

ENERGY NORTHWEST

P.O. Box 968 ■ Richland, Washington 99352-0968

April 26, 2001
GO2-01-070

U. S. Nuclear Regulatory Commission
ATTN: Document Control Desk
Washington, D. C. 20555

50-397

Gentlemen:

Subject: **COLUMBIA GENERATING STATION
OPERATING LICENSE NPF-21
2001 QUALITY AUDIT EMERGENCY PREPAREDNESS PROGRAM**

Enclosed is a copy of the 2001 Columbia Generating Station Emergency Preparedness Program audit report. This is transmitted to your organization in accordance with NUREG-0654, Section II, Criteria P.9.

Seven Problem Evaluation Requests (PERs) and three recommendations for improvement were issued as a result of audit activities. Though opportunities for improvement exist with the Emergency Preparedness area, the audit results found activities associated within the Columbia Generating Station Emergency Preparedness Program are implemented in accordance with governing regulations and are capable of protecting the health and safety of the public in the event of an emergency.

If you have any questions regarding the audit, please contact Tim Messersmith, Corporate Emergency Preparedness, Safety & Health Officer at (509) 377-8568.

Respectfully,



DW Coleman (Mail Drop PE 20)
Manager, Regulatory Affairs

Enclosure: Quality Audit AU-EP-01

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AO 45

Quality Services

Emergency Preparedness

Program Audit

AU-EP-01
April 10, 2001

ENERGY
NORTHWEST

Quality Services

COPY

Emergency Preparedness

Program Audit

AU-EP-01
April 10, 2001



QUALITY DEPARTMENT

EMERGENCY PREPAREDNESS

AU-EP-01

Entrance Meeting – December 14, 2000

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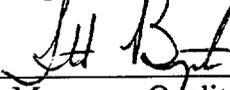
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EXECUTIVE SUMMARY

The audit team determined that Energy Northwest's Emergency Preparedness Program effectively implements governing regulations. Emergency Preparedness (EP) staff are technically proficient, experienced, and demonstrate strong program ownership.

A notable effort by Emergency Response Organization (ERO) members resulted in a successful performance of the two-year graded exercise. ERO personnel demonstrated key objectives of teamwork, procedure use, drillsmanship, priority setting, knowledge of plant conditions, and contingency planning. Center managers took ownership for their areas including self-initiated actions to work with key center players to resolve weaknesses. Additionally, implementation of Team "E" into the organization and participation of players in post-drill critiques have improved drill and exercise performance. The positive results of these efforts were demonstrated in Exercise 2000.

Findings and recommendations found during this audit demonstrate the need for attention to detail in the administration of the program. Issues included the placement of non-qualified individuals on the ERO call-out list, the lack of several specific regulatory requirements in the emergency plan, incorrect procedure filings, and weak record controls. Control of records is a focus area for Quality as it has been identified as a concern in multiple organizations.

PURPOSE AND SCOPE

The continuous monitoring process was used to assess the required elements of the Columbia Generating Station EP organization. Audit elements assessed through document reviews, personnel interviews, and observations included the following:

- Organization
- Training
- Instructions, Drawings, and Procedures
- Document Control
- Corrective Action
- Records
- Audits
- Facilities and Equipment
- Offsite Interfaces
- Readiness Testing
- Performance Indicators

This audit was conducted in accordance with the OQADP, Appendix III, 2.2.8.f. A rule change related to EP allows nuclear power licensees to independently review the EP program based on performance indicators. This information can be used to determine if the program's performance warrants changing the audit frequency from twelve months to twenty-four months. Since the previous audit, Quality has reported on EP performance in two surveillances and one periodic

report. Quality performed a surveillance of EP performance at the twelve-month interval to satisfy the requirement of 10 CFR 50.54(t). Additionally, Quality implemented the Continuous Monitoring Program at the beginning of this year, which will assess EP performance at periodic intervals.

REPORT DETAILS

Section 1.0 – Organization

Section 1.1 – Staffing

A review of the EP organizational chart and interviews with the EP staff were performed to determine if there were any changes in management or personnel. The determination included the overall effect to the organization. There has been only one turnover since the previous audit, which resulted in reassignment in the organization to cover the Operations Support Center (OSC). OSC drill performance had been identified as a concern in the recent past. Although the OSC drill performance has been improving due to increased EP management attention, the long-term success of the OSC will be enhanced when the open position is filled.

