

U. S. NUCLEAR REGULATORY COMMISSION

REGION V

Report Nos. 50-206/86-42, 50-361/86-31 and 50-362/86-30

Docket Nos. 50-206, 50-361 and 50-362

License Nos. DPR-13, NPF-10 and NPF-15

Licensee: Southern California Edison Company
2244 Walnut Grove Avenue
Rosemead, California 91770

Facility Name: San Onofre Nuclear Generating Station - Units 1, 2 and 3

Inspection at: San Onofre Nuclear Generating Station

Inspection Conducted: October 27-31 and November 10-14, 1986

Inspector:

GP Yuhas
H. S. North, Senior Radiation Specialist

12/12/86
Date Signed

GP Yuhas
G. P. Yuhas, Chief
Facilities Radiation Protection Section

12/12/86
Date Signed

A. D. Johnson
A. D. Johnson, Enforcement Officer

12/12/86
Date Signed

Approved by:

GP Yuhas
G. P. Yuhas, Chief
Facilities Radiation Protection Section

12/12/86
Date Signed

Summary:

Inspection on October 27-31 and November 10-14, 1986 (Report Nos. 50-206/86-42, 50-361/86-31 and 50-362/86-30)

Areas Inspected: Routine, unannounced inspection of licensee action on previous inspection findings, allegation followup, solid waste audits, liquids and liquid wastes, gaseous waste system, low level radioactive waste storage facilities and facility tours 84722, 84723, 84724, 79701, 65051 and 92701.

Results: Of the areas inspected, one apparent violation involving two examples of failure to label containers of licensed radioactive material as required pursuant to 10 CFR 20.203(f) was identified, paragraph 10.

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DETAILS

1. Persons Contacted

- *H. E. Morgan - Station Manager
- *W. Moody - Deputy Site Manager
- *M. A. Wharton - Deputy Station Manager
- *D. Gregory - Supervisor, Radiation Monitoring Group
- *K. Helm - Effluent Engineer
- *R. Jervey - QA Engineer
- *J. Kelly - Supervisor, Radioactive Materials Control
- *P. J. Knapp - Manager, Health Physics
- *P. Penseyres - Supervisor, Chemistry
- *R. V. Warnock - Supervisor, Health Physics Engineering

(*) Denotes individuals present at the exit interview on November 14, 1986. In addition to the individuals identified above, the inspectors met and held discussions with other members of the licensee's staff.

2. Licensee Action on Previous Inspection Findings

(Closed) Followup (50-206/361/362/86-02-02)

Corrective Action Request (CAR) G0-G-107 was issued by the licensee's Quality Assurance organization in response to the licensee's failure to report or to provide for reporting NPDES violations to the NRC pursuant to section 3.2 of the Environmental Protection Plan. The licensee made available copies of previous reports and implemented Administrative procedure A-10 Rev. 0 of the Environmental Monitoring Program Plan and Procedures, titled Transmittal of NPDES Reports to the NRC for Units 1, 2 and 3.

This matter is considered closed.

(Open) Followup (50-206/85-29-01)

Recent correspondence between the licensee and U. S. Ecology, Inc. dated November 25, 1985 and September 19, 1986 and NRC and U. S. Ecology, Inc. (Higginbotham to Martinez) dated January 23, 1986 relating to the disposal of the four drums of NAC cask waste were reviewed. The licensee had proposed enclosing the four drums in a HIC solidified in an Envirostone medium. The licensee was continuing with plans to dispose of the material. This matter will be examined during a subsequent inspection.

(Open) Followup (50-206/86-21-04)

Verification that the Unit 1 PASS meets GDC 19 criteria was delayed from November 1 until December 12, 1986. This matter will be examined during a subsequent inspection.

(Open) Followup (50-206 IE Bulletin 78-08)

Inspection Report No. 50-206/78-11, section 2, addressed the licensee's followup to IE Bulletin 78-08 relating to exposures from fuel transfer tubes. The Inspection Report noted that the licensee planned to conduct a survey, "at accessible distances along the tube during fuel transfers in the September (1978) refueling outage." The licensee and the inspector were unable to find a copy of that survey. Licensee representatives stated that the survey had been performed. The licensee's written response to IE Bulletin 78-08 stated in substance that there was no access to the fuel transfer tube and no possibility of streaming radiation due to fuel movement since the tube was buried and shielded its entire length.

