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John A. Scalice
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JUN 03 1996

U.S. Nuclear Regulatory Commission
ATTN: Document Control Desk
Washington, D.C. 20555

Gentlemen:

In the Matter of) Docket No. 50-390
Tennessee Valley Authority)

WATTS BAR NUCLEAR PLANT (WBN) - UNIT 1 - NRC INSPECTION REPORT NO. 50-390, 391/96-04 - REPLY TO NOTICE OF VIOLATION

The purpose of this letter is to provide a reply to Notice of Violation (NOV) 50-390/96-04-01. This NOV identified two examples of failures to follow procedures. TVA's reply to the two examples defined in the NOV is provided in the enclosure to this letter. Subsequent to the issuance of NOV 50-390/96-04-01, NRC identified four additional examples. These examples were identified to TVA during Inspection 50-390/96-06. TVA's response to these additional examples will be provided on or about June 28, 1996.

If you should have any questions, please contact P. L. Pace at (423) 365-1824.

Sincerely,

J. A. Scalice

Enclosure
cc: See page 2

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JUN 03 1996

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ENCLOSURE
WATTS BAR NUCLEAR PLANT UNIT 1
REPLY TO NOTICE OF VIOLATION (NOV)
NOV 50-390/96-04-01

NOTICE OF VIOLATION 50-390/96-04-01

"Technical Specification 5.7.1.1 requires that written procedures shall be established, implemented, and maintained for activities recommended in Appendix A of Regulatory Guide 1.33, Quality Assurance Program Requirements, Revision 2, February 1978. This includes procedures required for the safe operation and maintenance of nuclear power plants including component cooling water and atmosphere cleanup system procedures.

System Operating Instruction 70.01, Component Cooling Water, Revision 27, Step 5.2.11, states, "ENSURE 0-RM-90-123, 1-RM-90-123, and 2-RM-90-123 IN SERVICE per SOI 90.01" when aligning the component cooling system B heat exchanger for operation.

System Operating Instruction 90.01, Liquid Process Radiation Monitors, Revision 8, Step 5.3.3.8, directs placing radiation monitor block handswitch 2-HS-90-123A to the UNBLOCK position when component cooling system liquid process radiation monitor 2-RM-90-123 is aligned for service.

System Operating Instruction 65.02, Emergency Gas Treatment System, Revision 3, Section 5.1 Standby Readiness, Step 5.1.6, states, "PLACE either 1-HS-65-81/86 OR 1-HS-65-83/87 in A AUTO, and the other switch in A AUTO STANDBY: when aligning the system discharge flow dampers for standby operation.

Contrary to the above, the licensee failed to follow configuration control procedures in the following examples:"

EXAMPLE 1

"On March 21, 1996, component cooling heat exchanger B was aligned for operation but handswitch 2-HS-90-123A was in the BLOCK position, defeating the radiation monitor instrument malfunction alarm."

TVA RESPONSE - EXAMPLE 1

TVA agrees that this violation example occurred.

REASON FOR THE VIOLATION - EXAMPLE 1

This violation example resulted from procedural guidelines which were inadequate to ensure control of the handswitch configuration and a failure to implement established requirements for configuration control. Handswitch (HS) 2-HS-90-123A was placed in the block position to facilitate performance of Instrument Maintenance

REASON FOR THE VIOLATION - EXAMPLE 1 (continued)

Instruction (IMI) 90.032, "92 Day Channel Operational Test of the General Atomic Component Cooling System Liquid Effluent Radiation Monitors." Step 3 of Section 6.1, "Prework Instructions," of Revision 0 of IMI-90.032 requests the unit operator to place 2-HS-90-123A in the "block" position. The performance of this step was documented by placing a check in a box next to the step in the procedure. Signature by the operator that the change in configuration had occurred was not required. Step 7-A of Section 7.2, "Restoration," notifies the operator that the HS may be placed in the position required for current plant conditions. Again on this step, acknowledgment by the operator that the step had been performed was not procedurally required.

Site Standard Practice (SSP) 12.02, "System and Equipment Status Control," requires that any equipment changes performed as an element of a procedure or other work document must be returned to normal within the procedure or work document. As with IMI-90.032, when a procedure does not require documentation of a change in configuration by Operations, Appendix A, "Configuration Status Sheet," should be completed to document control of the configuration change. In addition, the completed Appendix A should be submitted to the owner of the deficient procedure to identify the need for the addition of controls for the configuration change. Due to an apparent oversight by operations personnel, the requirements of SSP-12.02 were not complied with during the implementation of IMI-90.032.

