

DIVISION OF REACTOR SAFETY
ENGINEERING BRANCH 1
RESULTS OF PERFORMANCE GOALS

GOAL	ELEMENT	STANDARD	QUARTERLY PERFORMANCE			
			1 ST	2 ND	3 RD	4 TH
Safety/Security	Inspection Planning	Inspection Plans in accordance with Regional guidance	R	G		
Safety/Security	Inspection Findings	Inspection findings are identified and properly processed	R	R		
Safety/Security	Allegations	Allegations are addressed accurately and identity protected		G		
Efficiency	Reports	Reports and inputs meet timeliness requirements	G	G		
Efficiency	Open Items	URI, IFIs and Violations resolved timely	R	R		
Efficiency	Self-Assessment	Self-Assessment are performed and corrective action taken		G		
Efficiency	Tools for Job	Staff has necessary tools to complete assignments	G	G		
Management Excellence	Inspector / Examiner Qualifications	All qualified staff maintains qualifications and new staff on track to qualify	R	R		
Management Excellence	Communications	Communications with staff effective	R	G		

KK-1

DIVISION OF REACTOR SAFETY PERFORMANCE GOALS

Goal: Safety/Security

Element: Inspection Planning

Standard: Inspection Plans are timely and developed in accordance with Regional Guidance (ROI-2211) and incorporates safety and risk insights.

Criteria: Green > 98% of the inspection plans meet the standard.

Yellow >90% of the inspection plans meet the standard.

Red <90% of the inspection plans meet the standard.

Measure: Branch Chief's assessment of submitted plans for approval and peer reviews.

Quarter: 1st Qtr 2nd Qtr 3rd Qtr 4th Qtr

Assessment: Green. The inspection plans for the Turkey Point and Watts Bar TFP inspections as well as the Farley, McGuire, Harris and Surry SSDPC/DS inspections were issued in a timely manner.

Corrective Action: Maintain current tracking system.

DIVISION OF REACTOR SAFETY PERFORMANCE GOALS

Goal: Safety/Security

Element: Inspection Findings

Standard: Inspection Findings are identified and properly processed in accordance with the inspection program guidance (IMC-0612, Inspection Reports and IMC-0609, Significance Determination Process).

Criteria:

Green - 95% of the inspection findings are identified or processed in accordance with standard.

Yellow - > 85% of the findings are identified or processed in accordance with standard.

Red - < 85% of the findings are identified or processed in accordance with standard.

Measure: Branch Chief Review of inspection reports and inputs. Additionally, Inspection Report Peer review feedback.

Quarter: 1st Qtr 2nd Qtr 3rd Qtr 4th Qtr

Assessment: Red. During the period, a peer review was conducted by the Branch of four-part writeups from two different inspection reports. Several deviations from the requirements of MC0612 were observed. Additional emphasis in this area is needed.

Corrective Action: A summary of the peer review was provided to the Branch. Continue conducting peer reviews and promulgating lessons learned.

Inspection Findings Identified:(Provide brief one line summary per finding)

SITE/NUMBER	TYPE	TITLE
Sur 03-08-01	URI	Fire Response Procedures 2-FCA-4.00 And 0-FCA-14.00 Not Adequate To Ensure Safe Shutdown Of Unit 2
Sur 03-08-02	AV	Alternative Shutdown Capability and Response Procedures Not Adequate to Ensure Safe Shutdown of Unit 1
Sur 03-08-03	NCV	Fire Response Procedures 1-FCA-3.00 And 0-FCA-14.00 Not Adequate To Ensure Safe Shutdown Of Unit 1
Sur 03-08-04	NCV	Alternate Shutdown Panel Ventilation System Not Independent From Impacts Of A Main Control Room Fire
Oco 04-010-01	NCV	Inadequate Maintenance of Fire Safe Shutdown Procedures

