

# **NRC Pre-decisional Enforcement Conference Inspection Number 070-00036/08-02(DNMS)**

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## **Hematite Decommissioning Project**

September 2, 2009

WESTINGHOUSE NON-PROPRIETARY CLASS 3

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# AGENDA

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INTRODUCTORY REMARKS

HEMATITE STATUS/ACTIVITIES (2006 TO PRESENT)

SCOPE OF INSPECTION

DISCUSSION OF EACH APPARENT VIOLATION

- ISSUE
- HDP PERSPECTIVE
- REASON FOR THE APPARENT VIOLATION
- HDP POSITION ON VIOLATION

LEVEL IV VIOLATION (24 HOUR REPORT)

CORRECTIVE ACTIONS TO PREVENT RECURRENCE

FINAL CONCLUSIONS/COMMITMENTS

# Hematite Status/Current Conditions

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## Decommissioning Work Already Completed

- Disposed of waste accumulated from Operations (pre-2001)
- Recoverable U removed and shipped to WEC Columbia plant
- Removed manufacturing and process equipment
- Some contaminated equipment remains in the Process Buildings

## Current Conditions

- Buildings are ready for demolition, after addressing current conditions/remaining contaminated items
- Remaining D&D projects are: removal of buried waste, contaminated soil areas and remediation of ponds
- Minimal occupational dose to the workers (<100 mrem/yr, monitoring not required)
- Continuing a 4 year safety record without a recordable injury
- No credible inadvertent criticality scenarios

# Hematite Activities (2006 To Present)

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## Activities

- Performed additional characterization for DP and work planning
- Performing routine sampling/surveys
- Routine maintenance
- Began Process Building inspection in 2008 for building demolition work plans
- Working on Regulatory approvals and work plans
- Facility Modifications (minimal radiological hazards)
- Building Characterization to respond to CAL
- Most complex radiological project - Investigated and repackaged Hematite waste containers returned form metal recycler

# Scope of Inspection

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## Inspection Objective

- HDP's performance related to decommissioning activities within the following functional areas:
  - Management Organization and Control
  - **Radiation Protection – APVs Noted**
  - Effluents and Environmental
  - Quality Assurance
  - Corrective Action Program
  - Emergency Preparedness
  - Review of Event Reports
  - Actions Taken per Confirmatory Action Letter 3-08-005

# Apparent Violation (APV)/Violation (VIO)

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## Apparent Violation (APV)

- APV1 - Information Complete and Accurate
- APV2 - Deactivating Criticality Alarms Without Exemption
- APV3 - Failed to Conduct Adequate Survey
- APV4 - Calibrated ISOCS System
- APV5 - Training Health Physics (HP) Techs

## Violation (VIO)

- VIO1 – Timely 24 hr Report

# APV1 - Information Complete and Accurate

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## ISSUE

- APV1 – 10 CFR 70.9 (a) “Information provided to the Commission by a licensee shall be complete and accurate in all material respects”
- HDP did not inform NRC of the remaining contaminated items in the Process Buildings, following removal of the process equipment, piping and associated U “holdup”

## HDP PERSPECTIVE

- Process Building scope was to removal process equipment and gross contamination, not all contaminated items. Surveys to be completed as needed prior to building demo.
- 3/2/06 NRC RAI (LAR for building demolition) - NRC requested the amount and location of SNM in the buildings to determine Nuclear Criticality Safety (NCS) concerns
- HDP responses of 0 inventory was correct
- HDP estimated 250 gm of residual contamination left on the remaining walls and floors, was in context of conditions at time of building demolition (HDP planned to remove additional equipment)

# APV1 - Information Complete and Accurate

## HDP PERSPECTIVE (Cont)

- NRC generated Safety Evaluation Report (SER) for Amendment 52 assumed < 250 gm U-235. SER lists some remaining equipment, but gram values are not recognized
- HDP recognizes the 250 gm figure for walls and surfaces was low
- HDP assumed NRC would take into account all previously provided information

## REASON FOR THE APPARENT VIOLATION

- The ACA concluded primary causes were inadequate Work Planning/Work Package Process and inadequate Surveys
  - Did not specifically identify all the equipment to be removed
  - Did not establish full scope to be removed or verify completion
  - Did not perform radiological surveys of the Process Buildings to identify remaining contamination
  - Based on the measurement method, the data provided was not appropriate to be used as the basis for the SER