Another area for development is simulator scenarios that support drill and exercise performance. Currently, the EP staff does not have the capability of developing simulator scenarios. EP relies on the nuclear training staff for simulator scenario development. Recently, a new position for scenario developer was posted. This replacement position could allow flexibility in developing drill scenarios and provide oversight in the OSC. However, no suitable applicants have been found to date.

Currently, with one open position, the staff has forty-six years of EP experience. Overall, the staff is experienced and knowledgeable. Their ownership is evident in solid drill performance including the recent evaluated exercise.

EP was proactive in determining that outage support for Fort Calhoun did not affect the stations ability to respond to the plant. EP staff coordinated with the Maintenance department to evaluate the effect of temporarily assigning plant personnel to support the Ft. Calhoun outage. The evaluation concluded that minimum staffing requirements of the emergency plan were maintained and adequate resources were available to assure effective response for plant emergencies.

During a surveillance performed earlier in the audit period, a review of staffing of essential positions was performed. The review indicated staffing was a continuing concern. A follow-up action was assigned for Quality to evaluate actions taken or planned to assure essential ERO positions are staffed as required. During the follow-up assessment, a review of the corrective actions planned and completed was performed. An additional action was added to provide periodic reinforcement on expectations for pager use. Corrective actions implemented were adequate to resolve these concerns. Similar staffing concerns have not been identified since corrective action implementation.

Section 1.2 - Program Changes

A review of major changes to the EP Program was performed to determine if changes had any adverse consequences. The changes were evaluated to determine if affected procedures and programs were appropriately changed. There were two changes that affected the program.

The change of the company name, including the nuclear station and building names has resulted in revisions to EP documents including the emergency plan. The new company name (Energy Northwest) is now reflected in the plan. The NRC recently approved the new nuclear station name. Company building names are currently in process of being changed. The change to EP documents was handled appropriately.

The other major change was the formation of Team "E." This team provides a dedicated experienced group of individuals to control and evaluate drill and exercise performance. The use of Team "E" has provided improved drill control and team performance including consistency and implementation of good practices.

Additionally, changes made to improve OSC drill performance were noted. A new position was created for repair team dispatcher. This position is staffed by a work week team Senior Reactor Operator. This "plant knowledgeable" individual is more effective in dispatching the repair teams efficiently. Also, the OSC procedures were also consolidated into a more usable format resulting in a more effective implementation.

One proposed plant change with potential for a major impact to emergency response was identified. A change is being processed to assign the Shift Technical Advisor (STA) function to other individuals in the control room. The proposed change could have a significant effect on control room emergency response performance if not properly implemented. Currently, the shift manager and the STA have the major responsibilities for implementing the emergency plan in the control room. *Quality will follow the STA position change closely to determine that implementation is effective.*

Section 1.3 - Procedures

A review of the procedures associated with the EP program was performed to verify that all responsibilities and authorities are clearly defined, the procedures are consistent with each other, and the organizational structure is consistent with procedures. Responsibilities and roles of all individuals involved in the execution of the emergency plan are clearly defined. The procedures adequately support implementation of the emergency plan.

Section 2.0 – Training

Section 2.1 – Qualifications

Since the previous audit, reviews of ERO position qualifications in Personnel Qualification Directory (PQD) were performed. Samples of job assignments were selected for review to determine that qualifications were maintained for ERO assigned members.

During a review of ERO positions selected based on the EP performance indicator, “ERO Staffing Depth,” it was determined that an individual assigned as Instrument/Control Lead was not qualified. Additionally, this individual was found in the ERO auto-dialer database. However, the individual was flagged to indicate he would not be called in the event of an automated notification. The concern was documented in the following finding:

Quality Finding PER 200-2182

Individual listed in the Emergency Preparedness emergency phone directory not qualified for position identified.

Additionally, during a surveillance performed earlier in the audit period, the qualifications of three members of the EP organization were reviewed. All personnel were qualified as instructors and presenters including classroom presentation skills, training orientation, and instructor certification.

Qualifications of a newly assigned field team member were also reviewed revealing training requirements did not specify radiation worker training as a prerequisite for Emergency Operations Facility (EOF) field team qualification. Although having a field team member who does not have radiation worker training meets the qualification directory guidance, individuals could benefit from this training. A recommendation was documented in the previous surveillance to add radiation worker training to selected EP qualification groups.

