

UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION I
631 PARK AVENUE
KING OF PRUSSIA, PENNSYLVANIA 19406

JAN 7 1976

Niagara Mohawk Power Corporation
Attention: Mr. R. R. Schneider
Vice President
Electric Operations
300 Erie Boulevard West
Syracuse, New York 13202

License No. DPR-63
Inspection No. 75-31
Docket No. 50-220

Gentlemen:

This refers to the inspection conducted by Mr. W. Ruhlman of this office on December 9-11, 1975 at the Nine Mile Point Nuclear Power Plant, Unit 1, in Scriba, New York of activities authorized by NRC License No. DPR-63 and to the discussions of our findings held by Mr. W. Ruhlman with Mr. T. Perkins and other members of your staff at the conclusion of the inspection, and to subsequent telephone discussions between Mr. W. Ruhlman and Mr. C. Stuart on December 12, 1975 and Mr. W. Ruhlman and Mr. R. Burns on December 17, 1975.

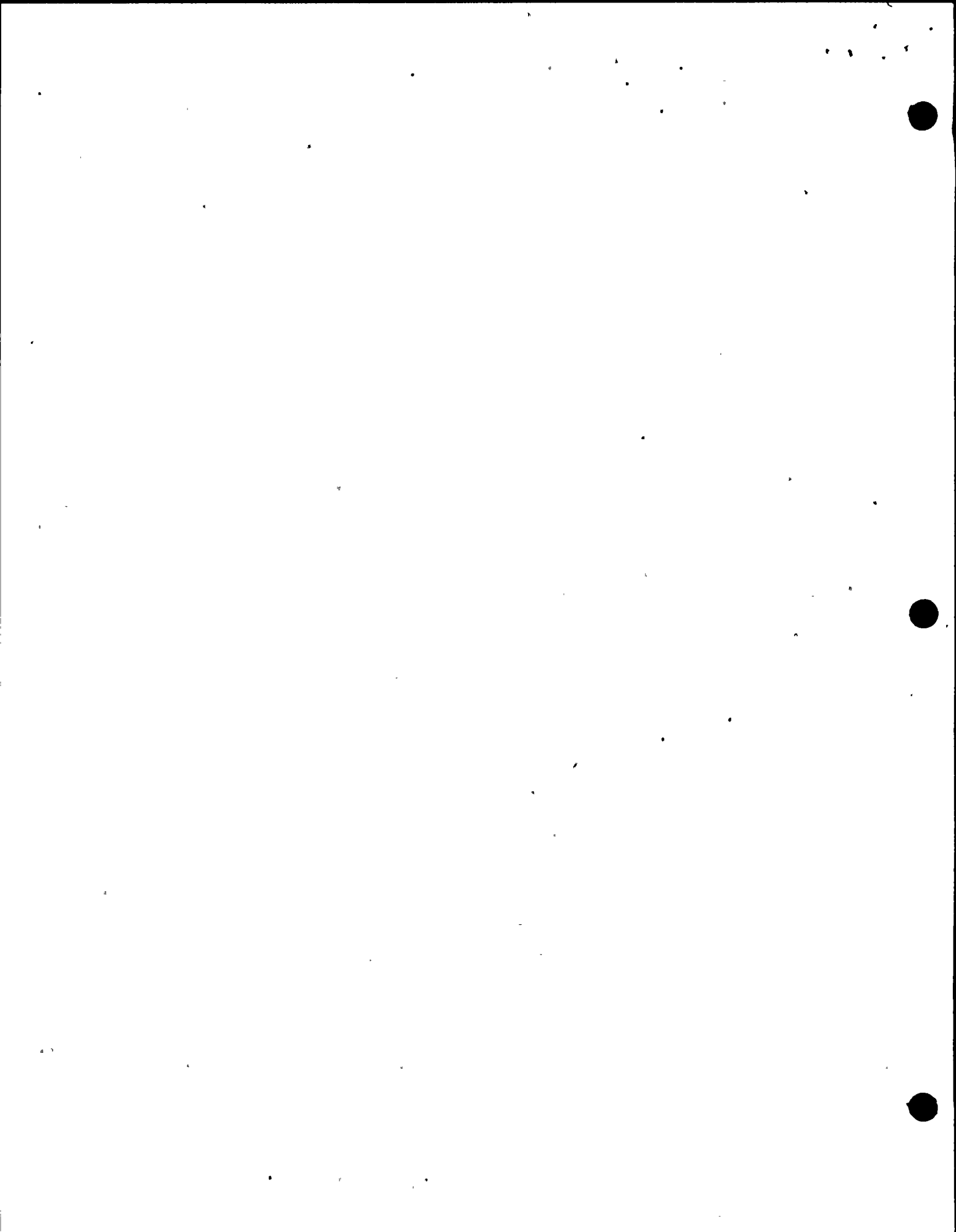
Areas examined during this inspection are described in the Office of Inspection and Enforcement Inspection Report which is enclosed with this letter. Within these areas, the inspection consisted of selective examinations of procedures and representative records, interviews with personnel, inventories made by the inspector, and observations by the inspector.

