a collegial, cooperative approach to identifying inspection findings.

The inspection report for this inspection was issued approximately four months after the completion of the inspection. The report listed several "evaluative comments" regarding the inspection findings. The comments were not identified as violations. The Bureau Inspection Procedure Manual described the narrative report format that was used for this new approach to broad scope inspections. The Management Discussion section of the procedure directed that, if violations were identified and discussed with licensee management, and if the licensee proposed

or committed to any corrective actions, the proposed corrective actions and licensee's proposed time of completion were to be described in the report. Since the report did not classify any of the inspection findings as violations, the licensee did not propose or commit to any corrective actions.

The initial inspection report was followed by a revised inspection report five months later. The revised report was stated as being generated due to technical and clerical errors within the report. It was noted by the review team that some of the findings as stated in the first report had been revised. The State explained that the second report had been generated after a meeting was held between the licensee and lead inspector. The revised report also did not appear to have the supervisory review as did the first one.

The IMPEP review team discussed these issues with the Bureau staff. The staff committed to documenting a transition or bridge statement to be placed in the inspection file to further explain and document the basis for the revised report. The review team found that at the time that the revised report was issued, the Bureau Chief had been out of the office and had not been available to sign the report to provide supervisory review. The Bureau Chief stated that he was aware of the revised report and had given his approval to the inspector to sign-out the report in his absence. He had not, however, authorized the meeting between the licensee and the inspector, although he was informed of the meeting after it occurred. The review team believes the Bureau's commitment to provide a transition or bridge statement in the inspection file is appropriate. Doing so, should not only provide the basis for but also alleviate any future possible questions on the Bureau's issuance of a revised inspection report.

Based on the IMPEP evaluation criteria, the review team recommends that Iowa's performance with respect to the indicator, Technical Quality of Inspections, be found satisfactory.

3.3 Technical Staffing and Training

Issues central to the evaluation of this indicator include the radioactive materials program 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 Bureau's questionnaire responses relative to this indicator, interviewed program management and staff, and considered any possible workload backlogs.

The Bureau is staffed with the Bureau Chief and three Program Coordinators, and nine staff members. The radioactive materials program includes the program coordinator, two health physicists, and one clerical staff member. All of the technical staff members perform duties in licensing, inspection, and event response. One program coordinator devotes his time to training, emergency response, and environmental issues, and the third program coordinator is responsible for radiation machines.

The Bureau staffing level was stable over the review period. There are currently six people with various degrees of involvement with the Iowa radioactive materials program, equivalent to about four FTEs devoted to the materials program. This staffing level does not include clerical support staff. Of the six people in the program, two individuals are involved with licensing and compliance approximately 80% of the time and one individual at 70%. The remaining three persons have

responsibilities in administration, support, and environmental issues. All six staff members are involved in emergency response activities. The staff consists of experienced personnel. Among the materials program staff, there is one with an associate degree, with the remainder having bachelor degrees

Based on the lack of backlogs and the quality of the licensing actions and inspection reports, the team concluded that the number and distribution of staff appear to be adequate to maintain the program.

Training for licensing and inspection staff is similar to the training program developed by the NRC. Because the staff have been with the Bureau for a number of years prior to the review period, training records reviewed showed extensive accumulation of both NRC, the Department, and other training courses.

The Bureau Chief stated that for the last three years, the Bureau has included requests for training funds in the budget, but that the requests have been denied each year. Nonetheless, the Bureau Chief stated that when someone needs training, the funds have been and will be made available as needed. During the review of the training records, the team noted that one staff member has not completed the teletherapy and brachytherapy core course. The team believes that all technical staff performing brachytherapy licensing or inspections would benefit from the teletherapy and brachytherapy course or equivalent training. The review team recommends that staff who conduct independent inspections and/or license reviews of teletherapy and brachytherapy licenses complete a teletherapy and brachytherapy course. Prior to the end of the review, the Bureau Chief enrolled the staff member into NRC's March 2000, teletherapy and brachytherapy course.

Before performing an inspection independently, inspectors accompany qualified inspectors to licensee sites to observe inspections. Next they assist in an inspection with a qualified inspector, and finally perform as a lead inspector with an accompanying qualified inspector. Inspectors are accompanied at least once a year by a qualified inspector or the Bureau Chief, typically during team inspections. Inspector accompaniments have not been routinely documented; however, the Radioactive Materials Program Coordinator stated that they will be using an inspector evaluation form with each accompaniment.

Based on the IMPEP evaluation criteria, the review team recommends that Iowa's performance with respect to this indicator, Technical Staffing and Training, be found satisfactory.

3.4 Technical Quality of Licensing Actions

The review team examined completed licenses and casework for 10 licensing actions, representing the work of three license reviewers. The license reviewers were interviewed to supply additional information regarding licensing decisions or file contents.

