Calendar Year 2016

ROP Self-Assessment Metric Report

(Enclosures 1 and 2)

ROP Self-Assessment Metrics Overview/Dashboard

Metric	I-1 "Completion of the Baseline Inspection Program"	I-2 "Resident Inspector Objectivity Through Rotation Policy	I-3 "Resident Inspector Objectivity Through Diverse Experience	I-4 "Inspector Objectivity Reviews	I-5 Fully Qualified Inspectors and Operator Licensing Examiners	I-6 "Analysis of Permanent Site Staffing
Result	Green	Green	Green	Green	Green	Green

Openness Metrics

Metric	O-1 Issuance of Inspection Reports	O-2 Issuance of Assessment Letters	O-3 Conduct of Annual Assessment Meetings or Other Engagement Activities	O-4 Reporting and Dissemination of PI Data	O-5 Issuance of ROP Public Meeting Notices and Summaries	O-6 Responsiveness to ROP Contact Us Forms
Result	Green	Green	Green	Green	Green	Green

Efficiency Metrics

Metric	E-1 Completion of Supplemental Inspections	E-2 Initiation of Reactive Inspections	E-3 Completion of Temporary Instructions	E-4 Completion of Performance Deficiency Determinations *This is a pilot metric	E-5 Completion of Final Significance Determinations	E-6 Responsiveness to ROP Feedback Forms
Result	Green	Green	Green	Yellow	Green	N/A

Clarity Metrics

Metric	C-1 Maintenance of ROP Web Pages	C-2 Corrections to ROP Web Pages	C-3 Traceability of Greater-than-Green Inspection Findings	C-4 Maintenance of ROP Governance Documents
Result	Green	Green	Green	Green

Reliability Metrics

Metric	R-1 Performance of Lessons Learned Evaluations	R-2 Predictability and Repeatability of Significance Determination Results	R-3 Predictability of Agency Actions and Response	R-4 Consideration of Operating Experience Insights
Result	Green	Green	Green	Green

Enclosure 1

INSPECTION MANUAL CHAPTER 0307, APPENDIX A

REACTOR OVERSIGHT PROCESS SELF-ASSESSMENT METRICS

0307A-01   INDEPENDENCE PERFORMANCE METRICS (I)

I-1   Completion of Baseline Inspection Program

Metric Criterion Met: Yes (Green)

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

Criteria:

Green	Yellow	Red
All regions and NSIR met completion requirements	N/A	1 or more regions or NSIR did not meet completion requirements

          *Note: No less than 100% compliance for any region or NSIR. Baseline
          inspection program completion is defined in section 04.07 of IMC 2515,
          "Light-Water Reactor Inspection Program - Operations Phase". Any
          region (or NSIR) that does not complete the baseline inspection program
          per IMC 2515 is individually evaluated.

Basis: IMC 2515
Program Area: Inspection
Lead/Data Source: Regions, NSIR
Related Principles: Efficiency

Analysis: For CY 2016, all regions and NSIR completed 100% of their baseline
                     inspections within the allocated resources. Each region documented
                     completion of the baseline inspection program in a memorandum
                     available in the Agencywide Documents Access and Management
                     System (ADAMS) at Accession Nos. (ML17046A240) for Region I,
                     (ML17048A429) for Region II, (ML17058A436) for Region III, and
                     (ML17073A097) for Region IV. Additionally, NSIR completed all security
                     baseline inspections as documented in a non-publically available
                     memorandum (ML17026A211).

I-2   Resident Inspector Objectivity Through Rotation Policy

Metric Criterion Met: Yes (Green)

Definition: Senior resident inspectors (SRIs) and resident inspectors (RIs) are
                       stationed for a 7-year maximum tour length, unless specifically granted
                       an extension per IMC 2515.

Criteria:

Green	Yellow	Red
0 inspectors exceeded 7 years without an extension	N/A	1 or more inspectors exceeded 7 years without an extension

                       *Note: No less than 100% compliance for any region. Any region that
                       has 1 or more inspectors exceed 7 years at a site without an extension is
                       individually evaluated.

