

## Agreement State and NRC Materials Programs FY 2016

The NRC's Office of Nuclear Material Safety and Safeguards is performing a satisfaction survey of its administration of the Integrated Materials Performance Evaluation Program (IMPEP). The satisfaction survey will cover IMPEP reviews of Agreement State radiation control programs and NRC materials programs performed during fiscal year 2016. Also the satisfaction survey will provide useful information for management decision making regarding areas where NRC should dedicate more resources or management attention.

Please answer the following questions based on your involvement and experience during the IMPEP review you supported in FY2016.

### 1. How would you rate the review team with regard to their preparation and knowledge in their respective technical areas?

	Poor	Needs Improvement	Average	Good	Outstanding	N/A
Rating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 2. Did you find the questionnaire helpful for preparing for the IMPEP on site review?

	Not at all	Sometimes	Usually	Frequently	Almost Always	N/A
Rating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 3. Were the review team's questions based on the requirements in Management Directive 5.6, Integrated Materials Performance Evaluation Program?

	Not at all	Sometimes	Usually	Frequently	Almost Always	N/A
Rating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 4. Did the review look at the most important aspects of the program?

	Not at all	Sometimes	Usually	Frequently	Almost Always	N/A
Rating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**5. Did the review result in a report that was consistent with IMPEP criteria?**

	Not at all	Sometimes	Usually	Frequently	Almost Always	N/A
Rating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**6. Did the report accurately reflect the strengths and areas for improvement of the program?**

	Not at all	Sometimes	Usually	Frequently	Almost Always	N/A
Rating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**7. Did the Management Review Board (MRB) add value to the IMPEP review process and was it consistent with Management Directive 5.6?**

	Not at all	Sometimes	Usually	Frequently	Almost Always	N/A
Rating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**8. Was the Team Leader effective in conducting a thorough and fair review of your program?**

	Not at all	Sometimes	Usually	Frequently	Almost Always	N/A
Rating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**9. Is the format of the report useful?**

	Not at all	Sometimes	Usually	Frequently	Almost Always	N/A
Rating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**10. Is the report an accurate record of the results of the review?**

	Not at all	Sometimes	Usually	Frequently	Almost Always	N/A
Rating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**11. Please comment on any aspect of the IMPEP review process that you think worked well, and/or did not work well. Do you have any suggestions to improve the IMPEP process?**

**12. Please comment on any aspect of the MRB evaluation that you think worked well, and/or did not work well. Do you have any suggestions to improve the MRB process?**

**13. Additional comments you would like to add?**

PLEASE PROVIDE THE FOLLOWING INFORMATION (OPTIONAL):

**14. Last Name (Family Name/Surname):**

**15. First Name:**

**16. Please select the Agreement State or NRC program reviewed:**

**17. Work email address:**

**Please provide an email address for the purpose of feedback or follow-up.**

The estimated burden to respond to this voluntary information collection is 15 minutes. The information provided will be used to determine areas of improvement for future IMPEP reviews. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person not required to respond to, the information collection.

OMB NO. 3150-0217

EXPIRES: January 31, 2017