Licensing actions were evaluated for completeness, consistency, proper isotopes and quantities used, qualifications of authorized users, adequate facilities and equipment, and operating and emergency procedures sufficient to establish the basis for licensing actions. Licenses were

Based on the IMPEP evaluation criteria, the review team recommends that Iowa's performance with respect to the indicator, Technical Quality of Licensing Actions, be found satisfactory.

3.5 Response to Incidents and Allegations

In evaluating the effectiveness of the Bureau's actions in responding to incidents, the review team examined the Bureau's response to the questionnaire regarding this indicator, evaluated selected incidents reported for Iowa in the "Nuclear Material Events Database" (NMED) against those contained in the Iowa files, and evaluated the casework and supporting documentation for three material incidents. These were the only reportable incidents during the review period. The team also reviewed the Bureau's response to four allegations, including three allegations referred to the State by NRC, during the review period. A list of incident files examined along with case specific comments is contained in Appendix E.

The review team interviewed program management and staff to discuss the Bureau's incident and allegation process, file documentation, the State's equivalent to the Freedom of Information Act, NMED, and notification of incidents to the NRC. The three incidents selected for review included a melted gauge, a lost source and an accidental release of radioactive material.

When notification of an incident or an allegation is received, the Bureau Chief and staff meet to discuss the initial response and the need for an on-site investigation. The safety significance of the incident/allegation is evaluated to determine the type of response that Iowa will take. The small size of the Iowa program allows for the prompt dissemination of information regarding the event to all personnel in the program. Radiological incidents can be reported 24 hours a day through the State's Radiological Response Team emergency telephone line.

The review team found that the Bureau's responses to incidents and allegations were complete and comprehensive. Initial responses were prompt and well-coordinated. The level of effort was commensurate with the health and safety significance. Inspectors were dispatched for on-site investigations when appropriate and the Bureau took suitable enforcement action. The review team found the documentation of the incidents to be consistent and that incidents were followed up at the next inspection.

Incidents are promptly reported to the NRC via the Regional State Agreements Officer. The Bureau was reminded of the current guidance to Agreement States to report incidents to the NRC Operations Center.

The staff was familiar with the guidance contained in the "Handbook on Nuclear Event Reporting in the Agreement States." The review team queried the incident information reported to the NMED system for Iowa for the review period which identified the three incidents discussed above. As few incidents are required to be reported to NMED, the Bureau chooses to send information by hard copy to NRC for inclusion in the incident database, rather than training staff to input the information electronically into the system. The Bureau constructed a template for the information required by the NMED database for completeness and ease of input by NRC.

During the review period, three allegations were referred to the State by the NRC and one allegation was reported directly to the program. The review of the Bureau's allegation files indicated that the Bureau took prompt and appropriate action in response to the concerns raised. The review team noted that all documentation related to the investigation of allegations was maintained in the incident file. Allegers were properly notified of investigation results.

The Bureau has only very general written guidance for handling incidents and allegations in their inspection procedures. During the review, the Agreement State review team member shared his State's detailed incident procedures with the Iowa program. Bureau management indicated that they would modify the procedures to apply specifically to the Iowa incident and allegation response program.

Based on the IMPEP evaluation criteria, the review team recommends that Iowa's performance with respect to the indicator, Response to Incidents and Allegations, be found satisfactory.

4.0 NON-COMMON PERFORMANCE INDICATORS

IMPEP identifies four non-common performance indicators to be used in reviewing Agreement State programs: (1) Legislation and Program Elements Required for Compatibility; (2) Sealed Source and Device (SS&D) Evaluation Program; (3) Low-Level Radioactive Waste Disposal Program; and (4) Uranium Recovery Program. Iowa's agreement does not cover the SS&D program, low-level radioactive waste disposal program or uranium recovery program, so only the first non-common performance indicator was applicable to this review.

4.1 Legislation and Program Elements Required for Compatibility

4.1.1 Legislation

Iowa became an Agreement State in 1986. Along with their response to the questionnaire, the Bureau provided the review team with the opportunity to review copies of legislation that affects the radiation control program. The currently effective statutory authority for the radiation control program is contained in the Iowa Code, Chapter 136. The Department is designated as the State's radiation control agency. The review team noted that no legislation affecting the program was passed during the review period.

4.1.2 Program Elements Required for Compatibility

The Iowa Regulations for Control of Radiation, found in the Iowa Administrative Code, Section 641, Chapters 38-45, apply to all ionizing radiation, whether emitted from radionuclides or devices. Iowa requires a license for possession and use of all radioactive material including naturally occurring materials, such as radium, and accelerator-produced radionuclides.

The review team examined the State's administrative rulemaking process and found that the process takes approximately five months after filing the draft administrative rule with the State Rules Coordinator. Draft rules are published in the State Administrative Bulletin and a public hearing is scheduled. Rules are presented to the Board of Health prior to being adopted. The State has Emergency Rule capability, if public health and safety is at risk.

