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| ONR Guidance Document  General Inspection Guide |



ONR Guidance Document

General Inspection Guide

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Revision Commentary

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| Issue No. | Description of Update(s) |
| 5.3 | Updates to support deployment of WIReD Release 3a2 (Public Beta):   * Significant overhaul of Appendix 11 * Amendments to Section 6 for WIReD * Minor amendments throughout the text associated with WIReD. * Alignment between main text and relevant Appendices * Format and references updated. |
| 5.4 | Minor formatting updates to page 2. |
| 5.5 | Addition of guidance related to approval of inspection records (text amended in both Section 6 and Appendix 11)  Updated:   * Figure 1 to include reference to health and safety guidance * Section 5.1 to align the health and safety content with the revised management system arrangements, and * Deleted Appendix 2 Point of Work Risk Assessment checklist for inclusion in the site visit guidance (in draft; due for publication in April 2024). |

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# Introduction

1. Compliance inspection and permissioning are key processes that support the majority of ONR’s operational regulatory activity across all our purposes.
2. ONR requires inspectors to conduct compliance inspection in accordance with ONR guidance, policy and with an enabling approach (refer to reference document [1] for further information) which satisfies the provisions of the Regulators Code [2].
3. The purpose and principles of enforcement, as set out in the ONR Enforcement Policy Statement [3], should be at the forefront of an inspector’s mind when undertaking all stages of compliance inspection.

# Purpose and Scope

1. This guide provides the foundation for compliance inspection activities undertaken by ONR inspectors across all ONR’s purposes.
2. The scope of this guide covers the stages of the inspection process to prepare and deliver the individual compliance inspections, as set out in approved inspection plans and other unplanned/reactive activity relating to compliance inspection.
3. The production of annual inspection plans and associated governance arrangements are covered in ONR Guidance Document ‘Guidance for Inspection Strategy Planning and Recording’ (ONR-INSP-GD-059) [4], which should be read in conjunction with this guide.
4. It is important to draw a distinction across the spectrum of enforcement activity and ONR’s associated processes. This guide covers the fundamentals of compliance inspection and should be read in conjunction with other guidance supporting the enforcement and investigation processes ( [5] and [6] respectively).
5. This guide is intended to help ONR meet the basic requirements of the International Atomic Energy Agency (IAEA) General Safety Requirements and the Regulatory Framework for Safety [7], in particular:

* Requirement 18 - Staffing and competence of the regulatory body; and,
* Requirement 29 - Graded approach to inspections of facilities and activities

and the information in the IAEA Handbook for Regulatory Inspectors of Nuclear Power Plants [8].

1. This guidance sets out the compliance inspection process in distinct stages, which generally align to IAEA guidance for Regulatory Inspectors of Nuclear Power Plants, as above.
2. Hence, the terminology used in this guidance predominantly associates with nuclear safety inspection at nuclear installations. The terminology should be substituted for the relevant term when applied across ONR’s different purposes (refer to Definitions section in this document).
3. The guidance in this document applies generally for all inspection activity across ONR’s purposes. Specific guidance relating to different types of inspection is found in Appendix 1 of [4].
4. The alignment of this guide to other guidance is illustrated in Figure 1. Where potential inconsistencies exist between this guide and other related or supporting guidance, the relevant Professional Lead(s) should be consulted.

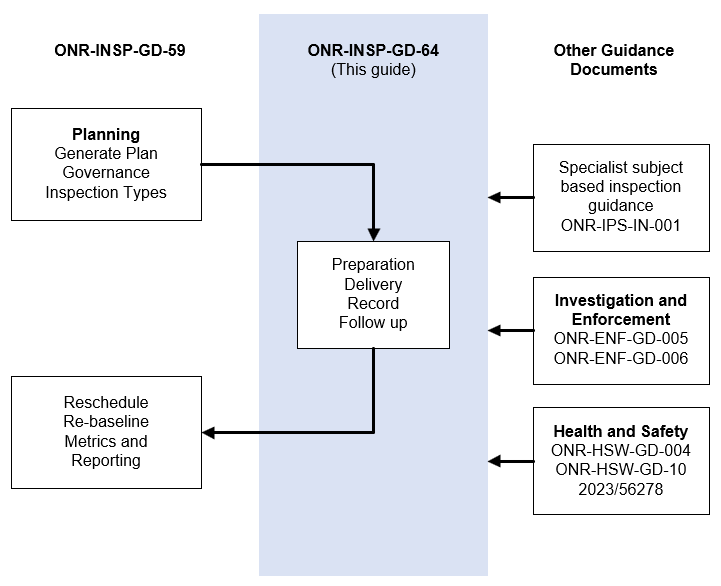


Figure - Alignment with other guidance documents

1. The guide has been amended to support the implementation of the WIReD system for inspections. The WIReD system is intended to increase the accessibility and visibility of information to increase the efficiency and effectiveness of ONR. Compliance inspection is both informed by information and generates information across ONR’s purposes. The WIReD system enables inspections to be well-informed and targeted in line with the ONR Enforcement Policy Statement [3], as shown in Figure 2.

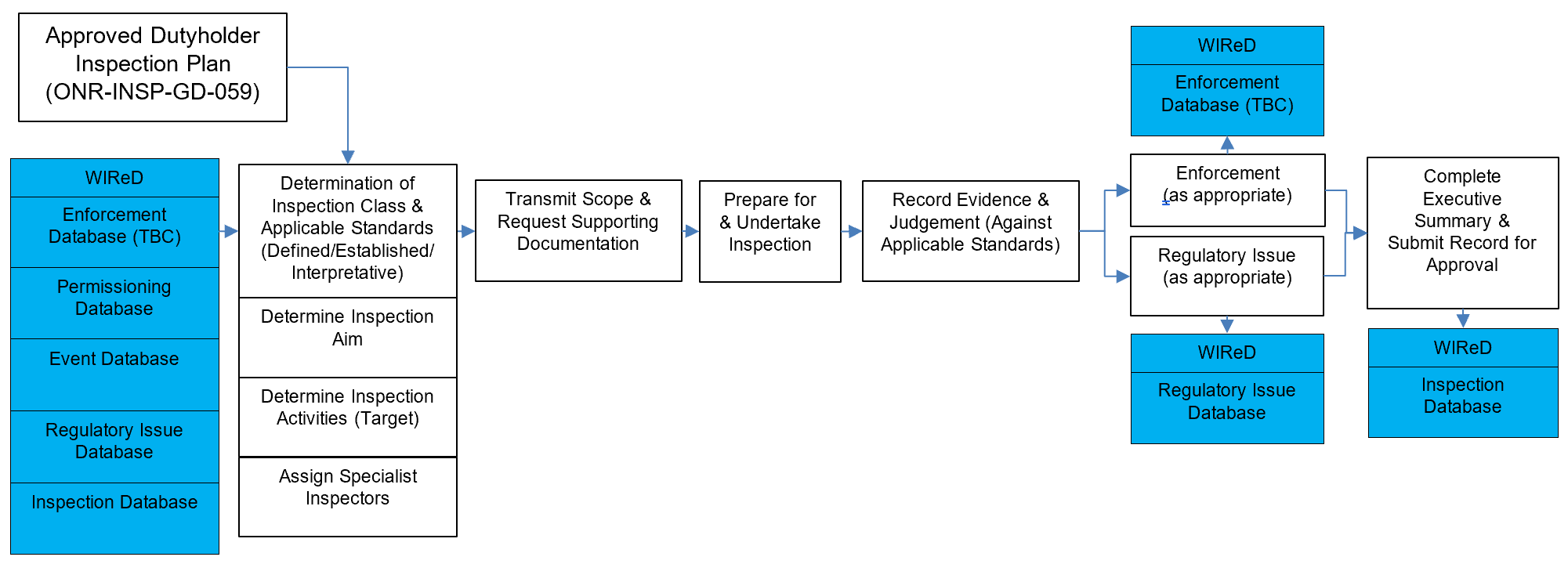


Figure - WIReD inspection planning, delivery and recording process.

