

ENCLOSURE 2

U.S. NUCLEAR REGULATORY COMMISSION
REGION IV

Docket Nos.: 50-275; 50-323
License Nos.: DPR-80; DPR-82
Report No.: 50-275/97-22; 50-323/97-22
Licensee: Pacific Gas and Electric Company
Facility: Diablo Canyon Nuclear Power Plant, Units 1 and 2
Location: 7 ½ miles NW of Avila Beach
Avila Beach, California
Dates: December 8-12, 1997
Inspector: Gail M. Good, Senior Emergency Preparedness Analyst
Approved By: Blaine Murray, Chief, Plant Support Branch
Division of Reactor Safety
Attachment: Supplemental Information



EXECUTIVE SUMMARY

Diablo Canyon Nuclear Power Plant, Units 1 and 2
NRC Inspection Report 50-275/97-22; 50-323/97-22

A routine, announced inspection of the operational status of the licensee's emergency preparedness program was conducted. The inspection included the following areas: emergency plan and implementing procedures, emergency facilities and equipment, organization and management control, training, audits, and effectiveness of licensee controls. Emphasis was placed on changes that had occurred since the last routine emergency preparedness inspection.

Plant Support

- Overall, the emergency preparedness program was strong. With minor exceptions, major program elements were well controlled and implemented.
- On one of two occasions, emergency plan implementation was not fully assessed following a declared event. Lessons-learned documentation for both declared events was incomplete regarding the need for corrective actions (Section P1).
- A repeat violation was identified involving the availability of respirator eyeglasses for licensed operators which indicated that initial corrective actions were ineffective (Section P2).
- Emergency response facilities were generally tidy and operationally maintained (Section P2).
- Two emergency action levels did not meet Federal guidance. The emergency plan contained two inconsistencies: one involving offhours/unannounced drills and one involving program audit frequency (Section P3).
- Emergency plan implementation by both crews during the simulator walkthroughs was good. Emergency conditions were quickly recognized and classified. Offsite agency notifications were timely. Dose calculations and protective action recommendations were correct. One crew's offsite agency notifications were incomplete, unclear, and not totally correct (Section P4).
- The emergency preparedness training program was well implemented and tracked. Program enhancements, including a job task analysis, lesson plan upgrades, and increased drill frequency demonstrated a high level of management support. Emergency plan staffing during an offhours/unannounced drill did not meet emergency plan requirements. Immediate corrective actions were appropriate (Section P5).
- The emergency preparedness program was well supervised and staffed, and each staff member made a conscientious contribution to program implementation. Changes in emergency response organization members were well controlled to ensure a sufficient



number of individuals were available to respond to emergencies. A good system was in place to identify departing/new members and to update the on-call roster. All offsite agreements were current (Section P6).

- An in-depth audit was performed by knowledgeable individuals with technical support from other sites. The offsite interface was effectively evaluated, and a positive method was used to make the results available to offsite agencies (Section P7.1).
- Timely response to emergency preparedness action requests was poor; the average request was nearly 2 years old. Immediate response actions to review and prioritize the list were appropriate. A lower-level action tracking system database was enhanced to allow comment trending and participant feedback (Section P7.2).



Report Details

IV. Plant Support

P1 Conduct of Emergency Preparedness Activities

a. Inspection Scope (93702)

The inspector reviewed event notifications made since August 18, 1996, to determine if events were properly classified. The following event reports/declared emergency events were reviewed:

- Event Report 31356
- January 3, 1997 Mud Slide Affecting Plant Site Access - Notification of Unusual Event (Event Report 31539)
- Event Report 32569
- October 24, 1997 Reactor Trip and Safety Injection - Notification of Unusual Event (Event Report 33143)

b. Observations and Findings

The inspector reviewed the four event reports and determined that all four events were properly classified. Emergency preparedness reports, documenting the event time line and licensee response efforts for the two declared events, were reviewed to determine if the licensee had used the opportunities to assess emergency plan implementation. The report for the January 1997 notification of an unusual event identified five "minor" problems. One problem involved the timeliness of followup notifications (2 hours between Notifications 3 and 4). The report was lacking in that it did not indicate whether the notification procedure was followed or whether corrective actions were necessary to prevent recurrence.

In contrast, the notification of an unusual event report for the October 1997 safety injection identified two instances where Emergency Plan Implementing Procedure EP G-3, "Notification of Off-site Agencies and Emergency Response Organization Personnel," Revision 29, requirements were not properly implemented. This issue was being documented in NRC Inspection Report 50-275; -323/97-19 at the time of this inspection. The inspector noted that the licensee's report did not identify the need to take corrective actions for the notification problems; however, an action request was initiated. The inspector concluded that lessons-learned documentation was incomplete.



c. Conclusions

Emergency events were properly classified. On one of two occasions, emergency plan implementation was not fully assessed following a declared event. Lessons-learned documentation for both declared events was incomplete regarding the need for corrective actions.

