

CATEGORY 1

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SUBJECT: Responds to NRC 980713 ltr re violations noted in insp repts 50-269/98-06, 50-270/98-06 & 50-287/98-06, respectively.
 Corrective actions: PIP 2-0-98-2679 was written to investigate 980518 event & implemented compensatory actions.

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W. R. McCollum, Jr.
Vice President

August 12, 1998

U. S. Nuclear Regulatory Commission
Attention: Document Control Desk
Washington, DC 20555

Subject: Oconee Nuclear Site
Docket Nos. 50-269, -270, -287
Inspection Report 50-269, -270, -287/98-06
Reply to Notices of Violation

Gentlemen:

By letter dated July 13, 1998, the NRC issued six Notices of Violation as described in Inspection Report No. 50-269/98-06, 50-270/98-06, and 50-287/98-06.

Duke Energy Corporation (Duke) accepts the violations. As described in Attachments 1 through 6, Duke is proposing corrective actions to address the root causes of the violations.

Pursuant to the provisions of 10 CFR 2.201, the attachments provide written responses to the subject violations as identified in the subject Inspection Report.

Corrective actions in Section 3 of each response are the only regulatory commitments in this submittal.

Very truly yours,

W. R. McCollum, Jr.
Site Vice President
Oconee Nuclear Station

IEO1/1

Attachments (6)

9808180023 980812
PDR ADOCK 05000269
G PDR

NRC Document Control Desk
August 12, 1998
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cc: Mr. L. A. Reyes, Regional Administrator
U. S. Nuclear Regulatory Commission, Region II

Mr. D. E. LaBarge, Project Manager
Office of Nuclear Reactor Regulation

Mr. M. A. Scott
Senior Resident Inspector
Oconee Nuclear Site

Attachment 1
Reply to Notice of Violation (Reply)
Violation 98-06-01

Restatement of the Violation

Technical Specification 6.4.1.e requires the station be maintained in accordance with approved procedures and that written procedures with appropriate checkoff lists and instructions be provided for preventive or corrective maintenance which could affect nuclear safety or radiation exposure to personnel.

Contrary to the above, on May 18, 1998, a self-disclosing event revealed that a procedure did not exist for the adjustment of loss of coolant restraints on the reactor coolant pumps. Without proper adjustment, the 2A1 reactor coolant pump shaft rubbed on a non-critical cover of the pump requiring the pump to be shutdown and repairs to be performed.

This is a Severity Level IV violation (Supplement I).

Reply to the Notice of Violation

Duke Energy acknowledges the violation.

1. The reason for the violation:

The Maintenance Department maintains a procedure, MP/0/B/1310/024, for reactor coolant pump motor removal and installation. This procedure recognizes the need for and refers to procedures for the removal and installation of snubbers, constant support hangers and pipe hangers. However, the need for including information concerning the necessary clearances for reactor coolant pump motor restraints was not identified.

The details of the Reactor Coolant Pump Motor LOCA Restraints, including the proper clearance to allow for thermal growth are shown on drawings maintained by the Civil Engineering Group at Oconee Nuclear Station. The restraints are robust, constructed of 2³/₄" diameter turnbuckles, not easily moved out of adjustment by accident, and not normally requiring re-adjustment following pump RCP motor installation. The cause of the turnbuckles being out-of-adjustment is not known.

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Violation 98-06-01

The Maintenance Department was not aware that clearances were specified on design drawings. Neither the Maintenance Department nor the Civil Engineering Group were aware that the turnbuckles had been adjusted. Therefore, the need for a procedure which included the necessary clearances had not been identified.

2. The corrective steps that have been taken and the results achieved:

a) PIP 2-O-98-2679 was written to investigate the May 18, 1998, event. The corrective actions within PIP 2-O-98-2679 were written to include having a procedure developed to provide proper clearances.

b) The Civil Engineering Group implemented compensatory actions to include steps for adjusting the LOCA restraints in the Troubleshooting Procedure, MP/O/B/1800/22. This allowed the necessary adjustments to be made to the RCP before the Unit 1 restart and will serve as administrative controls until a procedure for removal and replacement of the restraints is developed.

3. The corrective steps that will be taken to avoid further violations:

A procedure for removal and replacement of the LOCA restraints will be developed to include steps for verifying proper clearances to allow for thermal growth following RCP motor installation. This will be complete prior to the Unit 3 startup.

