NATIONAL ENRICHMENT FACILITY

JAN 29 2007

NEF-07-00009-NRC

ATTN: Document Control Desk
Director
Office of Nuclear Material Safety and Safeguards
U.S. Nuclear Regulatory Commission
11555 Rockville Pike
Rockville, MD 20852

Louisiana Energy Services, L. P.
National Enrichment Facility
NRC Docket No. 70-3103

Subject: Summary of 10 CFR 70.72 and Integrated Safety Analysis Summary Changes

Pursuant to the requirements of 10 CFR 70.72 (d)(2), Louisiana Energy Services (LES) is submitting a summary of changes to the records required by 10 CFR 70.62 (a)(2) that did not require pre-approval under 10 CFR 70.72. Enclosure 1 identifies the 70.72 evaluations associated with changes that were approved during calendar year 2006.

Pursuant to the requirements of 10 CFR 70.72 (d)(3), LES is required to submit revised Integrated Safety Analysis Summary pages within 30 days of the end of the calendar year. No changes that affected the Integrated Safety Analysis Summary were approved during calendar year 2006.

In addition, LES has elected to submit changes to the Safety Analysis Report and the Environmental Report at the same time as the Integrated Safety Analysis Summary. Although there were no approved changes that affected the Integrated Safety Analysis Summary, organizational changes that affected the Safety Analysis Report and the Environmental Report have been approved and incorporated into these documents. Annotated changes and replacement pages for both the Safety Analysis Report and the Environmental Report along with page removal and insertion instructions are included as Enclosures 2 through 5.

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If you have any questions, please contact Mr. Karl Gross at 505.394.4646.

Respectfully,

John Swailes
Vice President - Operations and Chief Nuclear Officer

Enclosures:
1. Summary of 70.72 Changes
2. Environmental Report, Annotated Pages
3. Environmental Report, Replacement Pages
4. Safety Analysis Report, Annotated Pages
5. Safety Analysis Report, Replacement Pages

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ENCLOSURE 1

Summary of 70.72 Changes

70.72 Identifier	Change Description
2006-0006	The proposed change involves a revision to the configuration change process utilized by the National Enrichment Facility (NEF) to provide a more efficient process and to improve the communication and hand-offs between procedures and utilized to track, evaluate and implement configuration changes. The change includes issuing new procedure, EG-101, "Configuration Change" which supersedes AP-CM-1.1, "Configuration Management". The change also includes revising related procedure, LS-104, "10 CFR 70.72 Facility Changes and Change Process", as well as changes to additional procedures to reflect a change of procedure title, the elimination of 70.72 Screens while maintaining required 70.72(c) evaluations and the associated training requirements. EG-101 maintains the requirements from AP-CM-1.1 for interdisciplinary reviews to be performed by subject matter experts of various functional areas, to identify and evaluate potential impacts to the Integrated Safely Analysis (ISA) and Items Relied On For Safety (IROFS) prior to implementation as required by 10 CFR 70.72 and the NEF Safety Analysis Report (SAR) Chapter 11. Requirements for license basis document reviews, previously contained in LS-104, have been added to EG-101 to ensure change screening and evaluation requirements are maintained. LS-104 is also being revised to discontinue the use of a 10 CFR 70.72 Screen while maintaining the requirement for evaluating proposed changes in accordance with 10 CFR 70.72(c).
2006-0007	The proposed activity involves evaluating Revision 1 to PR-101, "LES Control of Procurement". PR-101 establishes the process and responsibilities for the procurement of material, parts, components, and services. PR-101 is being revised to clarify discussions regarding the application of 10 CFR 21 to QA Level 3 items and services, and permit the use of QA Terms and Conditions that are equivalent to those presented in Attachment 2. These clarifications are consistent with regulatory requirements and the NEF Safety Analysis Report (SAR) and the Quality Assurance Program Description (QAPD) commitments.
2006-0008	The proposed changes modify position titles, reporting relationships, and organizational responsibilities, eliminate historical background information, resolve inconsistencies between the license basis documents regarding programmatic and organizational requirements, clarify organizational responsibilities and capabilities, make editorial clarifications or corrections, and eliminate duplicate information. To promulgate the changes, revisions to the Safety Analysis Report, Emergency Plan, Standard Practice Procedures Plan for the Protection of Classified Matter, Quality Assurance Program Description, Fundamental Nuclear Material Control Plan, Environmental Report and numerous procedures will be issued.
2006-0009	The proposed activity involves the creation and implementation of Procedure AD-106, Rev 0, "Safety Review Committee". This procedure establishes the scope and methodology for review by the Safety Review Committee (SRC) and establishes the minimum requirements for the NEF SRC members. Procedure AD-106 is administrative and establishes the scope and methodology for review by the Safety Review Committee (SRC) and establishes the minimum requirements for the NEF SRC members.
2006-0011	The proposed change involves revision of the LES Employee Concerns Program (ECP) procedure to align it in format and content with current procedural guidelines, corporate structure and departmental responsibilities. EC-101 establishes the ECP, which provides an alternate avenue for individuals (contractors or employees) to report concerns when conditions warrant the use of alternative methods or when traditional methods have been ineffective.
2006-0012	The proposed activity involves evaluating the Washington Group International (WGI) procedure PSP 02.01, "Project Procedures - Description and Control". PSP 02.01 describes the implementation and control of the "Project Specific Procedures" Manual.

70.72 Identifier	Change Description
2006-0014	The proposed activity involves evaluating the Washington Group International (WGI) procedure PSP 04.01, "Indoctrination and Training Requirements". PSP 04.01 establishes the requirements and methods for administering project-specific indoctrination and training for WGI project personnel who independently perform quality-affecting work in accordance with the WGI 10CFR50 Appendix B Quality Assurance Program and the implementing PSPs.
2006-0015	The proposed activity involves evaluating Washington Group International (WGI) Procedure PSP 08.01, Rev 0, "Document Control". This procedure establishes a uniform system for the receipt, issuance, distribution, and interim storage of controlled documents, correspondence, vendor submittals, and design data source documents by the WGI Document Control Center (DCC).
2006-0016	The proposed activity involves evaluating Washington Group International (WGI) Procedure PSP 09.01, Rev 0, "Procurement". This procedure establishes the WGI applicability, control, and responsibilities for the procurement of QA Level 1 and 2 items, materials, and services.
2006-0017	The proposed activity involves evaluating the Washington Group International (WGI) procedure PSP 09.02, "Supplier Surveillance". PSP 09.02 establishes the responsibilities and methods for conducting surveillance of WGI supplier provided items or services to assure that the items or work conform to the technical requirements established in the procurement documents.
2006-0018	The proposed activity involves evaluating the Washington Group International (WGI) procedure PSP 12.01, "Inspection and Surveillance Planning". PSP 12.01 establishes the WGI process for planning inspection and surveillance activities carried out in accordance with PSP 12.02, "Conduct and Control of Inspection and Surveillance Activities".
2006-0019	The proposed activity involves evaluating the Washington Group International (WGI) procedure PSP-12.02, "Conduct and Control of Inspection and Surveillance Activities". PSP 12.02 establishes a standard method for conducting and reporting the results of inspections that are performed in support of project requirements. This PSP applies to all in-process and final inspections conducted by WGI. This PSP also addresses surveillance of both WGI and supplier quality affecting activities conducted at the project site.
2006-0020	The proposed activity involves evaluating the Washington Group International (WGI) procedure PSP 15.01, "Identification and Control of Deviations". PSP 15.01 establishes the process utilized by WGI for the identification and resolution of deviations and the identification of programmatic conditions adverse to quality during construction of the NEF.
2006-0021	The proposed activity involves evaluating the Washington Group International (WGI) PSP Appendix 3, "Inspection Codes". PSP Appendix 3 provides a list of "Inspection Codes" that are used by WGI for computer tracking of inspection activities and results. These Codes are entered on the "Daily Inspection Log" (DIL) form as documentation of inspections and tests performed in the field.
2006-0022	The proposed activity involves evaluating the Washington Group International (WGI) PSP Appendix 4, "Trend Codes". PSP Appendix 4 provides a list of standard codes used on Daily Inspection Logs, Nonconformance Reports, Deficiency Reports, Design Change Documents, Process Control Documents, work control related changes and other documents for quality trending purposes.
2006-0023	The proposed activity involves evaluating Washington Group International (WGI) Procedure PSP 09.04, Rev. 1, "Commercial Grade Dedication". PSP 09.04 establishes the process utilized, in conjunction with PSP 09.01, "Procurement", as an alternate procurement method for identifying, evaluating, and subsequently dedicating Commercial Grade items for use in safety-related applications related to WGI projects.
2006-0024	The proposed activity involves the revision of Washington Group International (WGI) Standard Quality Procedure SQP 2-2. Qualification/Certification of Audit/Evaluation Personnel, Rev. 4, SQP 2-2 establishes the responsibilities and requirements for the qualification and certification of inspection and test personnel in accordance with industry standards.

70.72 Identifier	Change Description
2006-0025	The proposed activity involves the revision of Washington Group International (WGI) Standard Quality Procedure SQP 5-1. Preparation and Control of Standard Quality Procedures, Rev. 2. SQP 5-1 describes the format, preparation, review, approval, distribution and control of Standard Quality Procedures (SQPs).
2006-0026	The proposed activity involves the revision of Washington Group International (WGI) Standard Quality Procedure SQP 7-1, Evaluation of Nuclear Suppliers, Rev. 6. SQP 7-1 specifies the methods to be used in evaluating a supplier for use on nuclear projects.
2006-0027	The proposed activity involves the revision of Washington Group International (WGI) Standard Procedure SP 2.3, "Qualification/Certification of Inspection and Test Personnel". SP 2.3 establishes the responsibilities and requirements for the qualification and certification of inspection and test personnel in accordance with industry standards.
2006-0028	The proposed activity involves evaluating Washington Group International (WGI) Procedure PSP 10.01. Rev 0, "Receipt Inspection". This procedure establishes the WGI Quality receipt inspection process for those items identified as requiring such inspection during the procurement process, as described in PSP 09.01, "Procurement".
2006-0029	The proposed activity involves evaluating Washington Group International (WGI) Procedure PSP 10.02, Rev 0, "Material Identification and Control". This procedure establishes the requirements for the identification and traceability of Quality Level 1 and Quality Level 2 classification items and materials from purchase requisition through installation. The identification requirements of this PSP will also apply where contract requirements stipulate that material traceability is necessary for specified Quality Level 3 and Non-Quality materials.
2006-0030	The proposed activity involves evaluating the Washington Group International (WGI) procedure PSP 10.03, Rev. 0, "Material Storage, Care, and Maintenance". PSP 10.03 establishes the methods used by WGI to control and maintain items during receipt, storage, and issuance to ensure no degradation in the quality of items used in the construction of the NEF.
2006-0031	The proposed activity involves evaluating Washington Group International (WGI) Procedure PSP 14.01, Rev 0, "Control and Use of Measuring and Test Equipment". This procedure establishes the requirements for control and calibration of tools, gauges, instruments, and other Measuring and Test Equipment (MBTE) used to verify activities or items affecting quality.
2006-0034	The proposed activity involves the revision of Washington Group International (WGI) Project Specific Procedure PSP 01.01, Organization and Responsibilities, Rev. 0. PSP 01.01 outlines the interfaces, functional duties, responsibilities, and authorities of those assigned to Washington Group International's organization during the course of the specific engineering and/or construction project for which WGI has been contracted.
2006-0035	The proposed activity involves the creation and implementation of Washington Group International (WGI) Project Specific Procedure PSP 11.01, "Work Plans". This PSP 11.01 describes the implementation and control of work plans to execute project work.
2006-0037	The proposed activity involves the revision of Washington Group International (WGI) Project Specific Procedure PSP 11.05, Soil Inspection and Testing, Rev. 0. PSP 11.05 describes the methods used for inspection and testing of soil materials and backfill activities.
2006-0040	The proposed activity involves evaluating LES NEF Procedure TQ-401 Rev 0, "NEF Operator Training Program" This procedure establishes the criteria to qualify personnel as Operators and documents operator initial training and certification.
2006-0041	The proposed activity involves evaluating Washington Group International (WGI) Procedure PSP 18.01, Rev 0, "Quality Assurance Audits". PSP 18.01 establishes the process and responsibilities for performing audits of quality program project activities and for audits of suppliers of safety-related materials, items, and service.
2006-0043	The proposed activity involves evaluating Washington Group International (WGI) Procedure PSP 16.01, Rev 0, "Trend Analysis". PSP 16.01 describes the process and responsibilities for evaluating discrepant conditions, identified by either WGI or the customer, in order to identify any trends requiring attention by WGI management.

70.72 Identifier	Change Description
2006-0044	The proposed activity involves evaluating Washington Group International WGI) Procedure PSP 17.01, Rev 0, "Quality Assurance Records". PSP 17.01 establishes the process and responsibilities for document storage, indexing, and the conversion to a quality record.
2006-0045	The proposed activity involves the issuance of Washington Group International (WGI) Project Specific Procedures PSP 11.03, Concrete and Grout Replacement, Rev. 0 and PSP 11.08, Rev. 0, Concrete Batch Plant Inspection and Testing.
2006-0046	The proposed activity involves evaluating the rewrite of LES NEF Procedure QA-203 to Rev 2, "Quality Assurance Internal Assessment Program". This procedure establishes the administrative criteria for the preparation, conduct, and follow-up of Assessments performed by the Quality Assurance Department for Level 1 and 2 activities.
2006-0048	The proposed activity involves evaluating revising LES NEF Procedure QA-202 Rev 0, "Auditor Qualification and Certification" to QA-202 Rev 1, "Training, Qualification, and Certification of Personnel to Perform QA Audits and Surveillances". This procedure establishes the requirements to qualify and certify personnel to perform QA audits of QA Level 1 activities.
2006-0051	The proposed activity involves evaluating WGI Procedure PSP 09.04, revision 2, "Commercial Grade Dedication". Procedure PSP 09.04, was changed as follows; (1) provide minor editorial corrections to selected items (2) to reflect provisions of NRC Inspection Procedure 38703 requirements (3) to clarify services verses material dedications (4) to reflect NRC Generic Letter 89-02 (5) to comply with EPRI NP-5652 (NCIG-07) (6) remove information regarding Lubrite Bearing Plates from Attachment 2 (7) made numerous changes through the procedure to provide guidance for commercial grade dedication (8) added applicable references to reference section (9) added Attachment 3.
2006-0052	The proposed activity involves evaluating the revision of WGI Procedure PSP 09.01 to Rev 1, "Procurement". This procedure establishes the WGI applicability, control, and responsibilities for the procurement of QA Level 1 and 2 items, materials, and services. This change allows the procurement of QA Level 1 Services with QA Level 2 or 3 Services on the same PR where it will be considered as QA Level 1 and performed in accordance with the procedure. It changes the term "safety related" to "QA Level 1".
2006-0053	The proposed activity involves evaluating WGI Procedure PSP 07.09, revision 0 "Field Change Request And Requests For Information". PSP 07.09, revision 0, provides the methodologies and requirements for the initiation, review and approvals of FCR and RFI between WGI and the Design Authority responsible for resolution and/or clarification of the design question, condition or issue.
2006-0054	The proposed activity involves the issue of Washington Group International (WGI) new Project Specific Procedure PSP Appendix 1, Index of Quality Documents, Rev. 0. PSP Appendix 1 identifies WGI quality documents, associated record type, associated retention period, and comments specific to each document.
2006-0055	The proposed activity involves issuing of Washington Group International (WGI) Project Specific Procedure PSP 10.04, "General Housekeeping, Foreign Material Exclusion (FME) And Cleanness Requirement", Rev. 0. PSP 10.04 is administrative and establishes the housekeeping, cleanness, and foreign material exclusion zone access control requirements for the control of work activities, conditions and environments that can affect the quality of plant items in areas where WGI is conducting work.
2006-0058	The proposed activity involves evaluating the proposed revision of Washington Group International (WGI) Standard Procedure SP 2.3, "Qualification/Certification of Inspection and Test Personnel". SP 2.3, "Qualification/Certification of Inspection and Test Personnel", is an administrative procedure that establishes the responsibilities and requirements for the qualification and certification of inspection and test personnel in accordance with industry standards. The change relaxes the eye examination requirements for Near Vision Acuity in addition to minor editorial changes.

ENCLOSURE 2

Environmental Report, Annotated Pages

Additionally, the offsite sample locations act to balance out climatic effects on populations of small animals. The comparison of NEF site data and offsite location data allows for monitoring to be a much more informative environmental indicator of conditions at the NEF site.

The reptile and amphibian communities are described in ER Section 3.5.2, General Ecological Conditions of the Site. In addition to the monitoring plan described above, general observations will be gathered and recorded concurrently with other wildlife monitoring. The data will be compared to information listed in Table 3.5-3, Amphibians/Reptiles Potentially Using the NEF Site. As with the programs for birds and mammals, the initial reptile and amphibian monitoring program will be effective for at least the first three years of commercial operation. Following this period, program changes may be initiated based on operational experience.

6.3.5 Statistical Validity of Sampling Program

The proposed sampling program will include descriptive statistics. These descriptive statistics will include the mean, standard deviation, standard error, and confidence interval for the mean. In each case the sampling size will be clearly indicated. The use of these standard descriptive statistics will be used to show the validity of the sampling program. A significance level of 5% will be used for the studies, which results in a 95% confidence level.

6.3.6 Sampling Equipment

Due to the type of ecological monitoring proposed for the NEF no specific sampling equipment is necessary.

6.3.7 Method of Chemical Analysis

Due to the type of monitoring proposed for the NEF, no chemical analysis is proposed for ecological monitoring.

6.3.8 Data Analysis And Reporting Procedures

LES or its contractor will analyze the ecological data collected on the NEF site. The Health, Safety & Environmental (HS&E) ~~Manager~~Director or a staff member reporting to the HS&E ~~manager~~Director will be responsible for the data analysis.

A summary report will be prepared which will include the types, numbers and frequencies of samples collected.

6.3.9 Agency Consultation

Consultation was initiated with all appropriate federal and state agencies and affected Native American Tribes. Refer to Appendix A, Consultation Documents, for a complete list of consultation documents and comments.

6.3.10 Organizational Unit Responsible for Reviewing the Monitoring Program on an Ongoing Basis

As policy directives are developed, documentation of the environmental monitoring programs will occur. The person or organizational unit responsible for reviewing the program on an ongoing basis will be the HS&E ~~Manager~~Director.

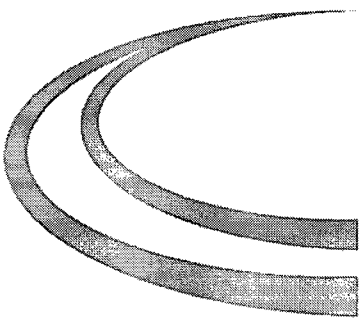
ENCLOSURE 3

Environmental Report, Replacement Pages

Environmental Report Page Replacement Instructions

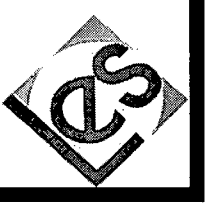
Replace Page (s)	With Page (s)
Cover Page	Cover Page
List of Effective Pages (Page 6)	List of Effective Pages (Page 6)
6.3-4	6.3-4

Revision 8, September 2006



NATIONAL ENRICHMENT FACILITY

ENVIRONMENTAL REPORT



LIST OF EFFECTIVE PAGES

Page/Table/Figure Number	Revision Number, Date of Revision
6.1-1	Revision 0, December 2003
6.1-2 through 6.1-3	Revision 4, April 2005
6.1-4	Revision 3, September 2004
6.1-5	Revision 4, April 2005
6.1-6	Revision 0, December 2003
6.1-7 through 6.1-10	Revision 2, July 2004
6.2-1 through 6.2-5	Revision 2, July 2004
6.3-1	Revision 4, April 2005
6.3-2	Revision 0, December 2003
6.3-3	Revision 4, April 2005
6.3-4	Revision 8, September 2006
6.3-5	Revision 0, December 2003
Chapter 7	
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7-i	Revision 0, December 2003
List of Tables	
7-ii	Revision 2, July 2004
List of Figures	
7- iii	Revision 0, December 2003
7.0-1 through 7.0-2	Revision 0, December 2003
7.1-1 through 7.1-6	Revision 0, December 2003
7.1-7 through 7.1-9	Revision 2, July 2004
7.2-1	Revision 0, December 2003
7.2-2	Revision 2, July 2004
7.2-3	Revision 4, April 2005
7.2-4	Revision 2, July 2004
7.2-5	Revision 4, April 2005
7.2-6	Revision 0, December 2003
7.3-1 through 7.3-2	Revision 0, December 2003
7.3-3	Revision 2, July 2004
Chapter 8	
Table of Contents	
8-i	Revision 1, February 2004
List of Tables	
8-ii	Revision 0, December 2003
8.1-1 through 8.1-2	Revision 1, February 2004
8.2-1 through 8.2-2	Revision 0, December 2003
8.3-1 through 8.3-2	Revision 0, December 2003
8.4-1	Revision 0, December 2003

Additionally, the offsite sample locations act to balance out climatic effects on populations of small animals. The comparison of NEF site data and offsite location data allows for monitoring to be a much more informative environmental indicator of conditions at the NEF site.

The reptile and amphibian communities are described in ER Section 3.5.2, General Ecological Conditions of the Site. In addition to the monitoring plan described above, general observations will be gathered and recorded concurrently with other wildlife monitoring. The data will be compared to information listed in Table 3.5-3, Amphibians/Reptiles Potentially Using the NEF Site. As with the programs for birds and mammals, the initial reptile and amphibian monitoring program will be effective for at least the first three years of commercial operation. Following this period, program changes may be initiated based on operational experience.

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A summary report will be prepared which will include the types, numbers and frequencies of samples collected.

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Consultation was initiated with all appropriate federal and state agencies and affected Native American Tribes. Refer to Appendix A, Consultation Documents, for a complete list of consultation documents and comments.

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ENCLOSURE 4

Safety Analysis Report, Annotated Pages

2.0 ORGANIZATION AND ADMINISTRATION

This chapter describes the management system and administrative procedures for the effective implementation of Health, Safety, and Environmental (HS&E) functions at the Louisiana Energy Services (LES) enrichment facility. The chapter presents the organizations responsible for managing the design, construction, operation, and decommissioning of the facility. The key management and supervisory positions and functions are described including the personnel qualifications for each key position at the facility.

~~The facility organization, technical qualifications, procedures, and management controls in this license application are similar to those submitted for Nuclear Regulatory Commission (NRC) review in the LES license application for the Claiborne Enrichment Center (LES, 1993). The NRC staff evaluated the proposed organization and administrative procedures and concluded that they were adequate and met the requirements specified in 10 CFR 40 (CFR, 2003b) and 70 (CFR, 2003c) concerning organizational structure; staff technical qualifications, functions, and responsibilities; and management controls (NRC, 1994). LES has modified the facility operating organization from the one previously accepted to better reflect lessons learned and operating experience at Uranium Enrichment Company (Urenco) facilities and United States nuclear facilities. Although some position titles and scope of responsibility have been changed, the functions to be performed by the operating organization remain the same as the Claiborne Enrichment Center submittal.~~

The LES policy is to maintain a safe work place for its employees and to assure operational compliance within the terms and conditions of the license and applicable regulations. The Vice President – Operations is the Plant Manager. The Plant Manager has overall responsibility for safety and compliance to this policy. In particular, LES employs the principle of keeping radiation and chemical exposures to employees and the general public as low as reasonably achievable (ALARA).

The information provided in this chapter, the corresponding regulatory requirement, and the section of NUREG-1520 (NRC, 2002), Chapter 2 in which the NRC acceptance criteria are presented is summarized below.

Information Category and Requirement	10 CFR 70 Citation	NUREG-1520 Chapter 2 Reference
Section 2.1 Organizational Structure		
• Functional description of specific organization groups responsible for managing the design, construction, and operation of the facility	70.22(a)(6)	2.4.3~~(1) & 2.4.3(7)~~
• Management controls and communications among organizational units	70.22(a)(8)	2.4.3~~(2)~~
• Startup and transition to operations	70.22(a)(6)	2.4.3~~(4)~~
Section 2.2 Key Management Positions		
• Qualifications, responsibilities, and authorities for key management personnel	70.22(a)(6)	2.4.3~~(3) & 2.4.3(4)~~
Section 2.3 Administration		
• Effective implementation of HS&E functions using written procedures	70.22(a)(8)	2.4.3~~(5)~~
• Reporting of unsafe conditions or activities	70.62(a)	2.4.3~~(6)~~
• Commitment to establish formal management measures to ensure availability of IROFS	70.62(d)	2.4.3~~(8)~~
• Written agreements with offsite emergency resources	70.22(i)	2.4.3~~(9)~~

2.1 ORGANIZATIONAL STRUCTURE

The LES organizational structure is described in the following sections. The organizational structure indicates the lines of communication and management control of activities associated with the design, construction, operation, and decommissioning of the facility.

2.1.1 Corporate Functions, Responsibilities, and Authorities

LES is a registered limited partnership formed solely to provide uranium enrichment services for commercial nuclear power plants. The LES partnership is described in Chapter 1, Section 1.2, Institutional Information.

LES has presented to Lea County, New Mexico a proposal to develop the NEF. Lea County would issue its Industrial Revenue Bond (National Enrichment Facility Project) Series 2004 in the maximum aggregate principal amount of $1,800,000,000 to accomplish the acquisition, construction and installation of the project pursuant to the County Industrial Revenue Bond Act, Chapter 4, Article 59 NMSA 1978 Compilation, as amended. The Project is comprised of the land, buildings, and equipment.

Under the Act, Lea County is authorized to acquire industrial revenue projects to be located within Lea County but outside the boundaries of any incorporated municipality for the purpose of promoting industry and trade by inducing manufacturing, industrial and commercial enterprises to locate or expand in the State of New Mexico, and for promoting a sound and proper balance in the State of New Mexico between agriculture, commerce, and industry. Lea County will lease the project to LES, and LES will be responsible for the construction and operation of the facility. Upon expiration of the Bond after 30 years, LES will purchase the project.

The County has no power under the Act to operate the project as a business or otherwise or to use or acquire the project property for any purpose, except as lessor thereof under the terms of the lease.

In the exercise of any remedies provided in the lease, the County shall not take any action at law or in equity that could result in the Issuer obtaining possession of the project property or operating the project as a business or otherwise.

LES is responsible for the design, quality assurance, construction, operation, and decommissioning of the enrichment facility. The President of LES reports to the LES Management Committee. This committee is composed of representatives from the general partners of LES.

The President receives policy direction from the LES Management Committee. Reporting to the President are the ~~Engineering and Contracts Manager~~Vice President - Project Management, ~~the Corporate Communications Manager~~Vice President - Communications and Government Affairs, Chief Financial Officer (CFO), Quality Assurance (QA) Director, ~~Chief Operating Officer (COO)~~Vice President - Operations, General Counsel and Licensing Manager. ~~and the~~The Health, Safety & Environment Director reports to the Vice President – Operations, but has a direct reporting relationship to the President for all matters concerning safety during design and construction. Figure 2.1-1, LES Corporate, Design and Construction Organization shows the authority and lines of communication.

2.1.2 Design and Construction Organization

As the owner of the enrichment technology and operator of the enrichment facilities in Europe, LES has contracted Urenco Limited to prepare the reference design for the facility, while an architect/engineering (A/E) has been contracted to further specify structures and systems of the facility, and ensure the reference design meets all applicable U.S. codes and standards. A contractor specializing in site evaluations has been contracted to perform the site selection evaluation. A nuclear consulting company has been contracted to conduct the site characterization, perform the Integrated Safety Analysis and to support development of the license application.

During the construction phase, preparation of construction documents and construction itself are contracted to qualified contractors. The ~~Engineering and Contracts Manager~~Vice President - Project Management is responsible for managing the design, construction, initial startup and procurement activities. Contractor QA Programs will be reviewed by LES QA and must be approved before work can start.

Urenco will design, manufacture and deliver to the site the centrifuges necessary for facility operation. In addition, Urenco is supplying technical assistance and consultation for the facility. Urenco has extensive experience in the gas centrifuge uranium enrichment process since it operates three gas centrifuge uranium enrichment plants in Europe. Urenco is conducting technical reviews of the design activities to ensure the design of the enrichment facility is in accordance with the Urenco reference design information.

For procurement involving the use of vendors located outside the U.S., LES selects vendors only after a determination that their quality assurance programs meet the LES requirements. Any components supplied to LES are designed to meet applicable domestic industry code requirements or their equivalents as stated by the equipment specifications.

As shown in Figure 2.1-1, the ~~Engineering and Contracts Manager~~Vice President - Project Management is responsible for managing the work and contracts with the Technology Supplier (Urenco), the Design Manager, Construction Manager, and other ~~and a select group of~~ Project Managers. ~~These Project Managers will be responsible for the areas of Procurement, Construction, Engineering, Project Engineering, Project Controls and Start-up.~~ The lines of communication of key management positions within the engineering and construction organization are shown in Figure 2.1-1.

Position descriptions of key management personnel in the design and construction organization will be accessible to all affected personnel and the NRC.

2.1.3 Operating Organization

The operating organization for LES is shown in Figures 2.1-1, and 2.1-2, LES National Enrichment Facility Operating Organization. LES has direct responsibility for preoperational testing, initial start-up, operation and maintenance of the facility.

The Vice President – Operations is the Plant Manager, and reports to the LES President. The Plant Manager ~~reports to the COO and~~ is responsible for the overall operation and administration of the enrichment facility. He is also responsible for ensuring the facility complies

with all applicable regulatory requirements. In the discharge of these responsibilities, ~~he~~ the Plant Manager directs the activities of the following groups:

- Health, Safety, and Environment
- ~~Operations~~Production (includes Operations and Uranium Management)

~~•Uranium Management~~

- Technical Services
- ~~Human Resources~~Support Services ~~Quality Assurance~~
- Construction Projects
- Performance Assessment and Feedback.

The responsibilities, authorities and lines of communication of key management positions within the operating organization are discussed in Section 2.2, Key Management Positions.

~~During the Operations Phase the QA Manager reports to the Plant Manager. However, the QA Manager has the authority and responsibility to contact directly the LES President, through the QA Director, with any Quality Assurance concerns during operation.~~

Position descriptions for key management personnel in the operating organization will be accessible to all affected personnel and to the NRC.

2.1.4 Transition From Design and Construction to Operations

LES is responsible for the design, quality assurance, construction, testing, initial startup, operation, and decommissioning of the facility.

Towards the end of construction, the focus of the organization will shift from design and construction to initial start-up and operation of the facility. As the facility nears completion, LES will staff the LES NEF Operating Organization to ensure smooth transition from construction activities to operation activities. During this transition, the Health, Safety, & Environment ~~(HS&E) Manager~~(HS&E) Director position ~~reports~~ has the authority to report safety concerns directly to the LES President (as shown in Figure 2.1-1) for HS&E matters related to design and construction and reports directly to the Plant Manager (as shown in Figure 2.1-2) for HS&E matters related to operations. This position is intentionally provided two levels of reporting and stop work authority~~duplicated~~ to provide significant continued focus on the health, safety, and environment goals during design and construction when the operating organization is not yet fully developed and implemented. Urenco, which has been operating gas centrifuge enrichment facilities in Europe for over 30 years, will have personnel integrated into the LES organization to provide technical support during startup of the facility and transition into the operations phase.

As the construction of systems is completed, the systems will undergo acceptance testing as required by procedure, followed by turnover from the construction organization to the operations organization by means of a ~~detailed transition~~project acceptance plan. The turnover will include the physical systems and corresponding design information and records. Following turnover, the operating organization will be responsible for system maintenance and configuration management. The design basis for the facility is maintained during the transition from

2.2 KEY MANAGEMENT POSITIONS

This section describes the functional positions responsible for managing the operation of the facility. The facility is staffed at sufficient levels prior to operation to allow for training, procedure development, and other pre-operational activities.

The responsibilities, authorities and lines of communication for each key management position are provided in this section. Responsible managers have the authority to delegate tasks to other individuals; however, the responsible manager retains the ultimate responsibility and accountability for implementing the applicable requirements. Management responsibilities, supervisory responsibilities, and the criticality safety engineering staff responsibilities related to nuclear criticality safety are in accordance with ANSI/ANS-8.19-1996, Administrative Practices for Nuclear Criticality Safety (ANSI, 1996).

The LES Corporate Organization and lines of communication are shown in Figure 2.1-1.

2.2.1 Operating Organization

The functions and responsibilities of key facility management are described in the following paragraphs. Additional detailed responsibilities related to nuclear criticality safety for key management positions and remaining supervisory and criticality safety staff are in accordance with ANSI/ANS-8.19-1996 (ANSI, 1996). ~~The basic functions and responsibilities are the same as that previously accepted by the NRC Staff in NUREG-1491, Section 10 (NRC, 1994).~~ Some position titles have been changed to better reflect the actual responsibilities of the position. Similarly, some operating functions have been assigned to different managers to better reflect the operating organization presently used at Urenco and U. S. nuclear facilities.

A. ~~Chief Operating Officer~~Vice President - Operations

The ~~Chief Operating Officer (COO)~~Vice President - Operations is appointed by the President and is responsible for ensuring the facility complies with all applicable regulatory requirements. ~~The COO directs these responsibilities through the Plant Manager.~~ The Vice President – Operations is the Plant Manager.

~~B.Plant Manager~~

The Plant Manager ~~shall be appointed by, and report to, the Chief Operating Officer of LES. The Plant Manager~~ has direct responsibility for operation of the facility in a safe, reliable and efficient manner. The Plant Manager is responsible for proper selection of staff for all key positions including positions on the Safety Review Committee. The Plant Manager is responsible for the protection of the facility staff and the general public from radiation and chemical exposure and/or any other consequences of an accident at the facility and also bears the responsibility for compliance with the facility license. The Plant Manager or designee(s) have the authority to approve and issue procedures.

~~C.~~B. Quality Assurance Director

The Quality Assurance Director is appointed by and reports to the President and has overall responsibility for development, management and implementation of the LES QA Program.

~~D. Quality Assurance Manager~~

~~The Quality Assurance (QA) Manager reports to the Plant Manager and is responsible for establishing and maintaining the Quality Assurance Program for the facility.~~ The facility line managers and their staff who are responsible for performing quality-affecting work are responsible for ensuring implementation of and compliance with the QA Program. The ~~QA Manager~~QA Director~~-~~ position is independent from other management positions at the facility to ensure the ~~QA Manager~~QA Director has access to the ~~Plant Manager~~ managers for matters affecting quality. In addition, the ~~QA Manager~~QA Director has the authority and responsibility to contact the LES President ~~through the QA Director~~ with any Quality Assurance concerns.

~~E.~~C. Health, Safety, and Environment ~~Manager~~Director

The Health, Safety, and Environment (HS&E) ~~Manager~~ Director reports to the Plant Manager and has the responsibility for assuring safety at the facility through activities including regulatory compliance, maintaining compliance with safeguards (UF_6 material control), ~~appropriate rules, regulations, and codes and has responsibility for~~ and implementation and control of the Fundamental Nuclear Material Control (FNMC) Plan. This includes HS&E activities associated with nuclear criticality safety, radiation protection, industrial safety, chemical safety, environmental compliance~~protection~~, and fire protection~~emergency preparedness~~. The HS&E ~~Manager~~ Director works with the other facility managers to ensure consistent interpretations of HS&E requirements, performs independent reviews, and supports facility and operations change control reviews.

This position is independent from other management positions at the facility to ensure objective HS&E audit, review, and control activities. The HS&E ~~Manager~~ Director has the authority to shut down operations if they appear to be unsafe, and must consult with the Plant Manager with respect to restart of shutdown operations after the deficiency, or unsatisfactory condition, has been resolved.

~~F.~~D. ~~Operations Manager~~Production Director

The ~~Operations Manager~~Production Director reports to the Plant Manager and has the responsibility for Operations, Production Services, Logistics Control and Information, and Chemistry and Analysis. ~~of directing the day-to-day operation of the facility.~~ This includes such activities as ensuring the correct and safe operation of UF_6 processes, proper handling of UF_6, and the identification and mitigation of any off normal operating conditions~~.~~ UF_6 cylinder management (including transportation licensing), directing the scheduling of enrichment operations to ensure smooth production, ensuring proper feed material and maintenance equipment are available for the facility, developing and maintaining production schedules for enrichment services, ensuring that cylinders of uranium hexafluoride are received and routed correctly at the facility, and all transportation licensing. In the event of the absence of the Plant Manager, the ~~Operations Manager~~Production Director may assume the responsibilities and authorities of the Plant Manager.

~~G.Uranium Management Manager~~

~~The Uranium Management Manager reports to the Plant Manager and has the responsibility for UF_6 cylinder management (including transportation licensing) and directing the scheduling of enrichment operations to ensure smooth production. This includes activities such as ensuring proper feed material and maintenance equipment are available for the facility. In the event of the absence of the Plant Manager, the Uranium Management Manager may assume the responsibilities and authorities of the Plant Manager.~~

~~H.~~E. Technical Services ~~Manager~~Director

The Technical Services ~~Manager~~ Director reports to the Plant Manager and has the responsibility of providing technical support to the facility. This includes technical support for facility modifications (including administration of the configuration management system), engineering support for operations and maintenance, ~~performance, operation of the chemistry laboratory,~~ maintenance activities, and computer support. In the event of the absence of the Plant Manager, the Technical Services ~~Manager~~ Director may assume the responsibilities and authorities of the Plant Manager.

~~I.~~F. ~~Human Resources Manager~~Support Services Director

The Support Services Director~~Human Resource Manager~~ reports to the Plant Manager and has the responsibility for ~~community relations,~~ emergency planning, ensuring adequate staffing, ensuring training is provided for facility employees, providing administrative support services to the facility regarding records management~~including document control~~, ~~and for~~ the physical security of the facility, the protection of classified matter ~~,~~ ensuring spare parts and other materials needed for operation of the facility are ordered, received, inspected and stored properly, and ensuring support functions such as accounting, word processing and general office management are provided for the facility. The Support Services Director, in coordination with the Vice President of Communications and Governmental Affairs, has the responsibility for providing information about the facility and LES to the public and media, including ensuring that the public and media receive accurate and up-to-date information during an abnormal event at the facility. In the event of the absence of the Plant Manager, the Support Services Director may assume the responsibilities and authorities of the Plant Manager.

G. Construction Projects Manager

The Construction Projects Manager reports to the Plant Manager and has the responsibility for the implementation of major facility modifications and acceptance of the facility during commissioning.

H. Performance Assessment and Feedback Manager

The Performance Assessment and Feedback Manager reports to the Plant Manager and has the responsibility for organizational performance metrics, and implementing the Corrective Action Program (CAP), Nonconformance Process and Industry Experience Program.

~~J.~~I. Quality Assurance Inspectors

The Quality Assurance Inspectors report to the ~~Quality Assurance Manager~~Quality Assurance Director (via a designated supervisory position, if applicable) and have the responsibility for performing inspections related to the implementation of the LES QA Program.

~~K.~~J. Quality Assurance Auditors

The Quality Assurance Auditors report to the ~~Quality Assurance Manager~~Quality Assurance Director (via a designated supervisory position, if applicable) and have the responsibility for performing audits related to the implementation of the LES QA Program.

~~L.~~K. Quality Assurance Technical Support

The Quality Assurance Technical Support personnel report to the ~~Quality Assurance Manager~~Quality Assurance Director (via a designated supervisory position, if applicable) and have the responsibility for providing technical support related to the implementation of the LES QA Program.

L. Emergency Preparedness Manager

The Emergency Preparedness Manager reports to the ~~HS&E Manager~~Support Services Director and has the responsibility for ensuring the facility remains prepared to react and respond to any emergency situation that may arise. This includes emergency preparedness training of facility personnel, facility support personnel, the training of, and coordination with, offsite emergency response organizations (EROs), and conducting periodic drills to ensure facility personnel and offsite response organization personnel training is maintained up to date.

M. Licensing Manager

The Licensing Manager reports to the ~~HS&E Manager~~President and has the responsibility for coordinating facility activities to ensure compliance is maintained with applicable Nuclear Regulatory Commission (NRC) requirements. The Licensing Manager is also responsible for ensuring abnormal events are reported to the NRC in accordance with NRC regulations.

~~O.~~N. Environmental Compliance Specialist~~Manager~~

The Environmental Compliance ~~Manager~~ Specialist reports to the ~~HS&E Manager~~HS&E Director and has the responsibility for coordinating facility activities to ensure all local, state and federal environmental regulations are met. This includes submission of periodic reports to appropriate regulating organizations of effluents from the facility.

~~P.~~O. Radiation Protection Manager

The Radiation Protection Manager reports to the ~~HS&E Manager~~HS&E Director and has the responsibility for implementing the Radiation Protection program. These duties include the training of personnel in use of equipment, control of radiation exposure of personnel, continuous determination of the radiological status of the facility, and conducting the radiological environmental monitoring program.

During emergency conditions the Radiation Protection Manager's duties may also include:

- Providing Emergency Operations Center personnel information and recommendations concerning chemical and radiation levels at the facility
- Gathering and compiling onsite and offsite radiological and chemical monitoring data
- Making recommendations concerning actions at the facility and offsite deemed necessary for limiting exposures to facility personnel and members of the general public
- Taking prime responsibility for decontamination activities.

In matters involving radiological protection, the Radiation Protection Manager has direct access to the Plant Manager.

~~Q.~~P. Industrial Safety Manager

The Industrial Safety Manager reports to the ~~HS&E Manager~~HS&E Director and has the responsibility for the implementation of facility industrial safety programs and procedures. This shall include programs and procedures for training individuals in safety ~~and maintaining the performance of the facility fire protection systems~~.

Q. Fire Protection Officer

The Fire Protection Officer reports to the HS&E Director and has the responsibility for maintaining the performance of the facility fire protection systems.

R. Criticality Safety ~~Engineer~~Officer

Criticality Safety ~~Engineers~~ Officer reports to the ~~HS&E Manager~~HS&E Director ~~(via a designated supervisory position, if applicable)~~and ~~are~~ is responsible for ~~the preparation and/or review of nuclear criticality safety evaluations and analyses, and~~ implementing the Criticality Safety Program in the operating organization, including conducting and reporting periodic nuclear criticality safety assessments.

