



**UNITED STATES
NUCLEAR REGULATORY COMMISSION**

REGION I
2100 RENAISSANCE BLVD., SUITE 100
KING OF PRUSSIA, PA 19406-2713

June 15, 2016

Mr. Bryan Hanson
Senior Vice President, Exelon Generation
President and Chief Nuclear Officer, Exelon Nuclear
4300 Winfield Rd.
Warrenville, IL 60555

**SUBJECT: THREE MILE ISLAND STATION, UNIT 1 – PROBLEM IDENTIFICATION
AND RESOLUTION INSPECTION REPORT 05000289/2016009**

Dear Mr. Hanson:

On May 19, 2016, the U.S. Nuclear Regulatory Commission (NRC) completed an inspection at your Three Mile Island Station, Unit 1 (TMI). The enclosed report documents the inspection results, which were discussed on May 19, 2016, with Mr. Thomas Haaf, Plant Manager, and other members of your staff.

This inspection examined activities conducted under your license as they relate to identification and resolution of problems and compliance with the Commission's rules and regulations and conditions of your license. Within these areas, the inspection involved examination of selected procedures and representative records, observations of activities, and interviews with personnel.

Based on the samples selected for review, the inspection team concluded that Exelon Generating Company, LLC (Exelon) was generally effective in identifying, evaluating, and resolving problems. Exelon personnel identified problems and entered them into the corrective action program at a low threshold. Exelon prioritized and evaluated issues commensurate with the safety significance of the problems and corrective actions were generally implemented in a timely manner.

No findings were identified during this inspection.

B. Hanson

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In accordance with Title 10 of the *Code of Federal Regulations* (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 component of the NRC's Agencywide Documents Access and Management 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/

Silas R. Kennedy, Chief
Reactor Projects Branch 6
Division of Reactor Projects

Docket No. 50-289
License No. DPR-50

Enclosure:
Inspection Report 05000289/2016009
w/Attachment: Supplementary Information

cc w/encl: Distribution via ListServ

B. Hanson

-2-

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U.S. NUCLEAR REGULATORY COMMISSION

REGION I

Docket No. 50-289

License No. DPR-50

Report No. 05000289/2016009

Licensee: Exelon Generation Company, LLC

Facility: Three Mile Island Station Unit 1

Location: Middletown, Pennsylvania

Dates: May 2, 2016, through May 19, 2016

Team Leader: S. Shaffer, Senior Project Engineer

Inspectors: B. Lin, Resident Inspector
L. Cruz, Project Engineer
T. Hedigan, Operations Engineer

Approved by: Silas R. Kennedy, Chief
Reactor Projects Branch 6
Division of Reactor Projects

SUMMARY

Inspection Report 05000289/2016009; 05/02/2016 – 05/19/2016; Three Mile Island Station Unit 1 (TMI); Biennial Baseline Inspection of Problem Identification and Resolution.

This U.S. Nuclear Regulatory Commission (NRC) team inspection was performed by three regional inspectors and one resident inspector. The NRC's program for overseeing the safe operation of commercial nuclear power reactors is described in NUREG-1649, "Reactor Oversight Process," Revision 5.

Problem Identification and Resolution

The inspectors concluded that Exelon Generating Company, LLC (Exelon) was generally effective in identifying, evaluating, and resolving problems. Exelon personnel identified problems, entered them into the corrective action program (CAP) at a low threshold, and prioritized issues commensurate with their safety significance. In most cases, Exelon appropriately screened issues for operability and reportability, and performed causal analyses that appropriately considered extent of condition, generic issues, and previous occurrences. The inspectors also determined that Exelon typically implemented corrective actions to address the problems identified in the CAP in a timely manner.

The inspectors concluded that, in general, Exelon adequately identified, reviewed, and applied relevant industry operating experience to TMI operations. In addition, based on those items selected for review, the inspectors determined that Exelon's self-assessments and audits were thorough.

