U.S. NUCLEAR REGULATORY COMMISSION

REGION III

Report No. 50-331/92008(DRSS)

Docket No. 50-331 License No. DPR-49

Licensee: Iowa Electric Light and Power Company
IE Towers, P.O. Box 351
Cedar Rapids, IA 52406

Facility Name: Duane Arnold Energy Center

Inspection At: Duane Arnold Energy Center site, Palo, IA
Corporate Office, Cedar Rapids, IA

Inspection Conducted: April 13-17, 1992

Inspector: J. McCormick-Barger for T. Ploski 7/2/92
Date

Approved By: J. W. McCormick-Barger, Chief 7/2/92
Emergency Preparedness and Date
Non-Power Reactor Section

Inspection Summary

Inspection on April 14-17, 1992 (Report No. 50-331/92008(DRSS))
Areas Inspected: Routine, announced inspection of the Duane Arnold Energy Center's Emergency Preparedness (EP) program, including the following areas: licensee actions on previously identified items (IP 82301); review of actual emergency plan activations (IP 82701); and operational status of the emergency preparedness program (IP 82701). The inspection involved one inspector.
Results: No violations, deficiencies or deviations were identified.

Management support for the EP program remained excellent. At least two full scale drills, based on different scenarios, have been conducted prior to each year's NRC-evaluated exercise. Interfaces with State and local support organizations remained very good. The Emergency Response Organization's (ERO's) overall staffing levels remained good. The emergency response facilities remained very well maintained, with several refinements either completed or in progress. The 1991 audit of the program was very good, particularly with respect to the evaluation of the interfaces with offsite support organizations. Corrective

actions on both concerns identified during the 1991 exercise were well underway.

All four Unusual Events declared since October 1990 were correctly classified. Initial notifications to State, county and NRC officials were well done.

The licensee identified a concern during its evaluation of NRC information Notice 91-77. The member of the control room staff who would normally accomplish initial notifications to offsite officials was also the onshift fire brigade leader. The licensee was evaluating its options for assuring that offsite notifications would not be delayed in the event of an onsite fire.

The inspector identified one concern involving incorrect information in three emergency plan implementing procedures. Portions of these procedures did not accurately reflect the requirements of 10 CFR 50.72 (a)(3) and (c)(3) and did not accurately describe the interfaces of NRC's onscene incident responders with the licensee's ERO.

DETAILS

1. Persons Contacted

J. Franz, Vice President-Nuclear
D. Wilson, Plant Superintendent
R. Salmon, Manager, Nuclear Licensing
H. Flasch, Manager, Engineering
K. Peveler, Manager, Quality Assurance
P. Serra, Manager, Emergency Planning
P. Bessette, Regulatory Commitments Supervisor
R. Becker, Emergency Planning Instructor
J. Ford, Emergency Planning Instructor
K. Brickell, Emergency Planner
K. Eyler, Emergency Planner
P. Tillman, Emergency Planner
D. Robinson, Licensing Specialist
S. Russell, Quality Assurance Specialist
J. Gushue, Quality Assurance Specialist

The above listed individuals attended the NRC exit interview on April 17, 1992.

The inspector also contacted other licensee personnel during the inspection.

2. Licensee Action on Previously Identified Items (IP 82301)

(Open) Open Item No. 50-331/91010-01: During the 1991 annual exercise, decisionmakers in the Technical Support Center (TSC) did not authorize the formation of inplant repair teams within the Operational Support Center (OSC) in a timely manner, despite the high priorities assigned by the decisionmakers to these repair missions.

The licensee re-evaluated the responsibilities assigned to those positions in the TSC and OSC organizations which become involved in the authorization, formation, briefing and tracking of inplant teams dispatched from the OSC. The licensee also re-evaluated the internal layout of the OSC.

Planned changes to the licensee's program included: assignment of maintenance supervisory personnel, rather than Health Physics (HP) supervisory personnel, to the OSC Supervisor position; simplification of the process within the TSC for authorizing the formation and dispatch of an inplant team; relocation of three types of maintenance supervisors from the TSC to the OSC to facilitate briefings of and subsequent communications with inplant teams; consolidating the maintenance and radiation protection briefings within the OSC; co-locating the OSC Supervisor and

HP Supervisor within the OSC; and increasing the number of dedicated communications lines between the OSC and the TSC.

The licensee drafted the procedure revisions associated with these changes and planned to test their effectiveness during a full scale drill scheduled during June 1992. This item will remain open pending successful demonstration of the capabilities to authorize, form, brief and dispatch inplant teams in a timely manner.

