UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION IV
611 RYAN PLAZA DRIVE, SUITE 400
ARLINGTON, TEXAS 76011-8064

March 31, 2000

Charles M. Dugger, Vice President
Operations - Waterford 3
Entergy Operations, Inc.
17265 River Road
Killona, Louisiana 70066-0751

SUBJECT: PLANT PERFORMANCE REVIEW - WATERFORD STEAM ELECTRIC STATION, UNIT 3

Dear Mr. Dugger:

The purpose of this letter is to communicate our assessment of your performance and to inform you of our planned inspections at your facility. On March 2, 2000, we completed a Plant Performance Review (PPR) of Waterford Steam Electric Station, Unit 3 (Waterford 3). We conduct these reviews to develop an integrated overview of the safety performance of each operating nuclear power plant. We use the results of the PPR in planning and allocating inspection resources and as inputs to our senior management meeting (SMM) process. This PPR evaluated inspection results and safety performance information for the period from January 25, 1999, through February 11, 2000, but emphasized the last 6 months to ensure that our assessment reflected your current performance. Our most recent summary of plant performance at Waterford 3 was provided to you in a letter dated September 16, 1999.

The NRC has been developing a revised reactor oversight process that will replace our existing inspection and assessment processes, including the PPR, SMM, and Systematic Assessment of Licensee Performance (SALP). We recently completed a pilot program for the revised reactor oversight process at nine participating sites and are making necessary adjustments based on feedback and lessons learned. We are beginning initial implementation of the revised reactor oversight process industry-wide, including your facility, on April 2, 2000.

This PPR reflects continued process improvements as we make the transition into the revised reactor oversight process. You will notice that the following summary of plant performance is organized differently from our previous performance summaries. Instead of characterizing our assessment results by SALP functional area, we are organizing the results into the strategic performance arenas embodied in the revised reactor oversight process. Additionally, in assessing your performance, we have considered the historical performance indicator data that you submitted in January 2000 in conjunction with the inspection results. The results of this PPR were used to establish the inspection plan in accordance with the new risk-informed inspection program (consisting of baseline and supplemental inspections). Although this letter incorporates some terms and concepts associated with the new oversight process, it does not reflect the much broader changes in inspection and assessment that will be evident after we have fully implemented our revised reactor oversight process.

Waterford 3 experienced three reactor trips since June 1999. One trip was automatic and was caused by the loss of a nonsafety-related electrical bus; the associated loss of electrical power to the bus resulted in the loss of two reactor coolant pumps. In addition, there were two manual reactor trips related to a defective reactor coolant pump seal baffle. From an overall perspective, the NRC noted several performance issues during this assessment period; however, we note that Waterford 3 continues to operate in a safe manner.

Waterford's implementation of programs in the reactor safety strategic performance arena demonstrated overall safe plant operations. However, exceptions in the effective implementation of numerous programs were observed. Specifically, weaknesses were noted in the conduct of plant operations, the quality of maintenance activities, and the condition of plant material and equipment. A special inspection was conducted to review errors which led to an inadvertent draindown of the reactor coolant system while the plant was shutdown. The inspection revealed weaknesses in operator performance and in your preventive maintenance program. In addition, two plant shutdowns were required to repair a failed seal baffle plate on Reactor Coolant Pump 2B. Based on our assessment of your performance in the reactor safety strategic performance area, we have determined that the baseline inspection program can adequately monitor Waterford's performance. We will, however, review the corrective actions which you implemented for your unplanned shutdowns as part of our baseline inspections.

We did not identify any significant performance issues in the radiation safety strategic performance arena; therefore, only baseline inspections are planned.

In the safeguards strategic performance area, problems continued to be identified with your implementation of the security program. Broad-based concerns with security force performance have been an ongoing concern for the past 2 years. Numerous violations were identified in the areas of access control, lock and key control, inadequate training and qualification of security personnel, security lighting, and failure to maintain control of safeguards information. Review of your corrective actions for these violations will be conducted as part of the baseline inspection. In addition, a followup inspection to evaluate corrective actions for previously identified security performance issues is currently ongoing. NRC action stemming from this inspection will be determined and communicated following the completion of the inspection.

The concerns identified in the reactor safety and safeguards strategic performance arenas indicate continued problems with personnel performance and weaknesses in your processes for problem identification and resolution. Problems caused, at least in part, by a lack of attention to details and excessive personnel errors continued to be identified during this assessment period. This concern has also been identified during past assessments. Your corrective actions to address weaknesses in these areas will, therefore, be reviewed as part of the baseline inspection program.

Enclosure 1 contains a historical listing of plant issues, referred to as the Plant Issues Matrix (PIM), that were used during this PPR process to arrive at our integrated view of your performance trends. The PIM for this assessment is grouped by the prior SALP functional areas of operations, maintenance, engineering, and plant support, although the future PIM will be organized along the cornerstones of safety as described in the revised reactor oversight process. The attached PIM includes items summarized from inspection reports or other

docketed correspondence regarding Waterford 3. We did not document all aspects of licensee programs and performance that may be functioning appropriately. Rather, we only documented issues that we believe warrant management attention or represent noteworthy aspects of performance. In addition, the PPR may also have considered some predecisional and draft material that does not appear in the attached PIM, including observations from events and inspections that had occurred since our last inspection report was issued but had not yet received full review and consideration. We will make this material publically available as part of the normal issuance of our inspection reports and other correspondence.

Enclosure 2 lists our planned inspections for the period April 2000 through March 2001 at Waterford 3 to allow you to resolve scheduling conflicts and personnel availability in advance of our inspector arrival onsite. The inspection schedule for the latter half of the period is more tentative and may be adjusted in the future due to emerging performance issues at Waterford 3 or other Region IV facilities. We also included some NRC noninspection activities in Enclosure 2 for your information. Routine resident inspections are not listed due to their ongoing and continuous nature.

We will inform you of any changes to the inspection plan. If you have any questions, please contact me at (817) 860-8250.

Sincerely,
Original Signed By:
Kriss M. Kennedy for PHH

P. Harrell, Chief
Project Branch D
Division of Reactor Projects

Docket No.: 50-382
License No.: NPF-38

Enclosures:
1. Plant Issues Matrix
2. Inspection Plan

cc w/enclosures:
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United States Nuclear Regulatory Commission
PLANT ISSUE MATRIX
By Primary Functional Area

Region IV
WATERFORD

Date	Source	Functional Area	ID	Type	Template Codes	Item Title / Item Description
12/25/1999	1999024	**Pri:** OPS **Sec:**	NRC	POS	**Pri:** 1B **Sec:** **Ter:**	**Operator performance during plant shutdown and restart was good.** Operator performance during the plant shutdown to repair a steam leak and during the subsequent plant restart was good. Control room access was closely controlled to minimize operator distractions. **Dockets Discussed:** 05000382 Waterford 3
12/25/1999	1999024-01	**Pri:** OPS **Sec:**	NRC	NCV	**Pri:** 1A **Sec:** **Ter:**	**Failure to implement inspection procedure for freeze protection shelters.** A failure to appropriately implement the inspection of temporary freeze protection shelters constituted a procedural violation contrary to the requirements of Technical Specification 6.8.1. This Severity Level IV violation is being treated as a noncited violation consistent with Section VII.B.1.a of the NRC Enforcement Policy. This violation is in the licensee's corrective action program as Condition Report 99-1254. **Dockets Discussed:** 05000382 Waterford 3
11/27/1999	1999025-01	**Pri:** OPS **Sec:**	NRC	EEI	**Pri:** 1A **Sec:** 1C **Ter:** 3A	**Failure to maintain the Low Pressure Safety Injection Train B system in an operable condition** The failure to maintain the Low Pressure Safety Injection Train B system in an operable condition is an apparent violation of Technical Specification 3.5.2. An out-of-position valve resulted in a flow path that would divert a significant amount of flow from Low-Pressure Safety Injection Pump B to the refueling water storage pool instead of the reactor coolant system under accident conditions. No other emergency core cooling systems were affected by this condition. This issue is considered to be an apparent violation of Technical Specification 3.5.2. **Dockets Discussed:** 05000382 Waterford 3
11/27/1999	1999025-02	**Pri:** OPS **Sec:**	NRC	EEI	**Pri:** 1A **Sec:** 1C **Ter:** 3A	**Failure to place Valve SI-417B in the required position** A bottomed out position indicating a pin in the reach-rod operator for Valve SI-417B was identified as one barrier that was in place and failed to detect the mispositioned valve, which caused the reactor coolant system drain-down event. Three other additional missed opportunities to identify the mispositioned valve were also identified, which included procedural guidance to locally verify valve position for reach-rod operated valves and two computer mimic displays. The failure to place Valve SI-417B in the position specified in the applicable procedure is an apparent violation of Technical Specification 6.8.1. **Dockets Discussed:** 05000382 Waterford 3
11/06/1999	1999023-01	**Pri:** OPS **Sec:**	Licensee	NCV	**Pri:** 1A **Sec:** 3A **Ter:**	**Failure to meet TS requirements during plant heatup.** Ineffective communications among control room operators during plant startup resulted in two Technical Specification violations. These Severity Level IV violations are being treated as a noncited violation consistent with Appendix C of the NRC Enforcement Policy. These violations are in the licensee's corrective action program as Condition Report 99-1022. **Dockets Discussed:** 05000382 Waterford 3
10/07/1999	1999014	**Pri:** OPS **Sec:**	NRC	POS	**Pri:** 3B **Sec:** 1C **Ter:**	**High quality submittal, all five applicants passed their examinations** The licensee developed and submitted a high quality examination, which was administered with only minor changes. All five applicants passed the initial licensing examinations. No broad knowledge or training weaknesses were identified. With minor exceptions, strengths were observed in communication, peer checks, and procedure usage. **Dockets Discussed:** 05000382 Waterford 3