Section 2.2 – Proficiency

A survey of selected ERO positions was performed to determine whether personnel consider their training adequate. The results of the survey indicated that ERO members believe that the current training, procedures, drills, and training materials do provide adequate training to maintain proficiency for their ERO position. The results of this survey, including comments, were discussed and provided to EP personnel.

Section 3.0 – Instructions, Procedures, and Drawings

Section 3.1 – Regulatory Compliance

A review of 10 CFR Appendix E to Part 50 was performed. Section IV, “Content of Emergency Plans,” was used to cross-reference each requirement to the Emergency Plan for Washington Nuclear Project 2. Three administrative requirements were identified where the Emergency Plan was deficient. “Titles” of officials were found missing in some instances. “Titles or alternates”

for those in charge at communication links and “remedial exercises” were not described in the emergency plan. There were no consequences identified with omission of these items. The concerns identified were documented as follows:

Quality Finding PER 201-0273

The Emergency Plan for Washington Nuclear Project 2 is missing requirements from 10 CFR Appendix E to Part 50.

Additionally, a review of 10 CFR 72.32, “Emergency Plan” was performed. This regulation governs the independent spent fuel storage installation (ISFSI). Currently, this regulation is not incorporated into the emergency plan. The EP organization has assigned an individual for this project. The ISFSI implementation date is currently June 2002.

Section 3.2 – Emergency Plan

The emergency plan was reviewed for activities performed in EP to determine that procedures and instructions are in place. Selected statements from the emergency plan were compared against implementing procedures. Two examples of minor inconsistencies were noted and corrected by EP. Implementing procedures and instructions were found to contain appropriate guidance for emergency plan activities.

Section 3.3 – Procedure Implementation

A review of EP procedure changes was performed. Changes were determined to be minor in nature. From the review, it was evident that the EP organization is very proactive in updating procedures and ensuring procedures adequately support implementation of the emergency plan. Procedures are constantly being revised as more insight is gained during drill performance.

Since the previous audit, Quality observations documented in two surveillances, one periodic continuous monitoring report, and approximately forty activity reports were performed. These observations of drills and Exercise 2000 included procedure usage, which resulted in a determination that personnel are using procedures to perform work. ERO personnel have demonstrated proper usage of procedures. No issues were identified.

Section 4.0 – Document Control

Section 4.1 – Document Approvals

A review of EP documents was performed including changes in procedures where review and approval by authorized individuals is required and changes to the emergency plan for reduction in effectiveness. This included verifying prior submittal for NRC approval if changes were considered a reduction in commitment.

Review of emergency plan revisions determined that changes did not reduce the effectiveness of the plan. A review of the transmittal letters for revisions of the emergency plan was performed. All letters indicate that revisions of the emergency plan were submitted to the NRC within thirty

days. No reduction in commitment was identified in these revisions; therefore, no submittals were made to the NRC for prior approval.

A review of selected EP procedure revision forms was performed to determine that required procedure reviews were performed in accordance with procedure requirements. The review concluded that qualified procedure reviewers and procedure sponsors performed all reviews, the approving authority for the procedure change in each case was the owner organization, and the minimum requirement for two knowledgeable reviewers was performed. These efforts applied by the EP organization in revising EP documents indicate ownership of the program and willingness for continual improvement.

Section 4.2. – Document Availability

A review of the emergency implementing procedures manuals was performed. Procedure manuals were reviewed to determine availability for support of emergency center activation. Controlled field procedure manuals were reviewed at the various emergency centers.

Additionally, procedure manuals maintained in EP's office area were reviewed. Documents were found readily available to support any emergency situation. However, two concerns were identified in the area of manual controls.

Several administrative filing errors were noted including one incorrect procedure revision found in a level-one controlled manual. After discussion with Administrative Services personnel, the following was initiated to document these concerns:

Quality Finding PER 201-0024

Incorrect revision and unauthorized procedures found in level one-procedure manuals.

Additionally, a review of procedures controlled by EP was performed. Selected level-one and level-two manuals were inspected. Several administrative filing errors were noted including incorrect revisions, missing procedures and incorrectly filed procedures. These concerns were discussed with EP personnel, resulting in the initiation of a Problem Evaluation Requests (PER) to document this issue.

Quality Finding PER 201-0017

Level-one and two procedure manuals found with incorrect procedure revisions, incorrectly filed procedures and missing procedures.

Two separate PERs were issued since ownership for each concern belonged to different organizations.