Basis: IMC 0102, "Oversight and Objectivity of Inspectors and Examiners at
                       Reactor Facilities," and IMC 2515
Program Area: Inspection
Lead/Data Source: Regions
Related Principles: Reliability

Analysis: For CY 2016, there was 100% compliance in all regions with no SRIs or
                       RIs stationed at a plant beyond the maximum tour length without an
                       extension.

I-3   Resident Inspector Objectivity Through Diverse Experience

Metric Criterion Met: Yes (Green)

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

Criteria:

Green	Yellow	Red
≤ 3 noncompliant (~97.5%)	4-5 noncompliant	≥ 6 noncompliant (~95%)

*Note: No more than two non-compliances in any region. Any region
that has more than two non-compliances is individually evaluated.

Basis: IMC 0102
Program Area: Inspection
Lead/Data Source: Regions
Related Principles: Reliability

Analysis: For CY 2016, there were two permanently-staffed resident inspectors
                    who did not complete their objectivity visits by spending a minimum of
                    one week inspecting at another plant. No region had more than one
                    noncompliance.

I-4   Inspector Objectivity Reviews

Metric Criterion Met: Yes (Green)

Definition: Line managers perform annual on-site employee performance and
                       objectivity reviews of their assigned inspectors.

Criteria:

Green	Yellow	Red
≤ 3 noncompliant (~97.5%)	4-5 noncompliant	≥ 6 noncompliant (~95%)

                       *Note: No more than two non-compliances in any region. Any region
                       that has more than two non-compliances is individually evaluated. NSIR
                       will also meet the 95% compliance expectation for their assigned
                       employees.

Basis: IMC 0102
Program Area: Inspection
Lead/Data Source: Regions, NSIR
Related Principles: Reliability

Analysis: For CY 2016, there was one annual on-site employee performance and
                       objectivity review not completed by a line manager. No single region or
                       NSIR had more than one noncompliance.

I-5   Fully Qualified Inspectors and Operator Licensing Examiners

Metric Criterion Met: Yes (Green)

Definition: Inspectors and operator licensing examiners remain fully qualified in accordance with qualification requirements.

Criteria:

Green	Yellow	Red
≤ 5 noncompliant (~97.5%)	6-9 noncompliant	≥ 10 noncompliant (~95%)

*Note: No more than three non-compliances in any region. Any region that has more than three non-compliances is individually evaluated. NSIR will also meet the 95% compliance expectation for their assigned employees.

Basis: IMC 1245, "Qualification Program for Operating Reactor Programs," and Davis-Besse Reactor Vessel Head Degradation Lessons-Learned Task Force Report (ML022760172)

Program Area: Inspection
Lead/Data Source: Regions, NSIR
Related Principles: Reliability

Analysis: For CY 2016, there were two individuals who did not remain fully qualified as an inspector or operator licensing examiner. No single region or NSIR had more than one noncompliance.

I-6   Analysis of Permanent Site Staffing

Metric Criterion Met: Yes (Green)

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

Criteria:

Green	Yellow	Red
≥ 95%	< 95% AND ≥ 90%	< 90%

                         *Note: No less than 90% compliance for any region. Any single site that
                         falls below 90% is individually evaluated. Provide reasons for any
                         meaningful increase or decrease in the inspector staffing level at reactors
                         sites.

                         Inspectors assigned to the site permanently or through a rotation with a
                         minimum duration of 6 weeks shall be counted. Inspectors on 6 week or
                         longer rotational assignments will be identified as such. Inspectors
                         assigned to the site for less than six weeks will not be counted, but
                         should be indicated as such. Additionally, the regions shall indicate sites
                         where permanently assigned resident or senior resident inspectors are
                         away from the site for greater than 6 continuous weeks. Only inspectors
                         who have attained at least a basic inspector certification status, as
                         defined by Appendix A to Inspection Manual Chapter 1245, shall be
                         counted.

