

Calendar Year 2021

Reactor Oversight Process
Self-Assessment Metric Overview and
Report

CY 2021 ROP Self-Assessment Metrics Overview

Independence Metrics

I-1	I-2	I-3	I-4	I-5
Completion of the Baseline Inspection Program	Resident Inspector Objectivity Through Diverse Experience	Inspector Objectivity and Performance Reviews	Fully Qualified Inspectors, Examiners, and Senior Risk Analysts	Continuity of RI/SRI Site Staffing
Green	Red	Red	Red	Green

Openness Metrics

O-1	O-2	O-3	O-4	O-5
Issuance of Inspection Reports	Issuance of Assessment Letters	Conduct of Annual Assessment Meetings or Other Engagement Activities	Reporting and Dissemination of PI Data	Issuance of ROP Public Meeting Notices and Summaries
Green	Green	Green	Green	Green

Efficiency and Clarity Metrics

E-1	E-2	E-3	C-1	C-2
Completion of Supplemental Inspections	Completion of Temporary Instructions	SDP Completion Timeliness for Potentially Greater-than-Green Findings	Maintenance of ROP Web Pages	Maintenance of ROP Governance Documents
Green	Green	Yellow	Green	Yellow

Reliability Metrics

R-1	R-2	R-3
Predictability and Repeatability of Significance Determination Results	Predictability of Agency Actions and Response	Supportability of Inspection Findings
Green	Green	Green

CALENDAR YEAR 2021 ROP SELF-ASSESSMENT METRICS REPORT
REFERENCED TO INSPECTION MANUAL CHAPTER 0307, APPENDIX A

This metrics report follows Inspection Manual Chapter (IMC) 0307, Appendix A (Agencywide Documents Access and Management System (ADAMS) Accession No. ML19274C401) to report on the overall implementation of the Reactor Oversight Process (ROP) as measured by the following 18 ROP performance metrics for calendar year (CY) 2021. For more details on each individual metric, including the specific criteria for green, yellow, or red status, the basis, the ROP program area, the data sources, the related ROP goals, and the related ROP intended outcomes, refer to IMC 0307, Appendix A.

0307A-01 INDEPENDENCE PERFORMANCE METRICS (I)

I-1 Completion of Baseline Inspection Program

Metric Status: Green

Definition: The baseline inspection program is completed annually in accordance with program requirements.

Data and Analysis: In CY 2021, despite the continuing COVID-19 public health emergency (PHE) all of the regions and the Office of Nuclear Security and Incident Response (NSIR) were able to complete the baseline inspection program. IMC 2515, Section 04.07 states that completion, "is defined to be not more than four (4) inspection procedures not completed, per Region (but not more than one procedure not done per plant)." In CY 2021, all inspections procedures were completed in accordance with IMC 2515 and Appendices at all operating reactor sites. Each region and NSIR documented in detail their implementation of the baseline inspection program for CY 2021 via memorandum (ADAMS Accession Nos. ML22045A016 for Region I, ML22053A268 for Region II, ML22048B341 for Region III, ML22034A798 for Region IV, and Package ML22034A345 for NSIR).

The following discussion highlights some items of interest related to baseline inspection completion during the COVID-19 PHE, but nothing that follows deviates from the overall conclusion that the baseline inspection program was completed in CY 2021. As in CY 2020, due to the COVID-19 PHE, baseline inspection activities were successfully completed either by direct on-site observations, by remote or off-site reviews, or by a hybrid approach, all while taking appropriate precautions to minimize exposure to and transmission of COVID-19. This was done in accordance with existing and updated inspection guidance, inspection procedures, and inspection manual chapters. In CY 2021, the staff continued to emphasize the importance of performing inspection activities on-site, while still allowing flexibilities to perform activities remotely or in a hybrid manner which balanced the

importance of protecting the health and safety of NRC and licensee staff with the need to conduct effective oversight that supports the NRC's critical safety and security mission.