P2 Status of Emergency Preparedness Facilities, Equipment, and Resources

a. Inspection Scope (82701-02.02)

The inspector reviewed the status of emergency response facilities, equipment, instrumentation, and supplies to ensure that they were maintained in a state of operational readiness. The inspectors toured the following facilities:

- Control room
- Technical support center
- Operational support center
- Emergency operations facility

b. Observations and Findings

During the December 8, 1997, tour of the control room, the inspector questioned the shift supervisor about the existence/availability of prescription glasses for use with self-contained breathing apparatuses. The shift supervisor was unaware of the existence and location of the glasses. The shift supervisor and the inspector questioned four other members of Crew D who would require the special glasses and received similar answers. One individual thought the glasses had been obtained but did not know where they were located.

In pursuing this matter, the inspector reviewed NRC Inspection Report 50-275; -323/97-01, dated May 29, 1997, which included a violation for not following respiratory protection procedures. Technical Specification, Section 6.8.1a, requires that written procedures be implemented covering the applicable areas recommended in Appendix A of Regulatory Guide 1.33, Revision 2, February 1978. Appendix A of Regulatory Guide 1.33 lists activities that should be covered by written procedures including those for respiratory protection. The report stated:

However, it was determined that a number of licensed operators (approximately 26) with corrective lenses as a condition of license did not have special frames and lens for their self-contained breathing apparatuses used in the control room. The inspectors observed that the licensee's Final Safety Analysis Report, Sections 9.5B-24, 9.5B-36 and 6.4-3, indicated that self-contained breathing apparatuses are provided for fire brigade and control room personnel use, which requires that control room personnel be self-contained breathing apparatus qualified. As such, the inspectors considered the use of self-contained breathing apparatuses



as design bases contingency measure. It was also noted that Procedure RP1.ID3, "Respiratory Protection Program," requires that only special spectacle kits specified by the manufacturer of the respirator be used. Further, Procedure OM14.ID2, "Medical Examinations" required individuals with prescription eyeglasses who are required to wear a full-face respirator shall use special frames for their glasses that do not interfere with the face-piece seal. The inspectors also noted that operators would be required to wear self-contained breathing apparatus for performance of procedures under abnormal environmental conditions, (e.g., Procedure AP-8B, "Control Room Inaccessibility - Hot Shutdown to Cold Shutdown." This was an example of an apparent violation of Technical Specification 6.8.1a for a failure to follow procedures, (50-275; -323/9701-01).

The inspector reviewed the licensee's response to the above violation (PG&E Letter DCL-97-114, dated June 28, 1997) and one of the action requests generated to track resolution of the issue (Action Request A0429503). The response to the violation stated that licensed operators would receive special glasses by October 1, 1997. The latest entry to A0429503 (identified as a closed action request), dated September 25, 1997, stated that, "Licensed operators and fire brigade members have special frames for respirator use. The frames are located in the control room file cabinet east wall U-2 side (licensed)" Discussions with operations personnel indicated that the location of the respirator glasses had not been communicated to licensed operators; however, the control room assistants (one per shift) were aware of the location and had been tasked to perform a weekly inventory of the glasses. The control room assistants' knowledge of the location was discounted since they are not required to be in the control room at all times and would likely be evacuated from the control room during situations that would require the use of respirators/self-contained breathing apparatus. As a result, training was considered incomplete.

Since five of five affected licensed operators on Crew D were not aware of the existence and/or location of the respirator glasses on December 8, 1997, the glasses were not considered available for use. Accordingly, the failure to make the special glasses available to licensed operators was identified as a violation of Technical Specification 6.8.1a (50-275; -323/9722-01).

The licensee took prompt and thorough corrective actions following the identification of this matter. Corrective actions included:

- Action Request A0448913 was issued on December 9, 1997.
- An electronic mail message was sent to all operations personnel from the operations director. The message described the location of the glasses and requested that shift supervisors discuss the message at a shift brief.
- The control room file drawer was labeled.



- Operations issued a shift order to discuss the storage location.
- The operations director requested a nuclear quality services assessment of the tracking program (for glasses issuance/knowledge).
- The Crew D shift supervisor performed a crew "tailboard" and included an item in the turnover report for the oncoming crew.
- An electronic mail message was sent to management to consider whether there were other potential areas of missed communications.