Based on the results of this inspection, it appears that one of your activities was not conducted in full compliance with NRC requirements, as set forth in the Notice of Violation, enclosed herewith as Appendix A. This item of noncompliance has been categorized into the levels as described in our correspondence to you dated December 31, 1974. This notice is sent to you pursuant to the provisions of Section 2.201 of the NRC's "Rules of Practice", Part 2, Title 10, Code of Federal Regulations. Section 2.201 requires you to submit to this office, within twenty (20) days of your receipt of this notice, a written statement or explanation in reply including: (1) corrective steps which have been taken by you and the results achieved; (2) corrective steps which will be taken to avoid further items of noncompliance; and (3) the date when full compliance will be achieved.

As noted in Appendix A, the physical items aspects of the item of non-compliance were corrected prior to the completion of the inspection; therefore, your response need only address the actions you have taken or will take to prevent recurrence.



JMS



Niagara Mohawk Power Corporation

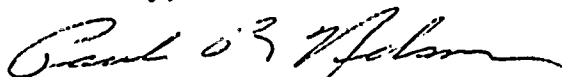
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It is our understanding that training with offsite medical facilities including a medical emergency drill was being planned by you for the near future but that the actual date and scope had not been determined at the time of this inspection. Please inform us, along with the information requested above of the current status of your planning in this area and the date when full resolution is expected.

In accordance with Section 2.790 of the NRC's "Rules of Practice", Part 2, Title 10, Code of Federal Regulations, a copy of this letter and the enclosures will be placed in the NRC's Public Document Room. If this report contains any information that (or your contractor) believe to be proprietary, it is necessary that you make a written application within 20 days to this office to withhold such information from public disclosure. Any such application must include a full statement of the reasons on the basis of which it is claimed that the information is proprietary, and should be prepared so that proprietary information identified in the application is contained in a separate part of the document. If we do not hear from you in this regard within the specified period, the report will be placed in the Public Document Room.

Should you have any questions concerning this inspection, we will be pleased to discuss them with you.