# APV1 - Information Complete and Accurate

## REASON FOR THE APPARENT VIOLATION (Cont)

- Inadequate Licensing
  - Survey results used in response to RAI were not developed exclusively for surface gram estimates (assumption not validated)
  - Data used for the estimate were incomplete, did not include contribution from remaining equipment
- Ineffective communications
  - HDP response to RAI did not address the question
  - HDP response wasn't clear that it was based on a future state
  - NRC used HDP RAI response (for surfaces) as sole basis for amendment 52 SER

# APV1 - Information Complete and Accurate

## REASON FOR THE APPARENT VIOLATION (Cont)

- Conflicting regulatory requirements and understanding over SNM accounting, contamination and “handle, use, or store”:
  - SER is not reflected in the Hematite License (Possession limits of 1,250 kg U and “existing residual contamination”)
  - Hematite FNMCP explicitly states in reference to SNM within the process buildings “Any minor holdup remaining will be assigned a zero (inventory) value.”
  - Contamination (vs. inventory) was not considered to be “handled, used or stored”
  - Zero grams in inventory therefore correct and remains correct today

# APV2 - Deactivating Criticality Alarms w/o Exemption

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## ISSUE

- APV2 - “10 CFR 70.24 (a) licensee ... shall maintain **in each area** in which such licensed SNM is **handled, used or stored**, a monitoring system (criticality accident alarm system)
- HDP deactivated the Process Buildings criticality detectors (5 of 6 for the site) prior to Amendment 52

## HDP PERSPECTIVE

- HDP had removed all recoverable SNM and zeroed the inventory in the Process Buildings. Inventory was zero and what remained was contamination
- Hematite FNMCP explicitly states in reference to SNM within the process buildings “Any minor holdup remaining will be assigned a zero (inventory) value.”

# APV2 - Deactivating Criticality Alarms w/o Exemption

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## HDP PERSPECTIVE (Cont.)

- HDP did not believe criticality alarm was mandated in Process Buildings
  - Understood criticality monitoring requirements as: 700 gm SNM per **area**, being **handled, used or stored**
  - Contamination was not considered to be “handled, used or stored”
  - Believed this was consistent with NRC position (stated in 3/2/06 RAI)
- Criticality detector/alarm remained active in Bldg 230

# APV2 - Deactivating Criticality Alarms w/o Exemption

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## **REASON FOR THE APPARENT VIOLATION**

- The ACA concluded the primary cause was inadequate Work Planning/Work Package Process.
  - No documented technical basis
  - No work package for removal
- Conflicting regulatory requirements and understanding over SNM accounting, contamination and “handle, use, or store”
  - Inadequate Surveys
  - Inadequate Licensing
  - Inadequate Documentation
  - Lack of effective communications

# APV2 - Deactivating Criticality Alarms w/o Exemption

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## **HDP POSITION ON APPARENT VIOLATION**

- The site was in compliance with 70.24(a) by having an operable criticality accident alarm system
- The Process Building detectors were disabled because recoverable and “hold up” U had been removed and SNM was no longer being handled, used or stored in the area
- An exemption was specifically requested

# APV3 - Failed to Conduct Adequate Survey

## ISSUE

- APV3 – 10 CFR 20.150(a)2 ... make surveys that are reasonable under the circumstances to evaluate the concentrations or quantities of radioactive material
- “HDP failed to conduct surveys that adequately characterized the quantity of U-235 on (Process) building surfaces and in piping”

## HDP PERSPECTIVE

- All of the identified work scope surveys were conducted in accordance with the procedure

# APV3 - Failed to Conduct Adequate Survey

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## **REASON FOR THE APPARENT VIOLATION**

- Inadequate Work Planning/Work Package Process
  - Work scope did not define the requirements for confirming that equipment removal was complete
  - Procedures were inadequate to require comprehensive surveys and/or visual inspection of remaining equipment
- Inadequate Surveys/Documentation
  - Surveys did not adequately account for non-process piping
  - Surface contamination measurements did not accurately account for the total quantity of radioactivity
  - Data collected during this time was potentially flawed, this contributed to the results communicated to NRC (APV-1)

