



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

MAY 14 1993

Report No.: 50-261/93-09

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

Docket Nos.: 50-261

License No.: DPR-23

Facility Name: H. B. Robinson

Inspection Conducted: April 12-16, 1993

Inspectors:

*[Signature]*  
 G. W. Salyers  
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 F. N. Wright

5-14-93

Date Signed

5-14-93

Date Signed

Approved by:

*[Signature]*  
 K. P. Barr, Chief

5-14-93

Date Signed

Emergency Preparedness Section  
 Radiological Protection and Emergency Preparedness Branch  
 Division of Radiation Safety and Safeguards

SUMMARY

Scope:

This routine, announced inspection was conducted in the area of emergency preparedness, and included review of the following programmatic elements:  
 (1) Radiological Emergency Response Plan and its implementing procedures;  
 (2) emergency facilities, equipment, instrumentation, and supplies;  
 (3) review of Emergency Preparedness Improvement Program; (4) organization and management control; (5) independent reviews/audits; and (6) training.

Results:

In the areas inspected, no violations or deviations were identified. The emergency preparedness program strengths were management's commitment to improving the site's emergency preparedness program and the licensee's annual emergency preparedness audit.

The inspector identified three Inspector Followup Items (IFIs):

1. Correction of decision block A-13 (Paragraph 2).
2. Review of corrective actions for Nuclear Assessment Department audits (Paragraph 6).

3. Review Corrective Action Program for Emergency Preparedness related deficiencies (Paragraph 6).

The licensee's emergency preparedness program and response capability were being maintained in an adequate state of operational readiness.

## REPORT DETAILS

### 1. Persons Contacted

#### Licensee Employees

- L. Baxley, Radiation Control Technician, Environmental and Radiation Control Section
- \*R. Beverage, Manager, Quality Assurance and Quality Control
- \*S. Billings, Technical Aide, Regulatory Compliance
- R. Blankinship, Auxiliary Operator, Operations Section
- \*G. Bowen, Senior Specialist, Training
- \*C. Dietz, Vice President, Robinson Nuclear Power Department
- \*W. Flanagan, Acting General Manager
- \*M. Gann, Specialist, Emergency Preparedness
- R. Hitch, Plant Chemist, Environmental and Radiation Control Section
- \*J. Harrison Manager, Regulatory Compliance
- \*R. Howell, Senior Specialist, Nuclear Assessment Department
- \*R. Indelicato, Manager, Corporate Emergency Preparedness
- S. Jackson, Reactor Engineer, Technical Support Section
- \*P. Jenny, Manager, Emergency Preparedness
- K. Kirkland, Senior Specialist, Environmental and Radiation Control Section
- J. Lucas, Senior Specialist, Nuclear Training Department
- T. Lucas, Specialist, Emergency Preparedness
- \*A. Sanders, Manager, Simulator and Technical Training
- \*A. Wallace, Acting Operations Manager
- R. Watford, Electrician, Instrumentation and Controls Section

Other licensee employees contacted during the inspection included engineers, operators, security force members, technicians, and administrative personnel.

#### Nuclear Regulatory Commission

- \*L. Garner, Senior Resident Inspector
- C. Ogle, Resident Inspector

\*Attended exit interview

Acronyms and Initialisms used throughout this report are listed in the last paragraph.

### 2. Emergency Plan and Implementing Procedures (82701)

Pursuant to 10 CFR 50.47(b)(16), 10 CFR 50.54(q), and Appendix E to 10 CFR Part 50, this area was reviewed to determine whether changes were made to the program since the last routine inspection (September 1992), and to assess the impact of these changes on the overall state of emergency preparedness at the facility.

Licensee Administrative Procedure AP-022, "Document Change Procedure," Revision 11, Effective Date March 27, 1993, proceduralizes the licensee's program for making changes to the EP and the PEPs. AP-022, requires a 10 CFR 50.59 evaluation of changes to the EP and the PEPs.