Based on the interviews the inspectors conducted over the course of the inspection, observations of plant activities, and reviews of individual CAP and Employee Concerns Program issues, the inspectors did not identify any indications that site personnel were unwilling to raise safety issues nor did they identify any conditions that could have had a negative impact on the site's safety conscious work environment.

No findings were identified.

REPORT DETAILS

4. OTHER ACTIVITIES (OA)

4OA2 Problem Identification and Resolution (71152B)

This inspection constitutes one biennial sample of problem identification and resolution as defined by Inspection Procedure 71152. All documents reviewed during this inspection are listed in the Attachment to this report.

.1 Assessment of Corrective Action Program Effectiveness

a. Inspection Scope

The inspectors reviewed the procedures that described the CAP at TMI. To assess the effectiveness of the CAP, the inspectors reviewed performance in three primary areas: problem identification, prioritization and evaluation of issues, and corrective action implementation. The inspectors compared performance in these areas to the requirements and standards contained in Title 10 of the *Code of Federal Regulations* (10 CFR) 50, Appendix B, Criterion XVI, "Corrective Action," and Exelon procedure PI-AA-125, "Corrective Action Program."

For each of these areas, the inspectors considered risk insights from the station's risk analysis and reviewed issue reports (IRs) selected across the seven cornerstones of safety in the NRC's Reactor Oversight Process. Additionally, the inspectors attended multiple station ownership committee (SOC) and management review committee (MRC) meetings. The inspectors selected items from the following functional areas for review: engineering, operations, maintenance, emergency preparedness, radiation protection, chemistry, physical security, nuclear oversight, and the CAP.

(1) Effectiveness of Problem Identification

In addition to the items described above, the inspectors reviewed system health reports, a sample of completed corrective and preventative maintenance work orders, completed surveillance test procedures, operator logs, and periodic trend reports. The inspectors also completed field walkdowns of various systems on site, such as parts of the fire protection system, the component cooling water system, the emergency diesel generators, and the borated storage water tank (BWST). Additionally, the inspectors reviewed a sample of IRs written to document issues identified through internal self-assessments, audits, emergency preparedness drills, and the operating experience program. The inspectors completed this review to verify that Exelon staff entered conditions adverse to quality into their CAP as appropriate.

(2) Effectiveness of Prioritization and Evaluation of Issues

The inspectors reviewed the evaluation and prioritization of a sample of IRs issued since the last NRC biennial Problem Identification and Resolution inspection completed in May 2014. The inspectors also reviewed IRs that were assigned lower levels of significance that did not include formal cause evaluations to ensure that they were properly classified. The inspectors' review included the appropriateness of the assigned significance, the scope and depth of the causal analysis, and the timeliness of

resolution. The inspectors assessed whether the evaluations identified likely causes for the issues and developed appropriate corrective actions to address the identified causes. Further, the inspectors reviewed equipment operability determinations, reportability assessments, and extent-of-condition reviews for selected problems to verify these processes adequately addressed equipment operability, reporting of issues to the NRC, and the extent of the issues.

(3) Effectiveness of Corrective Actions

The inspectors reviewed Exelon's completed corrective actions through documentation review and, in some cases, field walkdowns to determine whether the actions addressed the identified causes of the problems. The inspectors also reviewed IRs for adverse trends and repetitive problems to determine whether corrective actions were effective in addressing the broader issues. The inspectors reviewed Exelon's timeliness in implementing corrective actions and effectiveness in precluding recurrence for significant conditions adverse to quality. The inspectors also reviewed a sample of IRs associated with selected non-cited violations (NCVs) and findings to verify that Exelon personnel properly evaluated and resolved these issues. In addition, the inspectors expanded the corrective action review to five years to evaluate Exelon's actions related to deficiencies associated with the BWST.

