U.S. NUCLEAR REGULATORY COMMISSION

REGION III

Report No. 50-263/89004(DRSS)

Docket No. 50-263 License No. DPR-22

Licensee: Northern States Power Company
414 Nicollet Mall
Minneapolis, MN 55401

Facility Name: Monticello Nuclear Generating Station

Inspection At: Monticello Site, Monticello, Minnesota

Inspection Conducted: February 13-28, 1989

Inspector: C. F. Gill — Date: 3/15/89

Approved By: W. G. Snell, Chief, Emergency Preparedness and Effluents Section — Date: 3/15/89

Inspection Summary

Inspection on February 13-28, 1989 (Report No. 50-263/89004(DRSS))
Areas Inspected: Routine, unannounced inspection of the radwaste/transportation program, including: organization and management controls (IP 83750, 84750), training and qualifications (IP 83750, 84750), gaseous radwaste (IP 84750, 84724), liquid radwaste (IP 84750, 84723), solid radwaste (IP 83750, 84750), radioactive material shipping and transportation activities (IP 83750), audits and appraisals (IP 83750, 84750), effluent reports (IP 84750), primary coolant radiochemistry (IP 84750), air cleaning systems (IP 84750), and an Information Notice (92701).
Results: The organizational structure, management controls, staffing levels, and upper management support for the radwaste/transportation program appeared generally adequate. Two violations were identified (failure to report required information in the semiannual radioactive effluent release reports - Section 10 and failure to follow quality verification procedural requirements during the preparation of a radwaste shipment - Section 8). Weaknesses were perceived in the batch and special gaseous effluent release program (Section 5) and the radioactive effluent monitoring reliability program (Section 11).

DETAILS

1. Persons Contacted

J. Bergeron, Radiation Protection Specialist
#*L. Brehm, Radiological Services Engineer
*B. Day, General Superintendent, Engineering and Radiation Protection
*S. Hammer, Superintendent, Operations Engineering
R. Jacobson, Senior Plant Chemist
#*G. Mathiasen, Senior Plant Health Physicist
*T. Parker, Licensing Engineer
#*J. Peterson, Radiochemistry Supervisor
S. Peterson, System Engineer
*J. Rootes, Quality Specialist
*R. Scheinost, General Superintendent, Quality, Security, and Administration
#*D. Scott, Lead Quality Engineer
*W. Shamla, Plant Manager
J. Swailes, Superintendent, Radiation Protection

*P. Hartmann, NRC Senior Resident Inspector
P. Moore, NRC Resident Inspector

The inspector also contacted several other licensee and contractor personnel.

*Denotes those present at the onsite exit meeting on February 17, 1989.

#Denotes those contacted by telephone during the period February 21-28, 1989.

2. General

This inspection was conducted to review the radwaste/transportation program. The inspection included tours of the onsite facilities, observation of work in progress, review of records, and discussions with licensee personnel.

3. Organization and Management Controls (IP 83750, 84750)

The inspector reviewed the licensee's organization and management controls for the radwaste/transportation program, including: organizational structure; staffing; effectiveness of procedures and other management techniques used to implement the program; and experience concerning self-identification and correction of program implementation weaknesses.

The overall management of the radwaste/transportation program is the responsibility of the Superintendent, Radiation Protection, who reports to the Plant Manager via the General Superintendent, Engineering and Radiation Protection. The implementation of the program is the responsibility of the Radiological Services Engineer, who is supported by two radiation protection specialists and plant helpers, as needed. The radwaste systems

are operated by the operations department with the exception of the contractor operated resin dewatering facility. The responsibility for the effluent radiation monitoring systems is shared between the functional areas of operations, radiation protection, instrumentation and control, and system engineering. Recent personnel changes are discussed in Section 4 of Inspection Report No. 50-263/89002(DRSS).