# Planning

1. Each Operational Division has regulatory strategies for the inspection of licensees/duty holders. Major installations and facilities usually have a specific intervention strategy/plan which is supported by an Annual Inspection Plan (AIP). The AIP outlines a programme of planned (proposed) inspections, which may be complemented by unplanned ‘reactive’ interventions, arising due to emergent issues and incidents etc.
2. Each site inspection should be on an AIP; if necessary, the plan should be modified and re-baselined throughout the year to include different or additional inspections. For more detail on inspection planning and governance, refer to [4].
3. Inspection is a means to seek assurance that licensee/duty holder’s   
   day-to-day operations are being undertaken in compliance with specific relevant statutory or applicable provisions. This requires a sampling approach to be taken throughout all the inspection stages, informed by risk and with the underlying premise that the duty holder is responsible for controlling the hazards and risk associated with its undertakings [3].
4. In the interests of regulatory efficiency, opportunities should be considered for joint working, or taking account of separate inspections with:

* Other ONR operational functions;
* the Defence Nuclear Safety Regulator (DNSR), for defence sites;
* the Environment Agencies (where joint regulatory or enforcing authority interests apply);
* other regulators or government departments such as the Health and Safety Executive (HSE), on topics such as asbestos, construction, or Control of Major Accident Hazards (COMAH) policy; and,
* the licensee’s or duty holder’s internal challenge function, with other government partments, or relevant regulators.

1. If joint inspections are to be undertaken, inspectors should ensure that the other regulatory bodies involved are consulted throughout the stages of this guide. Where an agency agreement/MoU exists, the inspector should ensure this is followed and any working arrangements are understood [9].
2. Each inspection should be informed by regulatory judgement and intelligence regarding dutyholder activities and performance. Standards against which compliance will be judged should be identified in advance and Technical Inspection Guides (TIGs) should be consulted, where available, to ensure consistency across ONR.
3. The record of an inspection has previously been captured in an Intervention Record, which records the considered judgement of the inspector(s) regarding compliance. The record should capture sufficient evidence to support the judgement and regulatory actions taken or proposed.   
   New guidance on recording inspections directly in WIReD is contained within Appendix 11.

# Preparation

1. The stages in this guidance primarily relate to preparation and delivery of the planned interventions, as set out on the AIP. Suitable time and attention should always be given to preparation for planned inspections. This typically should start between one and two months ahead of the inspection date.
2. Unplanned ‘reactive’ inspections typically arise due to emergent issues, events and regulatory intelligence. In these instances, the time available for preparation may be limited. As a minimum it is expected that the Inspector leading the intervention will inform and preferably consult with the Nominated Site Inspector (NSI) or relevant Delivery Lead (DL). For more information on planned versus reactive inspections, refer to Appendix 1O of [4].
3. Preparation for planned ‘unannounced’ inspections should be similar to that for announced interventions. However, care should be exercised to avoid providing such detail to the licensee/duty holder, which may compromise the effectiveness of the inspection. The aim of an unannounced inspection is to observe conditions on site that are as representative, as can be, of the normal level of control achieved by the licensee/duty holder.   
   Further information on announced versus unannounced inspections is given in Appendix 1P of [4].
4. The nominal duration spent ‘on site’ to inspect the arrangements supporting a typical site licence condition is around half a day, based on existing custom and practice. However, the duration on-site varies considerably depending on the type of inspection, with a planned Theme or System Based Inspection (SBI) potentially taking several days on site (refer to Appendix 10 of this document and Appendix 1 of [4]).
5. A preparation time of half a day for a planned compliance inspection   
   (i.e., one that will be awarded an inspection rating) is, in general, considered as the minimum time for the site inspection activity element. This should allow sufficient evidence to be gathered to objectively evaluate a rating and support the Inspectors judgement.
6. The preparation stage should determine a suitable date and time for the inspection. There are several factors to be considered when finding a suitable inspection date and an element of flexibility should be included here. Typical factors include resource availability (both regulatory and duty holder), plant status, site location (geographical) and other activities that may influence timing. The Lead Inspector should ensure these factors are communicated as necessary to determine a suitable date.
7. The planning stage and production of the annual inspection plan should have included consideration of the factors above, including specialist resource allocation requirements, the timing of other planned inspections and coordinating plans across purposes so ONR acts as one, wherever practicable.
8. These considerations may need to be reviewed again during the preparation stage to account for any changes such as de-conflicting resource constraints on licensees/duty holders and ONR Specialist Inspectors’ resource etc.
9. The detailed intervention scope should be determined during the preparation stage. There are several factors to consider when developing the scope. These should include reviewing areas such as operating experience, inspection and enforcement history for site/duty holder in relation to the inspection topic of interest. Information including previous intervention/ inspection records, regulatory issues and incidents (INF1) should be considered to determine if there are any relevant matters for the planned inspection.
10. Reviewing existing compliance information in advance of arriving on site significantly improves the efficiency and effectiveness of the inspection.   
    A review of the safety case, security plan, transport plan, accountancy and control plan or other compliance arrangements etc. should form part of preparation stage where applicable.
11. This information should be requested by the Inspector in good time before the site inspection date. This should come from the licensee or duty holder since up-to-date information is unlikely to be held by ONR. The Lead Inspector should keep the NSI informed of the interactions as necessary.
12. Key information to extract from the compliance arrangements and plans etc. should include an understanding of claims made on plant and equipment, processes and people relevant to the inspection to be undertaken.
13. Inspectors should also consider consulting with the divisional and corporate regulatory intelligence function to inform the inspection scope (refer to the regulatory intelligence process on [HOW2](https://how2.prod.onr.gov.uk/CtrlWebIsapi.dll/app/diagram/0:A09A6B82A2FF4B7A91D01FF440AFAB11.66F764D25AE3485B809D9B813BD06FEC)).
14. Other potential sources of information to be considered in the preparation stage are the Licensee/duty holder’s own internal regulatory challenge or assurance function intelligence (refer to Appendix 3 of this document).
15. There may be additional information, which is not readily available from the information sources above. Preparation for an inspection should include a discussion or communication with the NSI to establish any relevant regulatory context for the inspection scope.
16. The current regulatory intervention strategy for the site/duty holder   
    (including any ongoing enforcement activity) is an important factor to consider when preparing inspection scope. Care should be taken to avoid the potential for an inspection to inadvertently undermine on-going enforcement, investigation or other regulatory activity/strategy.
17. In addition to compliance documentation, there may also be specific records at the site that are relevant to the inspection. Again, it may be more efficient to obtain this information during the preparation stage, to read and digest it, and to develop a set of questions to be addressed during the inspection.
18. There are two important factors to consider when preparing an inspection scope and requesting documentation in advance of an inspection.   
    Firstly, whilst it is good practice to have a well-defined scope prepared for an inspection, a balance needs to be struck on how rigidly this is applied during the conduct of the inspection.
19. As noted earlier, ONR conducts inspections on a sampling basis and Inspectors form their judgements on the assurance taken from the evidence sampled. The range of situations an Inspector may encounter on the day of the inspection may require them to seek assurance from further or alternate sources of evidence, which was not envisaged during scope preparation stage. The inspection scope should allow for some level of flexibility to accommodate this approach.
20. Secondly, the Inspector should carefully consider what documentation is obtained and how it is subsequently managed. Generally (for inspection preparation purposes) most of the Licensee/ duty holder’s documentation that is managed and retained by their statutory obligations (for example,   
    LC 6, 25) does not also need to be retained by ONR. The Inspector should also take due cognisance of the requirements of the Freedom of Information Act 2000 and infosec when managing documentation.
21. ONR provides guidance for most inspection topics under the TIGs.   
    Where relevant, Inspectors should also consider guidance published by other regulators (such as the HSE and the environment agencies), industry or international bodies, such as the IAEA.
22. Preparation for an inspection should include a review of relevant guidance and selection of those aspects that the Inspector considers to be relevant to the licensee/duty holder’s operations and the planned inspection to be made. Inspectors should use relevant guidance, in conjunction with their knowledge and experience of relevant good practice, to develop an understanding of the compliance standards that are expected.
23. The scope of the inspection should be defined and articulated through the preparation stage, and it is good practice to develop an appropriate question set (noting the balance in paragraph ‎38). Inspectors should ensure that others supporting them understand the guidance relevant to the intervention scope.
24. A scope for the inspection should be developed by the lead Inspector and shared with the site coordinator or duty holder contact. Early issue of the proposed scope allows the licensee/duty holder to ensure the appropriate resources are available and plant, facilities and equipment are accessible and in a suitable condition for inspection. For this purpose, the licensee/duty holder may suggest changes to the proposed scope.
25. For planned/announced inspections, it is good practice to furnish the licensee/duty holder with information of the scope of the inspection and any specialist Inspector disciplines supporting it. This allows the licensee/duty holder the opportunity to present a more representative demonstration of compliance. A balance needs to be struck here and the Inspector should use their knowledge and experience to judge how representative the level of compliance is, noting the purpose of our unannounced visits is to test this aspect.
26. The Inspector should exercise discretion and an enabling approach when finalising the scope of the inspection. The scope should be guided by maintaining the wider interests of safety/ security whilst ensuring an effective inspection can be completed. It is good practice to “agree” on the inspection agenda with the associated Licensee/duty holder contacts before the delivery stage. **Note**: the licensee typically uses the scope to determine the schedule of activities, which normally is labelled as the agenda.
27. A proportionate approach should be taken for inspections of small to medium enterprises (SMEs) in the non-nuclear sector (for example, those with limited involvement in the transport of radioactive material and modest compliance arrangements). In such cases, advanced provision of a minimal scope, listing the documentation to be made available during the inspection, should suffice.
28. Inspectors should review the basic stages of inspection, as outlined in Appendix 1 and adequately prepare before visiting site. The checklist below is considered to be the minimal level of preparation:

* Prior engagement with the licensee/duty holder (including site access);
* Pre-job briefings for ONR intervention team and where applicable communication with NSI;
* Familiarisation of the inspection team with relevant aspects of the compliance arrangements etc;
* Arrangements made for personal safety on site (for example, personal protective equipment (PPE) and dosimetry etc); and
* Official notebook, warrant and any other equipment/information as required (for example, actions to take in the event of incident occurring during inspection).