The inspector selected one Emergency Plan revision and three emergency procedure changes for review; EP, Revision 23; PEP 103, "Emergency Control, Alert," Revision 18; PEP 355, "Core Damage Assessment," Revision 6; and PEP 451, "Emergency Work Permits and Exposure Control," Revision 10. The inspector reviewed the 10 CFR 50.59 evaluation for each of the changes. The inspector concluded that for the changes reviewed, the licensee had properly implemented AP-022, "Document Change Procedure." A review of licensee records indicated that all of the EP and PEPs changes between September 1992 and March 1993, were approved by management and submitted to the NRC within 30 days of the effective date, as required. No deficiencies were identified.

The inspector reviewed 1992 documentation indicating that the EALs were presented to local governments and reviewed by the State of South Carolina and Chester, Darlington, and Lee Counties. Neither the State nor local governments recommended any changes to the EALs at that time.

The inspector reviewed the EALs to ensure that they were consistent with the EP. The licensee incorporated the EALs into a flowchart for event classification. The flowchart EALs were symptom based and used a three barrier concept (fuel barrier, RCS pressure boundary barrier, and containment vessel barrier) for event classification. The inspector noted that the EALs were based on parameters obtainable from Control Room instrumentation. Therefore, the inspector performed a comparison between the EAL flow charts and the Control Room instrumentation. One discrepancy was identified:

EAL-1 decision block A-13, asked "R-19 A, B, or C Rad Monitors greater than 50k CPM." The inspector observed the Steam Generator Blowdown Isolation Valves automatically shut at 40K CPM increasing. Therefore, the radiation monitors would not reach 50K. In the three barrier concept, decision block A-13 was used as an indication of the RCS being breached. The apparent discrepancy could possibly delay or cause an improper classification.

The discrepancy was discussed with the licensee and the licensee stated that decision block A-13, "R-19 A, B, or C Rad Monitors greater than 50k CPM" would be corrected to provide an appropriate reading for indications of RCS boundary failure. The licensee was informed by phone on April 28, 1993, that the commitment to correct decision block A-13, would be tracked as IFI 50-261/93-09-01: Correct decision block A-13 to provide a proper response to RCS barrier question. Except as stated above, the EALs did not contain any impediments or errors which could lead to incorrect or untimely classification.

The inspector audited selected controlled copies of the EP, PEPs, and the Emergency Telephone Directory in the Control Room, TSC, and the EOF for the most current revision. No problems were identified.

Three emergency declarations, two NOUEs and one Alert, were made by the licensee since September 1992.

- September 30, 1992      Alert - Unplanned release of toxic gas into a vital area. Seven cylinders of Fire suppression system CO2.
- October 31, 1992      NOUE - PORV PCV-456 failure to close. Violation issued by NRC Resident Inspector IR-92-28.
- December 2, 1992      NOUE - TS shutdown due to loss of containment integrity.

The inspector reviewed the EALs and conditions prompting each classification. Except as noted in IR-92-28, the review indicated that the classifications were made correctly and offsite notifications were timely.

Section 5.6 of the EP, "Maintaining Emergency Preparedness" addressed the performance of a variety of required activities, including drills, educational information to the public, testing of communication systems, training for licensee and offsite emergency response personnel, and other program maintenance activities. The inspector reviewed documentation for the following activities:

- Inspections and Audits
- Emergency Communications Test Results
- Alert and Notification System Test Results
- Emergency Plan Augmentation Callout
- Emergency Plan Radiation Instruments and Emergency Kit Inspection and Checks

The audits and tests were comprehensive and conducted in accordance with the EP. The licensee took credit for an augmentation drill in response to a real event on August 22, 1992, in which a NOUE was declared for a "Loss of Power." The beepers were activated at 11:18 a.m. and the TSC and OSC were activated 12:15.

By reviewing documentation and discussion with licensee personnel, the inspector determined that the following NRC INs applicable to emergency planning were reviewed by the licensee and distributed to cognizant personnel. The inspector noted that corrective actions, were taken when appropriate:

- IN 92-62: Emergency Response Information Requirements for Radioactive Material Shipments
- IN 92-72: Employee Training and Shipper Register Requirements for Transporting Radioactive Materials
- IN 93-07: Classification of Transportation Emergencies

No violations or deviations were identified.

