

REACTOR OVERSIGHT PROCESS SELF-ASSESSMENT METRICS AND DATA TRENDING

Effective Date: 07/01/2023

This appendix contains a description of each of the Reactor Oversight Process (ROP) performance metrics and data trending as described in sections 06.01(a) and (b) of Inspection Manual Chapter (IMC) 0307, "Reactor Oversight Process Self-Assessment Program." The objectives, applicability, and requirements in IMC 0307 apply to this appendix.

The objective performance metrics and data trending are organized by the Principles of Good Regulation as described in section 05.02 of IMC 0307, which include independence, openness, efficiency, clarity, and reliability. Additional detail related to the specifics and basis of the metrics can be found in the reference documents noted in the basis section of each metric. The ROP goals and ROP intended outcomes (see sections 05.01 and 05.03, respectively, of IMC 0307) related to each metric are also provided. Of note, data trending focus areas do not reference bases documents, and do not have performance thresholds, as they are designed to allow flexibility in data monitoring and analysis. The ROP performance metrics are tracked and reported on a calendar year basis. ROP performance metrics reporting requirements are outlined in IMC 0307, section 07.01.

In general, the ROP objective performance metrics are defined and measured at an agencywide level, though many of the metrics also analyze the data by region and/or office for comparison purposes and to ensure uniform and effective program implementation. Regional and office goals for a given metric are provided in the notes beneath agencywide criteria, when applicable. If the results of an ROP performance metric indicate that an individual evaluation of a given region or office is warranted, the Division of Reactor Oversight (DRO) in the Office of Nuclear Reactor Regulation (NRR) will typically include that evaluation in the annual ROP performance metrics report, which is approved by DRO management. Typically, these evaluations consist of a few paragraphs of independent analysis performed by the ROP self-assessment program lead based on discussions with and data provided by the region or office being evaluated.

To ensure consistency in collecting and reporting of metric data, NRR/DRO will specify the data elements needed to calculate all of the ROP performance metrics and will perform quality assurance to verify data accuracy and consistency.

The ROP data trending focus areas provide for routine monitoring of associated ROP program execution data for each focus area, looking for significant positive or negative trends (as compared to historical averages or expected trends). While the ROP objective performance metrics are generally measured at an agencywide level, the ROP data trending focus areas are purposefully wide-scope, so that flexibility exists for the data to be monitored and analyzed at the appropriate level.

0307A-01 INDEPENDENCE PERFORMANCE METRICS (I)

01.01 I-1 Completion of Baseline Inspection Program

Definition:	The baseline inspection program is completed annually in accordance with program requirements.		
Criteria:	Green	Yellow	Red
	The agency meets baseline completion requirements	N/A	The agency did not meet baseline completion requirements
Regional and Office Compliance:	<p>No less than program completion as defined in section 04.07 of IMC 2515 for any region. Any region that does not complete the baseline inspection program will be individually evaluated.</p> <p>The Office of Nuclear Security and Incident Response (NSIR) is responsible for completing certain baseline inspections as discussed in section 08.06 of IMC 2515. For the purposes of this metric, any baseline inspection procedures not completed by NSIR, will also be included in the analysis of the region which has oversight over that reactor site. If more than two baseline procedures are not completed by NSIR, NSIR will be individually evaluated.</p>		
Notes:	Section 08.06 of IMC 2515 includes a requirement that the regions and NSIR will issue baseline inspection completion memoranda by mid-February		
Basis:	IMC 2515		
ROP Program Area:	Inspection		
Lead/Data Source:	Regions, NSIR		
Related ROP Goals:	Risk-Informed, Predictable		
Related ROP Intended Outcomes:	Monitor and assess licensee performance Identify performance issues through NRC inspection and licensee PIs		