No significant issues were identified during the tour of the technical support center, operational support center, and emergency operations facility. Accountability log forms were missing from the technical support center, and a radiation manager who would be stationed in the technical support center had to look in several locations to find the pocket ion chambers and thermoluminescent dosimeters. The emergency preparedness staff quickly corrected the minor facility problems and, more importantly, took steps to prevent recurrence. The accountability log forms were added to a facility checklist, and the dosimeter duffel bag was labeled. The emergency response facilities were generally tidy and operationally maintained.

Two notable facility/equipment improvements were made since the last operational status inspection. The safety parameter display system and dose assessment program were upgraded. The safety parameter display system upgrade allowed independent access (not confined to master-displayed screens) from emergency response facilities. The dose assessment program upgrade included site-specific terrain characteristics.

c. Conclusions

A repeat violation was identified involving the availability of respirator eyeglasses for licensed operators which indicated that initial corrective actions were ineffective. Emergency response facilities were generally tidy and operationally maintained. Two minor issues in the technical support center were promptly and thoroughly corrected. Improvements were made to the safety parameter display system and dose assessment program.

P3 Emergency Preparedness Procedures and Documentation

a. Inspection Scope (82701-02.01)

The inspector used Inspection Procedure 82701 to determine whether the emergency plan and procedures were maintained. The inspector reviewed:

- Procedure EP G-1 "Emergency Classification and Emergency Plan Activation," Revision 25, and verified satisfaction of 10 CFR 50, Appendix E.IV.B requirements



- Emergency plan, Section 8, "Maintaining Emergency Preparedness"
- Procedures for conducting drills and exercises
- The process for reviewing and submitting the emergency plan and implementing procedures

b. Observations and Findings

Discrepancies in some emergency action levels were identified during a review of Procedure EP G-1 in preparation for the simulator walkthroughs discussed in Section P4 below. Specifically, Site Area Emergency 6 (Environmental Protection Agency protective action guides exceeded at site boundary) and General Emergency 4 (Environmental Protection Agency protective action guide dose rates, as opposed to integrated doses, exceeded at site boundary) were not consistent with NRC approved emergency action levels schemes. A standard emergency action level scheme is required by 10 CFR 50.47(b)(4) and Appendix E.IV.B and C of Part 50. Emergency preparedness position (EPPOS) 1, "Acceptable Deviations from Appendix 1 of NUREG-0654 Based Upon the Staff's Regulatory Analysis of NUMARC/NESP-007," Revision 0, clarified that exceeding the Federal dose limits at the site boundary met general emergency conditions and that integrated doses were more consistent with Federal dose limits. The licensee acknowledged that the emergency action levels were inconsistent with approved emergency action level schemes and stated that they would be corrected. Verification of the corrected emergency action levels was identified as an inspection followup item (50-275; -323/9722-02).

The inspector verified that the emergency action levels were reviewed annually with state and county authorities in accordance with Appendix E.IV.B requirements. Changes to emergency action levels were properly discussed with state and county authorities during the procedure revision process.

Emergency plan, Section 8, contained two inconsistencies. First, the plan did not include reference to conducting offhours/unannounced drills or exercises as discussed in Evaluation Criterion N1.b of NUREG-0654/FEMA-REP-1, "Criteria for Preparation and Evaluation of Radiological Emergency Response Plans and Preparedness in Support of Nuclear Power Plants," Revision 1. The licensee is committed to NUREG-0654 via Section 13.3 of the Final Safety Analysis Report. Although it was not reflected in the emergency plan, the commitment was captured in Procedure OM10.DC1, "Emergency Preparedness Drills and Exercises," Revision 1. Second, emergency plan, Section 8.2.1, stated that an independent audit was conducted annually (annually was defined as once per calendar year). In contrast, 10 CFR 50.54(t) requires the audit at least every 12 months. The licensee acknowledged the emergency plan inconsistencies and stated they would be corrected. Verification of the emergency plan corrections was identified as an inspection followup item (50-275; -323/9722-03).

In reviewing this area, the inspector noted that the aforementioned drill and exercise procedure, Procedure OM10.DC1, "Emergency Preparedness Drills and Exercises," was



incorrectly considered an administrative procedure, as opposed to an emergency plan implementing procedure. The inspector and the emergency preparedness supervisor agreed that the procedure implemented emergency plan, Section 8, and, therefore, should be sent to the NRC in accordance with 10 CFR 50, Appendix E.V. The licensee indicated the procedure would be included in a future submittal. This response was acceptable.

