



UNITED STATES
 NUCLEAR REGULATORY COMMISSION
 REGION II
 101 MARIETTA STREET, N.W.
 ATLANTA, GEORGIA 30323

SEP 17 1986

Report No.: 50-261/86-21

Licensee: Carolina Power and Light Company
 P. O. Box 1551
 Raleigh, NC 27602

Docket No.: 50-261

License No.: DPR-23

Facility Name: H. B. Robinson

Inspection Conducted: August 11-15, 1986

Inspector: *A. E. Tabaka* 9/3/86
 A. E. Tabaka Date Signed

Approved by: *T. R. Decker* 9/3/86
 T. R. Decker, Section Chief Date Signed
 Division of Radiation Safety and Safeguards

SUMMARY

Scope: The purpose of this routine, unannounced inspection was to evaluate selected areas of the emergency preparedness program.

Results: One violation was identified: Failure to provide initial training and annual retraining for various members of the emergency organization in accordance with the Emergency Plan and Implementing Procedures.

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REPORT DETAILS

1. Persons Contacted

Licensee Employees

- *R. E. Morgan, Station General Manager
- *H. J. Young, Director, QA/QC
- *S. A. Griggs, Regulatory Compliance Aide
- *R. C. Abbott, Senior Specialist, Regulatory Compliance
- *M. C. Marrow, Specialist, Emergency Preparedness
 - S. E. Wallace, Emergency Preparedness Aide
- *W. R. Thorsen, Emergency Preparedness Training
- *J. Curley, Director, Regulatory Compliance
- *E. M. Harris, Director, Onsite Nuclear Safety
- *R. M. Smith, Manager, Environmental and Radiological Control
- *W. Trolenberg, Project Specialist, Emergency Preparedness
 - R. G. Black, Manager, Emergency Preparedness
 - R. A. Steele, Shift Foreman
 - E. A. Lee, Shift Foreman
 - D. W. McCasket, Shift Foreman
 - D. Gainey, Senior Specialist, QA/QC
 - N. J. McConnell, Senior QA Specialist, Corporate Quality Assurance Department
 - C. Rosenberger, Unit Principal, Corporate Quality Assurance Department
 - E. Bean, Director of News Projects
 - M. Jordan, Assistant, Public Information
 - R. D. O'Brien, Specialist, Security
 - Sgt. F. Smith, Jr., Assistant, Training Instructor (BURNS)
 - Lt. B. C. Gregory, Training Officer (BURNS)

Other licensee employees contacted included technicians and office personnel.

Other Organizations

- J. P. McKelvey, Director, Darlington County Emergency Preparedness Agency
- L. A. Livingston, Chief, Hartsville Fire Department
- J. Gardner, Director of Nursing, Byerly Hospital

NRC Resident Inspector

R. M. Latta

*Attended exit interview

2. Exit Interview

The inspection scope and findings were summarized on August 15, 1986, with those persons indicated in Paragraph 1 above. The item described below in Paragraph 3 (failure to provide for 15 minute notification for the Unusual Event emergency class in the emergency plan) was discussed in detail. The licensee committed to take the described action by September 16, 1986. No objections to the other findings were expressed at the exit. The licensee did not identify as proprietary any of the materials provided to or reviewed by the inspector during this inspection.

3. Notification and Communications (82203)

Pursuant to 10 CFR 50.47(b)(5) and (6) and 10 CFR 50, Appendix E, Section IV.D, this area was inspected to determine whether the licensee was maintaining a capability for notifying and communicating (in the event of an emergency) among its own personnel, offsite supporting agencies and authorities, and the population within the EPZ.

The inspector reviewed the applicable notification procedures to determine if adequate means existed for alerting, notifying, and activating emergency response personnel. The procedures were found to be adequate; however, the licensee specified a one hour notification for an NOUE instead of 15 minutes. This item had been brought to the NRC's attention prior to this inspection. During this conversation, Mr. Bob Black of the CP&L staff, was informed that one of two actions were required to correct the discrepancy: (1) changing the appropriate procedures to reflect a 15 minute notification time, or (2) formally applying for an exemption from the regulations. This had not yet been performed at the time of the inspection; however, the licensee committed to complete one of these responses by September 16, 1986. Its completion will be verified at a future date.