3. Review of Licensee's Emergency Preparedness Improvement Program (82701)

Due to numerous emergency preparedness program weaknesses identified by the licensee and the NRC during an emergency exercise conducted in the fall of 1991 (NRC Inspection Report No. 50-261/91-26), the licensee recognized the need to reevaluate the overall effectiveness of the emergency preparedness program. To accomplish the task the licensee initiated the EPI. Elements of the improvement program included: assessment and upgrading the Emergency Preparedness organization; commitment to conduct monthly drills; enhancement of scenario development and drill control; use of simulator in exercises; evaluation of the appropriateness of EAL determination process; pursuit of industry good practices; evaluation of ERO responsibilities; improvement of the EP training program and ERO proficiency; and installation of additional management involvement and responsibility in the Emergency Preparedness program.

The inspector reviewed of the licensee's progress in implementing the EPI program. Most of the plan's tasks had been completed with the exception of those associated with the Emergency Preparedness training program. The licensee initially planned to have most of the EPI completed by the end of the first quarter in 1992. However, as work progressed, the licensee determined that a comprehensive rework of the Emergency Preparedness training program was needed to make significant program improvements. At the time of the inspection, most of the EPI items were to be completed and full implementation of the new Emergency Preparedness training program was scheduled for the end of 1993.

No violations or deviations were identified.

4. Emergency Facilities, Equipment, Instrumentation, and Supplies (82701)

Pursuant to 10 CFR 50.47(b)(8) and (9), and 10 CFR 50.54(q), and Section IV.E of Appendix E to 10 CFR 50, this area was inspected to determine whether the licensee's ERFs and other essential emergency equipment, instrumentation, and supplies were maintained in a state of operational readiness, and to assess the impact of any changes in this area upon the emergency preparedness program.

The inspector toured the licensee's ERFs. As a result of the EPI, several new changes had occurred since the September 1992 NRC inspection. The EOF and TSC layouts were reorganized and furnished with

new carpet, desks and chairs. Each work station had its own desk with a lamp, telephone, writing material, and set of procedures. In addition, the following equipment was observed in the EOF and TSC:

- Six computers in the EOF and eight in the TSC were capable of displaying CSFSTs, extensive records of environmental data, and performing dose projections
- A television monitor that could be used for staff briefing or tuned to the plant television system
- Three ERFIS computer terminals in the EOF and four in the TSC with video printers
- A "White Noise Generator" for background noise dampening

The inspector observed an operational demonstration of the ERFIS terminals and computers in the EOF and TSC. The systems were successfully accessed and were immediately available for use.

The inspector observed and verified the operability of the following communication equipment:

- ESSEX - Normal Southern Bell line
- Northern Telecom - Onsite switchgear
- Automatic Ring-Down system, EOF, and TSC
- Blue two party line from the EOF to their counterpart
- FTS 2000
- Selective Signaling EOF/TSC/CR/Emergency Preparedness office

The facilities were well planned to optimize the use of space and the flow of information.

The licensee's documentation of required communications tests was reviewed for the period of September 1992 through March 1993. The following items were reviewed for the EOF and TSC: (a) monthly communications system functional tests; (b) monthly communications drills involving message transmission to the State Warning Point via the Automatic Ring-Down; and (c) tests of the ENS and HPN. According to the records, prompt corrective actions were undertaken when equipment deficiencies were identified.

The inspector reviewed the battery assessment for the Robinson Plant Telecommunications Facilities. A battery assessment was performed for each of the CP&L nuclear sites as a result of the February 1993, partial loss of communications event at Brunswick. Most licensee's telecommunications systems have received numerous upgrades or additions since their initial installation. The assessment indicated that the battery system was designed to provide 88 amps for eight hours before the operating voltage dropped to 42 volts, the threshold of operation for the telephone system. The assessment indicated that the normal load on the system was currently 86 amps. The 2 amp margin was discussed

with the licensee. The licensee stated that, if 86 amps was the normal operating load during an emergency and site personnel would be evacuated, demand on the telephone system would be less with the site evacuated. The inspector acknowledged that the telephone normal loading was within the design loading of the batteries. However, the inspector noted that a site evacuation does not occur until a Site Area Emergency, and the licensee staffs the TSC at an Alert and may opt to staff the EOF at an Alert. This condition could place an increased demand on the system which would be greater than normal.

The inspector observed the EOF Emergency Ventilation System. The ventilation room was clean and all ducting, dampers, and monitors appeared to be maintained and in good working condition. The last annual test of the EOF/TSC Emergency Ventilation System was reviewed and reported in the September 1992 inspection. The test indicated that the system functioned properly.