# Delivery

## Personal Safety and Security

1. Under the Health and Safety at Work etc Act 1974 (HSWA), the sites you visit are responsible for controlling the hazards associated with their work activities and mitigating the risk of harm to visitors so far as is reasonably practicable. To mitigate the risk of harm occurring, you should familiarise yourself with their arrangements, follow instruction and wear PPE as appropriate.
2. ONR has duties to provide you with sufficient information, instruction and training to enable you to dynamically assess the environment you are in and take the appropriate action to mitigate the risk of harm occurring. This is achieved through:

* Information contained within the [Our Health and Safety](https://onr.kahootz.com/ONRIntranet/view?objectId=21662960) pages in relation to lone working, personal safety and personal protective equipment.
* Generic risk assessments and guidance for [travelling safely on official business](https://onr.kahootz.com/ONRIntranet/viewContent?contentId=1018003&done=OBJChangesSaved) and [working safely at site](https://onr.kahootz.com/ONRIntranet/view?objectID=50962992), and
* The [ONR Academy](https://onr.kahootz.com/ONRIntranet/view?objectId=21662448) mandatory N19 - ONR Personal Safety in Inspection training, and safe driver training.

1. All ONR staff are responsible for following ONRs arrangements to support safe working practices, reporting incidents which occur during the course of your official duties, and completing bespoke risk assessments when appropriate.
2. You are empowered to STOP an activity if there is reason to believe that it may be or may become unsafe.
3. ONR Inspectors should adhere to ONR’s Information Security Policy [10]. Inspectors should also ensure that they are familiar with and follow the licensee’s or duty holder’s procedures for information and physical security and comply with procedures for entry to and exit from the site.
4. The necessary authorisations for taking laptops, mobile phones, cameras and other equipment on site should be obtained when required.   
   Any difficulties encountered that may compromise ONR’s functions should first be resolved with the site and/or escalated through the relevant Superintending Inspector before considering the exercise of Inspector’s warranted powers.
5. Inspectors should ensure that they are aware of and follow procedures for the control of the licensee/duty holder’s information. Documents and records should only be requested and retained in ONR’s information systems where necessary for the purposes of ONR’s regulatory business (also refer to paragraph ‎80).

## General Facility Surveillance and Plant Walk-Downs

1. NSIs visiting nuclear licensed sites should consider setting aside time, typically half a day, on each visit for general site or plant walk-downs and interaction with site staff and support contractors etc. The aim is to gain an overall impression of the prevailing site safety culture and the site material condition. Custom and practice at nuclear safety inspections have considered observing aspects such as:

* Work or shift handovers;
* Control room operations;
* Routine meetings e.g. incident screening, operational focus;
* Controlled area boundary integrity;
* Conditions of fire barriers;
* Defect and leak management;
* Talking to workers, managers and supervisors to gain their perspective;
* Foreign material exclusion practices;
* General housekeeping e.g., use of lay-down areas;
* Management presence or visibility;
* Material condition of structures, system and components;
* Emergency preparedness and response related facilities/ equipment;
* General site safety/security culture.

1. It is important however that all Inspectors understand and acknowledge the extent and limit of their own competence and knowledge. Inspectors should only provide advice intra vires of their appointment and make regulatory judgements on areas where they are suitably qualified to do so.   
   Inspectors should seek the advice and counsel of other specialist or purpose Inspectors where necessary.

## Values and Behaviours

1. The way ONR conducts its inspections is an important factor in how we are able to influence improvements to safety, security and safeguards.   
   Our behaviours set the tone and underpin how we deliver our vision and mission. Inspectors should embrace ONR values in their relationships with each other, our stakeholders and the public. Inspectors should also consider clarity in communicating inter-culturally.
2. Inspectors should act in a professional manner with due cognisance to the Regulator’s Code [2], ONR’s Enforcement Policy Statement [3] and enabling principles [1].
3. It is a training requirement for new Inspectors to undertake the N6 – Effective Regulation to develop the underlying knowledge, understanding, skills and behaviours of ONR Inspectors to enable them to carry out their role effectively and support ONR in meeting its obligations and mission as an effective independent regulator.
4. In responding to any potential non-compliance that they identify, Inspectors should clearly explain what the non-compliant item or activity is, the advice being given, actions required, or decisions taken, and the reasons for these. Inspectors should provide an opportunity for dialogue in relation to the advice, requirements or decisions, with a view to ensuring that they are acting in a way that is proportionate and consistent.
5. The paragraph above does not apply where the Inspector can demonstrate that immediate enforcement action is required to prevent or respond to a serious breach (for example, ROSPI) or were providing such an opportunity would be likely to defeat the purpose of the proposed enforcement action.
6. ONR’s Enforcement Policy Statement [3] sets out how ONR will undertake its regulatory business. These principles of enforcement apply to Inspector’s behaviours:

* Be proportionate when applying ONR guidance, when determining relevant good practice and when making regulatory decisions.
* Target the most significant risks and hazards for the greatest attention.
* Be consistent and prepared to explain your actions to the licensee or duty holder.
* Be transparent when explaining your expectations for compliance and distinguish between relevant good practice (the legal standard) and best practice. Offer advice to enable compliance.
* Be prepared to account for your regulatory actions and judgements to ONR management, the licensee or duty holder and other stakeholders.

1. The values and behaviours described in the Regulatory Nuclear Interface Protocol (RNIP) process [11] should be always in evidence.   
   Inspectors should be:

* Responsive, well-informed, and innovative.
* Balanced and proportionate.
* Consistent and transparent.
* Respond to the licensee or duty holder in a timely manner.

1. Use of the RNIP form is optional, with Inspectors advised to include a statement in the Inspection Record to record and justify the decision to use/not use the form.
2. The expectations of the Regulators Code [2] should also be evident:

* We should carry out our activities in a way which supports those that we regulate to comply and grow.
* We should provide simple and straightforward ways to engage with those we regulate and hear their views.
* We should base our regulatory activities on risk.
* We should share information about compliance and risk.
* We should ensure that our approach to our regulatory activities is transparent.

## Team Working

1. Inspections are conducted by individual ONR Inspectors and teams.   
   These teams may include staff from other agencies, such as other regulators. They may occasionally also include staff from non-statutory organisations acting in an advisory capacity or members of the licensee internal assurance function. During the preparation stage, the lead ONR Inspector should set out clear expectations on regulatory duties and primacy.
2. Whilst the team may wish to act together during aspects of the inspection for the sake of efficiency etc. it may be appropriate to provide separate feedback at the closing meeting (refer to paragraph ‎91). It is also good practice to agree details in advance for inspection recording, such as team contribution for the production of the Inspection Record.
3. In all above cases, ONR is expected to complete its own Inspection Record in accordance with process and to maintain independence.
4. A good practice guide for working with the duty holder’s internal challenge function is available at Appendix 3. Working with the duty holder’s internal challenge function to promote self-regulation is encouraged. However, not all inspections should be completed in this manner as it could be seen to undermine the independence of ONR.
5. Refer to ONR Technical Assessment Guide (TAG) - ‘Nuclear Safety Advice and Challenge’ (NS-TAST-GD-080) [12] for further information on the challenge culture, independent challenge capability (including an Internal Regulation function), and the provision of nuclear safety advice.