                         Data will indicate number of days a qualified resident and senior resident
                         inspector are permanently assigned to the site during the year divided by
                         the number of days in the year. Number of days spent on training;
                         meetings away from the site; participation in team inspections; leave; or
                         other temporary duties (e.g. acting for branch chiefs in his/her absence)
                         will not be counted against the metric unless the absence exceed 6
                         continuous weeks.

Basis: Davis-Besse Reactor Vessel Head Degradation Lessons-Learned Task
                         Force Report (ML022760172) and IMC 2515
Program Area: Inspection
Lead/Data Source: Regions
Related Principles: Reliability

Analysis: For CY 2016, the average permanent inspector staffing was 98.6% for
                         all regions with no single region falling below 97%. One site did fall
                         below the 90% threshold. That site had a Resident Inspector position
                         become vacant and the person scheduled to take over the position had

some family issues that prevented them from filling the position. The position was covered by qualified inspectors for several periods amounting to less than 6 weeks before the position could be permanently filled. The same site also had a Senior Resident Inspector position become unexpectedly vacant, so there was time before that position could be filled. No further evaluation or action is required for this site since the events were not reasonably within the region's ability to foresee and prevent.

0307A-02   OPENNESS PERFORMANCE METRICS (O)

O-1   Issuance of Inspection Reports

Metric Criterion Met: Yes (Green)

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

Criteria:

Green	Yellow	Red
≤ 25 late (~ 95% timely)	> 25 AND ≤ 50 late	> 50 late (~ 90% timely)

*Note: No more than 15 late inspection reports in any region. Any region that has more than 15 late inspection reports is individually evaluated. NSIR will also meet the 90% timeliness expectation for reports generated by their office.

All inspection reports resulting from direct inspections of operating light water reactors and documented in accordance with IMC 0612, "Power Reactor Inspection Reports," are counted for this metric. For inspections not conducted by a resident inspector, inspection completion is normally defined as the day of the exit meeting. For integrated inspection reports, inspection completion is normally defined as the last day covered by the inspection report.

Basis: IMC 0612 and IMC 2515
Program Area: Inspection
Lead/Data Source: Regions, NSIR
Related Principles: Reliability, Efficiency

Analysis: For CY 2016, there were nine inspection reports not issued on time. No single region or NSIR had more than five late inspection reports.

O-2   Issuance of Assessment Letters

Metric Criterion Met: Yes (Green)

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

Criteria:

Green	Yellow	Red
≤ 2 late	3 late	≥ 4 late

                         *Note: No more than one late letter in any region. Any region that has
                         more than one late letter is individually evaluated.

Basis: IMC 0305, "Operating Reactor Assessment Program"
Program Area: Assessment
Lead/Data Source: Regions
Related Principles: Reliability, Efficiency

Analysis: For CY 2016, 100% of the annual, mid-cycle, and follow-up assessment
                         letters were issued on time.

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

Metric Criterion Met: Yes (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 within the applicable timeliness goals.

Criteria:

Green	Yellow	Red
≤ 2 late	3 late	≥ 4 late

*Note: The level of public engagement and timeliness goals are determined by plant performance as described in IMC 0305. No more than one late meeting/activity in any region. Any region that has more than one late meeting/activity is individually evaluated.

Basis: IMC 0305
Program Area: Assessment
Lead/Data Source: Regions
Related Principles: Reliability, Efficiency

Analysis: For CY 2016, 100% of the public assessment meetings and other engagement activities met applicable timeliness goals.

O-4   Reporting and Dissemination of PI Data

Metric Criterion Met: Yes (Green)

Definition: PI data submittals by the licensees are posted to the U.S. Nuclear
                       Regulatory Commission's (NRC) external web site within the applicable
                       timeliness requirements.

Criteria:

Green	Yellow	Red
0 late web posting	1- 3 late web postings	> 3 late web postings

                       *Note: Any licensee submittals that did not meet the timely reporting
                       requirements will also be evaluated by NRC staff and discussed with
                       industry to address corrective actions to prevent recurrence.

