

10 CFR 71.95 REPORT EVALUATION FORM

Docket No.: 71-9279
Package Model No.: HalfPACT
Report Submitted By: T.E. Sellmer, Nuclear Waste Partnership LLC
Report Date: November 11, 2013
Report ADAMS Accession No.: ML13318A909

Review the incoming report to determine if additional Commission or staff action is warranted. The review should consider whether the report identifies a generic defect or problem with the package design and the safety significance of the issue. Note that a high safety significance represents a potential for significant radiation exposure, medium safety significance represents a potential for some moderate radiation exposure, and low safety significance represents little or no potential for radiation exposure.

1. The report identifies:

- Significant reduction in the effectiveness of a package during use;
- Defect with a safety significance;
- Shipment in which conditions of the approval were not observed.

2. What is the safety significance? High Medium Low

3. Summary of the report:

On September 16, 2013, a shipment containing two TRUPACT-II and one HalfPACT packages, originated from the Advanced Mixed Waste Treatment Plant (AMWTP) at Idaho National Laboratory (INL), bound for the Waste Isolation Pilot Plant (WIPP) in New Mexico. This shipment was designated as a 10-day controlled shipment, in accordance with CH-TRU Payload Appendix 3.6, and was subject to the administrative controls identified in Section 6.2.3 of the CH-TRAMPAC. These controls specify that, upon arrival, the packages must be vented within the time limits specified in the operating procedures. The licensee reported that during this shipment, the HalfPACT package was not vented within the time limits specified. Therefore, the shipment did not meet the provisions of Condition 10 of the CoC. Condition No. 10 of the CoC states that "[f]or close proximity and controlled shipments meeting the conditions specified in Appendices 3.5 and 3.6, respectively, of CH-TRU Payload Appendices, shipping periods of 20 days and 10 days may be applicable." According to the licensee, the 9-day unloading time limit to vent the package upon arrival was exceeded by approximately 2 hours. All other conditions of the certificate were met, and there was no loss or dispersal of radioactive material as a result of this event.

4. Corrective actions taken by the licensee:

- A review was performed to identify if any additional controlled shipment packages were on site and the status of their vent times were established.
- Waste Handling Operations Management at the WIPP site implemented a "Standing Order" that requires all controlled shipments be processed (unloaded) using a "first in / first out" schedule until such time that the condition(s) that caused/contributed to the break down in the applicable administrative controls (procedures) for receipt and processing of controlled shipments has been identified and the appropriate corrective actions have been implemented.

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- A daily "Senior Supervisory Watch" has been implemented to verify the status and vent times for all controlled shipments at the WIPP site until such time that the condition(s) that caused/contributed to the breakdown in the applicable administrative controls (procedures) for receipt and processing of controlled shipments has been identified and the appropriate corrective actions have been implemented.
- A Root Cause Analysis will be performed to identify any factors that contributed to the failure in the administrative controls (procedures) for processing of controlled shipments at the WIPP site.
- All applicable WIPP site Waste Handling Operation Procedures will be revised once the root cause analysis has been completed and the root cause along with contributing factors of the failure in the process has been identified.
- Waste Handling Management to perform briefing of personnel on this incident along with any required training resulting from revisions to applicable procedures.

5. Staff comments:

The staff has reviewed the certificate holder's report, and its evaluation of the incident, and it agrees that the safety significance of the event is minor. The staff finds that the certificate holder's corrective actions should be sufficient to prevent future occurrences.

6. Staff conclusion:

- The report does NOT identify generic design or license/certificate issues that warrant additional Commission or staff action. This report is considered closed.
- There is a need to take additional action. Provide a summary of the bases and recommended actions:

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M. Ferdas, RI M. Sykes, II R Orlikowski, III ~~B. Spitzberg, IV~~ R. Kellar, RGN-IV
 D. Marcano ~~E. Benner~~ R. Temps P. Silva
 R. Boyle and M. Conroy, Department of Transportation
 R. Sun and A. McIntosh, FSME NMED Project Manager

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