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09/25/1999	1999020	Pri: OPS Sec:	NRC	POS	Pri: 1A Sec: 3A Ter:	**RCS Draindown for RCP Maintenance** Operations personnel performed a reactor coolant system draindown in a well-controlled manner. Operators demonstrated an increased awareness of plant cooldown rates and limitations and took appropriate actions when a Technical Specification out-of-tolerance condition was identified. Appropriate actions were taken when reactor coolant system level instrumentation failed to function, as required. However, operators did not maintain an appropriate awareness of the time-to-boil and time-to-core-uncovery while the plant was shutdown and in a reduced inventory condition. **Dockets Discussed:** 05000382 Waterford 3
09/17/1999	1999014	Pri: OPS Sec:	NRC	POS	Pri: 3B Sec: 5A Ter:	**Strong requalification program and opeator test performance** Good operator performance was observed in all aspects of the requalification examinations, with some exceptions noted. Communications, procedure use, and peer checks were noted strengths. Overall, the licensed operator requalification training program effectively implemented a systems approach to training, with several improvements noted. The most significant improvements included stronger operations management involvement in observation and evaluation of licensed operator training, improved effectiveness of training review group meetings and diversity and availability of program feedback methods. Medical qualification and watch-standing requirements. **Dockets Discussed:** 05000382 Waterford 3
09/09/1999	1999007	Pri: OPS Sec:	NRC	NEG	Pri: 5C Sec: Ter:	**Slow or untimely condition report processing.** Conditions that could affect safe plant operations were identified, evaluated, and resolved. The inspectors noted examples of slow or untimely condition report processing. These were delayed maintenance rule functional failure determinations, procedure updates, and reporting conditions outside design basis. **Dockets Discussed:** 05000382 Waterford 3
09/09/1999	1999007	Pri: OPS Sec:	NRC	WK	Pri: 5A Sec: Ter:	**Narrow focus treatment for missed surveillances.** The licensee's treatment of missed surveillances was narrowly focused without reviewing for common root cause conditions. Several opportunities were missed regarding the potential generic impact. Specifically, assessment of recent missed surveillances had not been integrated to consider common causal factors for each event in relation to other similar events. A more detailed generic impact review would preclude corrective actions being limited in scope. **Dockets Discussed:** 05000382 Waterford 3
09/09/1999	1999007-01	Pri: OPS Sec:	NRC	NCV	Pri: 2B Sec: Ter:	**Maintenance rule violation for emergency generator sequencer relays.** The licensee's failure to determine identified conditions for the emergency generator sequencer relays as maintenance preventable functional failures is a Severity Level IV violation of 10 CFR 50.65(a)(2). Subsequently, as a result of the inadequate periodic evaluation, the licensee failed to establish goals commensurate with safety for the emergency generator sequencer relays. This violation is being treated as a noncited violation (50-382/9907-01), consistent with Appendix C of the NRC enforcement policy. **Dockets Discussed:** 05000382 Waterford 3
09/09/1999	1999007-02	Pri: OPS Sec:	NRC	NCV	Pri: 4C Sec: Ter:	**Control room envelope outside design basis.** The failure to provide a report to the NRC within 30 days when the control room envelope was in a condition outside its design basis was a Severity Level IV violation of 10 CFR 50.73(a)(2)(ii)(B). This violation is being treated as a noncited violation (50-382/99-07-02), consistent with Appendix C of the NRC enforcement policy. **Dockets Discussed:** 05000382 Waterford 3

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09/09/1999	1999007-03	Pri: OPS Sec:	NRC	NCV	Pri: 5C Sec: Ter:	**Failure to correct control room damper failures.** The ongoing failure to correct control room damper failures over a 3-year period was a Severity Level IV violation of 10 CFR Part 50, Appendix B, Criterion XVI. This violation is being treated as a noncited violation (50-382/9907-03), consistent with Appendix C of the NRC enforcement policy. **Dockets Discussed:** 05000382 Waterford 3
08/14/1999	1999016	Pri: OPS Sec:	NRC	POS	Pri: 1A Sec: 3A Ter:	**Reactor Coolant System Draindown for Reactor Coolant Pump Maintenance** The control room operators performed the draindown of the reactor coolant system in a safe, well-controlled, and effective manner. **Dockets Discussed:** 05000382 Waterford 3
08/14/1999	1999016	Pri: OPS Sec:	NRC	POS	Pri: 1B Sec: 2A Ter: 5B	**Indication of Loss of Charging Flow with Two Pumps Running** The licensee's actions regarding an indication of loss of charging flow with two charging pumps running were appropriate. The cause of the problem was determined to be a failed flow transmitter, which was subsequently replaced and satisfactorily tested. The licensee's investigation of this event was effective and comprehensive. **Dockets Discussed:** 05000382 Waterford 3
08/14/1999	1999016-01	Pri: OPS Sec:	NRC	NCV	Pri: 1A Sec: 3A Ter: 5A	**Exceeded the maximum TS RCS cooldown rate limit** A violation was identified for exceeding the maximum Technical Specification cooldown rate for the reactor coolant system. The violation had not been identified by the licensee prior to questioning by the inspectors. Operators did not maintain an adequate awareness of changing plant conditions. A subsequent engineering evaluation indicated that the reactor coolant system integrity had not been compromised. This Severity Level IV violation is being treated as a noncited violation consistent with Appendix C of the NRC Enforcement Policy. This violation is in the licensee's corrective action program as Condition Report 99-0828. **Dockets Discussed:** 05000382 Waterford 3
07/03/1999	1999013	Pri: OPS Sec:	NRC	NEG	Pri: 1B Sec: Ter:	**Failure of licensed ROs to react timely to control RCS cool down following automatic reactor trip.** Licensed reactor operators had not taken timely action to control reactor coolant system cool down following an automatic reactor trip acused by a loss of two reactor coolant pumps. The pumps were lost as a result of an electrical bus being automatically deenergized **Dockets Discussed:** 05000382 Waterford 3
06/03/1999	1999009	Pri: OPS Sec:	NRC	NEG	Pri: 5C Sec: Ter:	**Lack of Concern for Equipment Inadequacies** A lack of concern for equipment inadequacies was identified when the remote position indication for the Containment Spray Pump A suction valve indicated closed, when the actual position of this valve was open. The mechanical counter indicated zero (closed) when it should have indicated 270 (full open). This condition has been identified on three previous occasions. **Dockets Discussed:** 05000382 Waterford 3

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06/03/1999	1999009-01	**Pri:** OPS **Sec:**	Licensee	NCV	**Pri:** 3A **Sec:** **Ter:**	**Failure to perform required testing following completion of modifications to safety-related CCW valves** A violation was identified for the failure to perform required testing following completion of modifications to two safety-related component cooling water valves. Testing these valves required entering Technical Specification 3.0.3 and invoking the provisions of Technical Specification 4.0.3. This Severity Level IV violation is being treated as a noncited violation consistent with Appendix C of the NRC Enforcement Policy. This violation is in the licensee's corrective action program as Condition Report 99-0546. **Dockets Discussed:** 05000382 Waterford 3
05/10/1999	1999005	**Pri:** OPS **Sec:**	NRC	NEG	**Pri:** 1A **Sec:** **Ter:**	**Human Performance Errors** Several examples of human performance errors in the area of operations were identified during the refueling outage. These errors resulted in additional work, radiological exposure, and potential equipment damage. The licensee's actions were appropriate in response to each event. **Dockets Discussed:** 05000382 Waterford 3
05/10/1999	1999005	**Pri:** OPS **Sec:**	NRC	POS	**Pri:** 2A **Sec:** **Ter:**	**Containment Building and Equipment following Refueling Activities** The cleanliness and material condition of the containment building and equipment following completion of refueling activities was considered adequate . **Dockets Discussed:** 05000382 Waterford 3
05/10/1999	1999005-01	**Pri:** OPS **Sec:**	Licensee	NCV	**Pri:** 1A **Sec:** **Ter:**	**Failure to ensure proper valve lineup performed prior to operating LPSI Pump B** A violation was identified for the failure to ensure an adequate valve lineup was performed prior to operating Low-Pressure Safety Injection Pump B. This resulted in potential damage to safety-related equipment when the pump was operated for approximately 30 minutes with the suction valve closed. In addition, control room operators demonstrated lack of a questioning attitude when they did not adequately address unexpected indications when the pump was started. This Severity Level IV violation is being treated as a noncited violation consistent with Appendix C of the NRC Enforcement Policy. This violation is in the licensee's corrective action program as Conditon Report 99-0382. **Dockets Discussed:** 05000382 Waterford 3
04/05/1999	1999002	**Pri:** OPS **Sec:**	NRC	POS	**Pri:** 1A **Sec:** **Ter:**	**Operators' actions to drain the reactor coolant system and place the plant in midloop conditions were compı** The operators' actions to drain the reactor coolant system (RCS) and place the plant in midloop conditions were comprehensive and effective in maintaining the plant in a safe condition. The crew briefing and operations involvement were very good. Independent level indications were utilized as required. Refilling the RCS was in accordance with procedures. **Dockets Discussed:** 05000382 Waterford 3