(4) Trending

The inspectors reviewed TMI's processes for identifying and addressing emergent and existing adverse trends in equipment and human performance. The inspectors conducted interviews with plant staff who conducted the department trend reviews, reviewed department trend reports, site quarterly trend reports, maintenance rule performance monitoring reports, and a(1) action plans and evaluations as required by 10 CFR 50.65. The inspectors also reviewed the minutes from system health committee meetings.

b. Assessment

(1) Effectiveness of Problem Identification

Based on the selected samples, plant walkdowns, and interviews of site personnel in multiple functional areas, the inspectors determined that Exelon identified problems and entered them into the CAP at a low threshold. Exelon staff at TMI initiated approximately 20,000 IRs between April 2014 and May 2016. The inspectors observed supervisors at the Plan-of-the-Day, SOC, and MRC meetings appropriately questioning and challenging IRs to ensure clarification of the issues. Based on the samples reviewed, the inspectors determined that Exelon trended equipment and programmatic issues, and appropriately identified problems in IRs.

The inspectors verified that conditions adverse to quality identified through this review were entered into the CAP as appropriate. In general, the inspectors did not identify any issues or concerns that had not been appropriately entered into the CAP for evaluation and resolution. In response to several questions and minor equipment observations identified by the inspectors during plant walkdowns, Exelon personnel promptly initiated IRs and/or took immediate action to address the issues. The inspectors also observed

that the SOC went back to the originators of several IRs in order to obtain additional details so the issue was clearly documented in the CAP and could be appropriately evaluated.

(2) Effectiveness of Prioritization and Evaluation of Issues

The inspectors determined that, in general, Exelon appropriately prioritized and evaluated issues commensurate with the safety significance of the identified problem. Exelon screened IRs for operability and reportability, categorized the IRs by significance, and assigned actions to the appropriate department for evaluation and resolution. The IR screening process considered human performance issues, radiological safety concerns, repetitiveness, adverse trends, and potential impact on the safety conscious work environment.

Based on the sample of IRs reviewed, the inspectors noted that the guidance provided by Exelon CAP implementing procedures appeared sufficient to ensure consistency in categorization of issues. Operability and reportability determinations were generally performed when conditions warranted and in most cases, the evaluations supported the conclusion. Causal analyses appropriately considered the extent of condition or problem, generic issues, and previous occurrences of the issue. Root cause evaluations and apparent cause evaluations reviewed were completed when required and received management review prior to approval. However, the inspectors noted an observation in Exelon's prioritization and evaluation of issues (described below).

The inspectors identified that on April 29, 2016, TMI operations staff performed Surveillance 1301-4.1, Weekly Surveillance Checks. Acceptance criteria of a five degree deviation was not met for one channel of Wide Range T cold (Tc) (RC-TI-961A). Operations staff wrote IR 02663127 to document the issue and subsequently closed the IR to a Priority 3 action request which was assigned to the fix-it-now maintenance group for resolution. The inspectors noted that operations personnel reported a six degree deviation between RC-TI-961A and the reference analog meter (RC-5A/B TI-1). The Wide Range Tc instrument operability was not changed even though the acceptance criteria of the surveillance was not met. The stations basis for operability was documented in the IR and referenced the engineering evaluation 01345088-03. The engineering evaluation concluded that the actual acceptance criteria for these instruments is 6.6 degrees of deviation. The weekly surveillance was performed again on May 6, 2016, and a 10 degree deviation was noted. Although the step for the acceptance criteria was circled "no," operations considered the instrument operable and the determination was documented in IR 02666370. On May 11, 2016, Surveillance 1301-4.1, Weekly Surveillance Checks, was revised to use the plant process computer digital point as the reference instead of the analog meter. The surveillance was performed satisfactorily on May 13, 2016.

Exelon procedure OP-AA-108-115, "Operability Determinations," states that, "TS [technical specification] operability considerations require that an SSC [structure, system, or component] meet all surveillance requirements. An SSC that does not meet a surveillance requirement must be declared inoperable. A technical justification cannot be used to justify operability when a surveillance requirement is not met." The inspectors determined that not meeting the acceptance criteria for Wide Range Tc (RC-TI-961A) and not declaring the instrument inoperable was a performance deficiency. This performance deficiency was considered minor because there is no allowed outage

time and the station maintained the minimum required operable Wide Range Tc instruments in accordance with TS. Exelon entered this issue into the CAP as IR 02675010.

