



UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION II
245 PEACHTREE CENTER AVENUE NE, SUITE 1200
ATLANTA, GEORGIA 30303-1257

July 30, 2014

Mr. Scott L. Batson
Site Vice President
Duke Energy Carolinas, LLC
Oconee Nuclear Station
7800 Rochester Highway
Seneca, SC 29672

SUBJECT: OCONEE NUCLEAR STATION – NRC TRADITIONAL ENFORCEMENT FOLLOW UP INSPECTION REPORT 5000269/2014013, 05000270/2014013, AND 05000287/2014013

Dear Mr. Batson

On June 26, 2014, the U.S. Nuclear Regulatory Commission (NRC) completed a follow up inspection for four Severity Level (SL) IV violations identified between January 25, 2013, and September 23, 2013, at your Oconee Nuclear Station. The enclosed report documents the results of this inspection which were discussed on June 26, 2014, with you and other members of your staff. The inspector did not identify any findings or violations of more than minor significance.

The objectives of this follow up inspection were to provide assurance that: 1) the causes of multiple SL IV traditional enforcement violations were understood; 2) the extent of condition and extent of cause of multiple SL IV traditional enforcement violations were identified; and 3) corrective actions for traditional enforcement violations were sufficient to address the causes. The inspector determined that, in general, these inspection objectives were met.

In accordance with 10 CFR 2.390 of the NRC's "Rules of Practice," a copy of this letter, its enclosure, and your response (if any) will be available electronically for public inspection in the NRC Public Document Room or from the Publicly Available Records System (PARS) component of the NRC's document system (ADAMS). ADAMS is accessible from the NRC Website at <http://www.nrc.gov/reading-rm/adams.html> (the Public Electronic Reading Room).

Sincerely,

/RA/

Gerald J. McCoy, Chief
Reactor Projects Branch 1
Division of Reactor Projects

Docket Nos.: 50-269, 50-270, 50-287
License Nos.: DRP-38, DRP-47, DRP-55

Enclosure: NRC Supplemental Report
05000269/2014013, 05000270/2014013,
05000287/2014013 w/Attachment: Supplementary Information

cc distribution via ListServ

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S. Batson

2

Letter to Scott L. Batson from Gerald J. McCoy dated July 30, 2014

SUBJECT: OCONEE NUCLEAR STATION – NRC TRADITIONAL ENFORCEMENT FOLLOW
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05000287/2014013

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U. S. NUCLEAR REGULATORY COMMISSION

REGION II

Docket Nos: 50-269, 50-270, 50-287

License Nos: DPR-38, DPR-47, DPR-55

Report Nos: 05000269/2014013, 05000270/2014013, 05000287/2014013

Licensee: Duke Energy Carolinas, LLC

Facility: Oconee Nuclear Station, Units 1, 2, and 3

Location: Seneca, SC 29672

Dates: June 16, 2014, through June 26, 2014

Inspectors: E. Crowe, Senior Resident Inspector

Approved by: Gerald McCoy, Chief
Reactor Projects Branch 1
Division of Reactor Projects

Enclosure

SUMMARY OF FINDINGS

IR 05000269/2014-013, 05000270/2014-013, 05000287/2014-013; 06/16/2014 – 06/26/2014;
Oconee Nuclear Station Units 1, 2 and 3; Traditional Enforcement Follow Up Inspection

The report covers a ten-day period of inspection by the Oconee Senior Resident Inspector. No findings were identified. The NRC's program for overseeing the safe operation of commercial nuclear power reactors is described in NUREG-1649, "Reactor Oversight Process," Revision 5 dated February 2014.

The inspector concluded that, in general, for these violations, the causes were understood by the licensee, the extent of condition and extent of cause were identified to the extent required by Oconee Nuclear Station procedures, and the licensee's corrective actions were sufficient to address the identified causes.