01.02 I-2 Resident Inspector Objectivity through Diverse Experience

Definition:	Permanently-staffed Senior Resident Inspectors (SRIs) and Resident Inspectors (RIs) spend a minimum of one week each year inspecting at another site.		
Criteria:	Green	Yellow	Red
	≤ 3 noncompliant	4-5 noncompliant	≥ 6 noncompliant
Regional and Office Compliance:	Any region that has more than two noncompliances will be individually evaluated.		
Notes:	This metric is counted by senior resident/resident position. In addition, this metric is automatically met for positions in which a resident or		

	senior resident has been newly assigned to a site within a given calendar year.
Basis:	IMC 0102
ROP Program Area:	Inspection
Lead/Data Source:	Regions
Related ROP Goals:	Objective, Predictable
Related ROP Intended Outcomes:	Monitor and assess licensee performance Identify performance issues through NRC inspection and licensee PIs Ensure reliable and predictable program implementation

01.03 I-3 Inspector Objectivity and Performance Reviews

Definition:	Line managers perform annual onsite objectivity and performance reviews of each fully qualified inspector and operator licensing examiner assigned to primarily perform onsite activities at an operating reactor site.		
Criteria:	Green	Yellow	Red
	≤ 3 noncompliant	4-5 noncompliant	≥ 6 noncompliant
Regional and Office Compliance:	Any region or NSIR that has more than two noncompliances will be individually evaluated.		
Notes:	When determining which employees to include in this metric, include all of those fully qualified employees that routinely or primarily perform onsite activities as their primary job function (e.g., being assigned to a site as a resident inspector, or being assigned as a regional inspector in an inspection branch). Section 04.01 of IMC 0102 states that onsite activities include individual or team inspections, examinations, audits, visits, and reviews.		
Basis:	IMC 0102		
ROP Program Area:	Inspection		
Lead/Data Source:	Regions, NSIR		
Related ROP Goals:	Objective, Predictable		
Related ROP Intended Outcomes:	Ensure reliable and predictable program implementation		

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

Definition:	Inspectors, operator licensing examiners, and senior reactor analysts remain fully qualified in accordance with qualification requirements.		
Criteria:	Green	Yellow	Red
	≤ 3 noncompliant	4-5 noncompliant	≥ 6 noncompliant
Regional and Office Compliance:	Any region or NSIR that has more than two noncompliances will be individually evaluated.		
Notes:	<p>When determining which employees are subject to this qualification metric, include all of those fully qualified employees that routinely or primarily perform inspection, operator licensing or senior reactor analyst functions in their positions or for which these qualifications are a position requirement.</p> <p>An approved deviation memorandum does not affect the status of this metric. Although an individual may still be considered individually qualified to perform inspections with an approved deviation, for the purposes of this metric they are considered noncompliant, since this metric measures the number of individuals who have not had the required post-qualification or refresher training in accordance with the 3-year cycle.</p>		
Basis:	IMC 1245, Appendix D1 and Davis-Besse Reactor Vessel Head Degradation Lessons Learned Task Force (DBLLTF) Report		
ROP Program Area:	Inspection		
Lead/Data Source:	Regions, NSIR		
Related ROP Goals:	Predictable		
Related ROP Intended Outcomes:	Ensure reliable and predictable program implementation		

01.05 I-5 Analysis of Resident Inspector Site Staffing

Definition:	Resident inspector staffing is maintained to provide regulatory oversight coverage at each reactor site.		
Criteria:	Green	Yellow	Red
	≥ 95% resident coverage	< 95% AND ≥ 90% resident coverage	< 90% resident coverage
Regional and Office Compliance:	Any region that has less than 90% resident coverage overall will be individually evaluated. Each region shall provide an analysis for each reactor site that falls below 90% coverage for the year.		
Notes:	Qualified inspectors assigned to a reactor site as a resident or senior resident inspector, either permanently or on an acting or rotational basis with a minimum duration of 2 weeks shall be counted for this metric. (Typically, both permanent and acting or rotational assignments		

