

**ALLEGATION REVIEW BOARD
BRIEFING SHEET AND ALLEGATION REPORT**

RII-2005-A-

FACILITY: St. Lucie UNIT NO(S): 1&2 DATE RCVD: 4/19/05 ARB DATE:

PURPOSE OF ARB MEETING:

TYPE OF ARB	RECEIVED VIA	SOURCE	
<input checked="" type="checkbox"/> Initial ARB	<input checked="" type="checkbox"/> TELEPHONE	<input type="checkbox"/> LICENSEE EMPLOYEE	<input type="checkbox"/> NEWS MEDIA
<input type="checkbox"/> Follow-up ARB	<input type="checkbox"/> LETTER	<input checked="" type="checkbox"/> FORMER LICENSEE EMPLOYEE	<input type="checkbox"/> FEDERAL AGENCY
<input type="checkbox"/> Re-ARB	<input type="checkbox"/> EMAIL	<input type="checkbox"/> NRC STAFF	<input type="checkbox"/> STATE AGENCY
	<input type="checkbox"/> IN PERSON	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> LICENSEE ID
	<input type="checkbox"/> FAX	<input type="checkbox"/> FORMER CONTRACTOR	<input type="checkbox"/> SPECIAL INTEREST GROUP
		<input type="checkbox"/> ANONYMOUS	<input type="checkbox"/> PRIVATE CITIZEN

NUMBER OF CONCERNS: 2

CONCERN DESCRIPTION: *Concern 1:* Terminated due to raising safety concerns. Those concerns involve the CI identifying and reporting several issues to his supervisor (Sam Bass). 1) the spent fuel pool level appeared below that of the heat exchanger nozzle (CI believes this may be a Tech Spec violation); 2) lack of emergency egress out of the spent fuel pool building during fuel movement given that the vital door was known to be frequently inoperable and required plant security assistance to unlock; 3) audible alarm going-off in spent fuel pool building (possibly due to low water level in the pool); and, 4) lack of emergency lighting in the spent fuel pool building.

Concern 2: The above issues brought to management attention were not adequately resolved to the CI's satisfaction.

ALLEGATION CODE: ☒ ALLEGATION ☐ NON-ALLEGATION ☐ OSHA

REGULATORY REQUIREMENT AND POTENTIAL VIOLATION:

Concern 1 - Retaliatory and discriminatory actions against employees who raise safety concerns is a violation of regulatory requirements (e.g., 10 CFR 50.7).

Concern 2 - CI believes possible TS violation for low spent fuel pool water level and/or OSHA personnel safety requirements. Potential criteria XVI.

WHEN DID IT OCCUR?

During last Unit 2 refuel outage, around Jan. 30, 2005.

WHERE IS IT LOCATED?

St. Lucie Unit 2 Spent Fuel Building

WHO IS INVOLVED/WITNESSED?

St. Lucie Unit 2 Spent Fuel Building

HOW/WHY DID IT OCCUR?

Concern 1 - CI believes termination resulted from CR 05-3296 issue with CI leaving door in spent fuel building unsecured and the raising of above stated safety issues a few days earlier.

WHAT EVIDENCE CAN BE EXAMINED?

CI

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DISCIPLINE: Concern 1- Other; Concern 2 - Chilling, Operations

SAFETY SIGNIFICANCE AND BASIS FROM TECHNICAL REVIEW:

☐ NONE ☒ LOW ☐ MEDIUM ☐ HIGH ☐ N/A

[Provide basis of determined significance]

None of the technical issues are of very high safety significance. Spent fuel pool level is monitored daily and has alarms for low level. There is another door on the elevation below that where the door was sticking. Emergency lighting could be a safety issue if power were lost.

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RECOMMENDED ACTION FOR ALLEGATION

(PLEASE SEE ATTACHED SHEET FOR INFORMATION ON REFERRAL)

LICENSEE REFERRAL.	Concern 2	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
LICENSEE RESPONSE REQUESTED.		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

(PROVIDE RATIONALE FOR NO REFERRAL. FOR EXAMPLE, REFERRAL COULD FINGERPRINT THE ALLEGER AND ALLEGER IS CONCERNED ABOUT BEING IDENTIFIED TO THE LICENSEE OR THE ALLEGATION CAN BE PROMPTLY INSPECTED WITH MINIMAL EXPENDITURE OF RESOURCES.)

☐ REFERRAL TO ANOTHER NRC OFFICE (E.G. MATERIAL CONCERNS TO REGION 1, VENDOR, FEMA ISSUES TO NRR)

☐ INSPECTION FOLLOW-UP (Provide information on inspection schedule, responsible Branch, ECD)

☒ FOR OI CONSIDERATION. Concern 1

☐ TOO GENERAL. NEED MORE DETAILS.

(Provide specific recommendation. For example, OAC or Inspector contact allegor for details.)

☐ OUTSIDE NRC'S JURISDICTION

☐ OTHER - Specify and provide any other recommendations such as closure of concern in acknowledgment or status letter.

☐ GENERIC ISSUES (Technical issues affecting other facilities, referral to NRR)

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Mr/Ms/Mr: Kenneth Bowers	EMPLOYER: Bartlett-Nuclear
ADDRESS:	OCCUPATION: RP Technician
CITY/STATE: Ex 7C	WORK PHONE:
HOME PHONE:	CELL PHONE NO.: [Ex 7C]

<u>ALLEGER'S INTERVIEW</u>	
Was allegor informed of NRC IDENTITY PROTECTION POLICY?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
If H&I was alleged, was allegor informed of DOL rights.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Did the allegor express a concern directly to the licensee or state and if so, what is the status? Yes. Status - Unknown.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Given the circumstances of the allegation, would transmittal of the concern for licensee follow-up action <u>likely identify the allegor</u> as the (source of the information FINGERPRINTING)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Would the allegor <u>object</u> to the transmittal of the concern to the licensee for follow-up. Yes, would rather see NRC investigate rather than licensee because not confident licensee will do a good job and/or substantiate issue.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Does the allegor have a <u>concern about being identified</u> to the licensee? If so, Why?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Does the allegor <u>object to releasing their identity</u> in a referral to the licensee, if necessary to adequately follow-up on the concern? Not sure	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Was confidentiality requested?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
PREPARED BY: Steve Sanchez/ Joel Munday	DATE: 4/18/05