

**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: <sup>(1)</sup> Paul Contreras Organization: AM/FMDP		Phone No.: 526-5699	DAR Date: <sup>(2)</sup> 4/14/13	DAR No.: <sup>(3)</sup> EB-0455
Doc. No.: <sup>(4)</sup> LMP-050	Title: <sup>(5)</sup> Performance Monitoring of the Operating Contractor		Rev. No.: <sup>(6)</sup> 12 Date: 3/12/2012	

Check applicable box: <sup>(7)</sup>  New Document  Revision  Deletion

<sup>(8)</sup> 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	3	8	Added step 7: "Review and approve the surveillance report within 45-calendar days from the completion date of the surveillance activity (e.g., field work, procedure review, etc.)."	Revision required to a resolve finding identified from a self assessment.
2	3	9 thru 11	Re-numbered steps to account for the new step 7.	Editorial

Other documents affected by this change (Provide DAR No.): <sup>(9)</sup>

Concurrence Reviews: <sup>(10)</sup> (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		3/5/2013

Approval of document originator: <sup>(11)</sup>

Name: Paul Contreras	Signature:	Date: 2/27/13
----------------------	------------	---------------

Approval: <sup>(12)</sup>

Name: Steve Ahrendts	Signature:	Date: 3/14/13
----------------------	------------	---------------

Closeout: <sup>(13)</sup>

Doc. Issue Date: 4/23/13	DAR Closeout Date: 4/22/13	RC Signature:
--------------------------	----------------------------	---------------

## LICENSING MANAGEMENT PROCEDURE

Approval \_\_\_\_\_

Date 3/14/13

Subject: Management,  
Administration & Oversight

Title: Performance Monitoring of the Operating  
Contractor

### 1.0 Purpose

This procedure establishes the policy, requirements, responsibilities, and protocols for Department of Energy Idaho Operations Office (DOE-ID) Line Management performance monitoring of the Operating contractor. The procedure also covers Line Management interface with the DOE-ID Manager and with DOE-ID Licensing. DOE-ID operational coverage is also included.

### 2.0 Scope

This procedure applies to DOE-ID Line Management or those assisting DOE-ID Line Management in the performance monitoring of the contractor for Nuclear Regulatory Commission (NRC) licensed facilities.

### 3.0 Definitions

#### Acronyms

ICARE            Issues Communication And Resolution Environment  
QA                Quality Assurance

### 4.0 References

4.1    None

### 5.0 Responsibilities

5.1    The Facility Director has overall responsibility for the program to monitor contractor performance. This includes ensuring that a surveillance schedule is issued, that the required surveillances are performed and issued to the contractor, 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 performer of the surveillance has the responsibility of doing so in accordance with this procedure.

## 6.0 Instructions

### 6.1 Surveillance Program

<u>Performer</u>	<u>Action</u>
Facility Director	<ol style="list-style-type: none"><li>1. On at most an annual basis, develop, and issue a surveillance schedule that covers the topics and periodicity requirements found in Attachment 1 to this procedure.</li><li>2. Acquire personnel resources for the performance of the surveillances as necessary. Approve the checklist to be used by the surveillant.</li></ol> <p>Note: The DOE-ID Quality Assurance (QA) and other support organizations provide DOE-ID expertise and assistance to Line Management. Credit can be taken for surveillances and audits performed by these organizations to meet the requirements of this procedure. The support organizations sometimes develop their own checklists. These checklists do not have to be approved by the Facility Director. The annual schedule noted above will be updated to annotate the report that completes each requirement before being submitted to records.</p>
Facility Director/Surveillant	<ol style="list-style-type: none"><li>3. Develop a surveillance checklist using Regulations, licensing basis documents, procedures, and NRC Inspection procedures as appropriate.</li></ol> <p>Note: Not all documented surveillances require a checklist. For example, a surveillance to observe an evolution or perform a walkdown may not need a checklist.</p>

Surveillant

4. Obtain Facility Director approval on the checklist.
5. Perform the assigned surveillance using the approved surveillance checklist.
6. Document the surveillance in Pegasus
7. Inform the Facility Director that the report has been entered into Pegasus.

Facility Director (FD)

8. Review and approve the surveillance report within 45-calendar days from the completion date of the surveillance activity (e.g., field work, procedure review, etc.).

98. Ensure the surveillance report is transmitted to the contractor for action. The contractor shall enter all Findings and Concerns into the ICARE system for tracking. Not all surveillances are required to be transmitted to the contractor, i.e. a surveillance that documents a required FD function but identifies no issues. All surveillances that identify issues must be transmitted.

109. Forward all surveillances to the DOE-ID QA Manager for trending and records purposes. Forward surveillances to DOE-ID Management for information.

110. For issues identified by line management, verify closure in Pegasus. The DOE-ID QA organization tracks and closes issues per their process.

## 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 Performance Monitoring Requirements of the Contractor "

Attachment 1

**DOE-ID Line Management Performance Monitoring Requirements  
 of the Operating Contractor**

NRC Licensed Facilities	
TOPIC	PERIODICITY
*	
Significant Evolutions or Events	Upon the Evolution or Event
Announced NRC Inspections	Upon Occurrence
SRC and ALARA Committee	Upon Occurrence
Change Control (10 CFR 72.48	Biennial
Technical Specification Compliance	Biennial
Physical Inventory (10CFR 72.72)	Annual
Radiation Protection	Annual
Emergency Preparedness	Biennial
Physical Security	Biennial
Training	Biennial
Self Assessment/Trending	Biennial
Conduct of Operations/Maintenance	Biennial
Occupational/Industrial Safety	Biennial
Records	Biennial
REMP	Biennial
Technical Specification 5.4.2 Reviews	Biennial

Note: The Annual and Biennial periodicity are defined from the date of license issuance. The surveillance must be performed sometime during the first period and again sometime during the next period etc. A standard extension of 25% from the completion dates applies when necessary.