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03/30/1999	50-382	**Pri:** OPS **Sec:** **Dockets Discussed:** 05000382 Waterford 3	NRC	LIC	**Pri:** 4C **Sec:** 4B **Ter:**	**Audit of Y2K readiness program.** The Y2K project plan is comprehensive and incorporates the major elements of the nuclear power industry Y2K problem guidance contained in Nuclear Energy Institute (NEI)/Nuclear Utilities Software Management Group (NUSMG) 97-07, "Nuclear Utility Year 2000 Readiness, " and NRC GL 98-01. The systems and operations staff and particularly the mid-level management, whose support is necessary for addressing Y2K issues at W3, were not as available as at other plants. Directed support from the W3 Y2K project sponsor and upper management will continue to be necessary to expedite Y2K program progress at W3. Confirmatory testing of mission critical systems for Y2K readiness is conducted by the licensee at the plant site. Remediation of mission critical systems has begun. No Y2K problems have been identified in safety-related systems to date. At present, the licensee has assigned one person part-time as lead for W3 Y2K contingency planning with support from two Y2K project team members. The audit team considers that the schedule for completion of detailed contingency planning may be adversely impacted by the refueling outage activities and other Y2K readiness activities. The audit team believes that additional resources are needed to support W3 Y2K contingency planning activities in order to meet the established W3 Y2K project schedules. The Y2K project documentation system used at W3 is well-organized.
12/03/1999	1999025	**Pri:** MAINT **Sec:** **Dockets Discussed:** 05000382 Waterford 3	NRC	NEG	**Pri:** 2A **Sec:** 2B **Ter:**	**Inadequate preventive maintenance** The 3-year preventive maintenance activity for the reach rod associated with Valve SI-417B was inadequate in that it did not include requirements to inspect any portion of the reach-rod assembly. Similar preventive maintenance activities were performed on other reach-rod operators associated with safety-related valves based on the necessity for their usage. This resulted in a significant number of reach-rod operators used on safety-related valves that did not receive regularly scheduled preventive maintenance or inspection.
11/27/1999	1999025	**Pri:** MAINT **Sec:** **Dockets Discussed:** 05000382 Waterford 3	NRC	NEG	**Pri:** 2A **Sec:** 2B **Ter:** 5A	**Inadequate problem identification and resolution** The licensee's initial efforts to determine the extent of the condition of other reach rods in the plant following the failure of the reach rod for Valve SI-417B was inadequate. An inspection was performed on approximately 79 percent of the safety- and nonsafety-related reach-rod assemblies. However, the inspections were incomplete in that two previously unknown pins for safety-related operators similar to that used on Valve SI-417B was subsequently identified. Inspections of these additional pins resulted in numerous discrepancies. The general condition of reach-rod operators in the plant was considered marginally adequate and reflected the licensee's lack of adequate preventive maintenance and inspection programs for these components.
11/06/1999	1999023	**Pri:** MAINT **Sec:** **Dockets Discussed:** 05000382 Waterford 3	NRC	POS	**Pri:** 2B **Sec:** 3A **Ter:** 5A	**Feedwater Isolation Valve Accumulators and Reservoir Oil Change** Planned maintenance to change the hydraulic oil in the accumulators and in the reservoir of Feedwater Isolation Valve A was conducted effectively and efficiently. The prejob briefing and the teamwork demonstrated by the individuals involved was very good. An out-of-position instrument air supply valve was discovered during preparations to conduct the same maintenance on Feedwater Isolation Valve B. The feedwater isolation valve was determined to remain operable.
11/06/1999	1999023-02	**Pri:** MAINT **Sec:** **Dockets Discussed:** 05000382 Waterford 3	Licensee	NCV	**Pri:** 2B **Sec:** 3A **Ter:**	**Missed mechanical snubber surveillance.** In December 1997, the licensee discovered that they had not been testing Mechanical Snubber MSSR-226A as required by Technical Specifications (Licensee Event Report 50-382/97-034). The failure to perform a surveillance on Mechanical Snubber MSSR-266A, at the required time interval, is a violation of Technical Specification 4.7.8.e.3. This Severity Level IV violation is being treated as a noncited violation consistent with Appendix C of the NRC Enforcement Policy. The corrective actions have been completed per the licensee event report.

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09/25/1999	1999020	Pri: MAINT Sec:	Self	NEG	Pri: 2A Sec: Ter:	**Degraded plant material condition and equipment reliability.** On three occasions, plant equipment malfunctions resulted in plant transients or negatively impacted plant activities. These problems were examples of degraded plant material condition and equipment reliability. Housekeeping and material condition inside the containment building was adequate. **Dockets Discussed:** 05000382 Waterford 3
09/25/1999	1999020	Pri: MAINT Sec:	NRC	POS	Pri: 3A Sec: 3B Ter:	**Overhaul of a 6.9-kV circuit breaker.** Electrical maintenance technicians, performing activities to overhaul a 6.9-kV circuit breaker, demonstrated a high degree of knowledge with regard to the equipment and procedures used. The breaker condition was good. **Dockets Discussed:** 05000382 Waterford 3
09/25/1999	1999020-02	Pri: MAINT Sec:	NRC	NCV	Pri: 2B Sec: Ter:	**Failure to Provide Appropriate Procedures for Replacement of Control Board Switch Knobs** Failure to provide appropriate procedures for the replacement of control board switch knobs is a violation of 10 CFR Part 50, Appendix B, Criterion V. Since this issue was being addressed in the licensee's corrective action program, this Severity Level IV violation is being treated as a noncited violation consistent with Appendix C of the NRC Enforcement Policy. This violation is in the licensee's corrective action program as Condition Report 99-0722. **Dockets Discussed:** 05000382 Waterford 3
08/14/1999	1999016	Pri: MAINT Sec:	NRC	NEG	Pri: 3A Sec: Ter:	**Essential Chiller B Condenser Tube Cleaning** Two examples of lack of attention to detail and lack of concern for creating a complete and accurate record of work performed on safety-related equipment were identified. Maintenance technicians failed to sign off procedural steps upon completion of work on the condenser of Essential Chiller B, and a checklist to be used during the prejob briefing was not utilized. **Dockets Discussed:** 05000382 Waterford 3
07/03/1999	1999013	Pri: MAINT Sec:	NRC	NEG	Pri: 3A Sec: Ter:	**Inappropriate actions of mechanical maintenance technicians when lube oil strainer in Charging Pump A wa** The actions of mechanical maintenance technicians were inappropriate when a lube oil strainer in Charging Pump A was removed, inspected, and replaced without cleaning it. The procedural step specifically directed the technicians to clean the strainer. The interpretation of this step to clean as required could result in unintended consequences and assume aspects of the step as written, which were not evident. Also, the condition of strainers is not always possible to ascertain accurately by visual inspection. No operability concerns with Charging Pump A were identified. **Dockets Discussed:** 05000382 Waterford 3
06/03/1999	1999009	Pri: MAINT Sec:	NRC	POS	Pri: 2A Sec: Ter:	**Material Condition of Emergency Feedwater System Good** In general, material condition of the emergency feedwater system was good. Valve alignment was in accordance with procedures and appropriate for the plant conditions. **Dockets Discussed:** 05000382 Waterford 3

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05/10/1999	1999005	Pri: MAINT Sec:	NRC	STR	Pri: 3A Sec: Ter:	**Quality Assurance Self-Assessment Efforts** Quality Assurance inspectors were very active and highly visible throughout the plant during Refueling Outage 9 and contributed to the safe performance of maintenance and modification activities. The inspectors considered self-assessment efforts to be very good. **Dockets Discussed:** 05000382 Waterford 3
05/10/1999	1999005-02	Pri: MAINT Sec:	Licensee	NCV	Pri: 3A Sec: Ter:	**Failure to propely torque the eight nuts on the inlet flange for Pressurizer Safety Valve RC-317A** A violation was identified for the failure to properly torque the eight bolts on the inlet flange of Pressurizer Safety Valve RC-317A. This flange makes up part of the reactor coolant system pressure boundary. The cause of the event was identified as incorrect use of the hydraulic wrench used to torque these fasteners to their final value. This Severity Level IV violation is being treated as a noncited violation consistent with Appendix C of the NRC Enforcement Policy. This violation is in the licensee's corrective action program as Condition Report 99-0265. **Dockets Discussed:** 05000382 Waterford 3
04/05/1999	1999002	Pri: MAINT Sec:	NRC	POS	Pri: 3A Sec: Ter:	**Infrequently performed surveillance test involving leak checking** An infrequently performed surveillance test involving leak checking the postaccident sampling system (PASS) using the high-pressure safety injection (HPSI) system pressure was appropriately conducted. Communications among participants were very good. **Dockets Discussed:** 05000382 Waterford 3
03/19/1999	1999004	Pri: MAINT Sec:	NRC	POS	Pri: 2B Sec: Ter:	**Well Defined Inservice Inspection Program Plan** Overall, the licensee had established a well defined inservice inspection program plan. **Dockets Discussed:** 05000382 Waterford 3
03/19/1999	1999004	Pri: MAINT Sec:	NRC	POS	Pri: 3A Sec: Ter:	**Reactor Coolant System Piping and Pressurizer Instrument Nozzle** Reactor coolant system piping and pressurizer instrument nozzle repairs and replacements were performed by the licensee's contractors in a well planned and professional manner. **Dockets Discussed:** 05000382 Waterford 3
03/19/1999	1999004-01	Pri: MAINT Sec:	NRC	NCV	Pri: 3A Sec: Ter:	**Failure to establish a distance-amplitude curve during ultrasonic examination of a Class 2 weld.** The inspector identified a procedural violation regarding the failure of a Level II nondestructive examiner to establish a distance-amplitude curve on the ultrasonic monitoring screen. The licensee re-examined the weld in question, and no indications were identified. This Severity Level IV violation is being treated as a non-cited violation, consistent with Appendix C of the Enforcement Policy. This violation was entered into the licensee's corrective action program as Condition Report CR-WF3-1999-0272. **Dockets Discussed:** 05000382 Waterford 3