Regarding the process used to review and submit the emergency plan and implementing procedures, the inspector identified two issues. First, formal documents that guided the reviewer during the change process did not specifically identify the need to consider NUREG-0654. There was, however, a desk-top procedure that referenced the NUREG. Since the licensee was committed to NUREG-0654, the lack of a formal reference was identified as a program vulnerability. Second, the inspector noted that some implementing procedures were submitted to the NRC without revision change bars (NUREG-0654, Evaluation Criterion P.5). It appeared that the submitted procedures only contained editorial changes. This matter was discussed with appropriate licensee personnel for future reference and correction.

c. Conclusions

Two emergency action levels did not meet Federal guidance. The emergency plan contained two inconsistencies: one involving offhours/unannounced drills, and one involving program audit frequency. A procedure that implemented the emergency plan's drill and exercise program was not correctly submitted. The lack of a formal reference to NUREG-0654 during the emergency plan and procedure review process was identified as a program vulnerability. Some procedures were incorrectly submitted without revision change bars.

P4 Staff Knowledge and Performance in Emergency Preparedness

a. Inspection Scope (82701-02.01)

The inspectors conducted walkthroughs with two operating crews using a dynamic simulation on the plant-specific control room simulator. During the walkthroughs, the licensee was evaluated on the ability to:

- Evaluate plant conditions,
- Identify respective emergency action levels,
- Evaluate or, where appropriate, perform dose calculations,
- Classify the emergency using the latest procedures,
- Recommend appropriate protective actions, and
- Make timely notifications to offsite agencies.

The scenario consisted of a sequence of events requiring escalation of emergency classifications, culminating in a general emergency. The initiating event was an alert based on an earthquake greater than .2g verified by seismic monitors. Loose parts monitors alarmed and reactor coolant activity increased. The event escalated to a site



area emergency condition based on a large break loss of coolant accident which required safety injection (pressurizer level could not be maintained). The loss of coolant accident and loose parts caused an increase in fuel damage (40 percent gap release). The event escalated to a general emergency when a break in containment resulted in site boundary dose rates greater than 1000 millirem per hour total effective dose equivalent or greater than 5000 millirem per hour thyroid committed dose equivalent. Each walkthrough lasted approximately 90 minutes.

b. Observations and Findings

Emergency plan implementation by both crews was good. Both crews made correct and timely event classifications. Offsite agency notifications were made within emergency plan/procedure limits, including 30-minute followup messages. Dose calculations were quickly and accurately performed to support emergency classifications and protective action recommendations. Protective action recommendations were correctly determined and promptly communicated to simulated state and county organizations.

However, the inspector identified the following areas for improvement:

1. Offsite agency notifications made by the second crew were incomplete, unclear, or inaccurate and indicated a lack of attention to detail during implementation. For example:
 - Information was not read from the forms in the order presented, and some important information was not communicated (release status and wind direction). The process used would inhibit the offsite agency representative's ability to complete a duplicate form and was not consistent with Procedure EP G-3 training.
 - The names of those contacted was not obtained when some notifications were made (including the initial notification). The emergency liaison coordinator (communicator) did call back to get the names; however, the implemented process was not consistent with Procedure EP G-3.
 - One form was changed after it was faxed to the offsite agencies, but the modified form was not refaxed (affected unit block was modified). The emergency liaison coordinator did notify the offsite agencies of the correction. As a result, there could have been a documentation mismatch that could have affected event reconstruction.
 - The written summary for Notification 3 stated that there was a transition to E1.2. Instructions for completing the block stated that jargon and acronyms should be avoided. In this case, the offsite agencies would not know the meaning or significance of the procedural transition.
 - The basis for the general emergency described on the corresponding notification form was not totally correct. The form stated that total



effective dose equivalent and thyroid committed dose equivalent protective action guides were exceeded at the site boundary when only the thyroid protective action guide was exceeded.

- The simulated resident inspector was not informed of the offsite protective action recommendations. This was an important piece of information that needed to be communicated.
- 2. The first crew was less rigorous in its use of three-part communications, and tailboards (briefings) were not concluded in a crisp manner. Three-part communications involve: (1) information communicated by provider, (2) information restated by the receiver, and (3) information confirmed by the provider. On some occasions, questions continued to surface after personnel returned to assigned responsibilities.

c. Conclusions

Emergency plan implementation by both crews during the simulator walkthroughs was good. Emergency conditions were quickly recognized and classified. Offsite agency notifications were timely. Dose calculations and protective action recommendations were correct. One crew's offsite agency notifications were incomplete, unclear, and not totally correct. Three-part communications were performed more rigorously by one crew, and tailboards (briefings) were not crisply ended.

