

U.S. NUCLEAR REGULATORY COMMISSION

REGION II

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Report Nos: 50-269/98-04, 50-270/98-04, 50-287/98-04

Licensee: Duke Energy Corporation

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

Location: 7812B Rochester Highway
Seneca, SC 29672

Dates: March 2-5, 1998

Inspector: W. Stansberry, Safeguards Inspector

Approved by: G. Belisle, Chief,
Special Inspection Branch,
Division of Reactor Safety

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EXECUTIVE SUMMARY

Oconee Nuclear Station, Units 1, 2, and 3
NRC Inspection Report 50-269/98-04,
50-270/98-04, and 50-287/98-04

This inspection included aspects of the licensee's plant support program. The report covers a one-week period of an announced inspection by a regional inspector.

Plant Support

- The inspector's evaluation of the Fitness For Duty Program determined that there were no changes to the licensee's Fitness For Duty Program and that the program was adequate and met the licensees' commitments and NRC requirements (Section S1.3).
- A repeat violation was identified for failure to secure unattended safeguards information. The unattended safeguards information was not disclosed or compromised (Section S1.4).
- The inspector's review of plan changes verified that the changes did not decrease the effectiveness of the Security and Contingency Plan and the Training and Qualification Plan (Section S3.1).
- The inspector's review of random samples of the Security Procedures verified that the procedures adequately met the Security and Contingency Plan commitments and practices (Section S3.2).
- The inspector concluded through observation and interviews of security force personnel, that the security force was being trained effectively and according to the Training and Qualification Plan and regulatory requirements (Section 5.1).
- The inspector's review found that the security force training records met the Training and Qualification Plan and regulatory requirements (Section 5.2).
- The inspector verified that the total number of trained security officers and armed personnel immediately available to fulfill response requirements met the number specified in the Security and Contingency Plan. One full-time member of the security organization who had the authority to direct security activities did not have duties that conflicted with the assignment to direct all activities during an incident (Section 6.3).

REPORT DETAILS

IV. PLANT SUPPORT

S1 Conduct of Security and Safeguards Activities

S1.3 Fitness For Duty Program

a. Inspection Scope (81502)

The inspector evaluated the Fitness For Duty Program to determine whether changes to the licensee's Fitness For Duty Program met the licensees' commitments and NRC requirements as stated in 10 CFR Part 26.

b. Observations and Findings

Through discussions with Fitness For Duty personnel and review of Fitness For Duty records, no significant or major changes were found to the licensee's Fitness For Duty and Chemical Testing programs. Personnel interviewed understood their responsibilities and authorities and were qualified to perform assigned duties as indicated in Corporate Policy and Procedure, "Fitness For Duty Program," Revision 10. The licensee's audit reports for the Fitness For Duty Program were found to meet NRC requirements and licensee commitments. The corrective actions to resolve identified nonregulatory issues were technically adequate and implemented in a timely manner.

The inspector specifically reviewed procedures for the sampling process from the collection of a donor's specimen to the final storage process. Each specimen was collected in one container. The temperature of the sample was checked by a thermal strip attached the side of the container and recorded in Step 2 of the Federal Drug Testing Custody and Control Form (FDTCC) from SmithKline Beecham Clinical Laboratories. The specimen was then split into two samples. Each sample was sealed with a specimen bottle seal from the FDTCC form. Each seal was initialed by the donor twice verifying that the Social Security Account Number (SSAN) and the date on the seal was correct. The sealed primary specimen container (sample 1) was then sent to a laboratory for analysis. The sealed split specimen container (sample 2) was stored in a locked freezer at the site awaiting the outcome of the testing of the primary specimen. If the primary specimen was found negative in containing substances listed in the Fitness For Duty procedure, the sample was destroyed. If the primary specimen was found positive, the testing laboratory notified the corporate Medical Review Officer (MRO) of the results. The MRO then called the site to have the split sample set aside for possible retesting by another laboratory. The MRO also called the donor to discuss any reason that the primary specimen was positive.

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The MRO asked the donor if they wanted to appeal the results and have the split specimen sent to a second laboratory. If the donor wanted to appeal the results and wanted the split specimen sent to a second laboratory, the MRO notified the site to have the split specimen sent to the second laboratory for retesting. If the donor did not want to appeal the results and did not have the split specimen retested, the MRO notified the site to send the split specimen to the corporate Fitness For Duty office where it was archived in a locked freezer. If the split specimen was negative, the site was notified of the negative split specimen. If the split specimen was found positive, the MRO notified the site and called the donor to discuss over the telephone or in person the specific results. Any appeals of the process went to the Employees Assistance Program. Fitness For Duty records at the site were stored in a locked file cabinet in a locked room. There were no master keys to the room or file cabinet locks.