The licensee relocated the OSC to the first floor of the new Operations and Maintenance Building. The inspector noted that the new OSC was more spacious and conveniently located than the previous OSC. The new facility was in the proximity of the maintenance shops, respirator gear, and the radiological laboratories.

Attachment 8.3, "Emergency Kit Inventory" of procedure RST-003 "E&RC Surveillance Test Procedure," specifies the required emergency kits inventory. The inspector reviewed inventory records from September 1992 through March 1993, of the various emergency kits and concluded that the emergency kits were being properly maintained.

The ENS consisted of 45 fixed sirens (four in Lee County, 13 in Chester County, and 28 in Darlington County). Testing was performed under the jurisdiction of the respective counties emergency management agencies, with test results forwarded to the licensee. The inspector reviewed documentation of bi-weekly silent test, quarterly growl test, and annual full activation test. Documentation indicated the test results were satisfactory and timely corrective actions were taken when necessary. One test failure was during the November 15, 1992, full actuation. Chester County could not activate the sirens from the EOC and the sirens had to be activated from the Warning Points. The system was successfully retested on December 5, 1992. The inspector reviewed a letter to FEMA dated December 12, 1992, that stated the licensee's sirens exceeded the annual 90 percent capability criteria. Documentation indicated that from January 4, 1992 through November 24, 1992, for all sirens tested, 2831 passed, and 46 failed.

The inspector concluded that the ERO facilities and emergency equipment was appropriately maintained. No violations or deviations were identified.



5. Organization and Management Control (82701)

Pursuant to 10 CFR 50.47(b)(1) and (16) and Section IV.A of Appendix E to 10 CFR Part 50, this area was inspected to determine the effects of any changes in the licensee's emergency response organization and/or management control systems in the emergency preparedness program and to verify that such changes were properly factored into the EP and PEPs.

In a telephone conversation with the Darlington County Emergency Preparedness Agency, the inspector discussed the site's working relationship in Emergency Preparedness with offsite agencies. The agency described the licensee as being open and responsive to the needs and concerns of the local communities.

The inspector determined that CP&L's Nuclear Power organization was undergoing a significant decentralizing re-organization. The status of the corporate Emergency Preparedness group had not been announced prior to the inspection. Some corporate Emergency Preparedness functions could be moved to the sites. The inspector determined from licensee representatives that the licensee planned to maintain a corporate Emergency Preparedness unit which could include a manager of Emergency Preparedness and Emergency Preparedness specialist to monitor Emergency Preparedness industry efforts, provide a interface with related outside agencies, review and interpret regulatory and industry documents and provide limited support to the sites for exercises and drills.

Prior to December 1991, the site Emergency Preparedness Section consisted of an Emergency Preparedness Specialist and Senior Specialist which reported to the Manager of Emergency Preparedness and Security. As part of the EPI, in December 1991, the licensee moved the Emergency Preparedness function and responsibility from the Manager of Emergency Preparedness and Security to a newly created Manager of Emergency Preparedness who reported directly to the Robinson Site Vice President. The organization change was temporary and made to direct additional management attention and support to the emergency preparedness program until the EPI was completed. The inspector discussed plans for the Emergency Preparedness organization once the EPI was completed. Tentative plans called for a site Emergency Preparedness section that would report to the section manager of Regulatory Affairs who would report to the Site Vice President. The proposed Emergency Preparedness section would have a Emergency Preparedness unit manager, three specialists, and one full time clerk assigned to the Emergency Preparedness staff.

The inspector discussed several personnel changes within the ERO with the licensee's staff. The qualifications and training records of personnel serving in new ERO positions were reviewed by the inspector. All personnel changes appeared appropriately qualified and trained for their ERO responsibilities. The inspector determined that the

licensee's decentralization activities could also affect the ERO, in that, many of the EOF positions which were currently filled by personnel from the corporate office could be filled by personnel assigned to the station.

No violations or deviations were identified.

6. Independent Review/Audits (82701)

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 has a corrective action system for deficiencies and weaknesses identified during exercises and drills.

