

## United States Nuclear Regulatory Commission PLANT ISSUE MATRIX

By Primary Functional Area

Region III  
 DRESDEN

Date	Source	Functional Area	ID	Type	Template Codes	Item Title Item Description
12/30/1999	1999021	<b>Pri:</b> OPS <b>Sec:</b>	NRC	NEG	<b>Pri:</b> 1C <b>Sec:</b> <b>Ter:</b>	<b>Corrective actions not effective in preventing recurrence of problems</b>  Corrective actions taken by the Operations Department in response to three issues involving reactor water cleanup system isolation, failure to recognize Technical Specification requirements, and failure to maintain control room operator respirator qualifications were not effective in preventing recurrence of the problems.
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
12/30/1999	1999021	<b>Pri:</b> OPS <b>Sec:</b>	NRC	POS	<b>Pri:</b> 1A <b>Sec:</b> <b>Ter:</b>	<b>The isolation condensers were in the correct standby alignment.</b>  The isolation condensers were in the correct standby alignments. The overall materiel condition of the isolation condenser systems was good.
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
12/30/1999	1999021	<b>Pri:</b> OPS <b>Sec:</b>	NRC	POS	<b>Pri:</b> 1A <b>Sec:</b> <b>Ter:</b>	<b>Failure of main condenser circulating water reversing valve to fully reposition caused a challenge to operato</b>  Failure of the main condenser circulating water reversing valve to fully reposition caused a challenge to the operators. Operators responded appropriately to this challenge.
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
12/30/1999	1999021	<b>Pri:</b> OPS <b>Sec:</b>	NRC	POS	<b>Pri:</b> 1A <b>Sec:</b> <b>Ter:</b>	<b>Operators practiced good communications, followed procedures, and attentive to control panels</b>  Generally operators practiced good communications, followed procedures, and were attentive to the control panels.
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
12/30/1999	1999021	<b>Pri:</b> OPS <b>Sec:</b>	NRC	POS	<b>Pri:</b> 1B <b>Sec:</b> <b>Ter:</b>	<b>A loose socket on a relay caused an unexpected turbine trip and automatic reactor scram during a surveillan</b>  A loose socket on a relay caused an unexpected turbine trip and automatic reactor scram during a surveillance. The licensee's investigation and review of the event were good.
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
12/30/1999	1999021	<b>Pri:</b> OPS <b>Sec:</b>	NRC	POS	<b>Pri:</b> 1B <b>Sec:</b> <b>Ter:</b>	<b>Operators responded to the turbine trip and reactor scram correctly and in accordance with the procedures</b>  Operators responded to the turbine trip and reactor scram correctly and in accordance with the procedures
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						

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12/30/1999	1999021	Pri: OPS Sec:	NRC	WK	Pri: 1A Sec: Ter:	<b>Overall the routine walkdowns showed that problems with plant systems were properly identified and entered into the corrective action system. However, the inspectors identified several minor equipment problems during routine system walkdowns that the licensee personnel had not identified.</b>
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
12/30/1999	1999021	Pri: OPS Sec:	NRC	WK	Pri: 1C Sec: Ter:	<b>TS required tests were completed satisfactorily. Weakness in perf in regards to properly securing the door latch mechanism on environmentally qualified equipment. The licensee did not capture this issue in the corrective action program until prompted by the inspectors.</b>
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
12/30/1999	1999021	Pri: OPS Sec:	NRC	WK	Pri: 1C Sec: Ter:	<b>The licensee's implementation of the out-of-service program was generally acceptable. However, two issues with inadequate out-of-service implementation occurred.</b>
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
11/12/1999	1999018	Pri: OPS Sec:	NRC	NEG	Pri: 1B Sec: Ter:	<b>An electromatic relief valve was stuck open when the licensee assumed the valve was closed.</b> An electromatic relief valve was stuck open when the licensee assumed the valve was closed. Configuration control and post-maintenance testing activities did not ensure the relief valve was closed. As a result, the licensee created a drain path from the spent fuel pool and reactor cavity into the torus. Over 25,000 gallons of water drained, and the operators used the core spray emergency core cooling system to recover the water level. Mechanical agitation of the relief valve closed the valve. (Section O1.4)
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
11/12/1999	1999018	Pri: OPS Sec:	NRC	POS	Pri: 1A Sec: Ter:	<b>The licensee safely supported and maintained both reactors.</b> The licensee safely supported and maintained both reactors. No significant errors were identified in the area of material condition and equipment control. (Section O1.2)
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
11/12/1999	1999018	Pri: OPS Sec:	NRC	POS	Pri: 1B Sec: Ter:	<b>Operators responded correctly to the unexpected drain down event.</b> Operators responded correctly to the unexpected drain down event. (Section O1.4)
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						

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Date	Source	Functional Area	ID	Type	Template Codes	Item Title Item Description
11/12/1999	1999018	Pri: OPS Sec:	NRC	POS	Pri: 1B Sec: Ter:	<b>Operators completed the shutdown of Unit 2 safely and correctly.</b> Operators completed the shutdown of Unit 2 safely and correctly. (Section O4.1)
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
11/12/1999	1999018	Pri: OPS Sec:	NRC	POS	Pri: 3A Sec: Ter:	<b>Personnel performing the fuel moves practiced good communication</b> Personnel performing the fuel moves practiced good communication, both with the other workers and with the control room. No concerns were identified with reactor disassembly, fuel movement, and most other refueling floor activities. (Section O4.2)
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
11/12/1999	1999018	Pri: OPS Sec:	NRC	STR	Pri: 1A Sec: Ter:	<b>Operators generally performed well during the conduct of routine main control room activities.</b> Operators generally performed well during the conduct of routine main control room activities. However, isolated examples of inconsistencies in operator performance occurred during the conduct of turnovers, logkeeping, and surveillance performance. These deviations from past operator standards were not repetitive throughout the period. (Section O4.4)
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
11/12/1999	1999018-01	Pri: OPS Sec:	NRC	NCV	Pri: 3B Sec: Ter:	<b>Both Diesel Generators Made Inoperable to Unit 2</b> Operators failed to implement the special instructions of an out-of-service procedure. As a consequence, the licensee inadvertently made the Unit 2 emergency diesel generator inoperable, resulting in no operable diesel generators for Unit 2. A Non-Cited Violation was identified for failing to implement the written instructions in the out-of-service checklist. (Section O1.3)
<b>Dockets Discussed:</b> 05000237 Dresden 2						
11/12/1999	1999018-02	Pri: OPS Sec:	NRC	NCV	Pri: 1C Sec: Ter:	<b>Operations Failure to Follow Administrative Procedures for Equipment Control</b> The audible alarm for the new fuel storage area radiation monitor was disabled. The senior licensed operator who had disconnected the alarm failed to assure that the disabling of the alarm was procedurally controlled and tracked. This was a Non-Cited Violation. (Section O4.2)
<b>Dockets Discussed:</b> 05000237 Dresden 2						
11/12/1999	1999018-03	Pri: OPS Sec:	NRC	NCV	Pri: 1A Sec: Ter:	<b>Inadequate Second Verification Causes Unexpected Half Scram</b> Operators caused an unexpected trip of one-half of the scram-logic in the reactor protection system (RPS) during weekly average power range monitor system testing by performing steps in an incompatible sequence. The operators also inadvertently defeated the RPS logic from one channel of the average power range monitoring system. This was considered a Non-Cited Violation. (Section O4.5)
<b>Dockets Discussed:</b> 05000237 Dresden 2						

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09/28/1999	1999016	<b>Pri:</b> OPS <b>Sec:</b>	NRC	POS	<b>Pri:</b> 1A <b>Sec:</b> <b>Ter:</b>	<b>The inspectors concluded that the general material condition of the units and of safety-related systems was acceptable.</b> The inspectors concluded that the general material condition of the units and of safety-related systems was acceptable. The inspectors also noted that plant housekeeping was good. (Section O2.1)
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
09/28/1999	1999016	<b>Pri:</b> OPS <b>Sec:</b>	NRC	POS	<b>Pri:</b> 1A <b>Sec:</b> <b>Ter:</b>	<b>The standby liquid control system and the low pressure coolant injection systems were in their correct alignments.</b> The standby liquid control system and the low pressure coolant injection systems were in their correct alignments. The conditions of the systems were good. (Section O2.2)
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
09/28/1999	1999016	<b>Pri:</b> OPS <b>Sec:</b>	NRC	POS	<b>Pri:</b> 1A <b>Sec:</b> <b>Ter:</b>	<b>Technical Specification required surveillance tests were completed satisfactorily for safety-related systems, including the emergency diesel generators, standby gas treatment systems, and the high pressure coolant injection systems.</b> Technical Specification required surveillance tests were completed satisfactorily for safety-related systems, including the emergency diesel generators, standby gas treatment systems, and the high pressure coolant injection systems. The performance of the equipment met the acceptance criteria in the Technical Specifications. The inspectors identified no significant issues during direct observations of the surveillance tests. (Section O2.3)
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
09/28/1999	1999016	<b>Pri:</b> OPS <b>Sec:</b>	NRC	POS	<b>Pri:</b> 1A <b>Sec:</b> <b>Ter:</b>	<b>The operators performed well during routine operations. The operators also responded correctly to non-routine events, including a partial loss of condenser vacuum.</b> The operators performed well during routine operations. The operators also responded correctly to non-routine events, including a partial loss of condenser vacuum.
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
08/12/1999	1999012	<b>Pri:</b> OPS <b>Sec:</b>	NRC	NEG	<b>Pri:</b> 1A <b>Sec:</b> <b>Ter:</b>	<b>Divergence between the local sight glass and the remote control room indications for torus level caused operators to enter and execute the Dresden Emergency Operating Procedures.</b> Divergence between the local sight glass and the remote control room indications for torus level caused operators to enter and execute the Dresden Emergency Operating Procedures.
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
08/12/1999	1999012	<b>Pri:</b> OPS <b>Sec:</b>	NRC	POS	<b>Pri:</b> 1A <b>Sec:</b> <b>Ter:</b>	<b>The overall condition of the high pressure coolant injection system and the isolation condenser system on both units appeared acceptable. The status of the systems was correct for the mode of operation.</b> The overall condition of the high pressure coolant injection system and the isolation condenser system on both units appeared acceptable. The status of the systems was correct for the mode of operation.
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						