McG 04-02-01	NCV	Deviation from Design Requirements for Line Slope and Drain Legs for Containment Pressure Transmitter Impulse Lines Was not Identified or Evaluated
Far 04-06-01	URI	Adequacy of Plant Design Basis Documents and Performance of Contactors in Safety-related MOV Starters Under Minimum Design Voltage Conditions
McG 04-03-04	NCV	Failure to Include Valve 2CA0007A in the Fire Protection Safe Shutdown Analysis for Control Room Fire
McG 04-03-05	NCV	Standby Shutdown Facility was Not Independent of Cables in Fire Areas 2 and 14
TP 04-07-01	URI	Failure to Prevent Spurious Operation of Valve MOV-4-626 For a Severe Fire in 4B 4160 V Switchgear Room
TP 04-07-02	URI	Local Manual Operator Actions to Protect RCP Seal Package Cooling Not Timely
TP 04-07-03	URI	Local Manual Operator Actions Not Evaluated for Loss of Security Card Key Access For a Severe Fire in 4B 4160 V Switchgear Room
TP 04-07-04	URI	Inadequate Concrete Curb Height and Volume for the Unit 4 Generator Hydrogen and Seal Oil Unit Oil-Retention Basin
TP 04-07-05	URI	Failure to Prevent Spurious Operation of Charging Pump Suction From RWST Valves LCV-3-115B and LCV-4-115B
TP 04-07-06	URI	Local Manual Operator Actions to Protect RCP Thermal Barrier Cooling Valves MOV-3-716A and MOV-4-716A For Control Room Evacuation Not Timely
TP 04-07-07	URI	Local Manual Operator Actions For Control Room Evacuation Not Evaluated for Availability of Security Support
TP 04-07-08	URI	Potentially Inadequate Ionization Smoke Detector Installation in the 4B 4160 V Switchgear Room
TP 04-07-09	NCV	Failure to Install Full Area Wide Detection and Fixed Suppression Systems in the Unit 3 and 4 Mechanical Equipment Room

DIVISION OF REACTOR SAFETY PERFORMANCE GOALS

Goal: Safety/Security

Element: Allegations

Standard: Allegations are addressed accurately and the identity of the concerned individual is protected. Allegations are processed within the Agency's timeliness goals.

Timeliness: 70% within 150 days
90% within 180 days
100% within 360 days

Criteria: Green - All allegation follow-ups accurately address the concerns and the concerned individual's identity is protected. Allegations meet timeliness goals.

Yellow- one concern not adequately addressed. Allegations meet timeliness goals

Red- Two or more concerns not adequately addressed or one concerned individual's identity not adequately protected. Did not meet the timeliness goals.

Measure: The Branch Chief review of the Allegation Evaluation Reports and / or EICS audit findings or feedback.

Quarter: 1st Qtr 2nd Qtr 3rd Qtr 4th Qtr

Assessment: Green. One allegation was received and processed this period. The allegation was processed in less than 150 days. Per EICS there were no audit findings related to this allegation.

Corrective Action: None.

DIVISION OF REACTOR SAFETY PERFORMANCE GOALS

Goal: Efficiency

Element: Reports

Standard: Inspection Reports, Exam Reports and Inputs are issued within the timeliness Requirements:

Individual Reports - 30 days

Exam and Team Reports - 45 days

Inspection Report Inputs - Agreed upon date with Branch Chief and Input timeliness does not adversely affect the processing of the integrated inspection report.

Criteria: Green - 100% of Reports and Inputs meet Standard.

Yellow - > 90% of Reports or inputs meet Standard.

Red - < 90% of Reports or inputs meet Standard.

Measure: Branch Records for inspection Report inputs. The weekly status of inspection reports printout.

Quarter: 1st Qtr 2nd Qtr 3rd Qtr 4th Qtr

Assessment: Green. Seven stand alone reports were issued by the Branch this quarter. This included 4 SSDPC/TFP reports and 3 open item closure reports. In addition 2 inspection feeders were provided to DRP. All met the standard.

Corrective Action: None.

DIVISION OF REACTOR SAFETY PERFORMANCE GOALS

Goal: Efficiency

Element: Open Items

Standard: Unresolved (technical) items are closed within six months and the SDP for the finding is completed within 90 days of resolution of the technical issue. Violations, IFIs, LERs are closed within one year.

Criteria: Green- The standard is met without exception.

Yellow- No more than one URI > six months old or one Violation, LER or IFI > one year. No more than one resolved technical finding (SDP) is > 90 days old.

Red- Did not meet yellow criteria.

Measure: RPS open items status report.

Quarter: 1st Qtr 2nd Qtr 3rd Qtr 4th Qtr

Assessment: Red. Currently the Branch has 29 open items assigned to it. Most are URIs which do not meet the timeliness goals or the goals for processing through the SDP.

Corrective Actions: Continue to assign dedicated personnel to review /resolve training. In addition, the Branch will attend training on Appendix F to better understand how to process issues through the SDP.