Inspector Followup Item (50-261/86-21-01): Satisfactory completion of actions for rectifying the one hour notification time for NOUE.

Discussions with licensee representatives also revealed that there had been a change in the notification chain. Previously, the licensee only notified the State Warning Point of an NOUE, Alert, or Site Area Emergency, and they in turn notified the appropriate counties. For the General Emergency, the utility notified all State and local organizations. The new procedure provided for notification of all warning points regardless of emergency classification. Although this change is in accordance with regulatory standards and personnel have been trained, the emergency plan and communications procedures have not been changed to reflect this. The licensee was aware of this and agreed that it would be incorporated into future revisions of these documents. This will be verified during a future inspection.

Inspector Followup Item (50-261/86-21-02): Incorporation of the new notification procedures into the Emergency Plan and Implementing Procedures.

The licensee's management control program for the prompt notification system was reviewed. According to licensee documentation, the system consisted of 45 fixed sirens (28 in Darlington County, 13 in Chesterfield County, and 4 in Lee County). A review of licensee records verified that the system, as installed, was consistent with the description contained in the emergency plan. Maintenance of the system had been provided for by the licensee. The inspector reviewed siren test records for the period August 1985, through July 1986. The records confirmed that silent tests were conducted every two weeks, growl tests quarterly, and a full-cycle test annually as specified in NUREG-0654, Appendix 3. The full-cycle FEMA test was performed on January 21, 1986; however, the final FEMA report had not been issued at the time of the inspection. The licensee had made provisions for documenting, reporting to the appropriate county, and correcting in a timely manner any problems that were identified during each siren test.

Communications equipment in the Control Room, OSC, TSC, and EOF was inspected. Provisions existed for prompt communications among emergency response organizations, to emergency response personnel, and to the public. The available communications in these facilities were consistent with the descriptions given in the Emergency Plan and Implementing Procedures.

The inspector conducted operability checks on selected communications equipment in the Control Room, TSC, and EOF. During the communications check between the TSC and EOF, one circuit was found to be inoperable. Prompt action by the licensee revealed that it was a malfunction of the telephone. The phone was replaced, and the circuit retested. In the event, this should occur during an emergency, there are adequate stores of telephones which may be used as back-ups. Several other lines were also tested, and no other problems were noted.

The inspector reviewed licensee records of communications drills conducted since the last routine inspection. These records indicated that the tests were conducted at the frequencies specified in NUREG-0654, Section II.N.2.a. Licensee records also showed that problems encountered, as well as evaluations by observers and participants, had been documented.

Redundancy of offsite and onsite communication links was discussed with licensee representatives. The inspector verified that the licensee had established adequate back-up communications. Specifically, the back-up system made use of sound powered telephones, VHF radio communications, microwave capabilities, and commercial telephone lines.

No violations or deviations were identified.

4. Changes to the Emergency Preparedness Program (82204)

Pursuant to 10 CFR 50.47(b)(16), 10 CFR 50.54(q), and 10 CFR 50, Appendix E, Sections IV and V, this area was reviewed to determine whether changes were made to the program since the last routine inspection in September 1985, and to note how these changes affected the overall state of emergency preparedness.

The inspector discussed the licensee's program for making changes to the emergency plan and implementing procedures. The inspector reviewed Licensee Procedure AP-004 "Development, Review and Approval of Procedures, Revisions, and Temporary Changes," governing review and approval of changes to the plan and procedures. The inspector verified that changes to the plan and procedures were reviewed and approved by management in accordance with this procedure.