## Opening Meeting

1. Inspection typically follows a structure consisting of an opening meeting, discussion and review of compliance arrangements, plant/equipment inspection, resolution of outstanding queries, information requests, evaluation of compliance rating, reporting of findings and close out meeting.
2. The opening meeting should be with an appropriate level of duty holder representative (often senior management). It is good practice for the Inspector to provide some legislative context for the inspection and clarify any matters regarding its purpose. This meeting also provides opportunity to review the scope and content of the inspection and incorporate any necessary changes to the agenda.
3. It is good practice to identify a representative from the licensee/duty holder who will act as the central point of contact throughout the inspection.   
   They would be expected to capture and action any requests such as queries raised, information/document requests, or other areas for follow up identified during the course of the inspection.

## Inspection

1. Inspections are primarily undertaken to judge compliance with relevant legislation and provisions etc. They are also used to benchmark standards and identify best practices, influence improvements and inform regulatory strategies.
2. The direction of the inspection and the expectations for compliance should be guided by the inspection scope, which is based upon the relevant legislation requirements, guidance and supported by the question sets developed during the preparation stage.
3. An effective approach to adopt during the inspection is to use a balance of open and closed questions, to gain assurance of the licensee’s/duty holder’s comprehension of the subject matter (for example, ‘Tell me, Explain, Describe’). However, care should be taken not to “lead” the licensee to towards particular responses or be allowed to stray too far away from the matter in question.
4. Throughout the inspection delivery stage, the Inspector should be evaluating compliance and be cognisant of the Enforcement Management Model (EMM).
5. Notes should be taken during the inspection to form an accurate account for the purposes of producing a Record. It is important to consider that any records produced by Inspectors for the purposes of undertaking regulatory functions may be considered official and Inspectors should refer to the notebook guidance in Appendix 5. Inspectors should carry an official notebook when undertaking compliance inspections. **Note:** Further guidance on conducting investigation is given in ONR Enforcement Guidance, ‘Conducting Investigations’ [6].
6. Copies of records and documents provided by the licensee or duty holder in support of the inspection, such as job cards, work instructions, procedures etc. should only be retained by ONR for the period necessary to complete and document the inspection.

## Communication

1. It is good practice to discuss issues and findings with the duty holder throughout the course of the inspection. Discussion should focus on identifying SMART forward actions for resolution. Actions should preferably be formed ahead of the close out meeting to avoid surprises and lengthy debate or dispute. Guidance on regulatory issues managements is given in ONR Procedure – ‘Management of Regulatory Issues’ [13] and ONR Academy training B5.
2. If the inspection spans over the course of a number of days, it is good practice to have a ‘wash up’ meeting at the end of each day to identify and communicate any potential matters requiring action.

## Evaluation of Compliance

1. At the end of the inspection, the Inspector/ team should take some time away from the licensee/dutyholder to review inspection findings and evaluate compliance intervention rating and ONR response.
2. The Inspector should use ONR inspection rating system (Appendix 9) guidance to support the evaluation based on their judgement and supported by the sample of evidence reviewed at the time of the inspection (i.e., “on the day”).
3. The Inspector should refer to the EMM [5] where relevant including the formation of any associated regulatory issues.
4. The Inspector should normally have sufficient evidence to support the objective evaluation of an intervention rating. However, in certain circumstances the Inspector may judge it appropriate to award a ‘provisional’ rating.
5. For instance, the Inspector may judge the sample of evidence is not fully representative or further information needs to be considered. This situation can occur in circumstances where there are time limitations at site, or the Inspector is not able to interact with the relevant person or gather the evidence requested. The Inspector should use their judgement in these circumstances.
6. However, this situation should be the exception and should not be taken as an opportunity for the duty holder to unduly influence the inspection evaluation retrospectively. The Inspector should take all practicable endeavours to conclude the inspection, establishing findings and ONR’s response at the end of the inspection.
7. Where further information and documents are supplied by the licensee or duty holder prior to leaving the site, or shortly afterwards and this changes the ‘provisional’ rating then this should be recorded.
8. The ONR inspection rating guide is calibrated to provide an objective measure of compliance based upon a planned inspection (which included a suitable preparation stage). As such, it is not generally appropriate to assign a rating against reactive activity or inspections of a limited nature i.e., a small sample of evidence. There are some exceptions to this such as where substantive work has been done to identify an underlying compliance gap or the gap is categorical. In these circumstances a justification should be recorded.

## Closing Meeting

1. The inspection should typically conclude with a closing meeting, again with an appropriate representative of the licensee/duty holder organisation   
   (this should ideally include someone with the authority to act in response to any regulatory action needed).
2. The Inspector should provide ‘hot’ feedback of the inspection findings and the evaluated inspection rating, noting whether this is provisional. If the inspection has been performed collaboratively with other regulators or the Licensee internal challenge function, the Inspector should take care to ensure ONR’s independence is maintained, and our statutory enforcement obligations are met.
3. It is good practice to provide feedback as a balanced account of the inspection. If possible, positive feedback should be given in addition to identifying any potential compliance gaps.
4. The feedback should be clear on the ONR response to the inspection including the expected action (as detailed in the Inspection Rating Guide in Appendix 9).
5. As noted in the communications section, points of detail should be resolved ahead of the close out meeting to avoid lengthy debate or dispute at the close out meeting.
6. It is also good practice to seek feedback from the duty holder/Licensee regarding the performance of the inspection. Constructive feedback may assist the effectiveness of intervention practices, and any significant observations should be communicated to ONR’s Regulatory Oversight (RO) function for consideration (refer to paragraphs ‎107-‎108).

# Record

1. WIReD is now the primary means to capture key information arising during the inspection and to record the arrangements, facilities and equipment inspected and how they were sampled.
2. A WIReD inspection record must be produced for all compliance inspections given a rating except for prospective licensees, prior to Nuclear Site Licence (NSL) application and grant, where the rating may be recorded within a Contact Record (CR) and not subject to publication prior to NSL.
3. Where an intervention does not form part of a compliance inspection being rated e.g., regulatory exchanges or information gathering exercises (such as the IIS 100 series), this does not need to be recorded in WIReD.   
   Other suitable means such as a Contact Record may be used in this instance.
4. The information recorded within WIReD Inspection workflow should form a complete and succinct ‘record’ of the inspection, with sufficient detail to underpin the evaluated inspection rating. The record is not intended to act as an Inspectors’ notebook nor an aide memoire for matters not pertaining to the inspection. If there are matters of a complex nature or require further consideration the Inspector should consider recording these in a suitable separate (supporting) note or report.
5. In the planning and preparation stages the inspector would normally define the inspection plan and scope (i.e., ‘what, why, where, how and who?’).   
   This is normally followed by a period in which the inspection team familiarise themselves with the dutyholder arrangements. The inspection is then conducted, and the inspection record is finalised and completed with the recording of the regulatory judgement. The inspection record should normally commence with a review of the existing information on the WIReD Inspection Database.
6. The record should be balanced and capture the salient points which underpin the Inspector’s judgement on the inspection rating. As well as potential compliance gaps and regulatory issues the record should capture any areas of best practice. The record should also identify any specific regulatory guidance (and relevant good practice) that has been used for assessing compliance during the inspection (for example, relevant TIGs, Approved Codes of Practice (ACOPs), etc).
7. As part of their approval of the record, the approver is to consider the extent to which they should sample the record content, with the specific aim of confirming the adequacy of evidence, the line of sight back to legal standards, and the clarity and accuracy of communication of regulatory expectations (where appropriate). Appendix 11 provides more detail in relation to the record approval task.
8. Executive summaries are routinely published on the ONR website   
   (where protective classification allows). When the duty holder portal is available, this will provide a means to share record details with the licensee or duty holder. The Inspector should consider the requirements of Freedom of Information and Environmental Information legislation and security classification and marking policy when creating records.
9. Further guidance on recording of intervention outcomes is provided in Appendix 11.

# Follow Up

1. In general, the follow up of inspection findings is managed through the regulatory issue management process [13] and Divisional governance arrangements including feeding back into the planning process and associated intervention strategies.
2. However, for ONR to be an efficient and effective regulator it must be a learning organisation. Inspectors should be cognisant of the key activities in ONR that contribute to learning and in particular reflect on inspection findings and activity to support ONR’s regulatory intelligence, Review Learn Improve (RLI) and regulatory oversight processes.
3. This could include discussion of the inspection with colleagues who have experience in similar matters, or a review of the guidance used during the inspection, including relevant TIGs, ACOPs and ONR guidance documents, including this guide.
4. It is also important that the ESO is kept informed of the potential for significant enforcement action, investigation and other noteworthy matters that are beyond the Divisional strategy and may for instance impact corporate plans and strategy etc.