P5 Staff Training and Qualification in Emergency Preparedness

a. Inspection Scope (82701-02.04)

The inspector reviewed the training program, training records for selected individuals, and documents associated with emergency drills/exercises.

b. Observations and Findings

Several improvements to the emergency preparedness training program had occurred since the last operational status inspection. Examples included: (1) a job task analysis for emergency response organization members was completed, (2) lesson plans were upgraded (developed a program of instruction), (3) additional computer-based training modules (self-paced) were developed, and (4) the drill program was enhanced. The enhanced drill program included increasing the number of drills. Since the beginning of 1997, the licensee had conducted seven fully-integrated drills and one control-cell driven drill (i.e., two drills per each of the four teams). Training lesson plans were comprehensive, and exam questions were challenging. The inspector concluded that the enhanced training program, focused lesson plans coupled with practical applications/reinforcement during frequent drills, was a strength that demonstrated a high level of management support.



The inspector reviewed training records for selected emergency response organization members and found that required position-specific training was performed and documented. A system was in place to provide advance notice of training needs and to remove individuals from the emergency response organization if training lapsed. The training program was properly implemented, and training status was effectively tracked to ensure a qualified emergency response organization was maintained.

A drill records review showed that required specialty drills (e.g., radiological monitoring, post-accident sampling system, and offhours/unannounced) were properly conducted and documented to identify weak/improvement areas. Two issues were identified during this part of the inspection. First, the results of the October 21, 1997, offhours/unannounced drill showed that certain facility staffing did not meet emergency plan requirements. Recognizing the weakness, the licensee issued Action Request A0446901 to track resolution. Immediate corrective actions appeared appropriate. Another offhours/unannounced drill was planned for early next year to test the effectiveness of corrective actions. The adequacy and effectiveness of the licensee's corrective actions will be assessed via an inspection followup item (50-275; -323/9722-04).

Second, the licensee's 6-year drill matrix, used to track demonstration of required objectives, appropriately included an objective to demonstrate the use of backup communications; however, the corresponding drill report did not clearly document this element. Emergency preparedness personnel acknowledged that this objective was not well linked to the drill objectives and that improvements would be made in future reports.

c. Conclusions

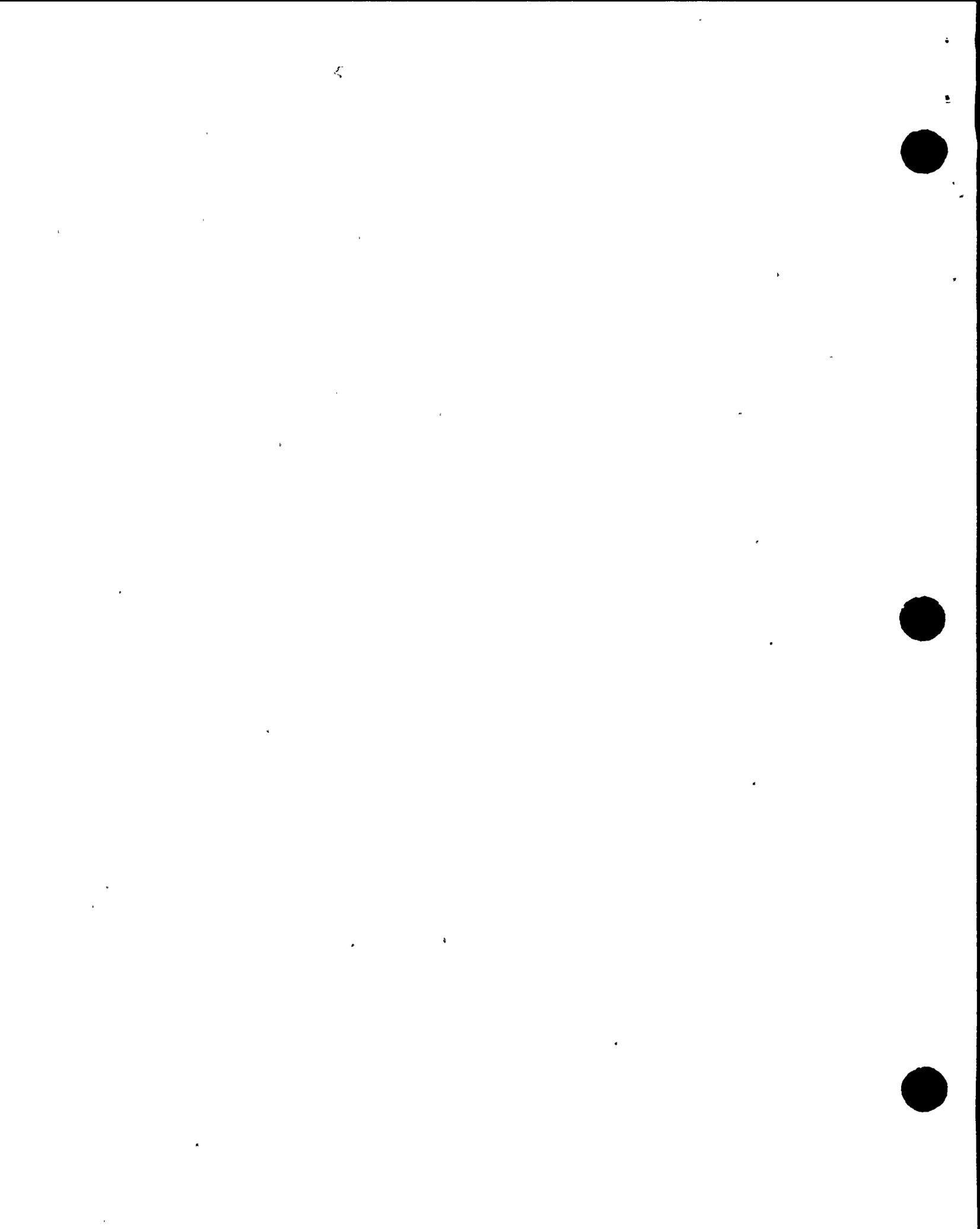
The emergency preparedness training program was well implemented and tracked. Program enhancements, including a job task analysis, lesson plan upgrades, and increased drill frequency demonstrated a high level of management support. Emergency plan staffing during an offhours/unannounced drill did not meet emergency plan requirements. Immediate corrective actions were appropriate. One drill report did not clearly document a 6-year objective.