Basis: IMC 0306, "Information Technology Support for the Reactor Oversight
                       Process," and NEI 99-02, "Performance Indicator Data Collection"
Program Area: Performance Indicators
Lead/Data Source: NRR/DIRS
Related Principles: Reliability, Efficiency

Analysis: For CY 2016, 100% of the licensee PI data submitted to the NRC was
                       posted to the external ROP website on time. No licensee submitted
                       data late to the NRC.

O-5   Issuance of ROP Public Meeting Notices and Summaries

Metric Criterion Met: Yes (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.

Criteria:

Green	Yellow	Red
≥ 95%	< 95% AND ≥ 90%	< 90%

                         *Note: ROP-related public meetings include ROP working group
                         meetings, annual assessment meetings, and other ROP-related
                         meetings conducted by NRC staff. No more than two late notices or
                         summaries for any region or office. Any region or office that has more
                         than two late notices or summaries is individually evaluated.

Basis: M.D. 3.5, "Attendance at NRC Staff-Sponsored Meetings," and COM-202
                         "Meetings With Applicants, Licensees, Vendors or Other Members of the
                         Public."
Program Area: All
Lead/Data Source: NRR/DIRS, Regions, NSIR
Related Principles: Efficiency, Clarity

Analysis: For CY 2016, 100% of the public meeting notices and meeting
                         summaries were completed within the timeliness goals.

O-6   Responsiveness to ROP Contact Us Forms

Metric Criterion Met: Yes (Green)

Definition: ROP "Contact Us" forms received through the public or internal website
                              regarding the ROP are responded to within 45 days upon receipt.

Criteria:

Green	Yellow	Red
≥ 95%	< 95% AND ≥ 90%	< 90%

Basis: IMC 0307
Program Area: All
Lead/Data Source: NRR/DIRS
Related Principles: Efficiency, Clarity

Analysis: For CY 2016, 5 of 5 (100%) completed ROP "Contact Us" forms were
                        responded to within the timeliness goals. With the upcoming update to
                        the ROP public website, we are expecting more outreach and public
                        feedback though the ROP "Contact Us" form for CY 2017.

0307A-03   EFFICIENCY PERFORMANCE METRICS (E)

E-1   Completion of Supplemental Inspections

Metric Criterion Met: Yes (Green)

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

           *Note: No more than one late exit meeting in any region. Any region
           that has more than one late exit meeting is individually evaluated.

Basis: Management Direction
Program Area: Inspection, Assessment
Lead/Data Source: Regions, NRR/DIRS
Related Principles: Reliability, Clarity

Analysis: For CY 2016, 100% of the supplemental inspections were completed
                     within the timeliness goal.

E-2   Initiation of Reactive Inspections

Metric Criterion Met: Yes (Green)

Definition: Entrance meetings for reactive inspections are conducted within 30 days
                        of a determination that an event or specific circumstances require a
                        reactive inspection.

Criteria:

Green	Yellow	Red
≤ 2 late	3 late	≥ 4 late

                        *Note: No more than one late entrance meeting in any region. Any
                        region that has more than one entrance meeting is individually
                        evaluated.

Basis: MD 8.3, "NRC Incident Investigation Program"
Program Area: Inspection
Lead/Data Source: Regions, NRR/DIRS
Related Principles: Reliability, Clarity

Analysis: For CY 2016, 100% of the reactive inspections were completed within
                        the timeliness goal.

E-3   Completion of Temporary Instructions

Metric Criterion Met: Yes (Green)

Definition: Temporary Instruction inspections are completed within the required TI
                           completion time.

Criteria:

Green	Yellow	Red
≥ 97.5% of documented completions are timely	< 97.5% AND ≥ 95%	< 95% of documented completions are timely

                           *Note: No less than 95% completion for any region. Any region that falls
                           below 95% is individually evaluated. Documented completions are
                           instances where TI results are documented in an inspection report.