~~Nuclear criticality safety evaluations and analyses require independent reviews by a Criticality Safety Engineer.~~

S. Criticality Safety Engineers

Criticality Safety Engineers report to the Engineering Manager and are responsible for the preparation and/or review of nuclear safety criticality evaluations and analysis. Nuclear criticality safety evaluations and analyses require independent review by a second Criticality Safety Engineer.

T. Chemical Safety ~~Engineer~~Specialist

The Chemical Safety ~~Engineer~~ Specialist reports to the ~~HS&E Manager~~HS&E Director (via a designated supervisory position, if applicable) and is responsible for the preparation and/or review of chemical safety programs and procedures for the facility.

U. Operations/Shifts Manager

The Operations/Shifts Manager reports to the Production Director, and has the responsibility of directing the day-to-day operation of the facility. This includes such activities as ensuring the

correct and safe operation of UF_6 processes, proper handling of UF_6, and the identification and mitigation of any off normal operating conditions.

~~T.~~V. Shift Managers

The Shift Managers report to the ~~Operations Manager~~Operations/Shifts Manager and have the responsibility for ensuring safe operation of enrichment equipment and support equipment. Each Shift Manager directs assigned personnel in order to provide enrichment services in a safe, efficient manner.

~~T.Production Scheduling Manager~~

~~The Production Scheduling Manager reports to the Uranium Management Manager and has the responsibility for developing and maintaining production schedules for enrichment services.~~

~~U.Cylinder Management Manager~~

~~The Cylinder Management Manager reports to the Uranium Management Manager and has the responsibility for ensuring that cylinders of uranium hexafluoride are received and routed correctly at the facility, and is responsible for all transportation licensing.~~

~~V.Warehouse and Materials Manager~~

~~The Warehouse and Materials Manager reports to the Uranium Management Manager and has the responsibility for ensuring spare parts and other materials needed for operation of the facility are ordered, received, inspected and stored properly.~~

~~X.~~W. Safeguards Manager

The Safeguards Manager reports to the ~~HS&E Manager~~HS&E Director and has the responsibility for ensuring the proper implementation of the FNMC Plan. This position is separate from and independent of the Operations, Technical Services, ~~HS&E,~~ Construction Projects, Performance Assessment and Feedback, and ~~Human Resources~~Support Services departments to ensure a definite division between the safeguards group and the other departments. In matters involving safeguards, the Safeguards Manager has direct access to the Plant Manager.

~~X.Performance Manager~~

~~The Performance Manager reports to the Technical Services Manager and has the responsibility for coordinating and maintaining testing programs for the facility. This includes testing of systems and components to ensure the systems and components are functioning as specified in design documents.~~

~~W.~~X. Chemistry Manager

The Chemistry Manager reports to the ~~Technical Services Manager~~ Production Director and has the responsibility for the implementation of chemistry analysis programs and procedures for the facility. This includes effluent sample collection, chemical analysis of effluents, comparison of effluent analysis results to limits, and reporting of chemical analysis of effluents to appropriate regulatory agencies.

~~AA.~~Y. Projects Managers

The Projects Managers reports to the ~~Technical Services Manager~~ Construction Projects Manager and ~~has~~ have the responsibility for the implementation of facility modifications~~modifications~~ and acceptance of the facility commissioning. ~~and for maintaining the configuration management system.~~ The Projects Managers also provides engineering support as needed to support facility operation and maintenance, and support of performance testing of systems and equipment.

~~BB.~~Z. Engineering Manager

The Engineering Manager reports to the Technical Services ~~Manager~~ Director and ~~has~~ has the responsibility for providing engineering and technical support at the facility and maintaining the configuration management system. ~~This includes ensuring the safe operation of enrichment equipment and support equipment, providing maintenance support for equipment and systems, and developing operating and maintenance procedures for the facility.~~ The Engineering Manager is responsible for the development of all design changes to the plant.

~~CC.~~AA. Maintenance Manager

~~FF.~~The Maintenance Manager reports to the Technical Services ~~Manager~~ Director and has the responsibility of directing and scheduling maintenance activities to ensure proper operation of the facility, including preparation and implementation of maintenance, surveillance, and test procedures. This includes activities such as repair and preventive maintenance of facility equipment. The Maintenance Manager ~~also has the responsibility~~is responsible for coordinating and maintaining testing programs for the facility, including the~~. This includes~~ testing of systems and components to ensure the systems and components are functioning as specified in design documents.

~~DD.Administration Manager~~

~~The Administration Manager reports to the Human Resources Manager and has the responsibility for ensuring support functions such as accounting, word processing and general office management are provided for the facility.~~

~~EE.Community Relations Manager~~

~~The Community Relations Manager reports to the Human Resources Manager and has the responsibility for providing information about the facility and LES to the public and media. During an abnormal event at the facility, the Community Relations Manager ensures that the public and media receive accurate and up-to-date information.~~

~~FF.~~BB. Security Manager

The Security Manager reports to the ~~Human Resources Manager~~ Support Services Director and has the responsibility for directing the activities of security personnel to ensure the physical protection of the facility. The Security Manager is also responsible for the protection of classified matter at the facility and obtaining security clearances for facility personnel and

support personnel. In matters involving physical protection of the facility or classified matter, the Security Manager has direct access to the Plant Manager.

~~BB.~~CC. ~~Document Control Manager~~Records Management Manager

The ~~Document Control Manager~~Records Management Manager reports to the ~~Human Resources Manager~~Support Services Director and has the responsibility for adequately controlling documents at the facility.

~~HH.~~DD. Training Manager

The Training Manager reports to the ~~Human Resources Manager~~ Support Services Director and has the responsibility for conducting training and maintaining training records for personnel at the facility.

2.2.2 Shift Crew Composition

The minimum operating shift crew consists of a Shift Manager (or Deputy Shift Manager in the absence of the Shift Manager), one Control Room operator, one Radiation Protection technician, one operator for each Cascade Hall and associated UF_6 handling systems, and security personnel. When only one Cascade Hall is in operation, a minimum of two operators is required.

At least one criticality safety engineer or the criticality safety officer will be available, with appropriate ability to be contacted by the Shift Manager, to respond to any routine request or emergency condition. This availability may be offsite if adequate communication ability is provided to allow response as needed.

2.2.3 Safety Review Committee

The facility maintains a Safety Review Committee (SRC) to assist with the safe operation of the facility. The SRC ~~shall report~~reports to the Plant Manager and ~~shall~~ provides technical and administrative review and audit of operations that could impact plant worker, public safety and environmental impacts. The scope of activities reviewed and audited by the SRC shall, as a minimum, include the following:

- Radiation protection
- Nuclear criticality safety
- Hazardous chemical safety
- Industrial safety including fire protection
- Environmental protection
- ALARA policy implementation
- Changes in facility design or operations.

The SRC shall conduct at least one facility audit per year for the above areas.

The Safety Review Committee shall be composed of at least five members, including the Chairman. Members of the SRC may be from the LES corporate office or technical staff. The five members shall include experts on operations and all safety disciplines (criticality, radiological, chemical, industrial). The Chairman, members and alternate members of the Safety Review Committee shall be formally appointed by the Plant Manager, shall have an academic degree in an engineering or physical science field; and, in addition, shall have a minimum of five years of technical experience, of which a minimum of three years shall relate directly to one or more of the safety disciplines (criticality, radiological, chemical, industrial).

The Safety Review Committee shall meet at least once per calendar quarter.

Review meetings shall be held within 30 days of any incident that is reportable to the NRC. These meetings may be combined with regular meetings. Following a reportable incident, the

SRC shall review the incident's causes, the responses, and both specific and generic corrective actions to ensure resolution of the problem is implemented.

A written report of each SRC meeting and audit shall be forwarded to the Plant Manager and appropriate Managers within 30 days and be retained in accordance with the records management system.

2.2.4 Personnel Qualification Requirements

The minimum qualification requirements for the facility functions that are directly responsible for its safe operation shall be as outlined below~~:~~ ~~-~~consistent with NUREG-1520. This includes the facility manager (Plant Manager), Operations Manager, Shift Managers, and managers for various safety and environmental disciplines. ~~These minimum qualifications were previously reviewed by the NRC staff and found to be acceptable (NRC, 1994).~~

The nuclear experience of each individual shall be determined to be acceptable by the Plant Manager. "Responsible nuclear experience" for these positions shall include (a) responsibility for and contributions towards support of facility(s) in the nuclear fuel cycle (e.g., design, construction, operation, and/or decommissioning), and (b) experience with chemical materials and/or processes. The Plant Manager may approve different experience requirements for key positions. Approval of different requirements shall be done in writing and only on a case-by-case basis.

The assignment of individuals to the Manager positions reporting directly to the Plant Manager, and to positions on the SRC, shall be approved by the Plant Manager. Assignments to all other staff positions shall be made within the normal administrative practices of the facility.

The actual qualifications of the individuals assigned to the key facility positions described in Section 2.2.1, Operating Organization will be maintained in the employee personnel files or other appropriate file at the facility. Development and maintenance of qualification records and training programs are the responsibility of the ~~Human Resources Manager~~ Training Manager.

A. ~~Chief Operating Officer~~Vice President - Operations

The President of LES, based on the individual's experience, proven ability in management of large-scale facilities, proven knowledge of regulatory and QA requirements, and overall leadership qualities, appoints the ~~Chief Operating Officer~~Vice President - Operations.

~~B.Plant Manager~~

The Vice President – Operations is ~~Chief Operating Officer of LES shall appoint~~ the Plant Manager, who is ~~as~~ the overall manager of the facility. This appointment by the President of LES reflects confidence in the individual's ability as an effective programs and business manager. The Plant Manager shall be knowledgeable of the enrichment process, enrichment process controls and ancillary processes, criticality safety control, chemical safety, industrial safety, and radiation protection program concepts as they apply to the overall safety of a nuclear facility. The Plant Manager shall have, as a minimum, a bachelor's degree (or equivalent) in an engineering or scientific field and ten years of responsible nuclear experience.

~~C.~~B. Quality Assurance Director

The Quality Assurance Director shall have, as a minimum, a bachelor's degree (or equivalent) in an engineering or scientific field and at least six years of responsible nuclear experience in the implementation of a quality assurance program. The ~~QA Director~~QA Director shall have at least four years experience in a QA organization at a nuclear facility.

~~D.Quality Assurance Manager~~

~~The Quality Assurance (QA) Manager shall have, as a minimum, a bachelor's degree (or equivalent) in an engineering or scientific field and at least five years of responsible nuclear experience in the implementation of a quality assurance program. The QA Manager shall have at least two years experience in a QA organization at a nuclear facility.~~

~~E.~~C. Health, Safety, and Environment ~~Manager~~Director

The Health, Safety, and Environment ~~(HS&E) Manager~~(HS&E) Director shall have, as a minimum, a bachelor's degree (or equivalent) in an engineering or scientific field and at least five years of responsible nuclear experience in HS&E or related disciplines. The ~~HS&E Manager~~HS&E Director shall also have at least one year of direct experience in the administration of nuclear criticality safety evaluations and analyses.

D. Production Director

The Production Director shall have, as a minimum, a bachelor's degree (or equivalent) in an engineering or scientific field and four years of responsible nuclear experience.

~~F.~~E. ~~Operations Manager~~Operations/Shifts Manager

The ~~Operations Manager~~Operations/Shifts Manager shall have, as a minimum, a bachelor's degree (or equivalent) in an engineering or scientific field and four years of responsible nuclear experience.

~~G.Uranium Management Manager~~

~~The Uranium Management Manager shall have, as a minimum, a bachelor's degree (or equivalent) in an engineering or scientific field and four years of responsible nuclear experience.~~

~~H.~~F. Technical Services ~~Manager~~Director

The Technical Services ~~Manager~~ Director shall have, as a minimum, a bachelor's degree (or equivalent) in an engineering or scientific field and four years of responsible nuclear experience.

~~I.~~G. ~~Human Resource Manager~~Support Services Director

The Support Services Director shall have, as a minimum, a bachelor's degree (or equivalent) in an engineering or scientific field and four years of responsible nuclear experience. ~~Human Resource Manager shall have as a minimum, a bachelor's degree in Personnel Management, Business Administration or related field, and three years of appropriate, responsible experience in implementing and supervising human resource responsibilities at an industrial facility.~~

~~I.~~H. Emergency Preparedness Manager

The Emergency Preparedness Manager shall have a minimum of five years of experience in the implementation and supervision of emergency plans and procedures at a nuclear facility. No credit for academic training may be taken toward fulfilling this experience requirement.

~~J.~~I. Licensing Manager

The Licensing Manager shall have a minimum of five years of appropriate, responsible experience in implementing and supervising a nuclear licensing program.

~~L.~~J. Environmental Compliance ~~Manager~~Specialist

The Environmental Compliance ~~Manager~~ Specialist shall have a minimum of five years of appropriate, responsible experience in implementing and supervising a nuclear environmental compliance program.

~~M.~~K. Radiation Protection Manager

The Radiation Protection Manager shall have, as a minimum, a bachelor's degree (or equivalent) in an engineering or scientific field and three years of responsible nuclear experience associated with implementation of a Radiation Protection program. At least two years of experience shall be at a facility that processes uranium, including uranium in soluble form.

~~N.~~L. Industrial Safety Manager

The Industrial Safety Manager shall have, as a minimum, a bachelor's degree (or equivalent) in either an engineering or a scientific field and three years of appropriate, responsible nuclear experience associated with implementation of a facility safety program.

~~O.~~M. Criticality Safety Officer~~Engineer~~

Criticality Safety ~~Engineers~~ Officer shall have ~~a minimum of two years~~ experience in the implementation of a criticality safety program. ~~These~~ This individuals shall hold a Bachelor of Science or Bachelor of Arts degree in an engineering or scientific field and have successfully completed a training program, applicable to the scope of operations, in the physics of criticality and in associated safety practices.

~~Should a change to the facility require a nuclear criticality safety evaluation or analysis, an individual who, as a minimum, possesses the equivalent qualifications of the Criticality Safety Engineer shall perform the evaluation or analysis. In addition, this individual shall have at least two years of experience performing criticality safety analyses and implementing criticality safety programs. An independent review of the evaluation or analysis, shall be performed by a qualified Criticality Safety Engineer.~~

N. Criticality Safety Engineers

The Criticality Safety Engineers shall hold a Bachelor of Science or Bachelor of Arts degree in an engineering or scientific field and have successfully completed a training program, applicable

to the scope of operations, in the physics of criticality and in associated safety practices. In addition, these individuals shall have at least two years of experience performing criticality safety analyses.

Should a change to the facility require a nuclear criticality safety evaluation or analysis, an individual who, as a minimum, possesses the equivalent qualifications of the Criticality Safety Engineer shall perform the evaluation or analysis. An independent review of the evaluation or analysis, shall be performed by a second Criticality Safety Engineer with the same minimum qualifications.

~~P.~~O. Chemical Safety ~~Engineer~~Specialist

The Chemical Safety ~~Engineer~~ Specialist shall have a minimum of two years experience in the preparation and/or review of chemical safety programs and procedures. This individual shall hold a bachelor's degree (or equivalent) in an engineering or scientific field and have successfully completed a training program, applicable to the scope of operations, in chemistry and in associated safety practices.

~~Q.~~P. Shift Managers

Shift Managers shall have a minimum of five years of appropriate, responsible experience in implementing and supervising a nuclear operations program.

~~R.Production Scheduling Manager~~

~~The Production Scheduling Manager shall have a minimum of three years of appropriate, responsible experience in implementing and supervising a continuous production scheduling program.~~

~~S.Cylinder Management Manager~~

~~The Cylinder Management Manager shall have a minimum of three years of appropriate, responsible experience in implementing and supervising a continuous production scheduling program.~~

~~T.Warehouse and Materials Manager~~

~~The Warehouse and Materials Manager shall have a minimum of three years of appropriate, responsible experience in implementing and supervising a purchasing and inventory program.~~

~~S.~~Q. Projects Manager

The Projects Manager shall have, as a minimum, a bachelor's degree (or equivalent) in an engineering or scientific field and have a minimum of five years of appropriate, responsible nuclear experience.

~~T.~~R. Safeguards Manager

The Safeguards Manager shall have as a minimum a bachelor's degree in an engineering or scientific field, and five years of experience in the management of a safeguards program for Special Nuclear Material, including responsibilities for material control and accounting. No credit for academic training may be taken toward fulfilling this experience requirement.

~~U.~~S. Chemistry Manager

The Chemistry Manager shall have, as a minimum, a bachelor's degree (or equivalent) in an engineering or a scientific field and three years of appropriate, responsible nuclear experience associated with implementation of a facility chemistry program.

~~X.~~T. Engineering Manager

The Engineering Manager shall have, as a minimum, a bachelor's degree (or equivalent) in an engineering or scientific field and have a minimum of five years of appropriate, responsible experience in implementing and supervising a nuclear engineering program.

~~Y.~~U. Maintenance Manager

The Maintenance Manager shall have, as a minimum, a bachelor's degree (or equivalent) in an engineering or scientific field and four years of responsible nuclear experience.

~~Z.Administration Manager~~

~~The Administration Manager shall have a minimum of three years of appropriate, responsible experience in implementing and supervising administrative responsibilities at an industrial facility.~~

~~X.~~V. Security Manager

The Security Manager shall have as a minimum, a bachelor's degree in an engineering or scientific field, and five years of experiences in the responsible management of physical security at a facility requiring security capability similar to that required for the facility. No credit for academic training may be taken toward fulfilling this experience requirement.

~~Z.~~W. Training Manager

The Training Manager shall have a minimum of five years of appropriate, responsible experience in implementing and supervising a training program.

X. Fire Protection Officer

The Fire Protection Officer shall be trained in the field of fire protection and have practical day-to-day experience at nuclear facilities.

~~CC.Community Relations Manager~~

~~The Community Relations Manager shall have as a minimum, a bachelor's degree in Public Relations, Political Science or Business Administration and three years of appropriate, responsible experience in implementing and supervising a community relations program.~~

~~AA.~~Y. ~~Document Control Manager~~Records Management Manager

The ~~Document Control Manager~~ Records Management Manager shall have a minimum of three years of appropriate, responsible experience in implementing and supervising a document control program.

~~EE.~~Z. Performance Assessment and Feedback Manager

The Performance Assessment and Feedback Manager shall have, as a minimum, a bachelor's degree (or equivalent) in an engineering or scientific field and four years of responsible nuclear experience.

2.3 ADMINISTRATION

This section summarizes how the activities that are essential for implementation of the management measures and other HS&E functions are documented in formally approved, written procedures, prepared in compliance with a formal document control program. The mechanism for reporting potentially unsafe conditions or activities to the HS&E organization and facility management is also summarized.

~~The management measures summarized below are the same management measures LES submitted in the license application for the Claiborne Enrichment Center (LES, 1993). The NRC staff documented their review and acceptance of these management measures in NUREG-1491 (NRC, 1994).~~ Details of the management measures are provided in Chapter 11, Management Measures.

2.3.1 Configuration Management

Configuration management is provided for Items Relied On For Safety (IROFS) throughout facility design, construction, testing, and operation. Configuration management provides the means to establish and maintain a technical baseline for the facility based on clearly defined requirements. During design and construction, the ~~Engineering and Contracts Manager~~Vice President - Project Management has responsibility for configuration management through the design control process. Selected documentation is controlled under the configuration management system in accordance with appropriate QA procedures associated with design control, document control, and records management. Design changes to IROFS undergo formal review, including interdisciplinary reviews as appropriate, in accordance with these procedures.

Configuration management provides the means to establish and maintain the essential features of the design basis of IROFS. As the project progresses from design and construction to operation, configuration management is maintained by the facility engineering organization as the overall focus of activities changes.

Additional details on Configuration Management are provided in Chapter 11, Management Measures.

2.3.2 Maintenance

The maintenance program will be implemented for the operations phase of the facility. Preventive maintenance activities, surveillance, and performance trending provide reasonable and continuing assurance that IROFS will be available and reliable to perform their safety functions.

The purpose of planned and scheduled maintenance for IROFS is to ensure that the equipment and controls are kept in a condition of readiness to perform the planned and designed functions when required. Appropriate plant management is responsible for ensuring the operational readiness of IROFS under this control. For this reason, the maintenance function is administratively closely coupled to operations. The maintenance organization plans, schedules, tracks, and maintains records for maintenance activities.

Maintenance activities generally fall into the following categories:

- Corrective maintenance
- Preventive maintenance
- Surveillance/monitoring
- Functional testing.

These maintenance categories are discussed in detail in Chapter 11, Management Measures.

2.3.3 Training and Qualifications

Formal planned training programs shall be established for facility employees. Indoctrination training shall be provided to employees within 30 days of reporting to work, and shall address safety preparedness for all safety disciplines (criticality, radiological, chemical, industrial), ALARA practices, and emergency procedures. In-depth training programs shall be provided to individuals depending on job requirements in the areas of radiological safety (for all personnel with access to the Restricted Area) and in criticality safety control. Nuclear criticality safety training shall satisfy the recommendations of ANSI/ANS-8.20 - 1991, Nuclear Criticality Safety Training (ANSI, 1991). Retraining of personnel previously trained shall be performed for radiological and criticality safety at least annually, and shall include updating and changes in required skills. The training program shall include methods for verifying training effectiveness, such as written tests, actual demonstration of skills, and where required by regulation, maintaining a current and valid license demonstrating qualification. Changes to training shall be implemented if indicated due to incidents potentially compromising safety, or if changes are made to facilities or processes.

The training programs and maintenance of the training program records at the facility are the responsibility of the ~~Human Resources~~Training Manager. Accurate records are maintained on each employee's qualifications, experience, training and retraining. The employee training file shall include records of all general employee training, technical training, and employee development training conducted at the facility. The employee training file shall also contain records of special company sponsored training conducted by others. The training records for each individual are maintained so that they are accurate and retrievable. Training records are retained in accordance with the records management system.

Additional details on the facility training program are provided in Chapter 11, Management Measures.

2.3.4 Procedures

Activities involving licensed materials will be conducted through the use of approved, written procedures. Applicable procedure and training requirements will be satisfied before use of the procedure. Procedures will be used to control activities in order to ensure the activities are carried out in a safe manner.

Generally, four types of plant procedures are used to control activities: operating procedures, administrative procedures, maintenance procedures, and emergency procedures. Operating procedures, developed for workstation and control room operators, are used to directly control

2.3.5.1 Safety Review Committee

The Safety Review Committee (SRC) provides technical and administrative review of facility operations that could impact plant worker and public safety. Details on the SRC and the scope of activities reviewed by the SRC are provided in Section 2.2.3, Safety Review Committee.

2.3.5.2 Quality Assurance Department

The Quality Assurance Department conducts periodic audits of activities associated with the facility, in order to verify the facility's compliance with established procedures. The LES Quality Assurance Program Description is included in Chapter 11, Management Measures as Appendix A.

2.3.5.3 Facility Operating Organization

The facility operating organization shall provide, as part of the normal duties of supervisory personnel, timely and continuing monitoring of operating activities to assist the Plant Manager in keeping abreast of general facility conditions and to verify that the day-to-day operating activities are conducted safely and in accordance with applicable administrative controls.

These continuing monitoring activities are considered to be an integral part of the routine supervisory function and are important to the safety of the facility operation.

2.3.5.4 Audited Organizations

Audited organizations shall assure that deficiencies identified are corrected in a timely manner.

Audited organizations shall transmit a response to each audit report within the time period specified in the audit. For each identified deficiency, the response shall identify the corrective action taken or to be taken. For each identified deficiency, the response shall also address whether or not the deficiency is considered to be indicative of other problems (e.g., a specific audit finding may indicate a generic problem) and the corrective action taken or to be taken for any such problems determined.

Copies of audit reports and responses are maintained in accordance with the records management system.

2.3.6 Incident Investigations

~~Abnormal events that potentially threaten or lessen the effectiveness of health, safety or environmental protection are identified and reported to the HS&E Manager or designee through the~~ The Corrective Action Program (CAP) ~~which~~ is described in ~~more~~ detail in ~~Chapter 11, Management Measures~~Section 11.6. Each event is considered in terms of its requirements for reporting in accordance with regulations and is evaluated to determine the level of investigation required. These evaluations and investigations are conducted in accordance with approved CAP procedures. The depth of the investigation depends upon the severity of the incident in terms of the levels of uranium released and/or the degree of potential for exposure of workers, the public or the environment.

~~The HS&E Manager, or designee is responsible for:~~

~~•maintaining a list of agencies to be notified~~

~~•determining if a report to an agency is required~~

~~•notifying the agency when required.~~

~~The licensing function has the responsibility for continuing communications with government agencies and tracking corrective actions to completion.~~

~~The process of incident identification, investigation, root cause analysis, environmental protection analysis, recording, reporting, and follow-up shall be addressed in and performed in accordance with written procedures. Radiological, criticality, hazardous chemical, and industrial safety requirements shall be addressed. Guidance for classifying incidents shall be contained in facility procedures, including a list of threshold off-normal incidents.~~

~~The HS&E Manager or designee shall, through implementation of the CAP, maintain a record of corrective actions to be implemented as a result of off-normal investigations. These corrective actions shall include documenting lessons learned, and implementing worker training where indicated, and shall be tracked to completion by the HS&E Manager or designee within the CAP.~~

~~Additional details on incident investigations are provided in Chapter 11, Management Measures.~~

2.3.7 Employee Concerns

Employees who feel that safety or quality is being compromised have the right and responsibility to initiate the "stop work" process in accordance with the applicable project or facility procedures to ensure the work environment is placed in a safe condition.

Employees also have access to various resources to ensure their safety or quality concerns are addressed, including:

- line management or other facility management (e.g., Performance Assessment and Feedback Management, Plant Manager, ~~HS&E Manager~~HS&E Director , ~~QA Manager~~QA Director)
- the facility safety organization (i.e., any of the safety engineers or managers)
- NRC's requirements under 10 CFR 19, Notices, Instructions and Reports to Workers: Inspection and Investigations (CFR, 2003a)
- LES CAP - a simple mechanism available for use by any person at the NEF site for reporting unusual events and potentially unsafe conditions or activities.

2.3.8 Records Management

Procedures are established which control the preparation and issuance of documents such as manuals, instructions, drawings, procedures, specifications, and supplier-supplied documents, including any changes thereto. Measures are established to ensure documents, including revisions, are adequately reviewed, approved, and released for use by authorized personnel.

Document control procedures require documents to be transmitted and received in a timely manner at appropriate locations including the location where the prescribed activity is to be performed. Controlled copies of these documents and their revisions are distributed to and used by the persons performing the activity.

Superseded documents are destroyed or are retained only when they have been properly labeled. Indexes of current documents are maintained and controlled.

The QA Program assigns responsibility for verifying QA record retention to the ~~QA Manager~~QA Director. Applicable design specifications, procurement documents, or other documents specify the QA records to be generated by, supplied to, or held, in accordance with approved procedures. QA records are not considered valid until they are authenticated and dated by authorized personnel.

Additional details on the records management program are provided in Chapter 11, Management Measures.

2.3.9 Written Agreements with Offsite Emergency Resources

The plans for coping with emergencies at the facility are presented in detail in the Emergency Plan. The Emergency Plan includes a description of the facility emergency response organization and interfaces with off-site EROs. Written agreements between the facility and off-site EROs, including the local fire department, the local law enforcement agency, ambulance/rescue units, and medical services and facilities have been established.

Coordination with participating government agencies (State, Counties) is vital to the safety and health of plant personnel and the general public. The principal state and local agencies/organizations having responsibilities for radiological or other hazardous material emergencies for the facility are:

A. New Mexico Department of Public Safety, Office of Emergency Management

B. Eunice Emergency Response Services

C. Hobbs Emergency Response Services

Details of the interfaces with these agencies are provided in Section 4 of the Emergency Plan.

2.4 REFERENCES

ANSI, 1991. Nuclear Criticality Safety Training, ANSI/ANS-8.20-1991, American National Standards Institute/American Nuclear Society, 1991.

ANSI, 1996. Administrative Practices for Nuclear Criticality Safety, ANSI/ANS-8.19-1996, American National Standards Institute/American Nuclear Society, 1996.

CFR, 2003a. Title 10, Code of Federal Regulations, Part 19, Notices, Instructions and Reports to Workers: Inspection and Investigations, 2003.

CFR, 2003b. Title 10, Code of Federal Regulations, Part 40, Domestic Licensing of Source Material, 2003.

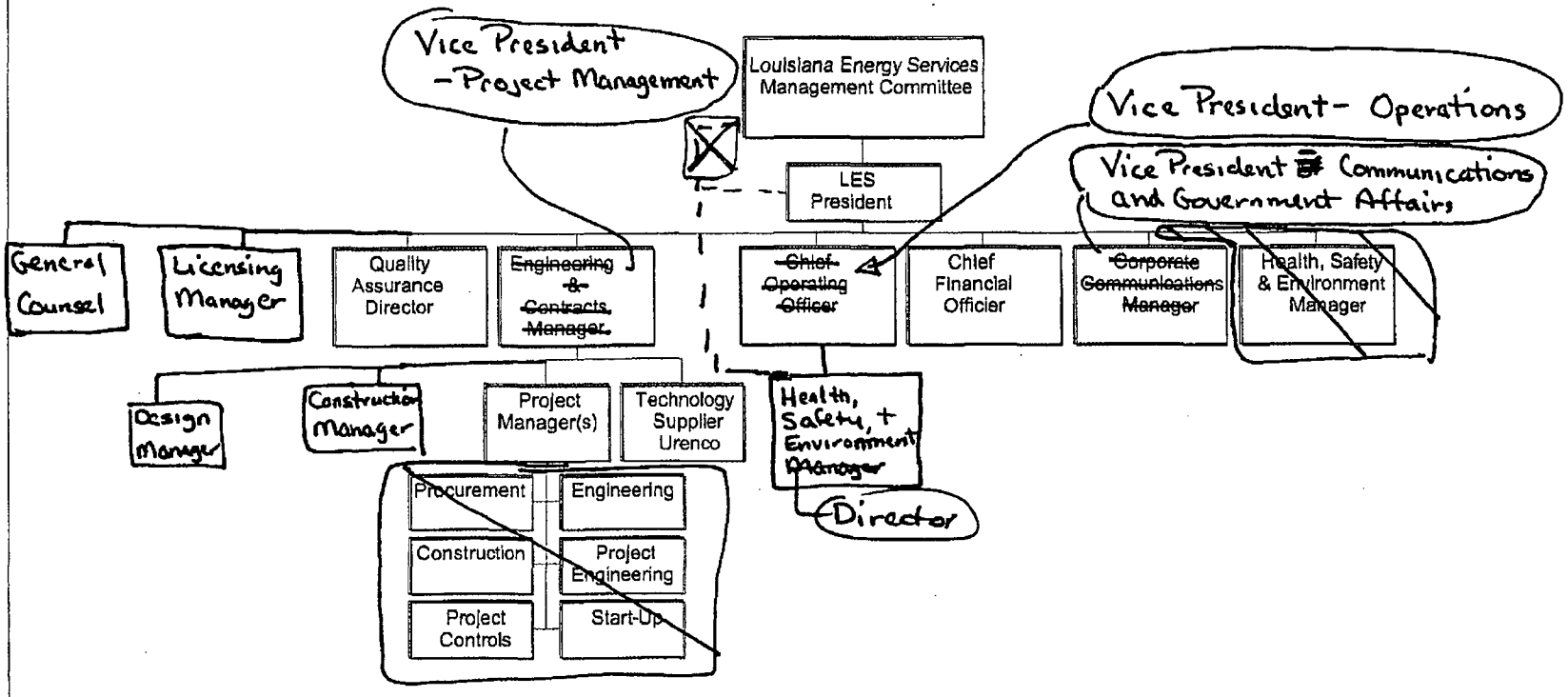
CFR, 2003c. Title 10, Code of Federal Regulations, Part 70, Domestic Licensing of Special Nuclear Material, 2003.

~~LES, 1993. Claiborne Enrichment Center Safety Analysis Report, Chapter 11, Louisiana Energy Services, December 1993.~~

NRC, 1992. Proposed Method for Regulating Major Materials Licensees, NUREG-1324, U.S. Nuclear Regulatory Commission, 1992.

~~NRC, 1994. Safety Evaluation Report for the Claiborne Enrichment Center, Homer, Louisiana, NUREG-1491, Section 10, U.S. Nuclear Regulatory Commission, January 1994.~~NRC, 2002. Standard Review Plan for the Review of a License Application for a Fuel Cycle Facility, NUREG-1520, U.S. Nuclear Regulatory Commission, March 2002.

FIGURES



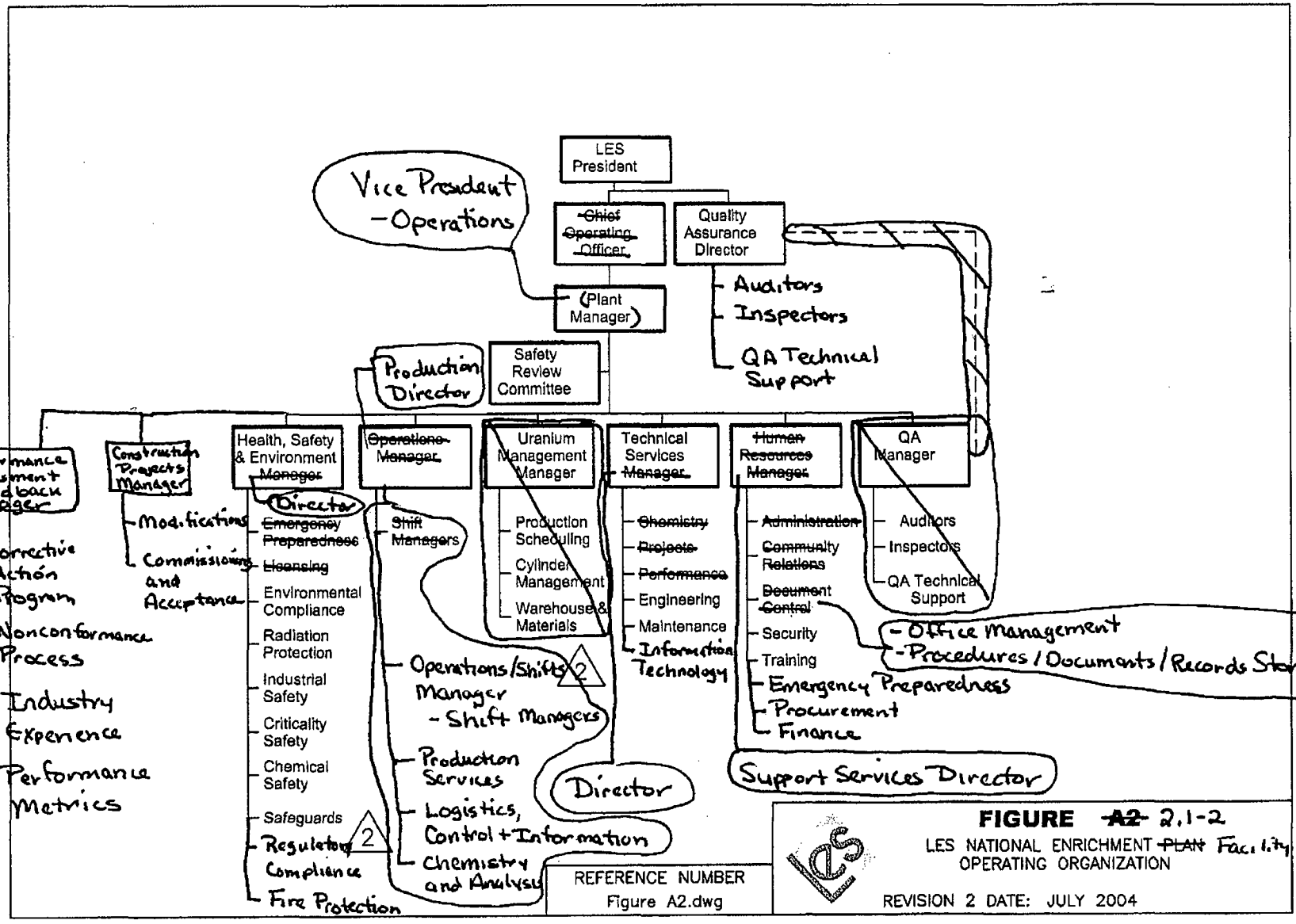
4

FIGURE 2.1-1

LES CORPORATE, DESIGN AND CONSTRUCTION ORGANIZATION

REVISION 4 APRIL 2005

REFERENCE NUMBER
Figure 2.1-1.dwg


LES President
Vice President - Operations
~~Chief Operating Officer~~
Quality Assurance Director
(Plant Manager)
Auditors
Inspectors
QA Technical Support
Production Director
Safety Review Committee
Performance Assessment + Feedback Manager
Corrective Action Program
Nonconformance Process
Industry Experience
Performance Metrics
Construction Projects Manager
Modifications
Commissioning and Acceptance
Health, Safety & Environment ~~Manager~~
Director
~~Emergency Preparedness~~
~~Licensing~~
Environmental Compliance
Radiation Protection
Industrial Safety
Criticality Safety
Chemical Safety
Safeguards
Regulatory Compliance
Fire Protection
~~Operations Manager~~
Shift Managers
Operations/Shifts Manager - Shift Managers
Production Services
Logistics, Control + Information
Chemistry and Analysis
Uranium Management Manager
Production Scheduling
Cylinder Management
Warehouse & Materials
Technical Services ~~Manager~~
~~Chemistry~~
~~Projects~~
~~Performance~~
Engineering
Maintenance
Information Technology
Director
~~Human Resources Manager~~
~~Administration~~
~~Community Relations~~
~~Document Control~~
Security
Training
Emergency Preparedness
Procurement
Finance
Support Services Director
QA Manager
Auditors
Inspectors
QA Technical Support
- Office Management
- Procedures / Documents / Records Storage
REFERENCE NUMBER
Figure A2.dwg
FIGURE ~~A2~~ 2.1-2
LES NATIONAL ENRICHMENT ~~PLANT~~ Facility
OPERATING ORGANIZATION
REVISION 2 DATE: JULY 2004

4.0 RADIATION PROTECTION

This chapter describes the facility Radiation Protection Program. The Radiation Protection Program protects the radiological health and safety of workers and complies with the regulatory requirements in 10 CFR 19 (CFR, 2003a), 20 (CFR, 2003b) and 70 (CFR, 2003c).

~~This chapter includes radiation protection measures that are consistent with those previously submitted for Nuclear Regulatory Commission (NRC) review in Section 8 of the Louisiana Energy Services (LES) Claiborne Enrichment Center Safety Analysis Report (LES, 1993). These measures received regulatory approval in NUREG-1491, Safety Evaluation Report for the Claiborne Enrichment Center (NRC, 1994).~~

The information provided in this chapter, the corresponding regulatory requirement and the NRC acceptance criteria from NUREG-1520 (NRC, 2002), Chapter 4 are summarized in the table below. Information beyond that required by the Standard Review Plan is included. This additional information is an update of that previously submitted for the Claiborne Enrichment Center, as noted above.

the National Council on Radiation Protection and Measurements (NCRP) may also be used in the formulation and evolution of the facility Radiation Protection Program.

The facility corrective action process is implemented if (1) personnel dose monitoring results or personnel contamination levels exceed the administrative personnel limits; or if an incident results in airborne occupational exposures exceeding the administrative limits or (2) the dose limits in 10 CFR 20 (CFR, 2003b), Appendix B or 10 CFR 70.61 (CFR, 2003e) are exceeded.

The information developed from the corrective action process is used to improve radiation protection practices and to preclude the recurrence of similar incidents. If an incident as described in item two above occurs, the NRC is informed of the corrective action taken or planned to prevent recurrence and the schedule established by the facility to achieve full compliance. The corrective action process and incident investigation process are described in Section 11.6, Incident Investigations and Corrective Action Process.

~~The subject matter discussed above is identical to Claiborne Enrichment Center SAR (LES, 1993) subject matter. The NRC staff previously reviewed the Claiborne Enrichment Center SAR (LES, 1993) application relative to the general guidelines of the occupational radiation protection program and concluded that the descriptions, specifications or analyses provided an adequate basis for safety review of the facility operations and that the construction and operation of the facility would not pose an undue risk to public health and safety. The specific discussion is in NUREG-1491 (NRC, 1994), Section 8.4.~~

4.1.1 Responsibilities of Key Program Personnel

In this section the Radiation Protection Program's organizational structure is described. The responsibilities of key personnel are also discussed. These personnel play an important role in the protection of workers, the environment and implementation of the ALARA program. Chapter 2, Organization and Administration, discusses the facility organization and administration in further detail. Section 2.2, Key Management Positions of Chapter 2, presents a detailed discussion of the responsibilities of key management personnel.

~~The subject matter discussed above is identical to Claiborne Enrichment Center SAR (LES, 1993) subject matter. The NRC staff previously reviewed the Claiborne Enrichment Center SAR (LES, 1993) application relative to the responsibilities assigned to facility personnel and the extent of incorporation of the ALARA principle into the facility's radiation protection program and concluded that the descriptions, specifications or analyses provided an adequate basis for safety review of the facility operations and that the construction and operation of the facility would not pose an undue risk to public health and safety. The specific discussion is in NUREG-1491 (NRC, 1994) Section 8.3.~~

4.1.1.1 Plant Manager

The Plant Manager is responsible for all aspects of facility operation, including the protection of all persons against radiation exposure resulting from facility operations and materials, and for compliance with applicable NRC regulations and the facility license.

4.1.1.2 Health, Safety and Environment Director~~Manager~~

The Health, Safety, and Environment (HS&E) Director~~Manager~~ reports to the Plant Manager and has the responsibility for directing the activities that ensure the facility maintains compliance with appropriate rules, regulations, and codes. This includes HS&E activities associated with nuclear safety, radiation protection, chemical safety, environmental protection, fire protection, and industrial safety. The HS&E Director~~Manager~~ works with the other facility managers to ensure consistent interpretations of HS&E requirements, performs independent reviews and supports facility and operations change control reviews.