4. The date when full compliance will be achieved:

Duke Energy is in full compliance.

Attachment 2
Reply to Notice of Violation (Reply)
Violation 98-06-06

Restatement of the Violation

Technical Specification 6.4.1.j requires the station be operated in accordance with approved procedures and that written procedures with appropriate checkoff lists and instructions be provided for nuclear safety-related periodic test procedures.

Procedure IP/O/A/03/O/012B, Engineered Safeguards Logic subsystem 1 LPI Channel 3 On-line Test, Revision 28, Step 10.9.7 states to start the 1A low pressure service water pump by depressing the manual push-button for LPSW-P1A.

Contrary to the above, on May 18, 1998, the station (Unit 1) was not operated in accordance with approved procedures in that an operator in the control room started low pressure injection pump 1A instead of low pressure service water pump 1A. This resulted in an inadvertent start and run of an emergency core cooling system component, the 1A low pressure injection pump.

This is a Severity Level IV violation.

Reply to the Notice of Violation

Duke Energy acknowledges the violation.

1. The reason for the violation:

During the performance of IP/O/A/0310/012B Engineered Safeguards (ES) System Logic Subsystem 1 LPI Channel 3 On Line Test, the Reactor Operator (RO) started the 1A Low Pressure Injection (LPI) pump when the procedure called for starting the 1A Low Pressure Service Water (LPSW) pump. The RO knew that he was to start the 1A LPSW pump but in the process of looking at the procedure which was in the hand of the Single Point of Contact (SPOC) Technician, the RO did not look at the action step. Instead, he looked at the section overview statement which stated 'LP Service Water Pump Motor (LPSW-PA)' and focused on the 'LP' nomenclature. He then located the LP-P1A and asked the SPOC Technician if he agreed. Upon concurrence from the SPOC Technician he depressed the MANUAL button which started the 1A LPI pump. The error was quickly noticed and the 1A LPI pump was secured.

The root cause of this event was the failure of the RO to properly

Attachment 2
Reply to Notice of Violation (Reply)
Violation 98-06-06

implement self-checking in the conduct of the ES on-line procedure. He did not properly read the action step and match the action step nomenclature with the equipment nomenclature.

2. The corrective steps that have been taken and the results achieved:
 - a) The RO involved in this incident was removed from licensed duties and was placed in a program of remediation and evaluation. This mentoring program was established to ensure that the operator has the ability and a good understanding of the basic requirements needed to function on shift in a licensed capacity.
 - b) After a period of documented coaching and evaluation, the RO has been returned to licensed duties.
 - c) Management has taken the appropriate action with the RO concerning the proper application of self-checking principles.
 - d) Management has taken the appropriate action with the SPOC Technician concerning the responsibility, as the overall owner of the IP, to ensure that the procedure steps are completed correctly.

3. The corrective steps that will be taken to avoid further violations:

IP/0/A/0310/012B and all other ES Online procedures (ES Channels 1 through 8) shall be reviewed to incorporate correct nomenclature. These procedures should consider Independent Verification (IV) steps for all actions performed by Operations.

4. The date when full compliance will be achieved:

Duke Energy is in full compliance.

Attachment 3
Reply to Notice of Violation (Reply)
Violation 98-06-08

Restatement of the Violation

Technical Specification 6.4.1.e required the station be maintained in accordance with approved procedures and that written procedures with appropriate checkoff lists and instructions be provided for preventive or corrective maintenance which could affect nuclear safety or radiation exposure to personnel.

Nuclear System Directive 301, Nuclear Station Modifications, Revision 13, requires that prior to a modified system, structure, or component being ready for acceptance by the operational controlling group, procedure revisions, including new procedures, shall be completed.

Contrary to the above, on May 1, 1998, the licensee placed the Unit 2 siphon seal water system (Nuclear Station Modification ON-52932) in service without developing a new procedure for maintaining a portion of the system. Specifically, Procedure MP/0/A/1600/028, Strainer - Mueller - Removal, Cleaning, and Installation, Revision 0, was not issued to provide for cleaning the system strainers. This resulted in a delay in cleaning the strainers when indicated strainer pressure differential pressure exceeded the maximum scale reading.