Basis: Applicable Temporary Instruction
Program Area: Inspection
Lead/Data Source: Regions, NRR/DIRS
Related Principles: Reliability, Clarity

Analysis: In CY 2016, 100% of the Temporary Instructions were completed within
                           the timeliness goals.

E-4   Completion of Performance Deficiency Determinations

Metric Criterion Met: Yes (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 start date used for consideration of
                             inspection findings in the assessment process (as defined by IMC 0305)
                             is within 120 days.

Criteria:

Green	Yellow	Red
≥ 90% timely	< 90% AND ≥ 75%	< 75% timely

                             *Note: No more than two untimely occurrences for any region. Any
                             region that has more than two untimely occurrences is individually
                             evaluated.
                             NSIR will also meet the 75% timeliness expectation for security-related
                             findings.

Basis: Business Process Improvement, "Process Improvement Review of the
                             Significance Determination Process" (ML14318A512), and IMC 0305

                             *Note: This is a pilot metric that will be evaluated through focus and
                             effectiveness reviews, and only applies to those findings finalized as
                             greater-than-Green.

Program Area: Significance Determination Process
Lead/Data Source: Regions, NSIR, NRR/DIRS
Related Principles: Reliability, Clarity

Analysis: For CY 2016, 75% of the inspection findings were completed within the
                             120-day timeframe. No region had more than two untimely
                             occurrences, and all offices met the 75% timeliness expectation. The
                             staff also notes that the new Inspection Finding Resolution Management
                             (IFRM) process was not yet in place at the time of these performance
                             deficiencies and that this new process might have had an effect on
                             timeliness. The staff will continue to monitor the effect the new IFRM
                             process has on timely completion of performance deficiency
                             determinations. This was the first year in which data was collected for
                             this metric. The staff is currently working on revising this metric to
                             further clarify the identification date.

E-5   Completion of Final Significance Determinations

Metric Criterion Met: Yes (Green)

Definition: Inspection items are finalized as greater-than-Green within 90 days since:
                               (1)The date of initial licensee notification of the preliminary significance in
                               an inspection report, or (2)The item was otherwise documented in an
                               inspection report as an apparent violation or finding pending completion
                               of a significance determination and not counted in the above category.

Criteria:

Green	Yellow	Red
≥ 95% timely	< 95% AND ≥ 90%	< 90% timely

                               *Note: No more than one late finalized significance determination for
                               any region. Any region that has more than one late finalized significance
                               determination is individually evaluated. NSIR will also meet the 90%
                               timeliness expectation for security-related findings.

Basis: IMC 0609, "Significance Determination Process."
Program Area: Significance Determination Process
Lead/Data Source: Regions, NSIR, NRR/DIRS
Related Principles: Clarity, Reliability

Analysis: For CY 2016, 100% of the greater-than-Green findings were completed
                               within the timeliness goals.

E-6   Responsiveness to ROP Feedback Forms

Metric Criterion Met: N/A

Definition: ROP Feedback Forms are completed within applicable timeliness goals.

Criteria:

Green	Yellow	Red
≥ 90% timely	< 90% AND ≥ 80%	< 80% timely

Basis: IMC 0801, "Reactor Oversight Process Feedback Program."
Program Area: All
Lead/Data Source: NRR/DIRS
Related Principles: Clarity, Openness

Analysis: Proposed timeliness goals were developed and included in draft revision
                   to IMC 0801 early in CY 2016, however, due to higher priority work and
                   the desire to incorporate a long-term tracking process for more complex
                   issues, revised IMC 0801 was issued late in CY 2016. As a result, this
                   metric remains as "Not Applicable" but will be implemented in CY 2017
                   as described below. Nevertheless, the staff did initiate 37 new feedback
                   forms in CY 2016, and resolved 72 feedback forms including several
                   that were longstanding, resulting in a significant reduction in the
                   feedback form inventory.