(Open) Open Item No. 50-331/91010-02: During the 1991 annual exercise, Emergency Operations Facility (EOF) staff failed to complete several notification message forms to State, county and NRC officials in accordance with procedural guidance.

A procedure revision was in progress to clarify the role of the Emergency Response and Recovery Director with respect to that position's involvement in the prior approval of information transmitted to State, county and Federal response organizations. Proper completion of various types of message forms has been emphasized in training activities.

This item will remain open pending successful demonstration of the capabilities to properly complete and review message forms prior to their transmittal.

3. Actual Emergency Plan Activations (IP 82701)

Licensee and NRC records of actual emergency plan activations since November 1990 were reviewed. Four Unusual Events were correctly classified during this time period in accordance with the plant's Emergency Action Levels (EALs). Initial notifications of State and county officials were completed in an adequately detailed and timely manner after each emergency declaration. Comparisons of licensee and NRC records indicated that NRC duty officers were accurately informed of each situation within the regulatory time limit.

Three of the four Unusual Event declarations were due to conditions requiring a reactor shutdown in accordance with the plant's Technical Specifications. Current regulatory guidance indicated that an Unusual Event declaration was not necessary until reactor shutdown actually began. However, the licensee's procedures required that an Unusual Event declaration be made when such conditions were initially identified, even though the plant's Technical Specifications allowed continued reactor operation without power reduction for a specific number of hours and, in one of the three cases, seven days. Thus, three of the four Unusual Event declarations were needlessly premature with respect to current regulatory guidance.

In order to comply with current regulatory guidance, the licensee proposed that the relevant EAL be reworded so that the declaration would not be made until a reactor shutdown had begun. Meeting records and discussions with cognizant licensee staff indicated that this proposed EAL revision was discussed with appropriate State and county officials in February 1992 and that no objection to this proposed change has since been raised.

The licensee planned to include this and other refinements to the plant's EALs as a proposed revision to the Emergency Plan, which was planned for submittal within 30 days after this inspection.

No violations or deviations were identified.

4. Operational Status of the Emergency Preparedness Program (IP 82701)

a. Emergency Plan and Implementing Procedures

A review of selected procedures was conducted. Guidance to onshift personnel regarding their actions following an emergency declaration was contained in Emergency Plan Implementing Procedure (EPIP) 2.5, "Control Room Emergency Response Operation". The "A" Operations Shift Supervisor (A OSS) was responsible for event classification as the initial Emergency Coordinator. The Shift Technical Advisor and an Operations Supervisor would report to the Control Room (CR) following any emergency declaration. The Operations Supervisor would become the CR Coordinator and would advise the A OSS and assure that communications would be established with the NRC and the Technical Support Center (TSC), which would be activated following the declaration of an Alert or higher emergency classification. Onshift security personnel would activate the licensee's Emergency Response Organization (ERO) in accordance with the A OSS's instructions.

Records indicated that the licensee reviewed NRC Information Notice 91-77, "Shift Staffing at Nuclear Power Plants". The licensee identified the following potential problem regarding the timely completion of offsite notifications and was evaluating its options.

The B OSS would assist the A OSS by assuring that the EPIPs were properly carried out. The B OSS was also expected to complete the initial notifications of State, county and NRC officials following any emergency

declaration until relieved. However, the B OSS was also the leader of the onshift fire brigade. The licensee recognized the possibility that initial notifications to offsite officials may be delayed if the B OSS left the CR to lead the fire brigade, while the A OSS and other CR personnel focused on maintaining the plant in a safe and stable condition.

In the event of a fire within the plant's Protected Area, Abnormal Operating Procedure (AOP) 913, "Fire", would be implemented. AOP 913 contained an accurate list of relevant EALs and the telephone numbers for local fire fighting organizations. AOP 913 also included appropriate guidance regarding the following: informing plant security if local fire department personnel were responding to the plant site; dispatching a Health Physics technician to meet fire department personnel and provide them with radiation survey support; ensuring that fire department personnel were issued personal dosimetry at the Protected Area access point; and ensuring that fire department personnel were escorted while onsite.

In the event that an onsite fire or another hazard would threaten CR habitability, Emergency Operating Procedure (EOP) 6, "Shutdown Outside the Control Room", would be implemented. EOP 6 contained a current listing of relevant EALs and described the evacuation route to Remote Shutdown Panel 1C388. EOP 6 indicated that AOP 913 would also be implemented in the event of a fire affecting CR habitability.