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08/12/1999	1999012	<b>Pri:</b> OPS <b>Sec:</b>	NRC	POS	<b>Pri:</b> 1A <b>Sec:</b> <b>Ter:</b>	<b>Radwaste operators demonstrated a heightened level of awareness by identifying increased unknown inputs</b>  Radwaste operators demonstrated a heightened level of awareness by identifying increased unknown inputs into the floor drain collector tank. A leak in the containment cooling service water piping was subsequently located. The licensee responded well by planning and executing a replacement of the leaking pipe within the time allowed by Technical Specifications.
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
08/12/1999	1999012	<b>Pri:</b> OPS <b>Sec:</b>	NRC	POS	<b>Pri:</b> 1A <b>Sec:</b> <b>Ter:</b>	<b>The performance in operations was acceptable. Good monitoring, briefs, and communications were evident</b>  The performance in operations was acceptable. Good monitoring, briefs, and communications were evident throughout the period. The licensee identified some minor issues regarding activation of the shift technical advisor and use of short duration time clocks during surveillance testing.
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
08/12/1999	1999012-01	<b>Pri:</b> OPS <b>Sec:</b>	NRC	NCV	<b>Pri:</b> 1C <b>Sec:</b> <b>Ter:</b>	<b>Failure to perform TS required tests</b>  The LER reported that on March 23, 1997, during a review of previous shifts' log book entries, an operator recognized that surveillance tests required by Action Statement 2.a. of Dresden TS 3.9.A., had not been performed within the required intervals. Action Statement 2.a. stated that with one of the required diesel generators not operable, a demonstration to show that the offsite power sources were operable was to be complete within 1 hour after the diesel was declared inoperable and every 8 hours thereafter. Contrary to this, the licensee failed to perform the required tests.
<b>Dockets Discussed:</b> 05000249 Dresden 3						
06/24/1999	1999011	<b>Pri:</b> OPS <b>Sec:</b>	NRC	NEG	<b>Pri:</b> 1A <b>Sec:</b> <b>Ter:</b>	<b>Leakage into the Unit 2 torus suggested that a potential secondary containment bypass existed. After questi</b>  Leakage into the Unit 2 torus suggested that a potential secondary containment bypass existed. After questioning by the inspectors, the licensee performed an operability evaluation and concluded that the secondary containment was operable. The inspectors agreed with the licensee's conclusion.
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
06/24/1999	1999011	<b>Pri:</b> OPS <b>Sec:</b>	NRC	STR	<b>Pri:</b> 1A <b>Sec:</b> <b>Ter:</b>	<b>Operator performance during plant evolutions and power operations was good. The operators performed the</b>  Operator performance during plant evolutions and power operations was good. The operators performed the correct Technical Specification actions. The inspectors agreed with the licensee's conclusion
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
05/21/1999	1999008	<b>Pri:</b> OPS <b>Sec:</b>	NRC	NOED	<b>Pri:</b> 1A <b>Sec:</b> <b>Ter:</b>	<b>The NRC applied enforcement discretion</b>  The Technical Specifications required a shutdown of Unit 3 due to failure of the combination safety/relief valve. The licensee took actions to comply with the Technical Specifications, but also presented information that showed that the combination safety/relief valve was not credited in the plant's accident analyses. The Nuclear Regulatory Commission applied enforcement discretion which permitted Unit 3 to continue operating at power.
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						

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Date	Source	Functional Area	ID	Type	Template Codes	Item Title Item Description
05/21/1999	1999008-01	Pri: OPS Sec:	NRC	NCV	Pri: 1A Sec: Ter:	<b>Licensee identified some instances where operators, both licensed and non-licensed, failed to follow all the :</b>  The performance in operations was generally acceptable. The licensee identified some instances where operators, both licensed and non-licensed, failed to follow all the administrative procedures or failed to communicate properly.
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
04/07/1999	1999006	Pri: OPS Sec:	NRC	MISC	Pri: 1B Sec: Ter:	<b>On March 21, 1999, the licensee decreased reactor load to approximately 40 percent power to perform a dryw</b>  On March 21, 1999, the licensee decreased reactor load to approximately 40 percent power to perform a drywell entry to investigate the source of increased drywell leakage. Operators discovered that the reactor pressure boundary was leaking from a failed weld on a 1-inch diameter instrumentation line for the reactor recirculation system. Operators shut down the Unit 3 reactor (and started forced outage D3F28) in accordance with Dresden Technical Specifications. The repairs were completed and the plant returned to power on March 24. Unit 3 remained at full power throughout the remainder of the inspection period.
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
04/07/1999	1999006	Pri: OPS Sec:	NRC	NEG	Pri: 1A Sec: Ter:	<b>Throughout the inspection period, the licensee took steps to address the low pressure coolant injection (LPCI</b>  Throughout the inspection period, the licensee took steps to address the low pressure coolant injection (LPCI) heat exchanger pressurization. However, the inspectors were concerned that despite indications that the pressurization of the LPCI system was increasing, there was a lack of formalized guidance to the operators for a LPCI system pressurization threshold and actions to be taken. (Section O2.4)
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
04/07/1999	1999006	Pri: OPS Sec:	NRC	NEG	Pri: 2A Sec: Ter:	<b>A material condition problem, in combination with a procedural inadequacy, created an unnecessary burden</b>  A material condition problem, in combination with a procedural inadequacy, created an unnecessary burden to the operators. As a result, hydrogen addition system effectiveness was reduced until the procedure could be revised to support placing the system in service. This issue was similar in nature to a concern documented in the prior inspection report. Operators did not enter the procedural inadequacy concern into the system's corrective action process. (Section O2.2)
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
04/07/1999	1999006	Pri: OPS Sec:	NRC	NEG	Pri: 2A Sec: Ter:	<b>Material condition deficiencies presented unnecessary challenges to the operators following completion of th</b>  Material condition deficiencies presented unnecessary challenges to the operators following completion of the Unit 3 refueling outage. The licensee had either worked on the items during the refueling outage or reviewed them for deletion from the outage. (Section O2.3)
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
04/07/1999	1999006	Pri: OPS Sec:	NRC	POS	Pri: 1A Sec: Ter:	<b>The inspectors concluded that operators established and followed a conservative contingency plan following</b>  The inspectors concluded that operators established and followed a conservative contingency plan following the initial identification of increased drywell activity. The inspectors also noted that operations engaged other support organizations to track and trend apparent drywell leakage. (Section O2.1)
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						

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04/07/1999	1999006	Pri: OPS Sec:	NRC	POS	Pri: 1A Sec: Ter:	<b>The operators performed routine operations in a safe manner. (Section O4.1</b> The operators performed routine operations in a safe manner. (Section O4.1)
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
04/07/1999	1999006	Pri: OPS Sec:	NRC	POS	Pri: 1B Sec: Ter:	<b>the overall performance of operators during the Unit 3 shutdown due to pressure boundary leakage and durin</b> The inspectors concluded that the overall performance of operators during the Unit 3 shutdown due to pressure boundary leakage and during the subsequent startup was good. (Section O4.2)
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
02/26/1999	1999003	Pri: OPS Sec:	NRC	MISC	Pri: 1B Sec: Ter:	<b>Spurious operation of the shutdown cooling high temperature isolation twice caused losses of shutdown coo</b> Spurious operation of the shutdown cooling high temperature isolation twice caused losses of shutdown cooling. The operators responded appropriately and restored cooling. (Section O2.1)
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
02/26/1999	1999003	Pri: OPS Sec:	NRC	NEG	Pri: 1A Sec: Ter:	<b>the length of time that the isolation condenser, a relatively high worth system in the plant's Probabilistic Risk</b> Due to a combination of procedural problems and a repetitive material condition challenge, operators were unable to immediately perform the actions of the annunciator response procedure. As a result, the length of time that the isolation condenser, a relatively high worth system in the plant's Probabilistic Risk Assessment, was in an alarm status was unnecessarily lengthened. (Section O2.2)
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
02/26/1999	1999003	Pri: OPS Sec:	NRC	NEG	Pri: 1A Sec: Ter:	<b>Operator performance in opening an instrument valve during restoration from the Unit 3 hydrostatic test led t</b> Operator performance in opening an instrument valve during restoration from the Unit 3 hydrostatic test led to an unplanned full scram while the reactor was shutdown. (Section O4.3)
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
02/26/1999	1999003	Pri: OPS Sec:	NRC	NEG	Pri: 1A Sec: Ter:	<b>Five instances occurred during the inspection period where actions by station personnel resulted in inadvert</b> Five instances occurred during the inspection period where actions by station personnel resulted in inadvertent LCO entries. While no LCO time clocks or action statements were violated, the items presented an unnecessary challenge for control room operators. The events were similar in nature to four items documented in the prior NRC inspection report. (Section O4.7)
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						

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02/26/1999	1999003	Pri: OPS Sec:	NRC	NEG	Pri: 1C Sec: Ter:	<b>The station failed to ensure that the latest revision of a procedure was available to control room operators pri</b>  The station failed to ensure that the latest revision of a procedure was available to control room operators prior to performance of a test. Operators did not document the occurrence via the Problem Identification Form (PIF) process until questioned by the inspectors. (Section O3.1)
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
02/26/1999	1999003	Pri: OPS Sec:	NRC	POS	Pri: 1A Sec: Ter:	<b>The plant management personnel provided proper oversight of the outage activities on Unit 3 while maintain</b>  The plant management personnel provided proper oversight of the outage activities on Unit 3 while maintaining Unit 2 operating at full power. (Section O1.2)
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
02/26/1999	1999003	Pri: OPS Sec:	NRC	POS	Pri: 1A Sec: Ter:	<b>Overall operator performance was good.</b>  Overall operator performance was good. In general, the operations staff followed procedures correctly, used good command and control, and took correct actions. This resulted in generally smooth operations, and contributed to good housekeeping in the plant. (Section O4.3)
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
02/26/1999	1999003	Pri: OPS Sec:	NRC	POS	Pri: 1B Sec: Ter:	<b>Operators completed the Unit 3 shutdown safely and correctly. (Section O4.1)</b>  Operators completed the Unit 3 shutdown safely and correctly. (Section O4.1)
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
02/26/1999	1999003	Pri: OPS Sec:	NRC	POS	Pri: 1B Sec: Ter:	<b>Operators performed well during the conduct of the reactor startup.</b>  Operators performed well during the conduct of the reactor startup. The operators conducted good heightened level of awareness briefs, and communicated well and executed tasks in a conservative and deliberate manner. (Section O4.2)
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
02/26/1999	1999003	Pri: OPS Sec:	Licensee	POS	Pri: 1C Sec: Ter:	<b>There were no identified fuel handling errors such as mispositions and misorientations during either the parti</b>  There were no identified fuel handling errors such as mispositions and misorientations during either the partial offload or fuel shuffle evolutions. Inspectors also reviewed a video tape of the final reactor core loading audit and identified no errors. (Section O4.5)
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						