(3) Effectiveness of Corrective Actions

The inspectors concluded that corrective actions for identified deficiencies were generally timely and adequately implemented. For significant conditions adverse to quality, Exelon identified actions to prevent recurrence. The inspectors concluded that in most cases, corrective actions to address the sample of NRC NCVs and findings since the last problem identification and resolution inspection were timely and effective.

(4) Trending

The inspectors reviewed Exelon's processes for identifying and addressing emergent and existing adverse trends in equipment and human performance. Exelon was able to identify trends at a low level using their department trending process. These trends were rolled up to station level on a quarterly basis and action and monitoring plans were developed as appropriate. Additionally, the station's maintenance rule performance monitoring program was effective in evaluating system performance and identifying trends. The SOC members also identified potential trends during their screening meeting and elevated the significance level of low level issues based on the identification of potential trends. During interviews, many staff members commented on the emphasis by management to enter issues into the CAP at a very low level so trends could be identified.

c. Findings

No findings were identified.

.2 Assessment of the Use of Operating Experience

a. Inspection Scope

The inspectors reviewed a sample of IRs associated with review of industry operating experience to determine whether the Exelon staff appropriately evaluated the operating experience information for applicability to TMI and had taken appropriate actions, when warranted. The inspectors also reviewed evaluations of operating experience documents associated with a sample of NRC generic communications to ensure that Exelon staff adequately considered the underlying problems associated with the issues for resolution via their CAP. In addition, the inspectors observed various plant activities to determine if the station considered industry operating experience during the performance of routine and infrequently performed activities.

b. Assessment

The inspectors determined that Exelon staff, in general, appropriately considered industry operating experience information for applicability, and used the information for corrective and preventive actions to identify and prevent similar issues when appropriate. The inspectors determined that operating experience was appropriately applied and lessons learned were communicated and incorporated into plant operations

and procedures when applicable. The inspectors also observed that industry operating experience was routinely discussed and considered during the conduct of Plan-of-the-Day meetings and pre-job briefs.

c. Findings

No findings were identified.

.3 Assessment of Self-Assessments and Audits

a. Inspection Scope

The inspectors reviewed a sample of audits, including the most recent audit of the CAP, departmental self-assessments, and assessments performed by independent organizations. The inspectors performed these reviews to determine if Exelon entered problems identified through these assessments into the CAP, when appropriate, and whether Exelon staff initiated corrective actions to address identified deficiencies. The inspectors evaluated the effectiveness of the audits and assessments by comparing audit and assessment results against self-revealing and NRC-identified observations made during the inspection.

At the time of the inspection, the Exelon site nuclear oversight group had recently reorganized as part of a fleet-wide restructuring that eliminated the onsite nuclear assessment organization at nuclear plant sites. Since this reorganization had only been effective at TMI since February 1, 2016, the inspectors' review of this area was based primarily on open assessments conducted under the previous organizational structure.

b. Assessment

Based on the inspected sample, the inspectors concluded that self-assessments, audits, and other internal Exelon assessments were critical, thorough, and effective in identifying issues. The inspectors observed that Exelon personnel knowledgeable in the subject completed these audits and self-assessments in a methodical manner. When progress in improving performance was not being accomplished in a timely manner, Exelon staff escalated the issues. Exelon completed these audits and self-assessments to a sufficient depth to identify issues which were then entered into the CAP for evaluation. In general, the station implemented corrective actions associated with the identified issues commensurate with their safety significance.

c. Findings

No findings were identified.