4.1.1.3 Radiation Protection Manager

The Radiation Protection Manager reports to the HS&E Director~~Manager~~. The Radiation Protection Manager is responsible for implementing the Radiation Protection Program. In matters involving radiological protection, the Radiation Protection Manager has direct access to the Plant Manager. The Radiation Protection Manager and Operators~~his staff~~ are responsible for:

- Establishing the Radiation Protection Program
- Generating and maintaining procedures associated with the program
- Assuring that ALARA is practiced by all personnel
- Reviewing and auditing the efficacy of the program in complying with NRC and other governmental regulations and applicable Regulatory Guides
- Modifying the program based upon experience and facility history
- Adequately staffing the Radiation Protection group to implement the Radiation Protection Program
- Establishing and maintaining an ALARA program
- Establishing and maintaining a respirator usage program
- Monitoring worker doses, both internal and external
- Complying with the radioactive materials possession limits for the facility
- Handling of radioactive wastes when disposal is needed
- Calibration and quality assurance of all radiological instrumentation, including verification of required Lower Limits of Detection or alarm levels
- Establishing and maintaining a radiation safety training program for personnel working in Restricted Areas

- Performing audits of the Radiation Protection Program on an annual basis
- Establishing and maintaining the radiological environmental monitoring program
- Posting the Restricted Areas, and within these areas, posting: Radiation, Airborne Radioactivity, High Radiation and Contaminated Areas as appropriate; and developing occupancy guidelines for these areas as needed.

4.1.1.4 Operations/Shifts Manager

The Operations/Shifts Manager is responsible for operating the facility safely and in accordance with procedures so that all effluents released to the environment and all exposures to the public and facility personnel meet the limits specified in applicable regulations, procedures and guidance documents.

4.1.1.5 Facility Personnel

Facility personnel are required to work safely and to follow the rules, regulations and procedures that have been established for their protection and the protection of the public. Personnel whose duties require (1) working with radioactive material, (2) entering radiation areas, (3) controlling facility operations that could affect effluent releases, or (4) directing the activities of others, are trained such that they understand and effectively carry out their responsibilities.

4.1.2 Staffing of the Radiation Protection Program

Only suitably trained radiation protection personnel are employed at the facility. For example, the Radiation Protection Manager's qualification requirements are described in Section 2.2.4. ~~has, as a minimum, a bachelor's degree (or equivalent) in an engineering or scientific field and three years of responsible nuclear experience associated with implementation of a Radiation Protection Program. At least two years of this nuclear experience is at a facility that processes uranium, including uranium in soluble form.~~ Other members of the Radiation Protection Program staff are trained and qualified consistent with the guidance provided in American National Standards Institute (ANSI) standard 3.1, Selection, Qualification and Training of Personnel for Nuclear Power Plants (ANSI, 1993).

Sufficient resources in terms of staffing and equipment are provided to implement an effective Radiation Protection Program.

4.1.3 Independence of the Radiation Protection Program

The Radiation Protection Program remains independent of the facility's routine operations. This independence ensures that the Radiation Protection Program maintains its objectivity and is focused only on implementing sound radiation protection principles necessary to achieve occupational doses and doses to members of the public that are ALARA. It was previously

4.2 COMMITMENT TO AN ALARA PROGRAM

Section 4.1, Commitment to Radiation Protection Program Implementation, above states the facility's commitment to the implementation of an ALARA program. The objective of the program is to make every reasonable effort to maintain facility exposures to radiation as far below the dose limits of 10 CFR 20.1201 (CFR, 2003f) as is practical and to maintain radiation exposures to members of the public such that they are not expected to receive the dose limits of 10 CFR 20.1101(d) (CFR, 2003d). The design and implementation of the ALARA program is consistent with the guidance provided in Regulatory Guides 8.2 (NRC, 1973a), 8.13 (NRC, 1999a), 8.29 (NRC, 1996), and 8.37 (NRC, 1993g). The operation of the facility is consistent with the guidance provided in Regulatory Guide 8.10 (NRC, 1977).

Annual doses to individual personnel are maintained ALARA. In addition, the annual collective dose to personnel (i.e., the sum of all annual individual doses, expressed in person-Sv or person-rem) is maintained ALARA. The dose equivalent to the embyro/fetus is maintained below the limits of 10 CFR 20.1208 (CFR, 2003g).

The Radiation Protection Program is written and implemented to ensure that it is comprehensive and effective. The written program documents policies that are implemented to ensure the ALARA goal is met. Facility procedures are written so that they incorporate the ALARA philosophy into the routine operations of the facility and ensure that exposures are consistent with 10 CFR 20.1101 (CFR, 2003d) limits. As discussed in Section 4.7, Radiation Surveys and Monitoring Programs Commitments, radiological zones will be established within the facility. The establishment of these zones supports the ALARA commitment in that the zones minimize the spread of contamination and reduce unnecessary exposure of personnel to radiation.

Specific goals of the ALARA program include maintaining occupational exposures as well as environmental releases as far below regulatory limits as is reasonably achievable. The ALARA concept is also incorporated into the design of the facility. The size and number of areas with higher dose rates are minimized consistent with accessibility for performing necessary services in the areas. Areas where facility personnel spend significant amounts of time are designed to maintain the lowest dose rates reasonably achievable.

The Radiation Protection Manager is responsible for implementing the ALARA program and ensuring that adequate resources are committed to make the program effective. The Radiation Protection Manager prepares an annual ALARA program evaluation report. The report reviews (1) radiological exposure and effluent release data for trends, (2) audits and inspections, (3) use, maintenance and surveillance of equipment used for exposure and effluent control, and (4) other issues, as appropriate, that may influence the effectiveness of the radiation protection/ ALARA programs. Copies of the report are submitted to the Plant Manager, Radiation Safety Committee, and the Safety Review Committee.

4.3 ORGANIZATION AND PERSONNEL QUALIFICATIONS

The regulation 10 CFR 70.22 (CFR, 2003h) requires that the technical qualifications, including training and experience of facility staff be provided in the license application. This information is provided in this section.

The Radiation Protection Program staff is assigned responsibility for implementation of the Radiation Protection Program functions. Only suitably trained radiation protection personnel are employed at the facility. Staffing is consistent with the guidance provided in Regulatory Guides 8.2 (NRC, 1973a) and 8.10 (NRC, 1977).

As previously discussed, the Radiation Protection Manager's qualification requirements are described in Section 2.2.4. ~~has, as a minimum, a bachelor's degree (or equivalent) in an engineering or scientific field and three years of responsible nuclear experience associated with implementation of a Radiation Protection Program.~~ As stated in Section 4.1.2, Staffing of the Radiation Protection Program, other members of the Radiation Protection Program staff are trained and qualified consistent with the guidance provided in American National Standards Institute (ANSI) standard 3.1, Selection, Qualification and Training of Personnel for Nuclear Power Plants (ANSI, 1993).

The Radiation Protection Manager reports to the HS&E Director~~Manager~~ and has the responsibility for establishing and implementing the Radiation Protection Program. These duties include the training of personnel in use of equipment, control of radiation exposure of personnel, continuous determination and evaluation of the radiological status of the facility, and conducting the radiological environmental monitoring program. The facility organization chart establishes clear organizational relationships among the radiation protection staff and the other facility line managers. The facility operating organization is described in Chapter 2, Organization and Administration.

In all matters involving radiological protection, the Radiation Protection Manager has direct access to the Plant Manager. The Radiation Protection Manager is skilled in the interpretation of radiation protection data and regulations. The Radiation Protection Manager is also familiar with the operation of the facility and radiation protection concerns relevant to the facility. The Radiation Protection Manager is a resource for radiation safety management decisions.

4.4 COMMITMENT TO WRITTEN PROCEDURES

All operations at LES involving licensed materials are conducted through the use of procedures as required by 10 CFR 70.22(8) (CFR, 2003h). Radiation protection procedures are prepared, reviewed and approved to carry out activities related to the radiation protection program. Procedures are used to control radiation protection activities in order to ensure that the activities are carried out in a safe, effective and consistent manner. Radiation protection procedures are reviewed and revised as necessary, to incorporate any facility or operational changes or changes to the facility's Integrated Safety Analysis (ISA).

The radiation protection procedures are assigned to personnel qualified to develop such proceduresmembers of the radiation protection staff for development. Initial procedure drafts are reviewed by members of the facility staff and other, personnel with enrichment plant operating experience, and other staff members as appropriate. The designated approver determines whether or not any additional, cross-disciplinary review is required. Changes to procedures are processed as follows. The writer documents the change as well as the reason for the change. The Radiation Protection Manager (or a designee who has the qualifications of the Radiation Protection Manager) reviews and approves procedures as well as proposed revisions to procedures. Final approval of the revised procedure is by the Plant Manager, or a designated alternate. Chapter 11, Management Measures, describes the program implemented for the control of procedures.

4.4.1 Radiation Work Permit Procedures

All work performed in Restricted Areas is performed in accordance with a Radiation Work Permit (RWP). The procedures controlling RWPs are consistent with the guidance provided in Regulatory Guide 8.10 (NRC, 1977). An RWP may also be required whenever the Radiation Protection Manager deems that one is necessary. Activities involving licensed materials not covered by operating procedures and where radioactivity levels are likely to exceed airborne radioactivity limits require the issuance of a RWP. Both routine and non-routine activities are performed under a RWP. The RWP provides a description of the work to be performed. That is, the RWP defines the authorized activities. The RWP summarizes the results of recent dose rate surveys, contamination surveys, airborne radioactivity results, etc. The RWP specifies the precautions to be taken by those performing the task. The specified precautions may include personal protective equipment to be worn while working (e.g., gloves, respirators, personnel monitoring devices), stay-times or dose limits for work in the area, record keeping requirements (e.g., time or dose spent on job) and the attendance of a radiation protection technician during the work. The RWP requires approval by the Radiation Protection Manager or designee. The designee must meet the requirements of Section 4.1.2, Staffing of the Radiation Protection Program. RWPs have a predetermined period of validity with a specified expiration or termination time.

Standing RWPs are issued for routinely performed activities, such as tours of the plant by shift personnel or the charging of cylinders. A Standing RWP would, for example, be used for the job evolution of cylinder charging; a new RWP is not issued each time a new cylinder is charged.

Listed below are requirements of the RWP procedures.

- The Radiation Protection Manager or designee is responsible for determining the need for, issuing and closing out RWPs

- Planned activities or changes to activities inside Restricted Areas or work with licensed materials are reviewed by the Radiation Protection Manager or designee for the potential to cause radiation exposures to exceed action levels or to produce radioactive contamination

- RWPs include requirements for any necessary safety controls, personnel monitoring devices, protective clothing, respiratory protective equipment, and air sampling equipment and the attendance of radiation protection technicians at the work location

- RWPs are posted at access points to Restricted Areas with copies of current RWPs posted at the work area location

- RWPs clearly define and limit the work activities to which they apply. A RWP is closed out when the applicable work activity for which it was written is completed and terminated

- RWPs are retained as a record at least for the life of the facility.

~~The subject matter discussed above is an improved version of the subject matter of Claiborne Enrichment Center SAR (LES, 1993). The NRC staff previously reviewed the Claiborne Enrichment Center SAR (LES, 1993) application relative to the RWP system and concluded that the descriptions, specifications or analyses provided an adequate basis for safety review of the facility operations and that the construction and operation of the facility would not pose an undue risk to public health and safety. The specific discussion on is in NUREG-1491 (NRC, 1994), Section 8.4.1.7.~~

E. Instructed in the appropriate response to warnings made in the event of any unusual occurrence or malfunction that may involve exposure to radiation and radioactive material

F. Advised of the various notifications and reports to individuals that a worker may request in accordance with 10 CFR 19.13 (CFR, 2003k).

The radiation protection training program takes into consideration a worker's normally assigned work activities. Abnormal situations involving exposure to radiation and radioactive material, which can reasonably be expected to occur during the life of the facility, are also evaluated and factored into the training. The extent of these instructions is commensurate with the potential radiological health protection problems present in the work place.

Retraining of personnel previously trained is performed for radiological, chemical, industrial, and criticality safety at least annually. The retraining program also includes procedure changes, and updating and changes in required skills. Changes to training are implemented, when required, due to incidents potentially compromising safety or if changes are made to the facility or processes. Records of training are maintained in accordance with LES records management system. Training programs are established in accordance with Section 11.3, Training and Qualifications. The radiation protection sections of the training program are evaluated at least annually. The program content is reviewed to ensure it remains current and adequate to assure worker safety.

The specifics of the Radiation Protection Training are described in the following section.

4.5.1 Radiation Protection Training

Radiation protection training is highlighted to emphasize the high level of importance placed on the radiological safety of plant personnel and the public. In-depth radiation protection training is provided for the various types of job functions (e.g., production operator, radiation protection technician, contractor personnel) commensurate with the radiation safety responsibilities associated with each such position. Visitors to a Restricted Area are trained in the formal training program or are escorted by trained personnel while in the Restricted Area.

Personnel access procedures ensure the completion of formal nuclear safety training prior to permitting unescorted access into the Restricted Areas. Training sessions covering criticality safety, radiation protection and emergency procedures are conducted on a regular basis to accommodate new employees or those requiring retraining. Retraining is conducted when necessary to address changes in policies, procedures, requirements and the ISA.

Specific topics covered in the training program are listed in Chapter 11, Management Measures, Section 11.3.3.1.1. The training provided includes the requirements of 10 CFR 19 (CFR, 2003a).

Individuals attending these sessions must pass an initial examination covering the training contents to assure the understanding and effectiveness of the training. The effectiveness and adequacy of the training program curriculum and instructors are also evaluated by audits

performed by operational area personnel responsible for criticality safety and radiation protection.

Since contractor employees may perform diverse tasks in the Restricted Areas or Controlled Areas of the facility, formal training for these employees is designed to address the type of work they perform. In addition to applicable radiation safety topics, training contents may include RWPs, special bioassay sampling, and special precautions for welding, cutting, and grinding. Instructors certified by the Radiation Protection Manager conduct the radiation protection training programs.

The Radiation Protection Manager is responsible for establishing and maintaining the radiation protection training for all personnel, including contractor personnel who may be working at the facility. Records are maintained for each employee documenting the training date, scope of the training, identity of the trainer(s), any test results and other associated information by the Training Manager.

Individuals requiring unescorted access to a Restricted Area receive annual retraining. Contents of the formal radiation protection training program are reviewed and updated as required at least every two years by the HS&E Director or~~Manager and~~ Radiation Protection Manager to ensure that the programs are current and adequate.

4.6 VENTILATION AND RESPIRATORY PROTECTION PROGRAMS COMMITMENTS

The regulations contained in 10 CFR 20 (CFR, 2003b), Subpart H, define the required elements of the facility respiratory protection and ventilation programs. This section describes the design and management measures taken to ensure that the installed ventilation and containment systems operate effectively. This section also describes the worker respiratory protection program.

The design of the ventilation and respiratory protection programs is consistent with the guidance contained in the following documents:

- Regulatory Guide 8.24-Health Physics Surveys During Enriched Uranium-235 Processing and Fuel Fabrication (NRC, 1979)
- ANSI N510-1980-Testing of Nuclear Air Cleaning Systems (ANSI,1980)
- ERDA 76-21-Nuclear Air Cleaning Handbook (ERDA,1976)
- NCRP Report No. 59-Operational Radiation Safety Program (NCRP,1978)
- Regulatory Guide 8.15-Acceptable Programs for Respiratory Protection (NRC,1999b)
- ANSI Z88.2-1992-Practices for Respiratory Protection (ANSI,1992).

4.6.1 Ventilation Program

The confinement of uranium and the attenuation of its associated radiation are a design requirement for the facility. The internal radiation exposure of workers is controlled primarily by the containment of UF_6 within process equipment. The entire UF_6 enrichment process, except for liquid sampling, is operated under a partial vacuum so that leaks are into the system and not into work areas.

Ventilation systems for the various buildings control the temperature and the humidity of the air inside the building. The ventilation systems serving normally non-contaminated areas exhaust approximately 10% of the air handled to the atmosphere. Ventilation systems serving potentially contaminated areas include design features that provide for confinement of radiological contamination. Ventilation systems for potentially contaminated areas exhaust 100% of the air handled to the environment through the exhaust stacks. All air released from potentially contaminated areas is filtered to remove radioactive particulates before it is released. The ventilation systems for potentially contaminated areas are designed to maintain the potentially contaminated areas at a slightly negative pressure relative to the uncontaminated areas. This ensures that the airflow direction is from areas of little or no contamination to areas of higher contamination.

Process vents from the Separations Building Module are collected by the Separations Building Gaseous Effluent Vent System (GEVS). Some areas of the Technical Services Building (TSB) also have fume hoods that are connected to the TSB GEVS. Air released from the Centrifuge Test Facility and the Centrifuge Post Mortem Facilities is filtered by the Centrifuge Test and Post Mortem Facilities Exhaust Filtration System prior to release. The systems operate slightly below atmospheric pressure to remove potentially hazardous vapors and particulate from confined areas of the plant. The systems contain particulate and carbon adsorption filters to remove radioactive materials from the gas stream prior to release from the plant. Continuous HF monitors are provided upstream of the filters with high level alarms to inform operators of UF_6 releases in the plant.

Normal operation of the facility will not result in a release of radioactive material that exceeds regulatory limits. Ventilation systems for areas that do not have the potential for contamination are not monitored for radioactivity because radioactive material is not handled or processed in these areas. No emergency ventilation systems are provided for operation when the normal ventilation systems are shut down.

Several measures are in place to ensure effective operation of the ventilation systems. Differential pressure across High Efficiency Particulate Air (HEPA) filters in potentially contaminated ventilation exhaust systems is monitored monthly or automatically monitored and alarmed. Operating procedures specify limits and set points on the differential pressure consistent with manufacturers' recommendations. Filters are changed if they fail to function properly or if the differential pressure exceeds the manufacturers' ratings.

Filter inspection, testing, maintenance and change out criteria are specified in written procedures approved by the Technical Services Director~~Manager~~, or a designated alternate. Change-out frequency is based on considerations of filter loading, operating experience, differential pressure data and any UF_6 releases indicated by HF alarms.

Gloveboxes are designed to maintain a negative differential pressure of about 0.623 mbar (0.25 in H_2O). This differential pressure is maintained anytime that the glovebox is in use. If the differential pressure is lost, use of the glovebox is suspended until the required differential pressure is restored.

Air flow rates at exhausted enclosures and close-capture points, when in use, are adequate to preclude escape of airborne uranium and minimize the potential for intake by workers. Air flow rates are checked monthly when in use and after modification of any hood, exhausted enclosure, close-capture point equipment or ventilation system serving these barriers.

The various programs that pertain to preventive and corrective maintenance are described in Chapter 11, Sections 11.2.2, Corrective Maintenance and 11.2.3, Preventive Maintenance respectively.

4.6.2 Respiratory Protection Program

The facility uses process and engineering controls to control the concentration of radioactive material in air. However, there may be instances when it is not practical to apply process or other engineering controls. When it is not possible to control the concentrations of radioactive material in the air to values below those that define an airborne radioactivity area, other means are implemented to maintain the total effective dose equivalent ALARA. In these cases, the ALARA goal is met by an increase in monitoring and the limitation of intakes by one or more of the following means:

A. Control of access

B. Limitation of exposure times

C. Use of respiratory protection equipment

D. Other controls, as available and appropriate.

If an ALARA analysis is performed to determine whether or not respirators should be used, safety factors other than radiological factors may be considered. The impact of respirator use on workers' industrial health and safety is factored into decisions to use respirators.

If the decision is made to permit the use of respiratory protection equipment to limit the intake of radioactive material, only National Institute of Occupational Safety and Health (NIOSH) certified equipment is used. The respiratory protection program meets the requirements of 10 CFR 20 (CFR, 2003b), Subpart H (Respiratory Protection and Controls to Restrict Internal Exposure in Restricted Areas).

The respiratory protection program includes the following elements:

A. Air sampling to identify the potential hazard, select proper equipment and estimate doses

B. Surveys and, when necessary, bioassays to evaluate actual intakes

C. Performance testing of respirators for operability (user seal check for face sealing devices and functional check for others) immediately prior to each use.

D. Written procedures for the following:

    1. Monitoring, including air sampling and bioassays

    2. Supervision and training of respirator users

    3. Fit testing

    4. Respirator selection

5. Breathing air quality

6. Inventory and control

7. Storage, issuance, maintenance, repair, testing, and quality assurance of respiratory protection equipment

8. Record keeping

9. Limitations on periods of respirator use and relief from respirator use.

E. Determination by a physician that the individual user is medically fit to use respiratory protection equipment:

1. Before the initial fitting of a face sealing respirator

2. Before the first field use of non-face sealing respirators

3. Either every 12 months thereafter, or periodically at a frequency determined by a physician.

F. A respirator fit test requires a minimum fit factor of at least 10 times the Assigned Protection Factor (APF) for negative pressure devices, and a fit factor of at least 500 times the APF for any positive pressure, continuous flow, and pressure-demand devices. The fit testing is performed before the first field use of tight fitting, face-sealing respirators. Subsequent testing is performed at least annually thereafter. Fit testing must be performed with the facepiece operating in the negative pressure mode.

1. Each user is informed that they may leave the area at any time for relief from respirator use in the event of equipment malfunction, physical or psychological distress, procedural or communication failure, significant deterioration of operating conditions, or any other conditions that might require such relief.

2. In the selection and use of respirators, the facility provides for vision correction, adequate communication, low temperature work environments, and the concurrent use of other safety or radiological protection equipment. Radiological protection equipment is used in such a way as not to interfere with the proper operation of the respirator.

3. Standby rescue persons are used whenever one-piece atmosphere-supplying suits are in use. Standby rescue personnel are also used when any combination of supplied air respiratory protection device and personnel protective equipment is in use that presents difficulty for the wearer to remove the equipment. The standby personnel are equipped with respiratory protection devices or other apparatus appropriate for the potential hazards. The standby rescue personnel observe and maintain continuous communication with the workers (visual, voice, signal line, telephone, radio, or other suitable means). The rescue personnel are immediately available to assist the workers in case of a failure of the air supply or

for any other emergency. The Radiation Protection Manager, in consultation with the Industrial Safety Manager, specifies the number of standby rescue personnel that must be immediately available to assist all users of this type of equipment and to provide effective emergency rescue if needed.

4. Atmosphere-supplying respirators are supplied with respirable air of grade D quality or better as defined by the Compressed Gas Association in publication G-7.1, Commodity Specification for Air, (CGA, 1997) and included in the regulations of the Occupational Safety and Health Administration (29 CFR 1910.134(i)(1)(ii)(A) through (E) (CFR, 2003l)).

5. No objects, materials or substances (such as facial hair), or any conditions that interfere with the face-to-facepiece seal or valve function, and that are under the control of the respirator wearer, are allowed between the skin of the wearer's face and the sealing surface of a tight-fitting respirator facepiece.

The dose to individuals from the intake of airborne radioactive material is estimated by dividing the ambient air concentration outside the respirator by the assigned protection factor. If the actual dose is later found to be greater than that estimated initially, the corrected value is used. If the dose is later found to be less than the estimated dose, the lower corrected value may be used.

Records of the respiratory protection program (including training for respirator use and maintenance) are maintained in accordance with the facility records management program as described in Section 11.7, Records Management. Respiratory protection procedures are revised as necessary whenever changes are made to the facility, processing or equipment.

Within the Separations Building, significant accumulations of enriched UF_6 reside only in the Product Low Temperature Take-off Stations, Product Liquid Sampling Autoclaves, Product Blending System or the UF_6 cold traps. All these, except the UF_6 cold traps, contain the UF_6 in 30B and 48Y cylinders. All these significant accumulations are within enclosures protecting them from water ingress. The facility design has minimized the possibility of accidental moderation by eliminating direct water contact with these cylinders of accumulated UF_6. In addition, the facility's stringent procedural controls for enriching the UF_6 assure that it does not become unacceptably hydrogen moderated while in process. The plant's UF_6 systems operating procedures contain safeguards against loss of moderation control (ANSI, 1997). No neutron poisons are relied upon to assure criticality safety.

5.1.4 Description of Safety Criteria

Each portion of the plant, system, or component that may possibly contain enriched uranium is designed with criticality safety as an objective. Table 5.1-2, Safety Criteria for Buildings/ Systems/Components, shows how the safety criteria of Table 5.1-1, Safe Values for Uniform Aqueous Solutions of Enriched UO_2F_2, are applied to the facility to prevent a nuclear criticality event. Although the NEF will be limited to 5.0 $^{w}/_{o}$ enrichment, as additional conservatism, the values in Table 5.1-2, represent the limits based on 6.0 $^{w}/_{o}$ enrichment.

Where there are significant in-process accumulations of enriched uranium as UF_6, the plant design includes multiple features to minimize the possibilities for breakdown of the moderation control limits. These features eliminate direct ingress of water to product cylinders while in process.

5.1.5 Organization and Administration

The criticality safety organization is responsible for implementing the Nuclear Criticality Safety Program. During the design phase, the criticality safety function is performed within the design engineering organization. The criticality safety function for operations is described in the following section.

The ~~c~~Criticality ~~s~~Safety Officer~~organization~~ reports to the Health, Safety, and Environment (HS&E) Director~~Manager~~ as described in Chapter 2, Organization and Administration. The HS&E Director~~Manager~~ is accountable for overall criticality safety of the facility, is administratively independent of production responsibilities, and has the authority to shut down potentially unsafe operations.

Designated responsibilities of the C~~c~~riticality ~~s~~Safety Officer~~staff~~ include the following:

- ~~•~~Establish the Nuclear Criticality Safety Program, including design criteria, procedures, and training
- ~~Provide criticality safety support for integrated safety analyses and configuration control~~
- Assess normal and credible abnormal conditions
- Determine criticality safety limits for controlled parameters, with input from the Criticality Safety Engineers

- Develop and validate methods to support nuclear criticality safety evaluations (NCSEs) (i.e., non-calculation engineering judgments regarding whether existing criticality safety analyses bound the issue being evaluated or whether new or revised safety analyses are required)

~~□Perform NCS analyses (i.e., calculations), write NCS evaluations, and approve proposed changes in process conditions on equipment involving fissionable material~~

- Specify criticality safety control requirements and functionality
- Provide advice and counsel on criticality safety control measures, including review and approval of operating procedures
- Support emergency response planning and events
- Evaluate the effectiveness of the Nuclear Criticality Safety Program using audits and assessments
- Provide criticality safety postings that identify administrative controls for operators in applicable work areas.

Criticality Safety Engineers will be provided in sufficient number to support the program technically. They are responsible for the following:

- Provide criticality safety support for integrated safety analyses and configuration control
- Perform NCS analyses (i.e., calculations), write NCS evaluations, and approve proposed changes in process conditions on equipment involving fissionable material

The minimum qualifications for the Criticality Safety Officer and the Criticality Safety Engineer are described in Section 2.2.4.~~a criticality safety engineer are a Bachelor of Science (BS) or Bachelor of Arts (BA) degree in science or engineering with at least two years of nuclear industry experience in criticality safety. A criticality safety engineer must understand and have experience in the application and direction of criticality safety programs.~~ The HS&E Director~~Manager~~ has the authority and responsibility to assign and direct activities for the ~~c~~Criticality ~~s~~Safety Program~~staff~~. The C~~c~~riticality S~~s~~afety Officer~~engineer~~ is responsible for implementation of the NCS program. ~~Criticality safety engineers will be provided in sufficient numbers to implement and support the operation of the NCS program.~~

The NEF implements the intent of the administrative practices for criticality safety, as contained in Section 4.1.1 of American National Standards Institute/American Nuclear Society (ANSI/ANS)-8.1-1998, Nuclear Criticality Safety in Operations with Fissionable Materials Outside Reactors (ANSI, 1998a). A policy will be established whereby personnel shall report defective NCS conditions and perform actions only in accordance with written, approved procedures. Unless a specific procedure deals with the situation, personnel shall report defective NCS conditions and take no action until the situation has been evaluated and recovery procedures provided.

5.2.1.4 Nuclear Criticality Safety Analyses

Nuclear criticality safety is analyzed for the design features of the plant system or component and for the operating practices that relate to maintaining criticality safety. The analysis of individual systems or components and their interaction with other systems or components containing enriched uranium is performed to assure the criticality safety criteria are met. The nuclear criticality safety analyses and the safe values in Table 5.1-1, Safe Values for Uniform Aqueous Solution of Enriched UO_2F_2, provide a basis for the plant design and criticality hazards identification performed as part of the Integrated Safety Analysis.

Each portion of the plant, system, or component that may possibly contain enriched uranium is designed with criticality safety as an objective. Table 5.1-2, Safety Criteria for Buildings/ Systems/Components, shows how the safe values of Table 5.1-1, are applied to the facility design to prevent a nuclear criticality event. The NEF is designed and operated in accordance with the parameters provided in Table 5.1-2. The Integrated Safety Analysis reviewed the facility design and operation and identified Items Relied On For Safety to ensure that criticality does not pose an unacceptable risk.

Where there are significant in-process accumulations of enriched uranium as UF_6 the plant design includes multiple features to minimize the possibilities for breakdown of the moderation control limits. These features eliminate direct ingress of water to product cylinders while in process.

Each NCS analysis includes, as a minimum, the following information.

- A discussion of the scope of the analysis and a description of the system(s)/process(es) being analyzed.
- A discussion of the methodology used in the criticality calculations, which includes the validated computer codes and cross section library used and the k_{eff} limit used (0.95).
- A discussion of assumptions (e.g. reflection, enrichment, uranium accumulation, moderation, movement of vessels, component dimensions) and the details concerning the assumptions applicable to the analysis.
- A discussion on the system(s)/process(es) analyzed and the analysis performed, including a description of the accident or abnormal conditions assumed.
- A discussion of the analysis results, including identification of required limits and controls.

During the design phase of NEF, the NCS analysis is performed by a criticality safety engineer and independently reviewed by a second criticality safety engineer. During the operation of NEF, the NCS analysis is performed by criticality safety engineer, independently reviewed by a second criticality safety engineer and approved by the ~~HS&E~~Engineering Manager or Technical Services Director. Only qualified criticality safety engineers can perform NCS analyses and associated independent review.

- ANSI/ANS-8.10-1983 (ANSI, 1983b), as modified by Regulatory Guide 3.71 (NRC, 1998), as it relates to the determination of consequences of NCS accident sequences, is used.
- If administrative k_{eff} margins for normal and credible abnormal conditions are used, NRC pre-approval of the administrative margins will be sought.
- Subcritical limits for k_{eff} calculations such that: k_{eff} subcritical = 1.0 - bias - margin, where the margin includes adequate allowance for uncertainty in the methodology, data, and bias to assure subcriticality are used.
- Studies to correlate the change in a value of a controlled parameter and its k_{eff} value are performed. The studies include changing the value of one controlled parameter and determining its effect on another controlled parameter and k_{eff}.
- The double contingency principle is met. The double contingency principle is used in determining NCS controls and IROFS.
- The acceptance criteria in NUREG-1520 (NRC, 2002) Section 3.4, as they relate to subcriticality of operations and margin of subcriticality for safety, are met.

5.2.1.6 Nuclear Criticality Safety Evaluations (NCSE)

For any change (i.e., new design or operation, or modification to the facility or to activities of personnel, e.g., site structures, systems, components, computer programs, processes, operating procedures, management measures), that involves or could affect uranium, a NCSE shall be prepared and approved. Prior to implementing the change, it shall be determined that the entire process will be subcritical (with approved margin for safety) under both normal and credible abnormal conditions. If this condition cannot be shown with the NCSE, either a new or revised NCS analysis will be generated that meets the criteria, or the change will not be made.

The NCSE shall determine and explicitly identify the controlled parameters and associated limits upon which NCS depends, assuring that no single inadvertent departure from a procedure could cause an inadvertent nuclear criticality and that the safety basis of the facility will be maintained during the lifetime of the facility. The evaluation ensures that all potentially affected uranic processes are evaluated to determine the effect of the change on the safety basis of the process, including the effect on bounding process assumptions, on the reliability and availability of NCS controls, and on the NCS of connected processes.

The NCSE process involves a review of the proposed change, discussions with the subject matter experts to determine the processes which need to be considered, development of the controls necessary to meet the double contingency principle, and identification of the assumptions and equipment (e.g., physical controls and/or management measures) needed to ensure criticality safety.

Engineering judgment of the criticality safety engineer is used to ascertain the criticality impact of the proposed change. The basis for this judgment is documented with sufficient detail in the NCSE to allow the independent review by a second criticality safety engineer to confirm the conclusions of the judgment of results. Each NCSE includes, as a minimum, the following information.

- A discussion of the scope of the evaluation, a description of the system(s)/process(es) being evaluated, and identification of the applicable nuclear criticality safety analysis

- A discussion to demonstrate the applicable nuclear criticality safety analysis is bounding for the condition evaluated.
- A discussion of the impact on the facility criticality safety basis, including effect on bounding process assumptions, on reliability and availability NCS controls, and on the nuclear criticality safety of connected system(s)/process(es).
- A discussion of the evaluation results, including (1) identification of assumptions and equipment needed to ensure nuclear criticality safety is maintained and (2) identification of limits and controls necessary to ensure the double contingency principle is maintained.

The NCSE is performed and documented by a criticality safety engineer. Once the NCSE is completed and the independent review by a criticality safety engineer is performed and documented, the ~~HS&E~~Engineering Manager or Technical Services Director approves the NCSE. Only criticality safety engineers who have successfully met the requirements specified in the qualification procedure can perform NCSEs and associated independent review.

The above process for NCSEs is in accordance with ANSI/ANS-8.19-1996 (ANSI, 1996).

5.2.1.7 Additional Nuclear Criticality Safety Evaluations Commitments

NCSEs also meet the following:

- The NCSEs are performed in accordance with the procedures specified and incorporated in the configuration management program.
- The NCS methodologies and technical practices in NUREG-1520 (NRC, 2002), Sections 5.4.3.4.1(10)(a), (b), (d) and (e), are used to evaluate NCS accident sequences in operations and processes.
- The acceptance criteria in NUREG-1520 (NRC, 2002), Section 3.4, as they relate to: identification of NCS accident sequences, consequences of NCS accident sequences, likelihood of NCS accident sequences, and descriptions of IROFS for NCS accident sequences are met.
- NCS controls and controlled parameters to assure that under normal and credible abnormal conditions, all nuclear processes are subcritical, including use of an approved margin of subcriticality for safety are used.
- The double contingency principle is met. The double contingency principle is used in determining NCS controls and IROFS.
- The acceptance criteria in NUREG-1520 (NRC, 2002) Section 3.4, as they relate to subcriticality of operations and margin of subcriticality for safety, are met.

6.4.9 Incident Investigation and Corrective Actions

A facility wide incident investigation process exists that includes chemical process related incidents. This process is available for use by any person at the facility for reporting abnormal events and potentially unsafe conditions or activities. ~~Abnormal events that potentially threaten or lessen the effectiveness of health, safety or environmental protection will be identified and reported to and investigated by the Health, Safety, and Environment (HS&E) Manager.~~ Each event will be considered in terms of its requirements for reporting in accordance with regulations and will be evaluated to determine the level of investigation required. These evaluations and investigations will be conducted in accordance with approved procedures. The depth of the investigation will depend upon the severity of the classified incident in terms of the levels of uranium/chemical released and/or the degree of potential for exposure of workers, the public or the environment.

A ~~more~~ detailed description of the incident investigation program can be found in Section 11.6, Incident Investigations and Corrective Action Process.

7.1.2 Management Policy and Direction

Louisiana Energy Services (LES) is committed to ensuring that the IROFS, as identified in the ISA Summary, are available and reliable, and that the facility maintains fire safety awareness among employees, controls transient ignition sources and combustibles, and maintains a readiness to extinguish or limit the consequences of fire. The facility maintains fire safety awareness among employees through its General Employee Training Program. The training program is described in Chapter 11, Management Measures.

The responsibility for fire protection rests with the Health, Safety & Environment (HS&E) Manager who reports directly to the Plant Manager. The HS&E Director~~Manager~~ is assisted by the Fire Protection Officer~~Industrial Safety Manager, whose direct responsibility is to ensure the day-to-day safe operation of the facility in accordance with occupational safety and health regulations, including the fire safety program~~. Fire protection engineering support is provided by

the ~~e~~Engineering ~~m~~Manager in Technical Services. The personnel qualification requirements for the HS&E Director~~Manager~~ and the Fire Protection Officer~~and the Industrial Safety Manager~~ are presented in Chapter 2, Organization and Administration.

The Fire Protection Officer~~Industrial Safety Manager is assisted by fire safety personnel who are~~ is trained in the field of fire protection and ~~have~~has practical day-to-day fire safety experience at nuclear facilities. The ~~f~~Fire ~~p~~Protection Officer~~staff~~ is responsible for the following:

- Fire protection program and procedural requirements
- Fire safety considerations
- Maintenance, surveillance, and quality of the facility fire protection features
- ~~Control~~Review of design changes as they relate to fire protection
- Documentation and record keeping as they relate to fire protection
- Fire prevention activities (i.e., administrative controls and training)
- Organization and training of the fire brigade
- Pre-fire planning.

The facility maintains a Safety Review Committee (SRC) that reports to the Plant Manager. The SRC performs the function of a fire safety review committee. The SRC provides technical and administrative review and audit of plant operations including facility modifications to ensure that fire safety concerns are addressed.

Engineering review of the fire safety program is accomplished by configuration management and the SRC. Configuration management is discussed in Chapter 11, Management Measures, and the SRC is discussed in Chapter 2, Organization and Administration.

~~The subject matter discussed in Section 7.1.2 is essentially the same as the subject matter discussed in the Claiborne Enrichment Center Safety Analysis Report (LES, 1993). The NRC staff previously reviewed the Claiborne Enrichment Center SAR (LES, 1993) relative to Management Policy and Direction (Program Management) and concluded that the descriptions, specifications or analyses provided an adequate basis for safety review of the facility operations and that the construction and operation of the facility would not pose an undue risk to public health and safety. The specific discussion on Management Policy and Direction (Program Management) is discussed in NUREG–1491 (NRC, 1994), Section 4.6.~~

7.1.3 Fire Prevention

Administrative controls are used to maintain the performance of the fire protection systems and delineate the responsibilities of personnel with respect to fire safety. The primary fire safety administrative controls are those that relate to fire prevention. These fire prevention controls, in the form of procedures, primarily control the storage and use of combustible materials and the use of ignition sources. These controls include, but are not limited to, the following:

- Governing the handling of transient combustibles in buildings containing IROFS, including work-generated combustibles
- Implementing a permit system to control ignition sources that may be introduced by welding, flame cutting, brazing, or soldering operations

- Ensuring that the use of open flames or combustion-generated smoke for leak testing is not permitted
- Conducting formal periodic fire prevention inspections to (1) ensure that transient combustibles adhere to established limits based on the Fire Hazard Analysis; (2) ensure the availability and acceptable condition of fire protection systems/equipment, fire stops, penetration seals, and fire-retardant coatings; and (3) ensure that prompt and effective corrective actions are taken to correct conditions adverse to fire protection and preclude their recurrence
- Performing periodic housekeeping inspections
- Implementing a permit system to control the disarming of fire detection or fire suppression systems, including appropriate compensatory measures
- Implementing fire protection system inspection, testing, and maintenance procedures.

7.1.4 Inspection, Testing, and Maintenance of Fire Protection Systems

An inspection, testing and maintenance program is implemented to ensure that fire protection systems and equipment remain operable and function properly when needed to detect and suppress fire. Fire protection procedures are written to address such topics as training of the fire brigade, reporting of fires, and control of penetration seals. The Fire Protection Officer~~facility's Industrial Safety group~~ has responsibility for fire protection procedures in general; with the facility's maintenance section having responsibility for certain fire protection procedures such as control of repairs to facility penetration seals. Refer to Chapter 11, Management Measures, for additional information on procedures and maintenance activities.

~~The subject matter discussed in Section 7.1.4 is essentially the same as the subject matter discussed in the Claiborne Enrichment Center SAR (LES, 1993). The NRC staff previously reviewed the Claiborne Enrichment Center SAR (LES, 1993) relative to Inspection, Testing, and Maintenance of Fire Protection Systems (Fire Protection Equipment Maintenance) and concluded that the descriptions, specifications or analyses provided an adequate basis for safety review of the facility operations and that the construction and operation of the facility would not pose an undue risk to public health and safety. The specific discussion on Inspection, Testing, and Maintenance of Fire Protection Systems (Fire Protection Equipment Maintenance) is discussed in NUREG –1491 (NRC, 1994), Section 4.6.~~

7.1.5 Emergency Organization Qualifications, Drills and Training

The qualifications, drills and training of the fire brigade members who are part of the Emergency Organization are in accordance with NFPA 600 (NFPA, 1996i). The primary purpose of the Fire Brigade Training Program is to develop a group of facility employees trained in fire prevention, fire fighting techniques, first aid procedures, and emergency response. They are trained and equipped to function as a team for the fighting of fires.

The Fire Brigade Program provides entrance and educational requirements for fire brigade candidates as well as the medical- and job-related physical requirements. The Fire Brigade Training Program provides for initial training of all new fire brigade members, semi-annual classroom training and drills, annual practical training, and leadership training for fire brigade leaders.

11.0 MANAGEMENT MEASURES

Management measures are functions applied to item(s) relied on for safety (IROFS) and any items which may affect the function of IROFS to provide reasonable assurance that the IROFS are available and able to perform their functions when needed. This chapter addresses each of the management measures included in the 10 CFR 70.4 definition of management measures.

Management measures are implemented through a quality assurance (QA) program in accordance with 10 CFR 50, Appendix B (CFR, 2003b). The QA program also provides additional measures for ensuring that the design, construction, operation and decommissioning of IROFS are controlled commensurate with their importance to safety. The Louisiana Energy Services (LES) Quality Assurance Program is described in the LES QA Program Description document included as Appendix A to this chapter. The NRC has evaluated the LES QA Program Description and concluded that the application of QA elements as described in the QA Program Description meets the requirements of 10 CFR 70 (CFR, 2003g) and provides reasonable assurance of protection of public and worker health and safety and the environment (NRC, 2004). ~~The current LES QA Program is also consistent with the QA Program submitted for Nuclear Regulatory Commission (NRC) review in Chapter 10 of the Claiborne Enrichment Center Safety Analysis Report (LES, 1993). The NRC staff evaluated the previous LES QA Program and concluded that the program, when implemented effectively, will meet the requirements of 10 CFR 50, Appendix B (CFR, 1994). The staff concluded in Section 12.3 of NUREG-1491 (NRC, 1994) that the LES QA program was acceptable for the design, construction, start-up, and operation of the enrichment facility. References to the NUREG-1491 (NRC, 1994) sections that document the NRC staff's previous acceptance of these management measures are included in each section as appropriate.~~

LES maintains full responsibility for assuring that the National Enrichment Facility (NEF) is designed, constructed, tested, and operated in conformance with good engineering practices, applicable regulatory requirements and specified design requirements and in a manner to protect the health and safety of the public. To this end, the LES Quality Assurance Program conforms to the criteria established in 10 CFR 50, Appendix B, Quality Assurance Criteria For Nuclear Power Plants and Fuel Reprocessing Plants (CFR, 2003b). The criteria in 10 CFR 50, Appendix B (CFR, 2003b), are implemented following the commitment to ASME NQA-1-1994, Quality Assurance Program Requirements for Nuclear Facilities (ASME, 1994), as revised by the ASME NQA-1a-1995 Addenda (ASME, 1995).