# APV4 - Calibrated ISOCS System

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## ISSUE

- APV4 – 10 CFR 20.1501(b)...ensure that instruments and equipment used for quantitative radiation measurements are calibrated for the radiation measured
- “The continued use of the ISOCS system during 2007 and 2008, **in spite of** failed channel source checks that indicated the instrumentation was not operating within the calibration parameters”

## HDP PERSPECTIVE

- APV4 relates to issues associated with HDP use of ISOCS for surveys over a 3 day period in Jan 2007, involving the return of Hematite waste/containers previously shipped to a metal recycler

# APV4 - Calibrated ISOCS System

## HDP PERSPECTIVE

- HDP **did not** continue to use instruments with known issues
- For 2007 and 2008, the ISOCS was operating properly for the HDP activities for which it was utilized
- HDP self-identified ISOCS issues associated with past practices or past data
  - As issues were identified, they were entered and resolved through the Corrective Action Program (CAPs). HDP opened 8 ISOCS related CAPs issues between 1/08 and 1/09
  - In 2009, HDP self-identified during review of data, gains shift on ISOCS measurements from 2007. The ISOCS was operating within established quality control parameters

# APV4 - Calibrated ISOCS System

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## REASON FOR THE APPARENT VIOLATION

- Inadequate procedures and technical training
  - Gain shift was not identified during measurements made at recycling facility (3-day period)
- Inadequate oversight and attention to detail

# APV5 - Training HP Techs

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## **ISSUE**

- APV5 – 10 CFR 20.1101(a) ... develop, document and implement a radiation protection program commensurate with the scope and extent of licensed activities and sufficient to ensure compliance with the provisions of this part
- Multiple issues identified with HP training qualification and documentation

## **HDP PERSPECTIVE**

- Records of Health Physics (HP) training and qualification were not readily retrievable or complete
- One HP tech, for whom NRC appears to question qualifications, had applicable experience in soil remediation and decommissioning at FUSRAP site

## **REASON FOR THE APPARENT VIOLATION**

- Lack of rigorous training program
- Failure to maintain proper records

# VIO1 – Timely 24 hr Report

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## ISSUE

- NOV1 – 10 CFR 70.50(b) – shall notify the NRC within 24 hours after the discovery of any event in which equipment was disabled when:
  - 1) the equipment was required by regulation to prevent exposures to radiation exceeding regulatory limits or to mitigate the consequences of an accident
  - 2) the equipment was required to be available and operate
  - 3) no redundant equipment was available
- Specifically, did not report within 24 hours of its discovery the presence of SNM in a quantity greater than 700 grams in the Process Building piping without the concurrent maintenance of a nuclear criticality accident monitoring system...

# 2008 Process Building Investigation

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- Aug Pre-Building Demo inspection and survey to baseline conditions and define work scope
- Sep Recovered ~ 12 fuel pellets and identified several elevated components
- Oct Identified elevated piping
- Early Nov Began surveying elevated piping (crit engineer not involved)
- Mid Nov Planned NRC Inspection began

**Intent was to survey areas/component to support work planning, not perform mass estimates**

# Timeline of Events

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- ~11/11 Individuals attempting to perform U-235 mass estimates, from survey data (grossly over-estimated)
- 11/14 NRC informed of estimates during routine conference call
- 11/15 Meeting with individuals and cognizant personnel determine not reportable
- 11/17 NRC Inspection begins
- 11/19 HDP makes 24 hour report (10 CFR Part 70 App A) for a condition resulting in the facility being in a state not analyzed, improperly analyzed or different from that analyzed. (Limit access to building until mass estimates are complete)
- 11/20 NRC concludes HDP in violation of 10 CFR 70.24a
- 11/21 HDP amends 24 hour report (10 CFR 70.50(b)(i)) to conditionally report (Stop Work)

# VIO1 – Timely 24 hr Report

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## HDP PERSPECTIVE

- HDP hadn't collected data for the cognizant individual to determine U mass estimates. However, the cognizant individual recognized immediately there was no credible safety or criticality concern
- HDP made the first 24 hr report to address NRC concerns and established a Licensing hold on performing building demolition until investigation was complete and issue resolved with NRC
- Not clear how to report
  - 10 CFR Part 70 Appendix A (b)(1) “improperly analyzed state” – does not apply to Hematite (decommissioning, No ISA)
- HDP's second 24 hr report based on NRC determination that criticality monitoring system was required. It was reported conditionally based on completing investigation
- HDP responsive to the NRC concerns