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02/26/1999	1999003	Pri: OPS Sec:	NRC	POS	Pri: 1C Sec: Ter:	<b>The inspectors concluded that housekeeping in both the drywell and torus was good as evidenced by closeou</b>  The inspectors concluded that housekeeping in both the drywell and torus was good as evidenced by closeout inspections which only found minor discrepancies. (Section O4.6)
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
02/26/1999	1999003-01	Pri: OPS Sec:	NRC	NCV	Pri: 1A Sec: Ter:	<b>Inadequate procedure major contributor for exceeding TS limit</b>  Procedural inadequacies contributed to the licensee inadvertently exceeding a Technical Specification limitation for drywell-to-torus leakage and the subsequent entry into the drywell-to-torus differential pressure limiting condition for operation (LCO). The inspectors also noted that the operator failed to recognize that the valve manipulation being performed on this system would cause equalization between the drywell and the torus. (Section O4.4)
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
12/30/1999	1999021	Pri: MAINT Sec:	NRC	NEG	Pri: 2B Sec: Ter:	<b>A loss of control of foreign material (welder's mask in the condensate system) resulted in an unnecessary cha</b>  A loss of control of foreign material (welder's mask in the condensate system) resulted in an unnecessary challenge to operators.
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
12/30/1999	1999021	Pri: MAINT Sec:	NRC	NEG	Pri: 3A Sec: Ter:	<b>Inspectors noted a licensee identified post-maint housekeeping issue was indicative of poor maint practices</b>  Generally maintenance personnel performed adequately. However, the inspectors noted that a licensee identified post-maintenance housekeeping issue was indicative of poor maintenance practices.
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
12/30/1999	1999021	Pri: MAINT Sec:	Self	NEG	Pri: 3B Sec: Ter:	<b>spurious reactor protection system trips from the #4 Control Valve</b>  The licensee experienced problems with spurious reactor protection system trips from the #4 Control Valve on November 13, 1999, as discussed above. The licensee then replaced a microswitch internal to the #4 control valve pressure switch. By November 16, the licensee had completed repairs on the 2C and 2D CCBP, and was raising power. At about 600 MWe, the same ½ scram signal occurred. The licensee dropped load to below 45 percent to remove the control valve scram signals from the reactor protection system.
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
12/30/1999	1999021	Pri: MAINT Sec:	NRC	POS	Pri: 3B Sec: Ter:	<b>The motor operated valve engineering group had good cognitive knowledge of the LPCI pump suction valve</b>  The motor operated valve engineering group had good cognitive knowledge of the LPCI pump suction valve degradation issue and planned appropriate corrective action.
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						

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12/29/1999	1999017	<b>Pri:</b> MAINT <b>Sec:</b>	NRC	POS	<b>Pri:</b> <b>Sec:</b> <b>Ter:</b>	<b>The nondestructive examination and flaw evaluation procedures complied with American Society of Mechanical Engineers Code, Section XI requirements. Recorded indications were within procedural and Code limits.</b>
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
12/29/1999	1999017	<b>Pri:</b> MAINT <b>Sec:</b>	NRC	POS	<b>Pri:</b> 2B <b>Sec:</b> <b>Ter:</b>	<b>The implementation of the inservice inspection program</b> The implementation of the inservice inspection program was consistent with Code and regulatory requirements
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
12/29/1999	1999017	<b>Pri:</b> MAINT <b>Sec:</b>	NRC	POS	<b>Pri:</b> 3B <b>Sec:</b> <b>Ter:</b>	<b>Contractor and licensee personnel performing nondestructive examination were qualified and certified in accordance with regulatory requirements</b> Contractor and licensee personnel performing nondestructive examination were qualified and certified in accordance with regulatory requirements
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
12/29/1999	1999017	<b>Pri:</b> MAINT <b>Sec:</b>	NRC	WK	<b>Pri:</b> <b>Sec:</b> <b>Ter:</b>	<b>The lack of actual field observation of nondestructive examinations undermined the effectiveness of quality assurance audits for the inservice inspection program</b> The lack of actual field observation of nondestructive examinations undermined the effectiveness of quality assurance audits for the inservice inspection program
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
12/29/1999	1999017-01	<b>Pri:</b> MAINT <b>Sec:</b>	NRC	NCV	<b>Pri:</b> <b>Sec:</b> <b>Ter:</b>	<b>Failure to meet 1977 ASME Code volumetric examination requirements for 17 Class 1&amp;2 Welds</b> A non cited violation was identified for failure to meet 10 CFR 50.55a requirements on 17 Class 1 and 2 volumetric examinations performed during the previous inservice inspection interval that ended in 1992.
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
11/12/1999	1999018	<b>Pri:</b> MAINT <b>Sec:</b>	NRC	POS	<b>Pri:</b> 2B <b>Sec:</b> <b>Ter:</b>	<b>For the majority of the outage, the licensee properly controlled and performed the work.</b> For the majority of the outage, the licensee properly controlled and performed the work. (Section M1.1)
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						

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11/12/1999	1999018	<b>Pri: MAINT</b> <b>Sec:</b>	NRC	POS	<b>Pri: 2B</b> <b>Sec:</b> <b>Ter:</b>	<b>The licensee successfully implemented the foreign material exclusion (FME) Program during D2R16.</b>  The licensee successfully implemented the foreign material exclusion (FME) Program during D2R16. (Section M1.2)
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
11/12/1999	1999018	<b>Pri: MAINT</b> <b>Sec:</b>	NRC	POS	<b>Pri: 2B</b> <b>Sec:</b> <b>Ter:</b>	<b>Surveillances were completed satisfactorily and met the procedure acceptance criteria.</b>  Surveillances were completed satisfactorily and met the procedure acceptance criteria. The surveillances were completed in a timely manner, met regulatory requirements, and the components remained operable. (Section M1.3)
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
11/12/1999	1999018-04	<b>Pri: MAINT</b> <b>Sec:</b>	NRC	NCV	<b>Pri: 2B</b> <b>Sec:</b> <b>Ter:</b>	<b>Inadequate Post Maintenance Test for the "E" Electromatic Relief Valve</b>  The licensee failed to detect the failed-open relief valve in its test control program. As a consequence, the reactor and fuel pool system integrity was compromised. Other problems related to work control and work completion for the electromatic relief valve were also identified. A Non-Cited Violation was identified for failing to maintain adequate test control. (Section M4.1)
<b>Dockets Discussed:</b> 05000237 Dresden 2						
11/12/1999	1999018-05	<b>Pri: MAINT</b> <b>Sec:</b>	NRC	NCV	<b>Pri: 2B</b> <b>Sec:</b> <b>Ter:</b>	<b>Inadequate Post Maintenance Testing for the Containment Cooling Service Water Vault Floor Drain</b>  On September 20, 1999, the licensee discovered that the containment cooling service water pump vault floor drain valve solenoids had been installed incorrectly, placing both Dresden Unit 2 and Unit 3 in 7-day shutdown limiting conditions of operation. This Severity Level IV violation is being treated as a Non-Cited Violation (NCV 50-249/99018-05(DRP)), consistent with Appendix C of the NRC Enforcement Policy. This issue was of minimal safety consequence and has been captured in the corrective active program as Root Cause Report Number 16622.
<b>Dockets Discussed:</b> 05000237 Dresden 2						
09/28/1999	1999016	<b>Pri: MAINT</b> <b>Sec:</b>	NRC	POS	<b>Pri: 1A</b> <b>Sec:</b> <b>Ter:</b>	<b>Routine scheduled work was usually performed well.</b>  Routine scheduled work was usually performed well. Communications between departments were good. Work activities, including first time activities, were performed correctly. (Section M1.1)
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
09/28/1999	1999016	<b>Pri: MAINT</b> <b>Sec:</b>	NRC	POS	<b>Pri: 1A</b> <b>Sec:</b> <b>Ter:</b>	<b>The 2B standby liquid control pump motor was successfully re-coupled and realigned with its pump counterp</b>  The 2B standby liquid control pump motor was successfully re-coupled and realigned with its pump counterpart within the technical specification time limit for the subsystem. Plant personnel followed the instructions in the work package and were knowledgeable of their responsibilities during the maintenance activity. (Section M4.2)
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						