Proposed rules are sent to all potentially impacted licensees for comment. The Bureau's practice had been to also send the proposed rules to NRC for review. Comments are considered and incorporated as appropriate before the regulations are finalized. The State has the authority to issue legally binding requirements (e.g., license conditions) in lieu of regulations until equivalent State regulations become effective.

In November 1997, a draft rule package was submitted to NRC for comment. The rule changes included several required regulations. NRC reviewed and commented on the rules and requested that Iowa provide a copy of the final published regulations for review. The final regulations, adopted in July 1998, were not submitted as requested, so the final review was not conducted. In late 1998, Iowa promulgated another rule package which was adopted in July 1999. This package was apparently not submitted to NRC for comment, in either draft or final form. The Bureau is committed to submitting draft and final regulations to the NRC for review.

In their response to Item 29 of the questionnaire, the Bureau submitted a table of regulation amendments adopted for compatibility purposes. The review team identified that several of the regulation adoption dates were incorrect in the response and that at least one regulation had been only partially adopted (radiography rule). Because of these inconsistencies, the review team and a Bureau representative elected to evaluate all of the regulations required for compatibility since the last IMPEP review. The review team evaluated, with the assistance of the Bureau, the final rules from the 1997 and 1998 submissions, to ensure that compatibility concerns were addressed, prior to the Management Review Board meeting. Minor comments were noted on three of the ten rules evaluated. These comments will be formally communicated to the State in a letter. The Bureau indicated that resolution of these comments will be attained during the next rulemaking.

The State has not yet adopted the following regulations, which are not yet due, but intends to address them in rulemakings or by adopting alternate generic legally binding requirements:

- ! "Compatibility with the International Atomic Energy Agency," 10 CFR Part 71 amendment (60 FR 50248) that became effective April 1, 1996.
- ! "Recognition of Agreement State Licenses in Areas Under Exclusive Federal Jurisdiction Within an Agreement State," 10 CFR Part 150 amendment (62 FR 1662) that became effective February 27, 1997.
- ! "Criteria for the Release of Individuals Administered Radioactive Material," 10 CFR Parts 20 and 35 amendments (62 FR 4120) that became effective on May 29, 1997.
- ! "Licenses for Industrial Radiography and Radiation Safety - Requirements for Industrial Radiography Operations," 10 CFR Parts 30, 34, 71, and 150 amendments (62 FR 28947) that became effective June 27, 1997.
- ! "Radiological Criteria for License Termination," 10 CFR Parts 20, 30, 40, and 70 amendments (62 FR 39057) that became effective August 20, 1997.
- ! "Deliberate Misconduct by Unlicensed Persons," 10 CFR Parts 30, 40, 61, 70, and 150 amendments (63 FR 1890 and 13773) that became effective February 12, 1998.

- ! “Licenses for Industrial Radiography and Radiation Safety Requirements for Industrial Radiographic Operations; Clarifying Amendments and Corrections,” 10 CFR Part 34 amendments (63 FR 37059) that became effective July 9, 1998.
- ! “Minor Corrections, Clarifying Changes, and a Minor Policy Change,” 10 CFR Parts 20, 32 and 39 amendments (63 FR 39477 and 45393) that became effective October 26, 1998.
- ! “Transfer for Disposal and Manifests; Minor Technical Conforming Amendment,” 10 CFR Part 20 amendment (63 FR 50127) that became effective November 20, 1998.

It is noted that Management Directive 5.9, Handbook, Part V, (1)(C)(III) provides that the above regulations issued prior to September 3, 1997 should be adopted by the State as expeditiously as possible, but not later than three years after the September 3, 1997 effective date of the Commission Policy Statement on Adequacy and Compatibility, i.e., September 3, 2000.

Based on the IMPEP evaluation criteria, the review team recommends that Iowa’s performance with respect to the indicator, Legislation and Program Elements Required for Compatibility, be found satisfactory.

5.0 SUMMARY

As noted in Sections 3 and 4 above, the review team found that Iowa’s performance to be satisfactory for all six performance indicators. Accordingly, the review team recommended and the MRB concurred in finding the Iowa Agreement State Program to be adequate to protect public health and safety and compatible with NRC’s program.

Below is a summary list of recommendations, as mentioned in earlier sections of the report, for evaluation and implementation, as appropriate, by the State.

