

Calendar Year 2022

Reactor Oversight Process
Self-Assessment Metric Overview and
Report

CY 2022 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 Reactor Analysts | Continuity of RI/SRI Site Staffing |
| Green | Green | Red | Red | Yellow |

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 | Not Evaluated | 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 | Green |

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 2022 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) 2022. 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 2022, all the regions and the Office of Nuclear Security and Incident Response (NSIR) completed 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 2022, all inspection procedures were completed in accordance with IMC 2515 and its appendices at all operating reactor sites. Each region and NSIR documented in detail their implementation of the baseline inspection program for CY 2022 via memorandum (ML23039A134 for Region I, ML23045A087 for Region II, ML23044A366 for Region III, ML23037A960 for Region IV, and package ML23031A294 for NSIR).

The following discussion highlights some items of interest related to baseline inspection completion, but nothing that follows deviates from the overall conclusion that the baseline inspection program was completed in CY 2022. As in CY 2020 and CY 2021, baseline inspection activities were successfully completed either by direct onsite 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, including the November 2, 2021, memorandum issued by the Director of NRR (ML21295A302). In CY 2022, the staff was able to perform most inspection activities onsite, while still having the appropriate flexibilities within the ROP to perform activities remotely or in a hybrid manner.

In CY 2022, Sample 03.05, “Ultimate Heat Sink Containment Device and Dam” of inspection procedure (IP) 71111.07, dated February 18, 2022

(ML22024A114) was required to be completed on a sexennial frequency (i.e., once in every other triennial ROP cycle). Although the requirement to perform this sample is not a recent addition to the ROP, this sample was first tracked separately from the triennial samples with the revision of IP 71111.07 that was effective January 1, 2021 (ML19291A214) and in RPS with the CY 2021 ROP cycle. This CY 2021 IP revision also clearly listed sites for which this sample is not required, since the NRC's Dam Safety Program (carried out with the technical assistance of the Federal Energy Regulatory Commission) inspects the ultimate heat sink dams at these sites. In addition to the sites specifically listed in the IP, several other sites have an ultimate heat sink design such that this sample does not reasonably apply and a sample for this section was not completed at those sites. Beginning in CY 2023, this sample has been incorporated into IP 71111.21M, "Comprehensive Engineering Team Inspection (CETI)," effective January 1, 2023 (ML19084A030) as a possible Section 03.01, "Structures, Systems, and Components (SSCs)" sample.

On August 3, 2022, Vogtle Electric Generating Plant (Vogtle) Unit 3 transitioned from the Construction ROP (cROP) to the ROP. Vogtle Unit 4 was still under the cROP as of the end of CY 2022. As anticipated, since Vogtle Unit 3 entered the ROP toward the end of the CY 2022 annual inspection cycle and was in a non-critical status for the remainder of CY 2022, the staff had limited opportunities to complete samples for the baseline inspection program. The memorandum "Transition to Reactor Oversight Process for Vogtle Electric Generating Plant, Units 3 & 4," dated August 12, 2020 (ML20191A383) describes the overall staff approach for completing the baseline inspection program for both Vogtle Units 3 and 4 for the first operating cycles and incorporates Table 2, "Vogtle Unit 3 and Vogtle Units 3&4 Resident Inspector Inspection Samples and Hours," (ML20191A398) which delineates both the approved ROP inspection sample ranges for Vogtle Unit 3 alone and for Vogtle Units 3 and 4 together. Also note that the Sample Completed and the Minimum Sample numbers from the Region II baseline completion memorandum enclosure (IR Report 8a), do not accurately capture the ROP samples completed for Vogtle Unit 3, as inspection samples were in fact completed, nor does it accurately reflect the minimum samples from table 2. Section IV.B. of the transition memo provides direction to the staff on when to classify an IP as complete by reference or complete with the opportunity to apply the full procedure not available; the staff selected these statuses for the majority of IPs at Vogtle Unit 3 for CY 2022.

