

DOCUMENT ACTION REQUEST FORM

ISFSI/IQP-6.01-1 Rev. 0

(Instructions to complete form on reverse side. See IQP-6.01 for additional instructions)

Originator: ⁽¹⁾ Paul Contreras Organization: AM/FMDP		Phone No.: 526-5699	DAR Date: ⁽²⁾ 4/14/13	DAR No.: ⁽³⁾ EIS-0454
Doc. No.: ⁽⁴⁾ LMP-045	Title: ⁽⁵⁾ DOE-ID Line Management Self Assessment		Rev. No.: ⁽⁶⁾ 11 Date: 3/12/2012	

Check applicable box: ⁽⁷⁾ New Document Revision Deletion

⁽⁸⁾ Item No.	Page	Step or Para.	Instructions: Rewrite paragraph(s), or for extensive changes, attach revised copy and state "revise per attached copy."	Justification: Reason for change
1	2	7	Added step 7: "Review and approve the self assessment report within 45-calendar days from the completion date of the self assessment activity (e.g., field work, procedure review, etc.)."	Revision required to a resolve finding identified from a self assessment.
2	2 and 3	8 thru 12	Re-numbered steps to account for the new step 7.	Editorial

Other documents affected by this change (Provide DAR No.): ⁽⁹⁾

Concurrence Reviews: ⁽¹⁰⁾ (Insert additional fields if necessary)

Name	Organization	Phone No.	Signature	Date
Barbara Beller	Licensing Manager	526-0235		3/11/2013
Randy Kay	QA Manager	526-2094		3/6/2013

Approval of document originator: ⁽¹¹⁾

Name: Paul Contreras	Signature:	Date: 2/27/13
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Approval: ⁽¹²⁾

Name: Steve Ahrendts	Signature:	Date: 3/14/13
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Closeout: ⁽¹³⁾

Doc. Issue Date: 4/23/13	DAR Closeout Date: 4/29/13	RC Signature:
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LICENSING MANAGEMENT PROCEDURE

Approval  _____ Date 3/11/13

Subject: Management,
Administration & Oversight

Title: DOE-ID Line Management Self Assessment

1.0 Purpose

This procedure establishes the policy, requirements, responsibilities, and protocols for Line Management self assessments for Department of Energy Idaho Operations Office (DOE-ID) Nuclear Regulatory Commission (NRC) licensed facilities.

2.0 Scope

This procedure applies to DOE-ID Line Management and organizations assisting Line Management with the management of DOE-ID NRC licensed facilities and the oversight of the operating contractor.

3.0 Definitions

Acronyms

QA Quality Assurance

4.0 References

None

5.0 Responsibilities

5.1 The Facility Director has overall responsibility for the self-assessment program. This includes ensuring that a self assessment schedule is issued, that the required self assessments are performed, that adequate corrective actions are developed, and that corrective actions are closed out in a timely and effective manner.

Note: The Facility Director (Alternate) is fully authorized to perform any of the functions referred to in this procedure as responsibilities of the Facility Director.

5.2 The NRC Licensing Manager has the responsibility of assisting the Facility Director to ensure the performance of applicable self-assessments.

5.3 The performer of the self assessment has the responsibility of executing the self assessment in accordance with this procedure.

6.0 Instructions

6.1 Self Assessment Program

Performer

Facility Director

Action

Assessor

1. On an annual basis, develop, and issue a self-assessment schedule that covers the topics and periodicity requirements found in Attachment 1 to this procedure. Additional self assessments may be performed on an as needed basis.
2. Acquire personnel resources for the performance of the self assessment as necessary. Approve the checklist to be used by the assessor.
3. Using Regulations, licensing basis documents, DOE-ID and operating contractor procedures and NRC inspection criteria as appropriate, develop a checklist and obtain Facility Director approval of the checklist. Note: Not all self-assessments require checklists. For example when ad-hoc issues arise, an assessment can be written based on the specific situation. Additionally, issues can be added to the tracking system that are not associated with a self-assessment.
4. Perform the assigned self assessment using the approved checklist.
5. Document the self assessment in Pegasus.
6. Submit the self assessment report to the Facility Director for review/approval.
7. Review and approve the self assessment report within 45-calendar

Facility Director

days from the completion date of the self assessment activity (e.g., field work, procedure review, etc.).