RECOMMENDATION:

1. The review team recommends that staff who conduct independent inspections and/or license reviews of teletherapy and brachytherapy licenses complete a teletherapy and brachytherapy course. (Section 3.3)

LIST OF APPENDICES AND ATTACHMENTS

Appendix A	IMPEP Review Team Members
Appendix B	Iowa Organization Charts
Appendix C	Inspection Casework Reviews
Appendix D	License Casework Reviews
Appendix E	Incident Casework Reviews
Attachment 1	Iowa's Response to the Draft IMPEP Report Dated September 24, 1999 and Fax dated November 9, 1999

APPENDIX A

IMPEP REVIEW TEAM MEMBERS

Name	Area of Responsibility
M. Linda McLean, Region IV	Team Leader Technical Staffing and Training
Lee Cox, State of North Carolina	Status of Materials Inspection Program Technical Quality of Inspections
Anthony S. Kirkwood, NMSS	Technical Quality of Licensing Actions
James L. Lynch, Region III	Response to Incidents and Allegations Legislation and Program Elements Required for Compatibility

APPENDIX B

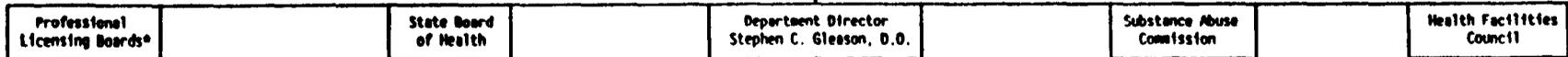
IOWA

DEPARTMENT OF PUBLIC HEALTH
BUREAU OF RADIOLOGICAL HEALTH

ORGANIZATION CHARTS

IOWA DEPARTMENT OF PUBLIC HEALTH

Governor
Thomas J. Vilsack



- Professional Licensing Boards***
- Dentistry
 - Medical
 - Nursing
 - Pharmacy
 - Message Therapy
 - Hortuary Science
 - Nursing Home Administrators
 - Optometry
 - Physical & Occupational Therapy
 - Physicians Assistants
 - Podiatry
 - Psychology
 - Social Work
 - Speech Pathology & Audiology
- Athletic Training**
- Barbers
 - Behavioral Science Examiners
 - Chiropractic
 - Cosmetologists
 - Dietitians
 - Hearing Aid Dealers

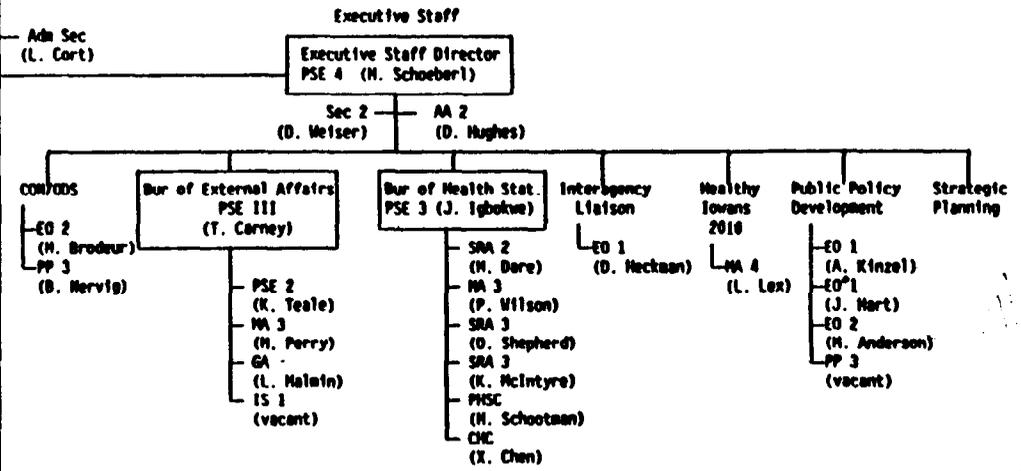
Healthy Advisory Committees and Councils

Medical Director
(N. Quinlisk)

Assoc. Medical Director,
FACM Medical Director,
Public Policy Advisor
(E. Schor)

Chief Medical Examiner

Dept. Medical Examiner



Div of Family and Community Health
Mary Weaver, Deputy Director for Public Health

- AIDS/HIV Surveillance
- Breastfeeding Promotion
- Caring Foundation
- City/Council Training (C.R.)
- Community Health Planning
- Dental
- Early ACCESS (IDEA Part C)
- Empowerment
- Environmental Health
- Family Investment Plan
- Family Planning
- Genetics/Birth Defects Institute
- Ground Water Data Collection
- Health & Safety in Child Care
- Healthy Families
- Home Care Aide
- Home Visiting for At-Risk Families
- Immunization
- Lead Poisoning Prevention
- Local Boards of Health
- Maternal & Child Health
- Migrant Housing
- Minority Health
- Newborn Screening
- Nutrition Services
- OB Indigent
- Perinatal Care
- Plumbing Code
- Primary Care for Children
- PRIMECARE
- Public Health Nursing
- Rape Prevention Education
- Refugee Health
- Rural Health
- Senior Health
- Sexually Transmitted Diseases
- Tattoo Permits
- Tuberculosis
- Vaccine Preventable Disease
- Women, Infant & Children (WIC)
- Women's Health