Sincerely,

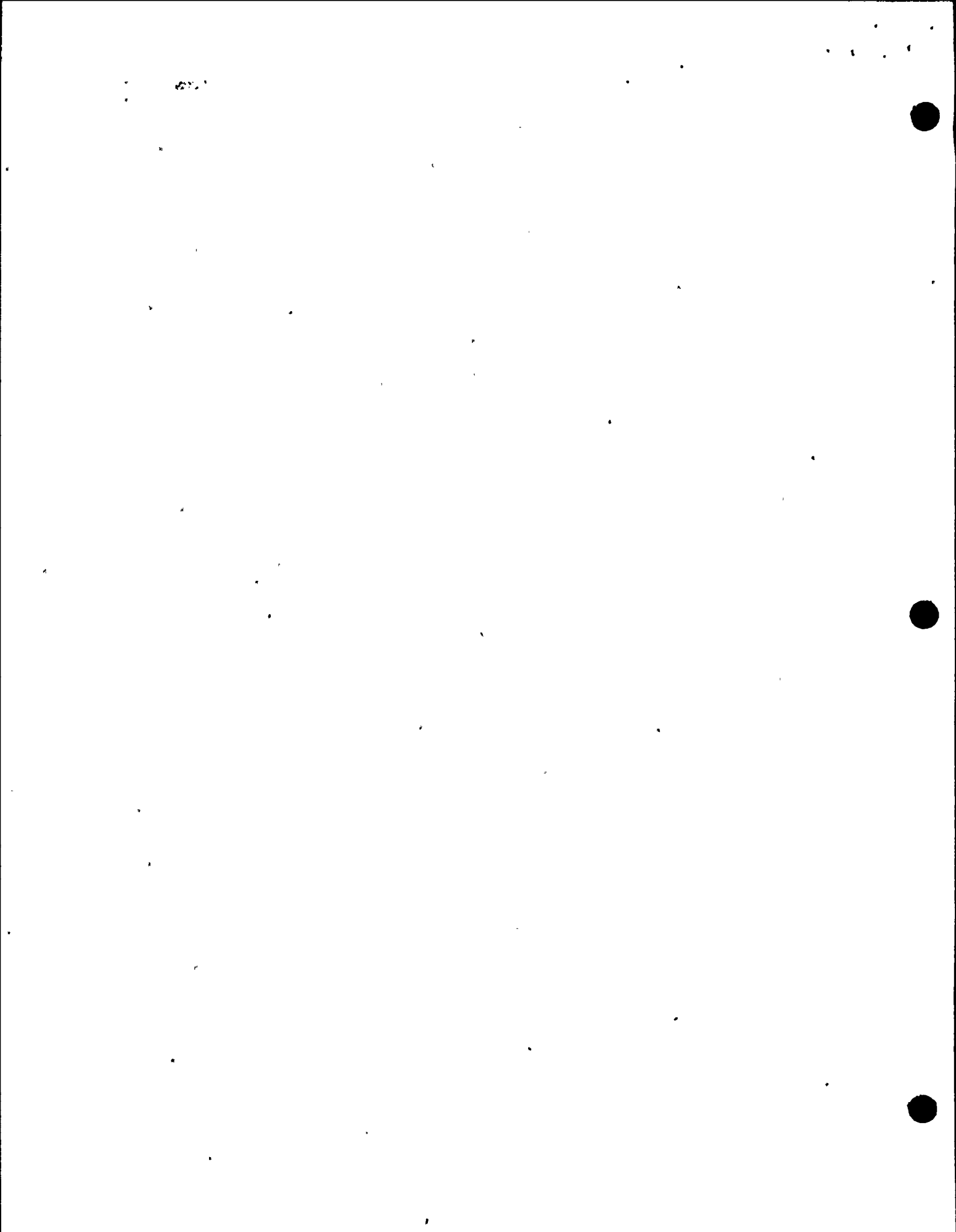


Paul R. Nelson, Chief
Fuel Facility and Materials Safety
Branch

Enclosures:

1. Appendix A, Notice of Violation
2. IE:I Inspection Report No. 50-220/75-31

cc: T. E. Lempges, General Superintendent, Nuclear Generation
T. J. Perkins, Station Superintendent
C. L. Stuart, Operations Supervisor
E. B. Thomas, Jr., Esquire
A. Z. Roisman, Counsel for Citizens Committee for
Protection of the Environment (Without Report)



bcc:

IE Mail & Files (For Appropriate Distribution)

PDR

Local PDR

NSIC

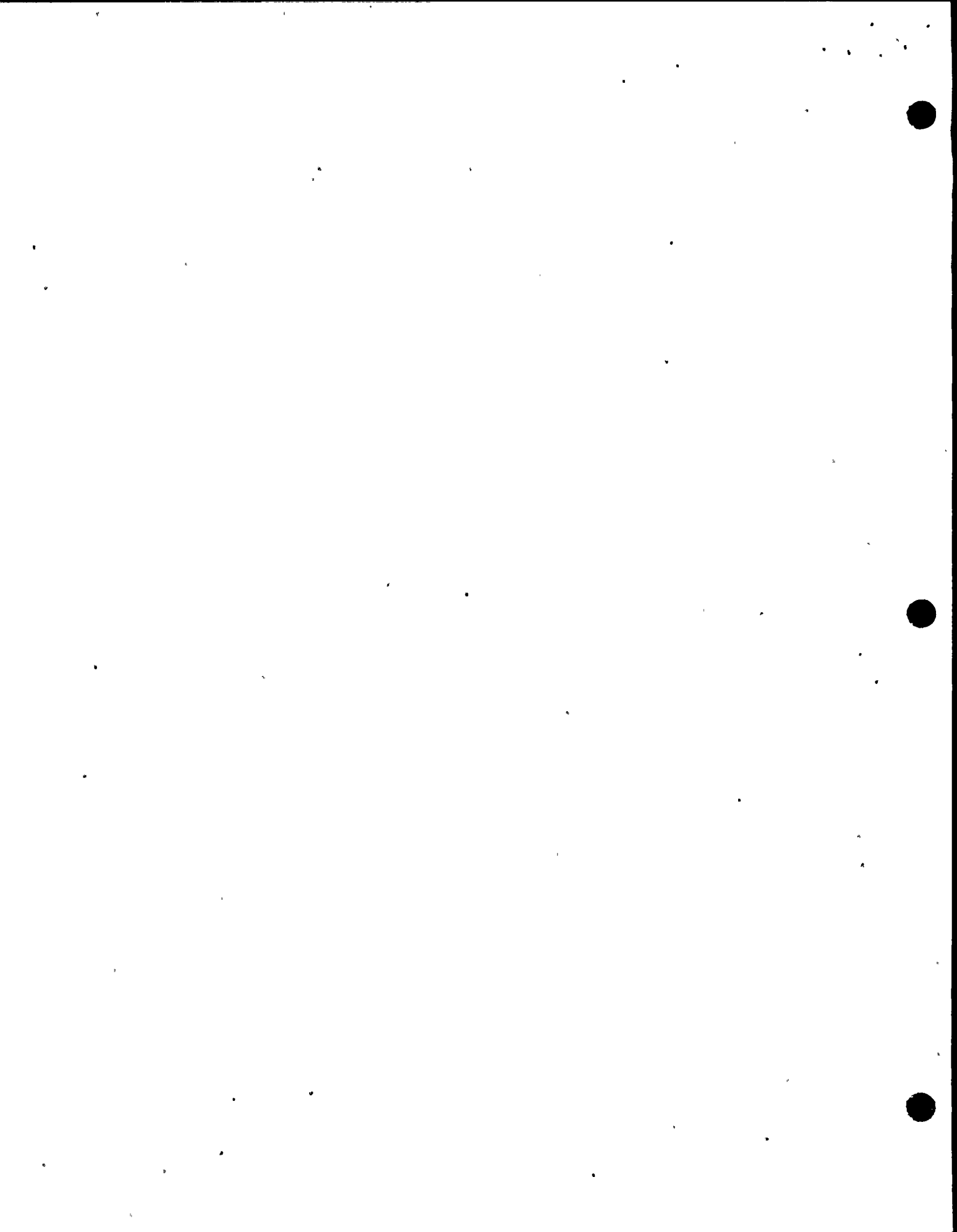
TIC

REG:I Reading Room

Region Directors (II, III, IV) (Report Only)