This area was inspected to determine whether the licensee had performed an independent audit of the emergency preparedness program, and whether the emergency planning staff had conducted a review of the Radiological Emergency Plan and the Emergency Plan Implementing Procedures. Requirements applicable to this area are contained in 10 CFR 50.54(t).

The most recent Emergency Preparedness audit R-EP-93-01 was performed during the period of March 29 to April 7, 1993, and had not documented at the time of inspection. The inspector discussed the scope of the NAD assessment with the audit team leader. The audit scope and plan were detailed, inclusive and appropriate considering changing emergency preparedness activities.

The inspector discussed the qualifications of the audit team members with the lead auditor. The inspector determined that the audit teams utilized qualified personnel, including a consultant with emergency planning experience and an employee with a health physics background. The qualifications of the team members was good and appeared appropriate for the audit scope.

The lead auditor provided the inspector with a copy of the preliminary audit exit debrief findings provided to management on April 8, 1993. The assessment identified one adverse condition requiring an ACR. The ACR was written for failure to update the emergency telephone list in PEP-171, "Emergency Communicator and Staff," Revision 32, dated December 23, 1992. PEP-652, Emergency Facilities and Equipment, Revision 5, dated June 25, 1990, required the telephone list be updated quarterly. The inspector also noted that the debrief notes documented several issues that were identified as weaknesses. These items were not cited as adverse conditions since they were not direct violations of licensee commitments. However, some of these findings had accurately pointed out emergency preparedness program weaknesses which were also observed by the inspector. The inspector stated that a review of the audit report and corrective actions to findings would be reviewed in a future inspection.

IFI 50-261/93-09-02: Review of corrective actions to findings identified in NAD audit reports.

Audits performed by NAD identified findings that were insightful and addressed appropriate program areas requiring improvements. The audits were adequate in depth and coverage of the program met the requirements identified in 10 CFR 50.54(t). The inspector traced audit findings to verify that they were being tracked (QDR) and adequately responded to by the Emergency Preparedness organization. The inspector reported to licensee management that NAD's assessment program for emergency preparedness program continued to be a program strength.

The licensee's corrective action program; as described in PLP-026, "Corrective Action Program," Revision 11, dated January 5, 1993, permitted the use of a corrective action sub-program. The procedure described the requirements for a corrective action sub-program in Attachment 7.2, "Sub-program Requirements." The corrective action sub-programs were used for adverse conditions that were below the trigger levels requiring the issuance of an ACR. The inspector reviewed PEP-002, "Emergency Preparedness Corrective Actions Sub-Program," Revision 0, dated September 30, 1992. The procedure required adverse conditions, which did not meet the criteria for an ACR specified in PLP-026, be documented on a MAC report. The licensee had utilized the system for two issues:

- MAC 92-01, Failure of Site Accountability Process, dated October 23, 1992
- MAC 92-2, Failure of "Station Speed" feature referenced in PEP-171 to activate beepers, dated December 12, 1992

The inspector determined that the adverse condition identified in MAC 92-02 had been corrected and the Minor Adverse Condition report closed March 3, 1993. However, the corrective action for MAC 92-01 had not been completed prior to the inspection exit. Two issues concerning the corrective action sub-program are discussed below. The first concerning the status of MAC 92-01 and the second concerning 1992 EP exercise critique findings.

- MAC 92-01 was issued following a EP exercise held on October 21, 1992, in which, the licensee failed to complete site personnel accountability as defined in PEP-502 "Personnel Accountability", Revision 6, dated October 10, 1991. During the drill the licensee failed to account for all E&RC personnel onsite. The licensee's procedures require the accountability of all personnel onsite which included those individuals in and out of the protected area. To correct the deficiency, a policy decision was made to eliminate the areas outside the protected area from the accountability process and to change the applicable procedures to reflect that policy. The inspector determined that the applicable procedures had been revised but they were not implemented since a sufficient number of the ERO personnel had not received training on the new procedures. Licensee representatives reported that fifty percent of the affected organization must be trained on the revised procedures before the procedures can become effective. The

training was scheduled to be completed in April, 1993. The licensee planned to conduct another accountability drill following the implementation of the revised procedures.

