

9/8/97



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REV 1 RMRS Administrative Instructions Table of Contents

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INSTR.012

REV 0 Rdiological Deficiency Report Administration

**Instructions: New procedure consisting of 8 pages.**

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# INSTRUCTION

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## RADIOLOGICAL DEFICIENCY REPORT ADMINISTRATION

INSTR.012

Revision 0

Date Effective: 08/29/97

Page 1 of 8

APPROVED: \_\_\_\_\_

T. W. Overlid, Director, Program Compliance

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### 1. PURPOSE

This work instruction describes the responsibilities and duties of applicable Rocky Mountain Remediation Services, L.L.C. (RMRS) personnel for the administration of RMRS Radiological Deficiency Reports (RDRs).

### 2. SCOPE

This work instruction is for the use of applicable RMRS personnel tasked with tracking, trending, cause analysis, developing/implementing corrective actions and lessons learned, and summary report preparation for RMRS RDRs. This work instruction is not an approved site procedure, but a work instruction designed for the convenience of RMRS personnel. In the event of conflicts between this work instruction and 1-H02-HSP-3.02, "Radiological Deficiency Report" or other site approved and controlled procedures, the site procedures shall take precedence.

### 3. PRE-REQUISITES

None.

### 4. RESPONSIBILITIES

#### 4.1. RDR Coordinator

- 4.1.1. Establish and maintain a comprehensive RDR file containing all RDRs issued to RMRS,
- 4.1.2. Screen and review the SSOC RDR database for accuracy related to RMRS RDRs,
- 4.1.3. Inform supervision of inaccuracies within the SSOC RDR database,
- 4.1.4. Provide assistance to designated Responsible Managers, or designee, to close RDRs and/or resolve questionable RDRs,
- 4.1.5. Prepare and distribute standardized RMRS monthly RDR Summary Reports to senior RMRS management after obtaining the Director of Program Compliance' approval,
- 4.1.6. Perform monthly RDR cause categorization and quarterly RDR cause analyses to be included in applicable monthly summary reports,

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- 4.1.7. Provide assistance to senior RMRS management to identify problematic areas in radiological performance and develop corrective actions and lessons learned,
  - 4.1.8. Provide RDR information to the RMRS Director of Environment, Safety, Health and Quality (ESHQ),
  - 4.1.9. Act as liaison to the Safe Sites Of Colorado RDR Administrator,
  - 4.1.10. Perform annual RDR evaluations to identify problematic deficiencies, corrective actions and follow up actions to verify deficiencies are corrected and potential for recurrence is eliminated or minimized to the greatest extent practicable.
- 4.2. Field Health Physicist
- 4.2.1. Provide assistance to senior RMRS management to identify problematic areas in radiological performance and develop corrective actions and lessons learned,
  - 4.2.2. Provide assistance to designated Responsible Managers, or designee, to close and/or resolve questionable RDRs,
  - 4.2.3. Provide assistance to the RDR Coordinator responsible for maintaining the RMRS RDR Tracking and Trending Program,
  - 4.2.4. Act as liaison to the Safe Sites Of Colorado RDR Administrator and Radiological Safety Management,
  - 4.2.5. Review RMRS monthly RDR Summary Reports,
  - 4.2.6. Ensure timely close-out of RDR once submitted by the Responsible Manager to SSOC RDR Administrator.
- 4.3. Responsible Manager
- 4.3.1. Accept responsibility and accountability for RDRs issued against activities under their control in accordance with 1-H02-HSP-3.02, "Radiological Deficiency Report",
  - 4.3.2. Review and investigate applicable RDRs for:
    - A determination of the primary and contributing root causes,
    - The development and implementation of appropriate corrective action(s),
    - A determination if an Operations Review Committee meeting is required in accordance with 1-52000-ADM-02.01, Operation Review Committee Requirements.
  - 4.3.3. Inform Field Health Physicist when a RDR is issued against activities under their control,
  - 4.3.4. Provide Field Health Physicist with copy of RDR and amplifying documents such as radiological surveys, witness statements, description of occurrence, occurrence reports, fact finding meeting minutes, corrective actions documentation, etc.,
  - 4.3.5. Ensure corrective actions and controls to prevent recurrence are completed, implemented and documented by scheduled dates,
  - 4.3.6. Recommend RDR close-out to SSOC RDR Administrator,

- 4.3.7. Verify RDRs that are closed are promptly removed from the Plant Action Tracking System (PATS),
  - 4.3.8. Provide Field Health Physicist with copies of applicable RDR close-out documentation,
  - 4.3.9. Obtain Field Health Physicist's assistance as necessary to ensure completion of corrective actions and RDR close-out.
- 4.4. Director, Program Compliance
- 4.4.1. Review and approve monthly RDR Summary Reports for distribution,
  - 4.4.2. Ensure the RDR Tracking and Trending Program is administered in accordance with this work instruction,
  - 4.4.3. Communicate to senior RMRS management significant findings, concerns and recommended corrective actions and lessons learned related to RMRS RDRs,
  - 4.4.4. As deemed necessary from RDR tracking and trending, ensure periodic assessments and evaluations are performed.