# VIO1 – Timely 24 hr Report

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## HDP BASIS FOR RESPONSE

- Fuel Cycle Safety and Safeguards (FCSS) Interim Staff Guidance-11, Rev 0, 10 CFR Part 70 App A Reportable Safety Events, supports additional time is allowable to evaluate the condition
  - “The time of discovery begins when a cognizant individual observes, identifies, or is notified of a safety significant event or condition
  - A cognizant individual is anyone who, by position or experience, is expected to understand that the particular condition or event adversely impacts safety
  - For some conditions...an investigation and evaluation is necessary that leads to the discovery of a potentially reportable situation
  - The evaluation should proceed on a time scale commensurate with the safety significance of the issue”

# VIO1 – Timely 24 hr Report

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## HDP BASIS FOR RESPONSE

- Hematite was exempted from 10 CFR 70.24 (NRC License Amendment 52, dated 6/30/06)
- In light of unclear reporting requirements, HDP utilized this mechanism to report after consulting with NRC inspectors
  - 10 CFR Part 70 Appendix A (b)(1) “improperly analyzed state” does not apply to Hematite (decommissioning, No ISA)
- Cognizant individual **immediately** knew:
  - The data used to quantify U-235 was incomplete
  - The procedure being used to convert from dose rate to quantity mass was not valid for this particular application
  - Conservatively estimated quantities of U-235 did not present the potential for an accidental nuclear criticality
  - Substantial margin existed between the previous gm estimate (250) and the 700 gram threshold limit for SNM being stored, handled or used

# VIO1 – Timely 24 hr Report

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## HDP ACTIONS

- Characterization activities were stopped (11/20/08) and restarted (7/16/09) after authorized by NRC
- HDP keenly aware of the need for maintaining effective relationships with regulatory representatives and is committed to complying with all requirements and to keeping NRC representatives informed in a timely manner of any issues at the site
- On February 26, 2009, a training session on the Regulatory Reporting procedure and the reporting requirements was conducted for HDP personnel
- March 02, 2009, HDP implemented procedure HDP-PR-LI-001, Regulatory Reporting. This procedure clearly defines the regulatory reporting requirements

# VIO1 – Timely 24 hr Report

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## HDP POSITION ON VIOLATION

- Hematite has an exemption from 10 CFR 70.24(a) (Amendment 52)
- HDP interpretation of requirements for criticality monitoring is 700 gm per area, handle use or store
- FCSS Interim Staff Guidance-11, Revision 0, 10 CFR Part 70 Appendix A – Reportable Safety Events, supports the HDP position that additional time is allowable to evaluate the condition.
- The likelihood of accidental nuclear criticality was not credible. This has since been independently concurred with by NRC.
- The Level IV violation is inconsistent with NRC guidance on evaluating reporting criteria, but HDP will not dispute.

# Corrective Actions To Prevent Recurrence

## Immediate Process Building Actions

- Performed ACAs
- Process Building characterization work must be completed to provide basis for remaining equipment removal and building demolition activities
- Thorough and targeted surveys as part of ongoing characterization effort to determine remaining residual U-235 contamination
- Results from surveys to determine U-235 remaining that will be reviewable by NRC technical experts
- Characterization effort ongoing with expected submittal to NRC October 2009

# Corrective Actions To Prevent Recurrence

## Work Planning/ Work Package Process

- Established an updated Work Control Process and Procedures
- Established a Work Package Review Committee with licensing representative to ensure compliance with regulatory and program requirements
- Thorough Work Packages developed for field work
- Technical bases are peer-reviewed for adequacy of content and accuracy
- Initiated training on use of Human Performance Tools by site personnel for Knowledge Workers (August 09)
- Improved Safety and Regulatory reviews

# Corrective Actions To Prevent Recurrence

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## Inadequate Survey

- Radiological Protection staffing has increased to include:
  - RSO
  - HP Supervisor
  - 2 Rad Engineers
  - 8 Health Physics Techs
- HP procedures have been revised/upgraded to correct technical deficiencies and provide clear direction
- Addition of Rad Engineers and HP supervisor allows improved monitoring of HPTs and data generated
- Rad Engineers focused on correcting programmatic deficiencies, validating data, training HPTs, addressing technical issues