	<p>are tracked via an SF-50, but this may not be practicable for a 2-week assignment.). Rotational assignments must be tracked and auditable to meet this metric. An inspector assigned as a resident inspector needs to have attained at least a basic inspector certification status, as defined by IMC 1245, Appendix A, to be considered qualified for the purposes of this metric. An inspector assigned as a senior resident needs to have attained at least IMC 1245 Appendix C1, C2, or C10 qualification to be considered qualified for the purposes of this metric.</p> <p>Data will indicate the number of days a qualified resident and senior resident inspector are assigned to the site during the year divided by the number of days in the year. Days that permanently assigned resident staff spend away from the site on training, meetings away from the site, participation in team inspections, leave, or other temporary duties (e.g., acting as a branch chief) are not counted against this metric unless the absence exceeds 6 continuous weeks.</p>
Basis:	IMC 2515 and DBLLTF Report
ROP Program Area:	Inspection
Lead/Data Source:	Regions
Related ROP Goals:	Predictable
Related ROP Intended Outcomes:	Monitor and assess licensee performance Identify performance issues through NRC inspection and licensee PIs Ensure reliable and predictable program implementation

0307A-02 OPENNESS PERFORMANCE METRICS (O)

02.01 O-1 Issuance of Inspection Reports

Definition:	ROP inspection reports are issued within applicable timeliness goals.		
Criteria:	Green	Yellow	Red
	≤ 10 late	> 10 AND ≤ 20 late	> 20 late
Regional and Office Compliance:	Any region or NSIR that has more than 5 late inspection reports will be individually evaluated.		
Notes:	<p>All inspection reports resulting from direct inspections of operating light water reactors and documented in accordance with IMC 0611 are counted for this metric. Reports of operator licensing examinations are not counted in this metric as they are not issued under the inspection program. Final and preliminary significance determination letters and annual assessment letters are not counted in this metric if they are tracked by ROP metrics E-3 and O-2.</p> <p>Reports count for the calendar year in which they are issued. Once a report is issued, if it is issued late, then it will count against this metric. Section 15.01 of IMC 0611 defines ROP report timeliness goals.</p>		

Basis:	IMC 0611 and IMC 2515
ROP Program Area:	Inspection
Lead/Data Source:	Regions, NSIR
Related ROP Goals:	Predictable, Understandable
Related ROP Intended Outcomes:	Monitor and assess licensee performance Identify performance issues through NRC inspection and licensee PIs Communicate inspection and assessment results to stakeholders

02.02 O-2 Issuance of Assessment Letters

Definition:	Annual and follow-up assessment letters are issued within the applicable timeliness goals.		
Criteria:	Green	Yellow	Red
	≤ 2 late	3 late	≥ 4 late
Regional and Office Compliance:	Any region that has more than one late assessment letter will be individually evaluated.		
Notes:	None		
Basis:	IMC 0305		
ROP Program Area:	Assessment		
Lead/Data Source:	Regions		
Related ROP Goals:	Predictable, Understandable		
Related ROP Intended Outcomes:	Monitor and assess licensee performance Adjust resources to focus on significant performance issues Take necessary regulatory actions for significant performance issues Communicate inspection and assessment results to stakeholders		

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

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.		
Criteria:	Green	Yellow	Red
	All sites conduct public engagement per IMC 0305	N/A	≥ 1 site does not conduct public engagement activity per IMC 0305
Regional and Office Compliance:	Any region that has more than one missed meeting/activity will be individually evaluated.		
Notes:	This metric is counted by site. Public stakeholder involvement is performance-based as described in section 0305-09 of IMC 0305.		