Section 5.0 – Corrective Action

Section 5.1 – Problem Evaluation Request Process

Corrective actions associated with PERs were reviewed to determine if they were completed as scheduled and as written. The majority of corrective actions were completed as scheduled with few extensions. Additionally, most of the closure information provided indicated that the corrective actions were implemented as written.

PERs written since the previous audit were evaluated to determine that adequate problem identification methods exist. This review included an evaluation documented previously in Quality's "Evaluation of Emergency Preparedness Performance." A review of PERs written indicated that they were written as a result of drills, self-assessments, audits, and internal departmental reviews indicating adequate problem identification methods. No PERs associated with EP were designated as significant during this audit period.

Two areas were identified where multiple PERs were written: 1) attendance at post-drill critiques and 2) inadequate support of drills. Actions taken from these PERs have resulted in improved performance.

Section 5.2 – Self-Assessments

A review of the self-assessment log was performed to determine that self-assessments are scheduled and performed by EP. Five self-assessments were performed since the last audit. These self-assessments performed a comparison of regulatory requirements to the emergency plan, reviewed current EP requirements to draft NRC inspection guidance, and reviewed EP record retention requirements. All of the subject areas were relevant to EP activities.

Most self-assessments were performed earlier in the audit period. The EP organization supports self-assessments but noted that no self-assessments were currently scheduled for the upcoming year. As a result, the following recommendation was issued:

Quality Recommendation AU-EP-01-A1343-A

Identify, schedule and perform Self-assessments for calendar year 2001.

A department-level instruction for performing self-assessments is currently active in the EP group. This instruction was originally issued in 1995, well before the plant adopted a self-assessment program. However, in July 2000 the plant issued a site-wide procedure providing guidance for self-assessments. To preclude the possibility of confusion or conflicting guidance, the following recommendation was offered:

Quality Recommendation AU-EP-01-A1343-B

Cancel department instruction EPI-04.

The results of the self-assessments were evaluated to determine if problems were identified in the self-assessment program rather than the Corrective Action Program. None of the results or recommendations were candidates for the Corrective Action Program.

Section 6.0 – Records

A sample review was performed on EP records filed to determine if they contain the required information, were adequately prepared, and transmitted to the records retention system in accordance with procedure requirements. Results of the review indicate that records stored in plant files were incomplete and the filing system incorrect. A majority of the files listed in the Document Identification Code (DIC) index for EP have no records filed in the plant file. Additionally, administrative controls for retention times and DIC codes among various documents were incorrect. These concerns were discussed with the EP personnel and a PER initiated to document and track resolution of these issues.

Quality Finding PER 201-0304

Multiple process problems exist with the control of emergency preparedness records and documentation.

During the interview process with the EP records coordinator, it was determined that responsibilities associated with this position were not clear. Further review revealed that corrective actions previously identified to develop training for all records coordinators were incomplete in that not all coordinators received training. The following PER was developed in an effort to expedite the scheduling and training for all the record coordinators.

Quality Finding PER 201-0308

Only two of the forty-two identified records coordinators have received training on their responsibilities.

Section 7.0 – Audits

A review of PERs identified in the previous EP audit conducted in 1999 was performed to determine the effectiveness of those correction actions. PERs identified problems that were defined as minor administrative issues, drill performance, and inconsistent evaluation of drills. A review of the corrective actions concluded that actions were implemented effectively and closed with adequate documentation with one exception.

A corrective action to review the license basis documents associated with the meteorological tower is still open. This action will be performed as part of the design change that will move the backup equipment to the primary tower and upgrade the equipment. The design change has not been a high priority and, as a result, the corrective action has been extended twice to coincide with the implementation of the design change. During the time of this audit, meetings were in-progress to determine if this design would be implemented as scheduled. To date, the decision has not been finalized. Currently this corrective action is scheduled for completion July 15, 2001. If the design is not implemented this fiscal year, it will be deferred for another year. Quality will track the implementation of this corrective action through the PER process.

Section 8.0 – Facilities and Equipment

A review of facilities and equipment specified in the emergency plan was performed to determine that operational readiness is maintained to support emergency response activities. This review included interviews with EP staff, implementing procedures and walk downs of emergency centers. An observation of the EP weekly walk down of each emergency center was performed. During these walk downs, minor discrepancies were noted and corrected immediately by EP staff. Facilities and equipment were found maintained in accordance with the emergency plan for operational readiness.