In CY 2021, three reactor sites requested and received exemptions from performing a required biennial emergency preparedness (EP) exercise (ADAMS Accession Nos. ML21119A349, ML21335A448, and ML21225A024). Since biennial exercises for these sites were not held during the CY 2020 and CY 2021 biennial ROP inspection cycle, Region IV did not have the opportunity to perform inspection procedure (IP) 71114.01, "Exercise Evaluation," and IP 71114.08, "Exercise Evaluation – Scenario Review," at these sites during this biennial cycle, as the appropriate samples were not available. Region IV has scheduled the performance of these inspection procedures at these sites concurrently with the rescheduled biennial EP exercises for CY 2022 in addition to the regularly scheduled EP inspection activities related to the biennial EP exercises still scheduled for CY 2023. This does not affect the completion of the baseline inspection program for CY 2021 by Region IV.

In CY 2021, for three reactor sites, there was not a refueling outage or the performance by the licensee of radiologically significant work, such that the minimum inspection samples were not available at those sites for IP 71124.01, "Radiological Hazard Assessment and Exposure Controls." Effective January 1, 2020, a footnote was added to IP 71124.01 (applicable to all samples for this procedure) that states, "Inspections should be performed during a refueling outage or when radiologically significant work is being performed. When appropriately risk-informed samples are not available for inspection follow completion guidance of IMC 0306 section 06.08.f.3." Since the minimum samples for this procedure were not available at these sites, IP 71124.01 is still considered complete at these sites in accordance with IMC 0306 for CY 2021.

In CY 2021, eighteen reactor sites were scheduled for an IP 71130.03 inspection. Twelve of those sites were inspected in CY 2021 using Addendum 5, "Interim Guidance Related to the Implementation of Inspection Procedure 71130.03, Contingency Response – Force-on Force Testing, During the COVID-19 PHE." Due to site-specific COVID-19 conditions, hardship requests from the other six sites were approved and those six sites were inspected using IP 92707 in CY 2021. Based on lessons-learned from implementation of IP 92707 in CY 2020, IP 92707 was added to IMC 2201, Appendix A in CY 2021 to allow its use, as needed, when IP 71130.03 inspection could not be performed to satisfy ROP baseline inspection requirements. As a result, all operating reactor licensees received the baseline inspection under the previously described inspection procedures during CY 2021.

Since the baseline inspection program was completed for all regions, this metric is green, and no region or office has met the individual threshold for evaluation for this metric.

I-2 Resident Inspector Objectivity through Diverse Experience

Metric Status: Red

Definition: Permanently-staffed Senior Resident Inspectors (SRIs) and Resident Inspectors (RIs) spend a minimum of one week each year inspecting at another site.

Data and Analysis: In CY 2021, 37 of the 116 SRI and RI positions in the agency were not able to complete their required objectivity visits by spending a minimum of one week inspecting at another plant. This was due to the travel restrictions imposed due to the ongoing COVID-19 PHE which began in early 2020. All four regions had at least seven resident staff members that were unable to complete the objectivity visits.

For the agency overall this metric is red, and each region has met the individual regional threshold for evaluation for this metric. Since the cause of this red metric is still very clearly the PHE, similarly to CY 2020, the staff does not plan to take immediate action while the COVID-19 PHE is ongoing, or to perform individual evaluations of any region.

For each metric that was evaluated as red due to the ongoing PHE, the staff reviewed any mitigating factors associated with achieving the intent of the metric. Approximately 70 percent of resident inspection staff were able to complete objectivity visits in CY 2021. Additionally, all resident inspectors are subject to the objectivity requirements and restrictions in IMC 0102, "Oversight and Objectivity of Inspectors and Examiners at Reactor Facilities," (ADAMS Accession No. ML12012A053) and IMC 1201, "Conduct of Employees," (ADAMS Accession No. ML16211A030) which includes a 7-year maximum length of tour at a given reactor site. The resident inspector program is a robust and mature program, and although not all resident inspector objectivity visits were completed as required in CY 2021, this is a relatively short-term impact to the resident inspector program, which is expected to resolve once the ongoing PHE impacts are no longer as significant.

I-3 Inspector Objectivity and Performance Reviews

Metric Status: Red

Definition: Line managers perform annual on-site objectivity and performance reviews of each fully qualified inspector assigned to an inspection branch.

