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May 7, 2001

LTR: BYRON 2001-0071
File: 2.01.0700

United States Nuclear Regulatory Commission
Attention: Document Control Desk
Washington, DC 20555-0001

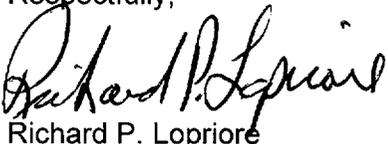
Byron Station, Units 1 and 2
Facility Operating License Nos. NPF-37 and NPF-66
NRC Docket Nos. STN 50-454 and STN 50-455

Subject: Security Event Report (SER) 454-2001-S01-00

Enclosed is an SER involving the April 5, 2001, event of granting unescorted access to a contractor employee prior to the completion of pre-access screening. This event is reportable to the NRC in accordance with 10 CFR 73.71(d). The attached report does not contain any safeguards information.

Should you have any questions concerning this matter, please contact P. Reister, Regulatory Assurance Manager, at (815) 234-5441, extension 2280.

Respectfully,



Richard P. Lopriore
Site Vice President
Byron Nuclear Generating Station

RPL/JL/dpk

Attachment: SER 454-2001-S01-00

cc: James Dyer, Administrator, NRC Region III
Brian Kemker, NRC Senior Resident Inspector (Acting)– Byron Station
G. F. Dick, NRC Project Manager – NRR – Byron Station
Office of Nuclear Facility Safety – Illinois Department of Nuclear Safety

JEH 4/11

LICENSEE EVENT REPORT (LER)

Estimated burden per response to comply with this mandatory information collection request: 50 hrs. Reported lessons learned are incorporated into the licensing process and fed back to industry. Forward comments regarding burden estimate to the information and Records Management Branch (t-6 f33), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, and to the Paperwork Reduction Project (3150-0104), Office Of Management And Budget, Washington, DC 20503. If an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

FACILITY NAME (1) Byron Station Unit 1	DOCKET NUMBER (2) STN 05000454	PAGE (3) 1 of 5
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TITLE (4) Unescorted Protected Area Access Granted Prior to the Completion of Pre-Access Screening Due to an Inadvertent Data Entry Error Caused by a Failure to Apply Human Error Reduction Techniques

EVENT DATE (5)			LER NUMBER (6)			REPORT DATE (7)			OTHER FACILITIES INVOLVED (8)	
MONTH	DAY	YEAR	YEAR	SEQUENTIAL NUMBER	REVISION NUMBER	MONTH	DAY	YEAR	FACILITY NAME	DOCKET NUMBER
04	05	2001		2001-S01-00		05	07	2001	Byron Station Unit 2	STN 05000455
									FACILITY NAME	DOCKET NUMBER

OPERATING MODE (9)	MODE 1	THIS REPORT IS SUBMITTED PURSUANT TO THE REQUIREMENTS OF 10 CFR §: (Check one or more) (11)
POWER LEVEL (10)	100	

	<input type="checkbox"/> 20.2201(b)	<input type="checkbox"/> 20.2203(a)(3)(i)	<input type="checkbox"/> 50.73(a)(2)(iii)	<input type="checkbox"/> 73.71(b)
	<input type="checkbox"/> 20.2203(a)(1)	<input type="checkbox"/> 20.2203(a)(3)(ii)	<input type="checkbox"/> 50.73(a)(2)(iv)	<input type="checkbox"/> 73.71(c)
	<input type="checkbox"/> 20.2203(a)(2)(i)	<input type="checkbox"/> 20.2203(a)(4)	<input type="checkbox"/> 50.73(a)(2)(v)	<input checked="" type="checkbox"/> OTHER
	<input type="checkbox"/> 20.2203(a)(2)(ii)	<input type="checkbox"/> 50.36(c)(1)	<input type="checkbox"/> 50.73(a)(2)(vii)	(Specify in Abstract below or in NRC Form 366A)
	<input type="checkbox"/> 20.2203(a)(2)(iii)	<input type="checkbox"/> 50.36(c)(2)	<input type="checkbox"/> 50.73(a)(2)(viii)(A)	
	<input type="checkbox"/> 20.2203(a)(2)(iv)	<input type="checkbox"/> 50.73(a)(2)(i)	<input type="checkbox"/> 50.73(a)(2)(viii)(B)	
	<input type="checkbox"/> 20.2203(a)(2)(v)	<input type="checkbox"/> 50.73(a)(2)(ii)	<input type="checkbox"/> 50.73(a)(2)(x)	