The following 1991 revisions to implementing procedures contained inaccurate information regarding the interfaces between the licensee's emergency response organization (ERO) and the NRC's incident response organization: EPIP 2.2, "Activation and Operation of the TSC"; EPIP 2.5, "CR Emergency Response"; and Corporate Plan Implementing Procedure (CPIP) 1.3, "Activation and Operation of the EOF".

Step 4.2.7 of EPIP 2.2 contained inaccurate information regarding which NRC Site Team personnel would report to the TSC. Steps 6 and 7 to Attachment 13 provided incorrect guidance to the licensee's ENS Communicator on how to establish communications with remotely located NRC incident responders and incorrectly indicated that an onsite NRC representative could relieve the licensee's communicator of the responsibility of maintaining communications with other NRC personnel. Attachment 19 provided inadequate guidance to the licensee's Health Physics Network (HPN)

Communicator on how to establish communications with NRC incident responders, and no guidance on the possible types of information that this communicator would be expected to provide to the NRC.

Step 4.3.7 of EPIP 2.5 incorrectly indicated that the NRC resident inspector, rather than the licensee, was primarily responsible for ensuring that remotely located NRC personnel were kept fully informed of the licensee's responses to an emergency situation. Step 4.4.5 incorrectly implied that continuous communications with the NRC Operations Center were only required if the situation was an Alert or a higher emergency classification. Step 4.4.5 also incorrectly stated that the NRC resident inspector in the CR, rather than the licensee, would normally provide other NRC officials with specific information regarding plant conditions. Steps 6 and 7 to Attachment 3 contained incorrect guidance to the licensee's ENS Communicator regarding how to establish communications with remotely located NRC personnel and indicated that an onsite NRC representative would eventually relieve this communicator of the responsibility for transmitting information to those NRC personnel.

Step 4.2.6 of CPIP 1.3 incompletely identified key members of an NRC Site Team who would report to the EOF. Step 4.2.7 incorrectly stated that NRC Site Team representatives assigned to the EOF would be briefed within the TSC on plant status and onsite corrective actions before proceeding to the EOF. Attachment 7 provided inaccurate guidance to the licensee's HPN Communicator on how to establish communications with the NRC. Attachment 8 incorrectly indicated that the ENS Communicator was only required to periodically communicate with the NRC, rather than being required to maintain continuous communications upon NRC's request.

The need to revise EPIP 2.2, EPIP 2.5 and CPIP 1.3, in order to eliminate incorrect information and to accurately reflect the notification requirements of 10 CFR 50.72(a)(3) and (c)(3) as well as the NRC's Incident Response Plan, will be tracked as Open Item No. 50-331/92008-01.

Onsite assembly areas were accurately described in EPIP 1.3, "Plant and Site Evacuation", with the exception that Attachment 1 did not accurately depict the revised location of the Operational Support Center (OSC). The current location of the OSC should be indicated in the next revision to this EPIP.

EPIP 1.3 indicated that personnel within the Protected Area or the Owner Controlled Area would assemble within predesignated locations following any Alert or higher emergency declaration, or for other conditions (such as severe weather) per the discretion of the A OSS. EPIP 1.3 included provisions for security force personnel to tour the Owner Controlled Area and the Protected Area to better ensure that all personnel had properly reported to their assembly areas. The procedure also indicated that, unless environmental conditions prohibited, nonessential personnel within the Owner Controlled and Protected Areas would be evacuated to the Offsite Reassembly Area (ORAA) in Palo, Iowa, if a Site Area Emergency or a General Emergency would be declared.

No violations or deviations were identified; however one Open Item was identified.

b. Emergency Facilities, Equipment, Instrumentation and Supplies

The inspector toured the Control Room (CR) and the room housing the reactor's Remote Shutdown Panel 1C388. The following Emergency Response Facilities (ERFs) were also toured: Technical Support Center (TSC); Operational Support Center (OSC); Emergency Operations Facility (EOF); Offsite Reassembly Area (ORAA), located in Palo, Iowa; and the Offsite Radiological Laboratory (ORAL) and Offsite Decontamination Facility (ODEF), both located in Cedar Rapids, Iowa.

Current copies of the licensee's Emergency Plan and EPIPs, as well as offsite emergency plans and the licensee's Emergency Telephone Book (ETB), were readily available in the CR. Documents and equipment required to be maintained in the Remote Shutdown Panel IC388 area were specified in Operating Procedure 024. The inspector verified that procedurally required, current copies of the EPIPs, the ETB, AOP-913, EOP-6 and other documents were readily available, as were two telephones.