P6 Emergency Preparedness Organization and Administration

a. Inspection Scope (82701-02.03)

The inspector reviewed:

- Emergency planning organization staffing
- Changes in key onsite emergency response personnel
- Changes in offsite support organization agreements



b. Observations and Findings

Several changes to the emergency preparedness management structure and staffing had occurred. Emergency preparedness now reported to a manager (Manager, Safety, Health, and Emergency Services), and one emergency preparedness supervisory position was eliminated. Previously there had been an onsite and offsite supervisor. The onsite supervisor assumed all supervisory responsibilities. The former offsite supervisor remained as a member of the staff. Two staff members had left but were replaced with contractor personnel. Staff members had varied backgrounds with expertise in key functional areas necessary for an emergency preparedness program. The emergency preparedness program was well supervised, and each staff member made a conscientious contribution to program implementation.

Changes in emergency response organization members were well controlled to ensure a sufficient number of individuals were available to respond to emergencies. A good system was in place to identify departing/new members and to update the on-call roster. The emergency response organization database had been improved to avoid errors caused by multiple tracking systems.

The inspector reviewed the status of offsite agency agreements to ensure they were reviewed and certified for continued support on an annual basis as required by emergency plan, Section 8.2.5. Documentation was complete for 1996, and the certification process had been initiated for 1997. All offsite agreement letters were current.

c. Conclusions

The emergency preparedness program was well supervised and staffed, and each staff member made a conscientious contribution to program implementation. Changes in emergency response organization members were well controlled to ensure a sufficient number of individuals were available to respond to emergencies. A good system was in place to identify departing/new members and to update the on-call roster. All offsite agreements were reviewed and current.

P7 Quality Assurance in Emergency Preparedness Activities

P7.1 Independent and Internal Reviews and Audits (82701-02.05)

a. Inspection Scope

Using Inspection Procedure 82701, the inspector examined the latest emergency preparedness program audit report to determine compliance with NRC requirements and licensee commitments.



b. Observations and Findings

The last program audit was conducted September 9-26, 1997, by members of the nuclear quality assurance staff. The lead auditor had attended commercially available emergency preparedness training, and other audit team members were emergency response organization members. To enhance the technical expertise of the audit team, issues identified during the audit were discussed with emergency preparedness managers/supervisors from five other Region IV sites. Nine action requests were issued, indicating that an in-depth audit had been performed. The adequacy of the offsite interface was evaluated in a manner that would identify problems, and the report was properly provided to offsite agencies.

c. Conclusions

An in-depth audit that met regulatory requirements was performed by knowledgeable individuals with technical support from other sites. The offsite interface was effectively evaluated, and a positive method was used to make the results available to offsite agencies.

