

From: Jeffrey Clark
To: Rebecca Tadesse
Date: 6/15/04 6:55AM
Subject: FYI: DRAFT Charter for Palo Verde AIT

refer to
CLARK

Rebecca,

Per our discussion this morning, attached is a DRAFT charter for the Palo Verde AIT. Please note this has not been signed out by our management yet.

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CC: Charles Marschall; Jean Humiston; Lynn Berger; Nancy Hodges

REFER TO
CLARK

NRC R4.

D/b

TP



UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION IV
611 RYAN PLAZA DRIVE, SUITE 400
ARLINGTON, TEXAS 76011-4005

June 14, 2004

MEMORANDUM TO: Tony Gody, Chief
Operations Branch

FROM: Bruce Mallett, Regional Administrator /RA/

SUBJECT: AUGMENTED INSPECTION TEAM CHARTER; PALO VERDE NUCLEAR
GENERATING STATION COMPLETE LOSS OF OFFSITE POWER AND
MULTIPLE MITIGATING SYSTEM FAILURES

In response to the complete loss of all offsite power sources, the trip of all three units, and the demand failure of the Unit 2 Emergency Diesel Generator "A" at Palo Verde Nuclear Generating Station on June 14, 2004, an Augmented Inspection Team is being chartered. You are hereby designated as the Augmented Inspection Team (AIT) leader.

A. Basis

On June 14, 2004, at 9:45 a.m. CDT, all offsite power supplies to the Palo Verde Nuclear Generating Station were disrupted, with a concurrent trip of all three units. Additionally, the Unit 2 Emergency Diesel Generator "A" failed to start and load. As a result, the licensee declared a Notice of Unusual Event (NOUE) for all three units at about 9:50 a.m. CDT and elevated to an Alert for Unit 2 at 9:54 CDT. The licensee and NRC resident inspectors also reported a number of other problems including the failure of Unit 2 Charging Pump "E," the failure of a Unit 3 steam bypass control valve, multiple breakers failing to operate during recovery operations, and problems with security equipment which may have impeded emergency responders access to the protected area. This event meets the criteria of Management Directive 8.3 for a detailed follow up inspection, in that it involved multiple failures to systems used to mitigate an actual event. The initial risk assessment, though subject to some uncertainties, indicates that the conditional core damage probability was on the order of Loveless Input for Unit 2, and that an AIT is the appropriate NRC response.

The AIT is being dispatched to obtain a better understanding of the event and to assess the responses of plant equipment and the licensee to the event. The team is also tasked with reviewing the licensee's assessments of potential common mode issues and root cause analyses.

B. Scope

Specifically, the team is expected to perform data gathering and fact-finding in order to address the following:

1. Develop a complete sequence of events related to the loss of offsite power, the multiple unit trips, and the Unit 2 emergency diesel generator failure.
2. Assess the performance of plant systems in response to the event, including any design considerations that may have contributed to the event.
3. Assess the adequacy of plant procedures used in response to the event.
4. Assess the licensee's response to the event, including operator actions and emergency declarations, and any failures of emergency response or security equipment that may have adversely affected response to the event.
5. Assess the licensee's determination of the root and/or apparent causes of offsite power loss, emergency diesel generator failure, and other mitigating system(s) failures.
6. Based upon the licensee's cause determinations, review any maintenance related actions which could have contributed to the event initiation or produced subsequent response problems.
7. Review the licensee's assessment of coordination activities with off-site electrical dispatch organizations during the event.
8. Independently determine the risk significance of the event.
9. Before the end of the first full day on site provide a recommendation to the Regional Administrator as to whether the AIT inspection should continue, be upgraded to an IIT response, or be downgraded to a Special Inspection.

C. Guidance

The Team will report to the site, conduct an entrance meeting, and begin inspection no later than June 16, 2004. A report documenting the results of the inspection should be issued within 30 days of the completion of the inspection. While the team is on site, you will provide daily status briefings to Region IV management. The team is to emphasize fact-finding in its review of the circumstances surrounding the event, and it is not the responsibility of the team to examine the regulatory process. Safety concerns that are not directly related to this event should be reported to the Region IV office for appropriate action.

For the period of the inspection, and until the completion of documentation, you will report to Dwight Chamberlain, Director Division of Reactor Safety. The guidance in Inspection Procedure 93800, "Augmented Inspection Team," and Management Directive 8.3, "NRC Incident Investigation Procedures," apply to your inspection. This Charter may be modified should the team develop significant new information that warrants review. If you have any questions regarding this Charter, contact Dwight Chamberlain at (817) 860-8180.

Distribution:

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CHARTER