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03/19/1999	1999004-02	**Pri:** MAINT **Sec:**	NRC	URI	**Pri:** 2A **Sec:** 2B **Ter:**	**Degraded steam generator hydraulic snubbers.** An unresolved item was identified. The item related to the operability of degraded hydraulic snubbers. **Dockets Discussed:** 05000382 Waterford 3
12/25/1999	1999024	**Pri:** ENG **Sec:**	NRC	POS	**Pri:** 4B **Sec:** 5A **Ter:**	**Resolution of main geneator breaker issue was good.** The system engineers were aggressive in resolving the failure of the main generator breaker to trip when required. An appropriate conservative decision was made to replace the relay prior to restart. **Dockets Discussed:** 05000382 Waterford 3
09/25/1999	1999020	**Pri:** ENG **Sec:**	NRC	POS	**Pri:** 5A **Sec:** 5B **Ter:** 5C	**Significant Event Response Team was effective.** The Significant Event Response Team, assembled to identify the causes and recommend corrective actions for the failed reactor coolant pump heat exchanger baffle, was effective. The team's efforts were comprehensive. **Dockets Discussed:** 05000382 Waterford 3
08/14/1999	1999016	**Pri:** ENG **Sec:**	NRC	POS	**Pri:** 4B **Sec:** 5B **Ter:** 5C	**Reactor Coolant Pump 2B Seal Failure** The licensee's efforts to establish the root cause of the seal failure, which forced a plant shutdown, were considered good. A Significant Event Response Team was well organized, focused, and provided reasonable recommendations based on sound engineering. A cracked seal water heat exchanger baffle was identified as the cause of the seal failure. The preliminary cause of the crack was identified as fatigue. A new baffle was installed in the same configuration as was used 3 years earlier and additional examinations and modeling were planned. **Dockets Discussed:** 05000382 Waterford 3
08/14/1999	1999016-02	**Pri:** ENG **Sec:**	Licensee	NCV	**Pri:** 4A **Sec:** **Ter:**	**Failure to meet the requirements of the licensing basis for two rainfall accumulation events with regard to th** A violation was identified for the failure to meet the requirements of the licensing basis for two rainfall accumulation events with regard to the ultimate heat sink sumps. Several nonconservatisms were identified by the licensee in the original calculation, which when taken together indicated that additional pumping capacity was required to remove the accumulation of two analyzed rainfall events. The initial operability determination for the ultimate heat sink was considered adequate. The initially stated time frame to install additional pumping capacity in the sumps was exceeded due to an apparent decrease in the urgency of this effort. This Severity Level IV violation is being treated as a noncited violation consistent with Appendix C of the NRC Enforcement Policy. This violation is in the licensee's corrective action program as Condition Report 99-0789. **Dockets Discussed:** 05000382 Waterford 3
07/23/1999	1999015	**Pri:** ENG **Sec:**	NRC	NEG	**Pri:** 4B **Sec:** **Ter:**	**Flawed tornado analysis.** The licensee's probabilistic risk analysis of damage from tornado missiles was flawed. It failed to establish a definitive acceptance criterion for risk levels that would necessitate corrective actions and used a statistically incorrect method (failed to account for unreported tornadoes) to estimate the probability of a tornado striking the site. Conservative assumptions addressing other aspects of the calculation were observed to be sufficient to compensate for the observed discrepancies. As a result, an immediate operability concern did not exist. **Dockets Discussed:** 05000382 Waterford 3

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07/23/1999	1999015	**Pri:** ENG **Sec:**	NRC	NEG	**Pri:** 4C **Sec:** **Ter:**	**Consequences interpretation in conflict with NRC.** The licensee's policy on increase in consequences of an analyzed accident was not consistent with 10 CFR 50.59. The licensee defined an increase in consequences to indicate that the calculated dose exceeds an applicable regulatory limit established in 10 CFR Part 100 or the General Design Criteria. However, the NRC considers an increase in consequences to constitute any increase in dose beyond that previously calculated and reported in the Updated Final Safety Analysis Report. Over the past 3 years, no examples existed where the licensee's calculated accident doses had been increased. **Dockets Discussed:** 05000382 Waterford 3
07/23/1999	1999015	**Pri:** ENG **Sec:**	NRC	NEG	**Pri:** 4C **Sec:** **Ter:**	**Inappropriate use of previous safety evaluation.** The licensee's use of a previous safety evaluation to pre-screen a field change made to a newly installed modification was considered inappropriate and illustrative of a process vulnerability. The nontrivial nature of the field change should have resulted in a documented basis for concluding that the change was fully addressed by the previous safety evaluation. **Dockets Discussed:** 05000382 Waterford 3
07/23/1999	1999015	**Pri:** ENG **Sec:**	NRC	POS	**Pri:** 4C **Sec:** **Ter:**	**Good safety evaluations.** Safety evaluations were well written and explained in depth the reason for responses made to the evaluation questions. The evaluations were stand-alone documents, meaning that a reader could understand the changes and the bases for the unreviewed safety question determinations without a need to consult individuals or other documents. The evaluations, for the most part, reflected a high safety awareness and conservative engineering judgement. **Dockets Discussed:** 05000382 Waterford 3
07/23/1999	1999015-01	**Pri:** ENG **Sec:**	NRC	URI	**Pri:** 4B **Sec:** **Ter:**	**Failure to identify unidentified safety question and potential unacceptablility of the condition.** The licensee failed to identify that a change made to the Updated Final Safety Analysis Report constituted an unreviewed safety question, and, therefore, implemented the change without the approval of the Commission, in conflict with the requirements of 10 CFR 50.59. The change involved a correction to the Updated Final Safety Analysis Report to state that several nonsafety-related loads were automatically resequenced to the Class 1E bus following a loss-of-offsite power event. The previous revision stated that nonsafety-related loads were only reconnected manually under administrative controls. This change involved an increase in the possibility of a malfunction of equipment important to safety (the Class 1E electrical bus) and, therefore, should have been identified as an unreviewed safety question. This issue was identified as an unresolved item pending further NRC review to determine whether the change, if submitted as required, would have been approved by the Commission. **Dockets Discussed:** 05000382 Waterford 3
07/03/1999	1999013	**Pri:** ENG **Sec:**	NRC	NEG	**Pri:** 4B **Sec:** **Ter:**	**Inadequate actions concerning the low flow conditions in Trains A and B safety-related room coolers.** The licensee's initial actions concerning the low flow conditions in Trains A and B safety-related room coolers were inadequate in that all relevent information was notconsidered when determining the past operability of these components. A more complete and detailed operability evaluation was performed when the inspectors questioned the effect of a degraded condition of the essential chillers, which were identified to have occurred at the same time as the degradation of the room coolers. This evaluation concluded that the room coolers were capable of performing their safety-related functions. **Dockets Discussed:** 05000382 Waterford 3