Data and Analysis: In CY 2021, 38 of 300 qualified inspectors did not have an annual objectivity review, primarily because of travel restrictions due to the COVID-19 PHE. All of the regions and NSIR reported whether completed objectivity reviews were conducted virtually, with a total of 51 qualified inspectors in those organizations receiving a virtual objectivity review while performing virtual interactions with a licensee, to meet the intent of IMC 0102 requirements.

For the agency overall this metric is red, and three of the four regions have met the individual regional threshold for evaluation for this metric. Since the cause of this red metric is still very clearly the PHE, similarly to CY 2020, the staff does not plan to take immediate action while the COVID-19 PHE is ongoing, or to perform individual evaluations of any region.

For each metric that was evaluated as red due to the ongoing PHE, the staff reviewed any mitigating factors associated with achieving the intent of the metric. More than 85 percent of qualified inspectors had an annual objectivity review by a manager in CY 2021. Additionally, all inspectors are still subject to the objectivity requirements and restrictions in IMC 0102 and IMC 1201. All inspectors continued to have routine inspection related interactions with NRC management in CY 2021. All NRC staff also participate in the NRC performance appraisal process described in Management Directive 10.67, "General Grade Performance Management System," (ADAMS Accession No. ML19119A071), which includes an annual performance rating and discussion. The inspection program is a robust and mature program, and although not all inspectors received an annual objectivity review as required in CY 2021, this is a relatively short-term impact to the inspection program, which is expected to resolve once the ongoing PHE impacts are no longer as significant.

I-4 Fully Qualified Inspectors, Examiners, and Senior Risk Analysts

Metric Status: Red

Definition: Inspectors, operator licensing examiners, and senior risk analysts (SRAs) remain fully qualified in accordance with qualification requirements. Training beyond the 3-year cycle is considered noncompliant regardless of the status of a deviation memo.

Data and Analysis: In CY 2021, 87 of 308 inspectors, operator licensing examiners, and SRAs were required to have taken either post-qualification or refresher training in accordance with IMC 1245 and its appendices but did not or were not able to do so. All four regions had a substantial number of staff members who did not take either post-qualification or refresher training to maintain their qualifications in accordance with IMC 1245, the vast majority due to COVID-19-related training cancellations and travel restrictions. In recognition of the ongoing PHE, the Division of Reactor Oversight (DRO) had previously revised IMC 1245, Appendix D1, "Maintaining Qualifications," dated December 16, 2020 (ADAMS Accession No. ML20246G611), to authorize a one-time blanket deviation for certain IMC 1245 refresher training requirements during the COVID-19 PHE. This blanket deviation allows individual inspectors to remain qualified on an individual basis, but those staff members are still considered noncompliant for the purposes of this metric.

For the agency overall this metric is red, and all four of the regions have met the individual regional threshold for evaluation for this metric. Since the cause of this red metric is still very clearly the PHE, similarly to CY 2020, the staff does not plan to take immediate action while the COVID-19 PHE is ongoing, or to perform individual evaluations of any region.

For each metric that was evaluated as red due to the ongoing PHE, the staff reviewed any mitigating factors associated with achieving the intent of the metric. Approximately 70 percent of inspectors, operating license examiners and SRAs maintained their qualifications in accordance with IMC 1245 in CY 2021. Staff that were not able to maintain their qualifications by taking the appropriate refresher training in CY 2020 or CY 2021 are aware of these training requirements and are awaiting the next available training opportunity. Additionally, there were many general training opportunities held virtually during CY 2021, which were well attended by NRC staff and inspectors. These included weekly agencywide knowledge management presentations on a variety of technical topics and biannual inspector seminars held by all four regions. In addition, inspectors were actively performing technical inspection activities in CY 2021, which also provides ongoing proficiency training.

The inspection training program is a robust and mature program, and although not all inspectors attended required post qualification or refresher training in CY 2020 or CY 2021, this is still a relatively short-term impact to the inspection program, which is expected to completely resolve once the ongoing PHE impacts are no longer as significant. In addition, some of the required refresher training is now available to staff in a virtual instructor-led format (e.g., reactor technology review courses, R-904P/B). In CY 2021, the technical training center had been able to offer some limited capacity in-person reactor simulator courses, although the majority of these courses have been for newly

qualifying staff (R-624P/B) versus refresher training for already qualified staff (R-704P/B).

