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Peach Bottom Atomic Power Station  
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10CFR 73.71

December 10, 2004

U. S. Nuclear Regulatory Commission  
ATTN: Document Control Desk  
Washington, DC 20555-0001

Peach Bottom Atomic Power Station (PBAPS) Unit 2 and Unit 3  
Facility Operating License Nos. DPR-44, DPR-56  
NRC Docket No. 50-277, 50-278

Subject: 60 Day Security Event Report 2-04-S01

Enclosed is a report concerning an event involving an inadequately compensated posting of a security perimeter zone. In accordance with NEI 99-04, the regulatory commitment contained in this correspondence is to restore compliance with the regulations. The specific methods that are planned to restore and maintain compliance are discussed in the report. If you have any questions or require additional information, please do not hesitate to contact us.

Sincerely,

 FOR J. GRIMES  
PB PLANT MANAGER

Joseph P. Grimes  
Plant Manager  
Peach Bottom Atomic Power Station

JPG/dwm/CR263823  
Attachment

cc: PSE&G, Financial Controls and Co-owner Affairs  
R. R. Janati, Commonwealth of Pennsylvania  
INPO Records Center  
H. J. Miller, US NRC, Administrator, Region I  
R. I. McLean, State of Maryland  
US NRC, Senior Resident Inspector  
Glenn M. Tracy, Director, Division of Nuclear Security, Office of Nuclear Security and Incident Response.

CCN 04- 14099

### SUMMARY OF EXELON NUCLEAR COMMITMENTS

The following table identifies commitments made in this document by Exelon Nuclear. (Any other actions discussed in the submittal represent intended or planned actions by Exelon Nuclear. They are described to the NRC for the NRC's information and are not regulatory commitments.)

| Commitment                                                                                                                                                                                                                                 | Committed Date or "Outage"                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| In accordance with NEI 99-04, the regulatory commitment contained in this correspondence is to restore compliance with the regulations. The specific methods that are planned to restore and maintain compliance are discussed in the LER. | In accordance with the Corrective Action Program |

## LICENSEE EVENT REPORT (LER)

(See reverse for required number of  
digits/characters for each block)

Estimated burden per response to comply with this mandatory collection request: 50 hours. Reported lessons learned are incorporated into the licensing process and fed back to industry. Send comments regarding burden estimate to the Records and FOIA/Privacy Service Branch (T-5 F52), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to infocollects@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0104), Office of Management and Budget, Washington, DC 20503. If a means used to impose 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.

|                                                               |                               |                   |
|---------------------------------------------------------------|-------------------------------|-------------------|
| 1. FACILITY NAME<br>Peach Bottom Atomic Power Station, Unit 2 | 2. DOCKET NUMBER<br>05000 277 | 3. PAGE<br>1 OF 3 |
|---------------------------------------------------------------|-------------------------------|-------------------|

|                                                                                                               |
|---------------------------------------------------------------------------------------------------------------|
| 4. TITLE<br>Inadequate compensatory posting of a security perimeter zone due to inadequate human performance. |
|---------------------------------------------------------------------------------------------------------------|

| 5. EVENT DATE |     |      | 6. LER NUMBER |                   |         | 7. REPORT DATE |     |      | 8. OTHER FACILITIES INVOLVED        |               |
|---------------|-----|------|---------------|-------------------|---------|----------------|-----|------|-------------------------------------|---------------|
| MONTH         | DAY | YEAR | YEAR          | SEQUENTIAL NUMBER | REV NO. | MONTH          | DAY | YEAR | FACILITY NAME                       | DOCKET NUMBER |
| 10            | 13  | 04   | 04            | - S01 -           | 00      | 12             | 10  | 04   | Peach Bottom Atomic Power St -Unit3 | 05000 278     |
|               |     |      |               |                   |         |                |     |      | FACILITY NAME                       | DOCKET NUMBER |
|               |     |      |               |                   |         |                |     |      |                                     | 05000         |