## 5. INSTRUCTIONS

- 5.1. Notification Process for RDRs
- 5.1.1. Responsible Managers, upon notification of a RDR being issued against their activities, will follow the requirements of 1-H02-HSP-3.02, Radiological Deficiency Report and 1-D97-ADM-16.01, Occurrence Reporting Process and other applicable approved site procedures.
  - 5.1.2. Responsible Managers, in addition to the reporting requirements of applicable approved site procedures, shall notify the Field Health Physicist when a RDR is issued against their activities.
  - 5.1.3. Initial notification may be made in person, by phone or other acceptable electronic means such as cc:Mail. During the initial notification process, the Responsible Manager should inform the Field Health Physicist of any extenuating circumstances or concerns with the RDR.
  - 5.1.4. Following the initial notification, a copy of the RDR, and all available amplifying documentation, shall be forwarded to the Field Health Physicist at the Responsible Managers earliest convenience. This should normally be within one working day. The forwarding of the RDR and other documents shall typically be made by hand delivery or facsimile. The site mail system should be used as a last resort due to the time delay involved.
  - 5.1.5. The Field Health Physicist upon receipt of a hard copy of the RDR and other documentation, inform the Director of Program Compliance of the RDR. The Field Health Physicist will have already reviewed the RDR and other applicable documentation. The Field Health Physicist should discuss the circumstances surrounding the RDR with the Director as necessary. A determination should be made whether to take any other actions as a result of the RDR.

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- 5.1.6. Upon notification from the Field Health Physicist, the Director of Program Compliance will determine if further notifications, not previously made, are necessary based on the severity and nature of the RDR. If deemed necessary, the appropriate notifications will be made.
- 5.2. Corrective Actions and Close-out of RDRs
- 5.2.1. Responsible Managers shall follow the requirements of 1-H02-HSP-3.02, "Radiological Deficiency Report" to ensure corrective actions are taken and RDRs are closed out by the target completion date.
- 5.2.2. Upon close out of a RDR that has been tracked in PATS, the Responsible Manager shall verify the RDR has been removed from PATS.
- 5.3. Resolution of Questionable Radiological Deficiency Reports
- 5.3.1. On occasion, a RDR may be in question for its validity, event code classification, 10 CFR 835 compliance or assignment to RMRS. In these circumstances, the Field Health Physicist shall inform the Director of Program Compliance of the RDR in question, including all pertinent information.
- 5.3.2. The Field Health Physicist will communicate the concerns regarding the RDR in question to the SSOC RDR Administrator, applicable Facility Manager, RDR originator or other relevant individuals. Attempts to resolve the concerns with the RDR will be made with the appropriate individuals.
- 5.3.3. In the event a resolution acceptable to both RMRS and the SSOC RDR Administrator cannot be reached, the Field Health Physicist shall inform the Director of Program Compliance. A course of action determined by the Field Health Physicist and Director of Program Compliance to achieve an acceptable resolution shall be made.
- 5.3.4. Once a course of action has been determined, the Field Health Physicist shall ensure appropriate actions are taken to resolve the RDR in question.
- 5.4. Price-Anderson Amendments Act (PAAA) Screening
- 5.4.1. An evaluation for PAAA applicability will be performed on all RDRs.
- 5.4.2. Those with potential violations or discrepancies under PAAA will be referred to the RMRS PAAA Point of Contact for further evaluation.
- 5.5. Instructions for Determining the Average Number of Days to Close-out RDRs
- 5.5.1. A weighted, frequency of distribution statistical averaging approach shall be utilized to determine the average number of days to close-out RDRs. This approach is used in order to reduce the effects of anomalous RDRs which could skew the overall average.
- 5.5.2. The average number of days to close-out RDRs shall be a twelve month rolling average. Two steps are necessary when calculating this average.
- 5.5.2.1. First, calculate the average number of days to close RDRs for each month,

5.5.2.2. Second, calculate the average number of days to close RDRs for the twelve month period covered.

5.5.3. The following calculation, or equivalent, shall be used to calculate these averages:

$$\frac{\sum fx}{\sum f} = \bar{x} = \frac{f_1x_1 + f_2x_2 + \dots + f_nx_n}{f_1 + f_2 + \dots + f_n}$$

Where:

$f$  = the number of RDRs rounded to the nearest 10 day increment for an individual month or the total number of RDRs for each month.