The licensee proposed a survey of the fuel transfer tube during the April 1987 refueling outage. In view of the fully shielded nature of the fuel transfer tube this was deemed to be acceptable. The results of the survey will be examined during a subsequent inspection (50-206/86-42-01).

(Closed) Followup (50-362/86-02-04)

The Unit 3 Fuel Flea control program was discussed. The licensee calculates that 26 ± 8 grams of tramp uranium remain in the primary system as a result of the first cycle fuel pin failures. This residual contamination is expected to produce more Fuel Fleas. In preparation for the next refueling outage the licensee was establishing a technician training program for both HP and laundry technicians. Specially designed laundry monitors have been constructed and are being used to survey all cloth anti-contamination coveralls. A special training program for the plant staff was being implemented to familiarize them with Fuel Fleas and prepare them for work in a possible Fuel Flea contaminated environment. Procedures addressing Fuel Fleas were being revised and updated. The licensee appears to be responding appropriately to minimize potential personnel exposures from Fuel Fleas. The inspector had no further questions regarding this matter.

(Closed) Followup (50-206/86-35-01, 50-361/86-26-01 and 50-362/86-24-01)
LWR Water Chemistry Control and Chemical Analysis - Units 1, 2 and 3
Changes

The licensee had implemented an internal chemistry measurement QA program which was documented in procedure S0123-III-0.7 Chemistry Quality Control Program. The chemistry laboratories in Unit 1 and 2/3 were well equipped with instrumentation (gas chromatograph, atomic absorption spectrophotometer, pH meter, ion chromatograph, total organic carbon) most received or replaced within the last five years. Unit 1, which formerly made reactor quality makeup water using a flash evaporator, now receives deoxygenated (low ppb range), vacuum degased, demineralized water from the recently completed Unit 2/3 demineralized water treatment facility. The make up demineralizers, which supply all three units were placed in service in October 1986, have a production flow of approximately 900 gpm and storage capacity of 5E5 gallons.

A sulfate contamination problem in the Unit 2/3 steam generators was traced to release of sulfonates by the polisher resins which degraded to sulfate at high temperatures. The 40-50 ppb sulfate concentration in

Units 2/3 had been reduced to 1 ppb at the time of the inspection following replacement of the cation resin. The polisher system has permitted continued Unit 2/3 operation with condenser leaks on approximately 10 occasions during the past year. Chloride concentration out of the polishers was <20 ppt.

Implementation of Water Chemistry Control Program

Monthly primary and secondary chemistry reports for the three units include narrative discussions and control charts. The reports for 1986 were reviewed. The reports document specific problems and corrective actions.

Discussions with respect to Unit 1 established that during 1973 an all volatile treatment (AVT) regimen was attempted for a period of five months. As a result of condenser leaks and pH excursions the attempt was abandoned. Originally the Westinghouse recommendation for steam generator chloride concentration was <75 ppm. This was subsequently reduced to <500 ppb by Westinghouse. The licensee subsequently reduced this value to <100 ppb. The licensee is presently able to maintain a chloride concentration of approximately 20 ppb. The source of the chloride appears to be as a 20 ppm contaminant in the phosphate feed. The licensee is attempting to find a source of low chloride phosphate.

The Unit 2/3 secondary systems were operating at approximately 1 ppb sulphate, <1 ppb sodium and 2 ppb chloride. The principal concern appeared to oxygen intrusion. A task force was working to identify and correct leaks.

Implementation of the Quality Assurance Program for Chemical Measurements

The licensee's program consists of:

1. Technician Qualification - completion of one week training per quarter and completion of the Qualification Manual. All foremen had been trained in the use and implementation of the Qualification Manual.
2. Split Samples - supplied by a vendor laboratory monthly with analytical results returned to the vendor for comparison of primary and secondary chemistry results. The multichannel analyzer systems used by health physics were used as chemistry backup until these systems were unavailable during recent construction activities. The intercomparisons program is to be reestablished in the near future.
3. Check Samples - prepared by the Technical Administrators were analyzed by all technicians.
4. Instrument Calibration - most performed by chemistry with some I&C support. Frequency is instrument dependent. Accuracy and precision measurements were performed daily and recorded, with recalibration outside preestablished limits.