- 8. Enter any non compliance items as defined in the Quality Assurance Plan (QAP) Glossary into the Pegasus database for tracking.

NOTE: The Pegasus Corrective and Preventive Action work instruction, does not apply to the NRC Licensed Facilities.

- 98. For any non compliance issue below the level of a significant finding as defined in the QAP Glossary, perform an Apparent Cause Analysis, develop a corrective action plan (CAP), implement the CAP, and closeout the CAP.
- 109. For any non compliance issue that is a significant finding or higher, coordinate with the DOE-ID QA Manager in accordance with IQP 16.01 to resolve.
- 119. Forward self assessments to DOE-ID Management for information, and to the DOE-ID ISFSI QA Manager for trending and records purposes.
- 124. Ensure non compliances are closed out in a timely manner.

6.2 Other Oversight

Performer

Facility Director

Action

- 1. In accordance with Fort St. Vrain (FSV) Technical Specification (TS) 5.1.5, visit the FSV Independent Spent Fuel Storage Installation (ISFSI) at least twice a year for the purpose of verification or audit of the

FSV ISFSI compliance with regulatory requirements and licensing basis commitments, to communicate and interface in person with facility staff and to appraise DOE-ID management of FSV ISFSI status based on observations.

2. The Facility Director (or Alternate) shall regularly attend/participate in the contractor ISFSI staff meeting and/or regularly hold a conference call with contractor personnel at the FSV ISFSI.
3. Regularly attend the contractor NRC licensed facilities operations meetings.
4. Regularly review the electronic Idaho Nuclear Technology and Engineering Center (INTEC) Plant Operations Summary.
5. In accordance with FSV TS 5.1.4, be present during significant operational or maintenance evolutions, emergency exercises, and announced NRC inspections. During prolonged evolutions, the Facility Director shall be present during initial activities and at least monthly thereafter.
6. Annually, review the Training Program. At a minimum, this annual review will review the NRC Licensed Facilities Qualification Standard and Verification Card (QSVC).

6.3 DOE-ID Management and Licensing Interface

Performer

Facility Director

Action

1. Hold regular meetings with the DOE-ID Manager or Deputy to keep them informed of NRC licensed facilities status and issues.

2. Through periodic meetings or other communications, keep the DOE-ID Licensing personnel up to date on current issues affecting the NRC licensed facilities.

6.4 Facility Director Coverage

<u>Performer</u>	<u>Action</u>
Facility Director	1. During extended absences from the Idaho National Laboratory (INL), inform licensing and other appropriate personnel of coverage for operations and communications.

7.0 Records

- 7.1 The following records generated as a result of this procedure require retention in accordance with the identified lifetime or non-permanent classification and in accordance with IQP-17.01, "Records Management".

7.1.1 Lifetime:

Any item that provides evidence and/or demonstrates compliance with the Safety Analysis Report (SAR), Technical Specification (TS) and/or a Nuclear Regulatory Commission (NRC) License requirement and/or commitment.

7.1.2 Non-Permanent:

Documents that do not meet the requirements for lifetime records, but provide objective evidence that the NRC Licensed Facilities program has been properly executed shall be classified as non-permanent records.

8.0 Attachments

- 8.1 Attachment 1, " DOE-ID Line Management Self Assessments for NRC Licensed ISFSIs"

Attachment 1

**DOE-ID Line Management Self-Assessments
For NRC Licensed Facilities**

NRC Licensed Facilities	
TOPIC	PERIODICITY
Tech Spec and SAR Compliance	Annual
NRC Licensing Procedure Manual	Annual
Self Assessment Program	Annual
Contractor Oversight	Annual
NRC Postings	Annual
Corrective Actions	Annual
Training (at a minimum, review the QSVC)	Annual
Fort St. Vrain Tech Spec 5.1.5 (Visit FSV)	At least twice per year
FSV Tech Spec 5.1.4	As needed
Meet with DOE-ID Manager	Regular basis