The QA Program described herein includes design, construction, pre-operational testing, and operation of the facility. This QA Program describes the requirements to be applied for those systems, components, items, and services that have been determined to be QA Level 1 as defined in Appendix A. LES and their contractors implement these requirements through the use of approved procedures. In addition, a quality assurance program as described in Appendix A is applied to certain other systems, components, items, and services which are not QA Level 1. The information provided in this chapter, the corresponding regulatory requirement, and the section of NUREG-1520 (NRC, 2002), Chapter 11 in which the NRC acceptance criteria are presented is summarized below.

11.1 CONFIGURATION MANAGEMENT (CM)

This section describes the configuration management program for the NEF. Configuration management for the NEF is implemented through requirements of the QA Program and associated procedures.

The LES President is the executive responsible for quality assurance and is the highest level of management responsible for LES's QA policies, goals, and objectives. The President receives policy direction from the LES Management Committee. The LES organization during the design, construction and operation phases, including QA, is presented in Chapter 2, Organization and Administration.

11.1.1 Configuration Management Policy

Configuration management is provided throughout facility design, construction, testing, and operation. Configuration management provides the means to establish and maintain a technical baseline for the facility based on clearly defined requirements. During design and construction, the Vice President - Project Management~~Engineering and Contracts Manager~~ has responsibility for configuration management through the design control process established by the Engineering Manager. Selected documentation, including the integrated safety analysis (ISA), is controlled under the configuration management system in accordance with procedures associated with design control, document control, and records management. Design changes undergo formal review, including interdisciplinary reviews as appropriate, in accordance with these procedures. This interdisciplinary review includes as a minimum the review for ISA impacts.

Configuration management provides the means to establish and maintain the essential features of the design basis of IROFS, including the ISA. As the project progresses from design and construction to operation, configuration management is maintained by the Engineering~~Technical Services~~ organization as the overall focus of activities changes. Procedures will define the turnover process and responsibilities since construction will continue on new work modules during operations.

During the design phase of the project, configuration management is based on the design control provisions and associated procedural controls over design documents to establish and maintain the technical baseline. Design documents, including the ISA, that provide design input, design analysis, or design results specifically for IROFS are identified with the appropriate QA level. These design documents undergo interdisciplinary review during the initial issue and during each subsequent revision. During the construction phase of the project, changes to drawings and specifications issued for construction, procurement, or fabrication are systematically reviewed and verified, evaluated for impact, including impact to the ISA, and approved prior to implementation. Proper implementation is verified and reflected in the design basis documentation.

In order to provide for the continued safe and reliable operation of the facility structures, systems and components, measures are implemented to ensure that the quality of these structures, systems and components is not compromised by planned changes (modifications). Upon acceptance by Operations~~After issuance of the Operating License~~, the Plant Manager is responsible for the design of and modifications to facility structures, systems or components.

The design and implementation of modifications are performed in a manner so as to assure quality is maintained in a manner

commensurate with the remainder of the system which is being modified, or as dictated by applicable regulations.

The administrative instructions for modifications during the operations phase are contained in procedures that are approved, including revisions, by the Engineering Manager~~Technical Services Manager~~. The modification procedure contains the following items necessary to ensure quality in the modification program:

- The technical and quality requirements which shall be met to implement a modification
- The requirements for initiating, approving, monitoring, designing, verifying, and documenting modifications. The facility modification procedure shall be written to ensure that policies are formulated and maintained to satisfy the LES QA Program, as applicable.

Each change to the facility or to activities of personnel shall have an evaluation performed in accordance with the requirements of 10 CFR 70.72 (CFR, 2003e), as applicable. Each modification shall also be evaluated for any required changes or additions to the facility's procedures, personnel training, testing program, or regulatory documents.

For any change (i.e., new design or operation, or modification to the facility or to activities of personnel, e.g., site structures, systems, components, computer programs, processes, operating procedures, management measures), that involves or could affect uranium on site, a Nuclear Criticality Safety (NCS) evaluation and, if required, an NCS analysis shall be prepared and approved. Prior to implementing the change, it shall be determined that the entire process will be subcritical (with applicable margin for safety) under both normal and credible abnormal conditions.

Each modification is also evaluated and documented for radiation exposure to minimize worker exposures in keeping with the facility as low as reasonably achievable (ALARA) program, criticality and worker safety requirements and/or restrictions. Other areas of consideration in evaluating modifications may include, but are not limited to the review of:

- Modification cost
- Lessons learned from similar completed modifications
- QA requirements
- Potential operability or maintainability concerns
- Constructability concerns
- Post-modification testing requirements
- Environmental considerations
- Human factors
- Integrated safety analysis.

procedures for controlling design, including preparation, review (including interdisciplinary review), design verification where appropriate, approval, and release and distribution for use. Engineering documents will be assessed for QA level classification. Changes to the approved design are subject to a review to ensure consistency with the design bases of IROFS. Configuration verification is also accomplished through design verification, which ensures that design documents are consistent and that design requirements for IROFS are met. During construction and testing, this verification also extends to verification that as-built configurations are consistent with the design, and that testing that is specified to demonstrate performance of IROFS is accomplished successfully. Periodic audits and assessments of the configuration management program and of the design confirm that the system meets its goals and that the design is consistent with the design bases. The corrective action process occurs in accordance with the LES QA Program and associated procedures in the event problems are identified. Prompt corrective actions are developed as a result of incident investigations or in response to audit or assessment results.

11.1.1.4 Description of Configuration Management Activities

Configuration management includes those activities conducted under design control provisions for ensuring that design and construction documentation is prepared, reviewed, and approved in accordance with a systematic process. This process includes interdisciplinary reviews appropriate to ensure consistency between the design and the design bases of IROFS. During construction, it also includes those activities that ensure that construction is consistent with design documents. Finally, it includes activities that provide for operation of the IROFS in accordance with the limits and constraints established in the ISA, and that provide for control of changes to the facility in accordance with 10 CFR 70.72 (CFR, 2003e).

Configuration management also includes records to demonstrate that personnel conducting activities that are relied on for safety or that are associated with IROFS are appropriately qualified and trained to conduct that work.

Implementing documents are controlled within the document control system. These documents support configuration management by ensuring that only reviewed and approved procedures, specifications and drawings are used for procurement, construction, installation, testing, operation, and maintenance of IROFS, as appropriate.

11.1.1.5 Organizational Structure and Staffing Interfaces

The configuration management program is administered by the Vice President - Project Management~~Engineering and Contracts~~ organization during design and construction. Engineering includes engineering disciplines with responsible lead engineers in charge of each discipline, under the direction of design managers or project managers who report to the Vice President - Project Management~~Engineering and Contracts Manager~~. The lead discipline engineers have primary technical responsibility for the work performed by their disciplines, and are responsible for the conduct of interdisciplinary reviews as discussed previously in this section. Reviews are also conducted, as appropriate, by construction management, operations, QA, and procurement personnel. The design control process also interfaces with the document control and records management process via procedures.

The various LES departments and contractors of LES perform quality-related activities. The primary LES contractors are responsible for development of their respective QA Programs,

which shall be consistent with the requirements of the LES QA Program for those activities determined to be within the scope of the LES QA Program. The interfaces between contractors and LES or among contractors shall be documented. LES and contracted personnel have the responsibility to identify quality problems. If a member of another area disagrees, that individual is instructed to take the matter to appropriate management. The disagreement may either be resolved at this level or at any level up to and including the LES President.

11.1.2 Design Requirements

Design requirements and associated design bases are established and maintained by the Project Management~~Engineering and Contracts~~ organization during design and construction and by the Technical Services organization during operations. The configuration management controls on design requirements and the integrated safety analysis of the design bases are described previously in this section. Design requirements are documented in a design requirements document that provides for a hierarchical distribution of these requirements through basis of design documents. The design requirements document and basis of design documents are controlled under the design control provisions of the configuration management program as described above, and are subject to the same change control as analyses, specifications, and drawings. Computer codes used in the design of IROFS are also subject to these design control measures, with additional requirements as appropriate for software control, verification, and validation.

IROFS, any items that affect the function of the IROFS, and, in general, items required to satisfy regulatory requirements are designated as QA Level 1. The associated design documents are subject to interdisciplinary reviews and design verification. Analyses constituting the integrated safety analysis of the design bases are subject to the same requirements. Changes to the design are evaluated to ensure consistency with the design bases.

IROFS are listed in the design requirements document. This list will be augmented and maintained current as appropriate as IROFS are identified in more detail during detailed design.

A qualified individual who specifies and includes the appropriate codes, standards, and licensing commitments within the design documents prepares each design document, such as a calculation, specification, procedure, or drawing. This individual also notes any deviations or changes from such standards within the design documentation package. Each design document is then checked by another individual qualified in the same discipline and is reviewed for concept and conformity with the design inputs. These design inputs are in sufficient detail to permit verification of the document. The manager having overall responsibility for the design function approves the document. The Engineering Manager documents the entire review process in accordance with approved procedures. These procedures include provisions to assure that appropriate quality standards are specified in design documents, including quantitative or qualitative acceptance criteria. The QA Director conducts audits on the design control process using independent technically qualified individuals to augment the QA audit team.

During the check and review, emphasis is placed on assuring conformance with applicable codes, standards and license application design commitments. The individuals in engineering assigned to perform the check and review of a document have full and independent authority to withhold approval until questions concerning the work have been resolved. Design reviews,

alternative calculations, or qualification testing accomplishes verification of design. The bases for a design, such as analytical models, theories, examples, tables, codes and computer

programs must be referenced in the design document and their application verified during check and review. Model tests, when required to prove the adequacy of a concept or a design, are reviewed and approved by the responsible qualified individual. Testing used for design verification shall demonstrate adequacy of performance under conditions that simulate the most adverse design conditions. The tests used for design verification must meet all the design requirements.

Qualified individuals other than those who performed the design but may be from the same organization perform design verification. Verification may be performed by the supervisor of the individual performing the design, provided this need is documented, approved in advance by the supervisor's management, and the supervisor did not specify a singular design approach or rule out certain design considerations, and did not establish the design inputs used in the design or, provided the supervisor is the only individual in the organization competent to perform the verification. The verification by a supervisor of their own design constraints, design input, or design work would only occur in rare instances. This would occur only when the supervisor is the only individual in the organization competent to perform the verification. These instances are authorized and documented in writing on a case-by-case basis.

Independent design verification shall be accomplished before the design document (or information contained therein) is used by other organizations for design work or to support other activities such as procurement, construction, or installation. When this is not practical due to time constraints, the unverified portion of the document is identified and controlled. In all cases, the design verification shall be completed before relying on the item to perform its function or installation becomes irreversible. Any changes to the design and procurement documents, including field changes, must be reviewed, checked and approved commensurate with the original approval requirements.

After design documents have been properly prepared, checked, reviewed, and approved by the appropriate parties, the responsible engineer sends the document to document control for distribution. When required, each recipient of a design document verifies receipt of such document to the document control center.

The document control center, after verification of distribution to a recipient, maintains the required documentation in its files.

When deficiencies are identified which affect the design of IROFS, such deficiencies are documented and resolved in accordance with approved CAP procedures. In accordance with the CAP the report is forwarded for appropriate review to the responsible manager, who coordinates further review of the problem and revises all design documents affected by the deficiency as necessary. Where required, the responsible manager forwards the report to the engineers in other areas, who coordinate necessary revisions to their affected documents

Design interfaces are maintained by communication among the principals. Methods by which this is accomplished include the following:

A. Design documents are reviewed by the responsible engineer or authorized representative. As appropriate, subsequent review or waiver of review by the other area engineers is documented.

B. Project review meetings are scheduled and held to coordinate design, procurement, construction and pre-operational testing of the facility. These meetings provide a primary working interface among the principal organizations.

C. Reports of nonconformances are transmitted and controlled by procedures. As required by the nonconformance procedure, the QA Director/~~Manager~~ or designee approves resolution of nonconformances.

During the operational phase, measures are provided to ensure responsible facility personnel are made aware of design changes and modifications that may affect the performance of their duties.

11.1.2.1 Configuration Management Controls on the Design Requirements

Configuration control is accomplished during design through the use of procedures for controlling design, including preparation, review (including interdisciplinary review and preparation of NCS analyses and NCS evaluations as applicable), and design verification where appropriate, approval, and release and distribution for use. Engineering documents are assessed for QA level classification. Changes to the approved design also are subject to a review to ensure consistency with the design bases of IROFS.

Configuration verification is also accomplished through design verification, which ensures that design documents are consistent and that design requirements for IROFS are met. During construction and testing, this verification also extends to verification that as-built configurations are consistent with the design, and that testing that is specified to demonstrate performance of IROFS is accomplished successfully.

The QA Program requires procedures that specify that work performed shall be accomplished in accordance with the requirements and guidelines imposed by applicable specifications, drawings, codes, standards, regulations, quality assurance criteria and site characteristics.

Acceptance criteria established by the designer are incorporated in the instructions, procedures and drawings used to perform the work. Documentation is maintained, including test results, and inspection records, demonstrating that the work has been properly performed. Procedures also provide for review, audit, approval and documentation of activities affecting the quality of items to ensure that applicable criteria have been met.

Maintenance, modification, and inspection procedures are reviewed by qualified personnel knowledgeable in the quality assurance disciplines to determine:

A. The need for inspection, identification of inspection personnel, and documentation of inspection result

B. That the necessary inspection requirements, methods, and acceptance criteria have been identified.

Facility procedures shall be reviewed by an individual knowledgeable in the area affected by the procedure on a frequency determined by the age and use of the procedure to determine if changes are necessary or desirable. Procedures are also reviewed to ensure procedures are maintained up-to-date with facility configuration. These reviews are intended to ensure that any modifications to facility systems, structures or components are reflected in current maintenance, operations and other facility procedures.

11.1.4.2 Construction Phase

When the project enters the construction phase, changes to documents issued for construction, fabrication, and procurement will be documented, reviewed, approved, and posted against each affected design document. Vendor drawings and data also undergo an interdisciplinary review to ensure compliance with procurement specifications and drawings, and to incorporate interface requirements into facility documents.

During construction, design changes will continue to be evaluated against the approved design bases. Changes are expected to the design as detailed design progresses and construction begins. A systematic process consistent with the process described above will be used to evaluate changes in the design against the design bases of IROFS and the ISA. Upon issuance of the NEF Materials License, the configuration change process will fully implement the provisions of 10 CFR 70.72 (CFR, 2003e), including reporting of changes made without prior NRC approval as required by 10 CFR 70.72(d)(2) and (3). Any change that requires Commission approval, will be submitted as a license amendment request as required by 10 CFR 70.72(d)(1) and the change will not be implemented without prior NRC approval.

11.1.4.3 Operations Phase

During the operations phase, changes to design will also be documented, reviewed, and approved prior to implementation. LES will implement a change process that fully implements the provisions of 10 CFR 70.72 (CFR, 2003e). Measures are provided to ensure responsible facility personnel are made aware of design changes and modifications that may affect the performance of their duties.

In order to provide for the continued safe and reliable operation of the facility structures, systems and components, measures are implemented to ensure that the quality of these structures, systems and components is not compromised by planned changes (modifications). Upon acceptance by Operations~~After issuance of the Operating License~~, the Plant Manager is responsible for the design of and modifications to facility structures, systems or components. The design and implementation of modifications are performed in a manner so as to assure quality is maintained in the remainder of the system that is being modified, or as dictated by applicable regulations.

The administrative instructions for modifications are contained in a facility administrative procedure that is approved, including revisions, by the ~~Technical Services~~Engineering Manager with concurrence of the Quality Assurance Director~~Manager~~. The modification procedure contains the following items necessary to ensure quality in the modification program:

- The requirements that shall be met to implement a modification
- The requirements for initiating, approving, monitoring, designing, verifying, and documenting modifications. The facility modification procedure shall be written to ensure that policies are formulated and maintained to satisfy the quality assurance requirements specified in the LES QA Program, as applicable.

Each change to the facility or to activities of personnel shall have an evaluation performed in accordance with the requirements of 10 CFR 70.72 (CFR, 2003e), as applicable. Each

11.2 MAINTENANCE

This section outlines the maintenance and functional testing programs to be implemented for the operations phase of the facility. Preventive maintenance activities, surveillance, and performance trending provide reasonable and continuing assurance that IROFS will be available and reliable to perform their safety functions.

The purpose of planned and scheduled maintenance for IROFS is to ensure that the equipment and controls are kept in a condition of readiness to perform the planned and designed functions when required. Appropriate plant management is responsible for ensuring the operational readiness of IROFS under this control. For this reason, the maintenance function is administratively closely coupled to operations. The Maintenance organization plans, schedules, tracks, and maintains records for maintenance activities.

In order to provide for the continued safe and reliable operation of the facility structures, systems and components, measures are implemented to ensure that the quality of these structures, systems and components is not compromised by planned changes (modifications) or maintenance activities. Upon acceptance by Operations~~After issuance of the Operating License~~, the Plant Manager is responsible for the design of and modifications to facility structures, systems or components and all maintenance activities. The design and implementation of modifications are performed in a manner so as to assure quality is maintained in a manner commensurate with the remainder of the system which is being modified, or as dictated by applicable regulations.

The administrative instructions for modifications are contained in a facility administrative procedure that is approved, including revisions, by the Engineering~~Technical Services~~ Manager with concurrence of the Quality Assurance Director~~Manager~~. The modification procedure contains the following items necessary to ensure quality in the modification program:

- The requirements which shall be met to implement a modification
- The requirements for initiating, approving, monitoring, designing, verifying, and documenting modifications. The facility modification procedure shall be written to ensure that policies are formulated and maintained to satisfy the quality assurance standards specified in the LES QA Program, as applicable.

Listed below are methods or practices that will be applied to the corrective, preventive, and functional-test maintenance elements. LES will prepare written procedures for performance of these methods and practices. These methods and practices include, as applicable:

Authorized work instructions with detailed steps and a reminder of the importance of the IROFS identified in the ISA Summary:

- Parts lists
- As-built or redlined drawings
- A notification step to the Operations function before conducting repairs and removing an IROFS from service

The procedure specifies the prerequisite system conditions necessary to perform the specified testing. Provisions are made to document compliance with the conditions specified.

J. Test Method

Each procedure contains a brief descriptive section that summarizes the method to be used for performing the specified testing.

K. Data Required

Each procedure specifies any data that must be compiled in the performance of the specified testing in order to verify satisfactory completion of the specified testing. This includes a description of any calculations necessary to reduce raw data to a workable form.

L. Acceptance Criteria

Each procedure states the criteria for evaluating the acceptability of the results of the specified testing. Test results are reduced to a meaningful and readily understandable form in order to facilitate evaluation of their acceptability. Adequate provisions are made to allow documentation of the acceptability, or unacceptability, of test results.

M. Procedure

Procedures contain step-by-step directions in the degree of detail necessary for performing the required testing. References to documents other than the subject procedure are included, as applicable. However, references are identified within these step-by-step directions when the sequence of steps requires that other tasks (not specified by the subject procedure) be performed prior to or concurrent with a procedure step. Where witnessing of a test is required, adequate provisions are made in the test procedure to allow for the required witnessing and to document the witnessing. Cautionary notes, applicable to specific steps, are included and are distinctly identified.

N. Enclosures

Data sheets, checklists and diagrams are attached to the procedure. In particular, checklists utilized to avoid or simplify lengthy or complex procedures are attached as enclosures.

11.2.4.3 Preoperational Testing Program

Preoperation functional tests are completed prior to UF_6 introduction. Other preoperational tests, not required prior to UF_6 introduction and not related to IROFS, such as office building ventilation tests, may be completed following UF_6 introduction. Tests (or portions of tests), which are not required to be completed before UF_6 introduction are identified in the test plan.

The Preoperational testing program comprises three parts:

- Constructor turnover
- Preoperational functional testing
- Initial start up testing.

Constructor Turnover

The constructor is responsible for completion of all as-built drawing verification, purging, cleaning, vacuum testing, system turnover and initial calibration of instrumentation in accordance with design and installation specifications provided by the architect engineers and vendors. As systems or portions of systems are turned over to LES, preoperational testing shall begin. The Construction Projects~~Technical Services~~ Manager is responsible for coordination of the preoperational and startup test program.

The preoperational test plan including test summaries for all systems is available to the NRC at least 90 days prior to the start of testing. Subsequent changes to the preoperational test plan are also made available to the NRC. Preoperational testing as a minimum includes all system or component tests required by the pertinent design code which were not performed by the constructor prior to turnover. In addition, preoperational tests include all testing necessary to demonstrate that the IROFS are capable of performing their intended function.

Functional Testing

Preoperational functional testing at the facility consists of that testing conducted to initially determine various facility parameters and to initially verify the capability of SSC to meet performance requirements. The tests conducted are primarily associated with IROFS (QA Level 1) and certain QA Level 2 structures, systems and components, but may also include a number of other tests of a technical or financial interest to LES.

Preoperational functional tests are performed following constructor turnover. The major objective of preoperational functional testing is to verify that IROFS essential to the safe operation of the plant are capable of performing their intended function.

For structures, systems and components that are not QA Level 1, acceptance criteria are established to ensure worker-safety Occupational Safety and Health Administration (OSHA), reliable and efficient operation of the system and to demonstrate the performance of intended functions.

Initial startup testing at the facility consists of that testing which includes initial UF_6 introduction and all subsequent testing through the completion of Enrichment Setting Verification for each cascade. "Enrichment Setting Verification" is the verification of a selected enrichment weight percent by measurement of a physical sample collected during the "Enrichment Setting Verification" test run.

Initial startup testing is performed beginning with the introduction of UF_6 and ending with the start of commercial operation. The purpose of initial startup testing is to ensure safe and orderly UF_6 feeding and to verify parameters assumed in the ISA. Examples of initial startup tests include passivation and the filling phase.

Records of the preoperational and startup tests required prior to operation are maintained. These records include testing schedules and the testing results for all IROFS.

Initial Startup Testing

All aspects of initial startup testing are conducted under appropriate test procedures. See Section 11.4, Procedures Development and Implementation, for a detailed description of facility procedures. The use of properly reviewed and approved test procedures is required for all preoperational and startup tests. The results of each preoperational test are reviewed and

approved by the responsible Functional Area~~department~~ ~~m~~Manager or designee before they are used as the basis of continuing the test program. The results of startup testing are reviewed and approved by the Construction Projects Manager~~Technical Services Manager~~. In addition, the results of each individual startup test will receive the same review as that described for preoperation functional tests. All modifications to IROFS that are found necessary are subjected to an evaluation per 10 CFR 70.72 (CFR, 2003e) prior to making the change.

The impact of modifications on future and completed testing is evaluated during the 10 CFR 70.72 (CFR, 2003e) evaluation process and retesting is conducted as required.

Copies of approved test procedures are made available to NRC personnel approximately 60 days prior to their intended use, and not less than 60 days prior to the scheduled introduction of UF_6 for startup tests.

The overall preoperational functional testing program is reviewed, prior to initial UF_6 introduction, by the Plant Manager and all Functional Area~~department~~ Managers to ensure that all prerequisite testing is complete.

The facility operating, emergency and surveillance procedures are use-tested throughout the testing program phases and are also used in the development of preoperation functional testing and initial startup testing procedures to the extent practicable. The trial use of operating procedures serves to familiarize operating personnel with systems and plant operation during the testing phases and also serves to ensure the adequacy of the procedures under actual or simulated operating conditions before plant operation begins.

Procedures which cannot be use-tested during the testing program phase are revised based on initial use-testing, operating experience and comparison with the as-built systems. This ensures that these procedures are as accurate and comprehensive as practicable.

11.2.4.4 Operational Testing Program

The operational testing program consists of periodic testing and special testing. Periodic testing is conducted at the facility to monitor various facility parameters and to verify the continuing integrity and capability of facility IROFS. Special testing which may be conducted at the facility is testing which does not fall under any other testing program and is of a non-recurring nature.

The Maintenance Manager has overall responsibility for the development and conduct of the operational testing program and in conjunction with the Operations/Shifts Manager and the Health, Safety and Environment (HS&E) Director~~Manager~~ ensures that all testing commitments and applicable regulatory requirements are met.

The HS&E Director~~Manager~~ shall ensure that new surveillance requirements or testing commitments are identified to the Maintenance Manager. The Maintenance Manager shall make responsibility assignments for new testing requirements.

Surveillance commitments, procedures identified to satisfy these commitments and surveillance procedure responsibility assignments for the facility are identified in a computer database. The database is also used to ensure surveillance testing is completed in the required time interval for all departments.

Test Coordinators are also used for operational testing. The Test Coordinator has the responsibility to be thoroughly familiar with the procedure to be performed. The Test Coordinator should have an adequate period of time in which to review the procedure and the

associated system before the start of the test. It is the responsibility of the appropriate section or department head to designate and ensure that each Test Coordinator meets the appropriate requirements. Operational testing is usually performed by each shift. The Test Coordinator, as part of the shift personnel, also performs regular shift duties in performance of the tests.

The Test Coordinator has the following responsibilities regarding the conduct of testing:

A. Verification of all system and plant unit prerequisites

B. Observance of all limits and precautions during the conduct of the test

C. Compliance with the requirements of the facility license and any other facility directives regarding procedure changes and documentation

D. Identifying and taking corrective actions necessary to resolve system deficiencies or discrepancies observed during the conduct of the test

E. Verification of proper data acquisition, evaluation or results, and compliance with stated acceptance criteria

F. Ensuring that adequate personnel safety precautions are observed during the conduct of the test

G. Coordinating and observing additional manpower and support required from other departments or organizations.

Periodic and special testing procedures are sufficiently detailed that qualified personnel can perform the required functions without direct supervision. The administration requirements for periodic and special testing procedures are the same as ones used for preoperational functional test and initial startup test procedures as identified in Section 11.2.4.3, Preoperational Testing Program. Spaces for initials and dates are required for the following sections:

A. Prerequisite Tests

B. Required Facility (or Plant Unit) Status

C. Prerequisite System Conditions

D. Procedure

E. Enclosures (where calculations are made).

Whenever possible generic procedures and enclosures for recording data for periodic and special tests are used. Also whenever possible, the enclosure is designed as a self-sufficient document that can be filed as evidence that the subject test was performed. Enclosures used as self-sufficient documents should contain sign-off blanks (Initials/Date) to verify that prerequisite tests, required facility status and prerequisite facility or plant unit status and prerequisite system conditions are met before conduct of the test.

11.2.4.4.1 Periodic Testing

The periodic testing program at the facility consists of testing conducted on a periodic basis to verify the continuing capability of IROFS to meet performance requirements.

The facility periodic test program verifies that the facility:

A. Complies with all regulatory and licensing requirements

B. Does not endanger health and minimizes danger to life or property

C. Is capable of operation in a dependable manner so as to perform its intended function.

The facility periodic testing program begins during the preoperational testing stage and continues throughout the facility's life.

A periodic testing schedule is established to ensure that all required testing is performed and properly evaluated on a timely basis. The schedule is revised periodically, as necessary, to reflect changes in the periodic testing requirements and experience gained during plant operation. Testing is scheduled such that the safety of the plant is never dependent on the performance of an IROFS that has not been tested within its specified testing interval.

Periodic test scheduling is handled through the Maintenance department. The Maintenance department maintains the periodic test status index on the computer database. The purpose of this index is to assist groups in assuring that all surveillances are being completed within the required test interval.

The database includes all periodic testing, calibration or inspection required by regulatory requirements or licensing commitments, and provides the following information for each surveillance:

- Test #
- Title
- Equipment #
- Work Request # (if applicable)
- Test Frequency
- Plant Cascade #
- Last date test was performed
- Next date test is due.

In the event that a test cannot be performed within its required interval due to system or plant unit conditions, the responsible department promptly notifies the on-duty Shift Manager and processes the condition in accordance with the Corrective Action Program.~~in writing, on the applicable form, the HS&E Manager, Operations Manager, and the Maintenance Manager, as appropriate. The originating department retains a copy as a record of the transmittal.~~ The responsible department lists the earliest possible date the test could be performed and the latest date along with the required system or unit-mode condition. However, the responsible department will ensure that the test is performed as soon as practical once required conditions are met, regardless of the estimated date given earlier.

Periodic testing and surveillance associated with QA Level 1 and 2 structures, systems and components are performed in accordance with written procedures.

11.3 TRAINING AND QUALIFICATIONS

This section describes the training program for the operations phase of the facility, including preoperational functional testing and initial startup testing. The training program requirements apply to those plant personnel who perform activities relied on for safety.

The QA Program provides training and qualification requirements, during the design, construction, and operations phases, for QA training of personnel performing QA levels 1 and 2 work activities; for nondestructive examination, inspection, and test personnel; and for QA auditors.

The principle objective of the LES training program system is to ensure job proficiency of all facility personnel involved in work through effective training and qualification. The training program system is designed to accommodate future growth and meet commitments to comply with applicable established regulations and standards.

Qualification is indicated by successful completion of prescribed training, demonstration of the ability to perform assigned tasks and where required by regulation, maintaining a current and valid license issued by the agency establishing the requirements. Training is designed, developed and implemented according to a systematic approach. Employees are provided with formal training to establish the knowledge foundation and on-the-job training to develop work performance skills. Continuing training is provided, as required, to maintain proficiency in these knowledge and skill components, and to provide further employee development.

~~The training program described in this section is consistent with that previously submitted for NRC review in Section 11.3 of the Claiborne Enrichment Center Safety Analysis Report (LES, 1993). The NRC Staff reviewed the previous submittal and found it to be acceptable. The NRC staff's review and conclusions associated with Training are documented in Section 10.4 of NUREG-1491 (NRC, 1994).~~

11.3.1 Organization and Management of the Training Function

Line managers are responsible for the content and effective conduct of training for their personnel. Training responsibilities for line managers are included in position descriptions, and line managers are given the authority to implement training for their personnel. The training organization provides support to line managers by facilitating the planning, directing, analyzing, developing, conducting, evaluating, and controlling of a systematic performance-based training process. Performance-based training is used as the primary management tool for analyzing, designing, developing, conducting, and evaluating training.

Facility administrative procedures establish the requirements for indoctrination and training of personnel performing activities relied on for safety and to ensure that the training program is conducted in a reliable and consistent manner throughout all training areas. Exceptions from training requirements may be granted when justified and documented in accordance with procedures and approved by appropriate management.

Lesson plans are used for classroom and on-the-job training to provide consistent subject matter. When design changes or facility modifications are implemented, updates of applicable lesson plans are included in the change control process of the configuration management program.

Training records are maintained to support management information needs associated with personnel training, job performance, and qualifications.

The training programs at the facility are the responsibility of the Training~~Human Resources~~ Manager. Records are maintained on each employee's qualifications, experience, training and retraining. The employee training file shall include records of all general employee training, technical training, and employee development training conducted at the facility. The employee training file shall also contain records of special company sponsored training conducted by others. The training records for each individual are maintained so that they are accurate and retrievable. Training records are retained in accordance with the records management procedures.

11.3.2 Analysis and Identification of Functional Areas Requiring Training

A needs/job analysis is performed and tasks are identified to ensure that appropriate training is provided to personnel working on tasks related to IROFS. Additionally, Job Hazard Analysis (JHA), sometimes referred to as Job Safety Analysis (JSA) (i.e., a step-by-step process used to evaluate job hazards), will be used as part of on-the-job training for providing employees the skills necessary to perform their jobs safely at the NEF.

The training organization consults with relevant technical and management personnel as necessary to develop a list of tasks for which personnel training for specific jobs is appropriate. The list of tasks selected for training is reviewed and compared to the training materials as part of the systematic evaluation of training effectiveness. The task list is also updated as necessitated by changes in procedures, processes, plant systems, equipment, or job scope.

11.3.3 Position Training Requirements

Minimum training requirements are developed for those positions whose activities are relied on for safety. Initial identification of job-specific training requirements is based on experience. Entry-level criteria (e.g., education, technical background, and/or experience) for these positions are contained in position descriptions.

The training program is designed to prepare initial and replacement personnel for safe, reliable and efficient operation of the facility. Appropriate training for personnel of various abilities and experience backgrounds is provided. The level at which an employee initially enters the training program is determined by an evaluation of the employee's past experience, level of ability, and qualifications.

Facility personnel may be trained through participation in prescribed parts of the training program that consists of the following:

- General Employee Training
- Technical Training
- Employee Development/Management-Supervisory Training.

Training is made available to facility personnel to initially develop and maintain minimum qualifications outlined in Chapter 2, Organization and Administration. The objective of the

11.3.3.1.1 Nuclear Safety Training

Training programs are established for the various types of job functions (e.g., production operator, radiation protection technician, contractor personnel) commensurate with criticality safety and/or radiation safety responsibilities associated with each such position. Visitors to the Controlled Access Area are trained in the formal training program or are escorted by trained personnel while in the Controlled Access Area.

This training is highlighted to stress the high level of importance placed on the radiological, criticality and chemical safety of plant personnel and the public. This training is structured as follows:

A. Personnel access procedures ensure the completion of formal nuclear safety training prior to permitting unescorted access into the Controlled Access Area.

B. Training sessions covering criticality safety, radiation protection and emergency procedures are conducted on a regular basis to accommodate new employees or those requiring retraining. Topics covered in the training program include:

- Notices, reports and instructions to workers
- Practices designed to keep radiation exposures ALARA
- Methods of controlling radiation exposures
- Contamination control methods (including decontamination)
- Use of monitoring equipment
- Emergency procedures and actions
- Nature and sources of radiation
- Safe use of chemicals
- Biological effects of radiation
- Use of personnel monitoring devices
- Principles of nuclear criticality safety
- Risk to pregnant females
- Radiation protection practices
- Protective clothing
- Respiratory protection
- Personnel surveys.

Criticality safety training shall be in accordance with ANSI/ANS-8.19-1996 (ANSI, 1996) and ANSI/ANS-8.20-1991 (ANSI, 1991).

Individuals attending these sessions must pass an initial examination covering the training contents to assure the understanding and effectiveness of the training. The effectiveness of the training programs is also evaluated by audits and assessments of operations and maintenance personnel responsible for following the requirements related to the topics listed above.

Newly hired or transferred employees reporting for work prior to the next regularly scheduled training session must complete nuclear safety training prior to unescorted access into the Controlled Access Area.

Since contractor employees perform diverse tasks in the Controlled Access Area, formal training for these employees is designed to address the type of work they perform. In addition to applicable radiation safety topics, training contents may include Radiation Work Permits, special bioassay sampling, and special precautions for welding, cutting, and grinding in the Controlled Access Area.

These training programs are conducted by instructors assigned by the Training~~HS&E~~ Manager as having the necessary knowledge to address criticality safety and radiation protection. Records of the training programs are maintained as described in Section 11.7, "Records Management."

C. Individuals requiring unescorted access to the Controlled Access Area receive annual retraining. Retraining for individuals is scheduled and reported by means of a computerized tracking system.

D. Contents of the formal nuclear safety training programs are reviewed and updated at least every two years~~periodically~~ by the HS&E Director~~Manager~~, or designee, to ensure that the programs are current and adequate. In addition, at least annually, the contents of the radiation protection sections of the nuclear safety training program are reviewed and updated, as required, by the HS&E Director~~Manager~~ or his designee.

E. Operational personnel are further instructed in the specific safety requirements of their work assignments by their immediate supervisor or delegate during on-the-job training. Employees must demonstrate understanding of work assignment requirements based on observations by their immediate supervisor or delegate before working without direct supervision. Changes to work procedures including safety requirements are reviewed with operational personnel by their immediate supervisor or delegate.

F. Radiation safety topics are also discussed and reviewed at least annually in roundtable safety meetings held by supervisors or delegates with their workers, and at other meetings held by managers with their employees.

11.3.3.1.2 Fire Brigade Training

The primary purpose of the Fire Brigade Training Program is to develop a group of facility employees skilled in fire prevention, fire fighting techniques, first aid procedures, and emergency response. They are trained and equipped to function as a team for the fighting of fires. The intent of the facility fire brigade is to be a first response effort designed to supplement the local fire department for fires at the plant and not to replace local fire fighters.

- Position training requirements
- Determination of training program content, including its facility change control interface with the configuration management system
- Design and development of training programs, including lesson plans
- Conduct of training
- Trainee examinations and evaluations
- Training program assessments and evaluations.

Evaluation results are documented, with program strengths and weaknesses being highlighted. Identified weaknesses are reviewed, improvements are recommended, and changes are made to procedures, practices, or training materials as necessary.

Periodically, training and qualifications activities are monitored by designated facility and/or contracted training personnel. The Quality Assurance Department audits the facility training and qualification system. In addition, trainees and vendors may provide input concerning training program effectiveness. Methods utilized to obtain this information include, among other things surveys, questionnaires, performance appraisals, staff evaluation, and overall training program effectiveness evaluation instruments. Frequently conducted classes are not evaluated each time. However, they are routinely evaluated at a frequency sufficient to determine program effectiveness. Evaluation information may be collected through:

- Verification of program objectives as related to job duties for which intended
- Periodic working group program evaluations
- Testing to determine trainee accomplishment of objectives
- Trainee evaluation of the instruction
- Supervisor's evaluation of the trainee's performance after training on-the-job
- Supervisor's evaluation of the instruction.

Unacceptable individual performance is transmitted to the appropriate Line Manager.

11.3.9 Personnel Qualification

The qualification requirements for key management positions are described in Chapter 2, Organization and Administration. Training and qualification requirements associated with QA personnel are provided in Appendix A to this chapter. In addition, qualification and training requirements for ~~process~~ operators ~~candidates~~ shall be established and implemented in plant procedures.

11.4 PROCEDURES DEVELOPMENT AND IMPLEMENTATION

~~The management measure described in this section is consistent with that previously submitted for NRC review in Section 11.4 of the Claiborne Enrichment Center Safety Analysis Report (LES, 1993). The NRC staff reviewed the previous submittal and found it to be acceptable. The NRC staff's review and conclusions associated with procedures are documented in Section 10.5 of NUREG-1491 (NRC, 1994).~~

The requirements for independent verification are consistent with the applicable guidance provided in ANSI/ANS-3.2-1994, "Administrative Controls and Quality Assurance for the Operational Phase of Nuclear Power Plants."

All activities involving licensed materials or IROFS are conducted in accordance with approved procedures. Before initial enrichment activities occur at the facility, procedures are made available to the NRC for their inspection. As noted throughout this document, procedures are used to control activities in order to ensure the activities are carried out in a safe manner and in accordance with regulatory requirements.

Generally, four types of plant procedures are used to control activities: operating procedures, administrative procedures, maintenance procedures, and emergency procedures.

Operating procedures, developed for workstation and Control Room operators, are used to directly control process operations. Operating procedures include:

- Purpose of the activity
- Regulations, polices, and guidelines governing the procedure
- Type of procedure
- Steps for each operating process phase:
    - Initial startup
    - Normal operations
    - Temporary operations
    - Emergency shutdown
    - Emergency operations
    - Normal shutdown
    - Startup following an emergency or extended downtime.
- Hazards and safety considerations
- Operating limits
- Precautions necessary to prevent exposure to hazardous chemicals (resulting from operations with Special Nuclear Material (SNM)) or to licensed SNM.

cross-disciplinary review is required. The Plant Manager or designee shall approve all procedures. If the procedure involves QA directly, the QA Director~~Manager~~ must approve the procedure.

11.4.2 Administrative Procedures

Facility administrative procedures are written by each department as necessary to control activities that support process operations, including management measures. Listed below are several areas for which administrative procedures are written, including principle features:

A. Operator's authority and responsibility: The operator is given the authority to manipulate controls which directly or indirectly affect the enrichment process, including a shut down of the process if deemed necessary by the Shift Manager. The operators are also assigned the responsibility for knowing the limits and set points associated with safety-related equipment and systems as specified in designated operating procedures.

B. Activities affecting facility operation or operating indications: All facility maintenance personnel performing support functions (e.g., maintenance, testing) which may affect unit operation or Control Room indications are required to notify the Control Room Operator and/or Shift Manager, as appropriate, prior to initiating such action.

C. Manipulation of facility control: No one is permitted to manipulate the facility controls who is not an operator, except for operator trainees under the direction of a qualified operator.

D. Relief of Duties: This procedure provides a detailed checklist of applicable items for shift turnover.

E. Equipment control: Equipment control is maintained and documented through the use of tags, labels, stamps, status logs or other suitable means.

F. Master surveillance testing schedule: A master surveillance testing schedule is documented to ensure that required testing is performed and evaluated on a timely basis. Surveillance testing is scheduled such that the safety of the facility is not dependent on the performance of a structure, system or component which has not been tested within its specified testing interval. The master surveillance testing schedule identifies surveillance and testing requirements, applicable procedures, and required test frequency. Assignment of responsibility for these requirements is also indicated.

G. A Control Room Operations Logbook is maintained. This logbook contains significant events during each shift such as enrichment changes, alarms received, or abnormal operational conditions.

H. Fire Protection Procedures: Fire protection procedures are written to address such topics as training of the fire brigade, reporting of fires, and control of fire stops. The Fire Protection Officer~~facility's Industrial Safety department~~ has responsibility for fire protection procedures in general, with the facility's maintenance section having responsibility for certain fire protection procedures such as control of repairs to facility fire stops.

The administrative control of maintenance is maintained as follows:

A. In order to assure safe, reliable, and efficient operation, a comprehensive maintenance program for the facility's IROFS is established.

The facility's maintenance department under the Maintenance Manager has responsibility for preparation and implementation of maintenance procedures. The maintenance, testing and calibration of facility IROFS is performed in accordance with approved written procedures.

Testing conducted on a periodic basis to determine various facility parameters and to verify the continuing capability of IROFS to meet performance requirements is conducted in accordance with approved, written procedures. Periodic test procedures are utilized to perform such testing and are sufficiently detailed that qualified personnel can perform the required functions without direct supervision. Testing performed on IROFS that are not redundant will provide for compensatory measures to be put into place to ensure that the IROFS performs until it is put back into service.

Periodic test procedures are performed by the facility's ~~Technical Services,~~ Operations and Maintenance departments. The Maintenance Manager has overall responsibility for assuring that the periodic testing is in compliance with the requirements.