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07/03/1999	1999013-01	**Pri:** ENG **Sec:**	NRC	NCV	**Pri:** 4A **Sec:** **Ter:**	**Failure to provide correct instructions to install the local ammenters in DC-3192.** A violation was identified for the failure to provide correct instructions in a design change written to perform a modification to install local ammeters on the safety-related essential chillers. The incorrect instructions resulted in both Trains A and B essential chillers being in a degraded condition for a period of 54 days. This Severity Levil IV violation of Criterion III of Appendix B to 10 CFR Part 50 is being treated as a noncited violation consistent with Appendix C of the NRC Enforcement Policy. This violation is in the licensee's corrective action program as Condition Report 98-0476. **Dockets Discussed:** 05000382 Waterford 3
07/03/1999	1999013-02	**Pri:** ENG **Sec:**	NRC	NCV	**Pri:** 4B **Sec:** **Ter:**	**Failure to ensure valve indications had been tested in accordance with TS surveillance requirements.** A violation was identified for omission of 39 containment isolation valves from a list in the Updated Final Safety Analysis Report that resulted in the failure to ensure that the valve indications had been tested in accordance with Technical Specification surveillance Requirements. This Severity Level IV violation is being treated as a noncited violation, consistent with Appendix C of the NRC Enforcement Policy. The corrective actions have been completed per Licensee Event Report 50-382/97-019 recommendations. **Dockets Discussed:** 05000382 Waterford 3
05/10/1999	1999005	**Pri:** ENG **Sec:**	NRC	POS	**Pri:** 4B **Sec:** **Ter:**	**Licensee's Recovery Plan to Ensure Acceptable Performance of Agastat E7000 Series Time Delay Relays** The licensee's recovery plan to esnure acceptable performance of Agastat E7000 series time delay relays used in the emergency diesel generator sequencer system was considered adequate. Past errors by the licensee resulted in the relays not receiving adequate maintenance prior to the establishment of the recovery plan. In addition, manufacturers' recommendations and industry experience and communications regarding these relays were not applied effectively and in a timely manner . **Dockets Discussed:** 05000382 Waterford 3
05/10/1999	1999005	**Pri:** ENG **Sec:**	NRC	POS	**Pri:** 4B **Sec:** **Ter:**	**Good Engineering Support During Refueling Outage** Engineering personnel provided good support of plant activities during the refueling outage. System engineers were active and involved in the maintenance activities being performed on their assigned systems and components. The availability of technical knowledge and rsources facilitated the succfessful completion of maintenance activities. **Dockets Discussed:** 05000382 Waterford 3
05/10/1999	1999005-03	**Pri:** ENG **Sec:**	Licensee	NCV	**Pri:** 4C **Sec:** **Ter:**	**TS-required surveillance for Section XI testing exceeded** A noncited violation was identified for the failure to perform required surveillance testing of four containment vacuum relief valves. The valves were not classified as safety and relief valves and therefore were not being tested in accordance with the appropriate section of the ASME Section XI Code. This Severity Level IV violation is veing treated as a noncited violation consistent with Appendix C of the NRC Enforcement Policy. This violation is in the lcensee's corrective action program as Condition Report 99-0344. **Dockets Discussed:** 05000382 Waterford 3
04/09/1999	1999006-01	**Pri:** ENG **Sec:**	NRC	NCV	**Pri:** 4A **Sec:** 4B **Ter:**	**TS violation for inadequate valve position indication for hydrogen recombiner analyzer containemnt isolatio** A noncited violation of Technical Specification 3.3.3.6 was identified for the failure to have positive indication for the hydrogen recombiner analyzer containment isolation valve position. **Dockets Discussed:** 05000382 Waterford 3

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04/09/1999	1999006-02	Pri: ENG Sec:	NRC	NCV	Pri: 4B Sec: 3A Ter:	**Four examples of inadequate procedures.** A noncited violation of Technical Specification 6.8.1 was identified for four examples of inadequate procedures (Sections E8.4, E8.8, E8.14, and E.23). The first example was for failure to adequately address instrument uncertainties in the surveillance tests for chilled water outlet temperature. The second example was for a human error that resulted in steps being rearranged in Procedure OP-903-110, "RAB Fluid Systems Leak Test." The third example was for the failure to establish a procedure to demonstrate the requirements for ASME emergency feedwater check valve closure. The fourth example was for the failure to establish and implement procedures to assure that instrumentation with the appropriate total loop accuracy was used in the performance of inservice testing of safety-related pumps. **Dockets Discussed:** 05000382 Waterford 3
04/09/1999	1999006-03	Pri: ENG Sec:	NRC	NCV	Pri: 4A Sec: 4B Ter:	**Three examples of inadequate design control.** A noncited violation of Criterion III of Appendix B to 10 CFR Part 50 was identified for three examples of inadequate design control (Sections E8.5, E8.6, and E8.12). The first example was for the failure to maintain drawings to reflect actual plant configurations. The second example was for the failure to provide adequate overpressure protection for the ASME Class III portion of the nitogren system. The third example was for the failure to translate the effects of condensate storage pool level insrument errors under dynamic conditions into the emergency operating procedures. **Dockets Discussed:** 05000382 Waterford 3
04/05/1999	1999002-01	Pri: ENG Sec:	Licensee	NCV	Pri: 4A Sec: Ter:	**Failure to have operable fire barriers in place.** A violation of License Condition C.9, "Fire Protection," was identified for the failure to have operable fire barriers in place to protect redundant trains of static uninterruptible power supplies (SUPS). This Severity Levil IV violation is being issued as a noncited violation per the guidance provided in Appendix C of the Enforcement Policy. **Dockets Discussed:** 05000382 Waterford 3
04/05/1999	1999002-02	Pri: ENG Sec:	Licensee	NCV	Pri: 4A Sec: Ter:	**HPSI and CS NPSH margin inaccurately stated in UPSAR** A violation of 10 CFR 50.71(e) has been identified for the failure to correct inaccurate information in the Updated Final Safety Analysis Report (UFSAR). This Severity Level IV violation is being issued as a noncited violation per the guidance provided in Appendix C of the Enforcement Policy. **Dockets Discussed:** 05000382 Waterford 3
04/05/1999	1999002-03	Pri: ENG Sec:	Licensee	NCV	Pri: 4A Sec: Ter:	**Failure to perform adequate calculations for containment flooding.** A violation of 10 CFR Part 50, Appendix B, Criterion III, "Design Control," was identified for the failure to perform adequate calculations to ensure that environmentally sensitive equipment in the containment building would be adequately protected from submergence during a loss-of-coolant accident (LOCA). This Severity Level IV violation is being issued as a noncited violation per the guidance provided in Appendix C of the Enforcement Policy. **Dockets Discussed:** 05000382 Waterford 3
04/05/1999	1999002-04	Pri: ENG Sec:	Licensee	NCV	Pri: 4A Sec: Ter:	**Failure to meet appropriate TS action statement for inoperable hydrogen analyzers.** A violation of Technical Specification (TS) 3.6.4.1 was identified for failure to meet the appropriate action statement following an extended period when both hydrogen analyzers were inoperable because of inadequately sized heater overloads. This Severity Level IV violation is being issued as a noncited violation per the guidance provided in Appendix C of the Enforcement Policy. **Dockets Discussed:** 05000382 Waterford 3

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04/05/1999	1999002-05	Pri: ENG Sec:	Licensee	NCV	Pri: 1A Sec: Ter:	**Failure to enter the applicable LCO for feedwater isolation valves.** A violation of TS 3.6.3 was identified for failure to enter the appropriate action statement within the allowable time when feedwater isolation valves were inoperable. This Severity Level IV violatin is being issued as a noncited violation per the guidance provided in Appendix C of the Enforcement Policy. **Dockets Discussed:** 05000382 Waterford 3
03/19/1999	1999004	Pri: ENG Sec:	NRC	NEG	Pri: 5C Sec: Ter:	**Licensee Did Not Effectively Evaluate or Implement Vendor Information** The licensee did not effectively evaluate or implement vendor infromation regarding the reactor trip breaker failures to close as recommended by Combustion Engineering, Inc., Technical Advisory Letter 83-13, "Update Regarding Undervoltage Trip Device Armature Pickup On Reactor Trip Switchgear," Supplement 1, dated January 27, 1984, in a timely manner. Had the licensee appropriately utilized this information, one problem regarding the minimization of an air gap on an undervoltage device might have been precluded. **Dockets Discussed:** 05000382 Waterford 3
03/19/1999	1999004	Pri: ENG Sec:	NRC	POS	Pri: 5C Sec: Ter:	**Corrective Actions for the Reactor Trip Breaker Undervoltage Device Failures to Open** The licensee's immediate corrective actions for the reactor trip breaker undervoltage device failures to open, which were (1) install newly tested undervoltage devices and (2) ship the defective undervoltage devices to a vendor for analysis, were appropriate efforts to resolve these failures. The licensee's long-term corrective actions to monitor and trend undervoltage device failures during surveillance and preventive maintenance testing were appropriate. **Dockets Discussed:** 05000382 Waterford 3
03/09/1999	1999006-04	Pri: ENG Sec:	NRC	URI	Pri: 4A Sec: 4B Ter:	**Ability to demonstrate the adequate flow availability to meet design requirements.** An unresolved item was idnentified concerning the ability to demonstrate that adequate flows could be developed to meet design requirements when total loop uncertainties (e.g., process fluid density, system flow resistance, total instrument loop uncertainties, etc.) were considered for pumps in the following systems: high pressure safety injection, auxiliary component cooling water, component cooling water, chemical and volume control, essential chilled water, and emergency feedwater. **Dockets Discussed:** 05000382 Waterford 3
12/25/1999	1999024	Pri: PLTSUP Sec:	NRC	POS	Pri: 5A Sec: Ter:	**Quality assurance audit was effective.** The quality assurance audit conducted on the emergency preparedness program and the Offsite Dose Calculation Manual was effective. **Dockets Discussed:** 05000382 Waterford 3
10/15/1999	1999021	Pri: PLTSUP Sec:	NRC	NEG	Pri: 1C Sec: 3A Ter:	**Radiation protection practices in the operations support center were not well prioritized.** Radiological information was not fully discussed in every briefing. Radiation protection practices were inconsistent. An operational support center radiation survey was not performed until 25 minutes after the start of the release, even though the facility was close to the projected plume centerline. **Dockets Discussed:** 05000382 Waterford 3