Enclosure

REPORT DETAILS

4. OTHER ACTIVITIES

Cornerstones: Initiating Events, and Mitigating Systems

4OA5 Other Activities

.1 Follow Up Inspection for Three or More Severity Level IV Traditional Enforcement Violations in the Same Area in a 12-Month Period

a. Inspection Scope

This inspection was conducted in accordance with Inspection Procedure (IP) 92723, "Follow Up Inspection for Three or More Severity Level (SL) IV Traditional Enforcement Violations in the Same Area in a 12-Month Period," to assess the licensee's evaluation of four SL IV violations that occurred within the area of impeding the regulatory process from January 25, 2013, to September 23, 2013. These violations were previously documented in NRC Inspection Reports as:

- (1) NCV 05000269, 05000270, 05000287/2012005-01
- (2) NCV 05000269, 05000270, 05000287/2013003-01
- (3) NCV 05000269, 05000270, 05000287/2013003-02
- (4) NCV 05000269, 05000270, 05000287/2013007-03

The inspection objectives were to:

- Provide assurance that the causes of multiple SL IV traditional enforcement violations were understood by the licensee;
- Provide assurance that the extent of condition and extent of cause of multiple SL IV traditional enforcement violations were identified; and
- Provide assurance that licensee corrective actions for traditional enforcement violations were sufficient to address the causes.

The inspector reviewed individual corrective actions and causes associated with each of four individual SL IV violations. Additionally, the inspector reviewed the common problem identification program (PIP) corrective action document to evaluate the licensee's aggregate cause determination for these four SL IV violations. The inspector compared and contrasted the causes and corrective actions identified in the aggregate SL IV violations corrective action document with those of each individual corrective action document. The inspector reviewed station procedures related to the corrective action program to identify requirements for cause determinations and extent of cause and extent of condition determinations. Additionally, the inspector reviewed station procedures related to operability determinations and reportability determinations as this was the focus of the licensee's aggregate cause determination for these four SL IV violations. The inspector searched the licensee's corrective action database and NRC databases for other traditional enforcement violations to evaluate past occurrences of

Enclosure

traditional enforcement violations. The inspector held discussions with licensee personnel to ensure that the causes were understood and corrective actions were appropriate to address the causes.

.2 Evaluation of the Inspection Requirements

2.01 Review of Problem Identification

a. Determine that the licensee's evaluation identified how each of the issues were identified, how long they existed, and prior opportunities for identification

The inspector determined that the licensee's evaluation addressed how each of the issues were identified, how long they existed, and prior opportunities for identification. Each issue was entered into the licensee's Corrective Action Program (CAP) as PIP O-13-06184; PIP O-13-05693; PIP O-12-14345; and PIP O-13-08584 after the licensee received the NRC inspection report containing the violation. Each issue was individually evaluated as required by the licensee's CAP and individual corrective actions were identified to restore compliance. Additionally, the licensee performed a self-assessment for three of the four SL IV violations (NCVs 05000269, 05000270, 05000287/2012005-01; 05000269, 05000270, 05000287/2013003-01; and 05000269, 05000270, 05000287/2013003-02) through the licensee's apparent cause determination process outlined in NSD 208, "Problem Investigation Program." This self-assessment is captured in PIP O-13-06185. The licensee identified three apparent causes and one contributing cause. The licensee concluded commonality of untimely reporting existed between two of the four violations due to lack of rigor in tracking issues to ensure that issues received appropriate organizational focus. The self-assessment did not directly establish how long this organizational weakness existed, but a review of the CAP for previous occurrences was conducted. No significant occurrences were discovered and thus the self-assessment did not draw a conclusion of how long this issue existed. The inspector performed a review of the licensee CAP, NRC databases, and NRC inspection reports in an effort to draw conclusion on how long these issues existed. The inspector determined due to lack of additional significant occurrences that the issues were recent and licensee peer reviews, supervisory oversight, and licensee self-assessments would not have identified the problem and thus lacked opportunities for prior identification.

The inspector noted that the fourth SL IV violation (NCV 05000269, 05000270, 05000287/2013007-03) involved a fire protection program change that did not meet Oconee license condition requirement for NFPA 805 Chapter Three. The inspector noted this violation was not included in the self-assessment aggregate evaluation. The inspector reviewed PIP O-13-08584 to evaluate the licensee cause evaluation and proposed corrective actions. The inspector determined the licensee's proposed corrective actions were adequate to restore compliance. Also, the inspector determined that this was the first occurrence of this issue; no prior opportunities existed for discovery of an organizational weakness.

b. Findings

No findings were identified.