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09/28/1999	1999016	<b>Pri: MAINT</b> <b>Sec:</b>	NRC	WK	<b>Pri: 1A</b> <b>Sec:</b> <b>Ter:</b>	<b>Material condition was acceptable. However, the inspectors noted several examples where equipment issue</b>  Material condition was acceptable. However, the inspectors noted several examples where equipment issues continue to challenge the operators
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
08/12/1999	1999012	<b>Pri: MAINT</b> <b>Sec:</b>	NRC	NEG	<b>Pri: 1A</b> <b>Sec:</b> <b>Ter:</b>	<b>The performance in operations was acceptable. Good monitoring, briefs, and communications were evident</b>  The performance in operations was acceptable. Good monitoring, briefs, and communications were evident throughout the period. The licensee identified some minor issues regarding activation of the shift technical advisor and use of short duration time clocks during surveillance testing.
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
08/12/1999	1999012	<b>Pri: MAINT</b> <b>Sec:</b>	NRC	POS	<b>Pri: 1A</b> <b>Sec:</b> <b>Ter:</b>	<b>Maintenance department personnel performed well during the performance of both routine and emergent tas</b>  Maintenance department personnel performed well during the performance of both routine and emergent tasks. The Outage Control Center personnel performed in a well organized and deliberate fashion. This resulted in the licensee successfully responding to challenges such as the unplanned Technical Specification required limiting conditions for operation for the isolation condenser and containment cooling service water.
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
08/12/1999	1999012-02	<b>Pri: MAINT</b> <b>Sec:</b>	NRC	NCV	<b>Pri: 3A</b> <b>Sec:</b> <b>Ter:</b>	<b>Maintenance workers failed to verify that the motor pinion gear of the isolation condensere reactor return val</b>  A non-cited violation was identified which was due to maintenance personnel not properly verifying that the motor pinion gear key for the isolation condenser return valve motor actuator was staked in place. The isolation condenser reactor return valve failed and caused the isolation condenser to be inoperable. This resulted in the licensee having to enter single recirc loop operation and perform a drywell entry to repair the valve.
<b>Dockets Discussed:</b> 05000249 Dresden 3						
08/12/1999	1999012-03	<b>Pri: MAINT</b> <b>Sec:</b>	NRC	NCV	<b>Pri: 1C</b> <b>Sec:</b> <b>Ter:</b>	<b>Licensee exceeded requirements, by 39 days, of TS Table 4.2.F-1 - quarterly surveillance frequency for the so</b>  TS Table 4.2.F-1, required a quarterly surveillance frequency for the source range monitors. Contrary to the above, on April 16, 1997, the licensee exceeded the requirement by 39 days.
<b>Dockets Discussed:</b> 05000237 Dresden 2						
06/24/1999	1999011	<b>Pri: MAINT</b> <b>Sec:</b>	NRC	NEG	<b>Pri: 2A</b> <b>Sec:</b> <b>Ter:</b>	<b>Loose bolts penetrating the control room envelope permitted water from a heating coil to leak into the contr</b>  Loose bolts penetrating the control room envelope permitted water from a heating coil to leak into the control room and onto the control room panels. The water damaged nonsafety-related chart recorders and displays
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						

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06/24/1999	1999011	<b>Pri: MAINT</b> <b>Sec:</b>	NRC	NEG	<b>Pri: 2A</b> <b>Sec:</b> <b>Ter:</b>	<b>Malfuncions of reactor feed pump ventilation and the 2A reactor feedwater regulating valve's actuator affect</b>  Malfuncions of reactor feed pump ventilation and the 2A reactor feedwater regulating valve's actuator affected smooth operations and required, or will require, repair.
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
06/24/1999	1999011	<b>Pri: MAINT</b> <b>Sec:</b>	NRC	NEG	<b>Pri: 3A</b> <b>Sec:</b> <b>Ter:</b>	<b>On May 22, 1999, while moving valves and pipe fittings from a lay down area to the job site for building intake</b>  On May 22, 1999, while moving valves and pipe fittings from a lay down area to the job site for building intake canal cooling towers, a crane boom came into proximity to nonsafety-related Line 1263 (a 34-kV line) and caused the line to trip. This was an additional example of a problem with vehicle/heavy equipment control onsite
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
06/24/1999	1999011	<b>Pri: MAINT</b> <b>Sec:</b>	NRC	NEG	<b>Pri: 3A</b> <b>Sec:</b> <b>Ter:</b>	<b>The maintenance work on the Unit 2 emergency diesel generator was performed correctly and within the tim</b>  The maintenance work on the Unit 2 emergency diesel generator was performed correctly and within the time allowed by the Technical Specifications. The licensee noted some problems in achieving cooling water flow and turbo oil pressures during post-maintenance testing and the problems were corrected
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
06/24/1999	1999011	<b>Pri: MAINT</b> <b>Sec:</b>	NRC	POS	<b>Pri: 3A</b> <b>Sec:</b> <b>Ter:</b>	<b>Operator performance during plant evolutions and power operations was good. The operators performed the</b>  Operator performance during plant evolutions and power operations was good. The operators performed the correct Technical Specification actions
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
06/24/1999	1999011	<b>Pri: MAINT</b> <b>Sec:</b>	NRC	WK	<b>Pri: 1B</b> <b>Sec:</b> <b>Ter:</b>	<b>The material condition of the Unit 3 emergency diesel generator's heat exchanger caused the licensee to ent</b>  The material condition of the Unit 3 emergency diesel generator's heat exchanger caused the licensee to enter an unplanned diesel outage. During the course of work to replace the heat exchangers, the licensee found cracks in one of the replacement heat exchanger's end caps. After the end of the inspection period, the licensee concluded that the cracks were the result of overtorquing the end bell housing onto the heat exchanger.
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
05/21/1999	1999008	<b>Pri: MAINT</b> <b>Sec:</b>	NRC	NEG	<b>Pri: 2A</b> <b>Sec:</b> <b>Ter:</b>	<b>The material condition of the reactor water cleanup systems impacted operations on both units.</b>  The material condition of the reactor water cleanup systems impacted operations on both units. In one instance, one non-regenerative heat exchanger failed and leaked into the reactor building closed cooling system. In the other instance, a resin intrusion occurred as the licensee attempted to place the 3C demineralizer into service. The licensee restored the systems to service before exceeding any Technical Specification limitations.
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						

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05/21/1999	1999008	<b>Pri: MAINT</b> <b>Sec:</b>	Licensee	NEG	<b>Pri: 2B</b> <b>Sec:</b> <b>Ter:</b>	<b>Parts unavailable and miscommunications delayed the replacement of the failed instrument</b>  The licensee replaced a scram discharge volume instrument after the licensee identified that the instrument had failed. The licensee's critique of the work noted that parts unavailabilities and miscommunications delayed the replacement of the failed instrument while a one-half scram signal was inserted.
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
05/21/1999	1999008	<b>Pri: MAINT</b> <b>Sec:</b>	NRC	POS	<b>Pri: 2B</b> <b>Sec:</b> <b>Ter:</b>	<b>The licensee had performed the maintenance required by the TS on the combination safety/relief valve</b>  The licensee had performed the maintenance required by the TS on the combination safety/relief valve
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
05/21/1999	1999008	<b>Pri: MAINT</b> <b>Sec:</b>	NRC	WK	<b>Pri: 2A</b> <b>Sec:</b> <b>Ter:</b>	<b>The material condition problems of the reactor recirculation systems on both units impacted smooth full-power operations.</b>  The material condition problems of the reactor recirculation systems on both units impacted smooth full-power operations.
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
05/21/1999	1999008-02	<b>Pri: MAINT</b> <b>Sec:</b>	NRC	NCV	<b>Pri: 2B</b> <b>Sec:</b> <b>Ter:</b>	<b>Inspectors noted poor performance in areas of work package preparation and procedural adequacy</b>  The licensee completed planned maintenance on the control room heating, ventilation, and air conditioning system within the Technical Specification time limitations. However, the inspectors noted poor performance by the licensee in the areas of work package preparation and procedural adequacy. These performance issues caused the refrigeration control unit to be inoperable for approximately 10 days without the operators being aware of it.
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
05/21/1999	1999008-03	<b>Pri: MAINT</b> <b>Sec:</b>	NRC	NCV	<b>Pri: 5C</b> <b>Sec:</b> <b>Ter:</b>	<b>Inadequacies in the licensee's corrective action program during maintenance</b>  The licensee completed planned maintenance on the control room heating, ventilation, and air conditioning system within the Technical Specification time limitations. Inadequacies in the licensee's corrective action program were revealed during this maintenance.
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
04/07/1999	1999006	<b>Pri: MAINT</b> <b>Sec:</b>	Licensee	MISC	<b>Pri: 2B</b> <b>Sec:</b> <b>Ter:</b>	<b>The maintenance on the high pressure coolant injection system took longer than planned...</b>  The maintenance on the high pressure coolant injection system took longer than planned to perform due to parts unavailability and the installation of incorrect brushes in the motor gear unit and motor speed changer. The licensee captured the lessons learned for incorporation into future maintenance. (Section M4.1)
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						