$x$  = the applicable 10 day increment from 10 through 100 days, that it took to close RDRs or each month's average number of days to close that month's RDRs. For closure time greater than 100 days, use 100.

$n$  = the number of data points (not used for calculation purposes).

Note: Due to rounding RDR closure times to the nearest 10 day increment, the average days to close RDRs should be considered a weighted estimate.

#### 5.6. Screening the SSOC RDR Database

5.6.1. The SSOC RDR Database should be reviewed and screened at least weekly by the RDR Coordinator.

5.6.2. The RDR Coordinator shall keep a file, notebook or other suitable documentation of all discrepancies noted in the SSOC RDR Database. This shall serve as historical documentation of the discrepancies.

5.6.3. The monthly summary reports should include a section that describes the discrepancies between the RMRS RDR Tracking and Trending Program and the SSOC RDR Database and status of resolution.

#### 5.7. RDR Cause Categorization and Cause Analysis

5.7.1. The RDR Coordinator shall use the Figure 1 and Figure 2 flow charts below, along with other applicable RDR information, to categorize the primary cause of each RDR on a monthly basis.

5.7.2. At the end of each calendar quarter, the RDR Coordinator shall summarize the cause categories identified for each of the months of the quarter. An analysis and evaluation of the primary causes shall be made to determine if any potentially or evidenced programmatic adverse trends or deficiencies exist.

5.7.3. Based on the findings resulting from the quarterly cause analysis and evaluation, corrective actions, lessons learned and follow up actions to determine the effectiveness of corrective actions shall be developed and submitted to applicable supervision for review and approval.

5.7.4. Summaries of the above findings and actions should be included in the applicable monthly summary reports.

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**6. RDR TRACKING AND TRENDING ELECTRONIC FILES, REPORTS AND RECORDS**