2.02 Evaluate Cause, Extent of Condition, and Extent of Cause Evaluations

a. Determine that the group of SL IV violations received an evaluation at an appropriate level of detail using a systematic method(s) to identify cause(s)

The inspector determined that each SL IV had received an evaluation at an appropriate level of detail as required by the licensee's corrective action program station procedure NSD 208, "Problem Investigation Program," rev 41, (i.e. apparent cause determination or quick cause evaluation). The inspector determined that three of the four SL IV violations were collectively reviewed using a systematic process to identify any common cause(s). The licensee did not identify a common cause that encompassed three of the four SL IV violations evaluated. The collective evaluation focused upon untimely 10 CFR 50.72 and 10 CFR 50.73 reporting of two of the four SL IV violations. The collective evaluation identified three common causes and one contributing cause.

The inspector reviewed the licensee's CAP documents identified in section 2.01 of this report to evaluate potential process and human performance issues. The inspector noted the collective evaluation contained a section for an evaluation of these issues but did not identify any process or human performance issues. The inspector reviewed corrective actions contained in CAP documents related to the individual issues. The inspector noted those corrective actions contained items related to training and recommended procedural changes which are human performance issues. The licensee entered this observation into their CAP as PIP O-14-07184.

b. Determine that the evaluation included a consideration of how prior occurrences in the same traditional enforcement area (willfulness, regulatory process, or consequences) were addressed by the licensee

The inspector determined that the licensee's evaluation included a consideration of how prior occurrences in the area of impeding the regulatory process were addressed. The inspector noted the licensee performed a search of their CAP database for previous traditional enforcement violations. This search also included "untimely," "late," "incomplete," and "inaccurate" keyword searches which produced multiple CAP documents. The licensee also identified several similar instances in their internal operating experience search related to late 10 CFR 50.72 and 10 CFR 50.73 reporting which did not involve NRC violations. The licensee noted in the aggregate evaluation that numerous corrective actions were generated in response to the previous events which failed to prevent the occurrence of the two of the three SL IV violations of this collective evaluation. The collective evaluation reinforced the need for the corrective actions noted in each individual CAP associated with the three SL IV violations.

The inspector reviewed the four SL IV violations to determine if they were due to weaknesses in the station's CAP. The inspector identified that commonality existed among three of the four SL IV violations in that processes both lacked rigor in objective completion times and had weakness in tracking of current issues. The inspector identified the licensee has adequately captured this weakness in their CAP. The inspector noted the licensee's corrective action for this deficiency was to establish a desktop guideline controlled solely by the Regulatory Affairs Manager and not part of a formal established process. Additionally, the inspector noted that licensee personnel were reliant upon established CAP software to track due dates for various components of the CAP. The inspector discovered from personnel interviews that the licensee was using this program to track timeliness of reporting. NSD 208, "Problem Investigation Program governs the CAP process including the extension of reportability and operability evaluations. This procedure was silent on guidance for extending due dates. The inspector determined that proposed/completed corrective actions established in each individual issue PIP addressed this observation.

The fourth SL IV (PIP O-13-08584) involved a fire protection program change that did not meet Oconee license condition requirement for NFPA 805 Chapter Three. The inspector noted the aggregate evaluation was silent on this violation. The inspector evaluated the licensee's proposed/completed corrective actions for this issue and determined that they were sufficient to address the identified causes. The inspector determined that this violation did not have a commonality with the other three violations and, therefore, required no additional evaluation. The inspector provided this observation and the two listed in the previous paragraph to the licensee and the licensee entered these observations into their CAP as PIP O-14-07184. The inspector determined the observations identified above did not suggest a fundamental weakness with the station's CAP.

The inspector reviewed the licensee's CAP database to determine the existence of other similar type issues. The inspector identified two such occurrences; PIP O-02-01732 and PIP O-06-01789. The inspector determined these PIPs documented instances so far apart in time from the violations which were the subject of the inspection that no objective conclusion could be obtained in comparison of the six issues.

- c. Determine that the evaluation addresses the extent of condition and extent of cause of the problem.

The inspector reviewed the extent of condition and extent of cause evaluations contained within the apparent cause evaluation. The inspector noted that this aggregate evaluation identified that extent of condition evaluations were performed for each individual SL IV and documented in their respective corrective action document. The aggregate evaluation contained a summary of each extent of condition evaluation. The inspector determined, from his aggregate review of those individual evaluations, that the individual evaluations bounded the issues in three of the SL IV violations. The inspector did not identify any additional weaknesses related to the repeated four SL IV violations. Therefore, the inspector concluded that the repeated traditional enforcement violations were adequately addressed by the licensee and that the licensee's corrective actions could be reasonably expected to prevent additional violations.