|                            |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |  |  |  |
|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|
| 9. OPERATING MODE<br><br>1 | 11. THIS REPORT IS SUBMITTED PURSUANT TO THE REQUIREMENTS OF 10 CFR§: (Check all that apply)                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |  |  |  |
|                            | <input type="checkbox"/> 20.2201(b)<br><input type="checkbox"/> 20.2201(d)<br><input type="checkbox"/> 20.2203(a)(1)<br><input type="checkbox"/> 20.2203(a)(2)(i)                                                                  | <input type="checkbox"/> 20.2203(a)(3)(i)<br><input type="checkbox"/> 20.2203(a)(3)(ii)<br><input type="checkbox"/> 20.2203(a)(4)<br><input type="checkbox"/> 50.36(c)(1)(i)(A)<br><input type="checkbox"/> 50.36(c)(1)(ii)(A)<br><input type="checkbox"/> 50.36(c)(2)<br><input type="checkbox"/> 50.46(a)(3)(ii)<br><input type="checkbox"/> 50.73(a)(2)(i)(A)<br><input type="checkbox"/> 50.73(a)(2)(i)(B) | <input type="checkbox"/> 50.73(a)(2)(i)(C)<br><input type="checkbox"/> 50.73(a)(2)(ii)(A)<br><input type="checkbox"/> 50.73(a)(2)(ii)(B)<br><input type="checkbox"/> 50.73(a)(2)(iii)<br><input type="checkbox"/> 50.73(a)(2)(iv)(A)<br><input type="checkbox"/> 50.73(a)(2)(v)(A)<br><input type="checkbox"/> 50.73(a)(2)(v)(B)<br><input type="checkbox"/> 50.73(a)(2)(v)(C)<br><input type="checkbox"/> 50.73(a)(2)(v)(D) | <input type="checkbox"/> 50.73(a)(2)(vii)<br><input type="checkbox"/> 50.73(a)(2)(viii)(A)<br><input type="checkbox"/> 50.73(a)(2)(viii)(B)<br><input type="checkbox"/> 50.73(a)(2)(ix)(A)<br><input type="checkbox"/> 50.73(a)(2)(x)<br><input checked="" type="checkbox"/> 73.71(a)(4)<br><input type="checkbox"/> 73.71(a)(5)<br><input type="checkbox"/> OTHER |  |  |  |  |  |  |  |  |
| 10. POWER LEVEL<br><br>80  | <input type="checkbox"/> 20.2203(a)(2)(ii)<br><input type="checkbox"/> 20.2203(a)(2)(iii)<br><input type="checkbox"/> 20.2203(a)(2)(iv)<br><input type="checkbox"/> 20.2203(a)(2)(v)<br><input type="checkbox"/> 20.2203(a)(2)(vi) |                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |  |  |  |

Specify in Abstract below or in NRC Form 366A

|                                                             |                                                        |
|-------------------------------------------------------------|--------------------------------------------------------|
| 12. LICENSEE CONTACT FOR THIS LER                           |                                                        |
| FACILITY NAME<br>James Mallon, Regulatory Assurance Manager | TELEPHONE NUMBER (Include Area Code)<br>(717) 456-3351 |

| 13. COMPLETE ONE LINE FOR EACH COMPONENT FAILURE DESCRIBED IN THIS REPORT |        |           |               |                    |       |        |           |               |                    |
|---------------------------------------------------------------------------|--------|-----------|---------------|--------------------|-------|--------|-----------|---------------|--------------------|
| CAUSE                                                                     | SYSTEM | COMPONENT | MANU-FACTURER | REPORTABLE TO EPIX | CAUSE | SYSTEM | COMPONENT | MANU-FACTURER | REPORTABLE TO EPIX |
|                                                                           |        |           |               |                    |       |        |           |               |                    |

|                                                                              |  |  |  |  |                                        |  |       |     |      |
|------------------------------------------------------------------------------|--|--|--|--|----------------------------------------|--|-------|-----|------|
| 14. SUPPLEMENTAL REPORT EXPECTED                                             |  |  |  |  | 15. EXPECTED SUBMISSION DATE           |  | MONTH | DAY | YEAR |
| <input type="checkbox"/> YES (If yes, complete 15. EXPECTED SUBMISSION DATE) |  |  |  |  | <input checked="" type="checkbox"/> NO |  |       |     |      |

ABSTRACT (Limit to 1400 spaces, i.e., approximately 15 single-spaced typewritten lines)

On 10/15/04, at approximately 0144 hours, while conducting a security camera walk-down, a nuclear security supervisor discovered that the nuclear security officer assigned to a compensatory post was positioned such that he was unable to adequately observe security zone 13 in its entirety. This resulted in degradation in the safeguard system that could allow unauthorized access to the protected area where compensatory measures were not adequately employed. Compensatory measures for zone 13 were required, per the site's security plan, when this event occurred. The cause of this event was due to inadequate human performance during the posting of the compensatory measures for zone 13. When discovered, a security officer was immediately assigned to the compensatory post. A search/sweep of all vital and protected areas was performed and a review of the security alarm areas was conducted yielding no security areas of concern in either case.