# Corrective Actions To Prevent Recurrence

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## Licensing

- Increased Licensing Department Involvement and enhance communications
  - Added Licensing Manager with Extensive Fuel Cycle Licensing Experience
  - Added Licensing lead engineer at HDP with D&D, Hematite and Fuel Cycle experience
  - Single point of contact/communications with NRC
- Strengthening Human Performance Tools by site personnel with focus on knowledge workers
  - Validating Assumptions
  - Problem Solving
  - Decision Making
- Improved ability to recognize regulatory issues
- Revised License Application reflecting current programs and processes (remove old operational activities) submitted 5/22/09 to NRC for approval

# Corrective Actions To Prevent Recurrence

## Oversight

- Restructured the project organization with permanent on-site personnel to address evolving issues
- RSO Management Responsibilities have been reassigned:
  - Allows RSO and Radiation Protection personnel to be more focused on primary responsibilities
  - Criticality Safety responsibilities moved to Licensing Department under a qualified Nuclear Criticality Safety Manager
  - MC&A responsibilities moved to Licensing Department under a manager with extensive MC&A experience
- Add Engineering/Project Management to organization
- QA routine monthly audits and routine surveillance

# Corrective Actions To Prevent Recurrence

## Enhanced Safety Culture

- Train and reinforce use of Human Performance Tools by site personnel:
  - Personal Safety Assessment (2-Min Rule)
  - Self Check
  - Peer Check
  - Pre-job Brief
  - Questioning Attitude
  - Time Out
  - Procedure Use and Adherence
- Continuous improvement at HDP in reporting and use of the CAPs

# Corrective Actions To Prevent Recurrence

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## APV4 – Calibrated ISOCS System

- Training and program review of ISOCS was conducted by industry subject matter expert in February 2008
- Implemented ISOCS manufacturer's suggested improvements to program
- ISOCS was re-characterized by manufacturer to improve resolution and stability
- Performed quality control measurements to re-define performance
- Revised procedure to clarify acceptability of quality measurements
- Procured radioactive standards for validation measurements
- Revising Technical Basis Document to include the validation information
- Evaluated previous QA measurements and concluded ISOCS was operating within expected parameters

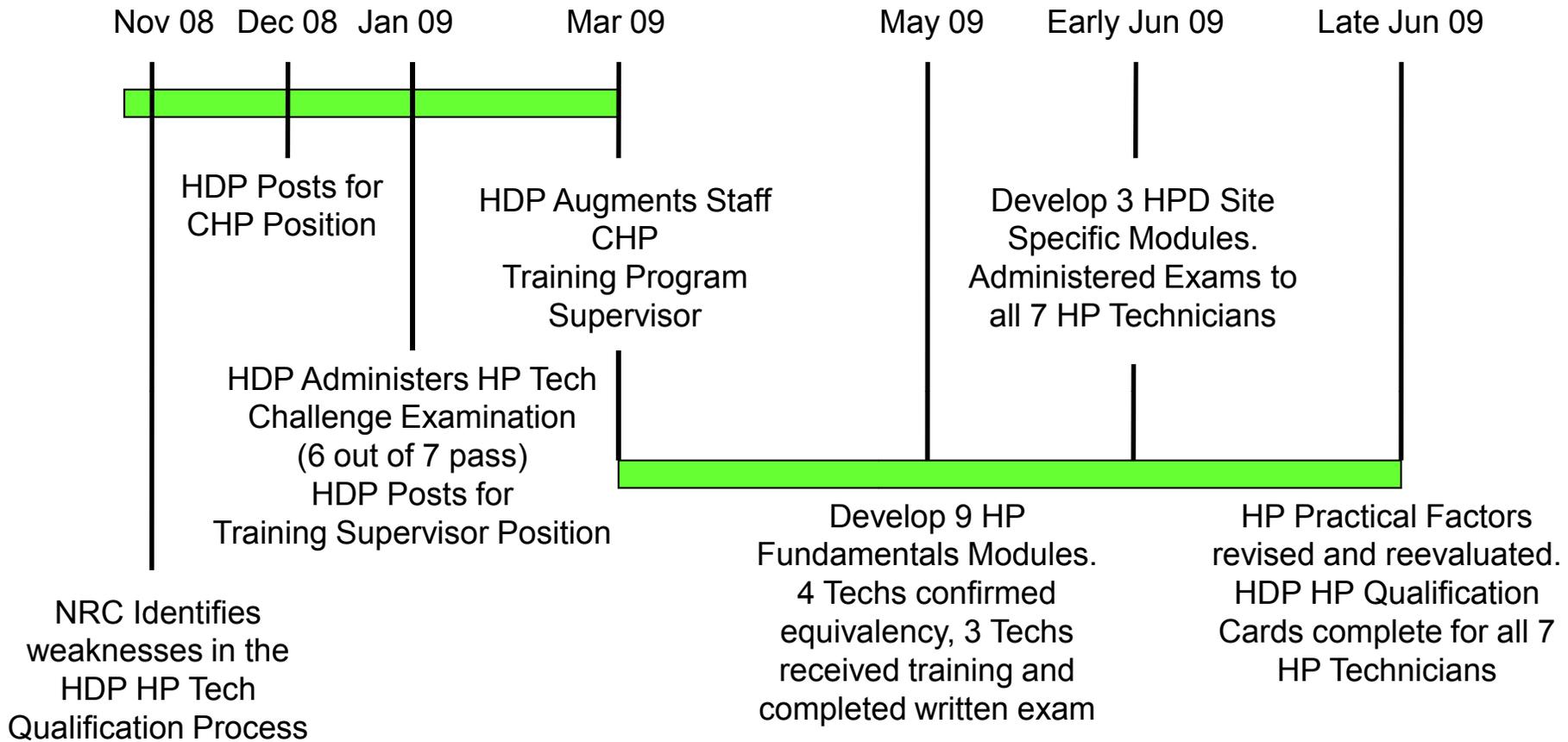
# Corrective Actions To Prevent Recurrence