The organization and management controls for the radwaste/transportation program appear adequate with the possible exception of the licensee's ability to ensure operability of the radioactive effluent monitoring systems (see Section 11) and quality control of the preparation for radwaste shipments (see Section 8).

No violations or deviations were identified.

4. Training and Qualifications (IP 83750, 84750)

The inspector reviewed the training and qualifications aspects of the licensee's radwaste/transportation program, including: changes in responsibilities, policies, programs and methods; qualifications of newly-hired or promoted personnel; and provisions for appropriate radwaste/transporatation training for station and contracted personnel.

The inspector reviewed the training and qualification requirements and selected qualification documentation for appropriate licensee personnel; no significant problems were noted. A selected review of the resumes of the professional staff did not identify any significant education or experience weaknesses. The inspector verified that the radwaste technical staff was continuing the practice of attending seminars concerning packaging and transportation of radioactive waste material (see Section 6 of Inspection Report No. 50-263/88010(DRSS)).

No violations or deviations were identified.

5. Gaseous Radioactive Waste (IP 84750, 84724)

The inspector reviewed the licensee's gaseous radwaste management program, including changes in equipment and procedures; gaseous radioactive waste effluents for compliance with regulatory requirements; adequacy of required records; reports, and notifications; process and effluent monitors for compliance with maintenance, calibration, and operational requirements; and experience concerning identification and correction of programmatic weaknesses.

Sampling and release methods and procedures, records, and reports appear generally adequate with some exceptions which are delineated in Sections 10 and 11. Recent improvements in facilities and equipment are discussed in Section 14 of Inspection Report No. 50-263/88010(DRSS).

The inspector reviewed summary records of gaseous release made for 1987 and 1988. The 1987 noble gas activity release, gamma, and beta air dose (percent of T/S limit) totals were approximately 3950 curies, 9.86%, and 6.25%, respectively; corresponding 1988 totals were approximately

5880 curies, 11.1%, and 6.58%, respectively. The 1987 I-131, tritium, and particulates (> 8 day half-life) activity release and critical organ dose (percent of T/S limit) totals were approximately 121 curies and 17.1%, respectively; during 1988, the corresponding totals were approximately 81.6 curies and 4.53%, respectively. A comparison with 1985-1986 gaseous release data indicates that the amount of noble gas released increased significantly in 1987 and 1988, the calculated organ dose for 1987 was about twice that for 1985 or 1986, and the calculated organ dose for 1988 was about half that for 1985 or 1986. The increase in the 1987 calculated organ dose was attributed by the licensee to increased steam leakage and failed fuel; when an improved steam leak repair program was implemented and the defective fuel assemblies were replaced during the last refueling outage (October 21, 1987 through December 19, 1987), the critical organ dose rate reduced significantly. The increase in noble gas release in 1988 was, in part, due to the temporary bypass of portions of the offgas hold-up system during the initial primary system hydrogen addition test phase; part of the hold-up system was bypassed to reduce the potential for accumulations of excessive hydrogen concentrations which reduced the noble gas decay time before release to the environs.

The inspector's review of the licensee release permit program for gaseous batch or special releases identified several weaknesses. The releases during bypass of part of the offgas hold-up system, containment purge/vent releases, and abnormal (unplanned or uncontrolled) releases are assessed for offsite dose consequences by using the methodology developed for the Offsite Dose Calculation Manual (ODCM) for assessing short or long term releases. This methodology invokes historical meteorological data which is also used for setpoint determinations associated with the release permit. It appears highly desirable for the licensee to consider the use of the existing real-time meteorology computer input capability to improve and strengthen the current dose assessment of batch and special gaseous releases. It also appears highly desirable for the licensee to formally define abnormal (unplanned or uncontrolled) releases and to develop a more formal and stringent batch release program for containment purge/vent releases which make appropriate use of the real-time meteorological computer capabilities. The perceived weaknesses in the batch and special gaseous release program was discussed with the licensee and will be reviewed further during a future inspection. (Open Item 263/89004-01)

No violations or deviations were identified; however, one open item was identified.