To verify the specimen process, the inspector selected four names to track through the Fitness For Duty system. Two names had positive primary specimen results. One individual's specimen was positive for cocaine and the individual was advised of the positive test. The individual had no explanations for the positive test and did not appeal the results or ask for the split specimen to be sent to a second laboratory for retesting. The second individual's specimen was positive for d-methamphetamine. The MRO advised the individual of the positive results. The individual denied use of that drug and requested that the test results be reviewed by the Appeal Panel. The Appeal Panel reviewed and upheld the positive results. When the MRO advised the individual of the positive results and the appeal process results, the individual did not request that the split specimen be sent to a second laboratory for retesting.

The inspector examined records and split specimens at the corporate MRO's office. The FDTCC for the second individual indicated on copies 4 and 6, under Step 4, to be completed by the individual, the printed name, signature, date of signature, a telephone number, and date of birth. The two initials on the specimen bottle seal of the split specimen were similar to the handwriting of the individual signing the FDTCC. The SSAN, specimen, and the requisition number were also the same. At the site, the inspector reviewed the department location organizational effectiveness contacts Fitness For Duty checklist, Revised 3/1/96, (Checklist #1), and Program Administrator's Fitness For Duty Event Checklist, Revised 3/1/96, (Checklist #2). On line 24 of Checklist #1, the Organizational Effectiveness consultant indicated that the second individual had been asked if they understood the Appeals Process as explained by the MRO, and could appeal through the site program administrator within 72 hours from the time of notification.

Line 25 indicated that the consultant informed the individual that the request for unescorted access was being denied at all three Duke Energy Corporation nuclear sites and that the positive screen would be released to other utilities should they request such information. The inspector found that the documentation of Checklist #2 was completed.

c. Conclusion

The inspector's evaluation of the Fitness For Duty Program determined that there were no changes to the licensee's Fitness For Duty Program and that the program was adequate and met the licensees' commitments and NRC requirements.

S1.4 Control of Safeguards Information

a. Inspection Scope (81810)

The inspector reviewed Problem Investigation Process (PIP) 4-098-1025 concerning an electrical systems engineer's (ESE) safeguards container that had not been properly secured. This review was to determine whether Safeguards Information (SGI), as defined in 10 CFR 73.21, Nuclear Systems Directive 206, "Safeguards and Information Controls," Revision 5, and Security Guideline - 18, "Safeguards Workplace Procedures," had been disclosed or compromised.

b. Observations and Findings

The licensee's investigation revealed the following:

- o Between the hours of 5:09 p.m. and 5:29 p.m., on March 3, 1998, the second drawer of ESE safeguards container, ID#739, was left unsecured in the engineering safeguards work area (ESWA).
- o The magnetic "OPEN/CLOSED" sign on the front of the container was showing "OPEN."
- o The "CONTAINER ACCESS LOG" indicated that the container was closed at 5:00 p.m.
- o The safeguard's container was within the protected area.
- o The ESWA was monitored by an alarm system with an interior motion detector and door alarm switches at the doors to the area. The alarm system annunciated in the badging area of the Protected Area Access Portal. The main entrance door was controlled by an electrical keypad lock. The second door was locked from inside.

Review of the annunciator records/logs showed that no entries into the ESWA during the above time were made.

- o All documents within the container were accounted for based upon a review of container contents against the container inventory listing. The other safeguards containers in the area were found secured.
- o Individuals involved were trained in safeguards practices and were authorized access to the information within the unsecured container.
- o No evidence of tampering or attempted forced entry into the unsecured container or the doors to the ESWA.

The immediate corrective action was the securing of the container and it's content. The inspector verified that the supervisor of the ESWA was knowledgeable of the requirements to secure SGI. The inspector verified that the intrusion system was intact and the corrective actions to the previous violation were still implemented. Intermediate and long term corrective actions were not developed as of the end of the inspection. The failure to secure Safeguards Information was a repeat violation of a violation (NCV 50-269, 270, and 287/97-12-06) cited in Inspection Report No. 97-12, dated October 6, 1997, and is identified as violation 50-269, 270, 287/98-04-01.

c. Conclusions

A repeat violation was identified for failure to secure unattended safeguards information. The unattended safeguards information was not disclosed or compromised.

S3 Security and Safeguards Procedures and Documentation

S3.1 Security Program Plans

a. Inspection Scope (81700)

The inspector reviewed appropriate chapters of the Duke Energy Corporation Nuclear Security and Contingency Plan (S/CP), Revisions 02, 03, 04, and 06, and the Nuclear Security Training and Qualification Plan (T&QP), Revisions 02, 03, and 04.

b. Observations and Findings

The inspector's review of the changes to the S/CP and T&QP reported or submitted for approval verified their compliance to the requirements of 10 CFR 50.54(p) or 50.90. Most of the changes were for clarity, editorial, grammatical, and organizational/position/title changes. Necessary coordination was made for merging the changes into the consolidated S/CP and T&QP for each of the three Duke nuclear power plants. Revision 5 will be implemented when the new personnel access program with new badges and hand biometrics is installed and operational.

c. Conclusions

The inspector's review of plan changes verified that the changes did not decrease the effectiveness of the S/CP and T&QP.