                   IMC 0801 was revised and issued on December 19, 2016, with an
                   effective date of January 1, 2017. The more significant improvements
                   to the guidance include: (1) better defined roles, responsibilities and
                   process flow; (2) added timeliness goals for closure of feedback forms;
                   (3) included a distinction between short-term and long-term feedback;
                   and (4) introduced a Feedback Form Review Panel to establish the
                   approach and timeliness goals for the resolution of the more complex
                   long-term feedback forms.

0307A-04   CLARITY PERFORMANCE METRICS (C)

C-1   Maintenance of ROP Web Pages

Metric Criterion Met: Yes (Green)

Definition: ROP pages on the public website are reviewed at least quarterly to ensure that the content on the page is up-to-date with accurate information.

Criteria:

Green	Yellow	Red
≥ 90% Web pages reviewed	< 90% AND ≥ 80%	< 80% Web pages reviewed

*Note: All ROP-related Web pages will be reviewed for general content on a quarterly basis. This review will also include a sampling of hyperlinks for accuracy.

Basis: Management Directive
Program Area: All
Lead/Data Source: NRR/DIRS
Related Principles: Openness

Analysis: For CY 2016, 100% of all ROP internal and external webpages were reviewed. In CY 2016, the initiative to redesign the external ROP websites continued. All ROP webpages have been reviewed and are in the process of being updated, as necessary.

C-2   Corrections to ROP Web Pages

Metric Criterion Met: Yes (Green)

Definition: Broken hyperlinks or out-of-date content on the ROP internal or external
                               Website are corrected within 30 days upon discovery.

Criteria:

Green	Yellow	Red
≥ 95% corrected within 30 days	< 95% AND ≥ 90%	< 90% corrected within 30 days

Basis: Management Directive
Program Area: All
Lead/Data Source: NRR/DIRS
Related Principles: Efficiency

Analysis: For CY 2016, 100% of the reported broken hyperlinks were corrected
                       within the timeless goals. An average of three to five hyperlinks per
                       quarter were identified and corrected.

C-3   Traceability of Greater-than-Green Inspection Findings

Metric Criterion Met: Yes (Green)

Definition: Inspection findings are updated in the Reactor Program System (RPS)
                         and posted to the ROP web page to ensure traceability of a greater-than-
                         Green inspection finding from discovery to final resolution. When a report
                         or letter follows up on an existing item (i.e., final significance
                         determination letters and supplemental inspection reports), the RPS entry
                         is updated to reflect the new information.

Criteria:

Green	Yellow	Red
≥ 95% greater-than-green findings traceable	< 95% AND ≥ 90%	< 90% greater-than-green findings traceable

                         *Note: No more than one greater-than-Green inspection finding found to
                         be untraceable for any region. Any region that has more than one
                         untraceable issue is individually evaluated. NSIR will also meet the 90%
                         traceability expectation for security-related findings.

Basis: IMC 0306
Program Area: Significance Determination Process, Inspection
Lead/Data Source: Regions, NSIR, NRR/DIRS
Related Principles: Openness

Analysis: For CY 2016, 100% of the greater-than-Green inspection findings were
                         found to be traceable from discovery to final resolution on both the
                         internal and external websites. No region or NSIR had a greater-than-
                         Green inspection finding that was deemed untraceable.

C-4   Maintenance of ROP Governance Documents

Metric Criterion Met: Yes (Green)

Definition: Baseline Inspection Procedures (BIPs) and other ROP-related Inspection
                               Procedures and Manual Chapters are updated at least once every 4
                               years.

Criteria:

Green	Yellow	Red
≥ 95% updated within past 4 years	< 95% AND ≥ 90%	< 90% updated within past 4 years

Basis: IMC 0307 and Appendix B to IMC 0307
Program Area: Inspection
Lead/Data Source: NRR/DIRS
Related Principles: Reliability

Analysis: This expectation was added to IMC 0307 when it was revised in
                       November 2015. As noted in the CY 2015 metric report, the revised
                       metric would be phased in beginning with the CY 2016 self-assessment,
                       with the expectation that at least one-half of the ROP-related IMCs and
                       ROP-related IPs be verified to have been reviewed within the 4-year
                       requirement. Moving forward, the expectation is that at least three-
                       quarters have been reviewed within the 4-year requirement by CY 2018,
                       and the metric will be fully evaluated for the CY 2019 self-assessment at
                       which time all ROP-related governance documents are expected to be
                       reviewed and verified for relevancy and up-to-date.