6. Liquid Radioactive Waste (IP 84750, 84723)

The inspector reviewed the licensee's liquid radwaste management program, including changes in equipment and procedures; liquid radioactive waste effluents for compliance with regulatory requirements; adequacy of required records, reports, and notifications; process and effluent monitors for compliance with maintenance, calibration, and operational requirements; and experience concerning identification and correction of programmatic weaknesses.

Sampling and release methods and procedures, records, and reports appear generally adequate with some exceptions which are delineated in Section 11. The Monticello plant is a zero-release liquid waste plant because radioactive waste water is recycled back into the primary system through the cleanup/processing radwaste streams for re-use rather than discharged from the plant. During a plant tour, the inspector noted that a tag hung on the locked liquid discharge valve indicated that the discharge radiation monitor was inoperable; however, a review of calibration documentation indicated that the monitor was maintained operable. A licensee representative confirmed that the monitor was operable and stated that the incorrect tag would be replaced.

No violations or deviations were identified.

7. Solid Radwaste (IP 83750, 84750)

The inspector reviewed the licensee's solid radwaste management program, including changes to equipment and procedures; processing, control, and storage of solid wastes; adequacy of required records, reports, and notifications; implementation of procedures to properly classify and characterize waste, prepare manifests, and mark packages; and experience concerning identification and correction of programmatic weaknesses.

The inspector reviewed selected portions of the licensee's solid radwaste processing, storage, and shipping records for 1986, 1987, and 1988. The licensee generated approximately 8816, 7941, and 4329 cubic feet of radwaste in 1986, 1987, and 1988, respectively. Although the licensee showed a downward trend in solid radwaste generation, there are still areas where volume reduction techniques need improvement. Of the 4329 cubic feet of solid radwaste generated in 1988, 2333.5 cubic feet was dry active waste (DAW). Although the licensee obtained a (DAW) bag monitor, the system is not yet fully operational and the licensee has not developed an effective program to encourage plant workers to segregate potentially contaminated and "clean" trash. Once the DAW segregation/sorting/compaction program becomes more effective, the licensee should realize a significant reduction in DAW generated.

The inspector toured the solid radwaste facilities, including the storage facility and the vendor resin dewatering facility; no problems were noted. A review of solid radwaste storage records for 1986-1988 showed that the storage inventory generally has remained between 1000 and 2000 cubic feet. The volume on hand at the end of January 1988 was 2300 cubic feet; however, shipments of irradiated hardware and spent resins were being prepared. The licensee has consistently done a good job in keeping storage inventory low.

Revision 7 of the Monticello Radioactive Waste Process Control Program (PCP), issued May 2, 1988, is discussed in Section 13 of Inspection Report No. 50-263/88010(DRSS). The licensee's methodology to assure compliance with the requirements of 10 CFR 20.311, 10 CFR 61.55, and 10 CFR 61.56 remain as discussed in Sections 13 and 16 of Inspection Report No. 50-263/88010(DRSS). Although the licensee presently does not solidify radwaste the PCP allows the option to use the installed cement solidification system.

No violations or deviations were identified.

8. Transportation Activities (IP 83750)

The inspector reviewed the licensee's transportation of radioactive materials program, including determination whether written implementing procedures are adequate, maintained current, properly approved, and acceptably implemented; determination whether shipments are in compliance with NRC and DOT regulations and the licensee's quality assurance program; determination if there were any transportation incidents involving licensee shipments; adequacy of required records, reports, shipment documentation, and notifications; and experience concerning identification and correction of programmatic weaknesses.

The inspector selectively reviewed portions of the radwaste shipment records for 1987 and 1988. The information on the shipping papers appears to satisfy NRC, DOT, and burial site requirements. As discussed in Inspection Report No. 50-263/88010(DRSS), the licensee shipment classification and manifest preparation is aided by a computer software program. A selective review of computer outputs and interviews with appropriate personnel identified no problems. The licensee had 21 shipments in 1987 and 13 shipments in 1988 consisting of approximately 7716 and 5220 cubic feet, respectively.