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04/07/1999	1999006	<b>Pri: MAINT</b> <b>Sec:</b>	Licensee	NEG	<b>Pri: 3A</b> <b>Sec:</b> <b>Ter:</b>	<b>Failure to follow work instructions and poor communications caused delays in repairing the recirculation pump</b> Failure to follow work instructions and poor communications caused delays in repairing the recirculation pump flow sensing line. (Section M1.2)
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
04/07/1999	1999006	<b>Pri: MAINT</b> <b>Sec:</b>	NRC	NEG	<b>Pri: 3A</b> <b>Sec:</b> <b>Ter:</b>	<b>The inspectors noted that some of the material condition concerns following the completion of the refueling</b> The inspectors noted that some of the material condition concerns following the completion of the refueling outage were associated with work performed during the outage. (Section M2.1)
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
02/26/1999	1999003	<b>Pri: MAINT</b> <b>Sec:</b>	Licensee	NEG	<b>Pri: 2B</b> <b>Sec:</b> <b>Ter:</b>	<b>The licensee experienced problems with main turbine alignment due to the removal and reinstallation of cond</b> The licensee experienced problems with main turbine alignment due to the removal and reinstallation of condenser support struts. Personnel performing the work did not follow station expectations by performing the work without an approved work package. (Section M4.4)
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
02/26/1999	1999003	<b>Pri: MAINT</b> <b>Sec:</b>	NRC	NEG	<b>Pri: 3A</b> <b>Sec:</b> <b>Ter:</b>	<b>Five out-of-service errors occurred during maintenance work performed during the Unit 3 refueling outage.</b> Five out-of-service errors occurred during maintenance work performed during the Unit 3 refueling outage. None of the out-of-service violations resulted in injury to personnel or adverse impact to plant equipment. Initial corrective actions taken by the licensee in response to the errors were not completely effective in preventing future errors. (Section M4.3)
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
02/26/1999	1999003	<b>Pri: MAINT</b> <b>Sec:</b>	NRC	POS	<b>Pri: 2A</b> <b>Sec:</b> <b>Ter:</b>	<b>The inspectors noted continuing improvements in the material condition and the performance of both the Unit</b> The inspectors noted continuing improvements in the material condition and the performance of both the Unit 2 and Unit 3 HPCI systems. (Section M2.1)
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
02/26/1999	1999003	<b>Pri: MAINT</b> <b>Sec:</b>	NRC	POS	<b>Pri: 3A</b> <b>Sec:</b> <b>Ter:</b>	<b>Maintenance department personnel performed well during the outage and outage work was generally free fr</b> Maintenance department personnel performed well during the outage and outage work was generally free from human performance errors. (Section M4.1)
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02/26/1999	1999003	<b>Pri: MAINT</b> <b>Sec:</b>	NRC	POS	<b>Pri: 3A</b> <b>Sec:</b> <b>Ter:</b>	<b>The work observed by the inspectors during the Unit 3 refueling outage was performed correctly. The workers had the necessary procedures and were following them. No inadequacies were noted in the procedures. (Section M4.2)</b>
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
02/26/1999	1999003-02	<b>Pri: MAINT</b> <b>Sec:</b>	Licensee	NCV	<b>Pri: 3A</b> <b>Sec:</b> <b>Ter:</b>	<b>Failure to follow procedure for signing on to the OOS</b> on February 2, 1999, the valve maintenance front line supervisor authorized the temporary lifting of an out-of-service without verifying that the temporary lift would not compromise personnel safety or cause other adverse consequences.
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
02/26/1999	1999003-03	<b>Pri: MAINT</b> <b>Sec:</b>	Self	NCV	<b>Pri: 3A</b> <b>Sec:</b> <b>Ter:</b>	<b>Failure to follow procedure for valve position</b> Personnel error during the performance of a surveillance procedure resulted in a locked-in (continuously energized) main control room annunciator on Unit 3. The annunciator presented an unnecessary distraction to control room operators. (Section M4.5)
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
12/30/1999	1999021	<b>Pri: ENG</b> <b>Sec:</b>	NRC	POS	<b>Pri: 4C</b> <b>Sec:</b> <b>Ter:</b>	<b>The inspectors found the Corrective Action Program and Nuclear Oversight Program were being properly implemented with respect to tracking and resolution of station issues.</b>
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
11/12/1999	1999018	<b>Pri: ENG</b> <b>Sec:</b>	NRC	POS	<b>Pri: 2A</b> <b>Sec:</b> <b>Ter:</b>	<b>The licensee identified two issues where important vendor information for the control rod drive system was not captured into the engineering or maintenance programs. The results of this discovery forced the licensee to perform activities that resulted in the licensee staff receiving extra dose during information gathering. The results also placed limitations on the overall lifetime and duty time of these control rod drives. (Section E4.2)</b>
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
11/12/1999	1999018	<b>Pri: ENG</b> <b>Sec:</b>	NRC	POS	<b>Pri: 4B</b> <b>Sec:</b> <b>Ter:</b>	<b>The inspectors noted that the engineering staff performed well during the planning phase and actual execution of the recirculation pump motor move. (Section E2.1)</b>
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						

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11/12/1999	1999018	<b>Pri:</b> ENG <b>Sec:</b>	NRC	POS	<b>Pri:</b> 4B <b>Sec:</b> <b>Ter:</b>	<b>The licensee maintained positive progress in implementing actions recommended by the Scram-Derate-Chal</b>  The licensee maintained positive progress in implementing actions recommended by the Scram-Derate-Challenge team by installing several plant modifications during the Unit 2 refueling outage. (Section E4.1)
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
10/01/1999	9910120182	<b>Pri:</b> ENG <b>Sec:</b>	NRC	LIC	<b>Pri:</b> 5A <b>Sec:</b> 5B <b>Ter:</b>	<b>Technically inadequate &amp; untimely TS amendment request</b>  The CCSW TS amendment application stated that the proposed change was consistent with the current design requirements for operating CREVS. However, the proposed TS change could be viewed as a reduction in the CCSW TS requirements leading to a reduction in CREVS reliability. The TS application required the addition of commitments to revise the UFSAR to ensure minimum CCSW flow in support of CREVS and to ensure the availability of electrical power to Division I CCSW pumps. Background information critical to the staff's review of this amendment was not included in the application or in publicly available design information. There were weaknesses in the licensee's understanding of an acceptable licensing bases and TS for this system. The proposed TS changes did not adequately clarify the system requirements, and required several revisions. With respect to timeliness, the amendment request was submitted 8 months late and was not identified as critical to D2R16 until 71/2 weeks before the refueling outage.
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
09/28/1999	1999016	<b>Pri:</b> ENG <b>Sec:</b>	NRC	NEG	<b>Pri:</b> 2A <b>Sec:</b> <b>Ter:</b>	<b>The issues identified by inspectors during routine walk downs showed that the licensee needed to increase a</b>  The issues identified by inspectors during routine walk downs showed that the licensee needed to increase attention to detail during its routine system walk downs.
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
09/28/1999	1999016	<b>Pri:</b> ENG <b>Sec:</b>	NRC	NEG	<b>Pri:</b> 2A <b>Sec:</b> <b>Ter:</b>	<b>The inspectors identified orifice plates that were installed backwards, contrary to the labels on the plates' pa</b>  The inspectors identified orifice plates that were installed backwards, contrary to the labels on the plates' panhandles. These should have been identified by the engineering staff during routine walk downs. For the particular systems, there was no impact
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
09/28/1999	1999016	<b>Pri:</b> ENG <b>Sec:</b>	NRC	NEG	<b>Pri:</b> 4B <b>Sec:</b> <b>Ter:</b>	<b>In general, engineering support was good. However, engineering provided operations incorrect informatio</b>  In general, engineering support was good. However, engineering provided operations incorrect information about the safety-related ventilation, resulting in operations unnecessarily declaring the auxiliary electric ventilation system inoperable; the information was subsequently corrected and the ventilation system declared operable. Engineering also provided changes to high pressure coolant injection system surveillance testing that caused operations to question the system's operability; subsequently the licensee determined that the high pressure coolant injection system remained operable. The licensee entered the issues into the corrective action program
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						

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Date	Source	Functional Area	ID	Type	Template Codes	Item Title Item Description
09/23/1999	4	Pri: ENG Sec:	NRC	LIC	Pri: 4B Sec: 5B Ter:	<b>Inadequate controls proposed for relocated TS, again</b> ComEd 5/3/99 amendment application did not adequately describe controls for the TS requirements being relocated. Control of relocated TS was also an issue during review of Amendment 170/165 issued three months earlier. (Date: 9/23/99, Source: Amendment 173/169)
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
08/12/1999	1999012	Pri: ENG Sec:	NRC	NEG	Pri: 1A Sec: Ter:	<b>Inspectors were concerned with the recent high frequency of failures experienced by the station black out die</b> Inspectors were concerned with the recent high frequency of failures experienced by the station black out diesels during surveillance tests. The licensee's investigation showed that a lack of software controls caused another licensee's backup software to be used to reconstitute Dresden's station blackout diesel control logic during a Y2K upgrade. Additionally, inadequate design of the diesel's ventilation system and an inadequate review of the vendor's recommendation for control power cooling caused the operators to trip the station blackout diesel during surveillance tests.
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
05/21/1999	1999008	Pri: ENG Sec:	NRC	NEG	Pri: 4C Sec: Ter:	<b>The inspectors concluded that the licensee's investigation in the LPCI pressurization issue was not timely</b> The inspectors concluded that the licensee's investigation in the LPCI pressurization issue was not timely
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
05/21/1999	1999008	Pri: ENG Sec:	NRC	POS	Pri: 4C Sec: Ter:	<b>The licensee performed a good, detailed investigation to find the source of increased pressurization of the lo</b> The licensee performed a good, detailed investigation to find the source of increased pressurization of the low pressure coolant injection (LPCI) system.
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
04/07/1999	1999006	Pri: ENG Sec:	NRC	NEG	Pri: 4C Sec: Ter:	<b>The licensee's conclusion for the root cause of a near miss of Technical Specification requirements for demo</b> The inspectors agreed with the licensee's conclusion that the root cause of a near miss of Technical Specification requirements for demonstration of the alternate method of decay heat removal during the Unit 3 refueling outage was due to a lack of involvement of the operations department. However, the inspectors noted that the licensee did not list or discuss other potential contributors in the root cause report. This affected the overall quality of the root cause report and differed from other root cause reports prepared by the licensee. (Section E7.1)
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
02/26/1999	1999003	Pri: ENG Sec:	NRC	NEG	Pri: 4B Sec: Ter:	<b>The licensee's initial plans, to establish an alternate method of decay heat removal during the refueling outa</b> The licensee's initial plans, to establish an alternate method of decay heat removal during the refueling outage, did not comply with the requirements specified in the plant Technical Specifications. While the plans had not formally received a final review by the Operations department or station senior management, the Engineering department missed several earlier opportunities to catch the inconsistency between the Technical Specification requirements and the methodology specified in the original outage plans. (Section E4.1)
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						