In CY 2022, the staff completed 19 Force-On-Force (FOF) inspections. Seventeen of those inspections were conducted using IP 71130, Attachment 03 (ML21012A329, nonpublic) without addendum 5, and two were conducted using IP 92707 (ML21019A452, nonpublic). The staff did not use IP 71130, Attachment 03 with addendum 5 in CY 2022. Since IP 92707 was added to IMC 2201, Appendix A in CY 2021 to allow its use as a baseline procedure, as needed, when an IP 71130.03 inspection could not be performed to satisfy ROP baseline inspection requirements, all 19 operating reactor licensees received the baseline FOF inspection under the

previously described inspection procedures during CY 2022.

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: Green

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 2022, 3 of the 114 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 in accordance with IMC 0102. Note that due to an upcoming clarification to IMC 0102, this requirement is being counted as automatically met for the first year in which a resident is newly assigned to a given site.

Since the agency had three or fewer noncompliances, and no region or office had more than two noncompliances, this metric is green, and no region or office will be individually evaluated.

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 2022, 8 of 294 qualified inspectors did not have an annual objectivity review, primarily because of staffing coverage and workload challenges for a single supervisory position, in conjunction with COVID-related travel restrictions, and the unavailability of staff to be reviewed due to rotational or transfer assignments. All of the regions and NSIR continued to report whether completed objectivity reviews were conducted virtually, with six qualified inspectors in two regions receiving a virtual objectivity review while performing virtual interactions with a licensee, to meet the intent of IMC 0102 requirements.

Since there are a total of eight noncompliances, for the agency overall this metric is red, and one of the four regions has met the individual regional threshold for evaluation for this metric. Since this metric has improved significantly relative to the CY 2020 and CY 2021 results, the staff does not plan to take action or to perform individual evaluations of any region, while there are still measurable impacts from the COVID-19 public health emergency (PHE), as evidenced by some travel restrictions and the need to still perform some virtual objectivity reviews.

For each metric that was evaluated as red due to measurable impacts from the PHE the staff has reviewed the metric and the metric results to determine whether other contributing factors unrelated to the COVID-19 PHE could be contributing to undesirable performance results. For this metric, six of the eight noncompliances were all within one branch. The branch chief was on extended medical leave, and there was a series of acting supervisors who did not complete the objectivity reviews either virtually or in-person. Permanent staffing challenges for supervisory positions in conjunction with high workloads for those positions could challenge the staff's ability to meet this metric in the future.

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

Metric Status: Red

Definition: Inspectors, operator licensing examiners, and senior reactor 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 2022, 18 of 328 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 do so. All four regions had several staff members who were not able to complete post-qualification or refresher training in accordance with IMC 1245. In the case of individual staff members, the reason for not completing the required training was due to course availability, and individual conflicts between scheduled inspection activities, extended leave, and training. All but one of these staff members have been able to schedule their required training for CY 2023.

On December 16, 2020, the Division of Reactor Oversight (DRO) initially revised IMC 1245, Appendix D1, "Maintaining Qualifications," (ML20246G611) to authorize a one-time deviation for applicable refresher training requirements due to the COVID-19 PHE. The current revision of IMC 1245, Appendix D1, dated January 23, 2023 (ML23018A031) further states that this COVID-19 related deviation will end at the end of CY 2023 and all refresher training requirements will be in full effect in CY 2024. Even with this deviation still in effect through CY 2023, ROP metric I-4 specifically counts approved deviations as instances of not meeting 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 this metric has improved significantly relative to the CY 2020 and CY 2021 results, the staff does not plan to take action or to perform individual evaluations of any region, while there are still measurable impacts from the COVID-19 PHE, as evidenced by ongoing issues with course availability as the agency training program works through the backlog of deferred training due to COVID-related course cancellations and delays.