I-5 Continuity of RI/SRI Site Staffing

Metric Status: Green

Definition: Permanent inspector staffing levels for both SRIs and RIs are maintained to provide continuity of regulatory oversight at each reactor site.

Data and Analysis: In CY 2021, the overall permanent resident inspector staffing percentage for the agency was 95.4%. The permanent resident inspector staffing percentages for each region ranged from 92.2% to 98.1%. In CY 2021, there were nine individual reactor sites which fell below the 90% metric threshold, and the responsible regions provided a detailed explanation of the specific staffing circumstances at each site. Generally, these were due to staff rotations, lateral staff transfers to other positions, and staff turnover. Site coverage was primarily maintained by utilizing the resident staff still on-site to provide coverage and complete inspection activities. Efficient backfilling for vacant resident staff positions was challenging both due to the ongoing COVID-19 PHE and individual regional staffing challenges. Since the agency exceeded 95% permanent resident inspector staffing and each region exceeded 90%, this metric is green, and no region will be individually evaluated.

0307A-02 OPENNESS PERFORMANCE METRICS (O)

O-1 Issuance of Inspection Reports

Metric Status: Green

Definition: ROP inspection reports are issued within applicable timeliness goals.

Data and Analysis: In CY 2021, the agency issued 550 ROP inspection reports. Seven of those inspection reports were not issued in accordance with the timeliness requirements of IMC 0611. No single region or NSIR had more than four late inspection reports. Since the agency had fewer than 11 late inspection reports, and no region or office had more than five late inspection reports, this metric is green, and no region or office will be individually evaluated.

O-2 Issuance of Assessment Letters

Metric Status: Green

Definition: Annual and follow-up assessment letters are issued within the applicable timeliness goals.

Data and Analysis: In CY 2021, the agency issued 56 annual assessment letters and 6 follow-up assessment letters. All of these assessment letters were issued on time, in accordance with IMC 0305 requirements. Since the agency had fewer than three late assessment letters, and no region or office had more than one late assessment letter, this metric is green, and no region or office will be individually evaluated.

O-3 Conduct of Annual Assessment Meetings or Other Engagement Activities

Metric Status: Green

Definition: Public assessment meetings or other engagement activities that discuss the results of the NRC's annual assessment of the licensee's performance, are conducted annually for all sites.

Data and Analysis: In CY 2021, the agency held public assessment meetings or other engagement activities for 55 reactor sites, in accordance with IMC 0305. Indian Point Nuclear Generating Unit 3 shutdown on April 30, 2021, and the staff did not hold a public ROP meeting for Indian Point in CY 2021. Due to the ongoing COVID-19 PHE many of these assessment meetings or activities were held virtually by NRC staff to interact with public stakeholders, and the public engagement activities for several sites were often held as a single combined meeting. Since all operating reactor sites had appropriate public engagement in CY 2021, this metric is green.

O-4 Reporting and Dissemination of Performance Indicator (PI) Data

Metric Status: Green

Definition: PI data submittals by the licensees are posted to the NRC's external web site within the applicable timeliness goals.

Data and Analysis: For CY 2021 PI data, all PI data submittals by the licensees were posted on time to the [NRC's external website for PI data](#). Since no licensee submitted PI data late to the NRC, and there were zero late web postings for PIs, this metric is green.

O-5 Issuance of ROP Public Meeting Notices and Summaries

Metric Status: Green

Definition: ROP-related public meetings are noticed prior to the meeting and meeting summaries are posted after the meeting within the applicable timeliness requirements.

Data and Analysis: In CY 2021, Office of Nuclear Reactor Regulation (NRR), NSIR, and regional staff held 44 ROP-related public meetings, many of them held virtually due to the COVID-19 PHE. The staff noticed and summarized these public meetings within the established timeliness goals for all of the public meetings held, with the exception of two meetings which had late meeting notices, due to an emergent need for the meetings. One of these meetings was closed to the general public. This corresponds to 95.5% of meetings having been noticed and summarized on time. Since the percentage of meetings with timely notices and summaries is greater than 95%, and no region or office had more than two untimely notices or summaries, this metric is green, and no region or office will be individually evaluated.