State of New York

A. Z. Roisman, Counsel for Citizens Committee for
Protection of the Environment



APPENDIX A

NOTICE OF VIOLATION

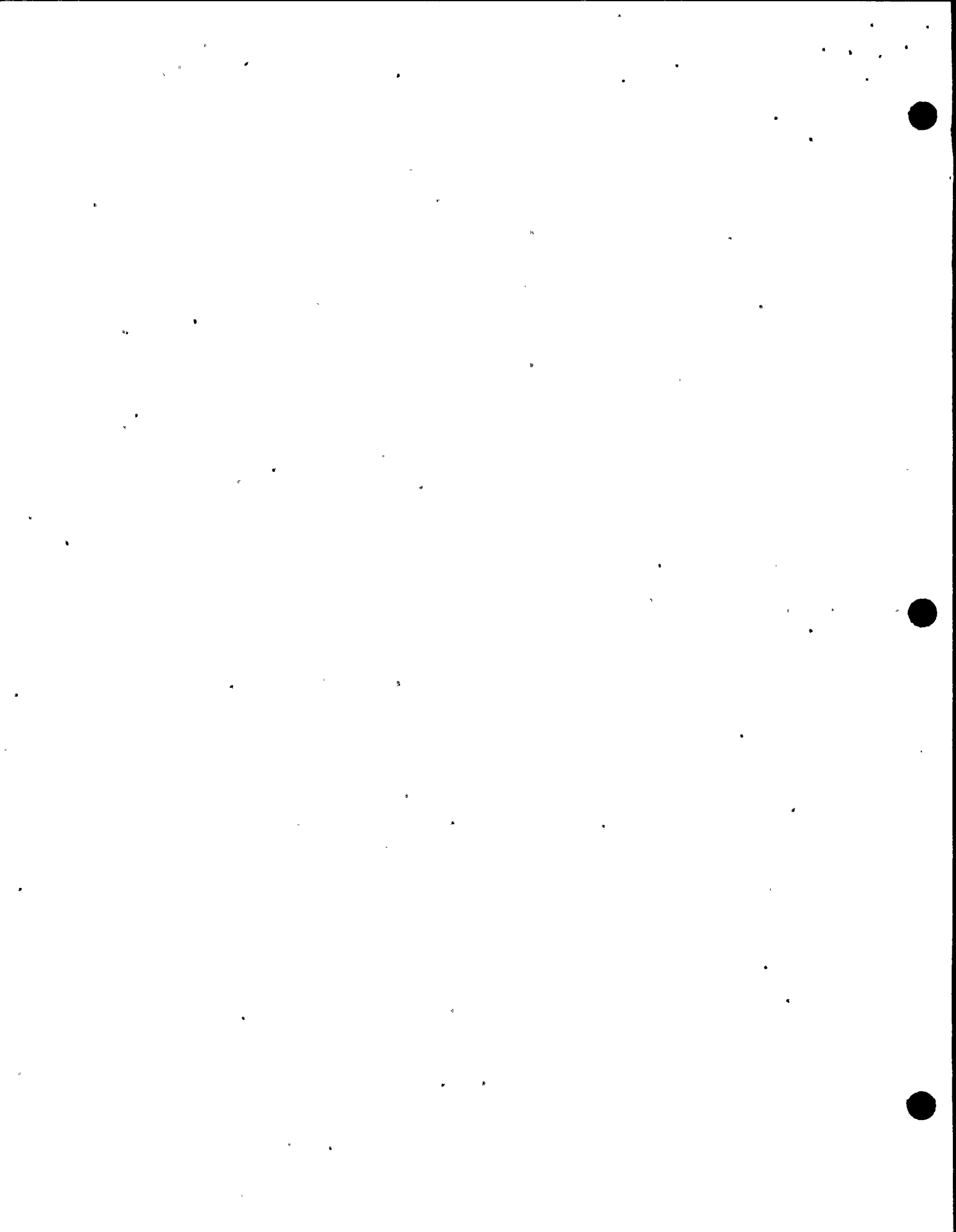
Niagara Mohawk Power Corporation
Docket No. 50-220
License No. DPR-63

Based on the results of the NRC inspection of your facility on December 9-11, 1975, it appears that one of your activities was not conducted in full compliance with the conditions of your license as set forth below:

Contrary to Technical Specification 6.8.1 and items 2.2.1, 2.2.4, 2.2.5, 2.2.6, 2.2.12 and 2.2.14 of Emergency Plan Implementing Procedure F, EMERGENCY EQUIPMENT INVENTORIES AND CHECKLISTS, the Emergency Survey Kit had not been properly inventoried during the second, third or fourth quarters of 1975.

This is a Deficiency.

The licensee replaced improper or missing items in the kit prior to the completion of the inspection.