P7.2 Effectiveness of Licensee Controls (82701-02.06)

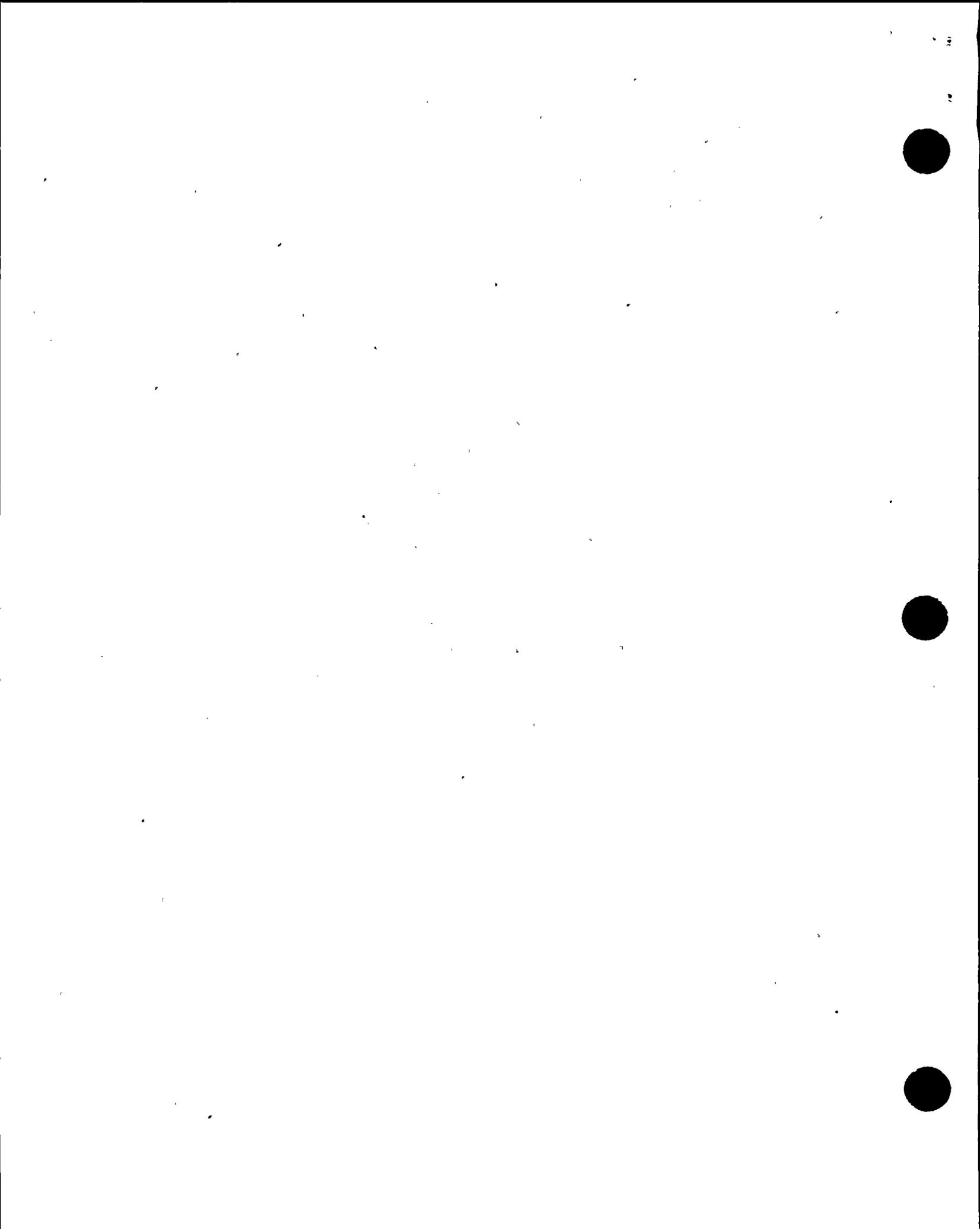
a. Inspection Scope

The inspector reviewed the licensee's process for identifying, resolving, and preventing problems by reviewing corrective action tracking systems.

b. Observations and Findings

The inspector reviewed a summary of emergency preparedness action requests. The list identified numerous open action requests with initiation dates as far back as January 1995. The inspector noted that one open action request involved a problem with EP G-1 (accident classification) that was identified by the inspector during this inspection (the use of dose rates versus integrated doses). The action request was initiated January 30, 1995, and had a due date of December 31, 1998. Given the subject matter, the due date was considered unreasonably long.