.4 Assessment of Safety Conscious Work Environment

a. Inspection Scope

During interviews with station personnel, the inspectors assessed the safety conscious work environment at TMI. Specifically, the inspectors interviewed personnel to determine whether they were hesitant to raise safety concerns to their management and/or the NRC. The inspectors also interviewed the station Employee Concerns Program coordinators to determine what actions are implemented to ensure employees

were aware of the program and its availability with regards to raising safety concerns. The inspectors reviewed the Employee Concerns Program files to ensure that the Exelon staff entered issues into the CAP when appropriate.

b. Assessment

During interviews, Exelon staff expressed a willingness to use the CAP to identify plant issues and deficiencies and stated that they were willing to raise safety issues. The inspectors noted that no one interviewed stated that they personally experienced or were aware of a situation in which an individual had been retaliated against for raising a safety issue. All persons interviewed demonstrated an adequate knowledge of the CAP and the Employee Concerns Program. Based on these limited interviews, the inspectors concluded that there was no evidence of an unacceptable safety conscious work environment and no significant challenges to the free flow of information.

c. Findings

No findings were identified.

4OA6 Meetings, Including Exit

On May 19, 2016, the inspectors presented the inspection results to Mr. Thomas Haaf, Plant Manager, and other members of the Exelon staff. The inspectors verified that no proprietary information was retained by the inspectors or documented in this report.

ATTACHMENT: SUPPLEMENTARY INFORMATION

SUPPLEMENTARY INFORMATION

KEY POINTS OF CONTACT

Licensee Personnel

E. Callan	Site Vice President
T. Haaf	Plant Manager
T. Alvey	Manager, Chemistry
T. Arnold	Manager, Corrective Action Program
J. Barrett	Acting Director, Site Maintenance
R. Campbell	Manager, Site Security
K. Coughlin	Engineering
S. Diven	Engineering
J. Dullinger	Director, Site Operations
M. Fitzwater	Senior Regulatory Assurance Engineer
L. Florey	Director, Site Training
R. Freeman	Senior Chemist
R. Gerner	Security
J. Goldman	Manager, Regulatory Assurance
J. Grove	Employee Concerns Program
T. Hall	Engineering
J. Karkoska	Manager, Organizational Effectiveness
T. Orth	Director, Site Work Management
J. Piazza	Senior Design Manager
M. Pruskowski	Senior Chemist
D. Reese	Engineering
T. Roberts	Radiation Protection
C. Smith	Manager, Operations Support
J. Smokowicz	Maintenance Support
M. Torberg	Engineering
D. Trostle	Senior Regulatory Specialist
C. Wolpertm	Security
B. Wunderly	Director, Site Engineering
B. Young	Manager, Maintenance

LIST OF ITEMS OPENED, CLOSED, DISCUSSED, AND UPDATED

Opened and Closed

None

LIST OF DOCUMENTS REVIEWED

Section 40A2: Problem Identification and Resolution

Audits and Self-Assessments:

AR 1605969, Contamination Control
 AR 02411905, Radworker Performance
 AR 02434215, RP Personnel Knowledge and Skills
 AR 02461594, Corrective Action Program Audit Report
 AR 1622837, National Pollutant Discharge Elimination System/Water Compliance Focused Area
 Self-Assessment, 9/30/14
 AR 2433160, Fleet Maintenance and Test Equipment Process, 7/16/15
 AR 2575670, Maintenance and Test Equipment Program Implementation, 2/26/16
 AR 2422749, Pre-Environmental, Health and Safety Audit Assessment, 4/15/15
 AR 2575140, Maintenance Planning Check-in Self-Assessment, 3/31/16
 AR 2608429, Maintenance Functional Area Audit Report, 3/16/16
 AR 1655892, Chemistry, Radwaste, Effluent and Environmental Monitoring Audit Report,
 6/25/14
 AR 2434420, Security Programs Audit Report, 2/12/2015
 AR 2607954, Security Programs Audit Report, 2/17/2016
 AR 2567139, Engineering Programs and Station Blackout Increased Frequency Audit Report,
 12/16/2015
 AR 2428684, Procedure Quality
 AR 2555900, IER L2-15-29 Weaknesses in Reactivity Control
 AR 2466673, Emergency Preparedness Audit
 AR 2544607, Operations Functional Area Audit

Issue Reports:

00274804	01537929	01635718	01687500
00678274	01545171	01636675	01695441
00693935	01548630	01637479	01695790
00877017	01574327	01642819	01696835
00897882	01578425	01643295	01696902
01113426	01582951	01643335	01697790
01164160	01598217	01647472	01697865
01240433	01599050	01647771	02386617
01276051	01607785	01654405	02388372
01284066	01608625	01657931	02391681
01309285	01611402	01660467	02408245
01345088	01618396	01661859	02420791
01380490	01620441	01664544	02420854
01410551	01626906	01667632	02426548
01413663	01627025	01670876	02427517
01421916	01628577	01672661	02433231
01429302	01628928	01673101	02437758
01457928	01630043	01673153	02439623
01464122	01631468	01678269	02445115
01478098	01633531	01680527	02445164
01498213	01633553	01682073	02445250
01501235	01634056	01685611	02447581
01515261	01634491	01686106	02450373

02450611	02499524	02575502	02638676
02450812	02500720	02579369	02638806
02452858	02500766	02579427	02640063
02452858	02502770	02582794	02641494
02453933	02503973	02584555	02642223
02454184	02503973	02587136	02644431
02454803	02506186	02587687	02644481
02454817	02510305	02590001	02645116
02454883	02510849	02590844	02646497
02457074	02511601	02591632	02658006
02458932	02515478	02595605	02662057
02458980	02518179	02596013	02663127
02461773	02523131	02596499	02665240
02464352	02523899	02600322	02665240
02471003	02531863	02602275	02665437
02473386	02532460	02604235	02665450
02474334	02533429	02608075	02665450
02477445	02533957	02613030	02665491
02477903	02538058	02627908	02665618
02484892	02538062	02630887	02668599
02486768	02547702	02631397	02671007
02487021	02551849	02633023	20120414
02490470	02555539	02636804	20140206
02492506	02565098	02636922	20151111
02496107	02568205	02637042	20151124
02496445	02571031	02638578	

Operating Experience:

INPO Event Report 13-19, Manual Reactor Scram Inserted Following Dual Recirculation Trip
01537929, Review of INPO Event Report 13-19 actions for TMI
01697865, Review of ICES 311018 - Limitorque Vapor Corrosion Inhibitor
02492506, Review of ICES 316245 - Excess Flow Check Valve
02510305, Review of area radiation monitors non-functional during planned bus outage
02555030, Received Final Response NRC TIA 2015-01 08/06/15
AR 20150515, Fire Suppression Antifreeze Not Per NFPA
ICES 306261 Unplanned RCS Boration (ANO)
OPESS 2012-01 Missile Hazards

Non-Cited Violations (NCVs) and Findings (FIN):

05000289/2014003-02, UFSAR Max Hypothetical Dose Not Updated, Consistent with Current
Plant Conditions
05000289/2014003-01, Risk mitigating actions not performed for excavation of Nuclear River
system cable conduits
05000289/2014002-03, Failure to restore Station Blackout Diesel Generator cooling water
lineup following Maintenance and Testing
05000289/2014002-02, Loss of air intake tunnel sump pump function due to inadequate work
execution
05000289/2015007-02, Untimely Identification and Correction of Degraded BWST Level
Transmitter Cold Weather Protection Equipment
05000289/20140002-01 Failure to Perform a 10CFR50.59 Evaluation for the BWST Seismic
Qualification

05000289/2015002-001, Failure to Maintain Turbine BV Simulator Modeling
 05000289/2014004-001, Inadequate Evacuation Times

Procedures:

PI-AA-120, Issue Identification and Screening Process, Revision 5
 PI-AA-125, Corrective Action Program (CAP) Procedure, Revision 4
 PI-AA-125-1001, Root Cause Analysis Manual
 PI-AA-125-1003, Apparent Cause Evaluation Manual, Revision 2
 RP-TM-500, Installation of Temporary Shielding, Revision 0
 RP-TM-850, Radiation Protection Emergency Equipment Readiness, Revision 4
 LS-AA-125-1003, Apparent Cause Report, Revision 10
 1302-21, BIRO System Check, Revision 18
 1303-5.1A, "A" RB Emergency Cooling and Isolation System Logic Channel/Component Test,
 Revision 11
 LS-AA-125-1001, Root Cause Investigation Report Content and Format, Revision 10
 OP-TM-731-510, De-energizing 1F 4160V SBO Switchgear, Revision 8
 AD-TM-101-1002, Writer's Guide for TMI Procedures, Revision 12
 MA-AA-716-011, Work Execution and Closeout, Revision 21
 MA-AA-716-008, Foreign Material Exclusion Program, Revision 12
 OP-TM-211-441, Increased Letdown Flowrates, Revision 5
 OP-TM-EOP-010, Emergency Procedure Rules, Guides and Graphs, Revision 18
 OP-TM-212-251, Decay Heat Leakage Exam for ISI, Revision 7
 ER-AA-335-015-2004, VT-2 Visual Examination in Accordance with ASME 2004 Edition, Rev. 0
 OP-TM-212-501, Cleanup of the BWST
 OP-TM-212-000, Decay Heat Removal System, Revision 21
 ER-AA-200, Preventative Maintenance Program, Revision 2
 WC-AA-120, Preventative Maintenance Database Revision Requirement, Revision 2
 ER-TM-700-402, External Surfaces Monitoring Program, Revision 3
 LS-AA-119, Fatigue Management And Work Hour Limits, Revision 12
 1303-4.16, Emergency Power System, Revision 135
 1107-3, Diesel Generator, Revision 142
 1107-9, SBO Diesel Generator, Revision 75
 OP-AA-108-115, Operability Determinations, Revision 17
 1038, Administrative Controls-Fire Protection Program, Revision 82
 OP-TM-112-101-1002, Shift Staffing Requirements, Revision 9
 1301-4.1, Weekly Surveillance Checks, Revision 93

Work Orders:

C2035630	R2078292	R2141491	R2216831
C2035866	R2125302	R2192392	R2230377
R2078291	R2129556	R2207969	R2296916

Miscellaneous:

UFSAR

Package Characterization Reports: 003048-2, TL-215-002. TL-215-003

Submittal of TMI White Paper – TMI BWST Cleanup Path Issue, 6/22/2015

Final Response to TIA 2015-01, Assessment of Three Mile Island Nuclear Station's Use of a Non-Seismic Qualified Cleanup Path for the Borated Water Storage Tank, 8/6/2015

IN-2012-01, Seismic Considerations – Principally Issues Involving Tanks, 1/26/2012

GL 87-02, Verification of Seismic Adequacy of Mechanical and Electrical Equipment in Operating Reactors, Unresolved Safety Issue A-46, February 19, 1987

Three Mile Island Updated Final Safety Analysis Report 5.1.1, Appendix A

Piping Instrument Diagram for BWST/Sodium Hydroxide Tank, Dwg No. 04-5130-B-308-897

Piping Instrument Diagram for the Borated Water Storage Tank Low Level Differential Pressure Switch, Dwg No. 4692-308-890

Piping Instrument Diagram for the Level Transmitter LT-809, Dwg No. 04-5130-D-308-920

System Health Report, Quarter 1 of 2015, LPI/Decay Heat Removal System

System Health Report, Quarter 1 of 2016, LPI/Decay Heat Removal System

PCM Template applying to Aboveground Storage Tanks or Underground Storage Tanks

Calculation for Acceptability of Pipe Stresses during SSE, C-1101-232-E410-056 and 057

1301-4.1, Weekly Surveillance Checks, completed 03/24/12

1301-4.1, Weekly Surveillance Checks, completed 04/29/16

1301-4.1, Weekly Surveillance Checks, completed 05/07/16

1301-4.1, Weekly Surveillance Checks, completed 05/14/16

LIST OF ACRONYMS

10 CFR	Title 10 of the <i>Code of Federal Regulations</i>
BWST	borated water storage tank
CAP	corrective action program
IR	issue report
MRC	Management Review Committee
NCV	non-cited violation
NRC	Nuclear Regulatory Commission, U.S.
SOC	Station Ownership Committee