0307A-03 EFFICIENCY PERFORMANCE METRICS (E)

E-1 Completion of Supplemental Inspections

Metric Status: Green

Definition: Exit meetings for supplemental inspections are completed within 180 days from licensee notification of readiness.

Data and Analysis: In CY 2021, the agency completed three IP 95001 supplemental inspections at Clinton Power Station, Turkey Point Nuclear Generating Unit 3, and James A. FitzPatrick Nuclear Power Plant, as well as an IP 95002 supplemental inspection at Grand Gulf Nuclear Station Unit 1. The exit meetings for these supplemental inspections were all completed within the timeliness goal of 180 days from the date of licensee readiness, with the exception of the IP 95001 inspection at Clinton Power Station, which was delayed due to COVID-19 PHE travel restrictions. Since no more than one exit meeting did not meet the timeliness goal for the agency and no more than one exit meeting did not meet the timeliness goal for any region or office, this metric is green, and no region or office will be individually evaluated.

E-2 Completion of Temporary Instructions

Metric Status: Green

Definition: Temporary Instruction (TI) inspections associated with IMC 2201 and IMC 2515 are completed within the required TI completion time.

Data and Analysis: In CY 2021, the TIs in effect for IMC 2201 and IMC 2515 were TI 2515/193, Revision 1, “Inspection of the Implementation of EA-13-109: Order Modifying Licenses with Regard to Reliable Hardened Containment Vents Capable of Operation Under Severe Accident Conditions,” which has now been completed at all relevant reactor sites, and TI 2515/194, Revision 2, “Inspection of the Licensees’ Implementation of Industry Initiative Associated with the Open Phase Condition Design Vulnerabilities in Electric Power Systems (NRC Bulletin 2012-01)”.

The agency completed 23 TI inspections in CY 2021, and all TIs completed in CY 2021 were documented within the required TI completion time specified by the TI. Since the percentage of documented timely completions of TIs was greater than 95% for the agency and greater than 90% for each region, this metric is green, and no region will be individually evaluated.

E-3 SDP Completion Timeliness for Potentially Greater-than-Green Findings

Metric Status: Yellow

Definition: The time from the identification date (i.e., the date the issue of concern was brought to the licensee’s attention by the NRC, the date the performance deficiency was self-revealed, or the date the licensee documented the condition resulting from the performance deficiency in the corrective action program) to the date a final significance determination is issued for all potentially greater-than-green findings is within 255 days.

Data and Analysis: In CY 2021, the agency issued three final significance determinations for issues that were initially transmitted to the licensees as potentially greater-than-green (GTG). Of these three findings, two of them exceeded the 255-day timeliness goal between identification date and final issuance: Point Beach Nuclear Plant EA-20-081 (ADAMS Accession No. ML21039A709) and James A. FitzPatrick Nuclear Power Plant EA-20-138 (ADAMS Accession No. ML21105A543). Since two issues exceeded the timeliness goal for the agency overall, but no more than one issue exceeded the timeliness goal for any individual region or office, this metric is yellow, but no region or office will be individually evaluated.

DRO reviewed each finding that exceeded the timeliness goal to determine any key contributing causes, and whether program or implementation changes were warranted. For the first finding, the primary contribution to missing the timeliness goal was internal staff disagreement as to the appropriate significance of the finding, based on different interpretations of the specific SDP. In addition, the staff recognized the broader implications that this determination would have

on another similar ongoing evaluation related to this case. In response, NRR, Division of Risk Assessment (DRA) revised IMC 0609, Appendix D, "Public Radiation Safety Significance Determination Process," effective September 24, 2021, in a number of ways, but specific to this finding, updated the guidance within the transportation SDP to address incorrect packaging of radioactive material. DRO has also revised IMC 0609, Attachment 1, "Significance and Enforcement Review Panel (SERP) Process," effective August 19, 2021, in a number of ways: 1) to adjust the SERP escalation process, when there is disagreement among SERP members, 2) to further emphasize the available option of using a modified SERP, which allows the voting members to agree (e.g., via email) to advance a preliminary or final significance determination without holding an official SERP meeting, and 3) to require improved documentation and discussion of uncertainties and qualitative considerations as part of the SERP package and discussion, respectively.