Basis:	IMC 0305
ROP Program Area:	Assessment
Lead/Data Source:	Regions
Related ROP Goals:	Predictable, Understandable
Related ROP Intended Outcomes:	Communicate inspection and assessment results to stakeholders

02.04 O-4 Issuance of ROP Public Meeting Notices

Definition:	ROP-related public meetings are noticed prior to the meeting within the applicable timeliness requirement.		
Criteria:	Green	Yellow	Red
	≥ 95% of meeting notices are timely	< 95% AND ≥ 90% of meeting notices are timely	< 90% of meeting notices are timely
Regional and Office Compliance:	Any region or office that has more than two late meeting notices will be individually evaluated.		
Notes:	ROP-related public meetings include ROP working group public meetings, annual assessment public meetings (including other public engagement activities that count as assessment meetings per IMC 0305), other region-led enforcement public meetings, and other ROP-related public meetings conducted by NRC headquarters staff.		
Basis:	Management Directive (MD) 3.5 and IMC 0305		
ROP Program Area:	All		
Lead/Data Source:	NRR/DRO, NSIR, Regions		
Related ROP Goals:	Predictable, Understandable		
Related ROP Intended Outcomes:	Communicate inspection and assessment results to stakeholders Make program improvements based on evaluation of stakeholder feedback and lessons learned		

0307A-03 EFFICIENCY PERFORMANCE METRICS (E)

03.01 E-1 Completion of Supplemental Inspections

Definition:	Exit meetings for supplemental inspections are completed within 180 days from licensee notification of readiness.		
Criteria:	Green	Yellow	Red
	≤ 1 late	2 late	≥ 3 late
Regional and Office Compliance:	Any region or office that has more than one late exit meeting will be individually evaluated.		
Notes:	<p>Inspections count for the calendar year in which they are completed. Once an inspection is completed, if it is completed late, then it counts against this metric.</p> <p>Supplemental inspections are conducted using IP 95001, IP 95002, and IP 95003. Inspections completed from IMC 2515, Appendix C, are not included in this metric.</p>		
Basis:	IMC 2515, Appendix B, Management Direction		
ROP Program Area:	All		
Lead/Data Source:	NRR/DRO, NSIR, Regions		
Related ROP Goals:	Risk-Informed, Predictable		
Related ROP Intended Outcomes:	Adjust resources to focus on significant performance issues Evaluate the adequacy of corrective actions for performance issues Take necessary regulatory actions for significant performance issues		

03.02 E-2 Completion of Temporary Instructions

Definition:	Temporary Instruction (TI) inspections associated with IMC 2201 and IMC 2515 are completed within the required TI completion time.		
Criteria:	Green	Yellow	Red
	≥ 95% of documented completions are timely	< 95% AND ≥ 90% of documented completions are timely	< 90% of documented completions are timely
Regional and Office Compliance:	Any region, or NSIR as applicable , that performs below 90% timely completion of a TI will be individually evaluated.		
Notes:	<p>To determine timeliness, TI inspection completion is as defined in IMC 0611. The required completion time for a TI, is typically in the TI itself.</p> <p>Once the required completion time of a given TI has passed, then the overall timeliness of that TI should be calculated and reported for this metric. Completion of a TI, for the purposes of this metric is counted on a reactor site basis.</p>		

Basis:	Applicable Temporary Instruction, IMC 0611
ROP Program Area:	Inspection
Lead/Data Source:	Regions, NSIR, NRR/DRO
Related ROP Goals:	Predictable
Related ROP Intended Outcomes:	Monitor and assess licensee performance Identify performance issues through NRC inspection and licensee PIs

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

Definition:	The time from the identification date to the date a final significance determination is issued for all potentially greater-than-green (GTG) findings is within 255 days.		
Criteria:	Green	Yellow	Red
	≤ 1 finding not finalized within 255 days	2 - 3 findings not finalized within 255 days	≥ 4 findings not finalized within 255 days
Regional and Office Compliance:	Any region or office that has more than one finding not finalized within 255 days will be individually evaluated.		
Notes:	<p>This metric applies to all findings in which a preliminary determination that the finding is potentially GTG (e.g., TBD, AV, or preliminary GTG) is transmitted to the licensee, regardless of final significance. This metric applies to all potentially GTG findings, regardless of the appendix of IMC 0609 used for screening.</p> <p>The identification date of a finding is either 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.</p> <p>If the processing of a potentially GTG finding cannot proceed due to a non-ROP regulatory reason (for example, see section 06.06 of IMC 0609), then the accrued time outside of the ROP will not count against this metric. To ensure transparency, the analysis provided in the annual ROP metrics report should note any findings where the ROP processing was paused due to a non-ROP regulatory reason, and for how long that finding was paused.</p>		
Basis:	IMC 0609 and IMC 0609, Attachment 5		
ROP Program Area:	Significance Determination Process		
Lead/Data Source:	Regions, NSIR, NRR/DRO		
Related ROP Goals:	Risk-Informed, Predictable		
Related ROP Intended Outcomes:	Determine the significance of identified performance issues		