- 5. Calibration Checks - performed as part of the accuracy and precision verifications.
- 6. Instrument Maintenance - was performed by chemistry. All maintenance activity was recorded in log books. Accuracy and precision measurements were trended.
- 7. Standards - in the same concentration range as the sample, were run with each analysis.
- 8. Chemical and Reagent control - based on manufacturers recommendations or experience were applied to reagents and standards in use and stock chemical shelf lives.

The records of monthly laboratory cross checks were reviewed for the period January - September 1986. These included the quarterly radiochemistry cross check program and the replicate sampling program.

No violations or deviations were identified.

3. Allegation Followup

(Closed) Allegation Number RV-86-A-0038

By letter of May 15, 1986, the allegor, Mr. Michael D. Wilson brought to the attention of the NRC-RV what he believed were discrepancies in NRC-RV's inspection findings (50-206/86-12) pertaining to his original allegation (RV-86-A-0015). Subsequently, A. D. Johnson, RV Enforcement Officer and G. P. Yuhas, Chief Facilities Radiation Protection Section met with Mr. Wilson on July 15, 1986 to discuss the matter. A statement was prepared by the NRC representatives and sent to Mr. Wilson for his signature on August 6, 1986. This statement contained what the NRC officials understood to be Mr. Wilson's main concerns. Later the statement was discussed with Mr. Wilson. Mr. Wilson indicated that the statement appeared to be accurate, however, he also indicated that he desired to await the conclusion of the Department of Labor hearing before signing it as he may want to modify or add to the statement. As of the date of this report the NRC has not received the signed statement. Several attempts were made to contact Mr. Wilson in October 1986 without success. On October 28, 1986 A. D. Johnson contacted Mr. Wilson attorney who advised that he would contact Mr. Wilson about the matter; however, the attorney indicated that he did not believe Mr. Wilson would be returning a signed statement. Mr. Johnson advised Mr. Wilson's attorney that he intended to revisit the basic radiation safety issues presented in the original allegation (RV-86-A-0015) in order to independently evaluate the conclusions of the previous inspection effort even though Mr. Wilson had not returned the statement.

Mr. Wilson filed a complaint with the U. S. Department of Labor (DOL) alleging that his employment had been terminated by Bechtel for raising safety concerns. On October 31, 1986, an Administrative Law Judge for DOL, after hearing the evidence provided by Mr. Wilson and Bechtel concerning alleged acts of discrimination against Mr. Wilson, recommended that the complaint of Michael D. Wilson be dismissed.

During the inspection the inspectors (Mr. Johnson and Mr. North) met with the individual who had conducted the investigation of Mr. Wilson's concerns as brought to the licensee's attention prior to leaving the site in January 1986. The author of the report stated that the report was entered in to evidence during the Department of Labor hearing and that the facts written therein were not challenged; however, the opinions and conclusions were disputed. Mr. Elliot who was Mr. Wilson's foreman supported the facts set forth in the licensee's report as they applied to him. A check of the security records confirmed the times that Mr. Wilson entered and exited the radiation controlled area as reported in the investigation report. Mr. Wilson entered the controlled area at 2:19 p.m. and exited at 3:46 p.m. on January 27, 1986.

The inspectors met individually with 11 Bechtel employees chosen at random to obtain their views of the radiation protection provided at the San Onofre station. None of the individuals had experienced significant problems with the use of Radiation Exposure Permits (REPs). They all understood it was their personal responsibility to know the content of the permits prior to entering a radiation area. All of the individuals considered radiation protection important and indicated the licensee's surveillance, monitoring and enforcement of radiation protection rules were adequate and good. One of the individuals reported that, on two occasions, he had observed individuals without proper dosimetry during the past year. On both occasions the action taken to correct the apparent oversight appear to be proper.