This is a Severity Level IV violation.

Reply to the Notice of Violation

Duke Energy acknowledges the violation.

1. The reason for the violation:

Background Information: NSM ON-22932 installed a new Siphon Seal Water (SSW) System. This system provides seal water to the Essential Siphon Vacuum Pumps and to the Condenser Circulating Water (CCW) Pumps. Two duplex strainers were installed as a part of the new SSW System, to filter SSW as required for the CCW pump bearings.

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Violation 98-06-08

After the strainers were installed and the system was declared operable, a strainer basket fouled, as indicated by the strainer dP gauge. The strainer's handle was repositioned to isolate the fouled basket and align to the clean basket. After a short time, the second basket fouled. Engineering wrote a detailed trouble-shooting procedure, which provided strainer basket cleaning instructions. This trouble-shooting procedure was used to clean the fouled basket. Information and experience gained from generating and using the trouble-shooting procedure was then used to finalize the strainer basket cleaning maintenance procedure. A predefined work order was then established to ensure Operations could request the strainer baskets be cleaned by maintenance personnel upon request.

There are several reasons why the strainer maintenance procedure was not completed prior to placing the SSW System in service. Foremost, the lead engineer did not recognize the need for a procedure to perform strainer basket cleaning. Initially, Operations was to clean the strainers on operator rounds. During the latter stages of the design phase, Operations recommended that Maintenance clean the baskets in accordance with a predefined work order which required procedural guidance. It was assumed that Operations would generate the predefined work order and gather the necessary information from Engineering to complete the work order. The need for the procedure could have been made more evident with better communication between Operations and Engineering.

Other factors contributed to this violation. A more questioning attitude by the group generating the maintenance procedure could have prevented this problem. Though the lead engineer did not recognize the need for a procedure to clean the baskets, the need for a new maintenance procedure for the SSW strainers was identified by the lead engineer in the Initial Scope Document (ISD). Station procedure impact is required to be specified in the ISD per NSD-301.6.1.13. The maintenance procedure for installation, maintenance, and cleaning was being established prior to the system being put into operation. Completion of the maintenance procedure was allowed to be delayed by Engineering since these strainers were planned to be replaced with larger strainers. Again, this procedure was thought to only be required for routine

Attachment 3
Reply to Notice of Violation (Reply)
Violation 98-06-08

maintenance and the need for a cleaning procedure was not recognized.

2. The corrective steps that have been taken and the results achieved:

- a) A trouble-shooting procedure was used to clean the strainer baskets in the interim between SSW System operation and SSW Strainer maintenance procedure completion. This procedure provided detailed instructions and its use allowed Engineering to gather cleaning experience to input into the strainer cleaning maintenance procedure. Though not the preferred method, the trouble-shooting procedure was an acceptable interim means to control the strainer cleaning operation.
- b) The SSW Strainer maintenance procedure was approved within five days of SSW System operability and a predefined work order was generated.
- c) The existence of necessary maintenance procedures for all additional equipment installed for the service water modification was verified.
- d) As an interim measure, the maintenance procedure team has assigned an individual the responsibility of identifying and coordinating procedure revision/development for the upcoming Unit 3 refueling outage.

3. The corrective steps that will be taken to avoid further violations:

- a) This violation and the associated PIP will be communicated to all modifications, operations, and maintenance modification job sponsors and procedure personnel to emphasize the importance of clearly identifying and communicating procedure changes needed as a result of NSMs, and as required by NSD-301.
- b) Oconee has recently established a dedicated Configuration

Attachment 3
Reply to Notice of Violation (Reply)
Violation 98-06-08

Management Team. The interface between modifications and plant procedures will be enhanced as part of the configuration management process scope.

- c) The roles and responsibilities of the maintenance modification job sponsors will be clearly established and communicated to assure compliance with NSD-301.3.1.11.

4. The date when full compliance will be achieved:

Duke Energy is in full compliance.

Attachment 4
Reply to Notice of Violation (Reply)
Violation 98-06-09

Restatement of the Violation

10 CFR 50 Appendix B, Criterion V, Instructions, Drawings, and Procedures, states that activities affecting quality shall be prescribed by documented instructions, procedures or drawings, of a type appropriate to the circumstances and shall be accomplished in accordance with these instructions, procedures, and drawings.