0307A-04 CLARITY PERFORMANCE METRICS (C)

04.01 C-1 Maintenance of ROP Web Pages

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.		
Criteria:	Green	Yellow	Red
	≥ 90% web pages reviewed	< 90% AND ≥ 80% web pages reviewed	< 80% web pages reviewed
Regional and Office Compliance:	N/A		
Notes:	All regions, offices, and NRR will review ROP-related web pages for which they provide content at least quarterly for accurate content, up-to-date inspection reports and other ROP documents and working hyperlinks. Staff shall correct or submit for correction (to NRR/DRO or OCIO, as appropriate) any discrepancies or errors identified within 30 days of discovery.		
Basis:	MD 3.14		
ROP Program Area:	All		
Lead/Data Source:	NRR/DRO, NSIR, Regions		
Related ROP Goals:	Understandable		
Related ROP Intended Outcomes:	Communicate inspection and assessment results to stakeholders		

04.02 C-2 Maintenance of ROP Governance Documents

Definition:	Baseline Inspection Procedures (BIPs) and other ROP-related Inspection Procedures and Manual Chapters are reviewed at least once every 5 years.		
Criteria:	Green	Yellow	Red
	≥ 95% reviewed within past 5 years	< 95% AND ≥ 90%	< 90% reviewed within past 5 years
Regional and Office Compliance:	N/A		
Notes:	<p>Section 07.01.a. of IMC 0040 describes the 5-year review requirements in more detail, including a discussion of Reference Only documents, that are not subject to this requirement or this metric.</p> <p>If an ROP-related document has been reviewed and is still in the process of being revised and reissued, it should count positively for the purposes of this metric.</p>		
Basis:	IMC 0040		

ROP Program Area:	Inspection
Lead/Data Source:	NRR/DRO
Related ROP Goals:	Understandable
Related ROP Intended Outcomes:	Make program improvements based on evaluation of stakeholder feedback and lessons learned Ensure reliable and predictable program implementation

0307A-05 RELIABILITY PERFORMANCE METRICS (R)

05.01 R-1 Predictability and Repeatability of Significance Determination Results

Definition:	Potentially 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.		
Criteria:	Green	Yellow	Red
	0 discrepancies	1 discrepancy	≥ 2 discrepancies
Regional and Office Compliance:	N/A		
Notes:	<p>This metric shall be assessed via an audit, which shall be documented in a memorandum that is internally available to the agency and referenced in the annual metric report.</p> <p>This metric evaluates the same population of potentially GTG findings as ROP metric E-3.</p> <p>Any significance determination outcomes determined not to be reasonably justified from either a programmatic or a technical position will be evaluated, and any appropriate programmatic changes will be implemented.</p>		
Basis:	IMC 0609 and 2016 OIG Audit Report OIG-16-A-21		
ROP Program Area:	Significance Determination Process		
Lead/Data Source:	NRR/DRO		
Related ROP Goals:	Risk-Informed, Understandable, Predictable		
Related ROP Intended Outcomes:	Determine the significance of identified performance issues Ensure reliable and predictable program implementation		