The onsite and offsite ERFs were as described in the Emergency Plan and relevant EPIPs. All were in a very good state of operational readiness. Records review indicated that all periodic equipment inventories and communications tests associated with these facilities were conducted during 1991 and early 1992, in accordance with EPIP and CPIP requirements. Records also indicated timely correction of problems identified during the performance of these periodic activities.

Radiation survey instruments stored in the ORAA, ORAL and the ODEF had current calibration dates. Several of these instruments were further checked and were found to be operable. No emergency supplies shortages were apparent in these three facilities during the tour.

Records indicated that all procedurally required, periodic inventories of emergency supplies maintained in onsite and offsite locations other than the ERFs had also been performed since 1990. Any identified discrepancies had been corrected in a timely manner.

The TSC was equipped with an emergency ventilation system for removal of radioiodines and particulates, three area radiation monitors (ARMs) and an emergency diesel generator. Records indicated that periodic filtering efficiency tests on the ventilation system's particulate and radioiodine filters had been successfully conducted in early 1992. Annual calibrations of the three ARMs were completed in October 1991. A spot check of records also indicated that electrical and mechanical maintenance technicians performed periodic inspections and tests of the TSC's emergency diesel generator per procedures.

The licensee referred to the NRC's Emergency Response Data System (ERDS) as the Emergency Data System (EDS). Final acceptance testing of the EDS was scheduled for mid-May 1992. EDS computer terminals were installed and operable in the TSC and the EOF.

A spot check of records associated with the onsite meteorological monitoring system was performed. Semi-annual calibrations were performed in April and October 1991, while weekly visits to the tower site were performed per procedures. Records indicated that various non-scheduled maintenance activities had taken place on an "as needed" basis.

The licensee's Meteorological Information and Dose Assessment System (MIDAS) had the capability to automatically perform quality control tests on time-averaged meteorological data as they were stored. A January 1992 internal memorandum indicated that, during 1991, at least 95 percent of the hourly values for each meteorological parameter measured onsite had passed the MIDAS's data quality control tests. These data recovery rates compared favorably with the guidance of Regulatory Guide 1.23 (1972) that the annual recovery rates for meteorological data used in offsite dose calculations be at least 90 percent.

One aspect of the ongoing project to finalize the border of the plume pathway Emergency Planning Zone (EPZ) was the expansion of its Public Alert and Notification System (PANS), which currently included about 118 sirens. Finalization of the EPZ's border involved the replacement of several sirens with sirens having greater output and the installation of about 26 additional sirens in order to comply with current Federal guidance.

The licensee indicated that draft information regarding the revised PANS had been submitted to the Federal Emergency Management Agency (FEMA), which was responsible for the review and approval of the revised PANS. The licensee anticipated that its contractor's final design study would be ready for internal review within several months. Installation of additional sirens and any movement of existing sirens was planned to occur following FEMA's approval of the revised PANS.

Although not required to do so, the licensee planned to install telemetry equipment on each siren as a means of better assuring its operability between periodic tests.

While the goal was to have the revised PANS fully operable by the December 1992 exercise, installation of the telemetry equipment was planned for completion by mid-1993.

The licensee's records indicated that the PANS sirens' operability, based on periodic testing during 1991, was about 96.5 percent, which exceeded the 90 percent criterion in the Federal guidance. The sirens' operability thus far in 1992 was about 97 percent.

No violations or deviations were identified.

c. Organization and Management Control

The overall size of the emergency planning group was unchanged since the June 1990 inspection, although some changes to the group's membership had occurred. The Emergency Planning (EP) Manager reported directly to the Vice President-Nuclear. A staff of five emergency planners, each having well-defined responsibilities for aspects of the licensee's program and those of State or local response organizations, reported to the EP Manager through an EP Supervisor. The current supervisor was appointed in January 1992. Four EP instructors functionally reported to the EP Manager, although they administratively reported to the Training Department's Manager.

The onsite Emergency Response Organization's (ERO's) staffing levels remained very good, with three individuals typically qualified for each supervisory level position; however, four or five persons were qualified for each key supervisory position. Staffing levels for communicator and technician positions were also good. Staffing levels in the corporate (EOF and Emergency News Center) emergency organization were generally good, with three persons assigned to each supervisory or management level position; however, only two persons were qualified for one of the group leader positions, and for several communicator and administrative support positions.

