

**DIVISION OF REACTOR SAFETY**  
**Engineering Branch 1**  
**RESULTS OF PERFORMANCE GOALS**

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

KK-2

## 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.

<b><u>Quarter:</u></b>	1 <sup>st</sup> Qtr	2 <sup>nd</sup> Qtr	3 <sup>rd</sup> Qtr	4 <sup>th</sup> Qtr
------------------------	---------------------	---------------------	---------------------	---------------------

**Assessment:** Red. 1 of 2 plans late.

**Corrective Action:** A tracking sheet has been developed. The requirements for plan timeliness have been promulgated to the branch.

## 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:**                      1<sup>st</sup> Qtr                      2<sup>nd</sup> Qtr                      3<sup>rd</sup> Qtr                      4<sup>th</sup> Qtr

**Assessment:**                      Red. 4 of the 9 findings were reviewed using the audit guidance from NRR and MC 0612. Minor errors were found in all 4 examples.

**Corrective Action:** Review broad results from this review with the staff at the next branch meeting. Attend divisional training on inspection report writing. At the February branch meeting conduct a peer review of portions of two recent inspection reports.

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

### Engineering Branch 1 Finding 10/01/2003-12/31/2003

Site/Number	Type	Title
Catawba 2003004-02	NCV	Effect of RCP Thermal Barrier Rupture on MOV Closure and Containment Isolation
Browns Ferry 2003007-01	URI	Inadequate Unit 3 Fire Procedure Directs Local Manual Operator Action Be Performed In Location of Fire
Browns Ferry 2003007-02	NCV	Changes Made to the Fire Protection Program Regarding Compensatory Fire Watch Implementation Without NRC Approval
St. Lucie 2003013-01	NCV	Failure to Evaluate Combustible Loading of Silicone Oil-Filled Transformers in the FHA and the Effect on SSD Capability
Surry 2003004-01	NCV	Emergency Diesel Generator No. 3 Bus-Tie Breaker Control Circuit Design Deficiency
Crystal River 2003005-02	NCV	Failure to Protect One Train of Safe Shutdown Equipment From Fire Damage

Brunswick 2003008-01	URI	Failure to Adequately Consider Vortexing In the Calculation for CST Level for Automatic Transfer of the HPCI Pump Suction
Harris 03-07-01	NCV	Inadequate Implementation of the FPP for SSD
Harris 03-07-02	NCV	Inadequate Corrective Action for a Previous White Fire Protection Finding

## 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:** 1<sup>st</sup> Qtr 2<sup>nd</sup> Qtr 3<sup>rd</sup> Qtr 4<sup>th</sup> Qtr

**Assessment:** Not applicable-no allegations received.

**Corrective Action:**

## 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.

<b><u>Quarter:</u></b>	1 <sup>st</sup> Qtr	2 <sup>nd</sup> Qtr	3 <sup>rd</sup> Qtr	4 <sup>th</sup> Qtr
------------------------	---------------------	---------------------	---------------------	---------------------

**Assessment:** Green. All 8 of 8 reports and inputs met the standard.

**Corrective Action:**

## 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.

<b><u>Quarter:</u></b>	1 <sup>st</sup> Qtr	2 <sup>nd</sup> Qtr	3 <sup>rd</sup> Qtr	4 <sup>th</sup> Qtr
------------------------	---------------------	---------------------	---------------------	---------------------

**Assessment:** Red. Currently the branch has numerous URIs that have not been resolved within these timeliness goals. Additionally, the branch was not able to process all SDPs within 90 days.

**Corrective Actions:** Continue to assign dedicated personnel to review/resolve longstanding technical issues.

## 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..

<b><u>Quarter:</u></b>	1 <sup>st</sup> Qtr	2 <sup>nd</sup> Qtr	3 <sup>rd</sup> Qtr	4 <sup>th</sup> Qtr
------------------------	---------------------	---------------------	---------------------	---------------------

**Assessment:** Not evaluated. No self-assessments were performed this period.

**Corrective Action:**

## 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.

<b><u>Quarter:</u></b>	1 <sup>st</sup> Qtr	2 <sup>nd</sup> Qtr	3 <sup>rd</sup> Qtr	4 <sup>th</sup> Qtr
------------------------	---------------------	---------------------	---------------------	---------------------

**Assessment:** Green. No problems noted.

**Corrective Action:**

## 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.

<b><u>Quarter:</u></b>	1 <sup>st</sup> Qtr	2 <sup>nd</sup> Qtr	3 <sup>rd</sup> Qtr	4 <sup>th</sup> Qtr
------------------------	---------------------	---------------------	---------------------	---------------------

**Assessment:** Red. Two of the three new staff will probably not qualify within 24 months of being assigned. All other inspectors have had recent proficiency training or are on track to receive the training with ~3 years of this new requirement being implemented.

**Corrective Action:** Additional Branch Chief focus has been applied in this area.

## 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<sup>st</sup> Qtr 2<sup>nd</sup> Qtr 3<sup>rd</sup> Qtr 4<sup>th</sup> Qtr

**Assessment:** Red. Three branch meetings held. However, the staff who missed the meetings were not informed of the topics. In addition, all actions/requests from the December meeting were not accomplished.

**Corrective Action:** An agenda has been developed for the January meeting. Feedback will be given on the December topic. Additional BC focus in this area will be applied.