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## APV5 - Training HP Techs

- Hired experienced full time training manager
- Added Training Specialist qualified in Human Performance Training
- Modified training program to include SMEs in development and delivery of training and more extensive practical factors
- Modified Training Tracking Program
- Reviewed/verified existing training records
- Updated RP procedures

# Corrective Actions To Prevent Recurrence



## HDP HP Staffing & Technician Training Program

# Corrective Actions To Prevent Recurrence

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## APV5 - Training HP Techs

- All HPTs currently in compliance with license, policy and procedural training requirements
- HPT training and qualification records complete and retrievable
- Quality of training improved with use of SMEs in development and delivery of training
- Improved procedures provide better direction

# Identified APVs Are Related

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- Inappropriate use of surveys contributed to inaccurate information being provided to NRC which ultimately led to SER for exemption from criticality alarm system.
- Inadequate on-site support management in key functional areas
- Inadequate procedures and a lack of oversight led to incomplete HPT training and errors when using ISOCS

# Common Causes Analysis

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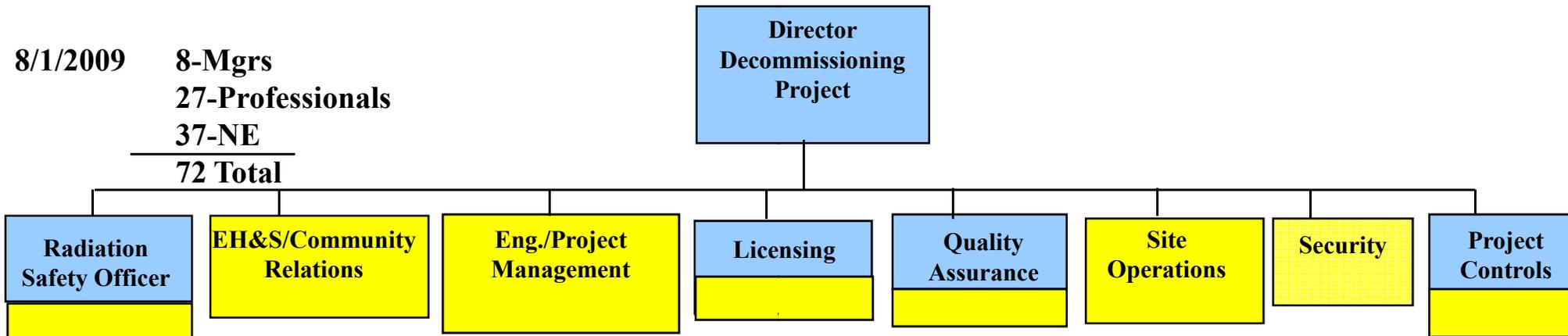
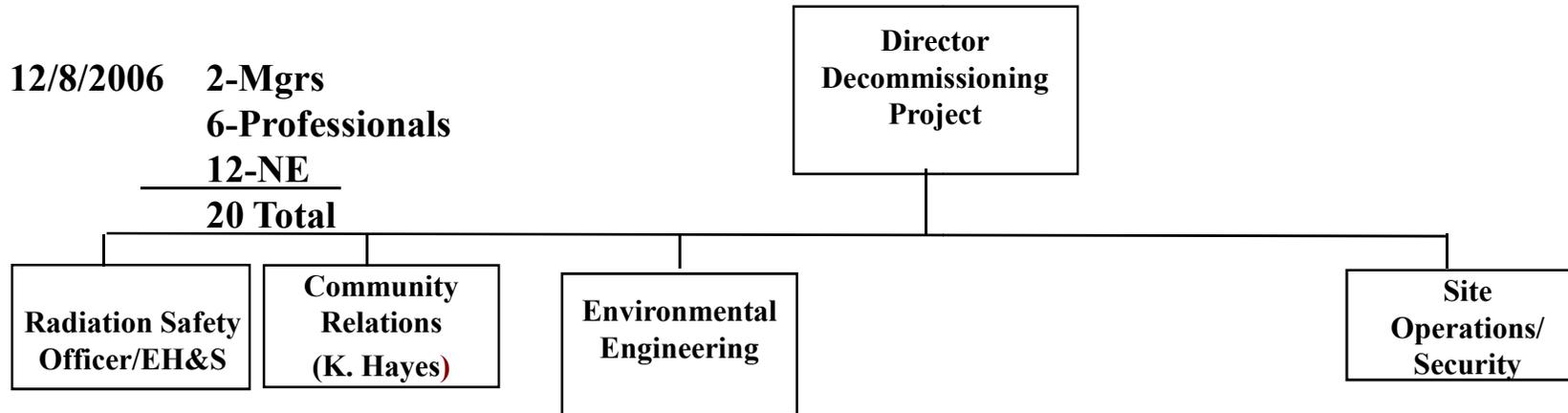
- Common Causes were identified as being related to multiple APVs in our Causal Analysis
  - Staffing deficiencies led to Inadequate Supervision, Oversight and Control of some HDP activities