S3.2 Security Procedures

a. Inspection Scope (81700)

The inspector reviewed a sample of the licensee's Security Plan Implementing Procedures (SPIP) to verify that the procedures were consistent with S/CP commitments and practices.

b. Observations and Findings

The inspector reviewed seven SPIPs involving communications and access controls. Procedures implementing plan changes that the licensee had determined not to decrease the effectiveness of the S/CP were reviewed and discussed with appropriate licensee management to verify the validity of the determination. Also, the impact of the changes as implemented on the plan and overall program was evaluated.

The S/CP was revised and reviewed in accordance with approved licensee procedures before changes were implemented. Changes were incorporated, as appropriate, into the implementing procedures. No changes reviewed decreased the effectiveness of the respective plans.

c. Conclusion

The inspectors' review of random samples of the SPIPs verified that the procedures adequately met the S/CP requirements.

S5 Security and Safeguards Staff Training and Qualification

S5.1 Security Training and Qualification

a. Inspection Scope (81700)

The inspector reviewed the security training and qualification program to ensure that the licensee was complying with the criteria in the Nuclear Security Training and Qualification Plan (T&QP).

b. Observations and Findings

The inspector interviewed security non-supervisory personnel, supervisors, and witnessed other security personnel during the performance of their duties. Members of the security force were knowledgeable of their responsibilities, plan commitments and procedures. Documentation and equipment inspected was found as committed to in the approved T&QP. The inspector found that armed response personnel had been instructed in the use of deadly force as required by 10 CFR Part 73. The inspector observed shotgun requalification range firing and basic security officer training.

c. Conclusions

The inspector concluded through observation and interviews of security force personnel, that the security force was being trained effectively and according to the T&QP and regulatory requirements.

S5.2 Training Records

a. Inspection Scope (81700)

The inspectors interviewed security personnel and reviewed security personnel training and qualification records to ensure that the criteria in the Training and Qualification Plan were met.

b. Observations and Findings

The inspector interviewed security non-supervisory personnel and supervisors about the quality and timeliness of the training provided. Members of the security force were knowledgeable in their

responsibilities, plan commitments and procedures. Twelve randomly selected training records covering the last three years were reviewed by the inspectors concerning training, firearms, testing, job/task performance and requalification.

The inspector found that armed response personnel had been instructed in the use of deadly force as required by 10 CFR Part 73. Members of the security organization were requalified at least every 12 months in the performance of their assigned tasks, both normal and contingency. This included the conduct of physical exercise requirements and the completion of the firearms' course. Through the record's review and interviews with security force personnel, the inspectors found that the requirements of 10 CFR 73, Appendix B, Section 1.F. concerning suitability, physical and mental qualification data, test results and other proficiency requirements were met.

The interviews and training records reviewed revealed an effective training program.

c. Conclusions

The inspector's review found that the security force training records met the Training and Qualification Plan and regulatory requirements.

S6 Security Organization and Administration

S6.3 Staffing Level

a. Inspection Scope (81700)

The inspector was to verify the total number of trained security officers and armed personnel immediately available at the facility to fulfill response requirements met the number specified in Chapter 3 of the S/CP. The inspector was also to verify that one full-time member of the security organization who had the authority to direct security activities did not have duties that conflicted with the assignment to direct all activities during an incident.

b. Observations and Findings

The licensee had an onsite physical protection system and security organization. Their objective was to provide assurance against an unreasonable risk to public health and safety. The security organization and physical protection system were designed to protect against the design basis threat of radiological sabotage as stated in 10 CFR 73.1(a). At least one full-time manager of the security

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organization was always onsite and had no duties that conflicted with the assignment to direct all activities during an incident. This individual had the authority to direct the physical protection activities of the organization. The four shifts had the number of trained security officers and armed personnel immediately available to fulfill response requirements and commitments of the S/CP.

c. Conclusion

The inspector verified that the total number of trained security officers and armed personnel immediately available to fulfill response requirements met the number specified in the Security and Contingency Plan. One full-time member of the security organization who had the authority to direct security activities did not have duties that conflicted with the assignment to direct all activities during an incident.

V. Management Meeting

X1 Exit Meeting Summary

The inspector presented the inspection results to licensee management at the conclusion of the inspection on March 5, 1998. The licensee acknowledged the findings presented. Although reviewed during this inspection, proprietary information is not contained in this report. Dissenting comments were not received from the licensee.

PARTIAL LIST OF PERSONS CONTACTED

Licensee

E. Burchfield, Regulatory Compliance Manager
D. Durham, Security Specialist
P. Grobusky, Human Resource Manager
M. Nazar, Engineering Manager
M. Satterfield, Security Support Supervisor

NRC

M. Scott, Senior Resident Inspector

INSPECTION PROCEDURES USED

IP 81502: Fitness For Duty Program
IP 81700: Physical Security Program For Power Reactors
IP 81810: Protection of Safeguards Information

ITEMS OPENED, CLOSED, AND DISCUSSED

OPENED

50-269, 270, 287/98-04-01 NOV Licensees failed to secure unattended
safeguards information. (Section 1.4)

CLOSED

NONE

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