The inspector observed several evolutions associated with the preparation for transport of shipment No. 89-08. The shipment contained irradiated hardware (17,100 curies), was scheduled to depart for the Barnwell, South Carolina burial site between February 21 and 27, 1989, and was being shipped in a GA Model FSV-1 Cask. Although the inspector did not note any significant problems with the physical shipping preparation activities, significant problems were noted regarding the licensee's implementation of the quality assurance requirements of 10 CFR 71 and 10 CFR 50, Appendix B. On February 16, 1989, the inspector noted that the work copy of Procedure No. 8142, Shipping Irradiated Hardware with GA Model FSV-1 Cask, had numerous examples of missing sign-offs of prerequisites and procedural steps even though subsequent steps were signed-off (initialed). A comparison conducted by the NRC inspector, the Radiological Services Engineer, and the job-coverage QC inspector of Procedure No. 8142 and the associated QC inspection procedure (QCIN 89-059) revealed that QCIN 89-059 QC inspector activities and referenced Procedure 8142 step numbers were inconsistent; yet the QC inspector had signed-off in QCIN 89-059 that several of these inspector activities had been satisfactorily completed. This matter was brought to the attention of the Lead QA Engineer, who issued a temporary QC hold on the work in progress until the identified deficiencies were corrected. The four deficiencies issued by the licensee are summarized below.

- Deficiency No. DM-89-12 (assigned to the General Superintendent, Quality, Security, and Administration)

  Procedure No. 4 ACD-15.07, Procedure Implementation, Revision 0, Section 6.5.17 states that identified data, signatures, initials, etc., should be entered in the work copy in a timely manner after

required activities are completed and shall be entered prior to completing work that day. Contrary to the above, it was discovered on February 16, 1989 that the QC Inspector had not signed-off on the work copy of Procedure No. 8142 for completion of Steps No. 4, 25, and 34 even though the QC Inspector completed these steps on or before February 16, 1989 (work initiated on February 13, 1989).

The licensee assigned the apparent root cause of nonconformance to personnel error in that the individual was distracted by multiple tasks and forgot to complete sign-offs and the individual was not aware that the applicable procedure required the work copy to be signed-off and thought that master copy sign-off was adequate. Correction actions taken included the sign-off of the procedural steps by a second QC inspector for the original QC inspector as allowed by Section 6.5.18 of Procedure No. 4 ACD-15.07.

- Deficiency No. DM-89-13 (assigned to the General Superintendent, Maintenance)

  Contrary to the requirements of Procedure No. 4 ACD-15.07, Section 6.5.17, Steps No. 12 and 31a on the work copy of Procedure No. 8142 were not signed-off by maintenance personnel prior to completing work on or before February 16, 1989. The licensee assigned the apparent root cause of nonconformance to personnel error in that common user practice was contrary to procedural requirements and the individuals were not aware that the applicable procedure required the work copy to be signed-off each day.

  Correction action taken included the sign-off of the procedural steps by the Job Supervisor. The Lead QA Engineer also discussed the procedural requirements with the Job Supervisor. The Job Supervisor was unaware of techniques to sign-off work for other individuals as allowed by Procedure No. 4 ACD-15.07; he also incorrectly thought that sign-offs in either the master or the work copy was sufficient.

- Deficiency No. DM-89-14 (assigned to the General Superintendent, Quality, Security, and Administration)

  Procedure No. 4 AWI-2.3.1., Plant QC Inspections, Revision 3, Section 6.4.2 states that the inspection procedure shall be processed by:

  a. Preparing, reviewing, and approving a written inspection procedure in accordance with Procedure No. 4 ACD-2.3, Plant Inspection Program, and Procedure No. 4 ACD-15.3, Procedure Content.

  b. Assigning the QCIN and logging the inspection on that QC Inspection Log Form 3416.