- The licensee conducted exercise critiques following the dress rehearsal exercise on October 30, 1992, and the annual EP exercise on November 17, 1992. In each of the critiques, the licensee identified strengths, deficiencies, and comments for each emergency response facility. These findings were accumulated and listed by the EP staff. The critique findings were sent to the EP Functional Managers by the EP Manager in a memorandum dated January 8, 1993. The memorandum requested the managers review the critique items assigned to them. The managers were supposed to determine if the critique items were a valid concern or problem and perform one of the following actions: 1) process the item in their corrective action sub-programs; 2) request the Emergency Preparedness section process the items; 3) explain why the issue was not a problem; or 4) provide the necessary corrective action. The inspector noted the memorandum directing the assignment did not specify a required response format (determination of root cause, corrective action schedule, etc.) and did not specify a maximum response time, for the functional managers to complete their review and propose corrective actions. At the time of the inspection, all of the managers had not responded with their assessments or plan of action and none of the findings had been entered onto the corrective action sub-program. The method of the managers response had also varied and was informal in some cases.

The inspector stated that the corrective action for MAC-01 and the process of identifying and issuing MACs for 1992 exercise critique issues did not appear to be timely. The inspector also noted that the licensee's EP corrective action sub-program did not have the administrative controls to ensure appropriate corrective actions were identified and implemented in a timely manner. The procedure lacked details concerning a maximum time limit for adverse condition assessment and proposed corrective action development, guidance for determining root cause assessment, and procedures for resolving corrective action disputes. The preliminary findings of the licensee's most recent EP audit R-EP-93-01, completed the week prior to the inspection, also identified these problems. As stated in the Emergency Preparedness Debrief Notes, dated April 8, 1993; "The corrective action program in use by the EP Section for drill and exercise critique items is not structured such that it will track, trend, and ensure adequate and timely corrective actions of identified deficiencies". The issue was identified, as a weakness and not an adverse condition, by the audit team.

The corrective action issues were discussed with the EP Manager. The Manager recognized the need to evaluate and modify the corrective action process as necessary to improve corrective action timeliness and controls. The inspector stated that a review of the licensee's

corrective action program for EP related deficiencies would be made in a future inspection. This review was identified as IFI 50-261/93-09-03: Review Corrective Action Program for EP related deficiencies.

No violations or deviations were identified.

#### 7. Training (82701)

Pursuant to 10 CFR 50.47(b)(2) and (15), and Section IV. F of Appendix E to 10 CFR Part 50, this area was inspected to determine whether the licensee's key emergency response personnel were properly trained and understood their emergency responsibilities.

The inspector selected nine members of the ERO and reviewed their training records. The nine members selected were new members of the RNP management structure. The training records were computerized and tracked on the licensee's NETS system. Procedure Training Instruction 305, Emergency Preparedness Training Program, Revision 0, defines the training program. TI 305, Attachment 1, Training Requirements, was a matrix which listed the ERO position and referenced the required training for the position. The inspector used TI 305, Attachment 1 and the NETS system and verified the nine ERO members training was initially given and that the training was up-to-date. The inspector also verified the computer listing against hard copies of individual training documentation. No deficiencies were identified.

The inspector interviewed a SRO qualified as a Site Emergency Coordinator. In order to assess the depth of Emergency Preparedness training, the inspector asked a variety of questions:

- Discuss the philosophy, organization, and use of the EAL
- Emergency Preparedness organization and responsibilities
- Facility activation and time and staffing requirement
- Notification requirements
- A progressive scenario with classification
- PAR and a demonstration of the use of EPZ map

The inspector concluded that the interviewee's knowledge more than adequately demonstrated a sufficient understanding of Emergency Preparedness program.

The inspector reviewed documentation that indicated offsite training, as specified in the Plan, was provided to Wilson Clinic on February 18, 1992, Hartsville Fire Department on September 22, 1992, Byerly Hospital and Bishop EMS on December 10, 1992, Pine Ridge Fire and Rescue on December 29, 1992.