U. S. NUCLEAR REGULATORY COMMISSION
OFFICE OF INSPECTION AND ENFORCEMENT
REGION I

IE Inspection Report No: 50-220/75-31 Docket No: 50-220

Licensee: Niagara Mohawk Power Company License No: DPR-63
300 Erie Boulevard, West Priority: --
Syracuse, New York 13202 Category: C

Location: Nine Mile Point, Unit 1, Scriba, New York Safeguards Group: --

Type of Licensee: BWR (GE) 1850 Mwt

Type of Inspection: Routine, Unannounced, Emergency Planning

Dates of Inspection: December 9 - 11, 1975

Dates of Previous Inspection: December 2-5, 1975

Reporting Inspector: W. A. Ruhlman DATE: December 19, 1975
W. A. Ruhlman, Reactor Inspector

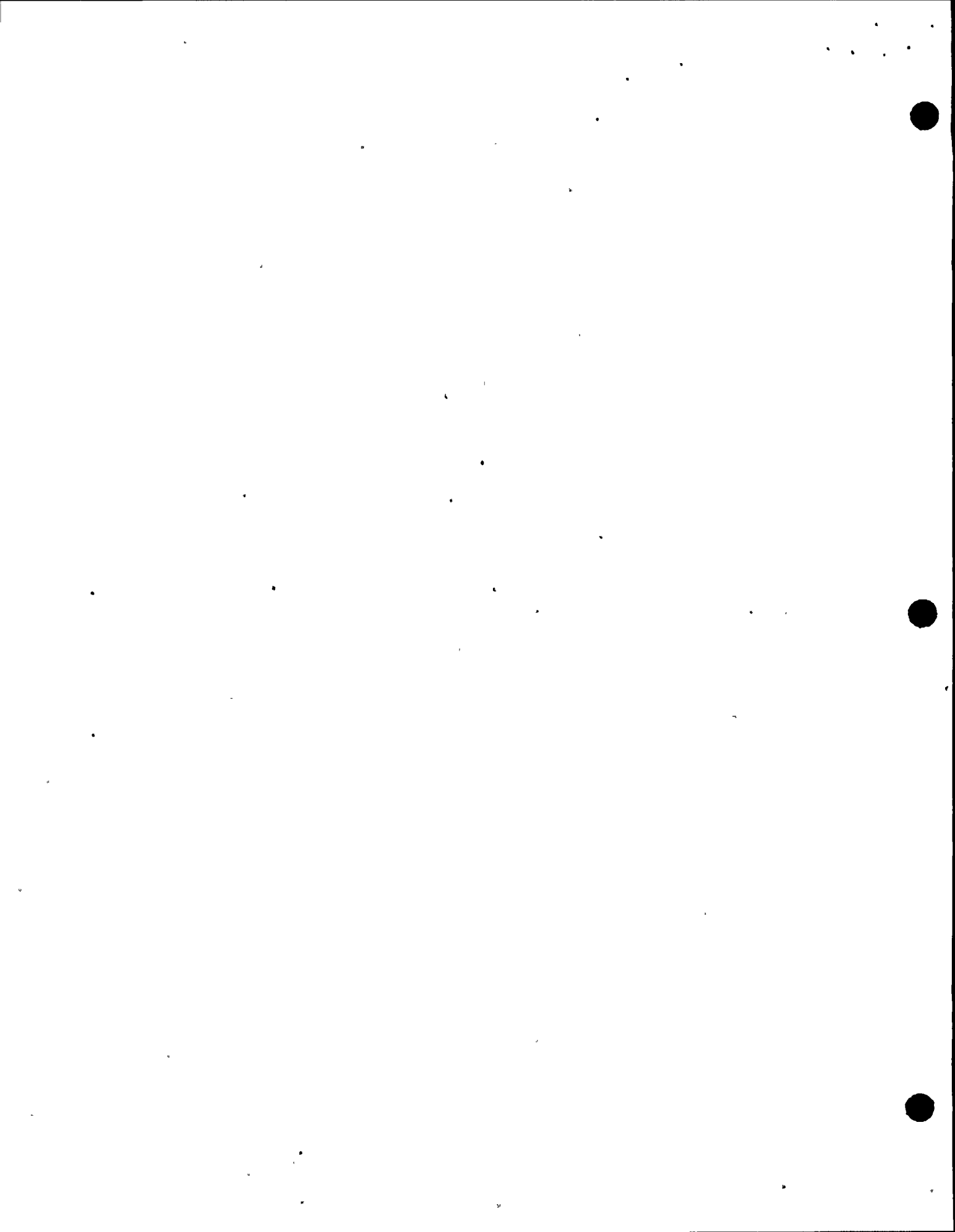
Accompanying Inspectors: J. J. Kottan DATE: Dec. 23, 1975
J. J. Kottan, Radiation Specialist

DATE

DATE

Other Accompanying Personnel: None

Reviewed By: J. P. Stone DATE: 1/6/75
J. P. Stone, Section Leader DATE



SUMMARY OF FINDINGS

Enforcement Action

A. Items of Noncompliance

1. Violations

None identified.

2. Infractions

None identified.

3. Deficiency

Contrary to Technical Specification 6.8.1 and items 2.2.1, 2.2.4, 2.2.5, 2.2.6, 2.2.12 and 2.2.14 of Emergency Plan Implementing Procedure F, EMERGENCY EQUIPMENT INVENTORIES AND CHECKLISTS, the Emergency Survey Kit had not been properly inventoried during the second, third or fourth quarters of 1975.