For each metric that was evaluated as red due to measurable impacts from

the PHE the staff has reviewed the metric and the metric results to determine whether other contributing factors unrelated to the COVID 19 PHE could be contributing to undesirable performance results. For this metric, although there were individual scheduling conflicts between inspection activities, leave and training, since all but one staff member was able to schedule their required training for CY 2023, and that last staff member has been waitlisted for their required training, it is clear that these handful of noncompliances are still due to a backlog due to COVID-related training courses delays and cancellations. The staff does not foresee any challenges to this metric once this COVID-related training backlog has been fully resolved.

I-5 Continuity of RI/SRI Site Staffing

Metric Status: Yellow

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 2022, the overall permanent resident inspector staffing percentage for the agency was 93.3%. The permanent resident inspector staffing percentages for each region were 98.3%, 87.5%, 94.2%, and 95.9% for Region I, Region II, Region III, and Region IV, respectively. In CY 2022, there were 14 individual reactor sites which fell below the 90% metric threshold, 9 of which are in Region II, and the responsible regions provided a detailed explanation of the specific staffing circumstances at each site.

Since the resident inspector staffing percentage is less than 95%, but greater than or equal to 90% for the agency overall, and the resident inspector staffing percentage is less than 90% for Region II, this metric is yellow, and Region II will be individually evaluated. That evaluation is below.

In Region II, the challenges with this metric in CY 2022 were primarily due to a significant number of vacancies in either the resident or senior resident positions, where several months were needed to permanently fill those vacancies with new staff. In some cases, site coverage was provided by short-term acting residents, for less than six weeks at a time, which does not count for this metric. In some cases, the resident inspector acted as the senior resident inspector, and a backfill was not provided for the resident inspector position. In other cases, backfills were not provided for the resident inspector position, until it was permanently filled. Region II has been successful in permanently filling many of these resident and senior resident vacancies in CY 2022 and has also been able to hire more staff into their resident inspector development program. Region II does not anticipate significant challenges to meeting this metric in CY 2023.

Resident staffing, both recruitment and retention, continues to be a key area of agency focus. Additionally in CY 2022, the staff evaluated this metric (ML22332A460) specifically at the request of the regional offices, and the working group has recommended changes to it. The working group

recommendation (Option 3) included renaming the metric, eliminating the requirement for acting resident inspectors to be onsite for a minimum of six weeks to count for the metric, and maintaining the existing criterion for permanently assigned resident inspectors to be absent a minimum of six weeks before counting against the metric. The staff plans to revise this metric (ML23024A162) as recommended by the working group in an upcoming revision to IMC 0307, Appendix A.

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 2022, the agency issued 519 ROP inspection reports. Five of those inspection reports were not issued in accordance with the timeliness requirements of IMC 0611. No single region or NSIR had more than three 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 2022, the agency issued 55 annual assessment letters and 9 follow-up assessment letters. These letters are listed on the NRC's public website of [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 2022, the agency held public assessment meetings or other engagement activities for 55 reactor sites, in accordance with IMC 0305. Palisades Nuclear Plant shutdown on May 20, 2022, however the staff did hold a public ROP meeting for Palisades in April 2022. Some of these assessment meetings or activities were held virtually by NRC staff to

interact with public stakeholders, and in some regions the public engagement activities for the majority of sites were held as a single combined meeting. Since all operating reactor sites had appropriate public engagement in CY 2022, this metric is green.

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

Metric Status: Not Evaluated

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

Data and Analysis: The PI data submittals by the licensees were posted on time to the [NRC's external website for PI data](#) for the CY 2022 Q1, Q2, and Q4 PI data in accordance with section 06.11.c. of IMC 0306. The CY 2022 Q3 PI data (submitted by the licensees within 21 days after September 30, 2022, and due to be posted by Friday, November 4, 2022), for all 93 units were posted to the NRC's public website one business day late on November 7, 2022. This was due to an unexpected technical issue with the process for how PI data are posted to the public (external) website. Note that this was a single technical issue that caused all of the PI data for all units to be posted late, since the current external data posting process is a batch process. The staff in NRR and in OCIO have subsequently addressed this issue with posting PI data to the public website, such that it should not reoccur.