CORRECTIVE STEPS TAKEN TO AVOID FURTHER VIOLATIONS - EXAMPLE 1

Revision 1 of IMI-90.032 was approved on April 11, 1996, and included measures which require the unit operator to document the as-found configuration of the HS prior to the initiation of the channel operational test. Appendix F, "Restoration Checklist," was added to IMI-90.032 and is completed by the unit operator to document the configuration of the HS. Section 7.2 of the IMI was modified to require the unit operator to complete the as-left portion of Appendix F. As an added measure to ensure control of the configuration of the HS, Appendix F identifies the normal position of the HS. Should the as-found or the as-left position of the HS not be the normal position, the unit operator must notify the shift operations supervisor.

To address the lack of adherence to SSP-12.02, Standing Order number 96-010 was initiated by Operations on April 1, 1996. This order emphasizes the need to adhere to the requirements of SSP-12.02 and refers to the problem documented in this violation.

DATE WHEN FULL COMPLIANCE WILL BE ACHIEVED

With regards to Example 1, TVA is in full compliance.

EXAMPLE 2

"On March 26, 1996, both handswitch 1-HS-65-81/86 and handswitch 1-HS-65-83/87 were selected to A AUTO STANDBY, defeating the automatic start of a train of dampers on a Phase A containment isolation signal."

TVA RESPONSE - EXAMPLE 2

TVA agrees that this violation example occurred.

REASON FOR THE VIOLATION - EXAMPLE 2

This violation example occurred because of personnel error resulting from a failure to follow procedure in the Emergency Gas Treatment System (EGTS) restoration following the performance of Surveillance Instruction (SI) 0-SI-65-6-B on March 17, 1996. Further reviews of the SI package and the subsequent control board review did not detect this error.

SI 0-SI-65-6-B, "EGTS Train B 10 hour Operation," requires manual startup and shutdown of EGTS Train B using System Operating Instruction (SOI) 65-02. The SI initiator was not the same person who was responsible for its completion. When the 10-hour EGTS run was complete, the second unit operator performed SOI-65-02, Section 7.2, to shutdown EGTS Train B. The last step of this section directs the performer to Section 5.1 to align EGTS in the "Standby Readiness" lineup, if required. Although it was subsequently determined that the operator knew this lineup was required and some damper manipulations were performed using the main control room copy of the SOI, this section was not completely performed nor were the completed steps of this section formally documented. However, the operator signed a step in the SI package indicating that the system was aligned in standby and a similar step in the SOI package was marked not applicable. Had the operator completed SOI-65-02, Section 5.1, the switches would have been placed in the proper position.

Subsequent control board walkdowns by Operations focused on alarm status and open work items against equipment with no specific review aid for checking infrequently manipulated controls such as EGTS handswitches.

CORRECTIVE STEPS TAKEN AND RESULTS ACHIEVED - EXAMPLE 2

Upon notification that the EGTS damper handswitches were in the Auto-Standby position, the control room operator immediately repositioned one of the switches into the A-Auto position.

TVA has reviewed four other SIs performed by the individual on March 17, 1996, which revealed no additional problems. The standby alignment for Auxiliary Building Gas Treatment System, Control Building HVAC, Radiation Monitoring Block switches, Containment Spray System, and Diesel Generator System was verified with no mispositioned switches found. In addition, a review of previous performances of 0-SI-65-6-A and 0-SI-65-6-B did not reveal any performance problems.

CORRECTIVE STEPS TAKEN TO AVOID FURTHER VIOLATIONS - EXAMPLES 2

The unit operator was disciplined in accordance with TVA personnel policy. In addition, the individual was required to review the procedures involving procedure use and compliance, conduct of operations, verification, and the operation of the EGTS system prior to returning to onshift duty.

SSP-8.02, "Surveillance Program," was revised to clarify the inclusion of supporting documentation in SI package.

The onshift crews were briefed regarding this event with emphasis on the importance of following procedures and possible adverse consequences of not following procedures.

TVA has also issued instruction, 1-PI-OPS-1-MCR, "Plant Instruction Main Control Room," to provide board walkdowns which stresses alignment of infrequently manipulated critical equipment.

DATE WHEN FULL COMPLIANCE WILL BE ACHIEVED

With regards to Example 2, TVA is in full compliance.