Nuclear System Directive 209, 10 CFR 50.59 Evaluations, Revision 7, requires that changes to anything described in the safety analysis report describing controls over the plant configuration be evaluated for an unreviewed safety question.

Contrary to the above, May 27, 1998, the licensee changed the controls for limiting quadrant power tilt without evaluating the change for an unreviewed safety question. Specifically, the licensee changed the quadrant power tilt limits listed in the Unit 2 Cycle 17 core operating limits report without doing the unreviewed safety question determination.

This is a Severity Level IV violation.

Reply to the Notice of Violation

Duke Energy acknowledges the violation.

1. The reason for the violation:

The primary cause for this violation was the interpretation within Oconee Nuclear Design (OND) as to what constituted a Safety Analysis Report (SAR) 'modification', as described on the Nuclear Site Directive, NSD-209, 50.59 Screening form (question #2: 'Does the activity change procedures, methods of operation, or alter a test or experiment as described in the SAR?'). It was OND's position that the Core Operating Limits Report (COLR) revision and the Nuclear Application Software (NAS) Power Tilt Monitor update did not constitute a change in any procedures, methods of operation, and tests or experiment as described in the COLR (SAR). Also, it was thought that the SAR 'modification' was intended to address changes in the bases to the tilt Technical Specification 3.5.2, not a numerical change in the COLR and in the NAS Power Tilt

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Violation 98-06-09

Monitor. Oconee Technical Specification 3.5.2 was not affected by the COLR revision. This inappropriate interpretation of what constituted a change to the SAR led to the use of the screening form.

2. The corrective steps that have been taken and the results achieved:
 - a) As an immediate corrective step, a revision to the Oconee 2, Cycle 17 Reload Safety Evaluation 50.59 USQ Evaluation (OSC-7045, Revision 2) was made on May 27, 1998.
 - b) All other current cycle analyses were reviewed for similar problems, and two similar situations (COLR revisions made with a parallel 50.59 Screening) were discovered. To provide consistency, two revisions were made: Oconee 1, Cycle 18 Reload Safety Evaluation 50.59 USQ Evaluation (OSC-6907, Revision 3) on July 8, 1998, and Oconee 3, Cycle 17 Reload Safety Evaluation 50.59 USQ Evaluation (OSC-6654, Revision 4) on July 14, 1998.
 - c) This event was reviewed by the supervisor with the Nuclear Design group on June 30, 1998, stressing that any change whatsoever to a SAR (including, but not limited to COLR) document must be accompanied by a 50.59 USQ evaluation. In addition, during a refresher training on July 7 1998, it was stressed that all COLR revisions developed after the cyclic reload safety evaluation 50.59 USQ Evaluation is complete must be accompanied by their own 50.59 USQ Evaluation or a revision to the cyclic reload safety evaluation 50.59 USQ Evaluation.
 - d) A modification was made to internal Nuclear Design procedures which stressed that any change whatsoever to a SAR document must be accompanied by a 50.59 USQ evaluation.

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3. The corrective steps that will be taken to avoid further violations:

NSD-209 will be revised to clarify that any change whatsoever to a SAR document must be accompanied by a 50.59 USQ evaluation.

4. The date when full compliance will be achieved:

Duke Energy is in full compliance.

Attachment 5
Reply to Notice of Violation (Reply)
Violation 98-06-10

Restatement of the Violation

10 CFR 20.1101(a) states that each licensee shall develop, document, and implement a radiation protection program commensurate with the scope and extent of licensed activities and sufficient to ensure compliance with the provisions of this part.

The System Radiation Protection Manual, which implements 10 CFR 20-1101(a), Procedure 1-13 Use of Protective Clothing and Related Equipment, Revision 2, requires personnel to, "Remove booties as you transfer to the step-off pad which is clean."

Nuclear System Directive 507, Radiation Protection, Revision 1, also requires, in Section 507.8.5, that booties be removed while transferring to the step-off pad which is clean.

Contrary to the above, on May 7, 1998, a worker exiting a contaminated area transferred to the step-off pad without removing booties.

This is a Severity Level IV violation.

Reply to the Notice of Violation

Duke Energy acknowledges the violation.