## LICENSEE EVENT REPORT (LER)

| FACILITY NAME (1)                         | DOCKET (2) | LER NUMBER (6) |                      |                    | PAGE (3) |
|-------------------------------------------|------------|----------------|----------------------|--------------------|----------|
|                                           |            | YEAR           | SEQUENTIAL<br>NUMBER | REVISION<br>NUMBER |          |
| Peach Bottom Atomic Power Station, Unit 2 | 05000 277  | 04             | - S01                | - 00               | 2 OF 3   |

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

Unit Conditions Prior to the Event

Both Unit 2 and Unit 3 were in Mode 1 operating at approximately 80% and 100% rated thermal power respectively when the event occurred. There were no structures, systems, or components out of service that contributed to this event.

Description of Event

On 10/15/04, at approximately 0144 hours, while conducting a security camera walk-down, a nuclear security supervisor discovered that the contract nuclear security officer assigned to a compensatory post was positioned such that he was unable to adequately observe security zone 13 in its entirety. On 10/13/04, two compensatory security posts were in place on security zones 13 and 14 due to construction activities associated with the design bases threat (DBT) project. Post 1 was assigned as a compensatory measure for zone 14 and zone 13 east. Post 2 was assigned as compensatory measure for zone 13 west and two other compensatory measures previously established. Construction activities were secured on security zone 14 for the day and the nuclear security supervisor secured Post 1 on security zone 14, which was no longer required. The nuclear security supervisor verbally (via hand held radio) notified Post 2 that compensatory measures would be expanded to cover all of zone 13. There was inadequate communications between the nuclear security supervisor and the contract nuclear security officer at Post 2, to clearly communicate specific compensatory requirements. This resulted in a portion of security zone 13 to be inadequately compensated for in accordance with the approved site Nuclear Security Plan.

This event resulted in degradation in the safeguard system that could allow unauthorized access to the protected area where compensatory measures were not adequately employed. Compensatory measures for security zone 13 were required, per the site's security plan, when this event occurred. The cause of this event was due to inadequate human performance during the posting of the compensatory measures for security zone 13. When discovered, a nuclear security officer was immediately assigned to the compensatory post for zone 13. A search/sweep of all vital and protected areas was performed and a review of the security alarm areas was conducted yielding no security areas of concern in either case.

Analysis of the Event

There were no actual safety consequences associated with this event.

The Site Physical Security Plan requires compensatory measures be employed when there is a degradation of the physical security measures for the site. In this event, zone 13 was inadequately compensated from 10/13/04 at approximately 1807 hours to 10/15/04 at approximately 0144 hours. During this time routine roving contract nuclear security officers and other posted compensatory measures were in place that would detect and respond to an intrusion. Additionally, other physical security systems were available to detect entry into the vital areas of the plant.

This event is not considered to be risk significant.

## LICENSEE EVENT REPORT (LER)

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|-------------------------------------------|------------|----------------|----------------------|--------------------|----------|
| Peach Bottom Atomic Power Station, Unit 2 | 05000 277  | YEAR           | SEQUENTIAL<br>NUMBER | REVISION<br>NUMBER | 3 OF 3   |
|                                           |            | 04             | S01                  | 00                 |          |

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

### Cause of the Event

The cause of this event was due to inadequate human performance during the posting of the compensatory measures for zone 13.

### Corrective Actions

A contract nuclear security officer was immediately assigned to the compensatory post and properly positioned and instructed for security zone 13.

Additional corrective actions, including the creation of additional procedural guidance for establishing and securing compensatory posts, is being evaluated in accordance with the corrective action program.

### Previous Similar Occurrences

There were no previous similar occurrences identified involving a failure adequately post for compensatory measures due to inadequate human performance.