The extent of the action request backlog was quantified during the nuclear quality services audit discussed in Section P7.1 above. At the time of the audit, the backlog was 78 open and 55 overdue. The average age was 831 days. At the time of this inspection, the backlog was down to 57 open with an average age of 642 days. The inspector expressed concern about the backlog and action request average age. Attention to this area was poor. In response, the licensee scheduled a meeting with nuclear quality services during the week of December 15, 1997, to review and prioritize the list. The immediate corrective actions were appropriate; however, continued diligence in this area was warranted. The inspector concluded that correcting previously identified issues had suffered because the staff had focused on other program enhancements.



Lower-level issues were tracked by the emergency preparedness action tracking system. Two notable improvements had been made to this system. First, all issues identified during 1996 drills were entered into the new database. The new database would allow drill comment trending. Second, a participant comment feedback process was developed. In July 1997, emergency response organization members were provided with an action item status update for issues the individual identified. This unique process was considered an effective method to foster emergency response organization support and ownership.

c. Conclusions

Timely response to emergency preparedness action requests was poor; the average request was nearly 2 years old. Immediate response actions to review and prioritize the list were appropriate. A lower-level action tracking system database was enhanced to allow comment trending and participant feedback.

V. Management Meetings

X1 **Exit Meeting Summary**

The inspector presented the inspection results to members of licensee management at the conclusion of the inspection on December 12, 1997. The licensee acknowledged the findings presented. No proprietary information was identified.



ATTACHMENT

SUPPLEMENTAL INFORMATION

PARTIAL LIST OF PERSONS CONTACTED

Licensee

R. Powers, Vice President and Plant Manager
C. Belmont, Director, Nuclear Quality Services
W. Crockett, Manager, Nuclear Quality Services
B. Ellis, Emergency Preparedness Coordinator
R. Gray, Director, Radiation Protection
J. Griffin, Supervisor, Nuclear Quality Services
A. Halverson, Emergency Preparedness Coordinator
J. Hays, Manager, Site Services
S. Hiatt, Director, Operations
M. Hug, Supervisor, Emergency Preparedness
D. Johnson, Health Physicist
S. Ketelsen, Supervisor, Regulatory Services
D. Miklush, Manager, Engineering Services
J. Molden, Manager, Operations Services
R. Morris, Emergency Preparedness Coordinator
M. Snyder, Emergency Preparedness Coordinator

LIST OF INSPECTION PROCEDURES USED

82701 Operational Status of the Emergency Preparedness Program

93702 Prompt Onsite Response to Events at Operating Reactors

LIST OF ITEMS OPENED

Opened

50-275; -323/9722-01	VIO	Failure to follow a respiratory protection program procedure (Section P2)
50-275; -323/9722-02	IFI	Verify correction of two emergency action levels that did not meet approved emergency action level schemes (Section P3)
50-275; -323/9722-03	IFI	Verify emergency plan corrections (off-hours/unannounced drill and 50.54(t) audit frequency) (Section P3)



50-275; -323/9722-04 IFI Assess corrective actions from October 1997 off-hours drill
(Section P5)

LIST OF ITEMS CLOSED

50-275; -323/9722-01 VIO Failure to follow a respiratory protection program procedure
(Section P2)

LIST OF DOCUMENTS REVIEWED

Emergency Plan Implementing Procedures

EP G-1	Emergency Classification and Emergency Plan Activation	Revision 25
EP G-2	Activation and Operation of the Interim Site Emergency Organization (Control Room)	Revision 20
EP G-3	Notification of Off-site Agencies and Emergency Response Organization Personnel	Revision 29
EP RB-10	Protective Action Recommendations	Revision 6
OM10.ID3	Emergency Plan Training	Revision 4A

Other Procedures

OM7.ID1	Problem Identification and Resolution - Action Requests	Revision 8
OM10.DC1	Emergency Preparedness Drills and Exercises	Revision 1
MT-44	Controlled Documents Maintenance Checklist	12/9/97

Other Documents

Diablo Canyon Power Plant Emergency Plan, Revision 3, Change 16
Diablo Canyon Power Plant Final Safety Analysis Report, Section 13.3
Notification of Unusual Event, January 3, 1997 mudslide (undated)
Notification of Unusual Event, October 24, 1997 safety injection (undated)
Action Request A0429503
Action Request A0448913
Reply to Notice of Violation 50-275; -323/97-01, June 28, 1997
Shift Supervisor Turnover Report, December 8, 1997
Electronic mail from S. Hiatt to multiple addressees, Operations Director, December 9, 1997
PG&E Letter DCL-96-221, dated November 8, 1996
PG&E Letter DCL-96-222, dated November 8, 1996
PG&E Letter DCL-97-199, dated November 26, 1997
PG&E Letter DCL-97-200, dated November 26, 1997
Nuclear Quality Services Audit 972100021, dated October 22, 1997