Section 9.0 – Offsite Interfaces

A review of interfaces between onsite emergency responders and offsite support described in the emergency plan and implementing procedures was performed. This review was performed to determine that offsite support is clearly delineated and changes are incorporated. All offsite support agencies listed in the documents were clearly identified and the services to be provided were adequately detailed. The EP staff was knowledgeable on the agency interfaces and what type of support the outside agencies would supply in emergency scenarios.

Memorandums of Understanding (MOUs) detailed the specific services to be provided and were in agreement with the description of the support services described in the emergency plan. MOUs are reviewed on an annual basis to assure changes made maintain compliance with new regulations, guidelines, operating license provisions, audit findings and incorporate feedback from emergency response personnel or agencies.

Selected revisions incorporated into EP procedures were reviewed. All of the procedure changes reviewed had been adequately implemented. No revisions affected or conflicted with existing agreements with offsite support agencies or organizations.

Section 10.0 – Readiness Testing

Since the previous audit, Quality has performed approximately fifty observations of EP activities associated with drills and Exercise 2000. Observations included pre-drill briefings, drill performance, and post-drill critiques.

Additionally, a surveillance of EP performance was performed to evaluate areas in EP that provide indication of program health. Four areas for improvement related to drill performance were identified. Use of three-way communications, coordinated briefings with other centers, comprehensive TSC briefings, and dispatch of OSC repair teams were areas where Quality recommended a focused assessment. A subsequent follow-up assessment was performed that indicated performance in the four previously identified areas showed improvement.

In the EP Functional Area Report AU-EP-01-1, Quality documented that personnel expressed concerns about not being familiar with how to implement Severe Accident Management Guidelines (SAMGs). Quality had previously initiated a recommendation to survey ERO

members to determine if initial training had been sufficient. Results of that survey indicated personnel were satisfied with the training. However, that training had been provided nearly two years ago. SAMG drills are required on a three-year frequency. Quality provided a recommendation, previously documented, to provide additional training prior to the next scheduled SAMG drills.

Two changes that reflect continuing improvement for drill performance have been the addition of Team “E” and focusing on post-drill critiques. The Team “E” concept employs specifically trained controllers and evaluators. These individuals control, coach, and evaluate scheduled drills throughout the year, which is effective in providing a standard for drill play. Additionally, information gathered from players during the post-drill critique provides feedback on performance.

EP staff, in conjunction with center managers and players, is continuously improving drill play through teamwork. This teamwork was especially effective when a weakness was found in drill rehearsal for Exercise 2000. Center managers took additional actions for in-center briefings with key players, which promoted a “can do” attitude. A second mini-drill was performed satisfactorily. The result of this effort was demonstrated in Exercise 2000 performance. The NRC categorized the exercise performance as “adequate and meets the EP cornerstone objective.” EP and ERO members throughout observed drill activities have demonstrated positive ownership actions.

While observing a recent drill, several instances where players showed up late for training or did not stay for the post-job critique were noted. Additionally, in one case, an individual showed up one hour late for training. In one center, an essential position individual was replaced with another qualified individual during the drill. These instances do not reflect current training expectations. Quality believes this is a data point to be monitored for trends.

Quality Finding PER 201-0344

Attendance for various training activities for the Team “B” drill did not meet training expectations.

Additionally, in the same drill, a review of the lesson plan for TSC overview was performed to determine that specific training for the ventilation monitor was provided. Training was provided on the procedure, which includes an attachment for operation of the instrument; however, the lesson plan did not include specific training for the radiation detector. This concern was discussed with EP personnel, and the following recommendation was issued.

Quality Recommendation AU-EP-01-A1394

Add specific training on TSC-RIS-1B to the EP lesson plan.

During this audit, a review of simulator performance was performed to determine that the simulator supports drill and exercise performance with realistic scenarios to adequately test the ability of ERO personnel. Corrective actions for simulator failures were reviewed. Additionally, a review of the scenario and an interview with the lead controller in the simulator identified that

a review of the scenario and an interview with the lead controller in the simulator identified that there are several simulator snap shots available and scripted into the drill guide to minimize the effect of a simulator failure. This allows recovery to a predefined set of plant conditions that meets the various conditions in the time line of the exercise. No recent simulator failures have been documented.

During the recently scheduled drill, the simulator supported the exercise scenario. Plant parameters and radiation parameters were frequently observed and determined to align with scenario conditions. No significant issues were noted that interfered with the implementation of the scenario. Additionally, backup information was in the scenario package in case of simulator failure.