The physical items aspects of the Deficiency were corrected prior to the completion of the inspection. (Detail 3.a)

B. Deviations

None identified.

Licensee Action on Previously Identified Enforcement Action

No previously identified enforcement action in the area of Emergency Planning.

Unusual Occurrences

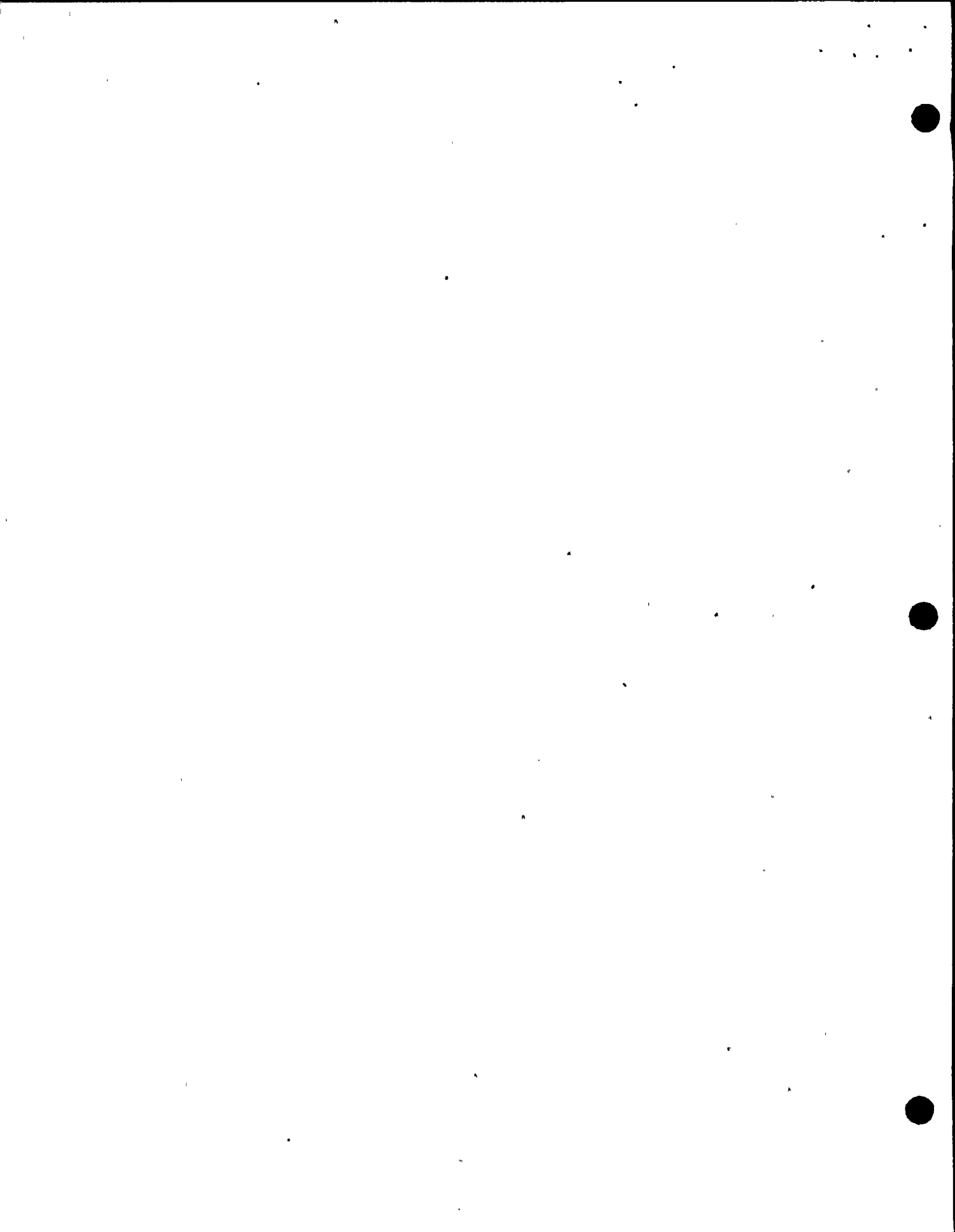
None identified.

Other Significant Findings

A. Current Findings

1. Plant Status

During the inspection the plant was operating at an average power level of 33% with an average gross electrical generation of 200 MWe.



2. Acceptable Areas

(These are areas which were inspected on a sampling basis and findings did not involve an Item of Noncompliance, a Deviation, or an Unresolved Item.)

- a. Emergency Control Centers. (Detail 3.b)
- b. Emergency Communications Equipment. (Detail 3.c)
- c. Records. (Detail 3.d)
- d. Equipment Changes. (Detail 3.e)
- e. Installed Instrumentation. (Detail 4)
- f. Onsite and Offsite Medical Facilities. (Details 5.a and 5.b)
- g. Emergency Transportation. (Detail 5.c)
- h. Physicians/Consulting Service. (Detail 5.d)
- i. Training of Onsite Personnel. (Details 6.a and 6.b)
- j. Implementing Procedures. (Detail 7)
- k. Emergency Training Exercise Plans. (Detail 8)

3. Unresolved Items

(These are items for which more information is needed to determine if the item is Acceptable, a Deviation, or an Item of Noncompliance.)

