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SUBJECT: Responds to NRC 930211 ltr re violations noted in Insp Rept 50-263/92-19. Corrective actions: review of active work documents performed to identify & establish adequate procedure controls for other similar cases.

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March 10, 1993

10 CFR Part 2
Section 2.201

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MONTICELLO NUCLEAR GENERATING PLANT
Docket No. 50-263 License No. DPR-22

Reply to a Notice of Violation Contained in
NRC Inspection Report No. 50-263/92019 Concerning the Opening of
Secondary Containment Penetrations Without Proper Procedural Controls

Pursuant to the provisions of 10 CFR Part 2, Section 2.201, our reply to the notice of violation contained in your letter of February 11, 1993 is provided as Attachment A.

This letter contains no new NRC commitments, nor does it modify any prior commitments.

Please contact us if you have any questions or wish further information concerning this matter.

Douglas D Antony
Vice President
Nuclear Generation

c: Regional Administrator, Region III, NRC
Senior Resident Inspector, Monticello Site, NRC
NRR Project Manager, NRC
J Silberg

Attachment: (A) Reply to Notice of Violation

9303180091 930310
PDR ADOCK 05000263
G PDR

REPLY TO NOTICE OF VIOLATION

Violation:

10 CFR Part 50, Appendix B, Criterion V, states, in part, that activities affecting quality shall be prescribed by documented instruction, procedures, or drawings, of a type appropriate to the circumstances and shall be accomplished in accordance with these instructions, procedures, or drawings. Monticello Technical Specification 3.7.C. specified limiting conditions for operation for secondary containment, including the requirement to maintain secondary containment integrity during movements of irradiated fuel. Special Procedure 8136, "Secondary Containment Penetrations," was developed to assure that the opening of new or existing secondary containment penetrations, an activity affecting quality, was properly evaluated and controlled.

Contrary to the above, on January 31 and again on February 1, 1993, secondary containment penetrations were opened during movements of irradiated fuel without the use of Special Procedure 8136 to assure proper evaluation and controls of the opening.

This is a severity level IV violation (Supplement I).

Two examples were cited in paragraph 2.a(4) of the inspection report. Each example is quoted and addressed below.

Example 1

"On the morning of January 31, 1993, at the request of maintenance and engineering personnel to free up some outage work to begin ahead of schedule, operations personnel allowed work to be started on Work Request Authorization (WRA) 92-05481. The work included disassembling main steam drain line isolation valve MO-2564 in the steam chase. Movement of irradiated fuel for core offloading was in progress at the time.

Later the same day, during a discussion between the system engineer and shift manager, they discovered that disassembling the valve created an open 3 inch diameter penetration through secondary containment. They attempted to stop the work but the valve was already disassembled. An evaluation of the effect on secondary containment operability was immediately initiated and it was determined that the leak rate through the penetration would be low enough that secondary containment could still be considered

operable. The evaluation was approved by the plant operating committee on the morning of February 1, 1993.

Technical Specification 3.7.C. required that secondary containment be operable whenever irradiated fuel was being moved. In its investigation of this incident the licensee discovered other work control documents for valves affecting secondary containment that did not contain precautions adequate to prevent unanalyzed breeches."

Reason for the Violation:

The cause of the first example of this violation was a cognitive personnel error in that the individual who prepared the work package and the individual who authorized initiation of the work package failed to recognize the work package impact on secondary containment integrity and associated plant Technical Specification Requirements.

As a point of clarification, paragraph three of section 2.a(4) of the Inspection Report stated in part that "...in its investigation of this incident the licensee discovered other work control documents for valves affecting secondary containment that did not contain precautions adequate to prevent unanalyzed breeches." Procedure 9310, "MSIV Disassembly and Reassembly" contained a precaution which identified the procedure's impact on secondary containment. The Shift Supervisor review of procedure 9310 prior to initiation lead to a re-evaluation of Work Request Authorization 92-05481 and the identification of its initiation without a procedure 8136 as required. To enhance the identification of secondary containment impacts, caution statements were added to pertinent steps in the body of procedure 9310 via a temporary change during our investigation of this event. No additional instance of work documents lacking precautions to prevent unanalyzed breaches of secondary containment were found.