The licensee's Emergency Preparedness staff, in cooperation with other facility departments, corporate office, and other CP&L sites, was engaged in a significant effort to improve the Emergency Preparedness training program. The licensee's training program improvement goals were to clearly define ERO position qualifications, responsibilities,

task, and training needs; develop improved lesson plans; and provide improved training. In January 1993, the Emergency Preparedness Manager recognized that the training program improvements were not progressing at a rate to have the improved Emergency Preparedness training program implemented and the ERO staff trained by the end of 1993. At about this time a decision was made to apply the site specific Emergency Preparedness training program under development at the Brunswick Nuclear Power Station to the Robinson site. The proposed training program, identified as the Emergency Preparedness Improvement Project, utilized a systematic approach to training methodology. The method was to be utilized in five phases to improve training program (analysis, design, development, implementation, and evacuation). The responsibility for revising the Emergency Preparedness training program was moved from the Training Department to the Emergency Preparedness Manager in March, 1993. A Senior Specialist from the Robinson Nuclear Training Department was assigned to coordinate the Robinson Emergency Preparedness training improvement project. The inspector discussed the training improvement project's goals and objectives, methods and processes, and implementing schedule with licensee representatives. The licensee's approach for improving the Emergency Preparedness training program appeared logical, comprehensive, and systematic. At the time of the inspection the licensee was completing the analysis phase of the project. The licensee planned to begin the implementation phase on or before June 28, 1993, and have the training conducted prior to September 7, 1993. The licensee was proceeding with the project and on schedule to meet the implementation date during the inspection.

The licensee had recently issued a new procedure, PEP-001, Emergency Preparedness Program and Emergency Response Organization Responsibilities, Revision 0, dated April 10, 1993, which stated, that all personnel who are assigned to fill a position should attempt to rotate such that everyone gets as much experience as is afforded by the drill schedule for the year. However, the licensee did not have a good method for periodic assessment of ERO personnel participation in drills or exercises. The licensee had a requirement to have ERO members document completion of all required training and their participation in drills and exercises during the year. The licensee was reviewing possibilities of automating a ERO drill status report, utilizing the NETS system, for monitoring ERO drill participation.

In 1992, the licensee conducted monthly Emergency Preparedness drills and exercises through November. After November, the licensee began bimonthly exercises. The drills included tabletop exercises and combined functional drills. In interviews with selected ERO personnel, the employees reported the numerous drills and exercises they had performed in during the EPI had been the most valuable method of training for them.

No violations or deviations were identified.

## 8. Exit Interview

The inspection scope and results were summarized on April 16, 1993, with those persons indicated in Paragraph 1. There were no dissenting remarks by the licensee. No proprietary information was reviewed during this inspection.

<u>Item Number</u>	<u>Description and Reference</u>
50-261/93-09-01	IFI - Correct decision block A-13 to provide a proper response to RCS barrier question (Paragraph 2).
50-261/93-09-02	IFI - Review of corrective actions to findings identified in NAD audit reports (Paragraph 6).
50-261/93-09-03	IFI - Review Corrective Action Program for EP related deficiencies. (Paragraph 6).

## 9. Acronyms and Initialisms

ACR	Adverse Condition Report
AMPs	Amperes
AP	Administrative Procedure
CFR	Code of Federal Regulation
CR	Control Room
CSFST	Critical Safety Function Status Tree
CO2	Carbon Dioxide
CP&L	Carolina Power and Light
CPM	Counts Per Minute
E&RC	Environmental and Radiation Control
EAL	Emergency Action Level
EMS	Emergency Medical Staff
ENS	Emergency Notification System
EOF	Emergency Operations Facility
EP	Emergency Plan
EPI	Emergency Preparedness Improvement
EPZ	Emergency Planning Zone
ERFIS	Emergency Response Facility Information System
ERFs	Emergency Response Facilities
ERO	Emergency Response Organization
FEMA	Federal Emergency Management Agency
FTS	Federal Telephone System
HPN	Health Physics Network
IFI	Inspector Followup Item
IN	Information Notice
IR	Inspection Report
MAC	Minor Adverse Condition
NAD	Nuclear Assessment Department
NOUE	Notification of Unusual Event
NETS	Nuclear Education Training Scheduling
NRC	Nuclear Regulatory Commission

OSC Operational Support Center  
PAR Protective Action Recommendation  
PEP Plant Emergency Procedure  
PLP Plant Program  
PCV Pressure Control Valve  
PORV Power Operated Relief Valve  
RNPB Robinson Nuclear Plant Department  
SAT Systematic Approach to Training  
TS Technical Specification  
TSC Technical Support Center