- a. Updating of Letters of Agreement. (Detail 2.a)
- b. Inclusion of Offsite Hospital Personnel in Training Exercises. (Detail 2.b)

B. Status of Previously Unresolved Items

No items in this category with respect to Emergency Planning.

Management Interviews

A. Entrance Interview

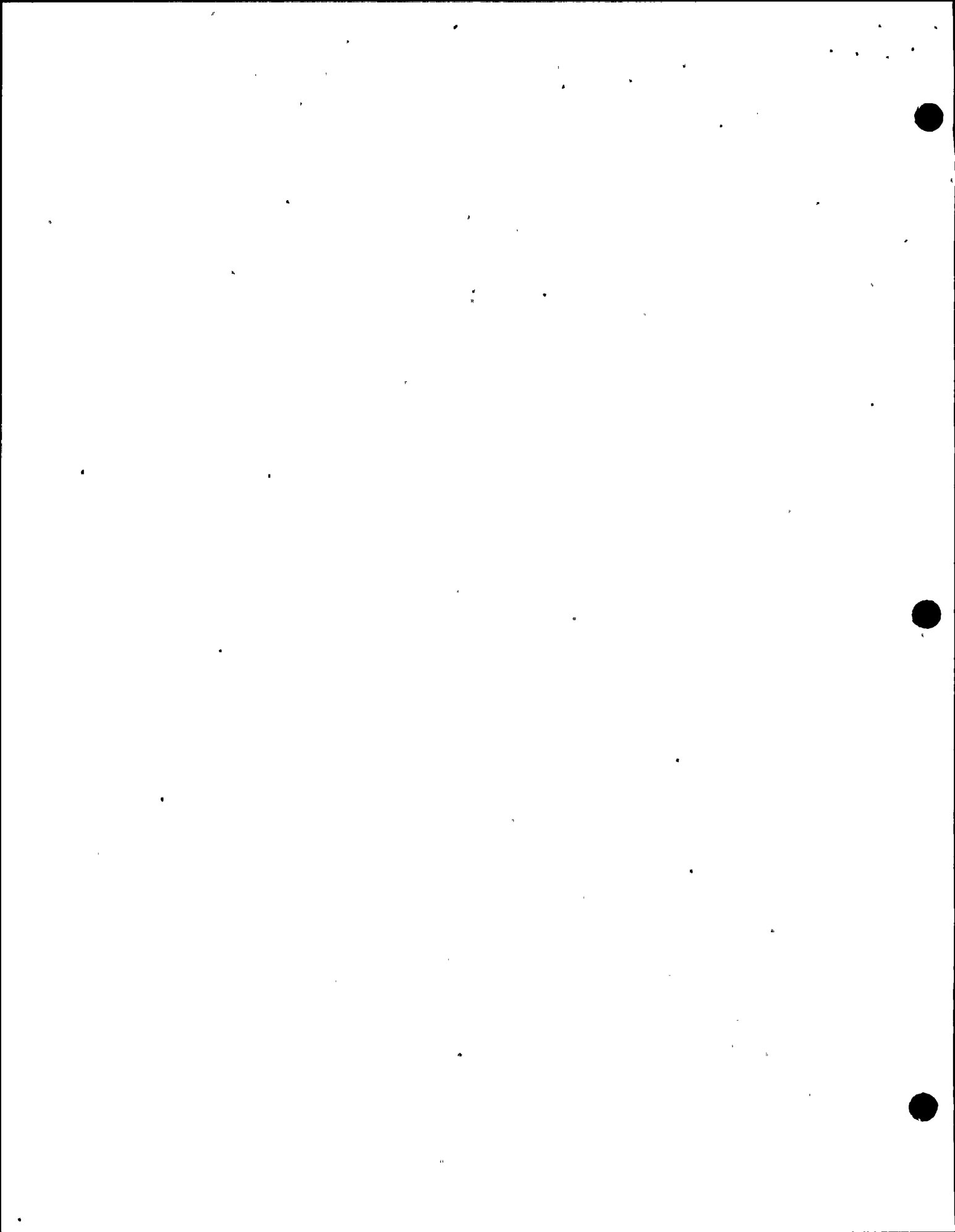
A combined (Nine Mile Point/J. A. FitzPatrick Plants) pre-inspection meeting was conducted onsite at the start of the inspection on December 9, 1975 with the following attendees.

USNRC - Region 1

Mr. J. J. Kottan, Radiation Specialist
Mr. W. A. Ruhlman, Reactor Inspector

Niagara Mohawk Power Company

Mr. R. A. Burns, Site Radiochemistry and Radiation Protection Supervisor
Mr. E. W. Leach, Assistant Radiochemistry and Radiation Protection Supervisor
Mr. T. E. Lempges, General Superintendent - Nuclear Generation



The licensee was requested to address/identify:

1. any excessive personnel exposures or releases of radioactive effluents;
2. any impending difficulties that may affect plant operating safety;
3. recent plant problems including componet failures, unusual plant responses or radiological problems; and,
4. any items of general interest.