## Additional Factors

1. This section provides guidance on some additional factors that Inspectors should consider when conducting inspections.
2. Distractions that may present themselves during a planned inspection should be avoided unless the Inspector judges these to indicate a significant concern. Such matters may be drawn to the Inspector’s attention by the licensee or duty holder or may be matters that the Inspector identifies during an inspection. If practicable these matters should be recorded for follow-up separately from the planned inspection.
3. Where a significant concern is apparent, such as an activity giving rise to a Risk of Serious Personal Injury (ROSPI), Matter of Evident Concern (MEC), or Matter of Potential Major Concern (MPMC), the Inspector should act accordingly.
4. Depending on the circumstances, this may include withdrawing from the area of activity and bringing it to the immediate attention of licensee or duty holder to act to remedy it.
5. The Licensee or duty holder would usually be expected to respond to initial (enforcement) advice from an Inspector and the requirement to take formal action, through the issuing of a Prohibition Notice, is uncommon.
6. The Inspector should seek advice on the matter of concern from a specialist ONR Inspector such as Conventional Health and Safety (CHS) team.   
   If, following advice from the CHS team, it is necessary for formal enforcement action to be taken, then the Inspector should contact their Superintending Inspector, or the NSI.
7. However, if it is not practicable to obtain this advice and it is the Inspector’s opinion that action is necessary without delay, the Inspector should act within their competence and exercise relevant powers of appointment for the situation. For non-nuclear facilities, Inspectors should be aware of the limit and scope of ONR’s enforcement authority and may need to refer such matters to other regulators (for example, HSE).
8. Inspectors should act with caution and seek advice when considering the issuing of prohibition notices to any matters other than dealing with straightforward conventional health and safety concerns.   
   Nuclear installations are complex and there may be nuclear and/or radiological safety implications related to prohibiting the operation or activity of concern.
9. Documentary or other evidence may also emerge during an inspection that indicates a potential significant contravention of legislative requirements.   
   In certain circumstances, this has the potential to meet the investigation selection criteria and trigger the investigation process [6].
10. The Inspector should use their judgement and seek advice from other specialist ONR Inspectors including the Investigation Review Group (IRG) where necessary. If there is a reasonable potential for an investigation and there is a connection between the potential contravention and inspection activity, then the inspection should be brought to a close. The duty holder should be informed of the potential for investigation.
11. If the Inspector judges it is necessary to secure any evidence at the time of the inspection, then advice should be sought from the IRG on the handling of evidence and use of formal powers.
12. Whenever an Inspector uses formal powers (under HSWA or TEA13) during the inspection, this **must** be stated to the licensee or duty holder and recorded in the Inspector’s official notebook with sufficient information to explain why and which power was used, complete with a start and finish time for the inspection (refer to Appendix 5).
13. It is good practice for Inspectors to have copies of relevant templates and forms (including notices) to support any potential enforcement that may arise from the planned inspection activity at site. However, Inspectors should ensure that the current version is used on the day (this may require copies to be requested from the office). The issue of notices etc. under powers must also be recorded in the official notebook as above.
14. Inspectors may be asked for advice on compliance during the course of an inspection. There is a clear expectation (in the Regulators Code [2]) that such advice will be given. Unless there are definite legislative requirements, Inspectors should avoid giving advice of a prescriptive nature. Inspectors should be clear to the Licensee or duty holder where this advice is given, what the legislative basis is (i.e., RSP, AP or RGP etc) and record this in the Inspector’s official notebook.
15. Complaints, concerns and whistle blowing raised by the licensee or duty holder, employees or members of the public, should be dealt with by following the guidance in Appendix 6. Where these matters relate to engagement with safety representatives, guidance in Appendix 8 should also be followed.
16. There is a potential for an incident to occur when an Inspector is on site.   
    The following guidance provides some general advice on how Inspectors may initially act in response; however, judgement will need to be exercised depending on the specific circumstances of the incident.
17. Inspectors should initially follow the site emergency arrangements, which may include taking shelter, evacuation, lock down, muster and roll call etc.
18. Depending on the circumstances and the Inspector’s judgment, they should then attempt to contact the site incident controller to ascertain the facts surrounding the incident.
19. If the incident meets the criteria for notification (or is likely to raise significant media interest), the Inspector should make contact with ONR headquarters to inform them of their presence on-site [14].
20. If safe and appropriate to do so, the Inspector should attend the site emergency control centre to monitor and record decisions and activities undertaken by the response staff.
21. The Inspector should prepare to provide regular briefings to the RCIS regarding activities, plant status, information and matters of interest that may be relevant to the RCIS response.
22. During the incident response phase, the Inspector should be cautious of taking any action that might unduly interfere with or distract from the site’s command and control function and procedures, as set out in the approved onsite emergency plan.

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# Appendix 1 – The Basics

| Stage | Key elements |
| --- | --- |
| Planning [4] | Corporate planning and strategy  Divisional strategies and plans  Inspection resource planning including specialism allocations.  Annual inspection plan preparation |
| Preparation  (This guidance document) | Inspection date and notification  Inspection scope  Question set and associated legislation, guidance, RGP etc.  Inspection scope and agenda  Personal Protective Equipment (and risk assessment)  Official Notebook, forms, notices and templates etc  Warrant |
|  | Dosimetry requirements (not in this guide)  Site Access requirements (not in this guide)  Travel and accommodation requirements (not in this guide) |
| Delivery | Personal Safety and Security  Point of work risk assessments  Radiological protection procedures (for example, local rules)  Values and behaviours (and throughout)  Team Working  Enforcement Policy Statement  Enabling regulation  Opening Meeting  Communication (and throughout) |
| Evaluation | Inspection ratings guidance  ONR response and EMM  Regulatory issues and actions |
| Feedback | Closing Meeting  Communication |
| Record | Inspection Records & Contact Records (FOI/EIR) |
| Follow up | Regulatory issues  Divisional interventions strategies/ plans  TIGs and Guides feedback (areas where TIGs can be improved)  Planning and baselining [4] |
| Additional factors | Risk of Serious Personal Injury (ROSPI)  Use of formal powers  Complaints, concerns and whistle blowing.  Emergency incident on site |

# Appendix 2 – Deleted

Refer to [Our Health, Safety and Wellbeing](https://onr.kahootz.com/ONRIntranet/view?objectId=21662960) pages for working safely at site.

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# Appendix 3 – Guidance for Interaction with Internal Challenge Function

ONR Technical Assessment Guide - ‘Nuclear Safety Advice and Challenge’   
(NS-TAST-GD-080) [12] sets out ONR’s expectations for the way in which duty holders design and manage their organisations to provide and promote effective nuclear safety advice and independent challenge. The guidance extends to cover the totality of a duty holder’s organisation and includes the way in which advice and independent challenge is provided whether on or off the licensed site. The guidance is also relevant to organisations and individuals providing goods and services to a duty holder, whether as agency staff or contractors, including key supply chain organisations.

ONR recognises that duty holders will develop different approaches to delivering effective nuclear safety advice and independent challenge however each duty holder should be able to demonstrate how it has satisfied itself that its approach is appropriate.

ONR Inspectors should act in a way that supports and strengthens licensee/duty holders’ self-regulatory processes rather than provides a substitute for them.   
The lists below set out a general set of guidelines for interaction with Licensee or duty holders internal challenge function, for purpose of this guide herein referred to as “the internal regulator”.

**Do**:

* maintain a regular dialogue with the internal regulator outside of normal interventions, so that both parties are aware of each other’s activities.
* use the internal regulator to support your interventions, and encourage their participation.
* use the internal regulator to gather factual information during your interventions, and provide you with advice.
* encourage the internal regulator to undertake pre-inspections, and share the findings openly.
* give appropriate credit to the internal regulator where they determine effective findings as part of their internal processes.
* support the profile and ‘independence’ of the internal regulator in the licensee/duty holder’s organisation, and support their actions where appropriate.
* maintain ONR’s independence as the statutory regulator, whilst working alongside the internal regulator.
* use internal regulator feedback to inform your intervention planning.
* involve the internal regulator in your annual planning process, and consider accounting for their interventions in determining your inspection coverage.

**Don’t**:

* use the internal regulator to make regulatory judgements on your interventions (or give this impression); such judgements are reserved to ONR.
* allow the internal regulator to divert your inspection into areas of ‘interest’ to them, but not to you.
* allow the internal regulator to advocate on behalf of the organisation in front of those being inspected.
* criticise the internal regulator by association for finding shortfalls in the licensee/duty holder organisation..
* undermine the internal regulator function in the licensee/duty holder’s organisation.

expose the internal regulator to areas outside of their competence.