On October 30, 1986, the resident inspector questioned three licensee and five contract employees in the Radwaste Building concerning the pertinent Radiation Exposure Permit and use of dosimetry. All of the individuals were wearing proper dosimetry and knew the REP number that they were working under and were generally aware of the precautions set forth in the REP.

Based upon the foregoing the inspectors found:

1. REP 13075 would have authorized an individual to enter the containment building on January 27, 1986 to perform welding and grinding in that the permit required that prior to commencing any work the individual must have an "H.P. escort worker to job location and brief on radiological conditions." Therefore if additional radiation protection measures would have been required, the H.P. would not have permitted the work to proceed unless another REP was approved to include the additional radiation protection measures. In the particular case at hand, use of respiratory equipment to perform the required welding would not have been allowed. Therefore, no violation of NRC requirements occurred.
2. Radiation protection measures appear to be strictly enforced by the licensee.
3. No evidence of personnel deliberately not using dosimetry was reported or observed.

4. Respiratory equipment was and is available; however, use of such equipment is not permitted by individual workers upon request. Such equipment is only allowed to be used if required by the responsible radiation protection personnel.

Accordingly, this review found the conclusion that no violations of NRC requirements were identified as documented in Inspection Report 50-206/86-12 to be correct.

4. Solid Wastes, Units 1, 2 and 3

Records of audits of the radioactive materials control and health physics program were examined. The audits were performed by SCE quality assurance organization.

Audit Report No. SCES-0503-85, conducted August 6, 1985 through September 24, 1985, addressed the period August 1984 through August 1985. No discrepancies requiring issuance of a Corrective Action Request (CAR) were identified. One Problem Review Report (PRR) related to the establishment of site directives and orders was issued. The licensee took prompt action to correct the concern.

Audit Report No. SCES-038-86, conducted July 10 through September 8, 1986, addressed the period September 1985 through July 1986. No CAR's or PRR's were issued as a result of the audits.

No violations were identified.

5. Liquids and Liquid Wastes - Units 1, 2 and 3 Changes

The licensee's efforts to reduce the level of liquid radioactive wastes released have been addressed in the following Inspection Reports:

50-361/362/84-12;
 50-206/85-03, 50-361/362/85-02;
 50-206/361/85-10, 50-362/85-09;
 50-206/85-22, 50-361/85-21, 50-362/85-20;
 50-206/86-06, 50-361/362/86-07 and
 50-206/86-21, 50-361/362/86-18.

As a result of these efforts the liquid effluents through September 1986 were approximately 12% (1.3 Ci) of the Station goal of 11 Ci. The Station goal for 1986 was set at approximately 50% of the previous years releases. As a result of the licensee's continuing efforts in this area, the ion exchange resins used in Unit 1 were changed to the type used in Units 2/3 with a resultant increased decontamination of liquid effluents by a factor of 10 to 20. As a result of these changes and the systematic use of appropriate polyelectrolytes the licensee estimated that the October 1986 releases would be approximately 50% of the September 1986 releases which totaled 0.05 Ci. The licensee had evaluated the toxicity of polyelectrolytes and determined that they were innocuous based on information from the Material Safety Data Sheet. The September 1986 releases were limited to 0.05 Ci in spite of having to drain Unit 3.

primary to mid-loop and a Unit 1 startup both of which generated significant quantities of contaminated liquid waste.

The operation of the Unit 1 system has been further enhanced by circulating liquid waste through the ion exchangers to an empty tank rather than recirculating back to the waste tank. In addition a Design Change Package (DCP) has been initiated to add a filter to the liquid waste system in addition to the single filter on the discharge line.

Unit 2/3 changes have included modification of the radwaste sump and reduced oil content in liquid waste as a result of an aggressive oil control program. Liquid waste volume in all units has been reduced by controls on in plant floor drains and leakage control programs.

The chemistry group effluent engineering staff consists of two engineers, a technical administrator and a technical assistant.