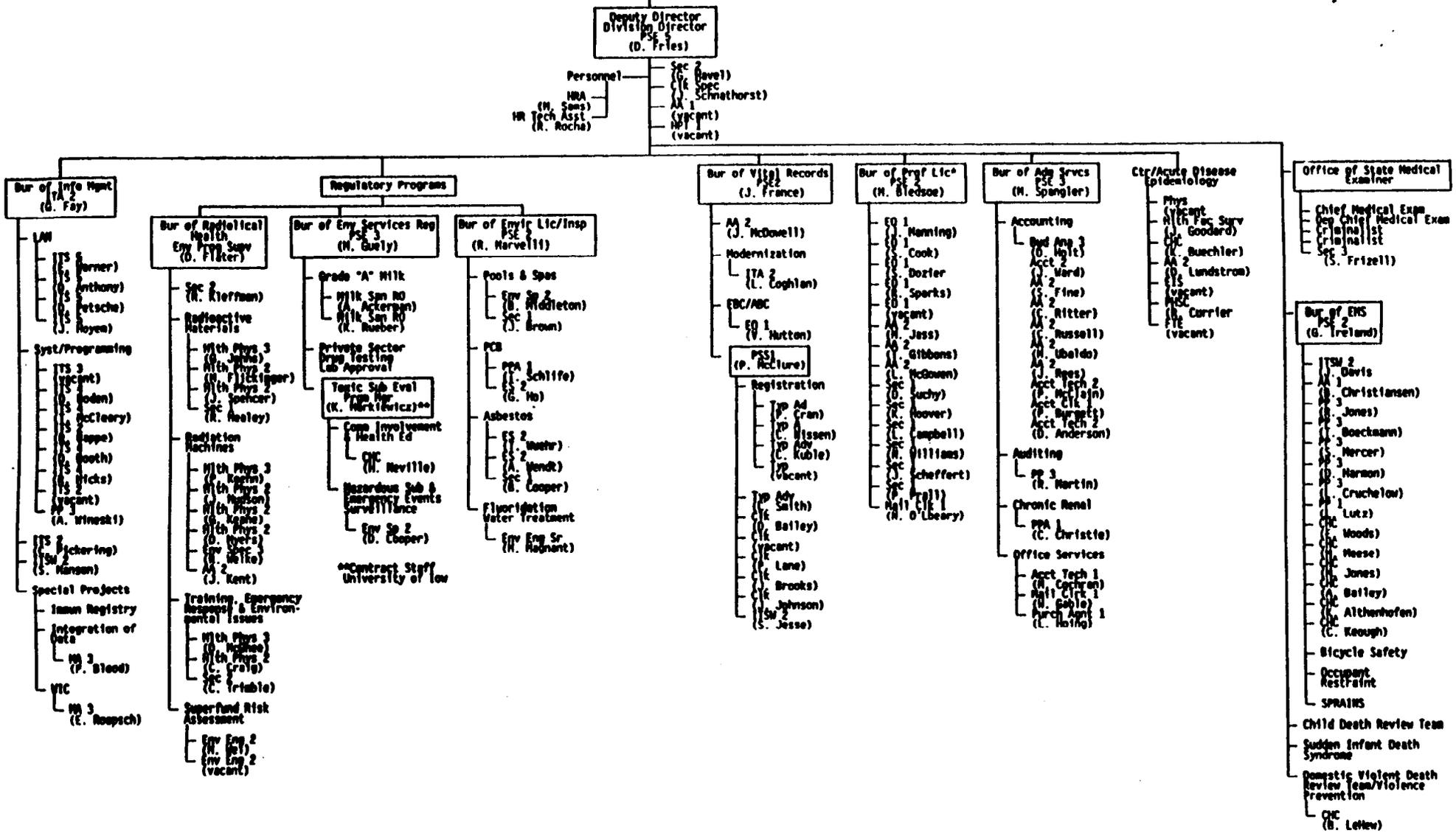
Div of Administration and Regulatory Affairs
David Fries, Deputy Director of Operations

- Regulatory Programs**
- Asbestos/PCB
 - ASTDR
 - Fluoridation
 - Grade "A" Milk Certification
 - Private Sector Drug Testing/ Lab Approval
 - Professional Licensure
 - Radiation Machines
 - Radioactive Materials
 - Superfund Risk Assessment
 - Swimming Pools/Spas Certification
 - Toxic Substance Evaluation
 - Training, Emergency Response & Environmental Issues
 - Water Treatment
- Administrative Services (Fiscal)**
- Center for Acute Disease Epidemiology
 - Chronic Renal Disease
 - Information Management
 - Office Services
 - Personnel
 - Training
 - Veterinary Public Health
 - Vital Records
- Office of State Medical Examiner**
- Ag Injury
 - Child Death Review Team
 - Domestic Death Review
 - Emergency Medical Services
 - Sudden Infant Death Syndrome