A review of the conditions and crew responses determined that scenarios were challenging and realistic. The documentation of these issues demonstrates that the crew performance was critically evaluated and effective training occurred.

Section 11.0 – Performance Indicators

A review of EP performance indicators is performed by Quality periodically to determine audit frequency in accordance with 10 CFR 50.54(t) requirements. Indicators of a negative trend would result in increased Quality oversight in that area. Since the last audit, a surveillance was performed which determined that, based on qualitative performance indicators, a formal Quality audit was not warranted at that time (twelve months). This current audit meets the regulatory requirement for audit frequency. EP performance indicators are satisfactory with no declining performance noted.

APPENDIX A - PERSONNEL CONTACTED

Personnel	Title	
SC Ackley	Auditor Quality Programs Senior	*
PT Bagan	Specialist, Operations Training	
AS Barber	Supervisor, Quality Services	*
JH Bashore	Operator	
JP Burns	Lead Controller	
VK Burton	Controller, Field Team	
DW Coleman	Manager, Regulatory Affairs	* #
LJ Davis	Specialist, Administrative Services	
KM Engbarth	Lead Auditor, Quality Services	* #
DS Feldman	Manager, Operations	#
BJ Gardes	Auditor Quality Programs Senior	*
SF Ghbein	Engineer, Principal	
RO Gregory	Supervisor, Crew Support	
CE Golightly	Simulator Operations Liaison	
SR Goodwin	Auditor Quality Programs Senior	#
SM Grunst	Supervisor, Administrative Services	
NL Hancock	Shift Manager, Operations	
JC Hanson	Manager, Training	#
MG Hatrick	Lead Evaluator	
VR Harris	Manager, Maintenance Production	#
RW Hayden	Specialist, Operations Training	
JE Hill	Controller, Field Team	
DB Holmes	Emergency Planner 4	* #
BR Hugo	Shift Technical Advisor	
JP Ittner	Emergency Planner 4	* #
PJ Inserra	Manager, Licensing	#
WH Jensen	Lead, Passport Module	
RE Jorgensen	Leader, Emergency Preparedness	#
AF Klauss	Leader, Emergency Support, Safety & Health	* #
DC Lemiere	Lead Controller	
LM Mar	Technical Support Specialist 4	
DW Martin	Manager, Security Programs	#
SJ Martin	Assistant, Administrative III	* #
MJ McLain	Health Physics Contractor	
TC Messersmith	Corporate Officer Emergency Preparedness, Safety, Health	* #
RJ Meyers	Operator	
RM Morse	Specialist, Administrative Services	
RC Nash	Auditor Quality Programs Senior	#
WS Oxenford	Plant General Manager	#
BE Pesek	Supervisor, Major Projects	

Quality Department Report - Emergency Preparedness - AU-EP-01

JF Peters	Manager, Radiation Protection	#
DJ Poirier	Manager, Maintenance	#
LA Pritchard	Lead Auditor in Training	* #
KD Saenz	Specialist, Administrative Services	#
WH Sawyer	Supervisor, Quality Services	*
TT Steckler	Operator	
RH Torres	Manager, Technical Services/System Engineering	#
GM Watson	Specialist, Administrative Services	
RL Webring	Vice President, Operations Support	* #
ML Westergren	Specialist, Operations Training	
NA Woehle	Lead, Network Operations System	
SD Wood	Manager, Chemistry	#