  Procedure No. 4 ACD-15.3, Procedure Content, Revision 3, Section 6.6.3 states that references to which the work is to be performed shall be identified by revision or shall otherwise be

controlled to assure the correct version is used; Section 6.9.1 states that the personnel position responsible for documenting prerequisites shall be identified.

Procedure No. N1 ACD-1.1, Program Administration, Revision 4, Section 6.2.7.3 states that necessary data shall be recorded as the task is performed. Procedure No. N1 ACD-2.2, Document Review and Approval, Revision 2, Section 6.1.2.4 states that reviews by knowledgeable individuals shall verify the technical accuracy and adequacy of a document and its adherence to quality assurance requirements.

Contrary to the above, a review by the licensee and the NRC inspector of the QC Inspection Procedure (QCIN 89-059) associated with the implementation of Procedure No. 8142 (initiated on February 13, 1989) revealed that:

(1) A QCIN had not been assigned to the QC Inspection Procedure.

(2) The QC Inspection Procedure reference to Procedure No. 8142 did not identify the revision of that procedure.

(3) Prerequisite No. 3 of the QC Inspection Procedure did not identify the position of the personnel responsible for documenting the prerequisite, nor was the prerequisite signed as complete. (The Lead QA Engineer concluded that it was self-evident that the prerequisite had actually been completed at some time prior to discovering the discrepancy on February 16, 1989.)

(4) Inspection steps referenced steps within Procedure No. 8142 which did not correspond to the criteria described in the inspection procedure.

(5) Inspection Step 6.3 was initialed as completed indicating the item was in conformance with the inspection criteria; however, the documentation specified by the step (Form 3186-QC-007, Transport Vehicle/Packaging Inspection Report) had not been completed.

The investigation by the licensee of the above failures to adhere to procedures revealed that:

(1) The preparer of the QC Inspection Procedure was in the habit of not assigning QCINs to inspections for radioactive material shipments until after the inspection was completed.

(2) Neither the preparer nor the reviewer verified that the QC Inspection Procedure listed the appropriate reference procedural revision.

(3) The QC inspector who prepared and approved the QC Inspection Procedure also began the performance of the

inspection. The QC inspector was completing steps in Procedure No. 8142 and the QC Inspection Procedure mostly from memory, based on his familiarity with work conducted previously, during earlier implementations of Procedure No. 8142.

(4) The missing documentation (Form 3186-QC-007) was apparently an oversight due to the QC inspector noting no discrepancies during the inspection and to distractions from multiple tasks.

The licensee assigned the apparent root causes of nonconformance to personnel error in that the individual was distracted by multiple tasks and forgot to complete sign-offs and that individuals are prone to make assumptions about procedure adequacy when familiar with the work to be performed. Corrective action included correction of the QC Inspection Procedure and completion of required documentation. The licensee's review of the QC Inspection Log Form (Form 3416), identified two other QC Inspection Procedures for which QCINs had not been issued; QCINs were subsequently issued.

- Deficiency No. DM-89-15 (assigned to the General Superintendent, Engineering and Radiation Protection)

  Contrary to the requirements of Procedure No. 4 ACD-15.07, Section 6.5.17, Prerequisite No. 7 and Steps 31b, 59, 62, 73, and 81 on the work copy of Procedure No. 8142 were not signed-off by radiation protection personnel prior to completing work on or before February 16, 1989. The licensee assigned the apparent root cause of nonconformance to personnel error. Correction action included completion of required documentation. A temporary QC hold (per Procedure No. 4 ACD-2.3, Section 6.6.1) was placed on the implementation of Procedure No. 8142 until the completion and sign-off of Prerequisite No. 7 and Step No. 31b were resolved. Step No. 31b requires the performance of Prerequisite No. 7 before the empty cask is raised from the Reactor Building 935-ft. elevation (truck bay) to the 1027-ft. elevation (refuel floor). Prerequisite No. 7 requires that the loaded liner dose rate be determined. The licensee stated that the prerequisite had been completed and verified as required by Step 31b; however, the required documentation was missing from Procedure No. 8142. The QC hold caused a delay in work of 28 minutes.