The licensee has continued to conduct semi-annual, off-hour drills to demonstrate the capability to augment onshift personnel in a timely manner. One of the successful 1991 drills involved plant personnel actually reporting to their assigned response facilities. Weekly pager tests were also conducted since the 1990 inspection.

The licensee implemented an automated callout system, referred to as the ROLM, in late 1991. The licensee indicated that all members of the plant and corporate EROs could be telephoned by the ROLM system. The licensee conducted a partially successful, off-hours augmentation drill involving the ROLM system in January 1992. The internal evaluation of this drill indicated several problems, including an apparent lack of familiarity of the part of some persons on how to properly indicate that they had been contacted by the ROLM and/or whether they could report for duty if events were real. The licensee initiated further training on the ROLM system and planned to conduct another drill in May 1992.

In addition to tests of the pager and the ROLM systems, the licensee issued revisions to its Emergency Telephone Book (ETB) at a quarterly frequency. This document indicated the assigned positions of all ERO members, as well as how they could be contacted during normal or off-hours. The ETB also contained information for contacting Federal, State and local emergency support organizations. Current copies of the ETB were readily available in the CR and appropriate ERFs.

In the event of an actual emergency declaration, the ERO would be activated such that all persons assigned to each position would be notified to report, depending on the emergency classification. In April 1992,

Special Order 92-12 was issued. This order identified individuals for certain ERO positions who would be the primary "oncall" persons for a two week period. The primary "oncall" persons would be rotated every two weeks. Designating "oncall" personnel for certain ERO positions was intended to provide further assurance that all key ERO positions would be filled in a timely manner.

The Emergency Planning Worklist was a computized action item tracking system, which replaced a manual tracking system in mid-1991. Per Administrative Control Procedure 1006.1, the EP Manager or the EP Supervisor was responsible for selecting which critique items from drills or other training activities would become action items and for assigning priorities to such items. Assigned staff could indicate when an item was considered to be ready for closure; however, only the EP Manager or Supervisor could designate an action item as being closed. A spot check indicated that the computerized tracking system was being utilized to track the progress on critique items and items related to NRC and Quality Assurance Department evaluations of the EP program.

Monthly working meetings have been held with State and county officials on items of mutual interest, including: the revised evacuation time estimate study; training of offsite support organizations; progress on various items associated with the EPZ redefinition project; drill and exercise preparations; and proposed changes to the EALs. The EPZ redefinition project included the establishment of 24 protective action subareas in place of the current 10 subareas within the EPZ. Following the April 1992 meeting, a county official demonstrated a computerized method for generating Emergency Broadcast Station (EBS) messages for selected subareas. Development of this methodology was intended to reduce the potential for human error during message preparation while also making the message generation process more efficient.

Letters of Agreement with offsite emergency support organizations on file in the corporate office were as described in the Emergency Plan and were current.

No violations or deviations were identified.

d. Emergency Preparedness Training

Records associated with the emergency preparedness training program were reviewed and discussed with

cognizant personnel. Annual requalification training on emergency preparedness, provided by an EP Instructor to a group of licensed personnel, was observed.

An ERO member's training was considered to be current if requalification training was successfully completed within a 12 month period plus a three month "grace period". A spot check of 25 individuals' training records versus ETB information indicated that those persons were currently qualified for their assigned ERO positions. Internal memorandum TR-92-0191 indicated that, as of April 1, 1992, 31 of the approximately 400 members of the licensee's ERO had begun their three month "grace period" for requalification training. In the event that an individual would not successfully complete requalification training within the required time frame, administrative mechanisms were in place so that the individual would be deleted in the subsequent updates to the ERO roster and the ETB.

The licensee was in the process of redefining its emergency preparedness training requirements. The new training matrix became effective in mid-April 1992. The training requirements were upgraded in the sense that Instruction Guides (IGs) were more position-specific in nature. Previous IGs were topic-oriented, so that a subset of standard IGs were chosen for initial or requalification training for a specific ERO position.

The EP Instructors developed a cross-reference for the topic-oriented and the position-specific IGs to better assure that all materials relevant to an ERO position were addressed in upcoming training. At the time of this inspection, requalification training IGs had largely been converted to position-specific IGs, while the less frequently needed, initial training IGs were mainly topic-oriented. However, the topic-oriented IGs included provisions for assuring that current, relevant implementing procedures were addressed in a person's initial training for an ERO position. The licensee indicated that phasing out of the topic-oriented IGs for initial training would be ongoing during 1992.