# Appendix 4 – Enabling Regulation

Refer to ‘A guide to enabling regulation’ [1].

Note that the enabling regulation approach should also be applied to ONR’s regulation of safeguards.

# Appendix 5 – Official Notebooks

Official notebooks should be used to record details of regulatory activity and intervention, which may be needed to uphold enforcement action (including decisions to take no action). This includes activity to support investigation and prosecution i.e., taking legal proceedings (for example, in a court of law) noting that there are also a number of specific forms that should be used to record details relating to investigation [6].

The correct use of notebooks, as outlined below, is important for compliance with the Criminal Procedures and Investigations Act 1996; the Criminal Justice and Licensing (Scotland) Act 2010; the Criminal Procedure (Scotland) Act 1995 and the Criminal Procedure (Scotland) Act 2016.

Examples of when official notebooks should be used may include;

* When conducting investigation activities (noting other forms are also required to be used).
* When the Inspector considers or issues any form of notice under their powers i.e.: Prohibition Notices (PN) or Improvement Notices (IN).
* If the Inspector uses any of their (HSWA/ TEA13) powers during the inspection. This **MUST** be declared to the licensee/duty holder and also recorded in the official notebook with sufficient information to explain why and which power has been used.
* When Inspectors provide advice on compliance during the inspection.
* When undertaking activity on site and it is apparent a record is required that may later be called upon to support enforcement action (i.e. prosecution) such as carrying out initial investigation.
* Inspectors may use official notebooks to record all regulatory activities. If this is the case, then they should manage them accordingly and as set out in this guide.

**Use of Official Notebooks**

Complete the front cover with full given name and commenced/ completed dates (dd/mm/yyyy). It is also good practice to reference the previous and next notebook serial numbers if applicable (for example, spanning activity over multiple notebooks).

Record:

* Licensee/duty holder name and details
* Date, start and end times associated with the entry
* Factual information relevant to the matter:
  + people spoken to, and their position/status
  + regulatory action taken (or not taken) with supporting reasons
  + observations made
  + advice given
  + Inspector’s powers used
  + legal requirements which may have been breached
  + measurements, sketches and photographs taken
  + details of documents seen or copied
* Relevant information to support investigations (noting other forms are also required to be used):
  + details of interviews
  + collection of physical evidence

Ensure acceptable quality by:

* Writing clearly and permanently, preferably in black ink
* No gaps
* No blank lines
* No over-writing
* If a simple error is made e.g. spelling mistake in a name, then a clearly made correction may be appropriate however, caution should be taken concerning altering a record, which could later be challenged in a legal context.
* No pages removed
* No unrelated material (e.g. shopping list)
* No separate sheets of paper

ONR Inspectors are issued with official notebooks to ensure that they able to enact their statutory powers in accordance with ONR process and relevant administrative acts. It is the responsibility of the Inspector to ensure that they have an official notebook in their possession should it be needed (for example, when visiting licensee’s premises to undertake inspection). Inspectors should note that notebooks might be scrutinised by supervisors, or lawyers and court officials if used in evidence.

Official notebooks remain the property of ONR, and Inspectors are responsible for storing them safely/securely until the information they contain is no longer required.   
Notebooks used in investigations should be kept until minimum of six months following a conviction or until an appeal has been heard (non-custodial sentence).

It is acceptable to use more than one notebook concurrently. A consistent approach should be followed, and it is recommended that if moving from using one notebook to another a contemporaneous record is made to cross reference records and notebooks (i.e., serial number).

Notebooks used in legal proceedings must be recorded in accordance with investigation process (refer to ONR Enforcement Guidance Document – ‘Guide to Collecting and Exhibiting Material as Evidence’ (ONR-ENF-GD-012) [15]).

# Appendix 6 – Concerns, Whistleblowing and Complaints about ONR

Processes are in place for dealing with concerns, whistleblowing (protected disclosures), and complaints on the ONR’s [website](http://www.onr.org.uk/complaints-concerns-whistleblowing.htm).

Inspectors may encounter these matters through a number of different channels such as verbally, letters and emails or through ONR and HSE general contact enquires route. The process for dealing with each of the matters is different and it is important that the Inspector establishes the nature of the subject so that it is dealt with through the correct process. If the Inspector is in any doubt, they should contact ONR Policy team and seek further advice.

**Concerns**

A concern would usually be raised as a result of someone being involved in or witnessing an incident or becoming aware of an issue that has or could affect nuclear safety or security and has the potential to cause, or actually has led to harm to the public. It can sometimes be difficult to decide what constitutes a concern. Concerns should not be confused with a personal grievance or complaint that does not have the potential to cause harm to the general public. Concerns can be raised by anyone and relate to a potential wrongdoing in a workplace in relation to a matter that ONR regulates (nuclear safety, nuclear security, radioactive materials transport, safeguards or health and safety on a nuclear site).

**Whistleblowing (Protected Disclosures)**

ONR is a ‘prescribed person’ under the Public Interest Disclosure Act 1998’ for the purpose of receiving “protected disclosures” (whistleblowing) from the nuclear industry and is responsible for investigating any information received.

Whistleblowing is a term used when a worker (ex/employee, independent contractor, agency worker or trainee) passes on information concerning wrongdoing typically, although not necessarily, in the workplace.

Whistleblowers are protected by law. The wrongdoing disclosed must be in the public interest. This means it must affect others e.g., the general public and show that one or more of the following may have occurred, is occurring or is likely to occur:

* A criminal offence (this may include, for example, types of financial impropriety such as fraud);
* a breach of a legal obligation;
* a miscarriage of justice;
* danger to the health or safety of any individual;
* damage to the environment; or
* the deliberate covering up of wrongdoing

Personal grievances (for example, bullying, harassment, discrimination) aren’t covered by whistleblowing law, unless the particular case is in the public interest.

In some cases of whistleblowing, ONR will not be the responsible authority. ONR will help the whistle blower in identifying the correct authority.

**Complaints**

Complaints originate from outside ONR and are about any aspect of ONR’s work where it is perceived that ONR may not have done its job properly.

ONR’s complaints process is about ONR or the services it provides. It is not for making complaints about the companies ONR regulates. These should be reported as a concern.

**Action by Inspectors**

Initial action in response to a concern or whistleblowing raised verbally:

* Try to gather sufficient information to establish whether the matter is a valid potential concern or whistleblowing matter
* If, in the opinion of the Inspector, it is not a valid potential concern then explain why and advise the party that they still have the option to raise the matter via contacting ONR enquires or through the reporting portal on the ONR website if they are not satisfied
* If the matter is a valid concern or whistleblowing, record information relevant to the concern:
  + Requirements for protected disclosure if applicable
  + Name, contact details and relationship of the person to the concern (e.g. employee, member of public, contractor)
  + Details of the activity of concern - what, who, where, when and how etc
  + Has the matter already been reported and if so what action taken? e.g. to the licensee/duty holder, any other authorities and agencies etc
  + Any other relevant information (e.g. is there any physical evidence to support the concern such as photographs or documentation)?
* Advise the party of the proposed initial action and provide details of ONR’s concerns/ whistleblowing policy/ process and how they can find further information through the ONR enquires/ website.
* If it is appropriate provide details of how the Inspector may be contacted.
* If the matter is potential whistleblowing contact ONR Policy team.
* If the matter has potential for media attention, also contact ONR Communications team.

Action in response to a concern or whistleblowing raised through other channels should follow similar steps above however will depend on the nature of the communication. Inspectors should contact ONR Policy team and seek further advice if necessary.

Initial action in response to a complaint raised verbally:

* Try to gather sufficient information to establish whether the matter can be appropriately resolved by the Inspector
* If the matter cannot be resolved advise the party that ONR has a process for dealing with complaints via contacting ONR enquires or through the reporting portal on the ONR website if they are not satisfied.
* Record information relevant to the complaint in the Inspectors official notebook.
* Provide details of the person making the complaint to ONR enquiries, including their contact details and the nature of the complaint. This action should be taken irrespective of whether the complaint has been satisfactorily resolved or not.

Action in response to a complaint raised through other channels should follow similar steps above however will depend on the nature of the communication. Inspectors should contact ONR enquiries and seek further advice if necessary.

**Note** that the concerns, whistleblowing and complaints processes are applicable to employers, employees and members of the public. However, there is also specific legislation relating to safety representatives, which the Inspector should be cognisant of when dealing with these matters. Further information is provided below in Appendix 8.