* Audit Entrance Attendee

Audit Exit Attendee

APPENDIX B - REFERENCES

- 10 CFR Appendix E to Part 50 “Emergency Planning and Preparedness for Production and Utilization Facilities”, Section IV, “Content of Emergency Plans”
- 10 CFR 72.32, “Emergency Plan,” Section (b)
- Emergency Plan for Washington Nuclear Project 2, Revisions 23, 24, 25, 26, & 27
- SWP-ASU-02, Self-assessments, Revision 00
- SWP-CAP-01, Problem Evaluation Requests (PERs), Revision 00
- SWP-EPP-01, Emergency Response Organization and Training, Revisions 05 & 06
- SWP-ORG-01, Organizational Responsibilities and Changes, Revision 01
- SWP-PRO-02, Preparation, Review, Approval and Distribution of Procedures, Revision 08
- SWP-REC-01, Records Management, Revision 03
- ADSI-REC-14, Inactive Records Storage and Disposal, Revision 01
- 13.1.1, Classifying the Emergency, Revision 29
- 13.1.1A, Classifying the Emergency – Technical Bases, Revision 07
- 13.2.1, Emergency Exposure Levels/Protective Action Guides, Revisions 14 & 15
- 13.2.2, Determining Protective Action Recommendations, Revision 11
- 13.4.1, Emergency Notifications, Revision 25
- 13.5.1, Localized and Protected Area Evacuations, Revision 14
- 13.5.3, Evacuation of Exclusion Area &/or Nearby Facilities, Revision 19
- 13.5.5, Personnel Accountability, Search & Rescue, Revision 17
- 13.7.5, Offsite Assembly Area Operations, Revision 11
- 13.8.1, Emergency Dose Projection System Operations, Revision 20
- 13.9.1, Environmental Field Monitoring Operations, Revision 25
- 13.9.5, Environmental Sample Collection, Revision 13
- 13.10.1, Control Room Operations and Shift Manager Duties, Revision 20
- 13.10.2, TSC Manager Duties, Revision 17
- 13.10.3, Technical Manager and Staff Duties, Revision 17
- 13.10.4, Radiation Protection Manager Duties, Revision 23
- 13.10.5, Operations Manager Duties, Revision 11
- 13.10.7, Plant Administrative Manager Duties, Revision 17
- 13.10.9, Operations Support Center Manager and Staff Duties, Revision 30
- 13.10.9, Operations Support Center and Staff Duties, Revision 27
- 13.10.10, Health Physics, Chemistry, Operations Support Center Duties, Revision 14
- 13.10.12, Repair Team Duties, Revision 14
- 13.10.14, Maintenance Manager Duties, Revision 05
- 13.10.16, Chemistry/Effluent Manager Duties, Revisions 00 & 02
- 13.11.1, EOF Manager Duties, Revision 24
- 13.11.3, Site Support Manager and Staff Duties, Revision 19
- 13.11.7, Radiological Emergency Manager Duties, Revision 23
- 13.11.10, Security Manager Duties, Revision 13
- 13.11.18, Information Coordinator Duties, Revision 11
- 13.12.19, JIC Management, Revision 05
- 13.12.20, Media and Information Management, Revision 01

13.12.21, JIC Support Activities, Revisions 02 & 03
13.13.1, Reentry Operations, Revision 08
13.13.2, Emergency Event Termination & Recovery Operations, Revision 13
13.13.3, Intermediate Phase MUDAC Operations, Revision 12
13.14.4, Emergency Equipment, Revision 34
13.14.8, Drill and Exercise Program, Revision 15
13.14.9, Emergency Program Maintenance, Revision 18
EPI-01, Emergency Preparedness Group Operations
EPI-10, Group Administrative Program
OTI-7.1, Operations Training Program Responsibilities, Revision 08
PER 299-0007, Audit file recommendation closure documentation
PER 299-0279, General emergency classification not completed in timely manner
PER 299-0416, IBM work station not Y2K compliant
PER 299-0442, Implementing procedure does not reflect requirements in e-plan
PER 299-0443, Procedural requirement for e-plan review not met
PER 299-0445, Lack of pre-defined controller/evaluator impacting drill quality
PER 299-0514, Unable to locate records for Revision 18 of the e-plan
PER 299-0517, Areas for improvement during drills not showing improvement
PER 299-2654, SCC removed from CR and simulator notification system
PER 299-2657, Simulator computers failed during drill
PER 299-2658, Simulator failed during drill
PER 299-2659, Drill control needs improvement
PER 200-0397, Failure to classify general emergency
PER 200-1280, Failure to classify emergency during drill
PER 200-1281, One hour notification to NRC not met by control room
PER 200-1285, Automated notification system not initiated in timely manner
SA-99-035, EP Self Assessment
SA-99-047, Alert and Notification System
SA-99-051, ERO Augmentation
SA-99-067, EAL Revision Reviews
SA-99-082, EP Record Retention
Audit Report 299-007, WNP-2 Emergency Preparedness Program
Periodic Report AU-EP-01-1, Emergency Preparedness
Surveillance SR200-005, Evaluation of Emergency Preparedness Performance
Surveillance SR200-014, Emergency Preparedness Follow-up Assessment
Self-Assessment Log for 1999 and 2000
Document Identification Code Index
General Records Retention Schedule & Destruction Authorization
Plant Tracking Log Database
Crystal Report, Responsible Organization For Documents, dated February 22, 2001
Crystal Report, Document History By responsible Organization, dated February 22, 2001
Crystal Report, Qualification Group Summary, dated February 22, 2001
Crystal Report, EP Qualifications for qualification groups EPAM, EPAP, EPAK, EPBD, EPCN, and EPCX
ERO Roster by Center and Position, dated December 13, 2000

