

| CONDITION REPORT | | | | | | CR Number 03-10094 | |
|--|---|---|--|---|--|--|--|
| TITLE: SECURITY OFFICER INATTENTIVE TO DUTY | | | | | | | |
| O R I G I N A T I O N | DISCOVERY DATE | TIME | EVENT DATE | TIME | SYSTEM / ASSET# | | |
| | 9/27/2003 | 0425 | 9/27/2003 | 0425 | 45f N/A | | |
| | EQUIPMENT DESCRIPTION N/A | | | | | | |
| | DESCRIPTION OF CONDITION and PROBABLE CAUSE (If known) Summarize any attachments. Identify what, when, where, why, how. A Security officer in the Primary Access facility was identified as being inattentive to his duties. | | | | | | |
| | SPECIAL INSTRUCTION - EVALUATE POSSIBLE SIMILAR ISSUE FROM DAVIS-BESSE PER 0800 9/29/03 MRB. | | | | | | |
| P L A N T O P E R A T I O N S | IMMEDIATE ACTIONS TAKEN / SUPV COMMENTS (Discuss CORRECTIVE ACTIONS completed, basis for closure.) The officer was immediately relieved of duty and interviewed by his supervisors. The officers posture did not allow any unauthorized activities within the area. No fitness for duty issues were identified by his supervisors. | | | | | | |
| | QUALITY ORGANIZATION USE ONLY | | IDENTIFIED BY (Check one) | | | ATTACHMENTS | |
| | Quality Org. Initiated <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Self-Revealed <input type="checkbox"/> Individual/Work Group <input checked="" type="checkbox"/> Supervision/Management | | | <input type="checkbox"/> Internal Oversight <input type="checkbox"/> External Oversight | |
| | Quality Org. Follow-up <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| | ORIGINATOR | ORGANIZATION | DATE | SUPERVISOR | DATE | PHONE EXT. | |
| MCGEEHAN, D | 0070 | 9/27/2003 | WRIGHT, S | 9/27/2003 | 7427 | | |
| SRO REVIEW | EQUIPMENT OPERABLE | OPERABILITY ASSESSMENT REQUIRED | ORG. NOTIFIED | IMMEDIATE INVESTIGATION REQUIRED | ORG. NOTIFIED | MODE CHANGE RESTRAINT | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/ | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | N/A | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | N/A | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| MODE | ASSOCIATED TECH SPEC NUMBER(S) | | ASSOCIATED LCO ACTION STATEMENT(S) | | | | |
| N/A | N/A | | #1 N/A | | | | |
| | | | #2 | | | | |
| | | | #3 | | | | |
| DECLARED INOPERABLE (Date / Time) | REPORTABLE? | One Hour N/A | | | APPLICABLE UNIT(S) | | |
| N/A | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Four Hour N/A | | | <input type="checkbox"/> U1 <input type="checkbox"/> U2 <input checked="" type="checkbox"/> Both | | |
| | <input type="checkbox"/> Eval Required | Eight Hour N/A | | | | | |
| | | Other N/A | | | | | |
| COMMENTS N/A | | | | | | | |
| Current Mode - Unit 1 | | Power Level - Unit 1 | | Current Mode - Unit 2 | | Power Level - Unit 2 | |
| N/A | | N/A | | N/A | | N/A | |
| SRO - UNIT 1 | | | SRO - UNIT 2 | | DATE | | |
| Approved By Supv | | | Approved By Supv | | 9/27/2003 | | |
| C R P A / S U P V / M R B | CATEGORY / EVAL | | ASSIGNED ORGANIZATION | | DUE DATE | | |
| | NF | | 0070 | | 11/26/2003 | | |
| | TREND CODES | | Comp Type / ID | | Cause | | |
| | Process / Activity / Cause Code(s) | | (If Cause T or W) | | Org | | |
| LP1 0100 H04 | | | | 0070 | | | |
| REPORTABLE? | | | | | REPORTABILITY REVIEWER | | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> LER No. | | | | | Sepelak, B | | |
| DATE | | | | | 09/28/03 | | |
| INVESTIGATION OPTIONS | | | | | CLOSED BY | | |
| <input type="checkbox"/> Maint.Rule <input type="checkbox"/> OE Evaluation | | | | | DATE | | |
| | | | | | 11/21/2003 | | |

Information in this record was deleted in accordance with the Freedom of Information Act, exemptions 6
FOIA-2005-0235

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BVPS SECURITY INCIDENT REPORT