Effluents

Liquid Effluent Release Permits were reviewed for the following Units and periods:

Unit 1 - January 1986 - 8 batch releases
 Unit 1 - August 1986 - 8 batch releases
 Units 2/3 - January 1986 - 31 batch releases
 Units 2/3 - August 1986 - continuous and batch release summary
 Units 2/3 - September 1986 - 15 batch releases

Dose calculations for cobalt-60 to the GI/LLI (January 1986, Unit 1, waste release permit no. 6L-0008) and cesium-137 to bone (September 1986, Unit 2/3, waste release permit no. 170) agreed with the value recorded by the licensee. The Unit 2/3 September 1986, batch release effluent concentrations were compared with 10 CFR 20 Appendix B Table II values.

Reactor Coolant and Secondary Water

Monthly reports of primary and secondary water chemistry for Unit 1 and 2/3 for 1986 were examined. The licensee has implemented a secondary water chemistry control program in all Units which is discussed in report section 2.

No violations or deviations were identified.

6. Audits - Liquids and Liquid Wastes - Units 1, 2 and 3 and Gaseous Waste System - Units 2 and 3

Audit reports relating to radioactive effluents and monitoring were reviewed:

The audits were performed by the SCE quality assurance organization.

Audit Report No. SEES-020-85, conducted March 21 through May 24, 1985, addressed compliance with Unit 1 Technical Specification requirements

during the period January 1 through March 31, 1985. The audit specifically addressed the implementation of the new Unit 1 Radiological Effluent Technical Specification (RETS). As a result of the audit four Problem Review Reports (PRR) were generated relating to minor surveillance deficiencies involving effluent monitoring instrumentation. Corrective action on PRRs, S0-154-85, S0-155-85, S0-160-85 and S0-161-85, was prompt, appropriate and verified by the QA organization.

Audit Report No. SCES-014-86, conducted February 25 through April 30, 1986, addressed compliance with Unit 1 Technical Specifications during the April 1, 1985 to February 28, 1986 period. Three PRRs S0-200-86, S0-201-86 and S0-202-86 were generated as a result of the audit. The PRRs related to administrative controls and documentation. Corrective action was prompt, appropriate and verified by the QA organization.

Audit Report No. SCES-070-85, conducted October 16 through December 11, 1985, addressed compliance with Unit 1, 2 and 3 Technical Specification during the period December 1, 1984 through November 1, 1985. Two PRRs, S0-420-85 and S0-421-85 were generated as a result of the audit. The concerns identified were related to documentation and reporting of results. Corrective action was prompt, appropriate and verified by the QA organizations.

No violations or deviations were identified.

7. Effluent Monitoring Instrumentation - Units 1, 2 and 3

In approximately mid 1985 a separate I&C group (Radiation Monitoring) was established and assigned responsibility for all radiation monitoring instrumentation surveillance, testing, repair and calibration. The staff consists of approximately 20 technicians.

Effluent monitor set point determinations were described in the ODCM. The licensee had established and implemented a program for the comparison of effluent monitor readings with laboratory analyses on a quarterly basis. The program was described in procedure S0123-III-5.40, Rev. 2, Effluent Quality Assurance Program. Generally, minimal difficulty had been experienced with liquid monitors during the period of review.

The licensee had experienced problems in obtaining agreement in the acceptance ratio for gaseous effluent monitors. These problems were traceable to a variety of causes including, comparability of samples. The comparison program at Unit 1 started in January 1986 and in a significant number of cases the activity was too low to permit comparison. The program in Unit 2/3 showed improved comparisons during 1986.

Discussion with the Radiation Monitoring group and observation of the plant instrumentation established that the monitors are performing more reliably with fewer spurious events in Units 2/3.

No violations or deviations were identified.

8. Gaseous Waste System - Units 2/3

Changes

No changes to the gaseous waste system were identified.

Effluents

Gaseous Waste Release Permits for January (10) and September (12) 1986 were reviewed. The permits were found to be complete and well documented. Quarterly dose limits specified in Technical Specification 3.11.2.2 Dose - Noble Gases and 3.11.2.3 Dose - Radioiodines, Radioactive Materials in Particulate Form and Tritium were compared with licensee calculated gamma and beta and particulate doses for the first three quarters of 1986. The calculated doses were found to be within the limits specified by the Technical Specification.