LICENSEE CONTACT FOR THIS LER (12)

NAME (Include Position Title) Penny Reister, Regulatory Assurance Manager	TELEPHONE NUMBER (include Area Code) (815) 234-5441 X2280
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COMPLETE ONE LINE FOR EACH COMPONENT FAILURE DESCRIBED IN THIS REPORT (13)

CAUSE	SYSTEM	COMPONENT	MANUFACTURER	REPORTABLE TO EPIX	CAUSE	SYSTEM	COMPONENT	MANUFACTURER	REPORTABLE TO EPIX

SUPPLEMENTAL REPORT EXPECTED (14)				EXPECTED SUBMISSION DATE (15)		
<input checked="" type="checkbox"/> YES (If yes, complete EXPECTED SUBMISSION DATE)	X	NO				

ABSTRACT (Limit to 1400 spaces, i.e., approximately fifteen single-space typewritten lines) (16)

The event involved an inadvertent data entry error into the Personnel Access Data System (PADS) that resulted in an individual with a positive drug test result gaining unescorted access to the protected area of Byron Station. The root cause for this event was an individual's failure to apply human error reduction techniques when making independent and unrecoverable data entries into a non-fault tolerant information system resulting from a perceived time pressure to complete the task. Corrective actions include revising the PADS software to improve the person-machine interface and providing a checklist for the Fitness for Duty Analysts to utilize when entering positive test results. This event is reportable to the NRC in accordance with 10 CFR 73.71(d), "Reporting of safeguards events".

LICENSEE EVENT REPORT (LER)
TEXT CONTINUATION

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(If more space is required, use additional copies of NRC Form 366A)(17)

A. Plant Conditions Prior to Event:

Event Date/Time: April 5, 2001/0723 hours

Unit 1 - Mode 1, Power Operations at 100% Reactor Power

Unit 2 - Mode 1, Power Operations at 89% Reactor Power

Unit 2 was in power coastdown in advance of the upcoming refuel outage to begin on April 7, 2001.

This report does not contain any safeguards information.

B. Description of Event:

On April 2, 2001, a contractor employee took a pre-access drug-screening test. On April 4, 2001, the Exelon Generating Company (EGC), LLC Mid-West Regional Operating Group's (MWROG) Corporate Nuclear Security Office received a laboratory result indicating a presumptive positive drug test for this contractor employee. The test result was pending final review by the EGC's Medical Review Officer (MRO). This result was received just as the MWROG Corporate Fitness-For-Duty (FFD) Analyst was preparing to leave work for the day. Because the FFD Analyst was anticipating another high volume of test processing on the next day due to the upcoming refuel outage at Byron Station, the FFD Analyst decided to process the presumptive positive drug test prior to leaving work for the day. The FFD Analyst needed to complete a form that required the address of the tested individual. In order to obtain the address, the FFD Analyst accessed a computer file in the Personnel Access Data System (PADS). After obtaining the address from the file, the FFD Analyst incorrectly proceeded to another computer screen of the PADS and entered the date into the "chemical screening section (SEC6)", thereby incorrectly indicating that the drug screening test result was negative. The FFD Analyst had entered a total of 172 tests into PADS on April 4, 2001. An additional 10 tests were entered as presumptive positive on April 4, 2001.

At 1709 hours on April 4, 2001, the contractor employee was issued a badge that granted unescorted access to the protected area at Byron Station based on the erroneous PADS entry that indicated the individual had a negative drug test result. The Byron Badge Fabrication Supervisor checked for the negative drug test result in PADS in accordance with company procedures.