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10/15/1999	1999021	Pri: PLTSUP Sec:	NRC	NEG	Pri: 1C Sec: 3A Ter:	**Emergency repair team dispatch practices were not timely.** Some emergency repair teams were not formed, briefed, and dispatched in a timely manner. Only 3 of 11 teams were dispatched within 30 minutes of being briefed. Facility documentation lacked sufficient detail to fully reconstruct repair team activities. **Dockets Discussed:** 05000382 Waterford 3
10/15/1999	1999021	Pri: PLTSUP Sec:	NRC	NEG	Pri: 3B Sec: Ter:	**Unrealistic emergency preparedness exercise scenario values affected performance.** Some aspects of scenario conduct detracted from the realism and training value of the exercise. The scenario timeline allowed an inadequate amount of time to classify the unusual event before the occurrence of the alert event. The simulated on-site readiation levels near the plume were unrealistically low. **Dockets Discussed:** 05000382 Waterford 3
10/15/1999	1999021	Pri: PLTSUP Sec:	NRC	STR	Pri: 1B Sec: 1C Ter:	**Overall good performance in the 1999 emergency preparedness exercise.** Overall performance was good. The control room, technical support center, operational support center, and emergency operations facility successfully implemented key emergency plan functions including emergency classifications, protective action recommendations, notifications, and dose assessment. Coordination between the licensee and the offsite agencies was excellent. **Dockets Discussed:** 05000382 Waterford 3
10/07/1999	1999017-01	Pri: PLTSUP Sec:	NRC	NCV	Pri: Sec: Ter:	**Inadequate Access Control** **Dockets Discussed:** 05000382 Waterford 3
10/07/1999	1999017-02	Pri: PLTSUP Sec:	NRC	NCV	Pri: Sec: Ter:	**Inadequate Access Control** **Dockets Discussed:** 05000382 Waterford 3
10/07/1999	1999017-03	Pri: PLTSUP Sec:	NRC	NCV	Pri: Sec: Ter:	**Inadequate Access Control** **Dockets Discussed:** 05000382 Waterford 3

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Dockets Discussed: 05000382 Waterford 3						
10/07/1999	1999017-05	Pri: PLTSUP Sec:	NRC	NCV	Pri: Sec: Ter:	**Inadequate Lock and Key Control**
Dockets Discussed: 05000382 Waterford 3						
10/07/1999	1999017-06	Pri: PLTSUP Sec:	NRC	NCV	Pri: Sec: Ter:	**Failure to Report**
Dockets Discussed: 05000382 Waterford 3						
10/07/1999	1999017-07	Pri: PLTSUP Sec:	NRC	NCV	Pri: Sec: Ter:	**Inadequate Training and Qualifications**
Dockets Discussed: 05000382 Waterford 3						
09/03/1999	1999019	Pri: PLTSUP Sec:	NRC	NEG	Pri: 3B Sec: 3C Ter:	**Enhancements were needed to the radiological environmental continuing training and initial training prograr** Radiological environmental monitoring program activities were not covered in the station's continuing training program in accordance with management's expectations. The lesson plan used for initial radiological environmental monitoring program training was not reviewed or approved by chemistry management. As a result, some lesson plan contents had unnecessary/inappropriate wording.
Dockets Discussed: 05000382 Waterford 3						
09/03/1999	1999019	Pri: PLTSUP Sec:	NRC	NEG	Pri: 5A Sec: 5C Ter:	**A weak department self-assessment program was in place.** In general, the radiological environmental monitoring portion of the chemistry department observation program was weak. One of the two chemistry department radiological environmental monitoring program related observations conducted since July 1996 was closed without properly documenting corrective actions. As of September 2, 1999, there were no radiological environmental monitoring program related chemistry department observations conducted for 1999.
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09/03/1999	1999019	Pri: PLTSUP Sec:	NRC	POS	Pri: 3A Sec: 3B Ter:	**An effective meteorological program was implemented.** An effective meteorological monitoring program was in place. The performance of the meteorological monitoring equipment exceeded the guidance contained in Regulatory Guide 1.23. Appropriate meteorological data were transmitted and displayed in the control room, technical support center, and emergency operations facility. **Dockets Discussed:** 05000382 Waterford 3
09/03/1999	1999019	Pri: PLTSUP Sec:	NRC	POS	Pri: 5A Sec: 5C Ter:	**Effective quality assurance oversight and corrective action programs in place.** Effective audits of the radiological environmental monitoring program were performed by qualified auditors. Conditions adverse to quality were properly documented and tracked in the station's condition reporting system. The station captured radiological environmental monitoring and meteorological monitoring program issues at the proper threshold to identify equipment and program problems. Overall, corrective actions were closed in a timely manner and resolved repeat problems. **Dockets Discussed:** 05000382 Waterford 3
09/03/1999	1999019-01	Pri: PLTSUP Sec:	NRC	URI	Pri: 3A Sec: 3C Ter:	**The broadleaf control sampling station was not located in the least prevalent wind direction.** In general, sampling stations were located as described in the Technical Requirements Manual. However, an Unresolved Item pertaining to the location of the broadleaf control station was identified pending the resolution of the licensee's record research to justify its current location. **Dockets Discussed:** 05000382 Waterford 3
09/02/1999	1999018-01	Pri: PLTSUP Sec:	NRC	NCV	Pri: 3A Sec: Ter:	**SS and CRS failed to follow procedure to verify that fire brigade members on shift were qualified.** Inspectors identified, on August 31, 1999, that neither the shift superintendent nor the control room supervisor followed the requirements in Procedure UNT-005-013, "Fire Protection Program." Specifically, they failed to ensure that fire brigade members on their shift were qualified. This was a violation of Section 2.C.9 of the Waterford Steam Electric Station, Unit 3, Facility Operating License, which states that Entergy Operations, Inc., shall implement and maintain in effect all provisions of the approved fire protection program. This Severity Level IV violation is being treated as a noncited violation, consistent with Appendix C of the NRC Enforcement Policy. This violation is in the licensee's corrective action program as Condition Report CR-WF3-1999-0907. The inspectors verified that the fire brigade members on shift August 31, 1999, were actually qualified, therefore, this violation did not affect the fire brigade's ability to respond to a fire. **Dockets Discussed:** 05000382 Waterford 3
08/14/1999	1999016	Pri: PLTSUP Sec:	NRC	NEG	Pri: 3A Sec: 3B Ter:	**Employee Entry into the Protected Area** Security officers involved in an event in which a plant employee had difficulty accessing the protected area were confused and demonstrated a lack of attention to details. Ineffective communication techniques contributed to the level of confusion and on-scene security officers failed to take positive control of the situation. Security officers failed to ensure that the turnstile was in the proper mode of operation to allow access to the protected area. **Dockets Discussed:** 05000382 Waterford 3
08/14/1999	1999016	Pri: PLTSUP Sec:	NRC	NEG	Pri: 3A Sec: 3C Ter:	**Routine Security Performance Observations** The actions of site security personnel were considered unprofessional and demonstrated a lack of rigor and lapses in attention to detail. Several examples of informal radio, face-to-face, and written communication techniques were observed. The presence of unauthorized reading material at a watch station was an example of low standards and expectations for the performance of official duties. **Dockets Discussed:** 05000382 Waterford 3

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08/14/1999	1999016	Pri: PLTSUP Sec:	NRC	POS	Pri: 3A Sec: 3B Ter:	**Radiological Protection Personnel Activities** Radiological protection personnel demonstrated a good level of knowledge and utilized innovative and effective methods to monitor the reactor coolant pump seal replacement job. The containment building condition was considered adequate. **Dockets Discussed:** 05000382 Waterford 3
07/23/1999	1999010	Pri: PLTSUP Sec:	NRC	NEG	Pri: 2A Sec: Ter:	**Housekeeping in the solid radwaste facilities was poor.** Housekeeping in the solid radwaste facilities was poor in that the floors were littered with piles of dirt, broken light bulbs, lifting slings, scafford parts, hoses, tools, and spare parts. There were also problems with material condition within the licensee's radwaste facilities; some areas of the spent resin tank and piping supports showed signs of surface rust, and there were indications of resin spillage. **Dockets Discussed:** 05000382 Waterford 3
07/23/1999	1999010	Pri: PLTSUP Sec:	NRC	POS	Pri: 5A Sec: Ter:	**QA organization provided effective oversight of radioactive waste management and transportation activities.** The quality assurance organization provided effective oversight of radioactive waste management and transportation activities. Quality assurance evaluations of solid radioactive waste management and transportation practices were comprehensive and provided licensee management with detailed information to assess the program's performance. **Dockets Discussed:** 05000382 Waterford 3
07/23/1999	1999010-01	Pri: PLTSUP Sec:	NRC	NCV	Pri: 3A Sec: Ter:	**Failure to maintain package integrity of radioactive waste shipment No. 98-1017.** On October 20, 1998, the package integrity of radioactive waste shipment 98-1017 was breached because a fuel rack was not properly secured. As a result, a violation of 49 CFR 173.427 was identified. This Severity Level IV violation is being treated as a noncited violation, consistent with Appendix C of the NRC Enforcement Policy. This violation is in the licensee's corrective action program as Condition Report CR-WF3-1998-1365. **Dockets Discussed:** 05000382 Waterford 3
07/03/1999	1999013	Pri: PLTSUP Sec:	NRC	NEG	Pri: 3B Sec: Ter:	**Security officers not consistent in using three-way method of radio communication.** Central Alarm Station security officer knowledge and equipment familarity were good. Radio communication between security officers was not consistently conducted using the three-way method. **Dockets Discussed:** 05000382 Waterford 3
07/03/1999	1999013-03	Pri: PLTSUP Sec:	NRC	NCV	Pri: 3A Sec: Ter:	**Failure to control all points of personnel access into the protected area and to adequately verify the identity** A violation was identified for the failure to control all points of access into the protected area and to adequately verify the identity and access authorization of an individual entering the protected area. This Severity Level IV violation is being treated as a noncited violation consistent with Appendix C of the NRC Enforcement policy. This violation is in the licensee's corrective action program as Condition Report 99-0716. **Dockets Discussed:** 05000382 Waterford 3