Records review indicated that all required EP drills had been conducted since the June 1990 inspection. The licensee continued to conduct multiple "full scale drills" as the primary means of fulfilling its periodic drill requirements. Since at least mid-1990, these four to six hour drills have involved activation of the onsite and offsite ERFs. One or more full scale drills

conducted annually included the following activities: environmental sampling; use of the post-accident sampling system; assembling and accounting for all onsite personnel; response to a contaminated, injured victim; and activation of the Emergency News Center. Many of these drills also included limited participation by State and/or county agencies.

During 1990, full scale drills were conducted in June and early October. A "dress rehearsal" drill was conducted about one week prior to the NRC-evaluated exercise. During 1991, three full scale drills and a dress rehearsal drill were conducted prior to the NRC-evaluated exercise. A full scale drill was conducted in January 1992. Records indicated that all full scale and dress rehearsal drills were critiqued, and that their scenarios were significantly different from the scenario utilized during the subsequent NRC-evaluated exercise.

The inspector observed annual requalification training to a group of licensed personnel on relevant aspects of the licensee's emergency preparedness program and those of State and county agencies. IGs and student handouts were based on current information in the Plan and its implementing procedures. Topics adequately addressed in the two hour classroom portion of the training included: activation of the ERO, ERFs and the ERDS; current EALs and proposed refinements to certain EALs; offsite notification requirements and associated message forms; onsite and offsite protective action decisionmaking; activation of State and county EROs; and an overview of the ongoing EPZ redefinition project.

The third and final hour of requalification training took place in the CR Simulator. The EP instructor demonstrated activation of the pager and ROLM systems. The instructor also demonstrated the use of the MIDAS for making an offiste dose projection. (CR personnel would utilize MIDAS in the event that the onshift chemistry technician was unavailable to perform offsite dose projections until relieved.)

The EP instructor, who had a licensed operator background at this plant, demonstrated good overall knowledge of the materials presented and was responsive to the attendees' questions and suggestions.

No violations or deviations were identified.

e. Independent Reviews/Audits

Records of the Quality Assurance (QA) Department audits and surveillances performed since November 1990 were reviewed. Records were complete and indicated appropriate followup on concerns identified during previous program assessments.

Audit I-91-19, which was conducted during July and August 1991, satisfied the annual requirements of 10 CFR 50.54(t). A group of auditors also conducted Surveillance S-91-018-EP during a full scale drill which occurred during this time period.

The audit included a very detailed assessment of the quality of the licensee's interfaces with offsite support organizations. Fifteen persons, representing eleven State or local response organizations, were interviewed regarding their organizations' interfaces with the licensee with respect to: the licensee's responsiveness to their concerns; maintenance of equipment; development and conduct of training; drill and exercise scenario development; monthly working meetings; and letters of agreement. The only audit concern related to offsite agency interface was resolved in March 1992.

In November 1991, the licensee sent relevant portions of the final audit report to representatives of each offsite organization contacted during the audit. The licensee also indicated that the entire audit report was available for review by these organizations.

No violations or deviations were identified.

5. Exit Interview

On April 17, 1992, the inspector met with those licensee representatives identified in Section 1 to present and to discuss the preliminary inspection findings. The licensee indicated that none of the items discussed were proprietary in nature.

The licensee was informed that management support for the program remained excellent. Several drills, involving different accident scenarios, have preceeded each year's NRC-evaluated exercise. Interfaces with State and local emergency support organizations remained very good. The ERO's overall staffing levels were good. The ERFs have been very well maintained, with several refinements either completed or in progress. The 1991 audit was very good, particularly with respect to the evaluation of the

interfaces with offsite support organizations. Corrective actions on both Open Items identified during the 1991 exercise were well underway.

All four Unusual Events declared since October 1990 were correctly classified. Initial notifications to State, county and NRC officials were well done. An acceptable revision to the EAL associated with reactor shutdown per Technical Specification requirements was proposed, so that the Unusual Event declaration would not be made until reactor shutdown commenced. The licensee was informed that this proposed EAL revision was consistent with current regulatory guidance.

The licensee identified a concern during its review of NRC Information Notice 91-77. The B OSS was normally expected to complete initial notifications to offsite officials following any emergency declaration. However, the B OSS was also the fire brigade leader. The licensee was evaluating its options for assuring that initial offsite notifications would not be delayed in the event of an onsite fire.

One concern was identified regarding two EPIPs and one CPIP, which contained information regarding the licensee's interfaces with onscene and remotely located NRC incident response personnel. Procedural guidance did not accurately reflect the requirements of 10 CFR 50.72 (a)(3) and (c)(3) and did not accurately describe the onscene NRC response.