Div of Substance Abuse and Health Promotion
Janet Zurich, Division Director

- Anatomical Gifts
- Brain Injury
- Breast & Cervical Cancer
- Cardiovascular Risk Reduction
- Council on Chemically Exposed Infants
- Diabetes
- Disability Prevention
- FDA/Synar Compliance Checks
- Gambling Treatment/Prevention
- Governor Meth. Initiative
- Health Promotion
- Injury Prevention
- Physical Fitness
- Substance Abuse Planning
- Substance Abuse Prevention
- Substance Abuse Training
- Substance Abuse Treatment/Licensure
- Substitute Medical Decision-Making Board
- Tobacco Prevention

DIVISION OF ADMINISTRATION AND REGULATORY AFFAIRS



DIVISION OF FAMILY AND COMMUNITY HEALTH

Deputy Director for Public Health/Division Director
PSE 4
(N. Weaver)

- Medical Consultant ** (H. Hefn)
- PH Dent Dir (vacant)
- EO 2 (C. Adams)
- EO 2 (J. Wunsch)
- Sec 2 (C. Brockman)
- Medical Director (E. Schor)
- Genetics (J. Anderson)
- Env Sp 2 (W. Penner)

Bur of Int/NIC
PSE 3
(J. Solberg)

- Sec 2 (Chapman)
- Sw 2 (Rethmer)
- Sw 2 (Wilson)
- Sw 2 (White)
- Sw 2 (Gardner)
- Sw 2 (Harris)
- Sw 2 (Hessner)
- Sw 2 (Christopher)
- Sw 2 (Rowley)
- Dietary Consultant
- Diet Cons (S. Pahl)
- Diet Cons (S. Steffen)
- Diet Cons (T. Taylor)
- Diet Cons (S. O'Brien)
- Diet Cons (M. Szostrowski)
- Diet Cons (D. Montgomery)

Bur of Long Svcs
PSE 3
(J. McInahon)

- Sec 2 (J. Satch)
- Public Health Nursing
- Home Care Aide
- Senior Health
- Local Boards of Health
- Chk Adv (Collins)
- Chk (Sedlacek)
- Chk (Dally)
- Chk (Calkins)
- Chk (Nightshee)
- Chk (Peterson)
- Chk (Minrichs)
- Chk (Page)
- Chk (Terrill)
- Chk (Bragg)
- Chk (Kahler)
- Chk (Haber)
- AA 1 (D. Roeder)

Bur of Dental Health

- Sec 1 (E. Syster)
- PH Dent Hyg (M. Arjes)
- PH Dent For (vacant)
- PH Dent Hyg (vacant)
- Top Adv (vacant)

Bur of Family Svcs
PSE 3
(J. Borst)

- AA 1 (K. Brown)
- MP 2 (vacant)
- Sw 2 (J. Crumley)
- MP Adv (P. Tiffin)
- MP 2 (H. Arnold)
- MP 3 (J. Culp)
- Family Planning
- Mrs Clin (K. Glodski)
- Maternal/Child Health
- Mrs Clin (K. Grether)
- Mrs Clin (S. Ninton)
- Sw 6 (Edmunds-Wells)
- Chk (Piper)
- Chk (S. Achermann)
- Mrs Clin (Peterson)
- Chk (vacant)
- Chk (Clausen)
- Chk (Van Zandt)
- Chk (Bosman)
- Chk (Gentuch)
- Chk (Draoge)
- AA 1 (R. Baker)

Bur of Rural With/Primary Care
PSE 2
(D. Chamberlin)

- AA 1 (Burnside)
- MP 3 (M. Piciris)
- Chk (C. Kulczyk)
- Chk (S. Williams)
- MP 2 (Bock)
- MP 3 (Barnhill)
- Chk (H. Firch)
- Vol With Care Provider (vacant)

Bur of Envir With/EP5
(K. Choquette)

- Lead
- EO 2 (M. Gergely)
- Env Sp 2 (vacant)
- Env Sp 2 (R. Sharp)
- Env Sp 2 (E. Bock)
- Env Sp 2 (H. Fall)
- Env Sp 2 (S. Portland)
- Env Sp 2 (L. Sharp)
- Circuit Rider (CIC) (vacant)
- Local BOM
- Sanitation Training
- Plumbing Code
- Migrant Housing

Bur of Disease Prevention
PSE 3
(R. Willmoth)