During the period of September 1985, to August 1986, several revisions were made to the emergency plan and implementing procedures. It was determined by transmittal letter review that all changes made to these documents were submitted to the NRC within 30 days of the effective date as required. Also, the inspector reviewed the licensee's program for distribution of changes to other organizations and plant personnel. The document control records as well as an examination of selected controlled plans indicated that the appropriate persons were sent copies of the changes made since the last routine inspection.

The organization and management of the emergency preparedness program were reviewed. The inspector verified that there had been no significant changes in the organization or assignment of responsibility for the plant and corporate emergency planning staffs since the last inspection. The inspector's discussion with licensee representatives also disclosed that there had been no significant changes in the organization and staffing of the offsite support agencies since the last inspection.

No violations or deviations were identified.

5. Knowledge and Performance of Duties (Training) (82206)

Pursuant to 10 CFR 50.47(b)(15) and 10 CFR Part 50, Appendix E, Section IV.F, this area was inspected to determine whether emergency response personnel understood their emergency response roles and could perform their assigned functions.

The inspector reviewed the description in the emergency plan and implementing procedures of the training program, training procedures and selected lesson plans. Based on these reviews and interviews, the inspector determined that the licensee had established a formal training program.

Training records for selected members of the emergency organization for the period September 1985 to August 1986 were reviewed. These records indicated that several members of the "on-call" organization had not received emergency training in accordance with the Emergency Plan and PEP-653, "Performance of Training, Exercises, and Drills." The discrepancies are as follows: (a) three individuals identified as Radiological Team members had not received First Aid training at the three-year frequency required by PEP-653, Section 5.1.10, (b) one individual on the Personnel Protection and Decontamination Team had not received any initial training for the position, and (c) four members of the Technical Support Center staff had not undergone appropriate retraining as required by PEP-653.

Additional review of the training records revealed that no training, initial or refresher, had been conducted for Accident Assessment or Damage Control Team members, nor were any personnel designated as such. As referenced in the Emergency Plan, Section 5.1.9 of PEP-653 states that personnel occupying positions on the Accident Assessment Team will receive initial and subsequent retraining, and it defines specifically what this training should entail. The training requirements for the Damage Control Team were omitted from the Plan and procedures during Revision 9, and this was identified to the licensee as a Plan deficiency. Discussions with licensee representatives confirmed that the subject training was not being conducted, and it was their position that personnel would be chosen for these teams when necessary, as done for annual exercises and drills. The inspector informed the licensee that this method of choosing team members and failing to provide specialized training was contrary to regulatory policy.

Although the licensee had identified the problem with First Aid training, the inspector identified the other training deficiencies described above as a violation of 10 CFR 50.54(q). Specifically, failure of the licensee to provide emergency training in accordance with the Emergency Plan and procedures to all emergency response personnel.

Violation (50-261/86-21-03): Failure to provide appropriate initial training and annual retraining to various emergency response personnel in accordance with the emergency plan and procedures.

According to the licensee's documentation, other aspects of the training program were being provided. Records indicated that emergency drills were being conducted according to PEP-653. These included communications, medical, fire, health physics, and environmental monitoring drills.

The inspector also discussed training and coordination with representatives of the Hartsville Fire Department, Darlington County Emergency Preparedness Agency, and Byerly Hospital. No problems were noted in either area.

The inspector conducted walk-through evaluations with selected key members of the emergency organization, specifically, three shift foreman and one emergency communicator. During these walk-throughs, individuals were given various hypothetical sets of emergency conditions and data and asked to respond as they would during an actual emergency. The individuals demonstrated familiarity with their emergency response roles, and no problems were observed in the areas of emergency detection and classification, protective action decision making, and notifications.

One violation was identified in this program area.

6. Public Information Program (88209)

Pursuant to 10 CFR 50.47(b)(7) and 10 CFR 50, Appendix E, Section IV.D.2, this area was inspected to determine whether basic emergency planning information was disseminated to the public in the plume-exposure pathway emergency planning zone (EPZ) on an annual basis.