05.02 R-2 Predictability of Agency Actions and Response

Definition:	Deviations from the Action Matrix are expected to be infrequent to ensure reliable and predictable oversight.		
Criteria:	Green	Yellow	Red
	≤ 1 deviation	2 – 3 deviations	> 3 deviations
Regional and Office Compliance:	N/A		
Notes:	All deviations are individually evaluated for potential program improvements.		
Basis:	IMC 0305		
ROP Program Area:	Assessment		
Lead/Data Source:	NRR/DRO		
Related ROP Goals:	Predictable, Objective		
Related ROP Intended Outcomes:	Take necessary regulatory actions for significant performance issues Ensure reliable and predictable program implementation		

05.03 R-3 Supportability of Inspection Findings

Definition:	Inspection findings and violations under the ROP are adequately supported and documented such that findings and violations that are appealed or disputed by licensees are infrequently withdrawn.		
Criteria:	Green	Yellow	Red
	≤ 3 findings/violations withdrawn	4 - 5 findings/violations withdrawn	≥ 6 findings/violations withdrawn
Regional and Office Compliance:	Any region or NSIR that has more than two findings/violations withdrawn will be individually evaluated.		
Notes:	<p>The metric includes all withdrawn findings and violations associated with licensees subject to the ROP, regardless of whether they have been formally appealed or disputed by the licensee. If a finding and violation are both withdrawn for the same issue, that will only count against this metric once.</p> <p>As a result of an appealed finding or disputed violation, the results may be upheld (no changes needed), the results may be withdrawn entirely, or the results may be revised which may or may not result in a change in the severity level of a violation or the significance (color) of a finding.</p> <p>For the purposes of this metric, if a finding or a violation is revised, but there is no change in the severity level or the significance, that finding or violation should not be considered withdrawn. If there is a change in</p>		

	<p>severity level or significance, that finding or violation should be considered withdrawn.</p> <p>Findings and violations that are withdrawn on the basis of information that was not available to the agency before the finding/violation was finalized do not count against this metric.</p>
Basis:	IMC 0611, IMC 0609 Attachment 2, NRC Enforcement Policy, NRC Enforcement Manual,
ROP Program Area:	Inspection
Lead/Data Source:	Regions, NSIR
Related ROP Goals:	Predictable, Understandable
Related ROP Intended Outcomes:	Identify performance issues through NRC inspection and licensee PIs Determine the significance of identified performance issues Communicate inspection and assessment results to stakeholders

0307A-06 ROP DATA TRENDING FOCUS AREAS

06.01 Overview and Basis for ROP Data Trending

To leverage ROP program execution data to monitor ROP program health and conduct ROP self-assessment activities, the staff established ROP data trending focus areas that are intended to be complementary to the formal ROP performance metrics. The staff will trend and analyze ROP program execution data (as compared to historical averages or expected trends) in these focus areas throughout the year, with the objective of identifying any significant trends (positive, negative, stable) or other insights into ROP program performance in these areas.

To the extent possible, the data processing and data visualization for each data trending focus area will use existing, robust data sources, and be as automated and up-to-date as possible. As appropriate, internal ROP stakeholders will be offered opportunities to provide feedback on possible improvements to the selected data sources, the displayed trends, and the available visualization and filtering options for the focus areas as displayed on the ROP data trending dashboard. The dashboard should be flexible enough to meet the overall needs of ROP stakeholders, including the ability to observe any short-term or long-term trends.

The ROP self-assessment data trending dashboard will be monitored on at least a monthly basis by ROP self-assessment staff. Should any significant trends or insights be identified (as compared to historical averages or expected trends), the ROP self-assessment lead will provide the data to the appropriate program area lead for further analysis and action, including input to the annual ROP metrics report and the ROP self-assessment Commission paper. Any identified significant trends or insights from the ROP data trending efforts shall also be discussed as part of the ROP self-assessment briefing at the Agency Action Review Meeting and the associated Commission briefing. Additionally, insights from the ROP data trending efforts will inform future ROP self-assessment activities, including topics for effectiveness reviews, focused assessments, and ROP implementation audits.