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02/26/1999	1999003	<b>Pri:</b> ENG <b>Sec:</b>	NRC	NEG	<b>Pri:</b> 4B <b>Sec:</b> <b>Ter:</b>	<b>The licensee's implementation of the plans to establish an alternate method of decay heat removal during the</b>  The licensee's implementation of the plans to establish an alternate method of decay heat removal during the refueling outage presented a challenge to the operators. Engineering support to the Operations department in this case was not strong. (Section E4.2)
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
01/14/2000	2000001	<b>Pri:</b> PLTSUP <b>Sec:</b>	NRC	POS	<b>Pri:</b> <b>Sec:</b> <b>Ter:</b>	<b>Emergency Preparedness Routine Inspection</b>  Emergency response facilities, equipment, and supplies were well-maintained. Demonstrated of selected emergency response equipment verified that the equipment was operable
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
01/14/2000	2000001	<b>Pri:</b> PLTSUP <b>Sec:</b>	NRC	POS	<b>Pri:</b> <b>Sec:</b> <b>Ter:</b>	<b>Emergency Preparedness Routine Inspection</b>  The Emergency implementing procedures reviewed were clear and easy to use. The Action Tracking System was an effective method to track and close emergency preparedness issues.
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
01/14/2000	2000001	<b>Pri:</b> PLTSUP <b>Sec:</b>	NRC	STR	<b>Pri:</b> <b>Sec:</b> <b>Ter:</b>	<b>Emergency Preparedness Routine Inspection</b>  The licensee's Nuclear Oversight assessment and surveillance of the emergency preparedness program were effective in satisfying the requirements of 10 Code of Federal Regulations 50.54(t).
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
01/14/2000	2000001-01	<b>Pri:</b> PLTSUP <b>Sec:</b>	NRC	NCV	<b>Pri:</b> <b>Sec:</b> <b>Ter:</b>	<b>Training of ERO personnel</b>  EP training was generally effective, but tracking of completed training needed improvement. A Non-Cited Violation (NCV) was identified for failure to conduct annual Emergency Response Organization (ERO) training for three Security Directors.
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
12/30/1999	1999021	<b>Pri:</b> PLTSUP <b>Sec:</b>	NRC	POS	<b>Pri:</b> 1C <b>Sec:</b> <b>Ter:</b>	<b>The inspectors assessed the plant radiological controls during routine plant tours and inspections. No concerns</b>  The inspectors assessed the plant radiological controls during routine plant tours and inspections. No concerns were identified by the inspectors
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						

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12/17/1999	1999022-01	Pri: PLTSUP Sec:	NRC	NCV	Pri: 3C Sec: Ter:	<b>The inspector identified a non-cited violation regarding a failure by two security badge control personnel to t</b>  The inspector identified a non-cited violation regarding a failure by two security badge control personnel to terminate the unescorted access of two badged individuals that no longer required site access. No unauthorized access was identified. Corrective action was implemented.
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
12/17/1999	1999022-02	Pri: PLTSUP Sec:	NRC	NCV	Pri: 3C Sec: Ter:	<b>The inspector identified a non-cited violation in which a security officer failed to search a vehicle. Failure re</b>  The inspector identified a non-cited violation in which a security officer failed to search an easily accessible compartment on a vehicle. The failure resulted from a lack of attention to detail by the search officer. Corrective actions were implemented.
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
12/17/1999	1999022-04	Pri: PLTSUP Sec:	NRC	NCV	Pri: 3C Sec: Ter:	<b>Failure to properly secure safeguards information</b>  The inspector identified a non-cited violation in that, for a period of approximately 16 hours a security container, located in the protected area, that contained Safeguards Information was not locked, when unattended. No loss of information was identified. The error occurred when a security supervisor forgot to verify that the container was locked after use. Corrective aciton was implemented. (Section S8.1)
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
11/12/1999	1999018	Pri: PLTSUP Sec:	NRC	NEG	Pri: 1C Sec: Ter:	<b>Radiation protection staff showed a lack of sensitivity to the unauthorized entry into a high radiation area iss</b>  Radiation protection staff showed a lack of sensitivity to the unauthorized entry into a high radiation area issue by not entering the issue into the corrective actions program. (Section R4.1)
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
11/12/1999	1999018-06	Pri: PLTSUP Sec:	NRC	NCV	Pri: 1C Sec: Ter:	<b>Inadequate Control of Highly Radioactive Material</b>  Radiation Protection personnel demonstrated poor planning and control while transferring a barrel containing radiation material from the refueling floor to the radwaste shipping area. This poor planning and control resulted in an inadequately controlled high radiation area which was unknowingly entered by plant personnel. A Non-Cited Violation was identified for failure to adequately control access to a high radiation area. (Section R4.1)
<b>Dockets Discussed:</b> 05000237 Dresden 2						
10/08/1999	1999019	Pri: PLTSUP Sec:	NRC	NEG	Pri: 3A Sec: Ter:	<b>Some communication problems between the RP staff and other station organizations existed early in the out</b>  Some communication problems between the RP staff and other station organizations existed early in the outage but were identified and addressed by the licensee without significant dose consequence. Also, radiation protection technicians did not always control crew size and challenge workers sufficiently to meet RP management expectations (Section R1.3).
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						

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10/08/1999	1999019	<b>Pri:</b> PLTSUP <b>Sec:</b>	NRC	NEG	<b>Pri:</b> 5B <b>Sec:</b> <b>Ter:</b>	<b>The apparent cause evaluation which assessed an unplanned internal contamination event was deficient in its overall assessment and conclusions (Section R8.2).</b> The apparent cause evaluation which assessed an unplanned internal contamination event was deficient in its overall assessment and conclusions (Section R8.2).
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
10/08/1999	1999019	<b>Pri:</b> PLTSUP <b>Sec:</b>	NRC	POS	<b>Pri:</b> 1C <b>Sec:</b> <b>Ter:</b>	<b>The radiation protection department was actively involved in the work planning process, and a generally effective interface with the work control organization and the outage control center existed. Aggressive dose management practices, implementation of ALARA initiatives and generally good oversight of radiological activities maintained outage dose reasonably low given the overall scope of work (Section R1.1).</b> The radiation protection department was actively involved in the work planning process, and a generally effective interface with the work control organization and the outage control center existed. Aggressive dose management practices, implementation of ALARA initiatives and generally good oversight of radiological activities maintained outage dose reasonably low given the overall scope of work (Section R1.1).
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
10/08/1999	1999019	<b>Pri:</b> PLTSUP <b>Sec:</b>	NRC	POS	<b>Pri:</b> 1C <b>Sec:</b> <b>Ter:</b>	<b>The ALARA program was generally implemented effectively, as ALARA plans were well developed and sufficiently thorough. Dose reduction initiatives and associated engineering controls were properly established in most instances, and efforts to prevent the intake of radioactive materials and limit personnel contamination events were successful (Section R1.2).</b> The ALARA program was generally implemented effectively, as ALARA plans were well developed and sufficiently thorough. Dose reduction initiatives and associated engineering controls were properly established in most instances, and efforts to prevent the intake of radioactive materials and limit personnel contamination events were successful (Section R1.2).
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
10/08/1999	1999019	<b>Pri:</b> PLTSUP <b>Sec:</b>	NRC	POS	<b>Pri:</b> 1C <b>Sec:</b> <b>Ter:</b>	<b>Radiation protection (RP) staff oversight and control of radiological work and management of RP resources for the outage were effective (Section R1.3).</b> Radiation protection (RP) staff oversight and control of radiological work and management of RP resources for the outage were effective (Section R1.3).
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
10/08/1999	1999019	<b>Pri:</b> PLTSUP <b>Sec:</b>	NRC	POS	<b>Pri:</b> 1C <b>Sec:</b> <b>Ter:</b>	<b>Source term reduction strategies continued to be implemented effectively and included an initiative to achieve future station dose savings through the noble metals injection program (Section R1.4)</b> Source term reduction strategies continued to be implemented effectively and included an initiative to achieve future station dose savings through the noble metals injection program (Section R1.4)
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
10/08/1999	1999019	<b>Pri:</b> PLTSUP <b>Sec:</b>	NRC	POS	<b>Pri:</b> 1C <b>Sec:</b> <b>Ter:</b>	<b>Radiological postings were well maintained and accurately reflected the area radiological conditions, and high and locked high radiation areas were controlled consistent with station procedures and regulatory requirements. Appropriate contamination control practices were used at most job sites, and radiological controls for work activities observed by the inspectors were as prescribed by the ALARA plan and radiation work permit (Section R4.2).</b> Radiological postings were well maintained and accurately reflected the area radiological conditions, and high and locked high radiation areas were controlled consistent with station procedures and regulatory requirements. Appropriate contamination control practices were used at most job sites, and radiological controls for work activities observed by the inspectors were as prescribed by the ALARA plan and radiation work permit (Section R4.2).
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						

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10/08/1999	1999019	<b>Pri:</b> PLTSUP <b>Sec:</b>	NRC	POS	<b>Pri:</b> 1C <b>Sec:</b> <b>Ter:</b>	<b>Outage staffing and training for the RP program was generally effective</b>  Outage staffing and training for the RP program was generally effective. The selection process for contract radiation protection technicians (CRPTs) was rigorous, and the training of contract RP staff adequately prepared workers for assigned outage tasks. The licensee was addressing the shortage of well qualified CRPTs before it impacted radiological work activities (Section R5.1).
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
10/08/1999	1999019	<b>Pri:</b> PLTSUP <b>Sec:</b>	NRC	POS	<b>Pri:</b> 1C <b>Sec:</b> <b>Ter:</b>	<b>The outage RP organization's oversight contributed to the effectiveness of the program</b>  The outage RP organization's oversight contributed to the effectiveness of the program
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
10/08/1999	1999019	<b>Pri:</b> PLTSUP <b>Sec:</b>	NRC	POS	<b>Pri:</b> 3A <b>Sec:</b> <b>Ter:</b>	<b>Radworker performance was adequate and consistent given the relative inexperience of the craft work force</b>  Radworker performance was adequate and consistent given the relative inexperience of the craft work force. Problems with work crew size and loitering were being addressed by the radiation protection staff as the outage progressed (Section R4.1).
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
10/08/1999	1999019	<b>Pri:</b> PLTSUP <b>Sec:</b>	NRC	POS	<b>Pri:</b> 3A <b>Sec:</b> <b>Ter:</b>	<b>The radiation protection staff responded promptly and took appropriate corrective actions for an unplanned i</b>  The radiation protection staff responded promptly and took appropriate corrective actions for an unplanned internal contamination event caused by a poor radworker practice
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
10/08/1999	1999019	<b>Pri:</b> PLTSUP <b>Sec:</b>	NRC	POS	<b>Pri:</b> 5A <b>Sec:</b> <b>Ter:</b>	<b>Nuclear Oversight assessment activities for the outage were well planned and adequately staffed</b>  Nuclear Oversight assessment activities for the outage were well planned and adequately staffed (Section R7.1).
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
10/08/1999	1999019-01	<b>Pri:</b> PLTSUP <b>Sec:</b>	NRC	NCV	<b>Pri:</b> 1C <b>Sec:</b> <b>Ter:</b>	<b>Conducting radioactive material shipments under the general license provisions of 10CFR Part 71, with an ex</b>  The shipment of radioactive material in Type B packaging without a valid, NRC approved QA program is a violation of 10 CFR 71.12.
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						