Chemical and radiochemical activities associated with facility IROFS are performed in accordance with approved, written procedures. The facility's chemistry department has responsibility for preparation and implementation of chemistry procedures.

Radioactive waste management activities associated with the facility's liquid, gaseous, and solid waste systems are performed in accordance with approved written procedures. The facility's operations, chemistry and radiation protection departments have responsibility for preparation and implementation of the radioactive waste management procedures.

Likewise, other departments at the facility develop and implement activities at the facility through the use of procedures.

Procedures will include provisions for operations to stop and place the process in a safe condition if a step of a procedure cannot be performed as written.

11.4.4 Changes to Procedures

Changes to procedures shall be processed as described below.

A. The preparer documents the change as well as the reason for the change.

B. An evaluation shall be performed in accordance with 10 CFR 70.72 (CFR, 2003e) as appropriate. If the evaluation reveals that a change to the license is needed to implement the proposed changes, the change is not implemented until prior approval is received from the NRC.

C. The procedure with proposed changes shall be reviewed by a qualified reviewer.

D. The Plant Manager, Functional Area~~Department~~ Manager, or a designee approved by the Plant Manager shall be responsible for approving procedure changes, and for determining whether a cross-disciplinary review is necessary, and by which department(s). The need for the following cross-disciplinary reviews shall be considered, as a minimum:

    1. For proposed changes having a potential impact on chemical or radiation safety, a review shall be performed for chemical and radiation hazards. Changes shall be approved by the HS&E Director~~Manager~~ or designee.

2. For proposed changes having a potential impact on criticality safety, an NCS evaluation and, if required, an NCS analysis shall be performed. Any necessary controlled parameters, limits, IROFS, management measures, or NCS analyses that must be imposed or revised are adequately reflected in appropriate procedures and/or design basis documents. Changes shall be independently reviewed by a criticality safety engineer, and approved by the Engineering~~HS&E~~ Manager or designee.

3. For proposed changes potentially affecting Material Control and Accounting, a material control review shall be performed. Changes shall be approved by the HS&E Director~~Manager~~ or designee.

Records of completed cross-functional reviews shall be maintained in accordance with Section 11.7, Records Management, for all changes to procedures involving licensed materials or IROFS.

11.4.5 Distribution of Procedures

Originally issued approved procedures and approved procedure revisions are distributed in a controlled manner by document control.

Document Control shall establish and maintain an index of the distribution of copies of all facility procedures. Revisions are controlled and distributed in accordance with this index. Indexes are reviewed and updated on a periodic basis or as required.

Functional Area~~Department~~ Managers or their designees shall be responsible for ensuring all personnel doing work which require the use of the procedures have ready access to controlled copies of the procedures.

11.5 AUDITS AND ASSESSMENTS

LES will have a tiered approach to verifying compliance to procedures and performance to regulatory requirements. Audits are focused on verifying compliance with regulatory and procedural requirements and licensing commitments. Assessments are focused on effectiveness of activities and ensuring that IROFS, and any items that affect the function of IROFS, are reliable and are available to perform their intended safety functions. This approach includes performing Assessments and Audits on critical work activities associated with facility safety, environmental protection and other areas as identified via trends.

Assessments are divided into two categories that will be owned and managed by the line organizations as follows:

- Management Assessments conducted by the line organizations responsible for the work activity
- Independent Assessments conducted by individuals not involved in the area being assessed.

Audits of the QA Level 1 work activities associated with IROFS and any items that affect the function of the IROFS and items required to satisfy regulatory requirements for which QA Level 1 requirements are applied will be the responsibility of the QA Department.

Audits and assessments are performed to assure that facility activities are conducted in accordance with the written procedures and that the processes reviewed are effective. As a minimum, they shall assess activities related to radiation protection, criticality safety control, hazardous chemical safety, industrial safety including fire protection, and environmental protection.

Audits and assessments shall be performed routinely by qualified staff personnel that are not directly responsible for production activities. Deficiencies identified during the audit or assessment requiring corrective action shall be forwarded to the responsible manager of the applicable area or function for action in accordance with the CAP procedure. Future audits and assessments shall include a review to evaluate if corrective actions have been effective.

The Quality Assurance Department shall be responsible for audits. Audits shall be performed in accordance with a written plan that identifies and schedules audits to be performed. Audit team members shall not have direct responsibility for the function and area being audited. Team members shall have technical expertise or experience in the area being audited and shall be indoctrinated in audit techniques. Audits shall be conducted on an annual basis.

The results of the audits shall be provided in a written report in a timely manner to the Plant Manager, the Safety Review Committee (SRC), and the Managers responsible for the activities audited. Any deficiencies noted in the audits shall be responded to promptly by the responsible Managers or designees, entered into the CAP and tracked to completion and re-examined during future audits to ensure corrective action has been completed.

Records of the instructions and procedures, persons conducting the audits or assessments, and identified violations of license conditions and corrective actions taken shall be maintained.

~~The management measure described in this section and Chapter 2, Organization and Administration, is consistent with that previously submitted for NRC review in the Claiborne~~

~~Enrichment Center Safety Analysis Report (LES, 1993). The NRC Staff reviewed the previous submittal and found it to be acceptable. The NRC Staff's review and conclusions associated with audits and assessments are documented in Section 10.7 of NUREG-1491 (NRC, 1994).~~

11.5.1 Activities to be Audited or Assessed

Audits and assessments are conducted for the areas of:

- Radiation safety
- Nuclear criticality safety
- Chemical safety
- Industrial safety including fire protection
- Environmental protection
- Emergency management
- QA
- Configuration management
- Maintenance
- Training and qualification
- Procedures
- CAP/Incident investigation
- Records management.

Assessments of nuclear criticality safety, performed in accordance with ANSI/ANS-8.19-1996 (ANSI, 1996), will ensure that operations conform to criticality requirements.

11.5.2 Scheduling of Audits and Assessments

A schedule is established that identifies audits and assessments to be performed and the responsible organization assigned to conduct the activity. The frequency of audits and assessments is based upon the status and safety importance of the activities being performed and upon work history. All major activities will be audited or assessed on an annual basis. The audit and assessment schedule is reviewed periodically and revised as necessary to ensure coverage commensurate with current and planned activities.

report require corrective action in accordance with the applicable CAP procedure. The QA organization also performs follow up reviews on identified deficiencies and verifies completion of corrective actions reported as a result of the trend analysis.

The audit and /or assessment team leader is required to develop the audit and /or assessment report documenting the findings, observations, and recommendations for program improvement. These reports provide management with documented verification of performance against established performance criteria for IROFS. These reports are developed, reviewed, approved, and issued following established formats and protocols detailed in the applicable procedures. Responsible managers are required to review the reports and provide any required responses due to reported findings.

Corrective actions following issuance of the audit and/or assessment report require compliance with the CAP procedure. Audit reports are required to contain an effectiveness evaluation and statement for each of the applicable QA program elements reviewed during the audit. The audit/assessment is closed with the proper documentation as required by the applicable audit and assessment procedure. The QA organization will conduct follow-up audits or assessments to verify that corrective actions were taken in a timely manner. In addition, future assessments will include a review to evaluate if corrective actions have been effective.

11.5.4 Qualifications and Responsibilities for Audits and Assessments

The QA Director ~~or QA Manager~~ initiates audits. The responsible Lead Auditor and QA Director ~~or Manager~~ determines the scope of each audit. The QA Director ~~or QA Manager~~ may initiate special audits or expand the scope of audits. The Lead Auditor directs the audit team in developing checklists, instructions, or plans and performing the audit. The audit shall be conducted in accordance with the checklists, but the scope may be expanded by the audit team during the audit. The audit team consists of one or more auditors.

Auditors and lead auditors are responsible for performing audits in accordance with the applicable QA procedures. Auditors and lead auditors hold certifications as required by the QA Program. Additional details can be found in Appendix A of this chapter. Before being certified under the LES QA Program, auditors must complete training on the following topics:

- LES QA Program
- Audit fundamentals, including audit scheduling, planning, performance, reporting, and follow-up action involved in conducting audits
- Objectives and techniques of performing audits
- On-the-job training.

Certification of auditors and lead auditors is based on the QA Director's ~~or Manager's~~ evaluation of education, experience, professional qualifications, leadership, sound judgment, maturity, analytical ability, tenacity, and past performance and completion of QA training courses. A lead auditor must also have participated in a minimum of five QA audits or audit equivalent within a period of time not to exceed three years prior to the date of certification. Audit equivalents

11.6 INCIDENT INVESTIGATIONS AND CORRECTIVE ACTION PROCESS

~~The incident investigation and corrective action process described in this section is consistent with that previously submitted for NRC review in Section 11.4 and Section 10.16 of the Claiborne Enrichment Center Safety Analysis Report (LES, 1993). The NRC Staff reviewed the previous submittal and found it to be acceptable. The NRC Staff's review and conclusions associated with the incident investigation and corrective action process are documented in Section 10.7.6 and Section 12 of NUREG-1491 (NRC, 1994).~~

11.6.1 Incident Investigations

The incident investigation process is a simple mechanism available for use by any person at the facility for reporting deficiencies, abnormal events and potentially unsafe conditions or activities. ~~Abnormal events that potentially threaten or lessen the effectiveness of health, safety or environmental protection will be identified and reported to and investigated by the HS&E Manager.~~ Each event will be considered in terms of its requirements for reporting in accordance with regulations and will be evaluated to determine the level of investigation required. The process of incident identification, investigation, root cause analysis, environmental protection analysis, recording, reporting, and follow-up shall be addressed in and performed by written CAP procedures. Radiological, criticality, hazardous chemical, and industrial safety requirements shall be addressed. Guidance for classifying occurrences shall be contained in CAP procedures, including examples of threshold off-normal occurrences. The depth of the investigation will depend upon the severity of the classified incident in terms of the levels of uranium released and/or the degree of potential for exposure of workers, the public or the environment.

~~The HS&E Manager is responsible for:~~

~~•Maintaining a list of agencies to be notified~~

~~•Determining if a report to an agency is required~~

~~•Notifying the agency when required.~~

~~The licensing organization has the responsibility for all appropriate communications with government agencies.~~

The Performance Assessment and Feedback~~HS&E~~ Manager or designee shall maintain a record of corrective actions to be implemented as a result of off-normal occurrence investigations in accordance with CAP procedures. These corrective actions shall include documenting lessons learned, and implementing worker training where indicated, and shall be tracked to completion by the ~~HS&E~~Performance Assessment and Feedback Manager or designee.

Specifics of the Incident Investigation process are as follows:

1. LES will establish a process to investigate abnormal events that may occur during operation of the facility, to determine their specific or generic root cause(s)and generic implications, to recommend corrective actions, and to report to the NRC as required by

10 CFR 70.50 (CFR, 2003c) and 70.74 (CFR, 2003f). The investigation process will include a prompt risk-based evaluation and, depending on the complexity and severity of the event, one individual may suffice to conduct the evaluation. The investigator(s) will be independent from the line function(s) involved with the incident under investigation and are assured of no retaliation for participating in investigations. Investigations will begin within 48 hours of the abnormal event, or sooner, depending on safety significance of the event. The record of IROFS failures required by 10 CFR 70.62(a)(3) (CFR, 2003d) for IROFS will be reviewed as part of the investigation. Record revisions necessitated by post-failure investigation conclusions will be made within five working days of the completion of the investigation.

2. Qualified internal or external investigators are appointed to serve on investigating teams when required. The teams will include at least one process expert and at least one team member trained in root cause analysis.

3. LES will monitor and document corrective actions through completion.

4. LES will maintain auditable records and documentation related to abnormal events, investigations, and root cause analyses so that "lessons learned" may be applied to future operations of the facility. For each abnormal event, the incident report includes a description, contributing factors, a root cause analysis, findings, and recommendations. Relevant findings are reviewed with all affected personnel. Details of the event sequence will be compared with accident sequences already considered in the ISA, and the ISA Summary will be modified to include evaluation of the risk associated with accidents of the type actually experienced.

LES will develop CAP procedures for conducting an incident investigation, and the procedures will contain the following elements:

1. A documented plan for investigating an abnormal event.

2. A description of the functions, qualifications, and/or responsibilities of the manager who would lead the investigative team and those of the other team members; the scope of the team's authority and responsibilities; and assurance of cooperation of management.

3. Assurance of the team's authority to obtain all the information considered necessary and its independence from responsibility for or to the functional area involved in the incident under investigation.

4. Retention of documentation relating to abnormal events for two years or for the life of the operation, whichever is longer.

5. Guidance for personnel conducting the investigation on how to apply a reasonable, systematic, structured approach to determine the specific or generic root cause(s) and generic implications of the problem.

6. Requirements to make available original investigation reports to the NRC on request.

7. A system for monitoring the completion of appropriate corrective actions.

11.6.2 Corrective Action Process

The LES QA Program identifies the responsibilities and provides authority for those individuals involved in quality activities to identify any condition adverse to quality, such as failures,

malfunctions, deficiencies, deviations, defective materials and equipment, and non-conformances. These individuals identify and document conditions adverse to quality, analyze and determine how the conditions can be corrected or resolved, and take such steps as necessary to implement corrective actions in accordance with documented procedures.

The QA Program requires regularly scheduled audits and assessments to ensure that needed corrective actions are identified. LES employees have the authority and responsibility to initiate the corrective action process if they discover deficiencies. The QA Program contains procedures for identifying, reporting, resolving, documenting, and analyzing conditions adverse to quality. Reports of conditions adverse to quality are analyzed to identify trends in quality performance. Significant conditions adverse to quality and significant trends are reported to senior management in accordance with CAP procedures.

Follow-up action is taken by the QA Director~~Manager~~ to verify proper and timely implementation of corrective action.

Significant conditions adverse to quality, the cause of the conditions and the corrective action taken to preclude repetition are documented and reported to management for review and assessment in accordance with CAP procedures.

Appendix A, Section 16 "Corrective Action" of this chapter provides additional details regarding the CAP requirements.

ENCLOSURE 5

Safety Analysis Report, Replacement Pages

Safety Analysis Report Page Replacement Instructions

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ACRONYMS and ABBREVIATIONS

AC	alternating current
ACI	American Concrete Institute
ADEM	Alabama Department of Environmental Management
AEA	Atomic Energy Act
AEP	American Electric Power
AEGL	Acute Exposure Guideline Level
AHU	air handling unit
AISC	American Institute of Steel Construction
ALARA	as low as reasonably achievable
ALI	Annual Limit on Intake
ANPR	Advance Notice of Proposed Rulemaking
ANS	American Nuclear Society
ANSI	American National Standards Institute
AP	air particulate
APE	area of potential effects
AQB	Air Quality Bureau
ASCE	American Society of Civil Engineers
ASLB	Atomic Safety and Licensing Board
ASME	American Society of Mechanical Engineers
ASNT	American Society of Nondestructive Testing
ASTM	American Society for Testing Materials
ATSDR	Agency for Toxic Substances and Disease Registry
AVLIS	Atomic Vapor Laser Isotope Separation
BDC	baseline design criteria
BEA	Bureau of Economic Analysis
BLM	Bureau of Land Management
BMP	Best Management Practices
BNFL	British Nuclear Fuels
BNFL-EL	British Nuclear Fuels – Enrichment Limited
BOD	biochemical oxygen demand
BS	Bachelor of Science
CA	Controlled Area
CAA	Clean Air Act
CAAS	Criticality Accident Alarm System
CAB	Centrifuge Assembly Building
CAM	Continuous Air Monitor
CAP	Corrective Action Program
CBG	Census Block Group
CEDE	Committed Effective Dose Equivalent
CEQ	Council on Environmental Quality
CERCLA	Comprehensive Environmental Response, Compensation, and Liability Act
CFO	Chief Financial Officer
CFR	Code of Federal Regulations
CHP	certified health physicist
CIS	Commonwealth of Independent States
CM	configuration management

2.0 ORGANIZATION AND ADMINISTRATION

This chapter describes the management system and administrative procedures for the effective implementation of Health, Safety, and Environmental (HS&E) functions at the Louisiana Energy Services (LES) enrichment facility. The chapter presents the organizations responsible for managing the design, construction, operation, and decommissioning of the facility. The key management and supervisory positions and functions are described including the personnel qualifications for each key position at the facility.

The LES policy is to maintain a safe work place for its employees and to assure operational compliance within the terms and conditions of the license and applicable regulations. The Vice President – Operations is the Plant Manager. The Plant Manager has overall responsibility for safety and compliance to this policy. In particular, LES employs the principle of keeping radiation and chemical exposures to employees and the general public as low as reasonably achievable (ALARA).

The information provided in this chapter, the corresponding regulatory requirement, and the section of NUREG-1520 (NRC, 2002), Chapter 2 in which the NRC acceptance criteria are presented is summarized below.

Information Category and Requirement	10 CFR 70 Citation	NUREG-1520 Chapter 2 Reference
Section 2.1 Organizational Structure		
• Functional description of specific organization groups responsible for managing the design, construction, and operation of the facility	70.22(a)(6)	2.4.3
• Management controls and communications among organizational units	70.22(a)(8)	2.4.3
• Startup and transition to operations	70.22(a)(6)	2.4.3
Section 2.2 Key Management Positions		
• Qualifications, responsibilities, and authorities for key management personnel	70.22(a)(6)	2.4.3
Section 2.3 Administration		
• Effective implementation of HS&E functions using written procedures	70.22(a)(8)	2.4.3
• Reporting of unsafe conditions or activities	70.62(a)	2.4.3
• Commitment to establish formal management measures to ensure availability of IROFS	70.62(d)	2.4.3
• Written agreements with offsite emergency resources	70.22(i)	2.4.3

2.1 ORGANIZATIONAL STRUCTURE

The LES organizational structure is described in the following sections. The organizational structure indicates the lines of communication and management control of activities associated with the design, construction, operation, and decommissioning of the facility.

2.1.1 Corporate Functions, Responsibilities, and Authorities

LES is a registered limited partnership formed solely to provide uranium enrichment services for commercial nuclear power plants. The LES partnership is described in Chapter 1, Section 1.2, Institutional Information.

LES has presented to Lea County, New Mexico a proposal to develop the NEF. Lea County would issue its Industrial Revenue Bond (National Enrichment Facility Project) Series 2004 in the maximum aggregate principal amount of $1,800,000,000 to accomplish the acquisition, construction and installation of the project pursuant to the County Industrial Revenue Bond Act, Chapter 4, Article 59 NMSA 1978 Compilation, as amended. The Project is comprised of the land, buildings, and equipment.

Under the Act, Lea County is authorized to acquire industrial revenue projects to be located within Lea County but outside the boundaries of any incorporated municipality for the purpose of promoting industry and trade by inducing manufacturing, industrial and commercial enterprises to locate or expand in the State of New Mexico, and for promoting a sound and proper balance in the State of New Mexico between agriculture, commerce, and industry. Lea County will lease the project to LES, and LES will be responsible for the construction and operation of the facility. Upon expiration of the Bond after 30 years, LES will purchase the project.

The County has no power under the Act to operate the project as a business or otherwise or to use or acquire the project property for any purpose, except as lessor thereof under the terms of the lease.

In the exercise of any remedies provided in the lease, the County shall not take any action at law or in equity that could result in the Issuer obtaining possession of the project property or operating the project as a business or otherwise.

LES is responsible for the design, quality assurance, construction, operation, and decommissioning of the enrichment facility. The President of LES reports to the LES Management Committee. This committee is composed of representatives from the general partners of LES.

The President receives policy direction from the LES Management Committee. Reporting to the President are the Vice President - Project Management, Vice President - Communications and Government Affairs, Chief Financial Officer (CFO), Quality Assurance (QA) Director, Vice President - Operations, General Counsel and Licensing Manager. The Health, Safety & Environment Director reports to the Vice President – Operations, but has a direct reporting relationship to the President for all matters concerning safety during design and construction. Figure 2.1-1, LES Corporate, Design and Construction Organization shows the authority and lines of communication.

2.1.2 Design and Construction Organization

As the owner of the enrichment technology and operator of the enrichment facilities in Europe, LES has contracted Urenco Limited to prepare the reference design for the facility, while an architect/engineering (A/E) has been contracted to further specify structures and systems of the facility, and ensure the reference design meets all applicable U.S. codes and standards. A contractor specializing in site evaluations has been contracted to perform the site selection evaluation. A nuclear consulting company has been contracted to conduct the site characterization, perform the Integrated Safety Analysis and to support development of the license application.

During the construction phase, preparation of construction documents and construction itself are contracted to qualified contractors. The Vice President - Project Management is responsible for managing the design, construction, initial startup and procurement activities. Contractor QA Programs will be reviewed by LES QA and must be approved before work can start.

Urenco will design, manufacture and deliver to the site the centrifuges necessary for facility operation. In addition, Urenco is supplying technical assistance and consultation for the facility. Urenco has extensive experience in the gas centrifuge uranium enrichment process since it operates three gas centrifuge uranium enrichment plants in Europe. Urenco is conducting technical reviews of the design activities to ensure the design of the enrichment facility is in accordance with the Urenco reference design information.

For procurement involving the use of vendors located outside the U.S., LES selects vendors only after a determination that their quality assurance programs meet the LES requirements. Any components supplied to LES are designed to meet applicable domestic industry code requirements or their equivalents as stated by the equipment specifications.

As shown in Figure 2.1-1, the Vice President - Project Management is responsible for managing the work and contracts with the Technology Supplier (Urenco), the Design Manager, Construction Manager, and other Project Managers. The lines of communication of key management positions within the engineering and construction organization are shown in Figure 2.1-1.

Position descriptions of key management personnel in the design and construction organization will be accessible to all affected personnel and the NRC.

2.1.3 Operating Organization

The operating organization for LES is shown in Figures 2.1-1, and 2.1-2, LES National Enrichment Facility Operating Organization. LES has direct responsibility for preoperational testing, initial start-up, operation and maintenance of the facility.

The Vice President – Operations is the Plant Manager, and reports to the LES President. The Plant Manager is responsible for the overall operation and administration of the enrichment facility. He is also responsible for ensuring the facility complies with all applicable regulatory requirements. In the discharge of these responsibilities, the Plant Manager directs the activities of the following groups:

- Health, Safety, and Environment

- Production (includes Operations and Uranium Management)
- Technical Services
- Support Services
-
- Construction Projects
- Performance Assessment and Feedback.

The responsibilities, authorities and lines of communication of key management positions within the operating organization are discussed in Section 2.2, Key Management Positions.

Position descriptions for key management personnel in the operating organization will be accessible to all affected personnel and to the NRC.

2.1.4 Transition From Design and Construction to Operations

LES is responsible for the design, quality assurance, construction, testing, initial startup, operation, and decommissioning of the facility.

Towards the end of construction, the focus of the organization will shift from design and construction to initial start-up and operation of the facility. As the facility nears completion, LES will staff the LES NEF Operating Organization to ensure smooth transition from construction activities to operation activities. During this transition, the Health, Safety, & Environment (HS&E) Director position has the authority to report safety concerns directly to the LES President (as shown in Figure 2.1-1) for HS&E matters related to design and construction and reports directly to the Plant Manager (as shown in Figure 2.1-2) for HS&E matters related to operations. This position is intentionally provided two levels of reporting and stop work authority to provide significant continued focus on the health, safety, and environment goals during design and construction when the operating organization is not yet fully developed and implemented. Urenco, which has been operating gas centrifuge enrichment facilities in Europe for over 30 years, will have personnel integrated into the LES organization to provide technical support during startup of the facility and transition into the operations phase.

As the construction of systems is completed, the systems will undergo acceptance testing as required by procedure, followed by turnover from the construction organization to the operations organization by means of a project acceptance plan. The turnover will include the physical systems and corresponding design information and records. Following turnover, the operating organization will be responsible for system maintenance and configuration management. The design basis for the facility is maintained during the transition from construction to operations through the configuration management system described in Chapter 11, Management Measures.

Additional information regarding the transition from design and construction to operations, for the LES QA Organization, is provided in Section 1 of the LES Quality Assurance Program Description (i.e., Appendix A of the NEF Safety Analysis Report).

2.2 KEY MANAGEMENT POSITIONS

This section describes the functional positions responsible for managing the operation of the facility. The facility is staffed at sufficient levels prior to operation to allow for training, procedure development, and other pre-operational activities.

The responsibilities, authorities and lines of communication for each key management position are provided in this section. Responsible managers have the authority to delegate tasks to other individuals; however, the responsible manager retains the ultimate responsibility and accountability for implementing the applicable requirements. Management responsibilities, supervisory responsibilities, and the criticality safety engineering staff responsibilities related to nuclear criticality safety are in accordance with ANSI/ANS-8.19-1996, Administrative Practices for Nuclear Criticality Safety (ANSI, 1996).

The LES Corporate Organization and lines of communication are shown in Figure 2.1-1.

2.2.1 Operating Organization

The functions and responsibilities of key facility management are described in the following paragraphs. Additional detailed responsibilities related to nuclear criticality safety for key management positions and remaining supervisory and criticality safety staff are in accordance with ANSI/ANS-8.19-1996 (ANSI, 1996). Some position titles have been changed to better reflect the actual responsibilities of the position. Similarly, some operating functions have been assigned to different managers to better reflect the operating organization presently used at Urenco and U. S. nuclear facilities.

A. Vice President - Operations

The Vice President - Operations is appointed by the President and is responsible for ensuring the facility complies with all applicable regulatory requirements. The Vice President – Operations is the Plant Manager.The Plant Manager has direct responsibility for operation of the facility in a safe, reliable and efficient manner. The Plant Manager is responsible for proper selection of staff for all key positions including positions on the Safety Review Committee. The Plant Manager is responsible for the protection of the facility staff and the general public from radiation and chemical exposure and/or any other consequences of an accident at the facility and also bears the responsibility for compliance with the facility license. The Plant Manager or designee(s) have the authority to approve and issue procedures.

B. Quality Assurance Director

The Quality Assurance Director is appointed by and reports to the President and has overall responsibility for development, management and implementation of the LES QA Program.

The facility line managers and their staff who are responsible for performing quality-affecting work are responsible for ensuring implementation of and compliance with the QA Program. The QA Director position is independent from other management positions at the facility to ensure the QA Director has access to the managers for matters affecting quality. In addition, the QA

Director has the authority and responsibility to contact the LES President with any Quality Assurance concerns.

C. Health, Safety, and Environment Director

The Health, Safety, and Environment (HS&E) Director reports to the Plant Manager and has the responsibility for assuring safety at the facility through activities including regulatory compliance, maintaining compliance with safeguards (UF_6 material control), and implementation and control of the Fundamental Nuclear Material Control (FNMC) Plan. This includes HS&E activities associated with nuclear criticality safety, radiation protection, industrial safety, chemical safety, environmental compliance, and fire protection. The HS&E Director works with the other facility managers to ensure consistent interpretations of HS&E requirements, performs independent reviews, and supports facility and operations change control reviews.

This position is independent from other management positions at the facility to ensure objective HS&E audit, review, and control activities. The HS&E Director has the authority to shut down operations if they appear to be unsafe, and must consult with the Plant Manager with respect to restart of shutdown operations after the deficiency, or unsatisfactory condition, has been resolved.

D. Production Director

The Production Director reports to the Plant Manager and has the responsibility for Operations, Production Services, Logistics Control and Information, and Chemistry and Analysis. This includes such activities as ensuring the correct and safe operation of UF_6 processes, proper handling of UF_6, and the identification and mitigation of any off normal operating conditions,UF_6 cylinder management (including transportation licensing), directing the scheduling of enrichment operations to ensure smooth production, ensuring proper feed material and maintenance equipment are available for the facility, developing and maintaining production schedules for enrichment services, ensuring that cylinders of uranium hexafluoride are received and routed correctly at the facility, and all transportation licensing. In the event of the absence of the Plant Manager, the Production Director may assume the responsibilities and authorities of the Plant Manager.

E. Technical Services Director

The Technical Services Director reports to the Plant Manager and has the responsibility of providing technical support to the facility. This includes technical support for facility modifications (including administration of the configuration management system), engineering support for operations and maintenance, maintenance activities, and computer support. In the event of the absence of the Plant Manager, the Technical Services Director may assume the responsibilities and authorities of the Plant Manager.

F. Support Services Director

The Support Services Director reports to the Plant Manager and has the responsibility for emergency planning, ensuring adequate staffing, ensuring training is provided for facility employees, providing administrative support services to the facility regarding records management, the physical security of the facility, the protection of classified matter ensuring spare parts and other materials needed for operation of the facility are ordered, received,

inspected and stored properly, and ensuring support functions such as accounting, word processing and general office management are provided for the facility. The Support Services Director, in coordination with the Vice President of Communications and Governmental Affairs, has the responsibility for providing information about the facility and LES to the public and media, including ensuring that the public and media receive accurate and up-to-date information during an abnormal event at the facility. In the event of the absence of the Plant Manager, the Support Services Director may assume the responsibilities and authorities of the Plant Manager.

G. Construction Projects Manager

The Construction Projects Manager reports to the Plant Manager and has the responsibility for the implementation of major facility modifications and acceptance of the facility during commissioning.

H. Performance Assessment and Feedback Manager

The Performance Assessment and Feedback Manager reports to the Plant Manager and has the responsibility for organizational performance metrics, and implementing the Corrective Action Program (CAP), Nonconformance Process and Industry Experience Program.

I. Quality Assurance Inspectors

The Quality Assurance Inspectors report to the Quality Assurance Director (via a designated supervisory position, if applicable) and have the responsibility for performing inspections related to the implementation of the LES QA Program.

J. Quality Assurance Auditors

The Quality Assurance Auditors report to the Quality Assurance Director (via a designated supervisory position, if applicable) and have the responsibility for performing audits related to the implementation of the LES QA Program.

K. Quality Assurance Technical Support

The Quality Assurance Technical Support personnel report to the Quality Assurance Director (via a designated supervisory position, if applicable) and have the responsibility for providing technical support related to the implementation of the LES QA Program.

L. Emergency Preparedness Manager

The Emergency Preparedness Manager reports to the Support Services Director and has the responsibility for ensuring the facility remains prepared to react and respond to any emergency situation that may arise. This includes emergency preparedness training of facility personnel, facility support personnel, the training of, and coordination with, offsite emergency response organizations (EROs), and conducting periodic drills to ensure facility personnel and offsite response organization personnel training is maintained up to date.

M. Licensing Manager

The Licensing Manager reports to the President and has the responsibility for coordinating facility activities to ensure compliance is maintained with applicable Nuclear Regulatory Commission (NRC) requirements. The Licensing Manager is also responsible for ensuring abnormal events are reported to the NRC in accordance with NRC regulations.

N. Environmental Compliance Specialist

The Environmental Compliance Specialist reports to the HS&E Director and has the responsibility for coordinating facility activities to ensure all local, state and federal environmental regulations are met. This includes submission of periodic reports to appropriate regulating organizations of effluents from the facility.

O. Radiation Protection Manager

The Radiation Protection Manager reports to the HS&E Director and has the responsibility for implementing the Radiation Protection program. These duties include the training of personnel in use of equipment, control of radiation exposure of personnel, continuous determination of the radiological status of the facility, and conducting the radiological environmental monitoring program.

During emergency conditions the Radiation Protection Manager's duties may also include:

- Providing Emergency Operations Center personnel information and recommendations concerning chemical and radiation levels at the facility
- Gathering and compiling onsite and offsite radiological and chemical monitoring data
- Making recommendations concerning actions at the facility and offsite deemed necessary for limiting exposures to facility personnel and members of the general public
- Taking prime responsibility for decontamination activities.

In matters involving radiological protection, the Radiation Protection Manager has direct access to the Plant Manager.

P. Industrial Safety Manager

The Industrial Safety Manager reports to the HS&E Director and has the responsibility for the implementation of facility industrial safety programs and procedures. This shall include programs and procedures for training individuals in safety.

Q. Fire Protection Officer

The Fire Protection Officer reports to the HS&E Director and has the responsibility for maintaining the performance of the facility fire protection systems.

R. Criticality Safety Officer

Criticality Safety Officer reports to the HS&E Director and is responsible for implementing the Criticality Safety Program in the operating organization, including conducting and reporting periodic nuclear criticality safety assessments.

S. Criticality Safety Engineers

Criticality Safety Engineers report to the Engineering Manager and are responsible for the preparation and/or review of nuclear safety criticality evaluations and analysis. Nuclear criticality safety evaluations and analyses require independent review by a second Criticality Safety Engineer.

T. Chemical Safety Specialist

The Chemical Safety Specialist reports to the HS&E Director (via a designated supervisory position, if applicable) and is responsible for the preparation and/or review of chemical safety programs and procedures for the facility.

U. Operations/Shifts Manager

The Operations/Shifts Manager reports to the Production Director, and has the responsibility of directing the day-to-day operation of the facility. This includes such activities as ensuring the correct and safe operation of UF_6 processes, proper handling of UF_6, and the identification and mitigation of any off normal operating conditions.

V. Shift Managers

The Shift Managers report to the Operations/Shifts Manager and have the responsibility for ensuring safe operation of enrichment equipment and support equipment. Each Shift Manager directs assigned personnel in order to provide enrichment services in a safe, efficient manner.

W. Safeguards Manager

The Safeguards Manager reports to the HS&E Director and has the responsibility for ensuring the proper implementation of the FNMC Plan. This position is separate from and independent of the Operations, Technical Services, Construction Projects, Performance Assessment and Feedback, and Support Services departments to ensure a definite division between the safeguards group and the other departments. In matters involving safeguards, the Safeguards Manager has direct access to the Plant Manager.

X. Chemistry Manager

The Chemistry Manager reports to the Production Director and has the responsibility for the implementation of chemistry analysis programs and procedures for the facility. This includes effluent sample collection, chemical analysis of effluents, comparison of effluent analysis results to limits, and reporting of chemical analysis of effluents to appropriate regulatory agencies.

Y. Project Managers

The Project Managers report to the Construction Projects Manager and have the responsibility for the implementation of facility modifications and acceptance of the facility commissioning. The Project Managers also provide engineering support as needed to support facility operation and maintenance, and support of performance testing of systems and equipment.

Z. Engineering Manager

The Engineering Manager reports to the Technical Services Director and has the responsibility for providing engineering and technical support at the facility and maintaining the configuration management system. The Engineering Manager is responsible for the development of all design changes to the plant.

AA. Maintenance Manager

The Maintenance Manager reports to the Technical Services Director and has the responsibility of directing and scheduling maintenance activities to ensure proper operation of the facility, including preparation and implementation of maintenance, surveillance, and test procedures. This includes activities such as repair and preventive maintenance of facility equipment. The Maintenance Manager is responsible for coordinating and maintaining testing programs for the facility, including the testing of systems and components to ensure the systems and components are functioning as specified in design documents.

BB. Security Manager

The Security Manager reports to the Support Services Director and has the responsibility for directing the activities of security personnel to ensure the physical protection of the facility. The Security Manager is also responsible for the protection of classified matter at the facility and obtaining security clearances for facility personnel and support personnel. In matters involving physical protection of the facility or classified matter, the Security Manager has direct access to the Plant Manager.

CC. Records Management Manager

The Records Management Manager reports to the Support Services Director and has the responsibility for adequately controlling documents at the facility.

DD. Training Manager

The Training Manager reports to the Support Services Director and has the responsibility for conducting training and maintaining training records for personnel at the facility.

2.2.2 Shift Crew Composition

The minimum operating shift crew consists of a Shift Manager (or Deputy Shift Manager in the absence of the Shift Manager), one Control Room operator, one Radiation Protection technician, one operator for each Cascade Hall and associated UF_6 handling systems, and security personnel. When only one Cascade Hall is in operation, a minimum of two operators is required.

At least one criticality safety engineer or the criticality safety officer will be available, with appropriate ability to be contacted by the Shift Manager, to respond to any routine request or emergency condition. This availability may be offsite if adequate communication ability is provided to allow response as needed.

2.2.3 Safety Review Committee

The facility maintains a Safety Review Committee (SRC) to assist with the safe operation of the facility. The SRC reports to the Plant Manager and provides technical and administrative review and audit of operations that could impact plant worker, public safety and environmental impacts. The scope of activities reviewed and audited by the SRC shall, as a minimum, include the following:

- Radiation protection
- Nuclear criticality safety
- Hazardous chemical safety
- Industrial safety including fire protection
- Environmental protection
- ALARA policy implementation
- Changes in facility design or operations.

The SRC shall conduct at least one facility audit per year for the above areas.

The Safety Review Committee shall be composed of at least five members, including the Chairman. Members of the SRC may be from the LES corporate office or technical staff. The five members shall include experts on operations and all safety disciplines (criticality, radiological, chemical, industrial). The Chairman, members and alternate members of the Safety Review Committee shall be formally appointed by the Plant Manager, shall have an academic degree in an engineering or physical science field; and, in addition, shall have a minimum of five years of technical experience, of which a minimum of three years shall relate directly to one or more of the safety disciplines (criticality, radiological, chemical, industrial).

The Safety Review Committee shall meet at least once per calendar quarter.

Review meetings shall be held within 30 days of any incident that is reportable to the NRC. These meetings may be combined with regular meetings. Following a reportable incident, the

SRC shall review the incident's causes, the responses, and both specific and generic corrective actions to ensure resolution of the problem is implemented.

A written report of each SRC meeting and audit shall be forwarded to the Plant Manager and appropriate Managers within 30 days and be retained in accordance with the records management system.

2.2.4 Personnel Qualification Requirements

The minimum qualification requirements for the facility functions that are directly responsible for its safe operation shall be as outlined below consistent with NUREG-1520. This includes the facility manager (Plant Manager), Operations Manager, Shift Managers, and managers for various safety and environmental disciplines. The nuclear experience of each individual shall be determined to be acceptable by the Plant Manager. "Responsible nuclear experience" for these positions shall include (a) responsibility for and contributions towards support of facility(s) in the nuclear fuel cycle (e.g., design, construction, operation, and/or decommissioning), and (b) experience with chemical materials and/or processes. The Plant Manager may approve different experience requirements for key positions. Approval of different requirements shall be done in writing and only on a case-by-case basis.

The assignment of individuals to the Manager positions reporting directly to the Plant Manager, and to positions on the SRC, shall be approved by the Plant Manager. Assignments to all other staff positions shall be made within the normal administrative practices of the facility.

The actual qualifications of the individuals assigned to the key facility positions described in Section 2.2.1, Operating Organization will be maintained in the employee personnel files or other appropriate file at the facility. Development and maintenance of qualification records and training programs are the responsibility of the Training Manager.

A. Vice President - Operations

The President of LES, based on the individual's experience, proven ability in management of large-scale facilities, proven knowledge of regulatory and QA requirements, and overall leadership qualities, appoints the Vice President - Operations.

The Vice President – Operations is the Plant Manager, who is the overall manager of the facility. This appointment by the President of LES reflects confidence in the individual's ability as an effective programs and business manager. The Plant Manager shall be knowledgeable of the enrichment process, enrichment process controls and ancillary processes, criticality safety control, chemical safety, industrial safety, and radiation protection program concepts as they apply to the overall safety of a nuclear facility. The Plant Manager shall have, as a minimum, a bachelor's degree (or equivalent) in an engineering or scientific field and ten years of responsible nuclear experience.

B. Quality Assurance Director

The Quality Assurance Director shall have, as a minimum, a bachelor's degree (or equivalent) in an engineering or scientific field and at least six years of responsible nuclear experience in the implementation of a quality assurance program. The QA Director shall have at least four years experience in a QA organization at a nuclear facility.

C. Health, Safety, and Environment Director

The Health, Safety, and Environment (HS&E) Director shall have, as a minimum, a bachelor's degree (or equivalent) in an engineering or scientific field and at least five years of responsible nuclear experience in HS&E or related disciplines. The HS&E Director shall also have at least one year of direct experience in the administration of nuclear criticality safety evaluations and analyses.

D. Production Director

The Production Director shall have, as a minimum, a bachelor's degree (or equivalent) in an engineering or scientific field and four years of responsible nuclear experience.

E. Operations/Shifts Manager

The Operations/Shifts Manager shall have, as a minimum, a bachelor's degree (or equivalent) in an engineering or scientific field and four years of responsible nuclear experience.

F. Technical Services Director

The Technical Services Director shall have, as a minimum, a bachelor's degree (or equivalent) in an engineering or scientific field and four years of responsible nuclear experience.

G. Support Services Director

The Support Services Director shall have, as a minimum, a bachelor's degree (or equivalent) in an engineering or scientific field and four years of responsible nuclear experience.

H. Emergency Preparedness Manager

The Emergency Preparedness Manager shall have a minimum of five years of experience in the implementation and supervision of emergency plans and procedures at a nuclear facility. No credit for academic training may be taken toward fulfilling this experience requirement.

I. Licensing Manager

The Licensing Manager shall have a minimum of five years of appropriate, responsible experience in implementing and supervising a nuclear licensing program.

J. Environmental Compliance Specialist

The Environmental Compliance Specialist shall have a minimum of five years of appropriate, responsible experience in implementing and supervising a nuclear environmental compliance program.

K. Radiation Protection Manager

The Radiation Protection Manager shall have, as a minimum, a bachelor's degree (or equivalent) in an engineering or scientific field and three years of responsible nuclear experience associated with implementation of a Radiation Protection program. At least two years of experience shall be at a facility that processes uranium, including uranium in soluble form.

L. Industrial Safety Manager

The Industrial Safety Manager shall have, as a minimum, a bachelor's degree (or equivalent) in either an engineering or a scientific field and three years of appropriate, responsible nuclear experience associated with implementation of a facility safety program.

M. Criticality Safety Officer

Criticality Safety Officer shall have experience in the implementation of a criticality safety program. This individual shall hold a Bachelor of Science or Bachelor of Arts degree in an engineering or scientific field and have successfully completed a training program, applicable to the scope of operations, in the physics of criticality and in associated safety practices.

N. Criticality Safety Engineers

The Criticality Safety Engineers shall hold a Bachelor of Science or Bachelor of Arts degree in an engineering or scientific field and have successfully completed a training program, applicable to the scope of operations, in the physics of criticality and in associated safety practices. In addition, these individuals shall have at least two years of experience performing criticality safety analyses.

Should a change to the facility require a nuclear criticality safety evaluation or analysis, an individual who, as a minimum, possesses the equivalent qualifications of the Criticality Safety Engineer shall perform the evaluation or analysis. An independent review of the evaluation or analysis, shall be performed by a second Criticality Safety Engineer with the same minimum qualifications.

