

Date/Time: ANB/AS/97 (5/24/97) Allegation No. RI-97-A-0033 (Supplement 2)  
(leave blank)

Employee Receiving Allegation or suspecting wrongdoing (first two initials and last name): D.V.T.

Allegor Name: \* Home Address: \*

Home Phone: \* City/State/Zip: \*

Allegor's Employer: \* Allegor's Position/Title: \*

Facility: Fitzpatrick Docket or Mtls. License No.: 450-333

Was allegor informed of NRC identity protection policy? Yes  No   
If H&I was alleged, was allegor informed of DOL rights? Yes  No  N/A  in 3/7/97 l  
If a licensee employee or contractor, did they raise the issue to their management? Yes  No  N/A   
Does the allegor object to referral of issues to the licensee? Yes  No  ?  
Provide allegor's direct response to this question verbatim on the line below:

Was confidentiality requested? Yes  No   
Was confidentiality initially granted? Yes  No  N/A   
Individual Granting Confidentiality: \_\_\_\_\_

Criteria for determining whether the issue is an allegation:

Is it a declaration, statement, or assertion of impropriety or inadequacy?  Yes /  No  
Is the impropriety or inadequacy associated with NRC regulated activities?  Yes /  No  
Is the validity of the issue unknown?  Yes /  No

If No to any of the above questions, the issue is not an allegation and should be handled by other appropriate methods (e.g. as a request for information or an OSHA referral).

Allegation Summary or staff suspected wrongdoing: (Recipient of the allegation shall summarize each concern here - provide additional detail on reverse side of form, if necessary)

at Fitzpatrick  
1) More issues re: lack of "safety culture"; two more DER issues re: CAD Steam Line modification and Condensate Thermosiphon Heat Exchange modification

2) Provided additional info re: ESW pump bay fire damper issue present in 4/97 interview. Noted that dampers are Category 1, contrary to what he had indicated in the interview. However, allegor still feels there is no backup cooling mechanism for the room (if the dampers get shut off)

Number of Concerns: 2

Type of Regulated Activity (a)  Reactor (d)  Safeguards  
(b)  Vendor (e)  Other: \_\_\_\_\_  
(c)  Materials (Specify)

Functional Area(s): (a)  Operations (e)  Emergency Preparedness  
(b)  Construction (f)  Onsite Health and Safety  
(c)  Safeguards (g)  Offsite Health and Safety  
(d)  Transportation (h)  Other: \_\_\_\_\_

\* Do not complete these sections for issues of staff suspected wrongdoing.

THIS DOCUMENT IDENTIFIES AN ALLEGER

B/25