# Appendix 7 – Deleted

This appendix previously provided guidance on Regulatory philosophy. This has been replaced with the enabling regulation in practice, as referenced in Appendix 4.

# Appendix 8 – Interaction with Safety Representatives

**Safety Representatives Status**

Health and Safety representatives’ functions are given by law under the Safety Representatives and Safety Committees Regulations 1977. Health and Safety Representatives are appointed by trade unions to represent a group or groups of workers of a class for which the union has negotiating rights. However, this does not act as a limitation to representatives when raising general matters affecting the health and safety of employees as a whole. Fundamentally the role of a health and safety representatives covers three areas:

* Representation of employees to the employer in matters of health and safety.
* Inspection of the workplace.
* Inspection of documentation both for the purpose of health and safety.

They also will need to be given sufficient information and knowledge, by their employer, to enable them to play an informed part in promoting health and safety at work.

Safety representatives’ have a legal right to:

* Represent employees in discussions with the employer on health, safety or welfare and in discussions with HSE or other enforcing authorities
* Investigate hazards and dangerous occurrences
* Investigate complaints; carry out inspections of the workplace and inspect relevant documents
* Attend safety committees
* Be paid for time spent carrying out their functions, and to undergo training.

Guidance given to safety representatives states the procedure to follow when there is a breach in the law relating to safety:

“Firstly, the safety representative will raise the issue with a senior representative or union official. However, if a serious problem remains, and after discussion with their union, a health and safety representative may consider contacting the ONR”.

Guidance also states,

“In all cases where there is a serious risk to life or limb which cannot be prevented by notifying your employer, safety representatives should contact their union and the ONR immediately”.

**ONR Inspector Status**

Under section 28(8) of the Health and Safety at Work Act 1974 and Schedule 8, Part 4 of the Energy Act 2013 Inspectors have a legal duty to communicate with employees (or their representatives), to keep them adequately informed about matters affecting their health, safety or welfare.

It is good practice to have a positive working relationship with site safety representatives; this may take the form of regular meetings or having well-established channels of communication between Inspectors and safety representatives (preferably without site management present) to enable safety representatives to openly raise matters without fear of reprisal. Benefits of this working relationship include accessing insight into site safety culture, working practices and site awareness of risk.

In relation to potential concerns, whistleblowing and complaints raised with the Inspector by safety representatives the same processes may apply as described in Appendix 15. However due to the functions given to safety representatives under law, the expectation is that these processes would only be invoked following the matter of concern firstly being taken through the channels available to safety representatives (as given above).

**Guidance for Inspectors**

Meetings with safety representatives (without management present) should normally be conducted in confidence and any matters divulged which are considered to be of a protected disclosure nature should be treated appropriately. The Inspectors should make clear to the safety representative what they intend to do with the disclosure they receive. This also applies where the Inspector intends to take no action.

The Inspector has a duty (under 28(8) of HSWA) to communicate with the safety representative and should keep them informed of the development of actions arising from the disclosure.

Inspectors should be wary of being drawn on matters not directly relating to safety   
(for example, pay negotiations or personal grievances).

Further guidance on Health and Safety Representatives can be found on the [HSE website](http://www.hse.gov.uk/involvement/hsrepresentatives.htm).

# Appendix 9 – Inspection Ratings Guide

To use this guide, Inspectors should identify applicable indicators from the list based on their inspection findings. Then select an appropriate rating which is the best fit, overall. The majority of licensees and duty holders should be operating predominantly with a rating of Green.

| Indicative Inspection Findings | Rating | ONR Response |
| --- | --- | --- |
| Relevant good practice generally met, or minor shortfalls identified, when compared with appropriate benchmarks.  Legal duties complied with, although there may be minor contraventions of specific administrative requirements.  No significant shortfalls identified in the delivery of safety, safeguards or security functions.  Relatively minor, if any, deficiencies in compliance arrangements.  Minor failure to implement, compliance arrangements.  Only limited opportunities exist to fully reduce risks to ALARP or enhance security measures.  There may be some examples of best practice which have been observed and recorded. | Green | No Formal Action  Provide feedback at the closeout meeting on the rating and key points from the inspection to be recorded in the IR or other record.  If appropriate, provide advice on how to address any identified areas for improvement.  Expect the licensee/duty holder to address any identified improvements and manage resolution via their internal management controls.  Make a Level 4 Regulatory Issues Database entry for minor compliance shortfalls, if necessary, to monitor licensee/duty holder progress.  Record any examples of best practice in the IR and acknowledge these to the licensee/duty holder.  Record advice given regarding continuous improvement and best practice. |
| Significant shortfall against an identified relevant good practice when compared with appropriate benchmarks.  Specific legal requirements not met, but without prejudice to overall nuclear safety, safeguards or security objectives.  Inconsistent standards for managing risks to workers; with some key relevant statutory provisions not met.  Specific significant weaknesses identified in delivery/implementation of safety case requirements.  Significant or systematic failure to implement or meet compliance arrangements.  Failure to maintain approved security arrangements, but with principal barriers remaining intact.  Deficient arrangements for compliance with legal requirements.  Systematic failure to comply with administrative legal requirements. | Amber | Seek Improvement  Provide feedback at the closeout meeting on the rating and key points from the inspection to be recorded in the IR or other record.  Identify and discuss any significant shortfalls with the licensee/duty holder, at an appropriate level.  Review the shortfall(s) against the EMM [5].  Make one or more Regulatory Issues Database entries at Level 3 or above to log the enforcement communication and to track progress.  Follow-up and close out the Regulatory Issue when complete. |
| Absence or failure of one or more principal barriers claimed in the safety case.  Major failure to maintain arrangements in the approved security plan.  Shortfalls in safety or security requirements resulting in significant avoidable risks to the public or workers, generally with at least one contravention that gives rise to a discernible risk gap under the EMM.  Major non-compliance with defined or established standards necessary to ensure safety, safeguards or security.  Failure to deliver improvements previously identified in ONR enforcement communications.  Persistent failure to meet administrative legal requirements, multiple warnings having been given. | Red | Demand Improvement  Provide feedback at the closeout meeting on the rating and key points from the inspection to be recorded in the IR or other record.  Raise the identified shortfall(s) with the relevant licensee/duty holder leadership and note the potential for enforcement action.  Draw the matter to the attention of the relevant Delivery Lead.  Review the shortfall(s) against the EMM [5].  Make one or more Regulatory Issues Database entries at Level 1 or 2 to log the enforcement communication and to track progress.  Consider if a holding to account, or similar meeting, with the licensee/duty holder is appropriate.  Plan and execute a follow-up inspection.  Close out the Regulatory Issue when complete. |

# Appendix 10 – Indicative Programme for System Based Inspections (SBIs)

|  |  |
| --- | --- |
| Point in Time | Activities Expected |
| X – 8 Weeks | ONR to confirm actual date of the SBI and details of the system to be inspected. |
| X – 4 Weeks | ONR hold pre inspection scoping meeting with ONR specialists |
| X – 3 Weeks | ONR proposed technical input to the SBI plan for the intervention **(D1)** |
| X – 2 Weeks | ONR distribute the SBI plan for review and agreement |
| **X** | **Date of Inspection** |

**Technical Input into the ONR SBI Plan**

This will comprise consideration of the following:

* Identification of the key technical areas that merit inspection (determination of inspection scope
* Identification of the safety functions
* Safety case claims relating to system performance (LC 23, 27 and 28) and identification of relevant Operating Rules, Safety Mechanisms, Devices and Circuits, EIMT schedules etc.
* Safety case claims relating to availability and reliability (LC 23, 27 and 28 related) and identification of relevant Operating Rules, Safety Mechanisms, Devices and Circuits, EIMT schedules etc.
* Safety case claims on Operator Actions (LC 10 and 24 related) and identification of training requirements and Operating Instructions
* Identification of the barriers required to contain radioactive material and radioactive waste (LC34 related).
* Areas of plant to be subject to physical plant inspection.

# Appendix 11 – Inspection Record: Recording in WIReD

**General**

A WIReD inspection workflow entry (inspection record) must be completed for all compliance inspections given a rating except for prospective licensees, prior to the application for and granting of a Nuclear Site Licence (NSL), where the rating may be recorded within a Contact Record (CR) and not subject to publication prior to NSL.

Introduction of WIReD represents a significant opportunity to enhance the efficiency and effectiveness of ONR by collecting and organising key information so it can be readily accessed, organised, and analysed by ONR. The inspection record is a term used to describe the completed database entry which is stored in WIReD.