1. The reason for the violation:

The individual in question did not apply self-checking to ensure that the intended action of removing all outer protective clothing was performed prior to stepping onto the Step Off Pad. No conscious decision was made to violate a procedure. The individual was trained to recognize the RCZ boundary and Step Off Pad, and how to perform a proper dress out from a contaminated RCZ.

However, during interviews by the site RP Manager and members of his staff, the affected individual stated that he suffered a lapse in attention to detail, caused by a combination of stresses brought on by the high heat and humidity of the

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environment, and the presence of the NRC Inspector.

The individual stated that his glasses were fogged, wet with sweat and sliding down his nose. Habit intrusion may have been a contributor as the individual had previously been working in areas having multiple step-off pads where booties are normally worn onto the first step-off pad.

2. The corrective steps that have been taken and the results achieved:
 - a) The individual immediately performed a hand and foot contamination survey and no contamination was detected.
 - b) Radiation Protection performed a follow-up survey of the affected area and no contamination was detected.
 - c) An interview with the affected employee was conducted by the site RP Manager and members of his staff to determine the cause of the event. The cause was determined to be a failure to use self checking to ensure the intended actions are carried out correctly.
 - d) The affected employee was counseled by his supervisor, including the appropriate use of human performance tools to prevent human error.

These immediate corrective actions should result in added awareness for this individual to prevent future occurrence in work practice problems.

3. The corrective steps that will be taken to avoid further violations:

Other RP practice violations were described in IR 50-69,270,287/97-12, 97-14 and 97-16. From this Radiation Protection implemented a Group Self-Assessment #RP-98-02 for the evaluation of Station RP Practices with Respect to Our

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Current Procedures and Training. From this assessment the following proposed corrective actions were identified:

- a) Provide the GET training group with copies of the field notes to develop "real life" scenarios to incorporate into radiation worker training.
- b) Evaluate the use of signs to display at RCA exits that explain the frisking requirements and response to alarms.
- c) RP management to evaluate the removal of friskers at RCA exits, or other means to restrict the use of friskers by personnel other than RP.
- d) RP will continue to perform self assessments, at least once per week for the next three months, and track/trend results for improvements.
- e) RP management evaluate the sequence of frisking hand held items and entering whole body monitors. If the sequence is not important then training will be notified to remove requirement designating frisking sequence.
- f) RP management to foster a partnership with site managers and supervisors in an effort to have them assist in the performance of field observations on Rad Worker Practices.

An "All Hands" site wide team meeting was held on July 23, 1998, where live demonstrations of both improper and proper Rad Worker Practices were acted out. A training video is presently under development which will demonstrate poor radiological work practices and reinforce proper methods. The video is set for release prior to refueling outage 3EOC17 (October '98), and is to be viewed site wide.

4. The date when full compliance will be achieved:

Duke Energy believes that Oconee Nuclear Station is in full compliance at this time.

Attachment 6
Reply to Notice of Violation (Reply)
Violation 98-06-11

Restatement of the Violation

Paragraph 3.E of the Oconee operating license states that the licensee shall implement and maintain in effect all provisions of the approved fire protection program as described in the Updated Final Safety Analysis Report and as approved in the safety evaluation reports (i.e., NRC'S Fire Protection Safety Evaluation Reports).

Section 9.5.1.3 of the Oconee Updated Final Safety Evaluation Report states, in part, "Procedures have been developed to control transient storage of materials and state the parameters of allowable storage of combustible materials for Oconee. If wood is required, (inside buildings containing safety-related systems) only fire retardant treated wood is used."

Section C.6.4 of the Oconee Fire Protection Safety Evaluation Report dated August 11, 1978, states, "The licensee has identified the facility procedures which implement the controls to minimize the amount of combustibles that a safety-related area may be exposed to... We find that the control of combustibles conforms to the provisions of Appendix A to Branch Technical Position (BTP) 9.5-1 and is therefore, acceptable."

Plant Design Basis Specification for Fire Protection, OSS-0254.00-00-004008, Revision 2, outlines the program for control of combustibles and housekeeping at the Oconee facility. Administrative Nuclear System Directives (NSDs), NSD 313, NSD 116, and NSD 104 are the fire protection program documents that provide the facility's standards and practices for control of combustibles and housekeeping.