Historically, this metric has been measured and reported on a per unit per quarter basis, with the current version of IMC 0307, Appendix A, specifying that zero late web postings is a green metric, one to three late web postings is yellow, and more than three late web postings is red. A version of this metric (PI-5) can be found as far back as the second issuance of IMC 0307, dated December 12, 2002 (ML023650446), although with the stated acceptance criteria of "Expect a low number (near zero) of late PI postings on the NRC's external Web site." The staff presumes that in the past these PI data were manually posted individually by unit, and it would have been reasonable that any issues encountered would only affect the data posting for one unit at a time.

However, as the agency has continued to improve and adapt its data processes over decades, the current process for posting PI data to the public website is now primarily an automated batch process using RPS-ROP performed by a single individual, the PI program lead. Although there could still be an issue with the data submitted for an individual unit by a licensee that prevents a timely posting for an individual unit, there could also be internal agency issues that affect the posting process at large. Therefore, this metric as historically measured and reported does not necessarily currently capture a sufficiently large number of independent data points to be a useful indicator.

Due to the overall improvements in the PI data posting process, and the subsequent issues identified with this metric in CY 2022, the staff did not evaluate ROP metric O-4 for CY 2022. The staff plans to reconsider this

metric in the context of the current PI data posting process and determine if this metric or its criteria should be revised or eliminated in the next revision to IMC 0307, Appendix A.

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 2022, the Office of Nuclear Reactor Regulation (NRR), NSIR, and regional staff held 47 ROP-related public meetings, some of them held virtually or as hybrid meetings. The staff noticed and summarized these public meetings within the established timeliness goals (10 calendar days prior to a public meeting for meeting notices, and within 30 calendar days following a public meeting for meeting summaries) for all of the public meetings held, with the exception of four late meeting summaries. Two of these late meeting summaries were for meetings held by NSIR and two were for meetings held by NRR. In CY 2022, 95.7% of ROP-related public meeting notices and summaries were on-time.

Since the percentage of 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.

Note that the way that the staff calculated this metric for CY 2022, is a change from the way the staff had previously calculated this metric. In CY 2022, the staff adjusted this metric to be clearly calculated on a per document (i.e., meeting notice or meeting summary) basis, whereas in recent years the staff had been calculating this metric on a per meeting basis. This method more closely aligns with the notes for this metric in IMC 0307, Appendix A. In CY 2023, the staff is also planning to review this metric itself, in relation to the revised Management Directive 3.5, "Attendance at NRC Staff-Sponsored Meetings," approved July 26, 2021 (ML21180A271).

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 2022, the agency completed two IP 95001 supplemental inspections at Callaway Nuclear Generating Station and Davis-Besse Nuclear Power Station. The exit meetings for these supplemental inspections were completed within the timeliness goal of 180 days from the date of licensee

readiness. 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 2022, the only TI in effect for IMC 2201 and IMC 2515 was 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)" (ML20230A328).

The agency completed 1 TI inspection in CY 2022, and this inspection was documented within the required TI completion time (July 29, 2022) as specified by the TI. For reference, see Beaver Valley Power Station inspection report (ML22180A228) and Bulletin 2012-01 closeout letter (ML22189A184). The final TI inspection for TI 2515/194 was completed by the staff in January 2023. For reference, see Comanche Peak Nuclear Power Plant inspection report (ML23023A058) and Bulletin 2012-01 closeout letter (ML23025A353).

Beginning in CY 2022, the analysis for this metric is being performed differently, such that all inspections performed under a single TI are evaluated together. Once the completion date of a TI has passed, the overall timeliness of the TI will be evaluated. If multiple TIs have completion dates within the same CY, the data from all completed TIs will be evaluated together.