For the second finding, the primary contribution to missing the timeliness goal was extensive discussions and interactions between the NRC staff and the licensee during the development and issuance of the performance deficiency and the subsequent risk assessment to ensure all information provided by the licensee was adequately assessed and considered. As part of the escalated enforcement process, the licensee publicly responded with concerns related to various aspects of the finding (see letter dated February 26, 2021, ADAMS Accession No. ML21057A190) and after a final significance determination was issued by the NRC on April 20, 2021, the licensee subsequently contested the notice of violation.

This ROP metric, E-3, was also evaluated as yellow for CY 2020, and in addition, as of February 15, 2022, a total of four potentially GTG findings have exceeded the 255-day timeliness goal between identification date and final issuance for CY 2022, with only one of these four findings having been issued so far in CY 2022: Davis-Besse Nuclear Power Station EA-21-105 (ADAMS Accession No. ML22031A171). Once these findings have a final significance determination letter, they will be counted as having exceeded this metric in the calendar year in which they are issued. If four or more findings are not finalized within 255 days in CY 2022, this ROP metric will be red for CY 2022.

DRO staff continues to engage with potentially GTG issues while those issues are in process. In CY 2022, DRO staff is planning on performing a review of SDP timeliness, focused on the past several years of findings covered by this metric. The objective of this review is to identify any causal factors affecting SDP timeliness. Depending on the outcome of the review, the staff may recommend program improvements to ensure timely decision making and communication.

0307A-04 CLARITY PERFORMANCE METRICS (C)

C-1 Maintenance of ROP Web Pages

Metric Status: Green

Definition: ROP-related internal and external NRC Web pages are reviewed at least quarterly, and discrepancies are corrected as necessary to ensure that ROP information is communicated accurately and effectively.

Data and Analysis: In CY 2021, each region verified that the data available on the NRC public website for their reactor sites/units were accurate, up to date, and had working links. Any discrepancies or errors discovered by the regions were submitted for correction as appropriate. Currently, this page of [Inspection Reports](#) is populated with inspection reports by reactor site with links to the individual reports, and the [PIM Summary](#) shows an overview of ROP findings by cornerstone on a per unit basis with links to the overall performance summary per unit, as well as links to the list of findings summaries by cornerstone per unit. All of the applicable ROP-related webpages were reviewed by the regions on a quarterly basis.

NSIR staff are responsible for reviewing five ROP-related webpages: the internal security inspection program documents, [Generic Communications](#), the list of [Assessment Letters](#), the list of [Inspection Reports](#), and the [PI Data Summary](#). NRR staff are responsible for reviewing the plant summaries for each operating unit, currently 93 units, along with the [PIM Summary](#), the list of [Inspection Reports](#), the [Action Matrix](#), the list of [Assessment Letters](#), and the [Cross Cutting Issues](#) webpages. The staff verify that the data available are accurate, up to date, and have working links. All of these webpages were also reviewed at least quarterly, and any discrepancies or errors discovered by the staff were submitted for correction as appropriate. Since the percentage of ROP-related webpages reviewed at least quarterly by the staff is greater than 90%, this metric is green.

C-2 Maintenance of ROP Governance Documents

Metric Status: Yellow

Definition: Baseline inspection procedures (BIPs) and other ROP-related Inspection Procedures and Manual Chapters are reviewed at least once every 5 years.

Data and Analysis: As of December 31, 2021, there were a total of 300 ROP-related IMCs and IPs with 68 of those IMCs and IPs designated as reference documents for the ROP. Reference IPs are also designated as such on the NRC [public website](#). ROP documents that are reference only are not subject to the periodic 5-year review cycle in accordance with

IMC 0040. Of the 232 documents subject to this metric, 188 were most recently issued between January 1, 2017 and December 31, 2021. Another 29 documents were reviewed by staff in CY 2021 and were still in the process of being revised and reissued as of December 31, 2021. Fifteen documents had not been reviewed by staff in CY 2021 within the five-year review requirement. Since 93.5% of the ROP-related IMCs and IPs subject to this metric have been reviewed, which is less than 95% and greater than or equal to 90%, this metric is yellow.