The licensee had developed an emergency response information brochure for use by the public residing in or frequenting the ten-mile EPZ. Licensee representatives stated that the brochure was updated annually, and documentation was available to verify this. The licensee maintained documentation which showed that the development of the brochure issued in September 1985, was coordinated with the various State and local authorities, and that comments made by these groups were duly considered. The inspector also evaluated the content of the brochure and found it was in accordance with the guidance of NUREG-0654, Section II.G.

According to licensee representatives, the means used to inform the transient population of appropriate emergency response measures and actions is the distribution of multiple copies of the public information brochures to such localities as airports, gas stations, motels, restaurants, and stores within approximately ten miles of the plant. Extra supplies of the brochures were also provided to the various local emergency organizations for dissemination to localities they deemed appropriate. Documentation was available confirming the distribution of these brochures was done on an annual basis, the last distribution being October 1985.

The public information brochure provided a point of contact for obtaining additional information. The inspector made a telephone call to this individual, who is located at the Robinson Visitor's Center. The person contacted was a member of the site Public Information staff, and was familiar with the overall emergency response program. They were aware of their responsibility in the event of an emergency, and the type of communications that would be available to the public during such an event. Based on these discussions, the individual appears knowledgeable and qualified to disseminate information to the public.

In addition to the public information brochure, the licensee indicated that other types of public information programs are under way. These programs included: an annual media information day, lectures to various civic organizations, seminars and tours held for local government officials, periodic newsletters, and coordination with local education personnel.

Based on documentation review and discussions with the Corporate Public Information department, the inspector determined that the licensee's public information program continued to meet the applicable regulatory requirements and guidance.

No violations or deviations were identified.

7. Licensee Audits (82210)

Pursuant to 10 CFR 50.47(b)(14) and (16) and 10 CFR 50.54(t), this area was inspected to determine whether the licensee had performed an independent audit or review of the emergency preparedness program.

Records of audits of the program were reviewed. These records indicated that an independent audit of the emergency preparedness program was conducted by the Corporate Quality Assurance Department on June 16-20, 1986.

This audit fulfilled the 12-month frequency requirement for such audits. Review of the most recent audit and discussions with licensee representatives revealed that the State and local interfaces were adequately addressed, and the findings concerning these interfaces were available to the State and local government authorities upon request. Provisions have also been made for evaluating drills and exercises by both the corporate and site QA departments. A review of past records indicated that the licensee had complied with the five-year retention requirement for these audits.

Licensee emergency plans and procedures required critiques following exercises and drills. Licensee documentation for the period September 1985 through July 1986, showed that such critiques were held. The records showed that deficiencies and weaknesses were discussed, and recommendations for corrective action were made. It was also noted that such items were forwarded to plant management and the appropriate individual for corrective action.

The licensee's program for followup on audit, drill, and exercise findings was reviewed. Licensee's procedures required followup on the deficient areas revealed. There were several mechanisms in effect for tracking the progress of such items. The Corporate QA department tracks audit findings through its Quality Assurance Records Tracking System. The group documents progress on each item until a satisfactory corrective action has been completed and verified. Significant items are also tracked through the RAIL System (Regulatory Action Items List) maintained by Regulatory Compliance. Upon review of the two open items lists, the licensee's action on such items appears to be adequate.

No violations or deviations were identified.

8. Inspector Followup (92701)

- a. (Closed) Inspector Followup Item (IFI) 50-261/84-28-02: Referring the EOP user to the PEPs. The licensee has not incorporated these references into the emergency procedures; however, because there is no regulatory requirement or guidance in this area, this item is considered closed.
- b. (Open) IFI 50-261/85-29-01: Clarifying training elements in procedures and study guides. Although progress is being made in this area, full implementation of the matrix-based program is not complete.
- c. (Closed) IFI 50-261/85-29-02: Maintaining training records of emergency response training provided to offsite support agencies. A review of the current documentation confirmed that these records are now being maintained.