The above procedural adherence failures appear to represent a significant weakness in the licensee's quality verification program. Although the licensee's investigation of this incident concluded that the implementation of Procedure No. 8142 was adequate with the exception of required prerequisite and step sign-offs, the wide-spread inadequate understanding of the proper use of the work copy of the implementing procedure and the failure to adequately prepare for the associated QC inspection appear to indicate that certain aspects of the QA/QC program are poorly understood and implemented. It appears that adherence to

written procedures should be stressed by the licensee to eliminate the apparent prevalent worker perception that individuals may choose not to strictly follow procedures when they are familiar with the work to be performed. These failures to follow procedural requirements are examples of a violation of 10 CFR 50, Appendix B, Criterion V, Instructions, Procedures, and Drawings. (Violation 263/89004-02)

One violation was identified.

9. Audits and Appraisals (IP 83750, 84750)

The inspector reviewed reports of audits and appraisals conducted for or by the licensee including audits required by Technical Specifications. Also reviewed were management techniques used to implement and audit program, and experience concerning identification and correction of programmatic weaknesses.

The inspector selectively reviewed portions of QA audit and surveillance reports for 1988. Specifically, the radioactive effluent audit (AG-88-42-15, September 8-28, 1988) identified one finding regarding the determination of the Lower Limit of Detection (LLD) for the principal gamma emitters for containment purges. Inspector reviews of four other recent audits of the radwaste/transportation program are discussed in Section 5 of Inspection Report No. 50-263/88010(DRSS). The licensee's QA audit/surveillance program generally appears adequate to assess technical performance, compliance with requirements, and personnel training/qualification relating to the radwaste/transportation program; however, the inspector concerns regarding the quality of the QC inspections of radwaste shipment preparations are discussed in Section 8. Interviews with appropriate licensee personnel indicate that responses to audit findings are generally thorough, timely, and technically sound.

No violations or deviations were identified by the inspector.

10. Effluent Reports (IP 84750)

The inspector selectively reviewed radiological effluent analysis results to determine accuracy of data reported in the Semiannual Radioactive Effluent Release Reports for 1987 and the first half of 1988. Technical Specification 6.7.A.4 requires, in part, that the Semiannual Radioactive Effluent Release Reports include the identification of unplanned releases from the site of radioactive materials in gaseous effluents and include a summary of radioactive gaseous effluents as specified in Appendix B to Regulatory Guide 1.21, Revision 1, June 1974. Sections A.5 and A.6 of the aforementioned appendix specify, in part, the identification of batch and abnormal (unplanned or uncontrolled) gaseous releases, respectively. The inspector identified an unplanned gaseous radioactive release which occurred on May 31, 1988 (see Section 12 of Inspection Report No. 50-263/88010(DRSS)) and two batch gaseous releases (containment purge/vents on February 4 and April 7, 1988) but which were not reported by the licensee in the Semiannual Radioactive Effluent Release Report for the period from January 1 through June 30, 1988. The inspector also identified 22 and six batch gaseous releases

(containment purge/vents) which occurred during the first and second half of 1987, respectively; but which were not reported by the licensee in the 1987 Semiannual Radiological Effluent Release Reports. These are violations of Technical Specification 6.7.A.4. (See Section 5 for the discussion of the licensee's program to identify and qualify unplanned and batch gaseous releases.) (Violation 263/89004-03)

One violation was identified.