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09/28/1999	1999016	<b>Pri:</b> PLTSUP <b>Sec:</b>	NRC	POS	<b>Pri:</b> 1A <b>Sec:</b> <b>Ter:</b>	<b>The inspectors idetified no deficiencies in radiaiton control.</b>  The inspectors identified no deficiencies in radiation control
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
08/13/1999	1999015	<b>Pri:</b> PLTSUP <b>Sec:</b>	NRC	NEG	<b>Pri:</b> 3A <b>Sec:</b> <b>Ter:</b>	<b>A deficiency was identified with the method used by the radiation protection staff to ensure a package's cont</b>  A deficiency was identified with the method used by the radiation protection staff to ensure a package's contents were properly cribbed to prevent shifting during transit and discrepancies with worksheets and checklists in the shipment procedure were noted, both which the licensee planned to address.
<b>Dockets Discussed:</b> 05000010 Dresden 1 05000237 Dresden 2 05000249 Dresden 3						
08/13/1999	1999015	<b>Pri:</b> PLTSUP <b>Sec:</b>	NRC	NEG	<b>Pri:</b> 3B <b>Sec:</b> <b>Ter:</b>	<b>While the licensee developed a comprehensive audit program, limited surveillance activities reduced the val</b>  While the licensee developed a comprehensive audit program which was implemented sufficiently to assess safety significant aspects of the radioactive materials transportation and radwaste processing programs, limited surveillance activities reduced the value of the oversight program.
<b>Dockets Discussed:</b> 05000010 Dresden 1 05000237 Dresden 2 05000249 Dresden 3						
08/13/1999	1999015	<b>Pri:</b> PLTSUP <b>Sec:</b>	NRC	POS	<b>Pri:</b> <b>Sec:</b> <b>Ter:</b> 4C	<b>Experienced vendor staff and adequate licensee oversight of processing activities ensured effective impleme</b>  Experienced vendor staff and adequate licensee oversight of processing activities ensured effective implementation of the radwaste management program. Waste streams were processed onsite in accordance with vendor and licensee PCPs and station approved procedures, and dewatered waste streams were sampled and independently verified by station staff to ensure regulatory limits for free standing liquid were met. Plans to reduce the generation of dry active waste were developed and reduction strategies were implemented to address licensee identified deficiencies.
<b>Dockets Discussed:</b> 05000010 Dresden 1 05000237 Dresden 2 05000249 Dresden 3						
08/13/1999	1999015	<b>Pri:</b> PLTSUP <b>Sec:</b>	NRC	POS	<b>Pri:</b> 1C <b>Sec:</b> <b>Ter:</b>	<b>Licensee's program for classification of radwaste shipments was technically sound.</b>  The licensee's program for the classification of radwaste shipments was technically sound, effectively implemented by staff well-versed in its application and included a comprehensive program for scaling factor derivation, trending and analysis.
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08/13/1999	1999015	<b>Pri:</b> PLTSUP <b>Sec:</b>	NRC	POS	<b>Pri:</b> 1C <b>Sec:</b> <b>Ter:</b>	<b>Radioactive material and radwaste packaging and transportation program was effectively implemented.</b>  The radioactive material and radwaste packaging and transportation program was effectively implemented. Shipments were appropriately classified and controlled, vehicle and package surveys were performed completely, and shipment manifests were completed in accordance with requirements.
<b>Dockets Discussed:</b> 05000010 Dresden 1 05000237 Dresden 2 05000249 Dresden 3						
08/13/1999	1999015	<b>Pri:</b> PLTSUP <b>Sec:</b>	NRC	POS	<b>Pri:</b> 1C <b>Sec:</b> <b>Ter:</b>	<b>A November 1998 radwaste river discharge line and discharge valve flange leak was repaired.</b>  A November 1998 radwaste river discharge line and discharge valve flange leak was repaired, a decommissioning file was established as required by 10 CFR 50.75(g), and a radiological assessment supported the licensee's decision to postpone area remediation pending site decommissioning.
<b>Dockets Discussed:</b> 05000010 Dresden 1 05000237 Dresden 2 05000249 Dresden 3						
08/13/1999	1999015	<b>Pri:</b> PLTSUP <b>Sec:</b>	NRC	POS	<b>Pri:</b> 1C <b>Sec:</b> <b>Ter:</b>	<b>Material condition and housekeeping improvements in the radwaste building were noted and initiatives for a</b>  Material condition and housekeeping improvements in the radwaste building were noted and initiatives for additional, necessary improvements were ongoing.
<b>Dockets Discussed:</b> 05000010 Dresden 1 05000237 Dresden 2 05000249 Dresden 3						
08/13/1999	1999015	<b>Pri:</b> PLTSUP <b>Sec:</b>	NRC	POS	<b>Pri:</b> 3B <b>Sec:</b> <b>Ter:</b>	<b>The training provided to staff involved in packaging, preparation, and shipment of radioactive materials and r</b>  The training provided to staff involved in packaging, preparation, and shipment of radioactive materials and radwaste satisfied Department of Transportation regulations and imparted an adequate level of knowledge to ensure effective program implementation. The licensee's training program also included non-required elements that enhanced the training program such as a qualification itinerary and a continuing education program for radiation protection technicians.
<b>Dockets Discussed:</b> 05000010 Dresden 1 05000237 Dresden 2 05000249 Dresden 3						
08/13/1999	1999015-01	<b>Pri:</b> PLTSUP <b>Sec:</b>	NRC	NCV	<b>Pri:</b> <b>Sec:</b> <b>Ter:</b> 1C	<b>Radioactive material inventory deficiencies were identified and several containers housing contaminated toc</b>  Radioactive material inventory deficiencies were identified and several containers housing contaminated tools, equipment, and radwaste stored in satellite radiologically restricted areas were not labeled in accordance with NRC requirements, resulting in a Severity Level IV Non-Cited Violation
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						

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08/12/1999	1999012	<b>Pri:</b> PLTSUP <b>Sec:</b>	NRC	POS	<b>Pri:</b> 1A <b>Sec:</b> <b>Ter:</b>	<b>Overall, the licensee's radiation protection staff enforced the plant's radiological control standards.</b>  Overall, the licensee's radiation protection staff enforced the plant's radiological control standards. The inspectors observed "As-Low-As-Reasonably-Achievable" briefings being held before workers entered areas where the dose was elevated. The inspectors also observed radiation protection staff in the field directing other radiation workers to low dose areas.
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
06/24/1999	1999011	<b>Pri:</b> PLTSUP <b>Sec:</b>	NRC	POS	<b>Pri:</b> 3A <b>Sec:</b> <b>Ter:</b>	<b>Workers were following good radiological practices. The radiation protection personnel often spoke with an</b>  Workers were following good radiological practices. The radiation protection personnel often spoke with and provided guidance to other radiation workers on keeping exposure low while performing tasks in the plant
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
05/27/1999	1999010	<b>Pri:</b> PLTSUP <b>Sec:</b>	NRC	POS	<b>Pri:</b> 1C <b>Sec:</b> <b>Ter:</b>	<b>Overall licensee performance during 1999 Emergency Plan exercise</b>  Overall licensee performance during the 1999 Emergency Plan exercise was very good
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
05/27/1999	1999010	<b>Pri:</b> PLTSUP <b>Sec:</b>	NRC	POS	<b>Pri:</b> 1C <b>Sec:</b> <b>Ter:</b>	<b>Staff performance in the simulator main control room</b>  Staff performance in the simulator main control room was effective
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
05/27/1999	1999010	<b>Pri:</b> PLTSUP <b>Sec:</b>	NRC	POS	<b>Pri:</b> 1C <b>Sec:</b> <b>Ter:</b>	<b>The Technical Support Center staff's performance</b>  The Technical Support Center staff's performance was excellent
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
05/27/1999	1999010	<b>Pri:</b> PLTSUP <b>Sec:</b>	NRC	POS	<b>Pri:</b> 1C <b>Sec:</b> <b>Ter:</b>	<b>Overall performance of Operations Support Center management and staff</b>  Overall performance of Operations Support Center management and staff was good
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						

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05/27/1999	1999010	<b>Pri:</b> PLTSUP <b>Sec:</b>	NRC	POS	<b>Pri:</b> 1C <b>Sec:</b> <b>Ter:</b>	<b>Staff performance in the Emergency Operations Facility</b> Staff performance in the Emergency Operations Facility was very good.
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
05/27/1999	1999010	<b>Pri:</b> PLTSUP <b>Sec:</b>	NRC	POS	<b>Pri:</b> 1C <b>Sec:</b> <b>Ter:</b>	<b>Self-critiques following termination of the exercise</b> Self-critiques following termination of the exercise were generally very good. Licensee critique findings were consistent with the NRC evaluation team's findings
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
05/21/1999	1999008	<b>Pri:</b> PLTSUP <b>Sec:</b>	NRC	NEG	<b>Pri:</b> 1C <b>Sec:</b> <b>Ter:</b>	<b>Failure to compensate for an inactive security area</b> The licensee identified and reported to the NRC a failure to compensate for an inactive security area. The inspectors' review of the licensee's report determined that multiple communication failures by several individuals led to the error.
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
05/21/1999	1999008	<b>Pri:</b> PLTSUP <b>Sec:</b>	NRC	POS	<b>Pri:</b> 1C <b>Sec:</b> <b>Ter:</b>	<b>Normally the licensee followed radiation protection procedures</b> Normally the licensee followed radiation protection procedures
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
05/21/1999	1999008-04	<b>Pri:</b> PLTSUP <b>Sec:</b>	NRC	NCV	<b>Pri:</b> 1C <b>Sec:</b> <b>Ter:</b>	<b>The inspectors identified that a station laborer failed to frisk</b> However, the inspectors identified that a station laborer failed to frisk while exiting the radiation protection area. The licensee responded appropriately to this issue.
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
04/07/1999	1999006	<b>Pri:</b> PLTSUP <b>Sec:</b>	NRC	NEG	<b>Pri:</b> 1C <b>Sec:</b> <b>Ter:</b>	<b>The inspectors noted instances of poor performance by the licensee in radiation protection.</b> The inspectors noted instances of poor performance by the licensee in radiation protection evidenced by the release of radioactive material off the site, an unplanned uptake, and the unauthorized movement of a high radiation area boundary. (Section R4.1)
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						