  - Procedural /Work Package deficiencies
  - Lack of use of Human Performance Tools
- HDP believes that these common issues have been addressed along with other identified contributors

# Corrective Actions

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- Staffing deficiencies have been addressed as previously discussed resulting in improved management oversight and control
- HDP recognizes that Procedure Use and Adherence is a key element of our safety culture, and is constantly working to reinforce and enhance this critical behavior.
- Human Performance training has been strengthened and will continue.
- HDP personnel will continue to use our Corrective Action Process to identify issues and to track them to completion
- HDP QA program is now effective in oversight role
- Procedure Improvements in progress based on scheduled activities.  
Current activities - complete, Decommissioning activities - TBD

# HEMATITE DECOMMISSIONING PROJECT



**Blue = Westinghouse**

**Yellow = Change**

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# HDP CAPs Health Metrics

CATEGORY	"GREEN" TARGET	JUNE 2008	TFY08 FINAL	July 2009
Overall CAP Health	2.00/2.5	1.57/5R RED	2.14/2R YELLOW	2.71/1R GREEN
% Self Identified	90%	100% GREEN	90.8% GREEN	100% GREEN
% Issue Reports Screened in less than 7 days	90%	78% RED	87.5% YELLOW	100% GREEN
% RCAs Completed less than 75 days	50%	0% RED	0% RED	0% RED
% ACAs Completed in 30 Day Goal	60%	0% RED	33.3% RED	100% GREEN
% Open Commitments with <2 Due Date Extensions	90%	84.9% RED	87.2% YELLOW	96.8% GREEN
% Commitments On Time	93%	82.6% RED	95.5% GREEN	96.9% GREEN