Of the 15 documents that had not been reviewed within 5 years in accordance with this metric, 12 are directly related to the engineering and emergency preparedness inspection areas for which the staff had recommended significant changes to the Commission in SECY-18-0113, "Recommendations for Modifying the Reactor Oversight Process Engineering Inspections," (ADAMS Accession No. ML18144A567), and SECY-19-0067, "Recommendations for Enhancing the Reactor Oversight Process," (ADAMS Package Accession No. ML19070A036), respectively. Although the staff withdrew these two papers in August 2021, the staff is currently planning on providing the Commission with notation vote papers in CY 2022 associated with both the engineering and emergency preparedness inspection areas, among other ROP related items. For efficiency, the staff does not currently plan on reviewing and reissuing these 12 inspection documents while significant program changes are under consideration. If these 12 documents had not been included in this metric, this metric would have been evaluated as green.

In CY 2021, the staff has continued to focus on successfully accomplishing the intent of this metric, in having up to date and periodically reviewed ROP governance documents. The staff has encountered several challenges other than those described above, such as, lack of awareness of the review requirements among document leads and supervisors, document leads leaving their positions without a new document lead being assigned and communicated to the inspection manual coordinator, low priority of document revisions relative to other work, and lack of clarity and transparency in how document reviews and revisions are being counted and tracked. In response to some of these challenges, in CY 2021, the staff began a more robust, proactive, and transparent process for tracking the review status of inspection manual documents, which includes quarterly notifications to all document leads that have documents due or overdue for review well in advance of the document revision deadline. The latest review status of each document due for review is transparent to all staff via a centrally managed SharePoint list, as well as the current assigned document lead and the current document classification in terms of whether the document is an ROP document and a reference document. The staff plans to continue to implement these process improvements and monitor the impact in accomplishing and measuring this metric successfully.

0307A-05

RELIABILITY PERFORMANCE METRICS (R)

R-1 Predictability and Repeatability of Significance Determination Results

Metric Status: Green

Definition: Greater-than-Green inspection findings and the associated degraded conditions contain adequate detail to enable an independent auditor to trace through the available documentation and conclude that the significance characterization is reasonably justifiable from both programmatic and technical positions. This audit should be documented in a memo that is internally available to the NRC and referenced in the annual metric report.

Data and Analysis: The staff determined that the one GTG finding issued by the NRC in CY 2021 contained adequate detail to enable an independent auditor to trace through the available documentation and conclude that the significance characterization was reasonably justifiable from both programmatic and technical positions. This internal audit was documented in a memorandum dated January 20, 2022 (ADAMS Accession No. ML22018A123, nonpublic). Since zero discrepancies in the significance determination were identified, this metric is green.

R-2 Predictability of Agency Actions and Response

Metric Status: Green

Definition: Deviations from the Action Matrix are expected to be infrequent to ensure reliable and predictable oversight.

Data and Analysis: In CY 2021, there were zero ROP Action Matrix deviations, so this metric is green.

R-3 Supportability of Inspection Findings

Metric Status: Green

Definition: Inspection findings are adequately supported and documented such that contested violations by licensees that are overturned should be infrequent.

Data and Analysis: In CY 2021, a determination was made on a white finding that was contested by a licensee. The results of this contested finding at the James A. FitzPatrick Nuclear Power Plant were that while the violations associated with the finding and the performance deficiency were subsequently revised from the original finding issued April 20, 2021 (ADAMS Accession No. ML21105A543), the white finding was still upheld (ADAMS Accession No. ML21244A497). The staff does not consider this finding and associated violations to have been overturned.

In addition to the finding discussed above, in CY 2021, the agency also reconsidered two Severity Level IV non-cited violations (NCVs). These NCVs were originally issued in 2011 at Byron Station (ADAMS Accession No. ML113070678) and Braidwood Station (ADAMS Accession No. ML113130388). Although the licensee did not contest these violations, the staff has reconsidered the 2011 NCVs and concluded that they should be withdrawn (ADAMS Accession No. ML21221A224). The staff considers these two violations to have been overturned, even though they were not formally contested by the licensee. Since no more than three contested violations were overturned and no more than two contested violations per region/office were overturned, this metric is green, and no region or office will be individually evaluated.