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PLANT ISSUE MATRIX
By Primary Functional Area

Region IV
WATERFORD

Date	Source	Functional Area	ID	Type	Template Codes	Item Title / Item Description
06/15/1999	01013-99 104	Pri: PLTSUP Sec:	Licensee	VIO III	Pri: 1C Sec: 3A Ter:	**(IR 9908) Inadequate Access Authorization** A violation was identified involving the licensee's failure to review and consider derogatory information during a background investigation as required by Paragraph 2.3.1 of the physical security plan and Paragraph 6.8.1 of Entergy Corporate Security Departmental Procedure CS-DP-104, Revision 0. The licensee's failure to review and consider the information allowed temporary unescorted access to an individual who would not have been granted unescorted access. **Dockets Discussed:** 05000382 Waterford 3
06/03/1999	1999009	Pri: PLTSUP Sec:	NRC	POS	Pri: 3A Sec: Ter:	**Potential Threat by Trespasser** The site security organization response was very good to a potential threat posed by a trespasser outside the protected area. The individual was apprehended and held for questioning by Federal Bureau of Investigation agents and local law enforcement officials. Following questioning, it was concluded that the threat was not credible. **Dockets Discussed:** 05000382 Waterford 3
05/28/1999	1999011	Pri: PLTSUP Sec:	NRC	POS	Pri: 2B Sec: Ter:	**Effective Maintenance and Testing Program of Engineered-Safety-Feature Ventilation Filter Systems** An effective maintenance and testing program was implemented for the in-place filter and laboratory charcoal testing of the engineered-safety-feature ventilation filter systems. **Dockets Discussed:** 05000382 Waterford 3
05/28/1999	1999011	Pri: PLTSUP Sec:	NRC	POS	Pri: 2B Sec: Ter:	**Effluent Radiation Monitor Repairs** The liquid and gaseous effluent radiation monitors experienced poor operational and repair history during the past 3 years. However, recent management awareness and attention to this issue improved the timeliness of effluent radiation monitor repairs. The liquid and gaseous effluent radiation monitors were properly tested and calibrated in accordance with Technical Requirements Manual requirements. Effluent radiation monitor alarm set points were properly calculated and installed. **Dockets Discussed:** 05000382 Waterford 3
05/28/1999	1999011	Pri: PLTSUP Sec:	NRC	POS	Pri: 3B Sec: Ter:	**Training/Qualification Programs for Chemistry Technical Staff and Nuclear Auxiliary Operators** Training and qualification programs for the chemistry technical staff and nuclear auxiliary operators were properly implemented. The chemistry and operations departments maintained well trained, qualified, and experienced staffs for conducting sampling, analyses, processing, and release operations for radioactive waste effluents. **Dockets Discussed:** 05000382 Waterford 3
05/28/1999	1999011	Pri: PLTSUP Sec:	NRC	POS	Pri: 5A Sec: 5C Ter:	**Radioactive Waste Effluent Program and Process Radiation Monitor Audits** The licensee's quality assurance audit program of the radioactive waste effluent program was very good. The auditors and technical specialists assigned to perform the radioactive waste effluent program and process radiation monitor audits were experienced and qualified to perform the evaluations. The biennial quality assurance audits provided management with a very good perspective to assess the radioactive waste effluent program. The contractor laboratories used to perform surveillance testing of the engineered-safety-related ventilation filter systems and the radioactive waste effluent composite samples were properly evaluated. **Dockets Discussed:** 05000382 Waterford 3

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Region IV
WATERFORD

Date	Source	Functional Area	ID	Type	Template Codes	Item Title / Item Description
05/28/1999	1999011	Pri: PLTSUP Sec:	NRC	STR	Pri: 1C Sec: Ter:	**Good Radioactive Waste Effluent Management Program Implemented** A good liquid and gaseous radioactive waste effluent management program was implemented. The processing, sampling, and analyses of radioactive liquid and gaseous waste effluents and the performance of waste discharges were conducted in accordance with Technical Requirements Manual and Offsite Dose Calculation Manual requirements. Very good performance was noted in the reduction of liquid and gaseous effluent radionuclide curies released and offsite dose. Since 1995, the curie amount of radioactive liquid effluent mixed fission and activation products released showed approximately a 79 percent reduction resulting in a dose reduction of about 93 percent. Since 1995, the gaseous efflucent activity released decreased approximately 66 percent. **Dockets Discussed:** 05000382 Waterford 3
05/27/1999	1999012	Pri: PLTSUP Sec:	NRC	NEG	Pri: 1B Sec: 3B Ter:	**Simulator Walkthroughs** The two crews evaluated in the simulator walkthroughs generally performed satisfactorily, but one crew did not fully understand the offsite dose consequences of the simulated release. This performance did not meet the threshold for classification as an exercise weakness because the crew did communicate a protective action recommendation based on plant conditions that was accurate for the simulated offsite doses. Appropriate remedial actions were implemented for the individuals involved, and actions were planned to assess the other crews. **Dockets Discussed:** 05000382 Waterford 3
05/27/1999	1999012	Pri: PLTSUP Sec:	NRC	POS	Pri: 1C Sec: 2B Ter:	**Hurricane Preparedness Program** The licensee continued to have an innovative and highly effective hurricane preparedness program which continues to strive for improvement based on lessons learned from actual events. **Dockets Discussed:** 05000382 Waterford 3
05/27/1999	1999012	Pri: PLTSUP Sec:	NRC	STR	Pri: 1C Sec: 2B Ter: 3B	**Well-Implemented Emergency Preparedness Program** The licensee has a well-implemented program with several strong elements, including facility readiness and maintenance, event response and follow up, response staffing levels, qualification tracking, and independent program audits. **Dockets Discussed:** 05000382 Waterford 3
05/10/1999	1999005	Pri: PLTSUP Sec:	NRC	NEG	Pri: 3A Sec: Ter:	**Security Organization Performance** The performance of the security organization during the inspection period was acceptable. However, several events occurred, which demonstrated a lack of attention to detail and questioning attitude by security personnel. **Dockets Discussed:** 05000382 Waterford 3
04/22/1999	1999008-02	Pri: PLTSUP Sec:	NRC	NCV	Pri: 1C Sec: 3A Ter:	**Failure to Report an Event Within Required 1-Hour Time Frame** A violation was identified for failure to notify the NRC within 1 hour of discovery of a significant access authorization event as required by to 10 CFR Part 73.71 (b)(1) and Attachment 7.1 to Security Procedure PS-010-104, " Security Reporting Requirements," Revision 13. This issue was entered into the licensee's corrective action system as part of Condition Report CR-WF-3-1999-0420. This Severity Level IV violation is being treated as a non-cited violation in accordance with Appendix C of the NRC Enforcement Policy. **Dockets Discussed:** 05000382 Waterford 3