# United States Nuclear Regulatory Commission PLANT ISSUE MATRIX

By Primary Functional Area

Region III

DRESDEN

Date	Source	Functional Area	ID	Type	Template Codes	Item Title Item Description
03/12/1999	1999007	<b>Pri:</b> PLTSUP <b>Sec:</b>	NRC	STR	<b>Pri:</b> 1C <b>Sec:</b> <b>Ter:</b>	<b>Security force response to routine and reactive security activities was conducted in an effective and timely n</b>  Security force response to routine and reactive security activities was conducted in an effective and timely manner and were consistent with security plan requirements. (Section S4.1)
<b>Dockets Discussed:</b> 05000010 Dresden 1 05000237 Dresden 2 05000249 Dresden 3						
03/12/1999	1999007-01	<b>Pri:</b> PLTSUP <b>Sec:</b>	Licensee	NCV	<b>Pri:</b> 1C <b>Sec:</b> <b>Ter:</b>	<b>Compensatory Measures</b>  Personnel errors by two alarm station operators resulted in the inadvertent inactivation of a perimeter intrusion alarm zone with no compensatory measure being established in a timely manner. Adequate corrective action was implemented. This was considered a licensee identified non-cited violation. (Section S2.2)
<b>Dockets Discussed:</b> 05000010 Dresden 1 05000237 Dresden 2 05000249 Dresden 3						
03/12/1999	1999007-02	<b>Pri:</b> PLTSUP <b>Sec:</b>	Licensee	NCV	<b>Pri:</b> 1C <b>Sec:</b> <b>Ter:</b>	<b>Failure to Maintain a Vehicle Denial Barrier</b>  Ineffective planning by licensee security supervisors and inadequate monitoring activities by security personnel resulted in the degradation of a vehicle denial barrier for three days. When discovered, correction action was implemented. This was considered a licensee identified non-cited violation. (Section S2.3)
<b>Dockets Discussed:</b> 05000010 Dresden 1 05000237 Dresden 2 05000249 Dresden 3						
02/26/1999	1999003	<b>Pri:</b> PLTSUP <b>Sec:</b>	NRC	POS	<b>Pri:</b> 1C <b>Sec:</b> <b>Ter:</b>	<b>Radiation Protection personnel performed well during the Unit 3 refueling outage. The station cumulative do</b>  Radiation Protection personnel performed well during the Unit 3 refueling outage. The station cumulative dose was less than that planned for prior to the outage. (Section R1.1)
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
02/26/1999	1999005	<b>Pri:</b> PLTSUP <b>Sec:</b>	NRC	NEG	<b>Pri:</b> 1C <b>Sec:</b> <b>Ter:</b>	<b>Weaknesses in the quality control and testing of a device fabricated by the licensee</b>  Weaknesses in the quality control and testing of a device fabricated by the licensee coupled with radiation protection staff communication problems and problems with the development and documentation of an ALARA plan, caused a worker to ingest a small quantity of radioactive material during local power range monitor replacement work. While no significant radiological consequences resulted, the worker was placed at increased radiological risk (Section R1.3).
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
02/26/1999	1999005	<b>Pri:</b> PLTSUP <b>Sec:</b>	NRC	POS	<b>Pri:</b> 1C <b>Sec:</b> <b>Ter:</b>	<b>The ALARA program was effectively implemented.</b>  The ALARA program was effectively implemented. ALARA plans were generally well developed and thorough, consistent with the potential radiological risks, and ALARA initiatives contributed to substantial dose savings. Protective clothing requirements were routinely relaxed to address heat stress concerns, improve worker efficiency and thereby reduce doses, and associated ALARA evaluations were technically sound to support the initiatives implemented (Section R1.2).
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						

## United States Nuclear Regulatory Commission PLANT ISSUE MATRIX

By Primary Functional Area

Region III

DRESDEN

Date	Source	Functional Area	ID	Type	Template Codes	Item Title Item Description
02/26/1999	1999005	<b>Pri:</b> PLTSUP <b>Sec:</b>	NRC	POS	<b>Pri:</b> 1C <b>Sec:</b> <b>Ter:</b>	<b>The licensee's program for the control and testing of portable high efficiency particulate air (HEPA) filtered sy</b>  The licensee's program for the control and testing of portable high efficiency particulate air (HEPA) filtered systems and vacuums was generally effective. The licensee demonstrated good initiative and developed a program for chemical testing portable HEPA units (Section R2.1).
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
02/26/1999	1999005	<b>Pri:</b> PLTSUP <b>Sec:</b>	NRC	POS	<b>Pri:</b> 1C <b>Sec:</b> <b>Ter:</b>	<b>Radworker performance had improved compared to previous outages as evidenced by problem identificatio</b>  Radworker performance had improved compared to previous outages as evidenced by problem identification form data, the relatively low number of personnel contamination events and other performance information. Worker contaminations were routinely planned as an ALARA measure, which proved effective in keeping doses ALARA (Section R4.1).
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
02/26/1999	1999005	<b>Pri:</b> PLTSUP <b>Sec:</b>	NRC	POS	<b>Pri:</b> 1C <b>Sec:</b> <b>Ter:</b>	<b>Radiological postings were effectively maintained and accurately reflected the area radiological conditions</b>  Radiological postings were effectively maintained and accurately reflected the area radiological conditions, and high and locked high radiation areas were controlled consistent with station procedures and regulatory requirements. Appropriate contamination control practices were observed to be used by workers and radiological controls for observed work activities were as prescribed by the ALARA plan. Housekeeping and material condition were generally good and exceptions noted by the inspectors were promptly corrected by the licensee (Section R4.2).
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
02/26/1999	1999005	<b>Pri:</b> PLTSUP <b>Sec:</b>	NRC	POS	<b>Pri:</b> 3B <b>Sec:</b> <b>Ter:</b>	<b>Outage staffing and training for the radiation protection program</b>  Outage staffing and training for the radiation protection program was generally effective. The training of contract radiation protection staff was completed in accordance with station procedures, and adequately prepared workers for assigned outage tasks (Section R5.1).
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
02/26/1999	1999005	<b>Pri:</b> PLTSUP <b>Sec:</b>	NRC	STR	<b>Pri:</b> 1C <b>Sec:</b> <b>Ter:</b>	<b>Station dose performance for the Unit 3 refueling outage</b>  Station dose performance for the Unit 3 refueling outage was excellent. Effective ALARA program implementation and generally good work planning, improved radiation worker performance and oversight of radiological work, and continued source term reduction initiatives produced the lowest collective refueling outage dose in station history (Section R1.1).
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						
02/26/1999	1999005	<b>Pri:</b> PLTSUP <b>Sec:</b>	NRC	STR	<b>Pri:</b> 1C <b>Sec:</b> <b>Ter:</b>	<b>The licensee implemented a relatively aggressive and effective source term reduction program,</b>  The licensee implemented a relatively aggressive and effective source term reduction program, and continued to monitor and track its effectiveness and explore methods to achieve further station dose savings (Section R1.4).
<b>Dockets Discussed:</b> 05000237 Dresden 2 05000249 Dresden 3						

## United States Nuclear Regulatory Commission PLANT ISSUE MATRIX

By Primary Functional Area

Region III

DRESDEN

Date	Source	Functional Area	ID	Type	Template Codes	Item Title Item Description
02/26/1999	1999005-01	<b>Pri:</b> PLTSUP <b>Sec:</b>	NRC	NCV	<b>Pri:</b> 1C <b>Sec:</b> <b>Ter:</b>	<b>Isolated problems were identified with the radiological control of HEPA filtered systems and vacuums</b>  Isolated problems were identified with the radiological control of HEPA filtered systems and vacuums. One Non-Cited Violation was identified regarding the failure to follow a station procedure for return of filtered vacuum cleaners used in radiologically posted areas (Section R2.1).
<b>Dockets Discussed:</b>						
05000237 Dresden 2						
05000249 Dresden 3						

# United States Nuclear Regulatory Commission PLANT ISSUE MATRIX

By Primary Functional Area

## Legend

### Type Codes:

BU	Bulletin
CDR	Construction
DEV	Deviation
EEI	Escalated Enforcement Item
IFI	Inspector follow-up item
LER	Licensee Event Report
LIC	Licensing Issue
MISC	Miscellaneous
MV	Minor Violation
NCV	NonCited Violation
NEG	Negative
NOED	Notice of Enforcement Discretion
NON	Notice of Non-Conformance
OTHR	Other
P21	Part 21
POS	Positive
SGI	Safeguard Event Report
STR	Strength
URI	Unresolved item
VIO	Violation
WK	Weakness

### Template Codes:

1A	Normal Operations
1B	Operations During Transients
1C	Programs and Processes
2A	Equipment Condition
2B	Programs and Processes
3A	Work Performance
3B	KSA
3C	Work Environment
4A	Design
4B	Engineering Support
4C	Programs and Processes
5A	Identification
5B	Analysis
5C	Resolution

### ID Codes:

NRC	NRC
Self	Self-Revealed
Licensee	Licensee

### Functional Areas:

OPS	Operations
MAINT	Maintenance
ENG	Engineering
PLTSUP	Plant Support
OTHER	Other

EEIs are apparent violations of NRC Requirements that are being considered for escalated enforcement action in accordance with the "General Statement of Policy and Procedure for NRC Enforcement Action" (Enforcement Policy), NUREG-1600. However, the NRC has not reached its final enforcement decision on the issues identified by the EEIs and the PIM entries may be modified when the final decisions are made.

URIs are unresolved items about which more information is required to determine whether the issue in question is an acceptable item, a deviation, a nonconformance, or a violation. A URI may also be a potential violation that is not likely to be considered for escalated enforcement action. However, the NRC has not reached its final conclusions on the issues, and the PIM entries may be modified when the final conclusions are made.