ERO Roster by Position, dated February 07, 2001
Emergency Phone Directory and ERO list, Revision 47
Regulatory Affairs Performance Indicators, dated December 01, 2000
Columbia Generating Station 2000, Exercise Controller Manual
Columbia Generating Station 2001 Training Drills Controller Manual, copy 23
Columbia Generating Station 2000 Evaluated Exercise Player Handout
Lead Controller Objective Evaluation Checklists
Lead Controller Objective Evaluation Checklist Control Room
Team “A” briefing handout
Team “B” 2001 Drill Scenario Guide

APPENDIX C - SUMMARY OF FINDINGS

- *AU-EP-01-1-A Provide additional training on SAMGs.
- AU-EP-01-A1343-A Identify, schedule and perform self-assessments for calendar year 2001.
- AU-EP-01-A1343-B Cancel department self-assessment instruction EPI-04.
- AU-EP-01-A1394 Add specific training on TSC-RIS-1B to the EP lesson plan.
- *SR200-005-A Perform an evaluation of actions taken or planned to assure essential ERO positions are staffed as required.
- *SR200-005-B Perform focused assessment on drill performance concerns.
- *SR200-014-A Add radiation worker training to selected EP qualification groups.
- PER 200-2182 Individual listed in the emergency phone directory not qualified for position identified.
- PER 201-0017 Level-one and level-two procedure manuals found with incorrect revisions, filing errors, and missing procedures.
- PER 201-0024 Incorrect revisions and unauthorized procedures found in level-one procedure manuals.
- PER 201-0273 The Emergency Plan for Washington Nuclear Project 2 is missing requirements from Appendix E to Part 50.
- PER 201-0304 Multiple process problems exist with control of emergency preparedness records and documentation.
- PER 201-0308 Only two of forty-two identified record coordinators have received training on their responsibilities.
- PER 201-0344 Attendance for various training activities for the Team “B” drill did not meet expectations.

* Findings identified in previous evaluations since the last audit.

ATTACHMENT D – FUNCTIONAL AREA MATRIX

Code	Categories/Elements	Activity Report No.	Checklist #
EP01	ORGANIZATION	1327, 924, 490, 477, 371	01
EP02	QUALITY ASSURANCE PROGRAM (TRAINING)	1401, 1368, 901, 748, 590, 488, 358, 382, 343	02
EP05	INSTRUCTIONS, PROCEDURES, AND DRAWINGS	1398, 1341, 1360, 1014, 1020, 903, 750	03 04
EP06	DOCUMENT CONTROL	1341	05
EP16	CORRECTIVE ACTION	1431, 1408, 1343, 1030, 1031, 1029, 963	06 07
EP17	QUALITY ASSURANCE RECORDS	1335	08
EP18	AUDITS	1431, 1409, 1372	09
EP21	FACILITIES AND EQUIPMENT	1397, 1034, 1035, 933, 976, 893, 1, 205	10
EP22	OFFSITE INTERFACES	1376	11
EP23	READINESS TESTING	1394, 1369, 1368, 1355, 1371, 1349, 1364, 1002, 994, 980, 752, 737, 739, 738, 754, 730, 740, 725, 710, 701, 653, 652, 655, 619, 590, 593, 594, 579, 580, 481, 479, 473, 472, 471, 480, 475, 460, 412, 355, 336, 366, 158, 178, 175, 42, 39	12 13
EP24	PERFORMANCE INDICATORS	897	14

Distribution

DK Atkinson (PE23)
JW Baker (1035)
SA Boynton (PE21)
DW Coleman (PE20)
KM Engbarth (PE21)
DS Feldman (927O)
G Hammond / CNSRB 15 (PE08)
DB Holmes (PE30)
JP Ittner (PE30)
RE Jorgensen (PE30)
AF Klauss (PE30)
GJ Kucera (PE01)
CM McDonald (1028)
TC Messersmith (PE30)
AE Mouncer (1396)
WS Oxenford (927M)
JV Parrish (1023)
JF Peters (927R)
WH Sawyer (PE21)
GO Smith (988V)
JC Tillman (927A)
RL Webring (PE08)