06.02 Data Trending Focus Area Selection Criteria

The standard set of data trending focus areas will adhere to the following criteria: cover aspects of at least **two** of the **four** ROP program areas (inspection, assessment, performance indicators, and SDP); **include** enough **data to allow for meaningful** trending and analysis; and be informed by recent **ROP program or data changes, data needs or interests of ROP internal and external stakeholders**, and recommendations from other **ROP** self-assessment activities. **Importantly, when considering the addition of any new data trending focus areas, consider whether the data are available from authoritative data sources through the NRC data warehouse**, such as inspection-related data from RPS-Inspections, **time-charging** data from the **Cost Activity Code System (CACS)**, or other **authoritative data** systems.

06.03 Standard Data Trending Focus Areas

The data trending focus areas **will** include:

Data Trending Focus Area	Description	Related ROP Program Area(s)	Related Principle(s) of Good Regulation
E-1	Inspection hours charged by site	Inspection	Efficiency
E-2	Baseline inspection hours (planned vs. actual)	Inspection	Efficiency
E-3	Supplemental inspection hours	Inspection, Assessment	Efficiency
E-4	Licensee event reports (LERs)	Inspection	Efficiency
R-1	Inspection findings per IP and per region	Inspection	Reliability
R-2	Greater-than-green findings overall and per region	SDP	Reliability
C-1	Open unresolved issues (URIs)	Inspection	Clarity, Efficiency
C-2	ROP feedback form timeliness	Inspection	Clarity, Efficiency
C-3	ROP feedback form inventory	Inspection	Clarity, Efficiency

In **approximately** February of each calendar year, after the regional Division Director counterpart meeting, if there are any additional data trending focus areas that **are** desired **and for which data are readily available**, the DRO Division Director will promulgate **any** additional focus areas to the ROP self-assessment lead. The additional data trending focus areas shall be aligned with applicable Principles of Good Regulation **and the ROP program areas and will be added to the ROP self-assessment data trending dashboard and this appendix.**

0307A-07 REFERENCES

IMC 0040, "Preparation, Revision, Issuance, and Ongoing Oversight of NRC Inspection Manual Documents"

IMC 0102, "Oversight and Objectivity of Inspectors and Examiners at Reactor Facilities"

IMC 0305, "Operating Reactor Assessment Program"

IMC 0609, "Significance Determination Process"

IMC 0611, "Power Reactor Inspection Reports"

IMC 1245, "Qualification Program for New and Operating Reactor Programs"

IMC 2515, "Light-Water Reactor Inspection Program -- Operations Phase"

MD 3.14, "U.S. Nuclear Regulatory Commission Public Web Site"

MD 3.5, "Attendance at NRC Staff-Sponsored Meetings"

MD 8.14, "Agency Action Review Meeting"

OIG-16-A-21, Office of the Inspector General, "Audit of NRC's Significance Determination Process for Reactor Safety," dated September 26, 2016 (ML16270A359)

Staff report, "Davis-Besse Reactor Vessel Head Degradation Lessons-Learned Task Force Report," dated September 30, 2002 (ML022760172)

ATTACHMENT 1
Revision History for IMC 0307, Appendix A

Commitment Tracking Number	Accession Number Issue Date Change Notice	Description of Change	Description of Training Required and Completion Date	Comment Resolution and Closed Feedback Form Accession Number (Pre-Decisional, Non-Public Information)
N/A	ML023650446 12/12/02 CN 02-045	Revised significantly to include a more detailed discussion of the role of inspectable and program area leads, the annual review of the baseline inspection program, and other aspects of the self-assessment program. The specific metrics for these roles were added to Appendix A.	None	N/A
N/A	ML033640661 12/12/03 CN 03-039	Revised to provide greater detail for documenting the results of the annual inspection procedures reviews, and some metrics in Appendix A were modified to better align with the operating plan metrics and other program commitments.	None	N/A
N/A	ML040150392 01/14/04 CN 04-001	Based on a decision at the DRP/DRS counterpart meeting held on December 17-18, 2003, metric IP-5 was revised to change the inspection report timeliness to 45 calendar days for all inspection reports, with exception of reactive inspection reports, which will stay at 30 days.	None	N/A
N/A	ML060110214 02/20/06 CN 06-004	Revised to support the new safety performance measures of the NRC's Strategic Plan, to better define the ROP goals and intended outcomes, and to consolidate and clarify several of the performance metrics. Completed 4-year historical CN search.	None	ML060110235