For TI 2515/194, the staff performed a total of 75 TI inspections at 49 power reactor sites, beginning in October 2017. Region I, II, III, and IV completed 20, 24, 13, and 18 of these inspections, respectively. All TI inspections were documented within the required completion time, except for the final TI inspection at Comanche Peak Nuclear Power Plant. This corresponds to a timely completion percentage of 98.7% for the agency overall, timely completion percentages of 100% for Regions I, II and III, and a timely completion percentage of 94.4% for Region IV.

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 2022, the agency issued nine final significance determinations for issues that were initially transmitted to the licensees as potentially greater-than-green (GTG). Of these nine findings, three of them exceeded the 255-day timeliness goal between identification date and final issuance: Davis-Besse Nuclear Power Station Unit 1, EA-21-105, EA-21-155, and EA-21-176 (ML22031A171, ML21356A058, and ML22109A157, respectively). Since three issues exceeded the timeliness goal for the agency overall, and Region III had more than one issue that exceeded the timeliness goal, this metric is yellow, and Region III has met the threshold to be individually evaluated.

In CY 2022, DRO staff proactively performed a review of SDP timeliness (ML22335A003), focused on the past several years of findings, since CY 2018, covered by this metric. In part this review was in response to metric E-3 previously being evaluated by the staff as yellow in CY 2020 and CY 2021. A total of 17 findings were included in this review, including the 3 findings issued in CY 2022 that exceeded the timeliness goal of 255-day. Since the staff already included these three findings in the SDP timeliness review, an additional individual evaluation of Region III here would be superfluous.

DRO staff continues to engage with potentially GTG issues while those issues are in process. In addition, as a result of the SDP timeliness review the staff made five recommendations to improve the SDP and the timeliness of potentially GTG findings. The staff plans to revise applicable SDP and ROP self-assessment program documents in CY 2023 to address these recommendations.

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 2022, 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. Of note, Palisades Nuclear Plant entered decommissioning during CY 2022, and has been removed from the ROP public webpages and Vogtle Electric Generating Plant, Unit 3 transitioned from the cROP to the ROP during CY 2022 and has been added to the ROP public webpages.

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: Green

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, 2022, there were a total of 304 ROP-related IMCs and IPs with 68 of those IMCs and IPs designated as reference documents for the ROP. Publicly available 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 236 documents subject to this metric, 191 were most recently issued between January 1, 2018, and December 31, 2022. Another 34 documents were reviewed by staff in CY 2022 and were still in the process of being revised and reissued as of December 31, 2022. Eleven documents had not been reviewed by staff in CY 2022 within the five-year review requirement, which also subsequently requires a revision or a reissuance of the document. Since 95.3% of the ROP-related IMCs and IPs subject to this metric have been reviewed, which is greater than or equal to 95%, this metric is green.

Of the 11 documents that did not meet this metric, 10 are related to the emergency preparedness (EP) cornerstone of the ROP. NSIR staff determined that all 10 of these EP ROP documents are still technically adequate. While these documents are technically adequate and acceptable for use, the documents still needed to be revised to fully comply with the current inspection manual formatting requirements. The staff had

recommended, and the Commission has approved changes to the EP SDP as recommended in Option 2 of SECY-22-0089, "Recommendation for Enhancing the Emergency Preparedness Significance Determination Process for the Reactor Oversight Process," dated September 22, 2022 (ML22189A201). For efficiency, the staff did not plan on reformatting these 10 documents until the Commission issued a Staff Requirements memorandum for SECY-22-0089, such that any necessary revisions to these procedures can be done within a single revision.

In CY 2022, 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 believes that the current process for tracking this metric, which was begun in CY 2021, has improved the overall transparency of the document revision process and status, and has contributed to the relative improvement in this metric.

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 seven GTG findings issued by the NRC in CY 2022 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 26, 2023 (ML23024A253, 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 2022, 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 2022, the staff did not make any determinations on findings or violations that were contested by licensees under the ROP. Two violations were contested by licensees in CY 2022, and once the agency has made determinations on those issues, they will then be included in this metric. The agency has sent letters acknowledging that the licensees have disputed these violations (ML22325A336 and ML22346A036).

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.