CONFIDENTIAL

| | | |
|---|------------------------------------|----------------------------|
| Safeguards Log No.: | Date of Report: 09-27-03 | Incident Report No.: |
| | Time of Report: 0440 | |
| INCIDENT: Report of officer being inattentive | | |
| LOCATION OF INCIDENT: PAF BRE | | |
| DATE OCCURRED: 09-27-03 | | TIME OCCURRED: 0420 |
| Details and Circumstances of Incident (answer all of the following in the Report: who, what, when, where and why. | | |
| <p style="text-align: center;">AT APPROX 0420 HRS. I [] WAS WORKING THE PAF BRE. RTM [] WAS WORKING THE SEARCH LANES AT THE TIME. AND MR. PEARCE WAS PROCESSING THROUGH THE SEARCH LANES AT THE TIME. MR. PEARCE WAS OBSERVED PROGRESSING THROUGH THE EXPLOSIVES DETECTOR THEN THE FIREARMS DETECTOR WHILE MR. PEARCE WAS MOVING THROUGH THE SEARCH PROCESS I HAD DROPPED MY WORK NOTEBOOK ON THE GROUND BELOW THE COUNTER AT THIS TIME I LEANED BACK IN MY CHAIR AND WAS LOOKING DOWNWARD FOR MY NOTEBOOK. WHILE I WAS LOOKING DOWN FOR MY NOTEBOOK MR. PEARCE KNOCKED ON THE GLASS OF THE BRE BY TURNSTILE # 6. MR. PEARCE STATED SOMETHING TO ME THROUGH THE GLASS WHICH I COULD NOT UNDERSTAND. MR. PEARCE THEN STATED SOMETHING TO RTM [] AND PROCEEDED TO CARD THROUGH TURNSTILE # 6. AT THIS TIME I CONTINUED TO MONITOR THE SEARCH PROCESS.</p> <p>END OF REPORT</p> | | |

Ex. 6

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| | | |
|---------------------------|-------------------|---------------|
| Name (print) [] | Signature [] | |
| PAGE 1 OF 1 | TITLE: RTM | Badge No. [] |

Ex. 6

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BVPS SECURITY INCIDENT REPORT

CONFIDENTIAL

| | | |
|--|---|----------------------------|
| Safeguards Log No.: | Date of Report: <i>09-27-03</i> | Incident Report No.: |
| | Time of Report: <i>0443</i> | |
| INCIDENT: <i>Report of Officer being Inattentive</i> | | |
| LOCATION OF INCIDENT: <i>PAF BRE</i> | | |
| DATE OCCURRED: <i>09-27-03</i> | | TIME OCCURRED: <i>0410</i> |
| Details and Circumstances of incident (answer all of the following in the Report: who, what, when, where and why. | <p><i>Myself, Officer [] was in the PAF search lanes from 0315 to 0428. during this time</i></p> <p><i>Officer [] was in the PAF BRE. Between the time of 0410 + 0414, Mr. Bill Pearce entered the search lanes. I was at the control panel for the X-ray machine, before Mr. Pearce processed through I looked over at Officer [] in the BRE. Officer [] from what I observed, appeared to be awake and watching Mr. Pearce begin processing in, at this time I took my eyes off Officer [] and started watching Mr. Pearce process. When Mr. Pearce went passed my position at X-ray Alpha I walked over to get the clip beard from the top of X-ray Bravo to get the Index readings. I heard Mr. Pearce say something but couldn't make it out. I turned around to ask what he had said and he told me to "Watch this officer he was sitting here with his eyes shut." That was all that was said and Mr. Pearce processed through the turnstyle and at Report</i></p> | |

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|------------------|----------------------------------|
| Name (print) [] | Signature [] |
| PAGE 1 OF [] | TITLE: <i>RTM</i> Judge No.: [] |

INVESTIGATION SUMMARY

CR Number:

03-10094

NOP-LP-2001-06

Category / Eval: NF

Assigned Organization: 0070

Quality Followup Req'd: Yes No

For Fix Investigations Only:
 Hardware / Degraded Condition Resolution Required? Yes No If Yes: Repair Scrap
 Rework Use-As-Is

Acceptance of the CR Investigation signifies acceptance of the following items, as applicable:

| | Originator Identification | Date |
|-------------------------------------|---------------------------|------------------------|
| Corrective Actions (listed below) | (listed below, if any) | (listed below, if any) |
| Cause Analysis | _____ | _____ |
| Generic Implications | _____ | _____ |
| 10 CFR 21 Decision Checklist | _____ | _____ |

Acceptance of Investigation:

[]

Date:

11/20/2003

Quality Approval:

Date:

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Site-VP Acceptance:

Date:

Closure Comments:

The incident was reviewed thoroughly by Security supervision and it was determined that Supervisors will perform more frequent post tours to ensure officers know their responsibilities and are not on post for an extended period of time. Also we have taken steps to minimize interruptions within the post.

[]

o/s

Quality Comments:

CORRECTIVE ACTIONS

| CA Number: | Sched Type: | CA Type: | Cause Code: | Resp Org. Codes: | CA Acceptance: | Accept Date: | Due Date: | Completed Date: |
|------------|-------------|----------|-------------|------------------|----------------|--------------|-----------|-----------------|
| | | | | | | | | |

~~Ex 6~~