Commitment Tracking Number	Accession Number Issue Date Change Notice	Description of Change	Description of Training Required and Completion Date	Comment Resolution and Closed Feedback Form Accession Number (Pre-Decisional, Non-Public Information)
N/A	ML063050572 11/28/06 CN 06-034	Revised to measure the effectiveness of the safety culture enhancements to the ROP, to clarify expectations regarding the resident demographics and staffing metrics, and to include a discussion of the consolidated response to external survey questions.	None	
N/A	ML073520133 01/10/08 CN 08-002	Revised to eliminate and consolidate several metrics, to separate Appendix A from the base IMC to serve as a stand-alone document, and to summarize and link to Appendix B on the ROP realignment process.	None	ML073510410
W200800299	ML090300596 03/23/09 CN 09-010	Revised to address the Commission SRM dated June 30, 2008, to reflect the recently issued Strategic Plan for FY 2008 – 2013, to reincorporate the security cornerstone in the ROP self-assessment process, and some metrics were revised for clarification purposes while others were removed to eliminate redundancy or unnecessary burden.	None	ML090300620
	ML12355A458 03/27/13 CN 13-010	Revised some of the metrics and/or their criteria to improve their usefulness in evaluating the effectiveness of the ROP, and to make the metrics more objective and measurable, as feasible.	None	ML12355A454; Closed FBFs: 0307A-1670 ML13086A012 0307A-1760 ML13086A023 0307-1703 ML13086A016

Commitment Tracking Number	Accession Number Issue Date Change Notice	Description of Change	Description of Training Required and Completion Date	Comment Resolution and Closed Feedback Form Accession Number (Pre-Decisional, Non-Public Information)
N/A	ML15218A532 11/23/15 CN 15-025	Significantly revised the self-assessment process using a three-part approach designed to assess the effectiveness of a mature program. As part of this effort, the metrics were significantly revised to make them more objective based on readily available information and to align with the Principles of Good Regulation.	None	ML15225A110 Closed FBFs: 0307A-1882 ML14098A162 0307A-2100 ML15308A012
N/A	ML17186A115 08/25/17 CN 17-016	Revised to clarify the I-4 metric, updated the documentation requirements for the R-2 metric, and make editorial changes.	None	ML17186A241 0307A-2207 ML17206A106
N/A	ML19274C401 05/29/20 CN 20-025	Complete reissuance (major rewrite, satisfies periodic/review update requirement) due to significant changes to the ROP self-assessment process, including refresh of the ROP metrics and introduction of the ROP data trending program. This is the product of the 2019 holistic review of the ROP self-assessment program (reference SECY-19-0037 and SECY-20-0039).	None	ML19274C587

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N/A	ML23125A179 06/14/23 CN 23-016	<ul style="list-style-type: none"> • Formatting and editorial updates to comply with revision to IMC 0040 and NUREG-1379, Revision 3. • Editorial and clarifying changes throughout the document, including the incorporation of metric guidance already provided to internal stakeholders. • Notes section of metric E-3 revised to address Recommendation 1 of CY 2022 SDP timeliness review (ML23024A144). • Metric I-5 revised to address working group recommendations to revise this metric (ML23024A162). • Deletion of metric O-4, "Reporting and Dissemination of PI Data," due to agency process changes in PI posting. • Change (in now metric O-4) to only track the timeliness of public meeting notices, due to the recent revision of MD 3.5, which removed the timeliness goals for public meeting summaries. 	None	ML23125A186