Nuclear Site Directive 313, "Control of Combustibles and Flammable Material," Revision 1, Section 313.3.3, and Nuclear Site Directive 104, "Housekeeping Materiel Condition, and Foreign Material Exclusion," Revision 13, section 104.5.1 state, in part, that: (1) The doors of site fire resistive flammable liquids storage cabinets be kept closed and latched at all times except for entry; (2) Only fire retardant treated wood shall be used; (3) Untreated combustible packing materials be removed immediately upon equipment unpacking; (4) All work areas be cleaned of unnecessary material, waste materials and trash upon completion of a job or at the end of each shift, whichever comes first; and, (5) Tools, materials, and equipment be removed at job completion and returned to designated storage areas.

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Contrary to the above, as of May 15, 1998, the licensee failed to properly implement and maintain in effect the provisions of the approved fire protection program for the control of combustibles and house keeping as evidenced by the following: fire resistive flammable liquids storage cabinets in the safe shutdown facility diesel generator room and on the turbine deck were left open or unlatched, non fire-retardant treated pallets were stored on the turbine deck, non fire-retardant treated wood pieces were left in cable trays in the Unit 1 cable spreading room, combustible cardboard boxes containing piping insulation were being stored in a scaffold staging areas of the turbine building, and work related transient combustible materials, tools and hand-held equipment, were left unattended in the plant turbine building, without housekeeping tags or with out-of-date tags.

This is a Severity Level IV violation.

Reply to the Notice of Violation

Duke Energy acknowledges the violation.

1. The reason for the violation:

Contrary to the requirements of NSD 313, Control of Combustible and Flammable Material, and NSD 104, Housekeeping, Materiel Condition and Foreign Material Exclusion, all provisions for the control of combustibles and housekeeping programs were not maintained.

The root cause of this problem was a lack of accountability and high standards by station supervision. This is evident by the fact that work areas were not always cleaned of all unnecessary material and trash upon the completion of the job or shift as required by NSD 313 and materials were stored in various areas of the plant in violation with NSD 104.

A contributing factor of inadequate program management has also been identified in previous reports. Implementation of NSD 104 was inadequate to identify and timely correct housekeeping and materiel condition issues. Response to station PIPs and audits which identified deficiencies in the implementation of the housekeeping and materiel condition programs were ineffective in correcting the problems or making appropriate enhancements to the program.

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2. The corrective steps that have been taken and the results achieved:
- a) On July 30, 1998, the site material-condition inspection team was assigned to perform an inspection of the Shutdown Critical Areas as specified in NSD 313, Supplement C to determine the "current state" of compliance. Results of this inspection indicated that the areas of the plant that have recently undergone a materiel condition upgrade were found to be clear of any discrepancies. Other areas still have some examples pertaining to materiel storage. In particular, the use and storage of cardboard packaging material was identified in four (4) areas. Each item identified in the inspection was corrected by the inspection team.
 - b) Oconee Nuclear Station Site Management has significantly raised the standard with compliance to NSD 104 by clearly and emphatically stating expectations pertaining to materiel condition and housekeeping issues. The Station Management Team now has a clear understanding of accountability and the consequences of non-compliance. A site wide initiative to improve housekeeping standards at Oconee has been underway since April of 1998. This increased emphasis has resulted in a significant reduction of general clutter and material improperly stored in plant areas. The overall materiel condition of Oconee has shown extensive improvement during the April - August time frame. In addition, station personnel are currently assigned to mat-con inspection teams, mat-con paint teams, materiel condition insulation teams, and materiel condition repair crews. The materiel condition upgrade is expected to continue through 2001.
 - c) The items identified by the fire protection audit team and documented in PIP 4-098-3022 have either been corrected or have corrective actions assigned for resolution.
 - d) On August 10, 1998, a site wide communication detailing the issues identified by the audit was included as part of the team notes, also included was a quick guide

Attachment 6
Reply to Notice of Violation (Reply)
Violation 98-06-11

checklist to be used while performing area inspections. This checklist contains many of the requirements essential for compliance with NSD 313, NSD 314, NSD 104 and ONS Site Directive 6.6.3.

3. The corrective steps that will be taken to avoid further violations:

The corrective actions stated above will prevent recurrence.

4. The date when full compliance will be achieved:

Duke Energy is in full compliance.