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Region IV
WATERFORD

Date	Source	Functional Area	ID	Type	Template Codes	Item Title / Item Description
04/05/1999	1999002-06	Pri: PLTSUP Sec:	NRC	NCV	Pri: 3A Sec: Ter:	**Failure to provide adequate security lighting.** Inadequate security lighting in the protected area was identified as a violation of Section 6.3 of the Waterford 3 Physical Security Plan. This violation was corrected ater prompting by the inspectors. This Severity Level IV violation is being treated as a noncited violation per the guidance provided in Appendix C of the NRC Enforcement Policy. **Dockets Discussed:** 05000382 Waterford 3
03/12/1999	1999003	Pri: PLTSUP Sec:	NRC	POS	Pri: 1C Sec: Ter:	**ALARA Work Planning Well Implemented** ALARA work planning was well implemented. ALARA personnel were appropriately involved during the outage planning stage. Lessons-learned from past similar work were incorporated into the radiological work packages. The outage dose goal of 100 person-rem was approximately 37 person-rem less than the 1997 refueling outage dose and was established using past performance and industry experience. As of March 12, 1999, the outage dose was less than the outage dose goal by approximately 2 person-rem. Installed temporary shielding saved about 23 person-rem. **Dockets Discussed:** 05000382 Waterford 3
03/12/1999	1999003	Pri: PLTSUP Sec:	NRC	POS	Pri: 3C Sec: Ter:	**Good Housekeeping** Housekeeping throughout the controlled access area was good. Areas were free of debris. Tools and equipment staged for work in-progress were properly stored . **Dockets Discussed:** 05000382 Waterford 3
03/12/1999	1999003	Pri: PLTSUP Sec:	NRC	POS	Pri: 5A Sec: Ter:	**Good Quality Assurance Audit/Surveillance Program** Overall, a good quality assurance audit/surveillance program was implemented. The quality assurance audit and surveillance were comprehensive and provided management with good insights into the radiation protection program areas reviewed. No problems or negative trends were noted during the review of radiological condition reports written since November 1, 1998. **Dockets Discussed:** 05000382 Waterford 3
03/12/1999	1999003	Pri: PLTSUP Sec:	NRC	STR	Pri: 3A Sec: 3B Ter:	**External and Internal Exposure Control Programs** In general, the external and internal exposure control programs were well implemented. High and locked radiation areas were controlled and posted in accordance with station procedures and regulatory requirements. Radiation workers wore proper dosimetry and knew the correct response to electronic dosimeter alarms. Respiratory equipment was controlled and issued in accordance with station procedures. In general, continuous air monitors and high efficiency particulate air filter ventilation units were appropriately used to monitor and limit airborne exposures. Radiation workers used the personnel contamination monitors properly. Personnel stationed at the controlled access area exit provided guidance to station workers who alarmed the personnel monitors. Good controls were in place to prevent the spread of radioactive contamination. **Dockets Discussed:** 05000382 Waterford 3
03/12/1999	1999003-01	Pri: PLTSUP Sec:	NRC	NCV	Pri: 3A Sec: Ter:	**Rad workers failed to read/understand rad work permit reqs and maintain an awareness of work area radiolo** A violation of Technical Specification 6.8.1 was identified because radiation workers failed to understand the basic requirements of their radiation work permit and to maintain an awareness of their work area radiological conditions. This violation was placed in the licensee's corrective action program as Condition Report 99-0326. This Severity Level IV Violation is being treated as a Non-Cited Violation, consistent with Appendix C of the NRC Enforcement Policy. **Dockets Discussed:** 05000382 Waterford 3

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Region IV
WATERFORD

Date	Source	Functional Area	ID	Type	Template Codes	Item Title Item Description
03/12/1999	1999003-02	Pri: PLTSUP Sec:	NRC	NCV	Pri: 3A Sec: Ter:	**Failure to evaluate airborne radiological conditions.** A violation of 10 CFR 20.1501(a) was identified for failure to evaluate the airborne radiological conditions in the work areas where fuel sipping and eddy current/ultrasonic testing were being performed. This violation was placed in the licensee's corrective action program as Condition Report 99-0327. This Severity Level IV Violation is being treated as a Non-Cited Violation, consistent with Appendix C of the NRC Enforcement Policy.
Dockets Discussed: 05000382 Waterford 3						
01/29/1999	1999001-01	Pri: PLTSUP Sec:	NRC	VIO IV	Pri: 5A Sec: Ter:	**Inadequate Audit Independence** A violation of the physical security plan and 10 CFR 26.80 was identified for failure to conduct independent audits of the access authorization and fitness-for-duty programs.
Dockets Discussed: 05000382 Waterford 3						

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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.

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WATERFORD

Inspection / Activity Plan

04/02/2000 - 03/31/2001

Units	Inspection Activity	Title	No. of Staff on Site	No. assigned to Procedure	Planned Dates Start	Planned Dates End	Inspection Type
	PBE#20 - DRILL EVALUATIONS		**2**				
3	IP 7111406	Drill Evaluation		2	04/02/2000	05/13/2000	Baseline Inspections
	PBE#19 - TEMPORARY MODIFICATIONS		**2**				
3	IP 7111123	Temporary Plant Modifications		2	04/03/2000	03/31/2001	Baseline Inspections
	PBE#09 - ADVERSE WEATHER PREPS		**2**				
3	IP 7111101	Adverse Weather Protection		2	05/14/2000	07/01/2000	Baseline Inspections
	PBE-TI - TI-144, PI DATA REVIEW		**1**				
3	IP 2515/144	Performance Indicator Data Collecting and Reporting Process Review		1	05/14/2000	08/05/2000	Safety Issues
	PSB-RP1 - ALARA PLANNING/CONTROL 1		**2**				
3	IP 7112102	ALARA Planning and Controls		2	06/05/2000	06/09/2000	Baseline Inspections
	OB-PIR - PIR INSPECT		**5**				
3	IP 71152	Identification and Resolution of Problems		4	06/26/2000	06/30/2000	Baseline Inspections
	PBE#23 - EQUIPMENT ALIGNMENTS-SEMIANNUAL		**2**				
3	IP 7111104	Equipment Alignment		2	07/02/2000	08/09/2000	Baseline Inspections
	PBE#26 - DRILL EVALUATIONS		**2**				
3	IP 7111406	Drill Evaluation		2	07/02/2000	08/19/2000	Baseline Inspections
	EMB - PERM PLANT MODS		**2**				
3	IP 7111117B	Permanent Plant Modifications		2	07/17/2000	07/21/2000	Baseline Inspections
	PSB-S1 - ACCESS AUTH/CONTROL, SEC PLAN, AND PIV		**1**				
3	IP 7113001	Access Authorization Program (Behavior Observation Only)		1	08/21/2000	08/25/2000	Baseline Inspections
3	IP 7113002	Access Control (Search of Personnel, Packages, and Vehicles: Identification ar		1	08/21/2000	08/25/2000	Baseline Inspections
3	IP 7113004	Security Plan Changes		1	08/21/2000	08/25/2000	Baseline Inspections
3	IP 71151	Performance Indicator Verification		1	08/21/2000	08/25/2000	Baseline Inspections
	EMB - BAGMAN TRIP FOR 71111.05 - FIRE PROT		**3**				
3	IP 7111105Q	Fire Protection		3	09/12/2000	09/15/2000	Baseline Inspections
	OB-EXAMS - RO/SRO EXAMS		**3**				
3	X02040	W3/INITIAL EXAMS		1	09/18/2000	09/22/2000	Not Applicable
3	X02040	W3/INITIAL EXAMS		3	10/10/2000	10/13/2000	Not Applicable
	EMB - FIRE PROTECTION		**6**				
3	IP 7111105Q	Fire Protection		3	09/25/2000	09/29/2000	Baseline Inspections
	PSB-RP2 - ACCESS TO RAD SIGN AREAS AND PIV		**1**				
3	IP 7112101	Access Control to Radiologically Significant Areas		1	10/09/2000	10/13/2000	Baseline Inspections
3	IP 71151	Performance Indicator Verification		1	10/09/2000	10/13/2000	Baseline Inspections
	EMB - ISI		**1**				
3	IP 7111108	Inservice Inspection Activities		1	10/23/2000	10/27/2000	Baseline Inspections

This report does not include INPO and OUTAGE activities.
This report shows only on-site and announced inspection procedures.

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WATERFORD

Inspection / Activity Plan

04/02/2000 - 03/31/2001

Units	Inspection Activity	Title	No. of Staff on Site	No. assigned to Procedure	Planned Dates Start	Planned Dates End	Inspection Type
	PSB-RP3	**- ALARA PLANNING/CONTROL 2**	**1**				
3	IP 7112102	ALARA Planning and Controls		1	10/23/2000	10/27/2000	Baseline Inspections
	PBE#10	**- ADVERSE WEATHER PREPS**	**2**				
3	IP 7111101	Adverse Weather Protection		2	11/12/2000	12/30/2000	Baseline Inspections
	PSB-EP1	**- A&N, ERO, PI&R, EAL/EP, AND PIV**	**2**				
3	IP 7111402	Alert and Notification System Testing		2	12/04/2000	12/08/2000	Baseline Inspections
3	IP 7111403	Emergency Response Organization Augmentation Testing		2	12/04/2000	12/08/2000	Baseline Inspections
3	IP 7111404	Emergency Action Level and Emergency Plan Changes		2	12/04/2000	12/08/2000	Baseline Inspections
3	IP 7111405	Correction of Emergency Preparedness Weaknesses and Deficiencies		2	12/04/2000	12/08/2000	Baseline Inspections
3	IP 71151	Performance Indicator Verification		2	12/04/2000	12/08/2000	Baseline Inspections
	PBE#24	**- EQUIPMENT ALIGNMENTS-SEMIANNUAL**	**2**				
3	IP 7111104	Equipment Alignment		2	12/31/2000	02/17/2001	Baseline Inspections
	EMB	**- HEAT SINK PERF, CHANGES, & MR**	**3**				
3	IP 7111102	Evaluation of Changes, Tests, or Experiments		2	01/22/2001	01/26/2001	Baseline Inspections
3	IP 7111107A	Heat Sink Performance		1	01/22/2001	01/26/2001	Baseline Inspections
3	IP 7111112B	Maintenance Rule Implementation		2	01/22/2001	01/26/2001	Baseline Inspections
	PSB-RP4	**- RAD MONITORING INSTR**	**1**				
3	IP 7112103	Radiation Monitoring Instrumentation		1	03/12/2001	03/16/2001	Baseline Inspections

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