Corrective Action Taken and Results Achieved:

1. Upon discovery of this event an evaluation per plant special procedure 8136, "Secondary Containment Penetrations", was initiated which confirmed that the work did not have an adverse impact on secondary containment and provided adequate control of the work with regard to secondary containment.
2. A review of active work documents was performed to identify and establish adequate procedure controls for other similar cases where work potentially impacted secondary containment. No instances of inadequate procedure controls for active work documents affecting secondary containment were identified other than the single instance identified above.

3. Information concerning secondary containment requirements and procedures was disseminated to all personnel via the daily outage schedule and daily outage status meetings.
4. The General Superintendent Operations discussed this event with Operations shift supervision. The need to closely scrutinize work documents for plant Technical Specification impact prior to authorizing initiation was emphasized.
5. Information concerning this event was communicated to all Plant Engineering, Project Engineering and Maintenance Engineering personnel. The need to maintain an awareness of work impacts on secondary containment and the proper procedure controls for such work was emphasized.

Corrective Action To Be Taken To Avoid Further Violation:

No further action will be taken. We feel that the above corrective actions will avoid further violations of this type.

Date When Full Compliance Will Be Achieved:

Full compliance has been achieved.

Example 2

"On February 1, 1993, the inspectors witnessed both doors on the secondary containment air lock passage from the access control area into the reactor building being held open while personnel passed through. Again, movement of irradiated fuel was in progress at the time. The inspectors immediately brought the observation to the attention of plant management.

The licensee's investigation of the event determined that both doors had been held open for a period of about 15 seconds. Apparently both doors were simultaneously opened, which prevents the electrical interlock from functioning. This had happened many times in the past, but usually the personnel recognized that both doors were not supposed to be open at the same time and immediately shut one or both. In this case, the personnel apparently did not recognize the significance of the doors being open and held them open until the personnel using the airlock had passed through.

Licensee corrective action for the above incidents included reminding the personnel involved of the requirements to maintain

secondary containment. In addition, information about the secondary containment requirements and procedures to open penetration were disseminated to all personnel through daily outage schedule and daily outage status meetings. Other corrective actions were also in progress or being planned as of the end of the inspection period."

Reason for the Violation:

The cause of the second example of this violation was a cognitive personnel error. The individuals involved stated that when they realized that both air lock doors were open, their first reaction was to complete the action they had initiated (passage through the air lock). It was not until after this action was complete that they realized that it was incorrect to maintain these doors open to achieve the passage through the airlock.

Corrective Action Taken and Results Achieved:

1. Personnel involved who could be located and contacted were cautioned regarding the requirements to maintain secondary containment integrity and the proper actions for passage through the secondary containment airlock.
2. Information concerning secondary containment requirements and procedures was disseminated to all personnel via the daily outage schedule and daily outage status meetings.
3. Upon discovery of this event, temporary signs were posted on all of the air lock doors which provide access to and from the Reactor Building to notify personnel of the requirement to maintain one of the two air lock doors shut and the proper action to take if it is necessary to open both doors simultaneously. Permanent signs providing this information were posted shortly thereafter.
4. An audible alarm was installed inside the secondary containment airlock which provides access from Access Control to the Reactor Building. This alarm activates when both air lock doors are opened simultaneously to alert personnel of the undesirable condition. Signs were posted adjacent to the alarm providing instructions as to the proper action to take upon alarm activation. Site personnel were informed of the alarm installation, alarm function and the action to be taken if the alarm should sound via the site supervisors. The problem of simultaneous opening of other air lock doors providing secondary containment integrity has not been observed and is unlikely to occur due to the much lower personnel traffic through these air locks.

Corrective Action To Be Taken To Avoid Further Violation:

No further action will be taken. We feel that the above corrective actions will avoid further violations of this type.

Date When Full Compliance Will Be Achieved:

Full compliance has been achieved.