                       The staff verified that 142 of the 172 ROP-related IMCs and IPs (or
                       82.5%) had been reviewed and revised within the past 4 years,
                       exceeding the phased-in expectation of 50%.

0307A-05   RELIABILITY PERFORMANCE METRICS (R)

R-1   Performance of Lessons Learned Evaluations

Metric Criterion Met: Yes (Green)

Definition: Lessons learned evaluations are performed, reports are issued, and
                           recommendations are considered and entered into the tracking system
                           for significant NRC activities to ensure their completion in accordance
                           with program expectations.

Criteria:

Green	Yellow	Red
All required evaluations completed and documented	N/A	1 or more evaluations not completed

.

                           *Note: All supplemental inspections conducted in accordance with
                           inspection procedure (IP) 95003 "Supplemental Inspection For Repetitive
                           Degraded Cornerstones, Multiple Degraded Cornerstones, Multiple
                           Yellow Inputs Or One Red Input," implementations of IMC 0350,
                           "Oversight Of Reactor Facilities In A Shutdown Condition Due To
                           Significant Performance and/or Operational Concerns," Incident
                           Investigation Team (IIT) responses, and Augmented Inspection Team
                           (AIT) responses are individually evaluated for potential program
                           improvements.

                           Timeliness expectations will be determined by senior management on
                           a case-by-case basis.

Basis: IP 95003, IMC 0350, and MD 8.3
Program Area: All
Lead/Data Source: Regions, NRR/DIRS
Related Principles: Efficiency

Analysis: For CY 2016, there were no IP 95003, IMC 0350, AIT, or IIT inspections
                       completed.

R-2   Predictability and Repeatability of Significance Determination Results

Metric Criterion Met: Yes (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.

Criteria:

Green	Yellow	Red
0 deemed unpredictable	1 deemed unpredictable	≥ 2 deemed unpredictable

.

                           *Note: Any significance determination outcomes determined to be non-
                           conservative will be evaluated and appropriate programmatic changes
                           will be implemented.

Basis: IMC 0609, "Significance Determination Process"
Program Area: Significance Determination Process
Lead/Data Source: NRR/DIRS
Related Principles: Clarity

Analysis: For CY 2016, 100% of the greater-than-Green inspection findings
                           significance characterizations were reasonably justifiable from both a
                           programmatic and technical position as verified by an independent
                           auditor using available documentation. No significance determination
                           was determined to be non-conservative.

R-3   Predictability of Agency Actions and Response

Metric Criterion Met: Yes (Green)

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

Criteria:

Green	Yellow	Red
≤ 1 deviations	2 – 3 deviations	> 3 deviations

                    *Note: All deviations are individually evaluated for potential program
                    improvements.

Basis: IMC 0305
Program Area: Assessment
Lead/Data Source: NRR/DIRS
Related Principles: Clarity

Analysis: For CY 2016, there were no Action Matrix deviations.

R-4   Consideration of Operating Experience Insights

Metric Criterion Met: Yes (Green)

Definition: A summary of recent operating experience insights is provided and
                         discussed for the mid-cycle and end-of-cycle assessments for each
                         region to inform inspection planning.

Criteria:

Green	Yellow	Red
Operating experience discussed during all regional assessment meetings	N/A	Operating experience not discussed during 1 or more regional assessment meetings

Basis: IMC 2523, "NRC Application of the Reactor Operating
                         Experience Program in NRC Oversight Processes"
Program Area: Assessment, Inspection
Lead/Data Source: NRR/DIRS
Related Principles: Efficiency

Analysis: For CY 2016, 100% of all mid-cycle and end-of-cycle assessment
                         meetings included discussions of operating experience insights to
                         inform inspection planning.