Enclosure

d. Findings

No findings were identified.

2.03 Evaluated Corrective Actions

a. Determine that appropriate corrective action(s) are specified for each cause identified for the group of violations or that there is an evaluation indicating that no actions are necessary

The inspector compared/contrasted each cause identified in the aggregate evaluation with proposed/completed corrective actions to ensure the actions were appropriate to address the identified cause, were measurable in terms of future evaluation of effectiveness, and were captured in a formal licensee process. The aggregate evaluation identified three common causes and one contributing cause. The inspector evaluated the licensee corrective actions associated with these causes and determined the corrective actions were sufficient to address the common causes and contributing cause of the repetitive SL IV violations. The inspector also reviewed causes identified by the licensee in each corrective action program document of each for the individual SL IV violations. The inspector determined these corrective actions were appropriate to address each individual cause identified in each individual SL IV violation reviewed during this inspection. The inspector also used these corrective actions to inform the decision that the collective evaluation causes listed above were appropriately corrected.

The inspector noted that the licensee's corrective actions for the first two common causes were the development of an informal desktop guide. The inspector determined that this was a weak corrective action as it was not captured in a formal program to ensure it would be sustained. The inspector searched for additional corrective actions for these two common causes. The inspector discovered changes to procedure NSD 202 "Reportability" to address ambiguities associated with timeliness and to ensure alignment with the current revision to NUREG 1022, "Event Report Guidelines" revision 3. The inspector determined that the combination of changes to NSD 202, the creation of the informal desktop guide, informal training completed for Oconee Regulatory Affairs staff, and planned training for site engineering staff were appropriate corrective actions to address the first two common causes noted above. The inspector noted that the third common cause had no corrective actions listed. The inspector reviewed fleet procedures NSD 202, rev. 25; NSD 208, "Problem Investigation Program, rev. 41; and NSD 203, "Operability," rev. 26, because these procedures direct the reportability process or control aspects of the process and determined they provided sufficient guidance to accomplish the reportability of issues in a timely manner commensurate with safety. The inspector discussed these observations with the licensee which the licensee entered into their CAP as PIP O-14-07184.

- b. Determine that the corrective action have been prioritized with consideration of the regulatory compliance

The inspector determined that corrective actions were adequately prioritized with the consideration of regulatory compliance. The inspector identified that training was required for the engineering staff which was scheduled to be completed in September 2014.

- c. Determine that a schedule has been established for implementing and completing the corrective actions

The inspector determined that a schedule was established for implementing and completing the assigned corrective actions. The inspector noted that all corrective actions were complete as of the inspection date except for the training identified for the engineering staff.

- d. Determine that measures of success have been developed for determining the effectiveness of the corrective actions to prevent recurrence

The inspector determined that there were no measures of success developed for determining the effectiveness of the corrective actions to prevent recurrence. The inspector reviewed fleet procedure NSD 208 and determined that an effectiveness review was not required by the procedure for the priority level of the individual corrective action documents or the collective evaluation corrective action documents.

- e. Findings

No findings were identified.

4OA6 Management Meetings, Including Exit

On June 26, 2014, the inspector presented the inspection results to S. Batson and other members of the licensee staff. The licensee acknowledged the issues/observations presented. The inspectors verified that no proprietary information was retained by the inspector or documented in this report.

ATTACHMENT: SUPPLEMENTAL INFORMATION

Enclosure

SUPPLEMENTAL INFORMATION

KEY POINTS OF CONTACT

Licensee

S. Batson, Site Vice President
E. Burchfield, Engineering Manager
R. Guy, Organization Effectiveness Manager
D. Haile, Lead Engineer Regulator Affairs
T. Patterson, Director Organizational Effectiveness
T. Ray, Plant Manager
J. Smith, Regulatory Affairs
C. Wasik, Regulatory Affairs Manager

LIST OF DOCUMENTS REVIEWED

Corrective Action Documents:

PIPs O-02-01732, O-06-01789, O-06-07828, O-12-14345, O-13-05693, O-13-06184,
O-13-06185, O-13-08584

Procedures:

Draft Procedure AD-LS-ALL-006, Notification/Reportability Evaluation, Revision 0