The inspector verified the calculation of dose due to the release of xenon-133 from a waste gas decay tank batch release, Release Permit No. 6G-002-0. The calculation was based on the method provided in of licensee's Unit 2/3 ODCM and the results agreed with recorded licensee value.

Air Cleaning Systems

The licensee's records of charcoal and HEPA filter testing required by Technical Specifications 4.5.7 c., d., e., f. and g. Control Room Emergency Air Cleaning System and 4.9.12 b., c., d., e. and f. Fuel Handling Building Post-Accident Cleanup Filter System were examined. The tests were performed for the licensee by NAFTA, a contractor, for the licensee. It was noted that the tests were timely and that the filter mediums performed acceptably in all but one case. A test charcoal canister removed from train ME-419, Control Room Emergency Air Cleaning System failed the iodine-131 adsorption test. The charcoal was replaced and the system retested satisfactorily.

No violations or deviations were identified.

9. Low Level Radioactive Waste Storage Facilities

This has been previously addressed in Inspection Report Nos. 50-206/85-29, 50-361/85-28 and 50-362/85-27; 50-206/86-22.

Organization, Staffing, Training and Qualification of Personnel

The subject topics were discussed with the Supervisor, Radioactive Materials Control (RMC). The discussion focused on staffing, qualifications and selection of supervisory and upgrade personnel. It was determined that qualifications were evaluated with a written test controlled and administered by the licensee's corporate office staff. The licensee's performance appraisal system was discussed and examples of performance appraisals of recently promoted individuals were examined. The system appeared to be designed to select qualified individuals for advancement.

Startup and Operations Procedures

The licensee had established and implemented procedures:

S0123-VII-8.31., Rev. 1, Operation of the Multipurpose Handling Facility;

S0123-VII-8.3.2, Rev. 0, Multipurpose Handling Facility 50/1 Ton Crane Operation; and

S0123-VII-8.3.3; Rev. 0, Multipurpose Handling Facility Auxiliary Equipment Operation.

The procedures appeared to be appropriate for the operation of the facility. The radiation protection program and procedures applicable to Units 1 and 2/3 were implemented at the facility, including the use of Radiation Exposure Permits (REP).

Effluent Monitoring

The ventilation system incorporated a monitoring system designed to shut down the ventilation system if radioactive material was detected. The cask wash down area drains to a sump. In the event that liquid waste is generated the sump contents would be transferred to the Unit 2/3 liquid waste treatment system.

No violations or deviations were identified.

10. Facility Tours

On November 12, 1986, the Chief, Facilities Radiological Protection Section, Region V, accompanied by the Health Physics Manager and Unit 1 Health Physics General Foreman toured the Unit 1 restricted area from approximately 4:00 p.m. to 8:00 p.m. During this tour NRC portable radiation survey instrument Serial No. 15843 due for calibration on January 20, 1987 was used to make radiation surveys as necessary to confirm compliance with posting and radioactive material control requirements expressed in 10 CFR Part 20. The licensee used the same model radiation survey instrument, Serial No. 1662 due for calibration on May 2, 1987 to establish agreement with the NRC measurements. On November 13, 1986 a similar tour was conducted at Units 2 and 3 from 8:00 to 11:30 a.m. In addition the radioactive waste Multipurpose Handling Facility was inspected on November 14, 1986.

As a result of these inspection activities the following general observations are noted:

- o The entire site was clean and well maintained.
- o Station operating goals were prominently displayed for all individuals entering the protected area. The goals included: Capacity Factor, Occupational Exposure, Liquid Radioactive Waste Reduction, Compliance, Industrial Safety, and Station Expenditures.
- o A station program called "PRIDE" (Performance - Recognition - Innovation - Dedication - Excellence) was being prominently advertised.

- Working spaces provided for health physics personnel were well designed and appeared to provide a professional working atmosphere.
- Human resources were being fully utilized especially within the radiological controlled areas.
- Discussions with workers found them to be aware of station policy and issues with respect to radiation protection matters.