O. Chemical Safety Specialist

The Chemical Safety Specialist shall have a minimum of two years experience in the preparation and/or review of chemical safety programs and procedures. This individual shall hold a bachelor's degree (or equivalent) in an engineering or scientific field and have successfully completed a training program, applicable to the scope of operations, in chemistry and in associated safety practices.

P. Shift Managers

Shift Managers shall have a minimum of five years of appropriate, responsible experience in implementing and supervising a nuclear operations program.

Q. Projects Manager

The Projects Manager shall have, as a minimum, a bachelor's degree (or equivalent) in an engineering or scientific field and have a minimum of five years of appropriate, responsible nuclear experience.

R. Safeguards Manager

The Safeguards Manager shall have as a minimum a bachelor's degree in an engineering or scientific field, and five years of experience in the management of a safeguards program for Special Nuclear Material, including responsibilities for material control and accounting. No credit for academic training may be taken toward fulfilling this experience requirement.

S. Chemistry Manager

The Chemistry Manager shall have, as a minimum, a bachelor's degree (or equivalent) in an engineering or a scientific field and three years of appropriate, responsible nuclear experience associated with implementation of a facility chemistry program.

T. Engineering Manager

The Engineering Manager shall have, as a minimum, a bachelor's degree (or equivalent) in an engineering or scientific field and have a minimum of five years of appropriate, responsible experience in implementing and supervising a nuclear engineering program.

U. Maintenance Manager

The Maintenance Manager shall have, as a minimum, a bachelor's degree (or equivalent) in an engineering or scientific field and four years of responsible nuclear experience.

V. Security Manager

The Security Manager shall have as a minimum, a bachelor's degree in an engineering or scientific field, and five years of experiences in the responsible management of physical security at a facility requiring security capability similar to that required for the facility. No credit for academic training may be taken toward fulfilling this experience requirement.

W. Training Manager

The Training Manager shall have a minimum of five years of appropriate, responsible experience in implementing and supervising a training program.

X. Fire Protection Officer

The Fire Protection Officer shall be trained in the field of fire protection and have practical day-to-day experience at nuclear facilities.

Y. Records Management Manager

The Records Management Manager shall have a minimum of three years of appropriate, responsible experience in implementing and supervising a document control program.

Z. Performance Assessment and Feedback Manager

The Performance Assessment and Feedback Manager shall have, as a minimum, a bachelor's degree (or equivalent) in an engineering or scientific field and four years of responsible nuclear experience.

2.3 ADMINISTRATION

This section summarizes how the activities that are essential for implementation of the management measures and other HS&E functions are documented in formally approved, written procedures, prepared in compliance with a formal document control program. The mechanism for reporting potentially unsafe conditions or activities to the HS&E organization and facility management is also summarized. Details of the management measures are provided in Chapter 11, Management Measures.

2.3.1 Configuration Management

Configuration management is provided for Items Relied On For Safety (IROFS) throughout facility design, construction, testing, and operation. Configuration management provides the means to establish and maintain a technical baseline for the facility based on clearly defined requirements. During design and construction, the Vice President - Project Management has responsibility for configuration management through the design control process. Selected documentation is controlled under the configuration management system in accordance with appropriate QA procedures associated with design control, document control, and records management. Design changes to IROFS undergo formal review, including interdisciplinary reviews as appropriate, in accordance with these procedures.

Configuration management provides the means to establish and maintain the essential features of the design basis of IROFS. As the project progresses from design and construction to operation, configuration management is maintained by the facility engineering organization as the overall focus of activities changes.

Additional details on Configuration Management are provided in Chapter 11, Management Measures.

2.3.2 Maintenance

The maintenance program will be implemented for the operations phase of the facility. Preventive maintenance activities, surveillance, and performance trending provide reasonable and continuing assurance that IROFS will be available and reliable to perform their safety functions.

The purpose of planned and scheduled maintenance for IROFS is to ensure that the equipment and controls are kept in a condition of readiness to perform the planned and designed functions when required. Appropriate plant management is responsible for ensuring the operational readiness of IROFS under this control. For this reason, the maintenance function is administratively closely coupled to operations. The maintenance organization plans, schedules, tracks, and maintains records for maintenance activities.

Maintenance activities generally fall into the following categories:

- Corrective maintenance
- Preventive maintenance

- Surveillance/monitoring
- Functional testing.

These maintenance categories are discussed in detail in Chapter 11, Management Measures.

2.3.3 Training and Qualifications

Formal planned training programs shall be established for facility employees. Indoctrination training shall be provided to employees within 30 days of reporting to work, and shall address safety preparedness for all safety disciplines (criticality, radiological, chemical, industrial), ALARA practices, and emergency procedures. In-depth training programs shall be provided to individuals depending on job requirements in the areas of radiological safety (for all personnel with access to the Restricted Area) and in criticality safety control. Nuclear criticality safety training shall satisfy the recommendations of ANSI/ANS-8.20 - 1991, Nuclear Criticality Safety Training (ANSI, 1991). Retraining of personnel previously trained shall be performed for radiological and criticality safety at least annually, and shall include updating and changes in required skills. The training program shall include methods for verifying training effectiveness, such as written tests, actual demonstration of skills, and where required by regulation, maintaining a current and valid license demonstrating qualification. Changes to training shall be implemented if indicated due to incidents potentially compromising safety, or if changes are made to facilities or processes.

The training programs and maintenance of the training program records at the facility are the responsibility of the Training Manager. Accurate records are maintained on each employee's qualifications, experience, training and retraining. The employee training file shall include records of all general employee training, technical training, and employee development training conducted at the facility. The employee training file shall also contain records of special company sponsored training conducted by others. The training records for each individual are maintained so that they are accurate and retrievable. Training records are retained in accordance with the records management system.

Additional details on the facility training program are provided in Chapter 11, Management Measures.

2.3.4 Procedures

Activities involving licensed materials will be conducted through the use of approved, written procedures. Applicable procedure and training requirements will be satisfied before use of the procedure. Procedures will be used to control activities in order to ensure the activities are carried out in a safe manner.

Generally, four types of plant procedures are used to control activities: operating procedures, administrative procedures, maintenance procedures, and emergency procedures. Operating procedures, developed for workstation and control room operators, are used to directly control process operations. Administrative procedures are written by each department as necessary to control activities that support process operations, including management measures (e.g. configuration management, training and record-keeping). Maintenance procedures address preventive and corrective maintenance, surveillance (includes calibration, inspection, and other

surveillance testing), functional testing following maintenance, and requirements for pre-maintenance activity involving reviews of the work to be performed and reviews of procedures. Emergency procedures address the preplanned actions of operators and other plant personnel in the event of an emergency.

Policies and procedures will be developed to ensure that there are ties between major plant safety functions such as the ISA, management measures for items relied on for safety (IROFS), radiation safety, nuclear criticality safety, fire safety, chemical safety, environmental monitoring, and emergency planning.

Chapter 11 details the use of procedures, including development, revision, and distribution and control.

2.3.5 Audits and Assessments

The LES QA Program requires periodic audits to confirm that activities affecting quality comply with the QA Program and that the QA Program is being implemented effectively. The assessment function includes audits and other independent assessments to verify performance. These assessments provide a comprehensive independent evaluation of activities, including activities delegated to others under the LES QA Program, and procedures. Personnel who do not have direct responsibility in the area being assessed conduct these assessments.

An assessment and audit program for operational quality assurance of the enrichment facility is established, and periodically reviewed by management, to:

- verify that the configuration and operation of the facility are consistent with LES company policy, approved procedures and license provisions
- review important proposed facility modifications, tests and procedures
- verify that reportable occurrences are investigated and corrected in a manner which reduces the probability of recurrence of such events
- to detect trends which may not be apparent to a day-to-day observer.

The organizational structure for conducting the operational reviews and audit program includes:

- The Safety Review Committee appointed by the Plant Manager
- Regular audits conducted by the Quality Assurance Department.

Each of the above shall have the authority necessary to discharge its responsibilities adequately. Implicit in this authority shall be access to facility records and personnel as required in order to perform reviews and audits properly.

Additional details on audits and assessments are provided in Chapter 11, Management Measures.

2.3.5.1 Safety Review Committee

The Safety Review Committee (SRC) provides technical and administrative review of facility operations that could impact plant worker and public safety. Details on the SRC and the scope of activities reviewed by the SRC are provided in Section 2.2.3, Safety Review Committee.

2.3.5.2 Quality Assurance Department

The Quality Assurance Department conducts periodic audits of activities associated with the facility, in order to verify the facility's compliance with established procedures. The LES Quality Assurance Program Description is included in Chapter 11,Management Measures as Appendix A.

2.3.5.3 Facility Operating Organization

The facility operating organization shall provide, as part of the normal duties of supervisory personnel, timely and continuing monitoring of operating activities to assist the Plant Manager in keeping abreast of general facility conditions and to verify that the day-to-day operating activities are conducted safely and in accordance with applicable administrative controls.

These continuing monitoring activities are considered to be an integral part of the routine supervisory function and are important to the safety of the facility operation.

2.3.5.4 Audited Organizations

Audited organizations shall assure that deficiencies identified are corrected in a timely manner.

Audited organizations shall transmit a response to each audit report within the time period specified in the audit. For each identified deficiency, the response shall identify the corrective action taken or to be taken. For each identified deficiency, the response shall also address whether or not the deficiency is considered to be indicative of other problems (e.g., a specific audit finding may indicate a generic problem) and the corrective action taken or to be taken for any such problems determined.

Copies of audit reports and responses are maintained in accordance with the records management system.

2.3.6 Incident Investigations

The Corrective Action Program (CAP) is described in detail in Section 11.6. Each event is considered in terms of its requirements for reporting in accordance with regulations and is evaluated to determine the level of investigation required. These evaluations and investigations are conducted in accordance with approved CAP procedures. The depth of the investigation depends upon the severity of the incident in terms of the levels of uranium released and/or the degree of potential for exposure of workers, the public or the environment.

2.3.7 Employee Concerns

Employees who feel that safety or quality is being compromised have the right and responsibility to initiate the "stop work" process in accordance with the applicable project or facility procedures to ensure the work environment is placed in a safe condition.

Employees also have access to various resources to ensure their safety or quality concerns are addressed, including:

- line management or other facility management (e.g., Performance Assessment and Feedback Managent, Plant Manager, HS&E Director , QA Director)
- the facility safety organization (i.e., any of the safety engineers or managers)
- NRC's requirements under 10 CFR 19, Notices, Instructions and Reports to Workers: Inspection and Investigations (CFR, 2003a)
- LES CAP - a simple mechanism available for use by any person at the NEF site for reporting unusual events and potentially unsafe conditions or activities.

2.3.8 Records Management

Procedures are established which control the preparation and issuance of documents such as manuals, instructions, drawings, procedures, specifications, and supplier-supplied documents, including any changes thereto. Measures are established to ensure documents, including revisions, are adequately reviewed, approved, and released for use by authorized personnel.

Document control procedures require documents to be transmitted and received in a timely manner at appropriate locations including the location where the prescribed activity is to be performed. Controlled copies of these documents and their revisions are distributed to and used by the persons performing the activity.

Superseded documents are destroyed or are retained only when they have been properly labeled. Indexes of current documents are maintained and controlled.

The QA Program assigns responsibility for verifying QA record retention to the QA Director. Applicable design specifications, procurement documents, or other documents specify the QA records to be generated by, supplied to, or held, in accordance with approved procedures. QA records are not considered valid until they are authenticated and dated by authorized personnel.

Additional details on the records management program are provided in Chapter 11, Management Measures.

2.3.9 Written Agreements with Offsite Emergency Resources

The plans for coping with emergencies at the facility are presented in detail in the Emergency Plan. The Emergency Plan includes a description of the facility emergency response organization and interfaces with off-site EROs. Written agreements between the facility and off-site EROs, including the local fire department, the local law enforcement agency, ambulance/rescue units, and medical services and facilities have been established.

Coordination with participating government agencies (State, Counties) is vital to the safety and health of plant personnel and the general public. The principal state and local agencies/organizations having responsibilities for radiological or other hazardous material emergencies for the facility are:

A. New Mexico Department of Public Safety, Office of Emergency Management

B. Eunice Emergency Response Services

2.4 REFERENCES

ANSI, 1991. Nuclear Criticality Safety Training, ANSI/ANS-8.20-1991, American National Standards Institute/American Nuclear Society, 1991.

ANSI, 1996. Administrative Practices for Nuclear Criticality Safety, ANSI/ANS-8.19-1996, American National Standards Institute/American Nuclear Society, 1996.

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CFR, 2003c. Title 10, Code of Federal Regulations, Part 70, Domestic Licensing of Special Nuclear Material, 2003.

NRC, 1992. Proposed Method for Regulating Major Materials Licensees, NUREG-1324, U.S. Nuclear Regulatory Commission, 1992.

NRC, 2002. Standard Review Plan for the Review of a License Application for a Fuel Cycle Facility, NUREG-1520, U.S. Nuclear Regulatory Commission, March 2002.

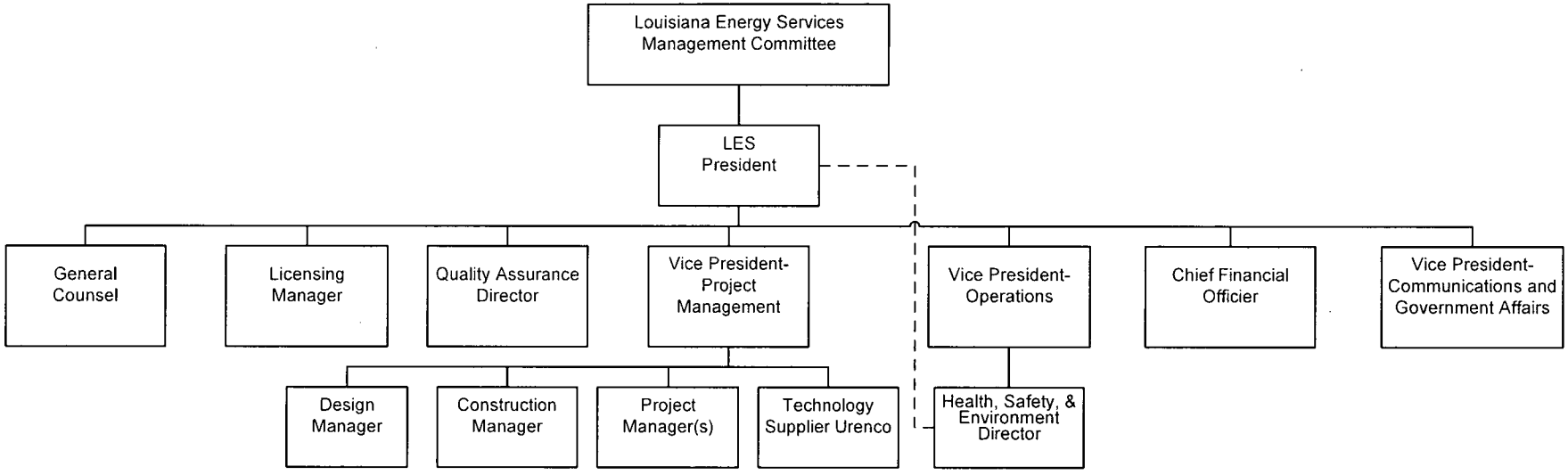

FIGURE 2.1-1

LES CORPORATE, DESIGN AND CONSTRUCTION ORGANIZATION

REFERENCE NUMBER
Figure 2.1-1.dwg

REVISION 12 DATE: SEPTEMBER 2006

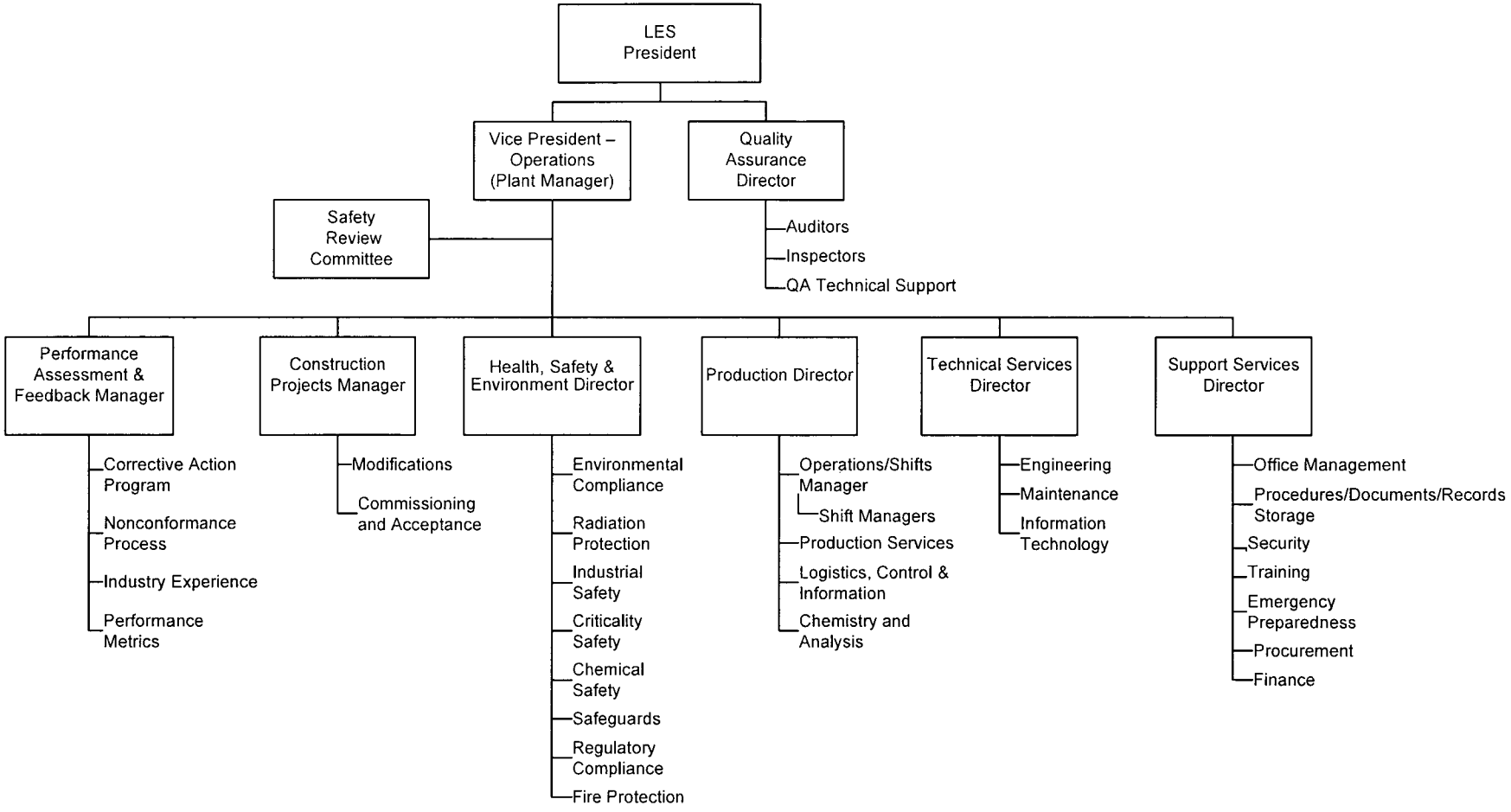

FIGURE 2.1-2

LES NATIONAL ENRICHMENT FACILITY
OPERATING ORGANIZATION

REVISION 12 DATE: SEPTEMBER 2006

REFERENCE NUMBER
Figure 2.1-2.dwg

4.0 RADIATION PROTECTION

This chapter describes the facility Radiation Protection Program. The Radiation Protection Program protects the radiological health and safety of workers and complies with the regulatory requirements in 10 CFR 19 (CFR, 2003a), 20 (CFR, 2003b) and 70 (CFR, 2003c).

The information provided in this chapter, the corresponding regulatory requirement and the NRC acceptance criteria from NUREG-1520 (NRC, 2002), Chapter 4 are summarized in the table below. Information beyond that required by the Standard Review Plan is included. This additional information is an update of that previously submitted for the Claiborne Enrichment Center, as noted above.

the National Council on Radiation Protection and Measurements (NCRP) may also be used in the formulation and evolution of the facility Radiation Protection Program.

The facility corrective action process is implemented if (1) personnel dose monitoring results or personnel contamination levels exceed the administrative personnel limits; or if an incident results in airborne occupational exposures exceeding the administrative limits or (2) the dose limits in 10 CFR 20 (CFR, 2003b), Appendix B or 10 CFR 70.61 (CFR, 2003e) are exceeded.

The information developed from the corrective action process is used to improve radiation protection practices and to preclude the recurrence of similar incidents. If an incident as described in item two above occurs, the NRC is informed of the corrective action taken or planned to prevent recurrence and the schedule established by the facility to achieve full compliance. The corrective action process and incident investigation process are described in Section 11.6, Incident Investigations and Corrective Action Process.

4.1.1 Responsibilities of Key Program Personnel

In this section the Radiation Protection Program's organizational structure is described. The responsibilities of key personnel are also discussed. These personnel play an important role in the protection of workers, the environment and implementation of the ALARA program. Chapter 2, Organization and Administration, discusses the facility organization and administration in further detail. Section 2.2, Key Management Positions of Chapter 2, presents a detailed discussion of the responsibilities of key management personnel.

4.1.1.1 Plant Manager

The Plant Manager is responsible for all aspects of facility operation, including the protection of all persons against radiation exposure resulting from facility operations and materials, and for compliance with applicable NRC regulations and the facility license.

4.1.1.2 Health, Safety and Environment Director

The Health, Safety, and Environment (HS&E) Director reports to the Plant Manager and has the responsibility for directing the activities that ensure the facility maintains compliance with appropriate rules, regulations, and codes. This includes HS&E activities associated with nuclear safety, radiation protection, chemical safety, environmental protection, fire protection, and industrial safety. The HS&E Director works with the other facility managers to ensure consistent interpretations of HS&E requirements, performs independent reviews and supports facility and operations change control reviews.

4.1.1.3 Radiation Protection Manager

The Radiation Protection Manager reports to the HS&E Director. The Radiation Protection Manager is responsible for implementing the Radiation Protection Program. In matters involving

radiological protection, the Radiation Protection Manager has direct access to the Plant Manager. The Radiation Protection Manager and Operators are responsible for:

- Establishing the Radiation Protection Program
- Generating and maintaining procedures associated with the program
- Assuring that ALARA is practiced by all personnel
- Reviewing and auditing the efficacy of the program in complying with NRC and other governmental regulations and applicable Regulatory Guides
- Modifying the program based upon experience and facility history
- Adequately staffing the Radiation Protection group to implement the Radiation Protection Program
- Establishing and maintaining an ALARA program
- Establishing and maintaining a respirator usage program
- Monitoring worker doses, both internal and external
- Complying with the radioactive materials possession limits for the facility
- Handling of radioactive wastes when disposal is needed
- Calibration and quality assurance of all radiological instrumentation, including verification of required Lower Limits of Detection or alarm levels
- Establishing and maintaining a radiation safety training program for personnel working in Restricted Areas

- Performing audits of the Radiation Protection Program on an annual basis
- Establishing and maintaining the radiological environmental monitoring program
- Posting the Restricted Areas, and within these areas, posting: Radiation, Airborne Radioactivity, High Radiation and Contaminated Areas as appropriate; and developing occupancy guidelines for these areas as needed.

4.1.1.4 Operations/Shifts Manager

The Operations/Shifts Manager is responsible for operating the facility safely and in accordance with procedures so that all effluents released to the environment and all exposures to the public and facility personnel meet the limits specified in applicable regulations, procedures and guidance documents.

4.1.1.5 Facility Personnel

Facility personnel are required to work safely and to follow the rules, regulations and procedures that have been established for their protection and the protection of the public. Personnel whose duties require (1) working with radioactive material, (2) entering radiation areas, (3) controlling facility operations that could affect effluent releases, or (4) directing the activities of others, are trained such that they understand and effectively carry out their responsibilities.

4.1.2 Staffing of the Radiation Protection Program

Only suitably trained radiation protection personnel are employed at the facility. For example, the Radiation Protection Manager's qualification requirements are described in Section 2.2.4. Other members of the Radiation Protection Program staff are trained and qualified consistent with the guidance provided in American National Standards Institute (ANSI) standard 3.1, Selection, Qualification and Training of Personnel for Nuclear Power Plants (ANSI, 1993).

Sufficient resources in terms of staffing and equipment are provided to implement an effective Radiation Protection Program.

4.1.3 Independence of the Radiation Protection Program

The Radiation Protection Program remains independent of the facility's routine operations. This independence ensures that the Radiation Protection Program maintains its objectivity and is focused only on implementing sound radiation protection principles necessary to achieve occupational doses and doses to members of the public that are ALARA. It was previously

4.2 COMMITMENT TO AN ALARA PROGRAM

Section 4.1, Commitment to Radiation Protection Program Implementation, above states the facility's commitment to the implementation of an ALARA program. The objective of the program is to make every reasonable effort to maintain facility exposures to radiation as far below the dose limits of 10 CFR 20.1201 (CFR, 2003f) as is practical and to maintain radiation exposures to members of the public such that they are not expected to receive the dose limits of 10 CFR 20.1101(d) (CFR, 2003d). The design and implementation of the ALARA program is consistent with the guidance provided in Regulatory Guides 8.2 (NRC, 1973a), 8.13 (NRC, 1999a), 8.29 (NRC, 1996), and 8.37 (NRC, 1993g). The operation of the facility is consistent with the guidance provided in Regulatory Guide 8.10 (NRC, 1977).

Annual doses to individual personnel are maintained ALARA. In addition, the annual collective dose to personnel (i.e., the sum of all annual individual doses, expressed in person-Sv or person-rem) is maintained ALARA. The dose equivalent to the embyro/fetus is maintained below the limits of 10 CFR 20.1208 (CFR, 2003g).

The Radiation Protection Program is written and implemented to ensure that it is comprehensive and effective. The written program documents policies that are implemented to ensure the ALARA goal is met. Facility procedures are written so that they incorporate the ALARA philosophy into the routine operations of the facility and ensure that exposures are consistent with 10 CFR 20.1101 (CFR, 2003d) limits. As discussed in Section 4.7, Radiation Surveys and Monitoring Programs Commitments, radiological zones will be established within the facility. The establishment of these zones supports the ALARA commitment in that the zones minimize the spread of contamination and reduce unnecessary exposure of personnel to radiation.

Specific goals of the ALARA program include maintaining occupational exposures as well as environmental releases as far below regulatory limits as is reasonably achievable. The ALARA concept is also incorporated into the design of the facility. The size and number of areas with higher dose rates are minimized consistent with accessibility for performing necessary services in the areas. Areas where facility personnel spend significant amounts of time are designed to maintain the lowest dose rates reasonably achievable.

The Radiation Protection Manager is responsible for implementing the ALARA program and ensuring that adequate resources are committed to make the program effective. The Radiation Protection Manager prepares an annual ALARA program evaluation report. The report reviews (1) radiological exposure and effluent release data for trends, (2) audits and inspections, (3) use, maintenance and surveillance of equipment used for exposure and effluent control, and (4) other issues, as appropriate, that may influence the effectiveness of the radiation protection/ ALARA programs. Copies of the report are submitted to the Plant Manager, Radiation Safety Committee, and the Safety Review Committee.

4.2.1 ALARA Committee

The Safety Review Committee (SRC) fulfills the duties of the ALARA Committee. The SRC meets at least quarterly. Additional details concerning the membership and qualifications of the SRC are provided in Chapter 2, Organization and Administration.

Programs for improving the effectiveness of equipment used for effluent and exposure control are also evaluated by the SRC. The recommendations of the committee are documented in writing. The implementation of the committee's recommendations is tracked to completion via the Corrective Action Program, which is described in Section 11.6, Incident Investigations and Correction Action Process.

As part of its duties, the SRC reviews the effectiveness of the ALARA program and determines if exposures, releases and contamination levels are in accordance with the ALARA concept. It also evaluates the results of assessments made by the radiation protection organization, reports of facility radiation levels, contamination levels, and employee exposures for identified categories of workers and types of operations. The committee is responsible for ensuring that the occupational radiation exposure dose limits of 10 CFR 20 (CFR, 2003b) are not exceeded under normal operations. The committee determines if there are any upward trends in personnel exposures, environmental releases and facility contamination levels.

The ALARA program facilitates interaction between radiation protection and operations personnel. The SRC, comprising staff members responsible for radiation protection and operations, is particularly useful in achieving this goal. The SRC periodically reviews the goals and objectives of the ALARA program. The ALARA program goals and objectives are revised to incorporate, as appropriate, new technologies or approaches and operating procedures or changes that could cost-effectively reduce potential radiation exposures.

4.3 ORGANIZATION AND PERSONNEL QUALIFICATIONS

The regulation 10 CFR 70.22 (CFR, 2003h) requires that the technical qualifications, including training and experience of facility staff be provided in the license application. This information is provided in this section.

The Radiation Protection Program staff is assigned responsibility for implementation of the Radiation Protection Program functions. Only suitably trained radiation protection personnel are employed at the facility. Staffing is consistent with the guidance provided in Regulatory Guides 8.2 (NRC, 1973a) and 8.10 (NRC, 1977).

As previously discussed, the Radiation Protection Manager's qualification requirements are described in Section 2.2.4. The nuclear experience includes at least two years of experience at a facility that processes uranium, including uranium in soluble form. As stated in Section 4.1.2, Staffing of the Radiation Protection Program, other members of the Radiation Protection Program staff are trained and qualified consistent with the guidance provided in American National Standards Institute (ANSI) standard 3.1, Selection, Qualification and Training of Personnel for Nuclear Power Plants (ANSI, 1993).

The Radiation Protection Manager reports to the HS&E Director and has the responsibility for establishing and implementing the Radiation Protection Program. These duties include the training of personnel in use of equipment, control of radiation exposure of personnel, continuous determination and evaluation of the radiological status of the facility, and conducting the radiological environmental monitoring program. The facility organization chart establishes clear organizational relationships among the radiation protection staff and the other facility line managers. The facility operating organization is described in Chapter 2, Organization and Administration.

In all matters involving radiological protection, the Radiation Protection Manager has direct access to the Plant Manager. The Radiation Protection Manager is skilled in the interpretation of radiation protection data and regulations. The Radiation Protection Manager is also familiar with the operation of the facility and radiation protection concerns relevant to the facility. The Radiation Protection Manager is a resource for radiation safety management decisions.

4.4 COMMITMENT TO WRITTEN PROCEDURES

All operations at LES involving licensed materials are conducted through the use of procedures as required by 10 CFR 70.22(8) (CFR, 2003h). Radiation protection procedures are prepared, reviewed and approved to carry out activities related to the radiation protection program. Procedures are used to control radiation protection activities in order to ensure that the activities are carried out in a safe, effective and consistent manner. Radiation protection procedures are reviewed and revised as necessary, to incorporate any facility or operational changes or changes to the facility's Integrated Safety Analysis (ISA).

The radiation protection procedures are assigned to personnel qualified to develop such procedures. Initial procedure drafts are reviewed by members of the facility staff and other by personnel with enrichment plant operating experience. The designated approver determines whether or not any additional, cross-disciplinary review is required. Changes to procedures are processed as follows. The writer documents the change as well as the reason for the change. The Radiation Protection Manager (or a designee who has the qualifications of the Radiation Protection Manager) reviews and approves procedures as well as proposed revisions to procedures. Final approval of the revised procedure is by the Plant Manager, or a designated alternate. Chapter 11, Management Measures, describes the program implemented for the control of procedures.

4.4.1 Radiation Work Permit Procedures

All work performed in Restricted Areas is performed in accordance with a Radiation Work Permit (RWP). The procedures controlling RWPs are consistent with the guidance provided in Regulatory Guide 8.10 (NRC, 1977). An RWP may also be required whenever the Radiation Protection Manager deems that one is necessary. Activities involving licensed materials not covered by operating procedures and where radioactivity levels are likely to exceed airborne radioactivity limits require the issuance of a RWP. Both routine and non-routine activities are performed under a RWP. The RWP provides a description of the work to be performed. That is, the RWP defines the authorized activities. The RWP summarizes the results of recent dose rate surveys, contamination surveys, airborne radioactivity results, etc. The RWP specifies the precautions to be taken by those performing the task. The specified precautions may include personal protective equipment to be worn while working (e.g., gloves, respirators, personnel monitoring devices), stay-times or dose limits for work in the area, record keeping requirements (e.g., time or dose spent on job) and the attendance of a radiation protection technician during the work. The RWP requires approval by the Radiation Protection Manager or designee. The designee must meet the requirements of Section 4.1.2, Staffing of the Radiation Protection Program. RWPs have a predetermined period of validity with a specified expiration or termination time.

Standing RWPs are issued for routinely performed activities, such as tours of the plant by shift personnel or the charging of cylinders. A Standing RWP would, for example, be used for the job evolution of cylinder charging; a new RWP is not issued each time a new cylinder is charged.

Listed below are requirements of the RWP procedures.

- The Radiation Protection Manager or designee is responsible for determining the need for, issuing and closing out RWPs
- Planned activities or changes to activities inside Restricted Areas or work with licensed materials are reviewed by the Radiation Protection Manager or designee for the potential to cause radiation exposures to exceed action levels or to produce radioactive contamination
- RWPs include requirements for any necessary safety controls, personnel monitoring devices, protective clothing, respiratory protective equipment, and air sampling equipment and the attendance of radiation protection technicians at the work location
- RWPs are posted at access points to Restricted Areas with copies of current RWPs posted at the work area location
- RWPs clearly define and limit the work activities to which they apply. A RWP is closed out when the applicable work activity for which it was written is completed and terminated
- RWPs are retained as a record at least for the life of the facility.

performed by operational area personnel responsible for criticality safety and radiation protection.

Since contractor employees may perform diverse tasks in the Restricted Areas or Controlled Areas of the facility, formal training for these employees is designed to address the type of work they perform. In addition to applicable radiation safety topics, training contents may include RWPs, special bioassay sampling, and special precautions for welding, cutting, and grinding. Instructors certified by the Radiation Protection Manager conduct the radiation protection training programs.

The Radiation Protection Manager is responsible for establishing and maintaining the radiation protection training for all personnel, including contractor personnel who may be working at the facility. Records are maintained for each employee documenting the training date, scope of the training, identity of the trainer(s), any test results and other associated information by the Training Manager.

Individuals requiring unescorted access to a Restricted Area receive annual retraining. Contents of the formal radiation protection training program are reviewed and updated as required at least every two years by the HS&E Director or Radiation Protection Manager to ensure that the programs are current and adequate.

Process vents from the Separations Building Module are collected by the Separations Building Gaseous Effluent Vent System (GEVS). Some areas of the Technical Services Building (TSB) also have fume hoods that are connected to the TSB GEVS. Air released from the Centrifuge Test Facility and the Centrifuge Post Mortem Facilities is filtered by the Centrifuge Test and Post Mortem Facilities Exhaust Filtration System prior to release. The systems operate slightly below atmospheric pressure to remove potentially hazardous vapors and particulate from confined areas of the plant. The systems contain particulate and carbon adsorption filters to remove radioactive materials from the gas stream prior to release from the plant. Continuous HF monitors are provided upstream of the filters with high level alarms to inform operators of UF_6 releases in the plant.

Normal operation of the facility will not result in a release of radioactive material that exceeds regulatory limits. Ventilation systems for areas that do not have the potential for contamination are not monitored for radioactivity because radioactive material is not handled or processed in these areas. No emergency ventilation systems are provided for operation when the normal ventilation systems are shut down.

Several measures are in place to ensure effective operation of the ventilation systems. Differential pressure across High Efficiency Particulate Air (HEPA) filters in potentially contaminated ventilation exhaust systems is monitored monthly or automatically monitored and alarmed. Operating procedures specify limits and set points on the differential pressure consistent with manufacturers' recommendations. Filters are changed if they fail to function properly or if the differential pressure exceeds the manufacturers' ratings.

Filter inspection, testing, maintenance and change out criteria are specified in written procedures approved by the Technical Services Director, or a designated alternate. Change-out frequency is based on considerations of filter loading, operating experience, differential pressure data and any UF_6 releases indicated by HF alarms.

Gloveboxes are designed to maintain a negative differential pressure of about 0.623 mbar (0.25 in H_2O). This differential pressure is maintained anytime that the glovebox is in use. If the differential pressure is lost, use of the glovebox is suspended until the required differential pressure is restored.

Air flow rates at exhausted enclosures and close-capture points, when in use, are adequate to preclude escape of airborne uranium and minimize the potential for intake by workers. Air flow rates are checked monthly when in use and after modification of any hood, exhausted enclosure, close-capture point equipment or ventilation system serving these barriers.

The various programs that pertain to preventive and corrective maintenance are described in Chapter 11, Sections 11.2.2, Corrective Maintenance and 11.2.3, Preventive Maintenance respectively.

for any other emergency. The Radiation Protection Manager, in consultation with the Industrial Safety Manager, specifies the number of standby rescue personnel that must be immediately available to assist all users of this type of equipment and to provide effective emergency rescue if needed.

4. Atmosphere-supplying respirators are supplied with respirable air of grade D quality or better as defined by the Compressed Gas Association in publication G-7.1, Commodity Specification for Air, (CGA, 1997) and included in the regulations of the Occupational Safety and Health Administration (29 CFR 1910.134(i)(1)(ii)(A) through (E) (CFR, 2003l)).

5. No objects, materials or substances (such as facial hair), or any conditions that interfere with the face-to-facepiece seal or valve function, and that are under the control of the respirator wearer, are allowed between the skin of the wearer's face and the sealing surface of a tight-fitting respirator facepiece.

The dose to individuals from the intake of airborne radioactive material is estimated by dividing the ambient air concentration outside the respirator by the assigned protection factor. If the actual dose is later found to be greater than that estimated initially, the corrected value is used. If the dose is later found to be less than the estimated dose, the lower corrected value may be used.

Records of the respiratory protection program (including training for respirator use and maintenance) are maintained in accordance with the facility records management program as described in Section 11.7, Records Management. Respiratory protection procedures are revised as necessary whenever changes are made to the facility, processing or equipment.

Within the Separations Building, significant accumulations of enriched UF_6 reside only in the Product Low Temperature Take-off Stations, Product Liquid Sampling Autoclaves, Product Blending System or the UF_6 cold traps. All these, except the UF_6 cold traps, contain the UF_6 in 30B and 48Y cylinders. All these significant accumulations are within enclosures protecting them from water ingress. The facility design has minimized the possibility of accidental moderation by eliminating direct water contact with these cylinders of accumulated UF_6. In addition, the facility's stringent procedural controls for enriching the UF_6 assure that it does not become unacceptably hydrogen moderated while in process. The plant's UF_6 systems operating procedures contain safeguards against loss of moderation control (ANSI, 1997). No neutron poisons are relied upon to assure criticality safety.

5.1.4 Description of Safety Criteria

Each portion of the plant, system, or component that may possibly contain enriched uranium is designed with criticality safety as an objective. Table 5.1-2, Safety Criteria for Buildings/ Systems/Components, shows how the safety criteria of Table 5.1-1, Safe Values for Uniform Aqueous Solutions of Enriched UO_2F_2, are applied to the facility to prevent a nuclear criticality event. Although the NEF will be limited to 5.0 $^{w}/_{o}$ enrichment, as additional conservatism, the values in Table 5.1-2, represent the limits based on 6.0 $^{w}/_{o}$ enrichment.

Where there are significant in-process accumulations of enriched uranium as UF_6, the plant design includes multiple features to minimize the possibilities for breakdown of the moderation control limits. These features eliminate direct ingress of water to product cylinders while in process.

5.1.5 Organization and Administration

The criticality safety organization is responsible for implementing the Nuclear Criticality Safety Program. During the design phase, the criticality safety function is performed within the design engineering organization. The criticality safety function for operations is described in the following section.

The Criticality Safety Officer reports to the Health, Safety, and Environment (HS&E) Director as described in Chapter 2, Organization and Administration. The HS&E Director is accountable for overall criticality safety of the facility, is administratively independent of production responsibilities, and has the authority to shut down potentially unsafe operations.

Designated responsibilities of the Criticality Safety Officer include the following:

- Establish the Nuclear Criticality Safety Program, including design criteria, procedures, and training
- Assess normal and credible abnormal conditions
- Determine criticality safety limits for controlled parameters, with input from the Criticality Safety Engineers
- Develop and validate methods to support nuclear criticality safety evaluations (NCSEs) (i.e., non-calculation engineering judgments regarding whether existing criticality safety analyses bound the issue being evaluated or whether new or revised safety analyses are required)

- Specify criticality safety control requirements and functionality
- Provide advice and counsel on criticality safety control measures, including review and approval of operating procedures
- Support emergency response planning and events
- Evaluate the effectiveness of the Nuclear Criticality Safety Program using audits and assessments
- Provide criticality safety postings that identify administrative controls for operators in applicable work areas.

Criticality Safety Engineers will be provided in sufficient number to support the program technically. They are responsible for the following:

- Provide criticality safety support for integrated safety analyses and configuration control
- Perform NCS analyses (i.e., calculations), write NCS evaluations, and approve proposed changes in process conditions on equipment involving fissionable material

The minimum qualifications for the Criticality Safety Officer and the Criticality Safety Engineer are described in Section 2.2.4. The HS&E Director has the authority and responsibility to assign and direct activities for the Criticality Safety Program. The Criticality Safety Officer is responsible for implementation of the NCS program.

The NEF implements the intent of the administrative practices for criticality safety, as contained in Section 4.1.1 of American National Standards Institute/American Nuclear Society (ANSI/ANS)-8.1-1998, Nuclear Criticality Safety in Operations with Fissionable Materials Outside Reactors (ANSI, 1998a). A policy will be established whereby personnel shall report defective NCS conditions and perform actions only in accordance with written, approved procedures. Unless a specific procedure deals with the situation, personnel shall report defective NCS conditions and take no action until the situation has been evaluated and recovery procedures provided.

5.2.1.4 Nuclear Criticality Safety Analyses

Nuclear criticality safety is analyzed for the design features of the plant system or component and for the operating practices that relate to maintaining criticality safety. The analysis of individual systems or components and their interaction with other systems or components containing enriched uranium is performed to assure the criticality safety criteria are met. The nuclear criticality safety analyses and the safe values in Table 5.1-1, Safe Values for Uniform Aqueous Solution of Enriched UO_2F_2, provide a basis for the plant design and criticality hazards identification performed as part of the Integrated Safety Analysis.