# Assessing Significance

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- NRC Enforcement Policy lists criteria for assessing the significance of each violation
  - Actual Safety Consequences
  - Potential Safety Consequences
  - Potential for impacting the NRC's Regulatory Process
  - Willfulness

# Safety Consequences

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- Actual Safety Consequences

- There were no actual safety consequences as a result of any of the Apparent Violations to the public, workers or the environment.
- No radioactive material was released
- No Decommissioning Work Activities in progress, HDP preparation work discovered the primary issue (Characterization/Maintenance)

- Potential Safety Consequences

- There was no potential for significant exposures to the public or any workers
- There was minimal potential for release to the environment

# Impacting the Regulatory Process

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- With regard to APV1 and APV3 - HDP conducted inadequate surveys or used inappropriate survey results when HDP informed NRC there was less than 250 grams of U-235 in the Process Buildings, which was not complete and accurate information
  - The possibility of greater than 250 grams was self identified
  - HDP discussed with NRC that the 2008 surveys identified the potential for greater than 250 gm in the Process Building, even before completion of data confirmation or validation of the information
  - NRC has been kept completely informed of prior, ongoing and subsequent actions taken
- Complete and accurate information has now been provided within the constraints currently in place at the facility

# Impacting the Regulatory Process

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- With regard to APV4 – Calibrated ISOCS System
  - Gain shift occurred early 2007. Issue was self identified and corrected
  - Past technical deficiencies associated with the ISOCS have been identified, entered into the HDP corrective action process, and tracked to completion
  - No equipment or material has been released off site based on questionable ISOCS measurements
  - NRC has been kept completely informed of identified ISOCS issues and subsequent actions during NRC reviews of HDP corrective action entries
  - HDP continues to obtain the most accurate information using the most modern instrumentation and technologies

# Impacting the Regulatory Process

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- With regard to APV2 – Deactivating Criticality Alarms Without Exemption
  - Accidental Nuclear Criticality is not credible at HDP so the actual and potential safety significance is minimal
  - Impact of the removal is minimal as removal was authorized in the amendment which was pending
  - An active CAAS remained in service in Bldg 230 which contained SNM (i.e., area where SNM was being handled, used or stored)

# Impacting the Regulatory Process

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- With regard to APV5 – Training Health Physics Technicians
  - There is no evidence that inadequate training led to any significant exposures to employees or the public or that any material was released improperly from the site
  - Exposure rates are such that no monitoring program is currently required (TLDs) for HDP
  - Qualification process for health physics technicians now clearly documents adequate qualifications

# Willfulness

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- There was no indication of willfulness associated with any of these Apparent Violations upon the part of Westinghouse or it's contractors at the HDP

# NRC Enforcement Process

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- The Facts do not support an Escalated Process for these violations
- NRC Enforcement Policy provides Severity Level 3 examples. They are associated with excessive doses, releases to the environment, significant security violations, and conduct of licensed activities by an unqualified person
- NRC Enforcement Policy provides Severity Level 4 examples. They are associated with exposures to individuals or members of the public or releases to the environment in excess of regulatory requirements, isolated security violations, and “Any other matter that has more than a minor safety, health, or environmental significance”

# Corrective Actions

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- HDP has taken appropriate corrective action for self identified issues and took prompt corrective action for those issues identified by NRC
- Corrective actions associated with APV's have been completed or are scheduled for completion
  - Oct 2009 - Completing Process Building characterization and report submittal
  - Nov 2009 – Revising ISOCS technical basis to include testing and validation
  - Jan 2010 – Complete Human Performance Fundamentals Training

# Conclusions

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- The cause of these issues was determined by HDP through CAPS
- There was no willful act on the part of any employee
- There were no actual safety consequences (no exposures)
- The potential safety consequences were low
- Credit for Corrective Actions Is Appropriate

# Conclusions

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- HDP is submitting a letter to clarify information presented in the Inspection Report
- HDP believes that APV1, APV3 and APV4 were self identified, had very minor or no safety significance, have been corrected and therefore represent Level IV non cited violations
- HDP believes that APV2 and APV5 had very minor or no safety significance, have been corrected and therefore represent Level IV violations
- HDP believes the Level IV violation is inconsistent with NRC guidance on evaluating reporting criteria, but HDP will not dispute