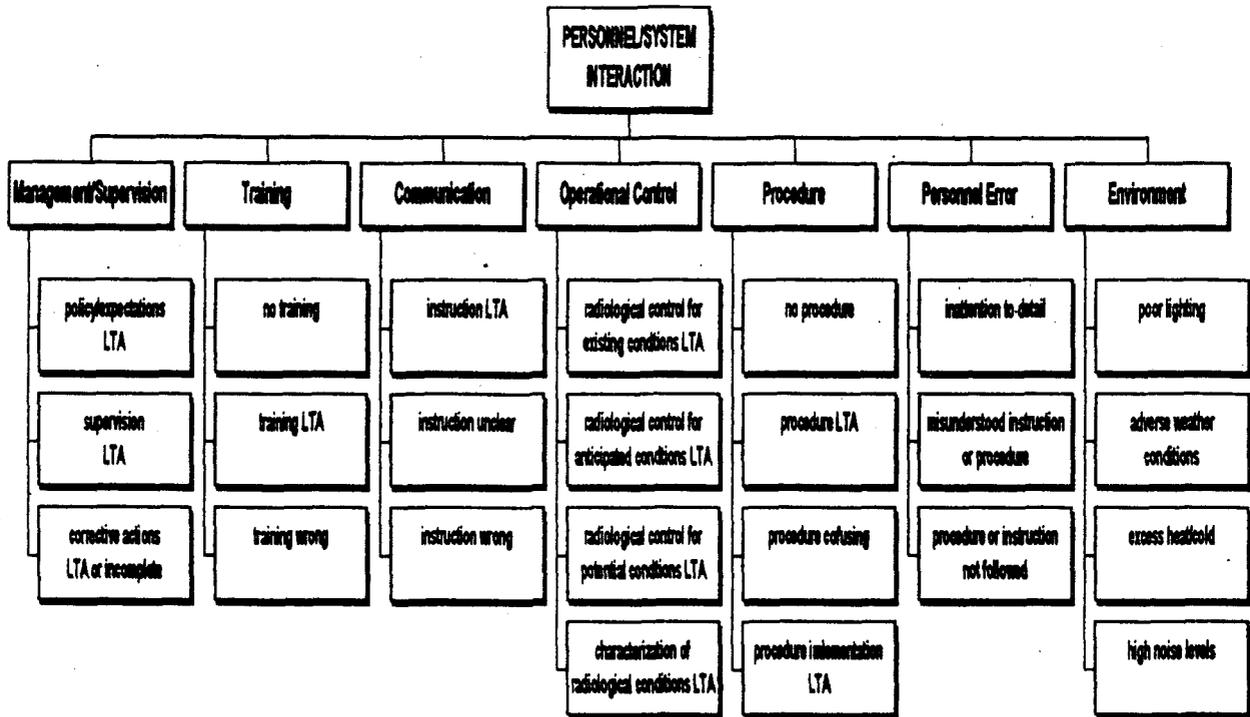
**6.1. Electronic Files**

- 6.1.1. The RDR Coordinator shall design, develop and maintain electronic workbooks, spread sheets, data bases or other appropriate electronic files capable of accurately tracking and trending RMRS RDRs. The files shall be of a consistent format and should be backed up at least weekly.
- 6.1.2. Information in the electronic files should be used to support the preparation of the monthly summary reports.
- 6.1.3. Monthly summary reports are to be completed for each month. Typically, these reports should be completed in draft form no later than the tenth day of the subsequent month. The final report, approved for distribution by the Director of Program Compliance, should be distributed no later than the fifteenth day of the subsequent month.
- 6.1.4. In the event extenuating circumstances prohibit the completion, approval and/or distribution of monthly RDR Summary Reports by the scheduled dates, the Director of Program Compliance shall be informed. When completed, the monthly summary report shall contain an explanation indicating the reason for any delay of completion, approval and/or distribution.
- 6.1.5. Monthly RDR Summary Report minimum distribution is as follows:
  - RMRS Directors and Vice Presidents, and Senior Vice Presidents,
  - RMRS RDR Tracking and Trending Program file,
  - RMRS Records (2).
- 6.1.6. Monthly RDR Summary Report content should be presented in a standardized format. Highlights for each month should be included. The basic information to be included in each month's report should include the following elements:
  - Number of RDRs and RDRs classified by primary event code as a Radiological Violation,
  - Summary of changes made to historical RDRs,
  - Average number of days to close RDRs,
  - Summary of open RDRs, including days open, closure status and accountable Responsible Manager,
  - Applicable narratives related to the particular month's RDRs,
  - Brief summaries of the month's RDRs,
  - Graphs indicating total RMRS RDRs and Radiological Violations,
  - Graphs indicating RDRs and Radiological Violations for each Operations group.
- 6.1.7. All monthly RDR Summary Reports shall be retained in an appropriately segregated RDR Program File and at RMRS Records.

6.2. Annual RDR Evaluation

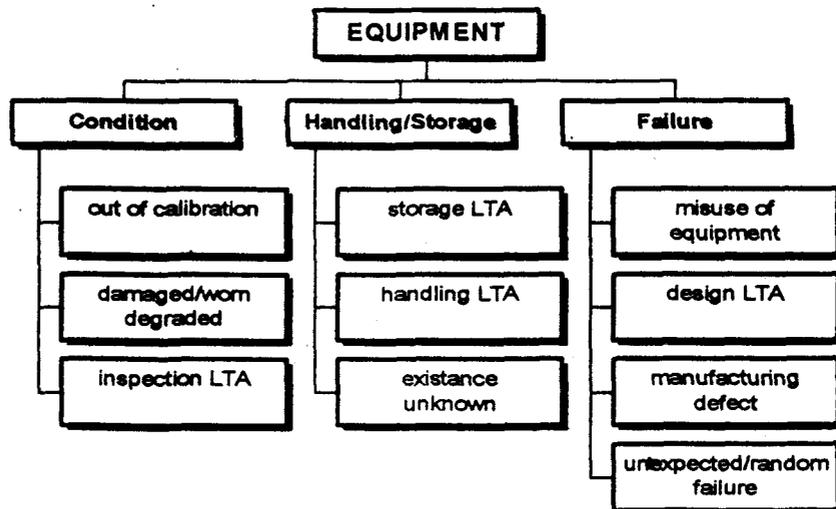
- 6.2.1. At the conclusion of each fiscal year, the twelve monthly RDR Summary Reports shall be reviewed and evaluated. The purpose of this review and evaluation is to determine if potential or evidenced programmatic deficiencies related to RMRS radiological performance exist.
- 6.2.2. Based on the findings of the Annual RDR Evaluation, corrective action plans and lessons learned will be developed and submitted for approval by the Director, Program Compliance.
- 6.2.3. The format and content of the Annual RDR Evaluation should be designed specific to significant findings, corrective actions and lesson learned. The standard distribution of section 6.1.5 above should be used for the Annual RDR Evaluation.
- 6.2.4. Follow up actions to ensure the effectiveness and adequacy of corrective actions should also be included in the Annual RDR Evaluation.

FIGURE 1 - RMRS RDR Personnel/System Interaction Cause Categorization Flowchart



LTA - less than adequate

FIGURE 2 - RMRS RDR Equipment Cause Categorization Flowchart



LTA - less than adequate