The default method for recording inspection findings is within official notebooks followed by data entry into the WIReD inspection database. WIReD has been designed so that data can be input once and then used many times. It follows then that information entered in one WIReD field need not be repeated again in another (for example, the inspection activities entered in the Plan tab do not need to be repeated in the Scope tab).

The output of an inspection is now recorded within WIReD (rather than an Intervention Record). The WIReD inspection workflow tabs are designed to be completed progressively through the stages of the process i.e., planning, preparation, delivery and record.

The record is used to capture key information arising during the inspection and to record the arrangements, facilities and equipment inspected, people/ roles and how they were sampled. The record should contain sufficient evidence to support the judgement and support subsequent regulatory processes (for instance, enforcement decision record) as illustrated in Figure 2.

In the planning and preparation stages the inspector would normally define the inspection plan and scope (i.e., ‘what, why, where, how and who?’). This is normally followed by a period in which the inspection team familiarise themselves with the dutyholder arrangements. The inspection is then delivered, and the inspection record is finalised and completed with the recording of the regulatory judgement.

It should be recognised and appreciated that WIReD workflow is a tool that introduces a greater level of automation into the inspection process. For instance, the inspection scope is typically defined within the WIReD preparation stage and used to generate pre-inspection scope (typically sent to the dutyholder) and the executive report for publication.

However, scope maybe subject to change (for example, during delivery an inspector may need or choose to sample a different area). The inspector should use their judgment when determining how such changes are reflected within the WIReD record to ensure it remains an accurate account of the inspection. For instance, the internal scope field could be used to capture any valuable intelligence here.

**Planning inspections**

A new inspection record (plan) is created in WIReD and subject to existing review and approval as per the governance arrangements of the ONR Division or Subdivision. Approval of the plan constitutes that the inspection activity is consistent with the ONR strategy and the principles of the EPS.

It is recognised that urgent or reactive inspections may be authorised by Delivery Leads outside of the usual full WIReD workflow planning process. Data entry into WIReD should be added retrospectively, to track the requirement for, and delivery of, all planned and reactive inspections.

There are several data fields which make up the basic details for the plan stage. These include several mandatory fields, which described in more detail in the Process Manual.

**Preparation and scope**

The purpose of the preparation stage is to develop the inspection scope from ‘proposed’ to ‘planned’ status.

The inspector should add relevant links to existing inspections, issues or incidents in the ‘Links’ tab within WIReD. The inspector should use the WIReD ‘Scope’ tab (For Internal Use Only field) to record aspects of the scope that they do not want transmitted to the dutyholder in advance (for example, a question set).

Inspectors should identify and reference guidance relevant to the inspection scope (for example, Technical Inspection Guides) within the ‘References’ tab of WIReD.

The inspection aim and scope represent a proposal and the inspector should always retain some flexibility to accommodate changes (refer to paragraph ‎38).

It is important that key information is captured during the preparation stage. The aim and scope of the inspection are fundamental for informing the inspection and to enable future analysis by ONR. The key WIReD data fields relating to preparation are described in more detail the Process Manual.

**Note**: Early issue of the proposed scope allows the licensee/duty holder to ensure the appropriate resources are available and plant, facilities and equipment are accessible and in a suitable condition for inspection.

**Recording inspection**

The WIReD ‘Judgement’ tab should be used to capture the salient points which underpin the inspector’s judgement on the inspection rating awarded. As well as potential compliance gaps and regulatory issues the record should capture any areas of best practice. The inspector should review the information recorded in WIReD during the preparation/ scope stage to ensure that it is still valid, correct and consistent with the areas sampled. For example, the sample may have deviated from the inspection scope during on-site delivery.

Where an inspection does not proceed to completion of delivery stage, it may be concluded at the preparation or delivery by setting ‘Conclude’ to Yes. In this circumstance the rationale should be captured within the WIReD ‘Conclude Justification’ field and approved according to the relevant governance arrangements.

The WIReD Judgement tab should capture a succinct ‘record’ of the inspection, with sufficient detail to underpin the evaluated inspection rating. Where there are matters of a complex nature or those requiring further consideration the inspector should record these in a separate file note or CR, which can be uploaded to the WIReD database. Current guidance is for approx. half to full page (A4 equivalent) of standard text for a typical routine half-day inspection activity.

**Guidance on tone and content**

The executive summary report is normally shared with the duty holder/licensee to confirm factual accuracy check only prior to publication (not for the purposes for reopening judgements made by the inspector). The tone should be objective, balanced and open-minded. The following points should be considered:

* The use of emotive language should be avoided;
* Unnecessary comment should not be made on the duty holder’s/licensee general capability or performance unless relevant to this interaction;
* Reference should be made to organisational positions rather than individuals;
* Care should be taken regarding potential security issues such as combining building functions, location, vulnerability etc;
* No reference should be made to commercially sensitive information/sensitive nuclear information;
* Care should be taken to ensure duty holders’/licensee reputation is not unnecessarily questioned;
* Excessive use of acronyms and technical jargon should be avoided;

Executive summaries are routinely published where they do not contain sensitive nuclear information. The executive summary should be structured to be self-standing when considered along with the aim of the inspection.

It should be the practice to share full reports with the licensee or duty holder unless exceptional circumstances dictate otherwise. The inspector should consider the requirements of Freedom of Information and Environmental Information legislation and security classification and marking policy when completing records.

The key WIReD data fields for recording inspection judgement are described in Process Manual.

**Approval of Records**

Beyond the approval of the executive summary, the approver should also consider if it is appropriate to sample the main body text of an intervention report as part of that approval activity. It is important that we continually monitor the quality of our inspection records so that we can identify good practice, provide feedback to correct any areas of deficiency, and ensure that our inspectors are supported in the delivery of their regulatory activities.

In determining the extent of their sampling, the approver should consider the experience, knowledge and current performance of the inspector(s) involved in creation of the record, the value of feedback on an inspector’s subsequent delivery, and the need to maintain a knowledge of the performance of all inspectors whose work they oversee.

As part of any sampled review, the approver should look at the adequacy of evidence underpinning regulatory judgements and the clarity of the line of sight back to legal standards where shortfalls are identified. Additionally, the approver should consider the quality of writing, the choice of language and overall report tone.

Where any areas of good practice are identified, they should be communicated to the wider operational team (as well as to the individual) so that others can benefit from the performance observed. Any feedback designed to develop and strengthen performance should be provided directly to the relevant inspector(s) only, and in a manner that helps them both understand and respond positively to the feedback.

**WIReD Report Templates**

WIReD provides several report templates to output information into a Word report. These can be used at different steps of the inspection process to share information with various stakeholders. An overview of the reports and associated fields is provided in the Process Manual.

**Ratings**

If an inspection results in a RAG rating of **Amber** or **Red**, it is expected that the inspector will record one or more Regulatory Issues at Level 3 or above to address the shortfall from within the WIReD inspection or issue database. The remedial work required from the licensee would be expected to be proportional to the shortfall observed and consistent with the Division’s regulatory strategy and EMM.   
Guidance on the potential ONR response is detailed in the ONR Inspection Rating Guide for consideration by the inspector. The expectation is that for an amber rating, ONR will seek improvement and for a Red, ONR will demand improvement.

If an inspection results in a rating of **Green**, the inspector may still identify topics for further improvement and offer guidance to the duty holder. If the inspector and the duty holder agree that the actions should be followed up by the duty holder, then this should be done utilising their own corrective action tracking system/process.   
For matters that the inspector judges should be tracked by ONR (for example, a minor potential shortfall in compliance), then a Level 4 issue should be raised in the Issues Database.

**Summary**

The WIReD inspection database represents a significant opportunity to enhance the efficiency and effectiveness of ONR by collecting and organising key information so it can be readily accessed, organised, and analysed by ONR. Successful implementation will allow future users to interrogate inspection data and assist them in making well informed regulatory decisions (WIReD).

# Definitions

‘Licensee’ may be substituted by ‘Duty Holder’ or ‘Operator’.

‘Licence/Licence Instrument’ may be substituted by ‘Certificate of Approval’.

‘Nuclear’ may be substituted by ‘Non-nuclear Radioactive Material’.

‘Safety Assessment Principles (SAPs)’, ‘Security Assessment Principles (SyAPs)’, ‘ONR Guidance for Nuclear Material Accountancy, Control and Safeguards’, ‘TIGs’ and ‘TAGs’ may be interchangeable with ‘Appropriate Procedures and Guidance’.

‘Site’ may be substituted by “Facility” or ‘Duty Holder’ or ‘Operator’.

‘Safety case’ may be substituted by ‘security plan’ or ‘management arrangements’ or ‘accountancy and control plan’.

# References

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