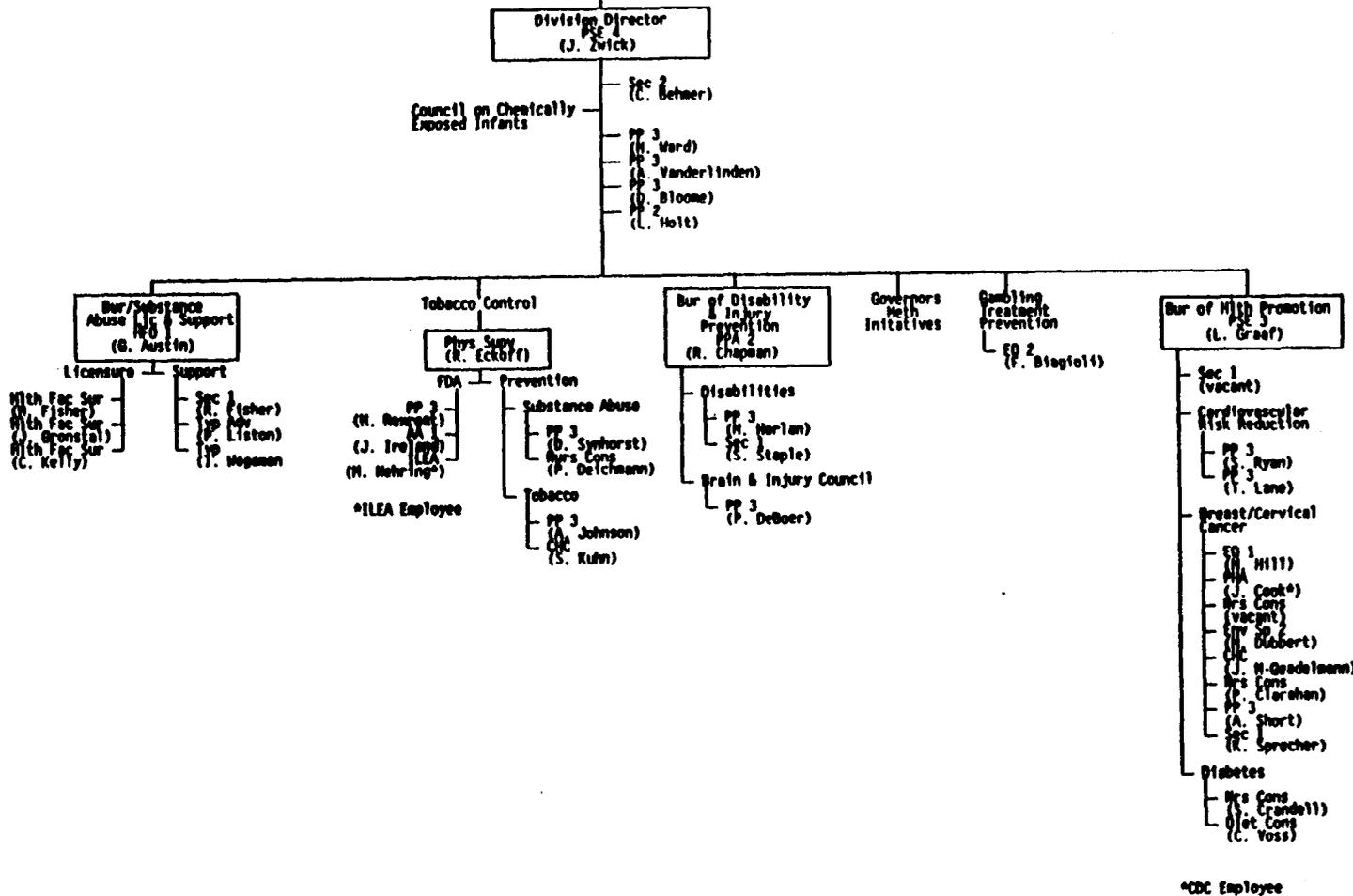
- STD/HIV
- PH (Katz)
- Chk (Robson)
- Chk (McQuinn)
- Chk (Fogle)
- Chk (McGhee)
- Chk (Fridgen)
- Chk (Young)
- Chk (Eha)
- AA 2 (Anthony)
- Chk (Makaha)
- AA 1 (Bryant)
- Chk (Breckwidge)
- Chk (Schneider)
- Chk (Riley)
- Chk (J. Muldoon)
- Tuberculosis
- EO 2 (Goodrich)
- Chk (C. Waller)
- Acct Tech 2 (J. Nelson)
- Refugee Health
- Env Sp 2 (V. Prabalazy)
- Health Education
- Mrs Cons (C. Leakull)
- Tattoo Permits

Bur of Childhood Immunization
PSE 4
(P. Lotz)

- Hepatitis
- MP 2 (T. Patterson)
- 4
- EO 2 (C. Jacobson)
- Vaccine Prevention
- BPS 1 (J. Harwing)
- Chk (S. Hook)
- Education & Assess
- TSW 4 (J. Felling)
- Vaccine for Children
- CIC (J. Callaghan)
- AA 2 (J. Iddings)
- Chk (S. Gustafuson)
- Chk Adv (S. Devan)