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TEXT CONTINUATION

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B. Description of Event (continued)

On April 5, 2001, at 0723 hours the contractor employee entered the protected area at Byron Station. Upon entry, he proceeded to the contractor's lunchroom for a briefing and a safety meeting. The MRO contacted the Corporate FFD Analyst at 0905 hours on April 5, 2001, to inform her that the individual had been interviewed and that the presumptive positive drug test had been confirmed as a positive test result. This individual was in violation of the FFD program. Upon notification of a confirmed positive drug test result, company procedures require that the individual be placed in a denied status within PADS. When the Corporate FFD Analyst went to enter the denied status in the applicable PADS section, she noticed that a security badge had been issued to the individual by Byron Station. The Corporate FFD Analyst then checked the chemical screening section (SEC6) of PADS and noticed that the individual had a negative drug test result entered from the previous day. The Corporate FFD Analyst realized that a mistake had been made in entering the test result into PADS. The Corporate FFD Analyst immediately notified the Byron Station Security Analyst and the MWROG FFD Administrator of the individual's violation of the FFD program and the data entry error into PADS.

At 0907 hours on April 5, 2001, the individual's security badge was placed on "administrative hold" and the individual was subsequently located and escorted out of the protected area at 0918 hours on April 5, 2001.

A review of computer records and interviews with the subject contractor employee determined that the individual remained in the lunchroom until he was escorted out of the protected area. A work performance investigation revealed that the individual did not perform any work while within the protected area. The individual did not enter any Vital Areas. Discussions with other cognizant contractor personnel indicated that badged personnel were with the subject individual the entire time he was in the Protected Area.

The MWROG FFD Administrator informed the Byron Security Analyst that the event was most likely 24-hour reportable to the NRC in accordance with 10 CFR Part 26.73(b) as a significant FFD event. To confirm this reporting requirement applicability, the MWROG FFD Administrator enlisted the assistance of the MWROG Security Manager, the Access/FFD Program Manager, and Corporate Regulatory Services Department personnel. Upon review, the Regulatory Services Department indicated that this event was one-hour reportable to the NRC in accordance with 10 CFR 73.71(b) (1).

LICENSEE EVENT REPORT (LER)
TEXT CONTINUATION

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B. Description of Event (continued)

At 1035 hours on April 5, 2001, the Manager of Nuclear Security at Byron was notified by the Byron Station Security Analyst of the potential one-hour NRC report. At 1038 hours on April 5, 2001, Byron Station management concluded that the event was one-hour reportable in accordance with 10 CFR 73.71(b)(1). The notification telephone call was made to the NRC at 1130 hours on April 5, 2001. The one-hour notification requirement was not completed within one hour of 0907. The site was aware of all the pertinent facts to make the correct reportability decision at 0907 hours. Consequently, the NRC notification should have occurred by 1007 hours. The notification was approximately 83 minutes late. The late report has been documented in Byron Station's corrective action program and appropriate corrective actions will be taken.

C. Cause of Event:

The root cause for this event is the FFD Analyst's failure to apply human error reduction techniques when making independent and unrecoverable data entries into a non-fault tolerant information system resulting from a perceived time pressure to complete the task.

D. Corrective Actions

A computer software system will be implemented that will automatically transfer negative fitness-for-duty test data directly from the applicable testing device; thereby, reducing the person-machine interface. This will reduce workload and conflicting habit patterns for data entry.

A procedurally required checklist will be implemented for use by the FFD Analyst when disposing of positive FFD results. This will significantly reduce the dependence on knowledge-related performance and shift the performance mode to rule-based behavior when conducting unrecoverable data entry activities.

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TEXT CONTINUATION

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D. Corrective Actions (continued)

The following interim actions have been implemented in the MWROG until completion of the above permanent actions:

1. A checklist has been developed to be used by the FFD Analyst when disposing of positive FFD results. This will remain in place until the implementation of the procedurally required checklist.
2. A qualified individual will be assigned to be responsible for only the positive test results on the "heavy-hire" days.
3. A method has been developed that the FFD Analyst can use to periodically self-check work within a timely manner.

Corporate Security will also evaluate the need to provide formal human error prevention technique training to those corporate security individuals who perform activities related to single point failures.

E. Previous Occurrences:

None