11. Effluent Control Instrumentation (IP 84750, 92700, 93702)

The inspector reviewed the records for effluent control instrumentation surveillance/operability. The inspector selectively reviewed surveillance, calibration, function test, sampling, and setpoint determination records. Concerns regarding certain gaseous release setpoint determinations are discussed in Section 5. Because the above records had numerous and frequent references to operability/maintenance/reliability problems, the inspector also selectively reviewed significant occurrence event reports (SOERs) and licensee event reports (LERs) for the last three years, and interviewed appropriate licensee personnel to ascertain the extent of the licensee's apparent weaknesses in maintaining radioactive effluent monitoring system operability. The reviews and discussions confirmed that the licensee has a history of significant effluent control instrumentation operability problems; although in response to repeat industry audit findings, the licensee is currently upgrading the sampling systems for the Reactor and Turbine Building Sample Stations. It appears that at least part of the licensee's recurrent operability problems are due to the age and general condition of some of the existing equipment. In response to the inspector's concerns, the licensee agreed to evaluate the extent and significance of the apparent operability and reliability problems. This matter was discussed at the exit meeting and will be reviewed further during a future inspection. (Open Item 263/89004-04)

No violations or deviations were identified; however, one open item was identified.

12. Primary Coolant Radiochemistry (IP 84750)

Technical Specification 3.6.C.1 requires that the steady state radioiodine concentration in the reactor coolant not exceed five microcuries of I-131 dose equivalent per gram of water. Technical Specification 4.6.C.1 specified the associated surveillance requirements. The inspector selectively reviewed the licensee's reactor coolant radiochemistry results for 1988 to determine compliance with the Technical Specification requirements for the radiochemistry limit. The selective review and discussion with licensee personnel indicated that the I-131 dose equivalent concentration for the primary system remained less than the applicable Technical Specification limit throughout the review period.

No violations or deviations were identified.

13. Air Cleaning Systems (IP 84750)

Technical Specification 3.7.B requires filter testing of the Standby Gas Treatment System. The in-place leakage test criterion specified both for DOP testing of HEPA filters and for freon testing of charcoal adsorbers is equal to or less than one percent penetration. The laboratory test criterion for carbon sample removal efficiency for methyl iodide is equal to or greater than 90 percent. A selective review of surveillance test data for 1985-1988 showed that the surveillance for the above ventilation systems had been timely and met test acceptance criteria. The inspector also reviewed test results (1986-1988) for the Control Room Emergency Filtration Treatment (EFT) System, although the EFT Technical Specification has not yet been implemented; no problems were noted. The inspector also verified, through document review and interviews with licensee and test vendor personnel, that recent carbon methyl iodide laboratory tests have been using the stringent test protocol recommended by NRC Information Notice No. 87-32 and implemented by the licensee and their testing vendor (see Section 13 of Inspection Report No. 50-263/87018(DRSS)).

No violations or deviations were identified.

14. NRC Information Notices (IP 92701)

The inspector reviewed licensee actions in response to the following Information Notice (IN). For the Information Notice, the inspector noted: the licensee reviewed the IN for applicability; the IN was distributed to appropriate personnel; and if applicable, corrective actions were scheduled/performed.

IN No. 88-08: Chemical Reactions with Radioactive Waste Solidification Agents

15. Exit Meeting (IP 30703)

The inspector met with licensee representatives (denoted in Section 1) at the conclusion of the onsite inspection on February 17, 1989, and by telephone through February 28, 1989. The inspector summarized the scope and findings of the inspection. The inspector also discussed the likely informational content of the inspection report with regard to documents and processes reviewed by the inspection during the inspection. The licensee did not identify any such documents or processes as proprietary. The following matters were discussed specifically by the inspector:

a. The perceived weaknesses in the batch and special gaseous effluent release program. (Section 5)

b. The failure to follow procedures during the preparation of a radwaste shipment. (Section 8)

c. The failure to report batch gaseous releases and an abnormal gaseous radioactive effluent release in the semiannual radioactive effluent release reports. (Section 10)

d. The perceived weaknesses in the radioactive effluent monitoring reliability program. (Section 11)