* Federal Employee
Public Health Advisor
** Contract Staff
University of Iowa

DIVISION OF SUBSTANCE ABUSE & HEALTH PROMOTION



Bureau of Radiological Health

D. Flater, Chief

-- R. Kleffman

-- M. Wei

Radiation Machines

P. Koehn

-- J. Hudson

-- G. Keane

-- D. Myers

-- R. Welke

Radioactive Materials

G. Johns

-- M. Flickinger

-- J. Spencer

-- R. Ubaldo-Mealey

**Training, Emergency Response
& Environmental Issues**

D. McGhee

-- C. Craig

-- C. Trimble



THOMAS J. VILSACK
GOVERNOR
SALLY J. PEDERSON
LT. GOVERNOR

DEPARTMENT OF PUBLIC HEALTH
STEPHEN C. GLEASON, D.O., DIRECTOR

September 24, 1999

Paul H. Lohus, Director
Office of State Programs
US Nuclear Regulatory Commission
Mail Stop 3-D-23
Washington, D.C. 20555

99 OCT -4, PM 3: 12
OSP

Dear Mr. Lohaus:

Your letter to Dr. Gleason, Director of the IDPH dated September 17, 1999 has been referred to this office for response. That letter transmitted a draft report of our IMPEP review in August. You requested our comments about the draft report at our earliest convenience.

We have reviewed the draft report and have the following remarks:

- Page 10 contains part of the discussion of the compatibility of our administrative rules. Paragraph three states, "The State has not yet adopted the following regulations, but intends to address them in rulemakings or by adopting alternate generic legally binding requirements: [a list of regulations follows]." We recommend modifying that statement to read, "...the following regulations, which are not yet due, but intends..." On the other hand, including the change we recommended, the draft report lays out for public scrutiny, something—adoption of NRC regulations—not yet due, but that Iowa "has not yet" done. This same statement is true of the approximately 225 inspections that are due in the next review period, yet there is no statement in the draft report that Iowa "has not yet" done these inspections. Therefore, the question of whether to include similar statements about other program areas, such as inspections or to remove this one arises.
- Pages 10-11, the last paragraph on the former and the first two lines on the latter, discuss our intended non-adoption of the regulation entitled "Deliberate Misconduct by Unlicensed Persons." The discussion implies that we will not adopt that regulation "upon advice" by our Attorney General. The situation is stronger than stated. In this state, the activities covered by that regulation are reserved to the Office of the Attorney General. We cannot adopt that regulation regardless of compatibility requirements.
- Page C.2 delineates some of the inspection casework that the team reviewed. The comment about File No.: 9, "IDPH does not have a tracking system for overdue (30days) responses to noncompliance items," is incorrect. We recommend that the statement be deleted because Iowa does have tracking system and has for 8 + years.

Paul H. Lohus
October 1, 1999
Page 2

I would like to take this opportunity to request a video conference link for our participation in the NRC Management Review Board when it occurs. We feel that this method allows full participation by our staff and also is a much more efficient use of funds and time. The contact point for this link is Dan McGhee at 515-281-7007.

If you have any questions or comments, please contact me.

Sincerely,



Donald A. Flater, Chief
Bureau of Radiological Health
515-281-3478
515-242-6284 – FAX
dflater@idph.state.ia.us

DAF/rk

Fax: Linda McLean, Regional State Agreements Officer
Jim Lynch, Regional State Agreements Officer

IOWA RESPONSE TO THE AUGUST 1999 NRC IMPEP REVIEW

RECOMMENDATIONS:

1. **The review team recommends that staff who conduct independent inspections and/or license reviews of teletherapy and brachytherapy licenses complete a teletherapy and brachytherapy course. (Section 3.3)**

ACTIONS:

Mark Flickinger is the staff member who has not taken the NRC training course intitled H-313 Teletherapy & Brachytherapy. In year 2000 this course is scheduled for the weeks of 3/13/00 and 8/14/00. Dr. Sollenberger of the NRC has been contacted and Mr. Flickinger has been scheduled for the 3-13-00 course. Iowa will pay for the tuition, perdiem and travel.

2. **The review team recommends that the State require both broad scope licensees to submit Statements of Intent containing cost estimates for decommissioning indicating that funding will be obtained when necessary. (Section 3.4)**

ACTIONS:

We have on file a letter from each of our broad scope licensees indicating the costs for decommissioning will be paid regardless of cost because each institution is a State entity and is self insured. The University of Iowa letter is dated 4/15/96 and the Iowa State University letter is dated 11/5/99. Letters are attached.

3. **The review team recommends that the State submit draft and final regulations to the NRC for review. (Section 4.1.2)**

ACTIONS:

We are some what perplexed on this recommendation. A review of our records indicates that we have sent rule packages every year from 1986 through 1998. We did not submit rules to the NRC in December 1998/January 1999. Our current package started it journey through the IDPH peer review process. This process should be completed by 11/22/99. Changes will be made and copies completed by 12/12/99. The packages will be completed by 12/12/99 for the Board of Health and NRC. The final comment date will be February 29, 2000. Assuming that we have the package available by 12/17/99 the NRC will have at least a 70 day response period.