Each portion of the plant, system, or component that may possibly contain enriched uranium is designed with criticality safety as an objective. Table 5.1-2, Safety Criteria for Buildings/ Systems/Components, shows how the safe values of Table 5.1-1, are applied to the facility design to prevent a nuclear criticality event. The NEF is designed and operated in accordance with the parameters provided in Table 5.1-2. The Integrated Safety Analysis reviewed the facility design and operation and identified Items Relied On For Safety to ensure that criticality does not pose an unacceptable risk.

Where there are significant in-process accumulations of enriched uranium as UF_6 the plant design includes multiple features to minimize the possibilities for breakdown of the moderation control limits. These features eliminate direct ingress of water to product cylinders while in process.

Each NCS analysis includes, as a minimum, the following information.

- A discussion of the scope of the analysis and a description of the system(s)/process(es) being analyzed.
- A discussion of the methodology used in the criticality calculations, which includes the validated computer codes and cross section library used and the k_{eff} limit used (0.95).
- A discussion of assumptions (e.g. reflection, enrichment, uranium accumulation, moderation, movement of vessels, component dimensions) and the details concerning the assumptions applicable to the analysis.
- A discussion on the system(s)/process(es) analyzed and the analysis performed, including a description of the accident or abnormal conditions assumed.
- A discussion of the analysis results, including identification of required limits and controls.

During the design phase of NEF, the NCS analysis is performed by a criticality safety engineer and independently reviewed by a second criticality safety engineer. During the operation of NEF, the NCS analysis is performed by criticality safety engineer, independently reviewed by a second criticality safety engineer and approved by the Engineering Manager or Technical Services Director. Only qualified criticality safety engineers can perform NCS analyses and associated independent review.

5.2.1.5 Additional Nuclear Criticality Safety Analyses Commitments

The NEF NCS analyses were performed using the above methodologies and assumptions. NCS analyses also meet the following:

- NCS analyses are performed using acceptable methodologies.
- Methods are validated and used only within demonstrated acceptable ranges.
- The analyses adhere to ANSI/ANS-8.1-1998 (ANSI, 1998a) as it relates to methodologies.
- The validation report statement in Regulatory Guide 3.71 (NRC, 1998) is as follows: LES has demonstrated (1) the adequacy of the margin of safety for subcriticality by assuring that the margin is large compared to the uncertainty in the calculated value of $k_{eff,}$ (2) that the calculation of k_{eff} is based on a set of variables whose values lie in a range for which the methodology used to determine k_{eff} has been validated, and (3) that trends in the bias support the extension of the methodology to areas outside the area or areas of applicability.
- A specific reference to (including the date and revision number) and summary description of either a manual or a documented, reviewed, and approved validation report for each methodology are included. Any change in the reference manual or validation report will be reported to the NRC by letter.
- The reference manual and documented reviewed validation report will be kept at the facility.
- The reference manual and validation report are incorporated into the configuration management program.
- The NCS analyses are performed in accordance with the methods specified and incorporated in the configuration management program.
- The NCS methodologies and technical practices in NUREG-1520 (NRC, 2002), Section 5.4.3.4, are used to analyze NCS accident sequences in operations and processes.
- The acceptance criteria in NUREG-1520 (NRC, 2002), Section 3.4, as they relate to: identification of NCS accident sequences, consequences of NCS accident sequences, likelihood of NCS accident sequences, and descriptions of IROFS for NCS accident sequences are met.
- NCS controls and controlled parameters to assure that under normal and credible abnormal conditions, all nuclear processes are subcritical, including use of an approved margin of subcriticality for safety are used.
- As stated in ANSI/ANS-8.1-1998 (ANSI, 1998a), process specifications incorporate margins to protect against uncertainties in process variables and against a limit being accidentally exceeded.
- ANSI/ANS-8.7-1998 (ANSI, 1998b), as it relates to the requirements for subcriticality of operations, the margin of subcriticality for safety, and the selection of controls required by 10 CFR 70.61(d) (CFR, 2003b), is used.

- ANSI/ANS-8.10-1983 (ANSI, 1983b), as modified by Regulatory Guide 3.71 (NRC, 1998), as it relates to the determination of consequences of NCS accident sequences, is used.
- If administrative k_{eff} margins for normal and credible abnormal conditions are used, NRC pre-approval of the administrative margins will be sought.
- Subcritical limits for k_{eff} calculations such that: k_{eff} subcritical = 1.0 - bias - margin, where the margin includes adequate allowance for uncertainty in the methodology, data, and bias to assure subcriticality are used.
- Studies to correlate the change in a value of a controlled parameter and its k_{eff} value are performed. The studies include changing the value of one controlled parameter and determining its effect on another controlled parameter and k_{eff}.
- The double contingency principle is met. The double contingency principle is used in determining NCS controls and IROFS.
- The acceptance criteria in NUREG-1520 (NRC, 2002) Section 3.4, as they relate to subcriticality of operations and margin of subcriticality for safety, are met.

5.2.1.6 Nuclear Criticality Safety Evaluations (NCSE)

For any change (i.e., new design or operation, or modification to the facility or to activities of personnel, e.g., site structures, systems, components, computer programs, processes, operating procedures, management measures), that involves or could affect uranium, a NCSE shall be prepared and approved. Prior to implementing the change, it shall be determined that the entire process will be subcritical (with approved margin for safety) under both normal and credible abnormal conditions. If this condition cannot be shown with the NCSE, either a new or revised NCS analysis will be generated that meets the criteria, or the change will not be made.

The NCSE shall determine and explicitly identify the controlled parameters and associated limits upon which NCS depends, assuring that no single inadvertent departure from a procedure could cause an inadvertent nuclear criticality and that the safety basis of the facility will be maintained during the lifetime of the facility. The evaluation ensures that all potentially affected uranic processes are evaluated to determine the effect of the change on the safety basis of the process, including the effect on bounding process assumptions, on the reliability and availability of NCS controls, and on the NCS of connected processes.

The NCSE process involves a review of the proposed change, discussions with the subject matter experts to determine the processes which need to be considered, development of the controls necessary to meet the double contingency principle, and identification of the assumptions and equipment (e.g., physical controls and/or management measures) needed to ensure criticality safety.

Engineering judgment of the criticality safety engineer is used to ascertain the criticality impact of the proposed change. The basis for this judgment is documented with sufficient detail in the NCSE to allow the independent review by a second criticality safety engineer to confirm the conclusions of the judgment of results. Each NCSE includes, as a minimum, the following information.

- A discussion of the scope of the evaluation, a description of the system(s)/process(es) being evaluated, and identification of the applicable nuclear criticality safety analysis

- A discussion to demonstrate the applicable nuclear criticality safety analysis is bounding for the condition evaluated.
- A discussion of the impact on the facility criticality safety basis, including effect on bounding process assumptions, on reliability and availability NCS controls, and on the nuclear criticality safety of connected system(s)/process(es).
- A discussion of the evaluation results, including (1) identification of assumptions and equipment needed to ensure nuclear criticality safety is maintained and (2) identification of limits and controls necessary to ensure the double contingency principle is maintained.

The NCSE is performed and documented by a criticality safety engineer. Once the NCSE is completed and the independent review by a criticality safety engineer is performed and documented, the Engineering Manager or Technical Services Director approves the NCSE. Only criticality safety engineers who have successfully met the requirements specified in the qualification procedure can perform NCSEs and associated independent review.

The above process for NCSEs is in accordance with ANSI/ANS-8.19-1996 (ANSI, 1996).

5.2.1.7 Additional Nuclear Criticality Safety Evaluations Commitments

NCSEs also meet the following:

- The NCSEs are performed in accordance with the procedures specified and incorporated in the configuration management program.
- The NCS methodologies and technical practices in NUREG-1520 (NRC, 2002), Sections 5.4.3.4.1(10)(a), (b), (d) and (e), are used to evaluate NCS accident sequences in operations and processes.
- The acceptance criteria in NUREG-1520 (NRC, 2002), Section 3.4, as they relate to: identification of NCS accident sequences, consequences of NCS accident sequences, likelihood of NCS accident sequences, and descriptions of IROFS for NCS accident sequences are met.
- NCS controls and controlled parameters to assure that under normal and credible abnormal conditions, all nuclear processes are subcritical, including use of an approved margin of subcriticality for safety are used.
- The double contingency principle is met. The double contingency principle is used in determining NCS controls and IROFS.
- The acceptance criteria in NUREG-1520 (NRC, 2002) Section 3.4, as they relate to subcriticality of operations and margin of subcriticality for safety, are met.

6.4.9 Incident Investigation and Corrective Actions

A facility wide incident investigation process exists that includes chemical process related incidents. This process is available for use by any person at the facility for reporting abnormal events and potentially unsafe conditions or activities. Each event will be considered in terms of its requirements for reporting in accordance with regulations and will be evaluated to determine the level of investigation required. These evaluations and investigations will be conducted in accordance with approved procedures. The depth of the investigation will depend upon the severity of the classified incident in terms of the levels of uranium/chemical released and/or the degree of potential for exposure of workers, the public or the environment.

A detailed description of the incident investigation program can be found in Section 11.6, Incident Investigations and Corrective Action Process.

7.1.2 Management Policy and Direction

Louisiana Energy Services (LES) is committed to ensuring that the IROFS, as identified in the ISA Summary, are available and reliable, and that the facility maintains fire safety awareness among employees, controls transient ignition sources and combustibles, and maintains a readiness to extinguish or limit the consequences of fire. The facility maintains fire safety awareness among employees through its General Employee Training Program. The training program is described in Chapter 11, Management Measures.

The responsibility for fire protection rests with the Health, Safety & Environment (HS&E) Manager who reports directly to the Plant Manager. The HS&E Director is assisted by the Fire Protection Officer. Fire protection engineering support is provided by the Engineering Manager in Technical Services. The personnel qualification requirements for the HS&E Director and the Fire Protection Officer are presented in Chapter 2, Organization and Administration.

The Fire Protection Officer is trained in the field of fire protection and has practical day-to-day fire safety experience at nuclear facilities. The Fire Protection Officer is responsible for the following:

- Fire protection program and procedural requirements
- Fire safety considerations
- Maintenance, surveillance, and quality of the facility fire protection features
- Review of design changes as they relate to fire protection
- Documentation and record keeping as they relate to fire protection
- Fire prevention activities (i.e., administrative controls and training)
- Organization and training of the fire brigade
- Pre-fire planning.

The facility maintains a Safety Review Committee (SRC) that reports to the Plant Manager. The SRC performs the function of a fire safety review committee. The SRC provides technical and administrative review and audit of plant operations including facility modifications to ensure that fire safety concerns are addressed.

Engineering review of the fire safety program is accomplished by configuration management and the SRC. Configuration management is discussed in Chapter 11, Management Measures, and the SRC is discussed in Chapter 2, Organization and Administration.

7.1.3 Fire Prevention

Administrative controls are used to maintain the performance of the fire protection systems and delineate the responsibilities of personnel with respect to fire safety. The primary fire safety administrative controls are those that relate to fire prevention. These fire prevention controls, in the form of procedures, primarily control the storage and use of combustible materials and the use of ignition sources. These controls include, but are not limited to, the following:

- Governing the handling of transient combustibles in buildings containing IROFS, including work-generated combustibles

- Implementing a permit system to control ignition sources that may be introduced by welding, flame cutting, brazing, or soldering operations
- Ensuring that the use of open flames or combustion-generated smoke for leak testing is not permitted
- Conducting formal periodic fire prevention inspections to (1) ensure that transient combustibles adhere to established limits based on the Fire Hazard Analysis; (2) ensure the availability and acceptable condition of fire protection systems/equipment, fire stops, penetration seals, and fire-retardant coatings; and (3) ensure that prompt and effective corrective actions are taken to correct conditions adverse to fire protection and preclude their recurrence
- Performing periodic housekeeping inspections
- Implementing a permit system to control the disarming of fire detection or fire suppression systems, including appropriate compensatory measures
- Implementing fire protection system inspection, testing, and maintenance procedures.

7.1.4 Inspection, Testing, and Maintenance of Fire Protection Systems

An inspection, testing and maintenance program is implemented to ensure that fire protection systems and equipment remain operable and function properly when needed to detect and suppress fire. Fire protection procedures are written to address such topics as training of the fire brigade, reporting of fires, and control of penetration seals. The Fire Protection Officer has responsibility for fire protection procedures in general; with the facility's maintenance section having responsibility for certain fire protection procedures such as control of repairs to facility penetration seals. Refer to Chapter 11, Management Measures, for additional information on procedures and maintenance activities.

7.1.5 Emergency Organization Qualifications, Drills and Training

The qualifications, drills and training of the fire brigade members who are part of the Emergency Organization are in accordance with NFPA 600 (NFPA, 1996i). The primary purpose of the Fire Brigade Training Program is to develop a group of facility employees trained in fire prevention, fire fighting techniques, first aid procedures, and emergency response. They are trained and equipped to function as a team for the fighting of fires.

The Fire Brigade Program provides entrance and educational requirements for fire brigade candidates as well as the medical- and job-related physical requirements. The Fire Brigade Training Program provides for initial training of all new fire brigade members, semi-annual classroom training and drills, annual practical training, and leadership training for fire brigade leaders.

The NEF Emergency Plan also discusses the use of offsite emergency organizations, drills and training.

7.1.6 Pre-Fire Plans

Detailed pre-fire plans will be developed for use by the facility fire brigade.

The pre-fire plans include the location of fire protection equipment, approach paths for fire response, potential hazards in the area, power supply and ventilation isolation means, important plant equipment in the area and other information considered necessary by fire emergency response personnel.

The subject matter discussed in Section 7.1.6 is essentially the same as the subject matter discussed in the Claiborne Enrichment Center SAR (LES, 1993). The NRC staff previously reviewed the Claiborne Enrichment Center SAR (LES, 1993) relative to Pre-Fire Plans and concluded that the descriptions, specifications or analyses provided an adequate basis for safety review of the facility operations and that the construction and operation of the facility would not pose an undue risk to public health and safety. The specific discussion on Pre-Fire Plans is discussed in NUREG –1491 (NRC, 1994), Section 4.6.

11.0 MANAGEMENT MEASURES

Management measures are functions applied to item(s) relied on for safety (IROFS) and any items which may affect the function of IROFS to provide reasonable assurance that the IROFS are available and able to perform their functions when needed. This chapter addresses each of the management measures included in the 10 CFR 70.4 definition of management measures.

Management measures are implemented through a quality assurance (QA) program in accordance with 10 CFR 50, Appendix B (CFR, 2003b). The QA program also provides additional measures for ensuring that the design, construction, operation and decommissioning of IROFS are controlled commensurate with their importance to safety. The Louisiana Energy Services (LES) Quality Assurance Program is described in the LES QA Program Description document included as Appendix A to this chapter. The NRC has evaluated the LES QA Program Description and concluded that the application of QA elements as described in the QA Program Description meets the requirements of 10 CFR 70 (CFR, 2003g) and provides reasonable assurance of protection of public and worker health and safety and the environment (NRC, 2004).

LES maintains full responsibility for assuring that the National Enrichment Facility (NEF) is designed, constructed, tested, and operated in conformance with good engineering practices, applicable regulatory requirements and specified design requirements and in a manner to protect the health and safety of the public. To this end, the LES Quality Assurance Program conforms to the criteria established in 10 CFR 50, Appendix B, Quality Assurance Criteria For Nuclear Power Plants and Fuel Reprocessing Plants (CFR, 2003b). The criteria in 10 CFR 50, Appendix B (CFR, 2003b), are implemented following the commitment to ASME NQA-1-1994, Quality Assurance Program Requirements for Nuclear Facilities (ASME, 1994), as revised by the ASME NQA-1a-1995 Addenda (ASME, 1995).

The QA Program described herein includes design, construction, pre-operational testing, and operation of the facility. This QA Program describes the requirements to be applied for those systems, components, items, and services that have been determined to be QA Level 1 as defined in Appendix A. LES and their contractors implement these requirements through the use of approved procedures. In addition, a quality assurance program as described in Appendix A is applied to certain other systems, components, items, and services which are not QA Level 1. The information provided in this chapter, the corresponding regulatory requirement, and the section of NUREG-1520 (NRC, 2002), Chapter 11 in which the NRC acceptance criteria are presented is summarized below.

11.1 CONFIGURATION MANAGEMENT (CM)

This section describes the configuration management program for the NEF. Configuration management for the NEF is implemented through requirements of the QA Program and associated procedures.

The LES President is the executive responsible for quality assurance and is the highest level of management responsible for LES's QA policies, goals, and objectives. The President receives policy direction from the LES Management Committee. The LES organization during the design, construction and operation phases, including QA, is presented in Chapter 2, Organization and Administration.

11.1.1 Configuration Management Policy

Configuration management is provided throughout facility design, construction, testing, and operation. Configuration management provides the means to establish and maintain a technical baseline for the facility based on clearly defined requirements. During design and construction, the Vice President - Project Management has responsibility for configuration management through the design control process established by the Engineering Manager. Selected documentation, including the integrated safety analysis (ISA), is controlled under the configuration management system in accordance with procedures associated with design control, document control, and records management. Design changes undergo formal review, including interdisciplinary reviews as appropriate, in accordance with these procedures. This interdisciplinary review includes as a minimum the review for ISA impacts.

Configuration management provides the means to establish and maintain the essential features of the design basis of IROFS, including the ISA. As the project progresses from design and construction to operation, configuration management is maintained by the Engineering organization as the overall focus of activities changes. Procedures will define the turnover process and responsibilities since construction will continue on new work modules during operations.

During the design phase of the project, configuration management is based on the design control provisions and associated procedural controls over design documents to establish and maintain the technical baseline. Design documents, including the ISA, that provide design input, design analysis, or design results specifically for IROFS are identified with the appropriate QA level. These design documents undergo interdisciplinary review during the initial issue and during each subsequent revision. During the construction phase of the project, changes to drawings and specifications issued for construction, procurement, or fabrication are systematically reviewed and verified, evaluated for impact, including impact to the ISA, and approved prior to implementation. Proper implementation is verified and reflected in the design basis documentation.

In order to provide for the continued safe and reliable operation of the facility structures, systems and components, measures are implemented to ensure that the quality of these structures, systems and components is not compromised by planned changes (modifications). Upon acceptance by Operations, the Plant Manager is responsible for the design of and modifications to facility structures, systems or components. The design and implementation of modifications are performed in a manner so as to assure quality is maintained in a manner

commensurate with the remainder of the system which is being modified, or as dictated by applicable regulations.

The administrative instructions for modifications during the operations phase are contained in procedures that are approved, including revisions, by the Engineering Manager. The modification procedure contains the following items necessary to ensure quality in the modification program:

- The technical and quality requirements which shall be met to implement a modification
- The requirements for initiating, approving, monitoring, designing, verifying, and documenting modifications. The facility modification procedure shall be written to ensure that policies are formulated and maintained to satisfy the LES QA Program, as applicable.

Each change to the facility or to activities of personnel shall have an evaluation performed in accordance with the requirements of 10 CFR 70.72 (CFR, 2003e), as applicable. Each modification shall also be evaluated for any required changes or additions to the facility's procedures, personnel training, testing program, or regulatory documents.

For any change (i.e., new design or operation, or modification to the facility or to activities of personnel, e.g., site structures, systems, components, computer programs, processes, operating procedures, management measures), that involves or could affect uranium on site, a Nuclear Criticality Safety (NCS) evaluation and, if required, an NCS analysis shall be prepared and approved. Prior to implementing the change, it shall be determined that the entire process will be subcritical (with applicable margin for safety) under both normal and credible abnormal conditions.

Each modification is also evaluated and documented for radiation exposure to minimize worker exposures in keeping with the facility as low as reasonably achievable (ALARA) program, criticality and worker safety requirements and/or restrictions. Other areas of consideration in evaluating modifications may include, but are not limited to the review of:

- Modification cost
- Lessons learned from similar completed modifications
- QA requirements
- Potential operability or maintainability concerns
- Constructability concerns
- Post-modification testing requirements
- Environmental considerations
- Human factors
- Integrated safety analysis.

procedures for controlling design, including preparation, review (including interdisciplinary review), design verification where appropriate, approval, and release and distribution for use. Engineering documents will be assessed for QA level classification. Changes to the approved design are subject to a review to ensure consistency with the design bases of IROFS. Configuration verification is also accomplished through design verification, which ensures that design documents are consistent and that design requirements for IROFS are met. During construction and testing, this verification also extends to verification that as-built configurations are consistent with the design, and that testing that is specified to demonstrate performance of IROFS is accomplished successfully. Periodic audits and assessments of the configuration management program and of the design confirm that the system meets its goals and that the design is consistent with the design bases. The corrective action process occurs in accordance with the LES QA Program and associated procedures in the event problems are identified. Prompt corrective actions are developed as a result of incident investigations or in response to audit or assessment results.

11.1.1.4 Description of Configuration Management Activities

Configuration management includes those activities conducted under design control provisions for ensuring that design and construction documentation is prepared, reviewed, and approved in accordance with a systematic process. This process includes interdisciplinary reviews appropriate to ensure consistency between the design and the design bases of IROFS. During construction, it also includes those activities that ensure that construction is consistent with design documents. Finally, it includes activities that provide for operation of the IROFS in accordance with the limits and constraints established in the ISA, and that provide for control of changes to the facility in accordance with 10 CFR 70.72 (CFR, 2003e).

Configuration management also includes records to demonstrate that personnel conducting activities that are relied on for safety or that are associated with IROFS are appropriately qualified and trained to conduct that work.

Implementing documents are controlled within the document control system. These documents support configuration management by ensuring that only reviewed and approved procedures, specifications and drawings are used for procurement, construction, installation, testing, operation, and maintenance of IROFS, as appropriate.

11.1.1.5 Organizational Structure and Staffing Interfaces

The configuration management program is administered by the Vice President - Project Management organization during design and construction. Engineering includes engineering disciplines with responsible lead engineers in charge of each discipline, under the direction of design managers or project managers who report to the Vice President - Project Management. The lead discipline engineers have primary technical responsibility for the work performed by their disciplines, and are responsible for the conduct of interdisciplinary reviews as discussed previously in this section. Reviews are also conducted, as appropriate, by construction management, operations, QA, and procurement personnel. The design control process also interfaces with the document control and records management process via procedures.

The various LES departments and contractors of LES perform quality-related activities. The primary LES contractors are responsible for development of their respective QA Programs, which shall be consistent with the requirements of the LES QA Program for those activities

determined to be within the scope of the LES QA Program. The interfaces between contractors and LES or among contractors shall be documented. LES and contracted personnel have the responsibility to identify quality problems. If a member of another area disagrees, that individual is instructed to take the matter to appropriate management. The disagreement may either be resolved at this level or at any level up to and including the LES President.

11.1.2 Design Requirements

Design requirements and associated design bases are established and maintained by the Project Management organization during design and construction and by the Technical Services organization during operations. The configuration management controls on design requirements and the integrated safety analysis of the design bases are described previously in this section. Design requirements are documented in a design requirements document that provides for a hierarchical distribution of these requirements through basis of design documents. The design requirements document and basis of design documents are controlled under the design control provisions of the configuration management program as described above, and are subject to the same change control as analyses, specifications, and drawings. Computer codes used in the design of IROFS are also subject to these design control measures, with additional requirements as appropriate for software control, verification, and validation.

IROFS, any items that affect the function of the IROFS, and, in general, items required to satisfy regulatory requirements are designated as QA Level 1. The associated design documents are subject to interdisciplinary reviews and design verification. Analyses constituting the integrated safety analysis of the design bases are subject to the same requirements. Changes to the design are evaluated to ensure consistency with the design bases.

IROFS are listed in the design requirements document. This list will be augmented and maintained current as appropriate as IROFS are identified in more detail during detailed design.

A qualified individual who specifies and includes the appropriate codes, standards, and licensing commitments within the design documents prepares each design document, such as a calculation, specification, procedure, or drawing. This individual also notes any deviations or changes from such standards within the design documentation package. Each design document is then checked by another individual qualified in the same discipline and is reviewed for concept and conformity with the design inputs. These design inputs are in sufficient detail to permit verification of the document. The manager having overall responsibility for the design function approves the document. The Engineering Manager documents the entire review process in accordance with approved procedures. These procedures include provisions to assure that appropriate quality standards are specified in design documents, including quantitative or qualitative acceptance criteria. The QA Director conducts audits on the design control process using independent technically qualified individuals to augment the QA audit team.

During the check and review, emphasis is placed on assuring conformance with applicable codes, standards and license application design commitments. The individuals in engineering assigned to perform the check and review of a document have full and independent authority to withhold approval until questions concerning the work have been resolved. Design reviews, alternative calculations, or qualification testing accomplishes verification of design. The bases for a design, such as analytical models, theories, examples, tables, codes and computer

programs must be referenced in the design document and their application verified during check and review. Model tests, when required to prove the adequacy of a concept or a design, are reviewed and approved by the responsible qualified individual. Testing used for design verification shall demonstrate adequacy of performance under conditions that simulate the most adverse design conditions. The tests used for design verification must meet all the design requirements.

Qualified individuals other than those who performed the design but may be from the same organization perform design verification. Verification may be performed by the supervisor of the individual performing the design, provided this need is documented, approved in advance by the supervisor's management, and the supervisor did not specify a singular design approach or rule out certain design considerations, and did not establish the design inputs used in the design or, provided the supervisor is the only individual in the organization competent to perform the verification. The verification by a supervisor of their own design constraints, design input, or design work would only occur in rare instances. This would occur only when the supervisor is the only individual in the organization competent to perform the verification. These instances are authorized and documented in writing on a case-by-case basis.

Independent design verification shall be accomplished before the design document (or information contained therein) is used by other organizations for design work or to support other activities such as procurement, construction, or installation. When this is not practical due to time constraints, the unverified portion of the document is identified and controlled. In all cases, the design verification shall be completed before relying on the item to perform its function or installation becomes irreversible. Any changes to the design and procurement documents, including field changes, must be reviewed, checked and approved commensurate with the original approval requirements.

After design documents have been properly prepared, checked, reviewed, and approved by the appropriate parties, the responsible engineer sends the document to document control for distribution. When required, each recipient of a design document verifies receipt of such document to the document control center.

The document control center, after verification of distribution to a recipient, maintains the required documentation in its files.

When deficiencies are identified which affect the design of IROFS, such deficiencies are documented and resolved in accordance with approved CAP procedures. In accordance with the CAP the report is forwarded for appropriate review to the responsible manager, who coordinates further review of the problem and revises all design documents affected by the deficiency as necessary. Where required, the responsible manager forwards the report to the engineers in other areas, who coordinate necessary revisions to their affected documents

Design interfaces are maintained by communication among the principals. Methods by which this is accomplished include the following:

A. Design documents are reviewed by the responsible engineer or authorized representative. As appropriate, subsequent review or waiver of review by the other area engineers is documented.

B. Project review meetings are scheduled and held to coordinate design, procurement, construction and pre-operational testing of the facility. These meetings provide a primary working interface among the principal organizations.

C. Reports of nonconformances are transmitted and controlled by procedures. As required by the nonconformance procedure, the QA Director or designee approves resolution of nonconformances.

During the operational phase, measures are provided to ensure responsible facility personnel are made aware of design changes and modifications that may affect the performance of their duties.

11.1.2.1 Configuration Management Controls on the Design Requirements

Configuration control is accomplished during design through the use of procedures for controlling design, including preparation, review (including interdisciplinary review and preparation of NCS analyses and NCS evaluations as applicable), and design verification where appropriate, approval, and release and distribution for use. Engineering documents are assessed for QA level classification. Changes to the approved design also are subject to a review to ensure consistency with the design bases of IROFS.

Configuration verification is also accomplished through design verification, which ensures that design documents are consistent and that design requirements for IROFS are met. During construction and testing, this verification also extends to verification that as-built configurations are consistent with the design, and that testing that is specified to demonstrate performance of IROFS is accomplished successfully.

The QA Program requires procedures that specify that work performed shall be accomplished in accordance with the requirements and guidelines imposed by applicable specifications, drawings, codes, standards, regulations, quality assurance criteria and site characteristics.

Acceptance criteria established by the designer are incorporated in the instructions, procedures and drawings used to perform the work. Documentation is maintained, including test results, and inspection records, demonstrating that the work has been properly performed. Procedures also provide for review, audit, approval and documentation of activities affecting the quality of items to ensure that applicable criteria have been met.

Maintenance, modification, and inspection procedures are reviewed by qualified personnel knowledgeable in the quality assurance disciplines to determine:

A. The need for inspection, identification of inspection personnel, and documentation of inspection result

B. That the necessary inspection requirements, methods, and acceptance criteria have been identified.

Facility procedures shall be reviewed by an individual knowledgeable in the area affected by the procedure on a frequency determined by the age and use of the procedure to determine if changes are necessary or desirable. Procedures are also reviewed to ensure procedures are maintained up-to-date with facility configuration. These reviews are intended to ensure that any modifications to facility systems, structures or components are reflected in current maintenance, operations and other facility procedures.

11.1.4.2 Construction Phase

When the project enters the construction phase, changes to documents issued for construction, fabrication, and procurement will be documented, reviewed, approved, and posted against each affected design document. Vendor drawings and data also undergo an interdisciplinary review to ensure compliance with procurement specifications and drawings, and to incorporate interface requirements into facility documents.

During construction, design changes will continue to be evaluated against the approved design bases. Changes are expected to the design as detailed design progresses and construction begins. A systematic process consistent with the process described above will be used to evaluate changes in the design against the design bases of IROFS and the ISA. Upon issuance of the NEF Materials License, the configuration change process will fully implement the provisions of 10 CFR 70.72 (CFR, 2003e), including reporting of changes made without prior NRC approval as required by 10 CFR 70.72(d)(2) and (3). Any change that requires Commission approval, will be submitted as a license amendment request as required by 10 CFR 70.72(d)(1) and the change will not be implemented without prior NRC approval.

11.1.4.3 Operations Phase

During the operations phase, changes to design will also be documented, reviewed, and approved prior to implementation. LES will implement a change process that fully implements the provisions of 10 CFR 70.72 (CFR, 2003e). Measures are provided to ensure responsible facility personnel are made aware of design changes and modifications that may affect the performance of their duties.

In order to provide for the continued safe and reliable operation of the facility structures, systems and components, measures are implemented to ensure that the quality of these structures, systems and components is not compromised by planned changes (modifications). Upon acceptance by Operations, the Plant Manager is responsible for the design of and modifications to facility structures, systems or components. The design and implementation of modifications are performed in a manner so as to assure quality is maintained in the remainder of the system that is being modified, or as dictated by applicable regulations.

The administrative instructions for modifications are contained in a facility administrative procedure that is approved, including revisions, by the Engineering Manager with concurrence of the Quality Assurance Director. The modification procedure contains the following items necessary to ensure quality in the modification program:

- The requirements that shall be met to implement a modification
- The requirements for initiating, approving, monitoring, designing, verifying, and documenting modifications. The facility modification procedure shall be written to ensure that policies are formulated and maintained to satisfy the quality assurance requirements specified in the LES QA Program, as applicable.

Each change to the facility or to activities of personnel shall have an evaluation performed in accordance with the requirements of 10 CFR 70.72 (CFR, 2003e), as applicable. Each modification shall also be evaluated for any required changes or additions to the facility's procedures, personnel training, testing program, or regulatory documents.

11.2 MAINTENANCE

This section outlines the maintenance and functional testing programs to be implemented for the operations phase of the facility. Preventive maintenance activities, surveillance, and performance trending provide reasonable and continuing assurance that IROFS will be available and reliable to perform their safety functions.

The purpose of planned and scheduled maintenance for IROFS is to ensure that the equipment and controls are kept in a condition of readiness to perform the planned and designed functions when required. Appropriate plant management is responsible for ensuring the operational readiness of IROFS under this control. For this reason, the maintenance function is administratively closely coupled to operations. The Maintenance organization plans, schedules, tracks, and maintains records for maintenance activities.

In order to provide for the continued safe and reliable operation of the facility structures, systems and components, measures are implemented to ensure that the quality of these structures, systems and components is not compromised by planned changes (modifications) or maintenance activities. Upon acceptance by Operations, the Plant Manager is responsible for the design of and modifications to facility structures, systems or components and all maintenance activities. The design and implementation of modifications are performed in a manner so as to assure quality is maintained in a manner commensurate with the remainder of the system which is being modified, or as dictated by applicable regulations.

The administrative instructions for modifications are contained in a facility administrative procedure that is approved, including revisions, by the Engineering Manager with concurrence of the Quality Assurance Director. The modification procedure contains the following items necessary to ensure quality in the modification program:

- The requirements which shall be met to implement a modification
- The requirements for initiating, approving, monitoring, designing, verifying, and documenting modifications. The facility modification procedure shall be written to ensure that policies are formulated and maintained to satisfy the quality assurance standards specified in the LES QA Program, as applicable.

Listed below are methods or practices that will be applied to the corrective, preventive, and functional-test maintenance elements. LES will prepare written procedures for performance of these methods and practices. These methods and practices include, as applicable:

Authorized work instructions with detailed steps and a reminder of the importance of the IROFS identified in the ISA Summary:

- Parts lists
- As-built or redlined drawings
- A notification step to the Operations function before conducting repairs and removing an IROFS from service

The procedure specifies the prerequisite system conditions necessary to perform the specified testing. Provisions are made to document compliance with the conditions specified.

J. Test Method

Each procedure contains a brief descriptive section that summarizes the method to be used for performing the specified testing.

K. Data Required

Each procedure specifies any data that must be compiled in the performance of the specified testing in order to verify satisfactory completion of the specified testing. This includes a description of any calculations necessary to reduce raw data to a workable form.

L. Acceptance Criteria

Each procedure states the criteria for evaluating the acceptability of the results of the specified testing. Test results are reduced to a meaningful and readily understandable form in order to facilitate evaluation of their acceptability. Adequate provisions are made to allow documentation of the acceptability, or unacceptability, of test results.

M. Procedure

Procedures contain step-by-step directions in the degree of detail necessary for performing the required testing. References to documents other than the subject procedure are included, as applicable. However, references are identified within these step-by-step directions when the sequence of steps requires that other tasks (not specified by the subject procedure) be performed prior to or concurrent with a procedure step. Where witnessing of a test is required, adequate provisions are made in the test procedure to allow for the required witnessing and to document the witnessing. Cautionary notes, applicable to specific steps, are included and are distinctly identified.

N. Enclosures

Data sheets, checklists and diagrams are attached to the procedure. In particular, checklists utilized to avoid or simplify lengthy or complex procedures are attached as enclosures.

11.2.4.3 Preoperational Testing Program

Preoperation functional tests are completed prior to UF_6 introduction. Other preoperational tests, not required prior to UF_6 introduction and not related to IROFS, such as office building ventilation tests, may be completed following UF_6 introduction. Tests (or portions of tests), which are not required to be completed before UF_6 introduction are identified in the test plan.

The Preoperational testing program comprises three parts:

- Constructor turnover
- Preoperational functional testing
- Initial start up testing.

Constructor Turnover

The constructor is responsible for completion of all as-built drawing verification, purging, cleaning, vacuum testing, system turnover and initial calibration of instrumentation in accordance with design and installation specifications provided by the architect engineers and vendors. As systems or portions of systems are turned over to LES, preoperational testing shall begin. The Construction Projects Manager is responsible for coordination of the preoperational and startup test program.

The preoperational test plan including test summaries for all systems is available to the NRC at least 90 days prior to the start of testing. Subsequent changes to the preoperational test plan are also made available to the NRC. Preoperational testing as a minimum includes all system or component tests required by the pertinent design code which were not performed by the constructor prior to turnover. In addition, preoperational tests include all testing necessary to demonstrate that the IROFS are capable of performing their intended function.

Functional Testing

Preoperational functional testing at the facility consists of that testing conducted to initially determine various facility parameters and to initially verify the capability of SSC to meet performance requirements. The tests conducted are primarily associated with IROFS (QA Level 1) and certain QA Level 2 structures, systems and components, but may also include a number of other tests of a technical or financial interest to LES.

Preoperational functional tests are performed following constructor turnover. The major objective of preoperational functional testing is to verify that IROFS essential to the safe operation of the plant are capable of performing their intended function.

For structures, systems and components that are not QA Level 1, acceptance criteria are established to ensure worker-safety Occupational Safety and Health Administration (OSHA), reliable and efficient operation of the system and to demonstrate the performance of intended functions.

Initial startup testing at the facility consists of that testing which includes initial UF_6 introduction and all subsequent testing through the completion of Enrichment Setting Verification for each cascade. "Enrichment Setting Verification" is the verification of a selected enrichment weight percent by measurement of a physical sample collected during the "Enrichment Setting Verification" test run.

Initial startup testing is performed beginning with the introduction of UF_6 and ending with the start of commercial operation. The purpose of initial startup testing is to ensure safe and orderly UF_6 feeding and to verify parameters assumed in the ISA. Examples of initial startup tests include passivation and the filling phase.

Records of the preoperational and startup tests required prior to operation are maintained. These records include testing schedules and the testing results for all IROFS.

Initial Startup Testing

All aspects of initial startup testing are conducted under appropriate test procedures. See Section 11.4, Procedures Development and Implementation, for a detailed description of facility procedures. The use of properly reviewed and approved test procedures is required for all preoperational and startup tests. The results of each preoperational test are reviewed and

approved by the responsible Functional Area Manager or designee before they are used as the basis of continuing the test program. The results of startup testing are reviewed and approved by the Construction Projects Manager. In addition, the results of each individual startup test will receive the same review as that described for preoperation functional tests. All modifications to IROFS that are found necessary are subjected to an evaluation per 10 CFR 70.72 (CFR, 2003e) prior to making the change.

The impact of modifications on future and completed testing is evaluated during the 10 CFR 70.72 (CFR, 2003e) evaluation process and retesting is conducted as required.

Copies of approved test procedures are made available to NRC personnel approximately 60 days prior to their intended use, and not less than 60 days prior to the scheduled introduction of UF_6 for startup tests.

The overall preoperational functional testing program is reviewed, prior to initial UF_6 introduction, by the Plant Manager and all Functional Area Managers to ensure that all prerequisite testing is complete.

The facility operating, emergency and surveillance procedures are use-tested throughout the testing program phases and are also used in the development of preoperation functional testing and initial startup testing procedures to the extent practicable. The trial use of operating procedures serves to familiarize operating personnel with systems and plant operation during the testing phases and also serves to ensure the adequacy of the procedures under actual or simulated operating conditions before plant operation begins.

Procedures which cannot be use-tested during the testing program phase are revised based on initial use-testing, operating experience and comparison with the as-built systems. This ensures that these procedures are as accurate and comprehensive as practicable.

11.2.4.4 Operational Testing Program

The operational testing program consists of periodic testing and special testing. Periodic testing is conducted at the facility to monitor various facility parameters and to verify the continuing integrity and capability of facility IROFS. Special testing which may be conducted at the facility is testing which does not fall under any other testing program and is of a non-recurring nature.

The Maintenance Manager has overall responsibility for the development and conduct of the operational testing program and in conjunction with the Operations/Shifts Manager and the Health, Safety and Environment (HS&E) Director ensures that all testing commitments and applicable regulatory requirements are met.

The HS&E Director shall ensure that new surveillance requirements or testing commitments are identified to the Maintenance Manager. The Maintenance Manager shall make responsibility assignments for new testing requirements.

Surveillance commitments, procedures identified to satisfy these commitments and surveillance procedure responsibility assignments for the facility are identified in a computer database. The database is also used to ensure surveillance testing is completed in the required time interval for all departments.

Test Coordinators are also used for operational testing. The Test Coordinator has the responsibility to be thoroughly familiar with the procedure to be performed. The Test Coordinator should have an adequate period of time in which to review the procedure and the

associated system before the start of the test. It is the responsibility of the appropriate section or department head to designate and ensure that each Test Coordinator meets the appropriate requirements. Operational testing is usually performed by each shift. The Test Coordinator, as part of the shift personnel, also performs regular shift duties in performance of the tests.

The Test Coordinator has the following responsibilities regarding the conduct of testing:

A. Verification of all system and plant unit prerequisites

B. Observance of all limits and precautions during the conduct of the test

C. Compliance with the requirements of the facility license and any other facility directives regarding procedure changes and documentation

D. Identifying and taking corrective actions necessary to resolve system deficiencies or discrepancies observed during the conduct of the test

E. Verification of proper data acquisition, evaluation or results, and compliance with stated acceptance criteria

F. Ensuring that adequate personnel safety precautions are observed during the conduct of the test

G. Coordinating and observing additional manpower and support required from other departments or organizations.

Periodic and special testing procedures are sufficiently detailed that qualified personnel can perform the required functions without direct supervision. The administration requirements for periodic and special testing procedures are the same as ones used for preoperational functional test and initial startup test procedures as identified in Section 11.2.4.3, Preoperational Testing Program. Spaces for initials and dates are required for the following sections:

A. Prerequisite Tests

B. Required Facility (or Plant Unit) Status

C. Prerequisite System Conditions

D. Procedure

E. Enclosures (where calculations are made).

Whenever possible generic procedures and enclosures for recording data for periodic and special tests are used. Also whenever possible, the enclosure is designed as a self-sufficient document that can be filed as evidence that the subject test was performed. Enclosures used as self-sufficient documents should contain sign-off blanks (Initials/Date) to verify that prerequisite tests, required facility status and prerequisite facility or plant unit status and prerequisite system conditions are met before conduct of the test.

11.2.4.4.1 Periodic Testing

The periodic testing program at the facility consists of testing conducted on a periodic basis to verify the continuing capability of IROFS to meet performance requirements.

The facility periodic test program verifies that the facility:

A. Complies with all regulatory and licensing requirements

B. Does not endanger health and minimizes danger to life or property

C. Is capable of operation in a dependable manner so as to perform its intended function.

The facility periodic testing program begins during the preoperational testing stage and continues throughout the facility's life.

A periodic testing schedule is established to ensure that all required testing is performed and properly evaluated on a timely basis. The schedule is revised periodically, as necessary, to reflect changes in the periodic testing requirements and experience gained during plant operation. Testing is scheduled such that the safety of the plant is never dependent on the performance of an IROFS that has not been tested within its specified testing interval.

Periodic test scheduling is handled through the Maintenance department. The Maintenance department maintains the periodic test status index on the computer database. The purpose of this index is to assist groups in assuring that all surveillances are being completed within the required test interval.