Specific findings requiring licensee corrective action included:

- 10 CFR 20.203 "Caution signs, labels, signals and controls." Paragraph (f) "containers" requires that each container of licensed material bear a durable, clearly visible label identifying the radioactive contents and sufficient information to permit individuals handling or using the containers, or working in the vicinity thereof, to take precautions to avoid or minimize exposures.

On November 12, 1986 one 55 gallon drum located in the Unit 1 radioactive waste drumming area contained licensed radioactive material which resulted in a dose rate of 15 mrem/hr at contact with the drum and no label was visible identifying the radioactive contents or sufficient information to permit individuals to take precautions to minimize their exposure. The licensee representative had the proper label placed on the drum. The inspector observed another 55 gallon drum containing licensed material located in the Unit 1 Spent Fuel Handling Building which although partly shielded caused a dose rate of approximately 200 mrem/hr at contact and 15 mrem/hr at a distance of about three feet. This drum also did not have a clearly visible label containing the required information. The licensee representative had the drum labeled.

These two unlabeled drums represent an apparent violation of 10 CFR 20.203(f).

In addition two other 55 gallon containers were observed to contain low level (less than 10 CFR 20 Appendix C quantities) radioactive material and were not labeled. Based on the inspector's review of the licensee's procedure S0123-VII-7.4, "Posting and Access Control" it appears the procedure does not specifically instruct workers when to make the determination that the container must be labeled.

The Health Physics Manager stated at the exit meeting that the failure to correctly label containers was caused by some confusion among the technicians. This confusion was addressed by Health Physics supervision and the licensee will review the specific procedure involved.

- During the Unit 2 and 3 tour several areas posted and locked as "high radiation areas" were surveyed. The dose rates measured were in some cases less than 100 mrem/hr and the type of lock used was not always the high radiation area type lock. The licensee pointed out that although the "as found" dose rates were less than 100 mrem/hr, plant operational configurations could cause the dose rate to exceed the 1000 mrem/hr criterion. The locks used were not

always high radiation area locks since the Technical Specifications do not require areas to be locked unless the dose rate is 1000 mrem/hr or greater. The inspector questioned if the conservative posting and locking of areas is causing an impediment to operator access or possible confusion among station staff. The Health Physics Manager was confident that operators do have timely access to locked areas however he volunteered to review the matter.

- o An open 55 gallon drum located in the Unit 1 radwaste area was being used to collect potentially contaminated liquids. Unlabeled containers of solvent, and a container of alcohol were observed nearby. No visible controls appeared to established what should not be placed in the open drum. The licensee representative pointed out that workers had been instructed that the drum was only intended for contaminated oil. The licensee representative stated that the chemical control program presently being implemented at Units 2 and 3 and would also be implemented at Unit 1.
- o The Unit 2/3 personnel decontamination facility was in a state of cleanliness most people would find objectionable. The licensee representative assigned an individual to clean the area.
- o The licensee is required pursuant to 10 CFR 19.11 to post or make available specific regulatory documents. While a notice was posted indicating the documents were available in the "AWS Library" the inspector found some of the required documents were stored in cardboard boxes and were not readily available. The licensee representative explained that following a recent move of the library from its previous location, some delay in obtaining sufficient book shelving developed and this condition would be corrected in the near future.

As a result of this tour one apparent violation involving failure to label containers of radioactive material was identified and corrected by the licensee prior to the exit meeting (50-206/86-42-02).

11. Exit Interview

The inspectors met with the licensee representatives (denoted in Section 1) at the conclusion of the inspection on November 14, 1986. The scope and findings of the inspection were summarized. The licensee was informed that an apparent violation of 10 CFR 20.203 (f) was identified in that two 55 gallon drums containing licensed radioactive material were not labeled as required. The licensee had promptly corrected the labeling deficiencies when identified by the inspector. The licensee also committed to revise the procedural deficiencies which had resulted in the failure to label the containers as required.

The Chief, Facilities Radiological Protection Section commented on the favorable impression created by the licensee's commitment of resources to radiation safety and the ALARA criterion. The need for continuing attention to radiation protection details and constant communication with employees to resolve their concerns involving radiation safety matters was also emphasized.

The licensee representative described a new program being implemented to assure radiation safety concerns can be heard and hopefully resolved in a manner amenable to all.