DIVISION OF REACTOR SAFETY PERFORMANCE GOALS

Goal: Efficiency

Element: Self-Assessments

Standard: Branch self-assessments and external audits results are corrected and institutionalized. Each Branch shall conduct at least two self-assessment annually. (Self-assessments could be of conducted on assigned programs or processes)

Criteria:

Green-	Conduct at least two self-assessment per year. All identified issues have corrective actions implemented and institutionalized. No repeat issues identified.
Yellow-	>90% of corrective actions implemented and institutionalized. One repeat self-assessment or audit finding. Conducted only one self-assessment.
Red-	<90% of corrective actions implemented and institutionalized. Multiple repeat self-assessment or audit findings.

Measure: Program audit results, Branch self-assessments and evaluation of quarterly DRS Performance Goals..

Quarter:

1 st Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr
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Assessment: Green. Two self-assessments were performed this period. The first was an audit of the RPS data associated with reports EB1 issued this quarter. This audit identified that we are having difficulty getting all the supporting documents and tracking systems updated to reflect reports being signed out. I view this as a relatively minor issue. However, I discussed this with my secretary and will monitor this in future audits. If additional examples are identified I will institute more formal corrective actions.

The second audit was a peer review of 4-part findings contained in two reports. This was a very successful audit in that it identified several areas for improvement. In addition it was a good wake up call to the branch.

Corrective Action: Continue with periodic peer reviews of selected portions of inspection reports.

DIVISION OF REACTOR SAFETY PERFORMANCE GOALS

Goal: Efficiency

Element: Tools for Job

Standard: The staff has all necessary tools (equipment, procedures, guidance documents and training) to successfully complete assignments.

Criteria:

Green-	Staff provided with all necessary tools. Job was successfully completed.
Yellow-	Necessary tools not provided but action taken to address issue. Job was successfully completed.
Red	Necessary tools not provided and action not taken to address issue. Job was not successfully completed.

Measure: Branch Chief evaluation, Division Director evaluation during inspection debriefs and Staff feedback.

Quarter: 1st Qtr 2nd Qtr 3rd Qtr 4th Qtr

Assessment: Green. Requested tools for the job have been provided.

Corrective Action: Continue to be sensitive to the needs of the Branch.

DIVISION OF REACTOR SAFETY PERFORMANCE GOALS

Goal: Management Excellence

Element: Inspector/Examiner Qualification and Continuing Training

Standard: All qualified Inspectors/Examiners successfully complete all recurring training required to maintain their qualifications as specified in MC 1245. New staff is on track to complete final inspector/examiner qualifications as specified in MC 1245 (24 months).

Criteria:

Green-	All Qualified inspectors/examiners meet standard. >90% of new staff on track to qualify within 24 months.
Yellow-	>95% of qualified inspectors/examiners meet standard. >80% of new staff on track to qualify within 24 months.
Red	<95% of qualified inspectors/examiners meet standard. <80% of new staff on track to qualify within 24 months.

Measure: Branch Chief Training Records.

Quarter: 1st Qtr 2nd Qtr 3rd Qtr 4th Qtr

Assessment: Red. All but two qualified inspectors have completed refresher training since the new requirement was added 4/5/02. One inspector is currently scheduled to complete the training in December 04. The other inspector was scheduled to attend the training in December 04, however, due to a change in inspection schedules this was canceled. The inspector will schedule this course when the course is listed on the TTC website for the CY 05 timeframe. He must complete this course by 4/5/05 to meet a strict interpretation of the 3 year requirement. All three of the inspectors undergoing qualification training will take longer than the specified 2 years.

Corrective Action: Continue working with new inspectors.

DIVISION OF REACTOR SAFETY PERFORMANCE GOALS

Goal: Management Excellence

Element: Communications with Staff.

Standard: Communications with staff are effective. Hold at least one Branch meeting per month. Provide a makeup mechanism for staff who missed meetings. Take action and provide feedback to staff on issues identified.

Criteria:

Green-	Standard met.
Yellow-	Staff who missed meetings not informed of meeting topics. Actions taken and feedback provided did not address issues.
Red	Branch meeting not held and actions and feedback not provided.

Measure: Rating for this element should be derived from staff feedback on management performance. Staff feedback is consistent with effective communications.

Quarter:

1 st Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr
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Assessment: Green. The appropriate number of Branch meetings were held. The staff who were not present were provided e-mail summaries of the meeting.

Corrective Action: None.