The database includes all periodic testing, calibration or inspection required by regulatory requirements or licensing commitments, and provides the following information for each surveillance:

- Test #
- Title
- Equipment #
- Work Request # (if applicable)
- Test Frequency
- Plant Cascade #
- Last date test was performed
- Next date test is due.

In the event that a test cannot be performed within its required interval due to system or plant unit conditions, the responsible department promptly notifies the on-duty Shift Manager and processes the condition in accordance with the Corrective Action Program. The responsible department lists the earliest possible date the test could be performed and the latest date along with the required system or unit-mode condition. However, the responsible department will ensure that the test is performed as soon as practical once required conditions are met, regardless of the estimated date given earlier.

Periodic testing and surveillance associated with QA Level 1 and 2 structures, systems and components are performed in accordance with written procedures.

11.3 TRAINING AND QUALIFICATIONS

This section describes the training program for the operations phase of the facility, including preoperational functional testing and initial startup testing. The training program requirements apply to those plant personnel who perform activities relied on for safety.

The QA Program provides training and qualification requirements, during the design, construction, and operations phases, for QA training of personnel performing QA levels 1 and 2 work activities; for nondestructive examination, inspection, and test personnel; and for QA auditors.

The principle objective of the LES training program system is to ensure job proficiency of all facility personnel involved in work through effective training and qualification. The training program system is designed to accommodate future growth and meet commitments to comply with applicable established regulations and standards.

Qualification is indicated by successful completion of prescribed training, demonstration of the ability to perform assigned tasks and where required by regulation, maintaining a current and valid license issued by the agency establishing the requirements. Training is designed, developed and implemented according to a systematic approach. Employees are provided with formal training to establish the knowledge foundation and on-the-job training to develop work performance skills. Continuing training is provided, as required, to maintain proficiency in these knowledge and skill components, and to provide further employee development.

11.3.1 Organization and Management of the Training Function

Line managers are responsible for the content and effective conduct of training for their personnel. Training responsibilities for line managers are included in position descriptions, and line managers are given the authority to implement training for their personnel. The training organization provides support to line managers by facilitating the planning, directing, analyzing, developing, conducting, evaluating, and controlling of a systematic performance-based training process. Performance-based training is used as the primary management tool for analyzing, designing, developing, conducting, and evaluating training.

Facility administrative procedures establish the requirements for indoctrination and training of personnel performing activities relied on for safety and to ensure that the training program is conducted in a reliable and consistent manner throughout all training areas. Exceptions from training requirements may be granted when justified and documented in accordance with procedures and approved by appropriate management.

Lesson plans are used for classroom and on-the-job training to provide consistent subject matter. When design changes or facility modifications are implemented, updates of applicable lesson plans are included in the change control process of the configuration management program.

Training records are maintained to support management information needs associated with personnel training, job performance, and qualifications.

The training programs at the facility are the responsibility of the Training Manager. Records are maintained on each employee's qualifications, experience, training and retraining. The employee training file shall include records of all general employee training, technical training, and employee development training conducted at the facility. The employee training file shall also contain records of special company sponsored training conducted by others. The training records for each individual are maintained so that they are accurate and retrievable. Training records are retained in accordance with the records management procedures.

11.3.2 Analysis and Identification of Functional Areas Requiring Training

A needs/job analysis is performed and tasks are identified to ensure that appropriate training is provided to personnel working on tasks related to IROFS. Additionally, Job Hazard Analysis (JHA), sometimes referred to as Job Safety Analysis (JSA) (i.e., a step-by-step process used to evaluate job hazards), will be used as part of on-the-job training for providing employees the skills necessary to perform their jobs safely at the NEF.

The training organization consults with relevant technical and management personnel as necessary to develop a list of tasks for which personnel training for specific jobs is appropriate. The list of tasks selected for training is reviewed and compared to the training materials as part of the systematic evaluation of training effectiveness. The task list is also updated as necessitated by changes in procedures, processes, plant systems, equipment, or job scope.

11.3.3 Position Training Requirements

Minimum training requirements are developed for those positions whose activities are relied on for safety. Initial identification of job-specific training requirements is based on experience. Entry-level criteria (e.g., education, technical background, and/or experience) for these positions are contained in position descriptions.

The training program is designed to prepare initial and replacement personnel for safe, reliable and efficient operation of the facility. Appropriate training for personnel of various abilities and experience backgrounds is provided. The level at which an employee initially enters the training program is determined by an evaluation of the employee's past experience, level of ability, and qualifications.

Facility personnel may be trained through participation in prescribed parts of the training program that consists of the following:

- General Employee Training
- Technical Training
- Employee Development/Management-Supervisory Training.

Training is made available to facility personnel to initially develop and maintain minimum qualifications outlined in Chapter 2, Organization and Administration. The objective of the training shall be to ensure safe and efficient operation of the facility and compliance with applicable established regulations and requirements. Training requirements shall be applicable

11.3.3.1.1 Nuclear Safety Training

Training programs are established for the various types of job functions (e.g., production operator, radiation protection technician, contractor personnel) commensurate with criticality safety and/or radiation safety responsibilities associated with each such position. Visitors to the Controlled Access Area are trained in the formal training program or are escorted by trained personnel while in the Controlled Access Area.

This training is highlighted to stress the high level of importance placed on the radiological, criticality and chemical safety of plant personnel and the public. This training is structured as follows:

A. Personnel access procedures ensure the completion of formal nuclear safety training prior to permitting unescorted access into the Controlled Access Area.

B. Training sessions covering criticality safety, radiation protection and emergency procedures are conducted on a regular basis to accommodate new employees or those requiring retraining. Topics covered in the training program include:

- Notices, reports and instructions to workers
- Practices designed to keep radiation exposures ALARA
- Methods of controlling radiation exposures
- Contamination control methods (including decontamination)
- Use of monitoring equipment
- Emergency procedures and actions
- Nature and sources of radiation
- Safe use of chemicals
- Biological effects of radiation
- Use of personnel monitoring devices
- Principles of nuclear criticality safety
- Risk to pregnant females
- Radiation protection practices
- Protective clothing
- Respiratory protection
- Personnel surveys.

Criticality safety training shall be in accordance with ANSI/ANS-8.19-1996 (ANSI, 1996) and ANSI/ANS-8.20-1991 (ANSI, 1991).

Individuals attending these sessions must pass an initial examination covering the training contents to assure the understanding and effectiveness of the training. The effectiveness of the training programs is also evaluated by audits and assessments of operations and maintenance personnel responsible for following the requirements related to the topics listed above.

Newly hired or transferred employees reporting for work prior to the next regularly scheduled training session must complete nuclear safety training prior to unescorted access into the Controlled Access Area.

Since contractor employees perform diverse tasks in the Controlled Access Area, formal training for these employees is designed to address the type of work they perform. In addition to applicable radiation safety topics, training contents may include Radiation Work Permits, special bioassay sampling, and special precautions for welding, cutting, and grinding in the Controlled Access Area.

These training programs are conducted by instructors assigned by the Training Manager as having the necessary knowledge to address criticality safety and radiation protection. Records of the training programs are maintained as described in Section 11.7, "Records Management."

C. Individuals requiring unescorted access to the Controlled Access Area receive annual retraining. Retraining for individuals is scheduled and reported by means of a computerized tracking system.

D. Contents of the formal nuclear safety training programs are reviewed and updated at least every two years by the HS&E Director, or designee, to ensure that the programs are current and adequate. In addition, at least annually, the contents of the radiation protection sections of the nuclear safety training program are reviewed and updated, as required, by the HS&E Director or his designee.

E. Operational personnel are further instructed in the specific safety requirements of their work assignments by their immediate supervisor or delegate during on-the-job training. Employees must demonstrate understanding of work assignment requirements based on observations by their immediate supervisor or delegate before working without direct supervision. Changes to work procedures including safety requirements are reviewed with operational personnel by their immediate supervisor or delegate.

F. Radiation safety topics are also discussed and reviewed at least annually in roundtable safety meetings held by supervisors or delegates with their workers, and at other meetings held by managers with their employees.

11.3.3.1.2 Fire Brigade Training

The primary purpose of the Fire Brigade Training Program is to develop a group of facility employees skilled in fire prevention, fire fighting techniques, first aid procedures, and emergency response. They are trained and equipped to function as a team for the fighting of fires. The intent of the facility fire brigade is to be a first response effort designed to supplement the local fire department for fires at the plant and not to replace local fire fighters.

The Fire Brigade Training program provides for initial training of all new fire brigade members, semi-annual classroom training and drills, annual practical training, and leadership training for fire brigade leaders.

11.3.3.2 Technical Training

Technical training is designed, developed and implemented to assist facility employees in gaining an understanding of applicable fundamentals, procedures, and practices common to a gas centrifuge uranium enrichment facility. Also, technical training is used to develop manipulative skills necessary to perform assigned work in a competent manner. Technical training consists of four segments:

- Initial Training
- On-the-Job Training and Qualifications
- Continuing Training
- Special Training.

11.3.3.2.1 Initial Training

Initial job training is designed to provide an understanding of the fundamentals, basic principles, and procedures involved in work to which an employee is assigned. This training may consist of, but is not limited to, live lectures, taped and filmed lectures, self-guided study, demonstrations, laboratories and workshops and on-the-job training.

Certain new employees or employees transferred from other sections within the facility may be partially qualified by reason of previous applicable training or experience. The extent of further training for these employees is determined by applicable regulations, performance in review sessions, comprehensive examinations, or other techniques designed to identify the employee's present level of ability.

Initial job training and qualification programs are developed for operations, maintenance and technical services classifications. Training for each program is grouped into logical blocks or modules and presented in such a manner that specific behavioral objectives are accomplished. Trainee progress is evaluated using written examinations, oral or practical tests. Depending upon the regulatory requirements or individual's needs and plant operating conditions, allowances are made to suit specific situations. Brief descriptions of modules that may be contained in the initial training programs are as follows:

<u>Operations Initial Training</u>

A. General Systems

This training module provides the trainee with basic concepts and fundamentals in mathematics, physics, chemistry, heat transfer and electrical theory. Systems and components are taught in detail along with elementary process instrumentation and control. On-the-job orientation may be provided at an enrichment facility.

B. Specific Systems

This training module provides basic instruction in system and component identification and basic system operating characteristics. It provides a general overview of enrichment plant equipment and acquaints the trainees with enrichment plant terminology and nomenclature and provides instruction describing basic system operations.

C. Nuclear Preparatory

This training module develops the necessary concepts in basic nuclear physics, plant chemistry, basic thermodynamics, radiation protection, and enrichment theory. Experience in enrichment control and radiation protection is also provided. It is normally presented to operations personnel following the Systems Specific training module.

D. Plant Familiarization

The Plant Familiarization module provides for the orientation of employees to plant layout, plant systems, and practical laboratory and equipment work at the facility.

Mechanical Maintenance Initial Training

A. General Systems

This training module provides the trainee with basic concepts and fundamentals in mathematics, physics, chemistry, heat transfer and electrical theory. Systems and components are taught in detail along with elementary process instrumentation and control. On-the-job orientation may be provided at an enrichment facility.

B. Fundamental Shop Skills

This training module provides instruction in fundamentals of mechanical maintenance performance. It combines academic instruction with hands-on training to familiarize trainees with design operational and physical characteristics of enrichment facility components, and basic skills and procedures used to perform mechanical repairs and/or equipment replacement. Task training lists are integrated into this module to assure that each trainee attains a minimum level of performance. Tasks are assigned and trainees use work procedures to guide them through a task. Both radiological and industrial safety is stressed in all phases of this training module.

C. Plant Familiarization

The Plant Familiarization module provides for the orientation of employees to plant layout, plant systems, and practical laboratory and equipment work at the facility.

Instrumentation and Electrical and Maintenance Initial Training

A. General Systems

This training module provides the trainee with basic concepts and fundamentals in mathematics, physics, chemistry, heat transfer and electrical theory. Systems and components are taught in detail along with elementary process instrumentation and control. On-the-job orientation may be provided at an enrichment facility.

B. Basic Instrument and Electrical

This training module provides the trainee with refresher training in Electrical and Electronic Fundamentals, Digital Techniques and Application, Instrumentation and Control Theory and Application, and an introduction to the types and proper use of measuring and test equipment commonly used in enrichment facilities.

The module also provides the student a working knowledge of nuclear and non-nuclear instrumentation systems, overall integrated plant operation and control, and, in particular, the hazards of calibration errors and calibration during plant operation.

C. Basic Performance

The Fundamental Performance module familiarizes the trainee with plant test procedures, test equipment, and testing as well as plant records, reports, and data collection. It provides a basic understanding of thermodynamics used in testing plant heat transfer.

D. Plant Familiarization

The Plant Familiarization module provides for the orientation of employees to plant layout, plant systems, and practical laboratory and equipment work at the plant.

Health Physics and Chemistry Initial Training

A. General Systems

This training module provides the trainee with basic concepts and fundamentals in mathematics, physics, chemistry, heat transfer and electrical theory. Systems and components are taught in detail along with elementary process instrumentation and control. On-the-job orientation may be provided at an enrichment facility.

B. Fundamental Health Physics

The Fundamental Health Physics Module presents to the trainees a more comprehensive and theoretical understanding of the nuclear processes with which they are involved. In addition, the techniques for applying theory are presented in this module. Use is made of various non-automated counting and spectrographic equipment and portable survey instruments. Administrative material is also presented in a more detailed manner.

C. Fundamental Chemistry

The Fundamental Chemistry module provides familiarization with chemistry theory, techniques, and procedures. The overall goal of this module is familiarization necessary for chemistry technicians to be able to work safely and competently in the enrichment facility.

D. Plant Familiarization

The Plant Familiarization module provides for the orientation of employees to plant layout, plant systems, and practical laboratory and equipment work at the plant.

Engineer/Professional Initial Training

This training is part of the technical staff and managers training program.

A. Facility Orientation

This training module provides an orientation to each section within the NEF. An on-the-job task list provides the trainee with training objectives that must be accomplished while working in the section.

B. Basic Engineer/Professional Training

The Basic Engineer/Professional Training provides a basic understanding of how uranium is enriched, the systems and components required for producing the final product, and the interrelationship of the various facility organizations in achieving the overall objective.

C. Enrichment/Chemical Engineer/Professional Training

The Enrichment/Chemical Engineer/Professional Training provides specific theoretical information related to enrichment plant operations. Topics (e.g., Thermal Science, Nuclear Physics) address applications in an enrichment facility.

D. Engineer/Professional Systems Training

The Engineer/Professional Systems Training provides an overview of plant systems, components and procedures necessary to operate an enrichment plant safely and efficiently.

11.3.3.2.2 On-the-Job Training and Qualifications

On-the-job training (OJT) is a systematic method of providing the required job related skills and knowledge for a position. This training is conducted in the work environment. Applicable tasks and related procedures make up the OJT/qualifications program for each technical area which is designed to supplement and complement training received through formal classroom, laboratory, and/or simulator training. The objective of the program is to assure the trainee's ability to perform job tasks as described in the task descriptions and the Training and Qualification Guides.

11.3.3.2.3 Continuing Training

Continuing training is any training not provided as initial qualification and basic training which maintains and improves job-related knowledge and skills such as the following:

- Facility systems and component changes
- OJT/Qualifications program retraining
- Policy and procedure changes

- Operating experience program documents review to include Industry and in-house operating experiences
- Continuing training required by regulation (e.g., emergency plan training)
- General employee, special, administrative, vendor, and/or advanced training topics supporting tasks that are elective in nature
- Training identified to resolve deficiencies (task-based) or to reinforce seldom used knowledge skills
- Refresher training on initial training topics
- Structured pre-job instruction, mock-up training, and walk throughs
- Quality awareness.

Continuing Training and Retraining may overlap to some degree in definition; however, Retraining refers to specific training designed for proficiency maintenance.

Continuing Training consists of formal and informal components performed on a frequency needed to maintain proficiency on the job. Each Section's Continuing Training Program is developed from a systematic approach, using information from job performance and safe operation as a basis for determining the content of continuing training. Continuing training may be offered, as needed, on any of the topics listed above.

Once the objectives for Continuing Training have been established, the methods for conducting the training may vary. The method selected must provide clear evidence of objective accomplishment and consistency in delivery.

11.3.3.2.4 Special Training

Special training involves those subjects of a unique nature required for a particular area of work. Special training is usually given to selected personnel based on specific needs not directly related to disciplinary lines.

11.3.4 Basis and Objectives for Training

Learning objectives identify the training content, as established by needs/job analyses and position-specific requirements. The task list from the needs/job analysis is used to develop action statements that describe the desired post-training performance. Objectives include the knowledge, skills, and abilities the trainee should demonstrate; the conditions under which required actions will take place; and the standards of performance the trainee should achieve upon completion of the training activity.

11.3.5 Organization of Instruction, Using Lesson Plans and Other Training Guides

Lesson plans are developed from the learning objectives that are based on job performance requirements. Lesson plans and other training guides are developed under the guidance of the training function. Lesson plans are reviewed by the training function and, generally, by the organization cognizant of the subject matter. Lesson plans are approved prior to issue or use. Lesson plans are used for classroom training and on-the-job training as required and include Standards for evaluating acceptable trainee performance.

11.3.6 Evaluation of Trainee Learning

Trainee understanding and command of learning objectives is evaluated through observation/demonstration or oral or written tests as appropriate. Such evaluations measure the trainee's skills and knowledge of job performance requirements.

Evaluations are performed by individuals qualified in the training subject matter.

11.3.7 Conduct of On-the-Job Training

On-the-Job Training is an element of the technical training program (see Section 11.3.3.2.2, On-the-Job Training and Qualifications). On-the-job training is used in combination with classroom training for activities that are IROFS. Designated personnel who are competent in the program standards and methods of conducting the training conduct on-the-job training using current performance-based training materials. Completion of on-the-job training is demonstrated by actual task performance or performance of a simulation of the task with the trainee explaining task actions using the conditions encountered during the performance of the task, including references, tools, and equipment reflecting the actual task to the extent practical.

11.3.8 Evaluation of Training Effectiveness

Periodically the training program is systematically evaluated to measure the program's effectiveness in producing competent employees. The trainees provide feedback after completion of classroom training sessions to provide data for this evaluation for program improvements. These evaluations identify program strengths and weaknesses, determine whether the program content matches current job needs, and determine if corrective actions are needed to improve the program's effectiveness. The training function is responsible for leading the training program evaluations and for implementing any corrective actions. Program evaluations may consist of an overall periodic evaluation or a series of topical evaluations over a given period.

Evaluation objectives that are applicable to the training program or topical area being reviewed are developed and may address the following elements of training:

- Management and administration of training and qualification programs
- Development and qualification of the training staff

- Position training requirements
- Determination of training program content, including its facility change control interface with the configuration management system
- Design and development of training programs, including lesson plans
- Conduct of training
- Trainee examinations and evaluations
- Training program assessments and evaluations.

Evaluation results are documented, with program strengths and weaknesses being highlighted. Identified weaknesses are reviewed, improvements are recommended, and changes are made to procedures, practices, or training materials as necessary.

Periodically, training and qualifications activities are monitored by designated facility and/or contracted training personnel. The Quality Assurance Department audits the facility training and qualification system. In addition, trainees and vendors may provide input concerning training program effectiveness. Methods utilized to obtain this information include, among other things surveys, questionnaires, performance appraisals, staff evaluation, and overall training program effectiveness evaluation instruments. Frequently conducted classes are not evaluated each time. However, they are routinely evaluated at a frequency sufficient to determine program effectiveness. Evaluation information may be collected through:

- Verification of program objectives as related to job duties for which intended
- Periodic working group program evaluations
- Testing to determine trainee accomplishment of objectives
- Trainee evaluation of the instruction
- Supervisor's evaluation of the trainee's performance after training on-the-job
- Supervisor's evaluation of the instruction.

Unacceptable individual performance is transmitted to the appropriate Line Manager.

11.3.9 Personnel Qualification

The qualification requirements for key management positions are described in Chapter 2, Organization and Administration. Training and qualification requirements associated with QA personnel are provided in Appendix A to this chapter. In addition, qualification and training requirements for operators shall be established and implemented in plant procedures.

11.3.10 Periodic Personnel Evaluations

Personnel performing activities relied on for safety are evaluated at least biennially to determine whether they are capable of continuing their activities that are relied on for safety. The evaluation may be by written test, oral test, or on-the-job performance evaluation. The results of the evaluation are documented. When the results of the evaluation dictate, retraining or other appropriate action is provided. Retraining is also required due to plant modifications, procedure changes, and QA program changes that result in new or revised information.

11.4 PROCEDURES DEVELOPMENT AND IMPLEMENTATION

The requirements for independent verification are consistent with the applicable guidance provided in ANSI/ANS-3.2-1994, "Administrative Controls and Quality Assurance for the Operational Phase of Nuclear Power Plants."

All activities involving licensed materials or IROFS are conducted in accordance with approved procedures. Before initial enrichment activities occur at the facility, procedures are made available to the NRC for their inspection. As noted throughout this document, procedures are used to control activities in order to ensure the activities are carried out in a safe manner and in accordance with regulatory requirements.

Generally, four types of plant procedures are used to control activities: operating procedures, administrative procedures, maintenance procedures, and emergency procedures.

Operating procedures, developed for workstation and Control Room operators, are used to directly control process operations. Operating procedures include:

- Purpose of the activity
- Regulations, polices, and guidelines governing the procedure
- Type of procedure
- Steps for each operating process phase:
    - Initial startup
    - Normal operations
    - Temporary operations
    - Emergency shutdown
    - Emergency operations
    - Normal shutdown
    - Startup following an emergency or extended downtime.
- Hazards and safety considerations
- Operating limits
- Precautions necessary to prevent exposure to hazardous chemicals (resulting from operations with Special Nuclear Material (SNM)) or to licensed SNM.

cross-disciplinary review is required. The Plant Manager or designee shall approve all procedures. If the procedure involves QA directly, the QA Director must approve the procedure.

11.4.2 Administrative Procedures

Facility administrative procedures are written by each department as necessary to control activities that support process operations, including management measures. Listed below are several areas for which administrative procedures are written, including principle features:

A. Operator's authority and responsibility: The operator is given the authority to manipulate controls which directly or indirectly affect the enrichment process, including a shut down of the process if deemed necessary by the Shift Manager. The operators are also assigned the responsibility for knowing the limits and set points associated with safety-related equipment and systems as specified in designated operating procedures.

B. Activities affecting facility operation or operating indications: All facility maintenance personnel performing support functions (e.g., maintenance, testing) which may affect unit operation or Control Room indications are required to notify the Control Room Operator and/or Shift Manager, as appropriate, prior to initiating such action.

C. Manipulation of facility control: No one is permitted to manipulate the facility controls who is not an operator, except for operator trainees under the direction of a qualified operator.

D. Relief of Duties: This procedure provides a detailed checklist of applicable items for shift turnover.

E. Equipment control: Equipment control is maintained and documented through the use of tags, labels, stamps, status logs or other suitable means.

F. Master surveillance testing schedule: A master surveillance testing schedule is documented to ensure that required testing is performed and evaluated on a timely basis. Surveillance testing is scheduled such that the safety of the facility is not dependent on the performance of a structure, system or component which has not been tested within its specified testing interval. The master surveillance testing schedule identifies surveillance and testing requirements, applicable procedures, and required test frequency. Assignment of responsibility for these requirements is also indicated.

G. A Control Room Operations Logbook is maintained. This logbook contains significant events during each shift such as enrichment changes, alarms received, or abnormal operational conditions.

H. Fire Protection Procedures: Fire protection procedures are written to address such topics as training of the fire brigade, reporting of fires, and control of fire stops. The Fire Protection Officer has responsibility for fire protection procedures in general, with the facility's maintenance section having responsibility for certain fire protection procedures such as control of repairs to facility fire stops.

The administrative control of maintenance is maintained as follows:

A. In order to assure safe, reliable, and efficient operation, a comprehensive maintenance program for the facility's IROFS is established.

B. Personnel performing maintenance activities are qualified in accordance with applicable codes and standards and procedures.

C. Maintenance is performed in accordance with written procedures that conform to applicable codes, standards, specifications, and other appropriate criteria.

D. Maintenance is scheduled so as not to jeopardize facility operation or the safety of facility personnel.

E. Maintenance histories are maintained on facility IROFS.

The administrative control of facility modifications is discussed in Section 2.3.1, Configuration Management.

11.4.3 Procedures

All activities involving licensed materials or IROFS are conducted in accordance with approved procedures. These procedures are intended to provide a pre-planned method of conducting operations of systems in order to eliminate errors due to on-the-spot analysis and judgments.

All procedures are sufficiently detailed that qualified individuals can perform the required functions without direct supervision. However, written procedures cannot address all contingencies and operating conditions. Therefore, they contain a degree of flexibility appropriate to the activities being performed. Procedural guidance exists to identify the manner in which procedures are to be implemented. For example, routine procedural actions may not require the procedure to be present during implementation of the actions, while complex jobs, or checking with numerous sequences may require valve alignment checks, approved operator aids, or in-hand procedures that are referenced directly when the job is conducted.

Examples of operating activities are:

- Evacuation and Preparatory Work Before Run Up of a Cascade
- Run Up of a Cascade
- Run Down of a Cascade
- Calibration of Pressure Transmitter
- Taking UF_6 Samples of a Cascade
- Installation of UF_6 Cylinders in Feed/Take-off Stations and Preparation for Operation
- Removal of UF_6 Cylinder from Feed/Take-off Stations
- Installation of UF_6 Cylinders in Take-off Stations
- UF_6 Gas Sampling in Take-off Lines
- UF_6 Sampling in Product Liquid Sampling Autoclaves
- Emptying of Cold Trap

- Exchange of Chemical Traps in Vent Systems.

Plant specific procedures for abnormal events are written for the facility. These procedures are based on a sequence of observations and actions, with emphasis placed on operator responses to indications in the Control Room. When immediate operator actions are required to prevent or mitigate the consequences of an abnormal situation, procedures require that those actions be implemented at the earliest possible time, even if full knowledge of the abnormal situation is not yet available. The actions outlined in abnormal event procedures are based on a conservative course of action to be followed by the operating crew.

Typical abnormal event procedures include:

- Power Failure
- Loss of Heat Tracing
- Damaged UF_6 Cylinder Repairs
- Annunciator alarms (procedures to include alarm set points, probable causes, automatic actions, immediate manual actions, supplementary actions and applicable references).

Temporary changes to procedures are issued for operating activities that are of a nonrecurring nature. Temporary changes to procedures are used when revision of an operating or other permanent procedure is not practical. Temporary changes to procedures shall not involve a change to the ISA and shall not alter the intent of the original procedure. Examples of uses of temporary changes to procedures are:

- To direct operating activities during special testing or maintenance
- To provide guidance in unusual situations not within the scope of normal procedures
- To ensure orderly and uniform operations for short periods of time when the facility, a unit, a cascade, a structure, a system or a component is performing in a manner not addressed by existing procedures or has been modified in such a manner that portions of existing procedures do not apply.

The temporary changes to procedures are approved by two members of the facility management staff, at least one of whom is a shift manager. Temporary changes to procedures are documented, reviewed and approved with the process described in Section 11.4.4, Changes to Procedures, within 14 days of implementation.

Maintenance of facility structures, systems and components is performed in accordance with written procedures, documented instructions, checklists, or drawings appropriate to the circumstances (for example, skills normally possessed by qualified maintenance personnel may not require detailed step-by-step delineation in a written procedure) that conform to applicable codes, standards, specifications, and other appropriate criteria.

The facility's maintenance department under the Maintenance Manager has responsibility for preparation and implementation of maintenance procedures. The maintenance, testing and calibration of facility IROFS is performed in accordance with approved written procedures.

Testing conducted on a periodic basis to determine various facility parameters and to verify the continuing capability of IROFS to meet performance requirements is conducted in accordance with approved, written procedures. Periodic test procedures are utilized to perform such testing and are sufficiently detailed that qualified personnel can perform the required functions without direct supervision. Testing performed on IROFS that are not redundant will provide for compensatory measures to be put into place to ensure that the IROFS performs until it is put back into service.

Periodic test procedures are performed by the facility's Operations and Maintenance departments. The Maintenance Manager has overall responsibility for assuring that the periodic testing is in compliance with the requirements.

Chemical and radiochemical activities associated with facility IROFS are performed in accordance with approved, written procedures. The facility's chemistry department has responsibility for preparation and implementation of chemistry procedures.

Radioactive waste management activities associated with the facility's liquid, gaseous, and solid waste systems are performed in accordance with approved written procedures. The facility's operations, chemistry and radiation protection departments have responsibility for preparation and implementation of the radioactive waste management procedures.

Likewise, other departments at the facility develop and implement activities at the facility through the use of procedures.

Procedures will include provisions for operations to stop and place the process in a safe condition if a step of a procedure cannot be performed as written.

11.4.4 Changes to Procedures

Changes to procedures shall be processed as described below.

A. The preparer documents the change as well as the reason for the change.

B. An evaluation shall be performed in accordance with 10 CFR 70.72 (CFR, 2003e) as appropriate. If the evaluation reveals that a change to the license is needed to implement the proposed changes, the change is not implemented until prior approval is received from the NRC.

C. The procedure with proposed changes shall be reviewed by a qualified reviewer.

D. The Plant Manager, Functional Area Manager, or a designee approved by the Plant Manager shall be responsible for approving procedure changes, and for determining whether a cross-disciplinary review is necessary, and by which department(s). The need for the following cross-disciplinary reviews shall be considered, as a minimum:

    1. For proposed changes having a potential impact on chemical or radiation safety, a review shall be performed for chemical and radiation hazards. Changes shall be approved by the HS&E Director or designee.

2. For proposed changes having a potential impact on criticality safety, an NCS evaluation and, if required, an NCS analysis shall be performed. Any necessary controlled parameters, limits, IROFS, management measures, or NCS analyses that must be imposed or revised are adequately reflected in appropriate procedures and/or design basis documents. Changes shall be independently reviewed by a criticality safety engineer, and approved by the Engineering Manager or designee.

3. For proposed changes potentially affecting Material Control and Accounting, a material control review shall be performed. Changes shall be approved by the HS&E Director or designee.

Records of completed cross-functional reviews shall be maintained in accordance with Section 11.7, Records Management, for all changes to procedures involving licensed materials or IROFS.

11.4.5 Distribution of Procedures

Originally issued approved procedures and approved procedure revisions are distributed in a controlled manner by document control.

Document Control shall establish and maintain an index of the distribution of copies of all facility procedures. Revisions are controlled and distributed in accordance with this index. Indexes are reviewed and updated on a periodic basis or as required.

Functional Area Managers or their designees shall be responsible for ensuring all personnel doing work which require the use of the procedures have ready access to controlled copies of the procedures.

11.5 AUDITS AND ASSESSMENTS

LES will have a tiered approach to verifying compliance to procedures and performance to regulatory requirements. Audits are focused on verifying compliance with regulatory and procedural requirements and licensing commitments. Assessments are focused on effectiveness of activities and ensuring that IROFS, and any items that affect the function of IROFS, are reliable and are available to perform their intended safety functions. This approach includes performing Assessments and Audits on critical work activities associated with facility safety, environmental protection and other areas as identified via trends.

Assessments are divided into two categories that will be owned and managed by the line organizations as follows:

- Management Assessments conducted by the line organizations responsible for the work activity
- Independent Assessments conducted by individuals not involved in the area being assessed.

Audits of the QA Level 1 work activities associated with IROFS and any items that affect the function of the IROFS and items required to satisfy regulatory requirements for which QA Level 1 requirements are applied will be the responsibility of the QA Department.

Audits and assessments are performed to assure that facility activities are conducted in accordance with the written procedures and that the processes reviewed are effective. As a minimum, they shall assess activities related to radiation protection, criticality safety control, hazardous chemical safety, industrial safety including fire protection, and environmental protection.

Audits and assessments shall be performed routinely by qualified staff personnel that are not directly responsible for production activities. Deficiencies identified during the audit or assessment requiring corrective action shall be forwarded to the responsible manager of the applicable area or function for action in accordance with the CAP procedure. Future audits and assessments shall include a review to evaluate if corrective actions have been effective.

The Quality Assurance Department shall be responsible for audits. Audits shall be performed in accordance with a written plan that identifies and schedules audits to be performed. Audit team members shall not have direct responsibility for the function and area being audited. Team members shall have technical expertise or experience in the area being audited and shall be indoctrinated in audit techniques. Audits shall be conducted on an annual basis.

The results of the audits shall be provided in a written report in a timely manner to the Plant Manager, the Safety Review Committee (SRC), and the Managers responsible for the activities audited. Any deficiencies noted in the audits shall be responded to promptly by the responsible Managers or designees, entered into the CAP and tracked to completion and re-examined during future audits to ensure corrective action has been completed.

Records of the instructions and procedures, persons conducting the audits or assessments, and identified violations of license conditions and corrective actions taken shall be maintained.

11.5.1 Activities to be Audited or Assessed

Audits and assessments are conducted for the areas of:

- Radiation safety
- Nuclear criticality safety
- Chemical safety
- Industrial safety including fire protection
- Environmental protection
- Emergency management
- QA
- Configuration management
- Maintenance
- Training and qualification
- Procedures
- CAP/Incident investigation
- Records management.

Assessments of nuclear criticality safety, performed in accordance with ANSI/ANS-8.19-1996 (ANSI, 1996), will ensure that operations conform to criticality requirements.

11.5.2 Scheduling of Audits and Assessments

A schedule is established that identifies audits and assessments to be performed and the responsible organization assigned to conduct the activity. The frequency of audits and assessments is based upon the status and safety importance of the activities being performed and upon work history. All major activities will be audited or assessed on an annual basis. The audit and assessment schedule is reviewed periodically and revised as necessary to ensure coverage commensurate with current and planned activities.

Nuclear Criticality safety audits are conducted and documented quarterly such that all aspects of the Nuclear Criticality Safety Program will be audited at least every two years. The Operations Group is assessed periodically to ensure that nuclear critical safety procedures are being followed and the process conditions have not been altered to adversely affect nuclear criticality safety. The frequency of these assessments is based on the controls identified in the NCS analyses and NCS evaluations. Assessments are conducted at least semi-annually. In addition, weekly nuclear criticality safety walkthroughs of UF_6 process areas are conducted and documented.

11.5.3 Procedures for Audits and Assessments

Internal and external audits and assessments are conducted using approved procedures that meet the QA Program requirements. These procedures provide requirements for the following audit and assessment activities:

- Scheduling and planning of the audit and assessment
- Certification requirements of audit personnel
- Development of audit plans and audit and assessment checklists as applicable
- Performance of the audit and assessment
- Reporting and tracking of findings to closure
- Closure of the audit and assessment.

The applicable procedures emphasize reporting and correction of findings to prevent recurrence.

Audits and assessments are conducted by:

- Using the approved audit and assessment checklists as applicable
- Interviewing responsible personnel
- Performing plant area walkdowns
- Reviewing controlling plans and procedures
- Observing work in progress
- Reviewing completed QA documentation.

Audit and assessment results are tracked in the Corrective Action Program. The data is periodically analyzed for potential trends and needed program improvements to prevent recurrence and/or for continuous program improvements. The resulting trend is evaluated and reported to applicable management. This report documents the effectiveness of management measures in controlling activities, as well as deficiencies. Deficiencies identified in the trend

report require corrective action in accordance with the applicable CAP procedure. The QA organization also performs follow up reviews on identified deficiencies and verifies completion of corrective actions reported as a result of the trend analysis.

The audit and /or assessment team leader is required to develop the audit and /or assessment report documenting the findings, observations, and recommendations for program improvement. These reports provide management with documented verification of performance against established performance criteria for IROFS. These reports are developed, reviewed, approved, and issued following established formats and protocols detailed in the applicable procedures. Responsible managers are required to review the reports and provide any required responses due to reported findings.

Corrective actions following issuance of the audit and/or assessment report require compliance with the CAP procedure. Audit reports are required to contain an effectiveness evaluation and statement for each of the applicable QA program elements reviewed during the audit. The audit/assessment is closed with the proper documentation as required by the applicable audit and assessment procedure. The QA organization will conduct follow-up audits or assessments to verify that corrective actions were taken in a timely manner. In addition, future assessments will include a review to evaluate if corrective actions have been effective.

11.5.4 Qualifications and Responsibilities for Audits and Assessments

The QA Director initiates audits. The responsible Lead Auditor and QA Director determines the scope of each audit. The QA Director may initiate special audits or expand the scope of audits. The Lead Auditor directs the audit team in developing checklists, instructions, or plans and performing the audit. The audit shall be conducted in accordance with the checklists, but the scope may be expanded by the audit team during the audit. The audit team consists of one or more auditors.

Auditors and lead auditors are responsible for performing audits in accordance with the applicable QA procedures. Auditors and lead auditors hold certifications as required by the QA Program. Additional details can be found in Appendix A of this chapter. Before being certified under the LES QA Program, auditors must complete training on the following topics:

- LES QA Program
- Audit fundamentals, including audit scheduling, planning, performance, reporting, and follow-up action involved in conducting audits
- Objectives and techniques of performing audits
- On-the-job training.

Certification of auditors and lead auditors is based on the QA Director's evaluation of education, experience, professional qualifications, leadership, sound judgment, maturity, analytical ability, tenacity, and past performance and completion of QA training courses. A lead auditor must also have participated in a minimum of five QA audits or audit equivalent within a period of time not to exceed three years prior to the date of certification. Audit equivalents include assessments, pre-award evaluations or comprehensive surveillances (provided the prospective lead auditor

took part in the planning, checklist development, performance, and reporting of the audit equivalent activities). One audit must be a nuclear-related QA audit or audit equivalent within the year prior to certification.

Personnel performing assessments do not require certification, but they are required to complete QA orientation training, as well as training on the assessment process. The nuclear criticality safety assessments are performed under the direction of the criticality safety staff. Personnel performing these assessments do not report to the production organization and have no direct responsibility for the function or area being assessed.

Appendix A, Section 18 "Audits" of this chapter provides additional details regarding the QA Audit program requirements.

11.6 INCIDENT INVESTIGATIONS AND CORRECTIVE ACTION PROCESS

11.6.1 Incident Investigations

The incident investigation process is a simple mechanism available for use by any person at the facility for reporting deficiencies, abnormal events and potentially unsafe conditions or activities. Each event will be considered in terms of its requirements for reporting in accordance with regulations and will be evaluated to determine the level of investigation required. The process of incident identification, investigation, root cause analysis, environmental protection analysis, recording, reporting, and follow-up shall be addressed in and performed by written CAP procedures. Radiological, criticality, hazardous chemical, and industrial safety requirements shall be addressed. Guidance for classifying occurrences shall be contained in CAP procedures, including examples of threshold off-normal occurrences. The depth of the investigation will depend upon the severity of the classified incident in terms of the levels of uranium released and/or the degree of potential for exposure of workers, the public or the environment.

The Performance Assessment and Feedback Manager or designee shall maintain a record of corrective actions to be implemented as a result of off-normal occurrence investigations in accordance with CAP procedures. These corrective actions shall include documenting lessons learned, and implementing worker training where indicated, and shall be tracked to completion by the Performance Assessment and Feedback Manager or designee.

Specifics of the Incident Investigation process are as follows:

1. LES will establish a process to investigate abnormal events that may occur during operation of the facility, to determine their specific or generic root cause(s)and generic implications, to recommend corrective actions, and to report to the NRC as required by 10 CFR 70.50 (CFR, 2003c) and 70.74 (CFR, 2003f). The investigation process will include a prompt risk-based evaluation and, depending on the complexity and severity of the event, one individual may suffice to conduct the evaluation. The investigator(s) will be independent from the line function(s) involved with the incident under investigation and are assured of no retaliation for participating in investigations. Investigations will begin within 48 hours of the abnormal event, or sooner, depending on safety significance of the event. The record of IROFS failures required by 10 CFR 70.62(a)(3) (CFR, 2003d) for IROFS will be reviewed as part of the investigation. Record revisions necessitated by post-failure investigation conclusions will be made within five working days of the completion of the investigation.
2. Qualified internal or external investigators are appointed to serve on investigating teams when required. The teams will include at least one process expert and at least one team member trained in root cause analysis.
3. LES will monitor and document corrective actions through completion.
4. LES will maintain auditable records and documentation related to abnormal events, investigations, and root cause analyses so that "lessons learned" may be applied to future operations of the facility. For each abnormal event, the incident report includes a description, contributing factors, a root cause analysis, findings, and recommendations.

Relevant findings are reviewed with all affected personnel. Details of the event sequence will be compared with accident sequences already considered in the ISA, and the ISA Summary will be modified to include evaluation of the risk associated with accidents of the type actually experienced.

LES will develop CAP procedures for conducting an incident investigation, and the procedures will contain the following elements:

1. A documented plan for investigating an abnormal event.
2. A description of the functions, qualifications, and/or responsibilities of the manager who would lead the investigative team and those of the other team members; the scope of the team's authority and responsibilities; and assurance of cooperation of management.
3. Assurance of the team's authority to obtain all the information considered necessary and its independence from responsibility for or to the functional area involved in the incident under investigation.
4. Retention of documentation relating to abnormal events for two years or for the life of the operation, whichever is longer.
5. Guidance for personnel conducting the investigation on how to apply a reasonable, systematic, structured approach to determine the specific or generic root cause(s) and generic implications of the problem.
6. Requirements to make available original investigation reports to the NRC on request.
7. A system for monitoring the completion of appropriate corrective actions.

11.6.2 Corrective Action Process

The LES QA Program identifies the responsibilities and provides authority for those individuals involved in quality activities to identify any condition adverse to quality, such as failures, malfunctions, deficiencies, deviations, defective materials and equipment, and non-conformances. These individuals identify and document conditions adverse to quality, analyze and determine how the conditions can be corrected or resolved, and take such steps as necessary to implement corrective actions in accordance with documented procedures.

The QA Program requires regularly scheduled audits and assessments to ensure that needed corrective actions are identified. LES employees have the authority and responsibility to initiate the corrective action process if they discover deficiencies. The QA Program contains procedures for identifying, reporting, resolving, documenting, and analyzing conditions adverse to quality. Reports of conditions adverse to quality are analyzed to identify trends in quality performance. Significant conditions adverse to quality and significant trends are reported to senior management in accordance with CAP procedures.

Follow-up action is taken by the QA Director to verify proper and timely implementation of corrective action.

Significant conditions adverse to quality, the cause of the conditions and the corrective action taken to preclude repetition are documented and reported to management for review and assessment in accordance with CAP procedures.

Appendix A, Section 16 "Corrective Action" of this chapter provides additional details regarding the CAP requirements.