The licensee identified no items in these areas.

During the pre-inspection meeting the inspectors addressed the following:

1. general scope of the inspection including the estimated duration;
2. identification or records, procedures and other documents to be reviewed; and,
3. personnel to be interviewed.

B. Exit Interview

A combined (Nine Mile Point/J. A. FitzPatrick Plants) exit management interview was conducted onsite at the conclusion of the inspection on December 11, 1975, with the following attendees.

USNRC - Region 1

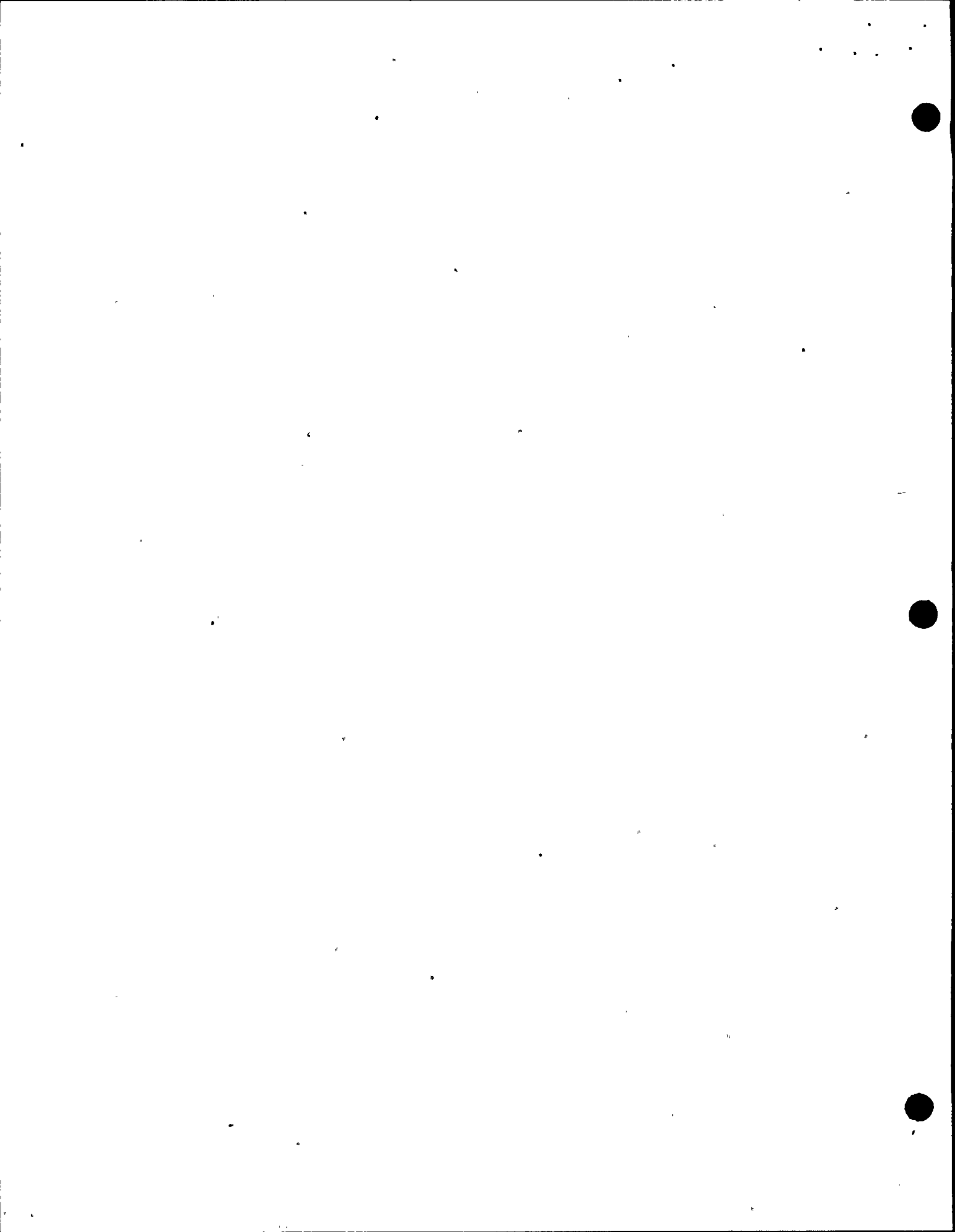
Mr. J. J. Kottan, Radiation Specialist
Mr. W. A. Ruhlman, Reactor Inspector

Niagara Mohawk Power Company

Mr. R. A. Burns, Site Radiochemistry and Radiation Protection Supervisor
Mr. E. W. Leach, Assistant Radiochemistry and Radiation Protection Supervisor
Mr. E. A. Mulcahey, Assistant Radiochemistry and Radiation Protection Supervisor
Mr. T. J. Perkins, Station Superintendent - Nine Mile Point
Mr. R. W. Smith, Sr., Plant Superintendent - J. A. FitzPatrick

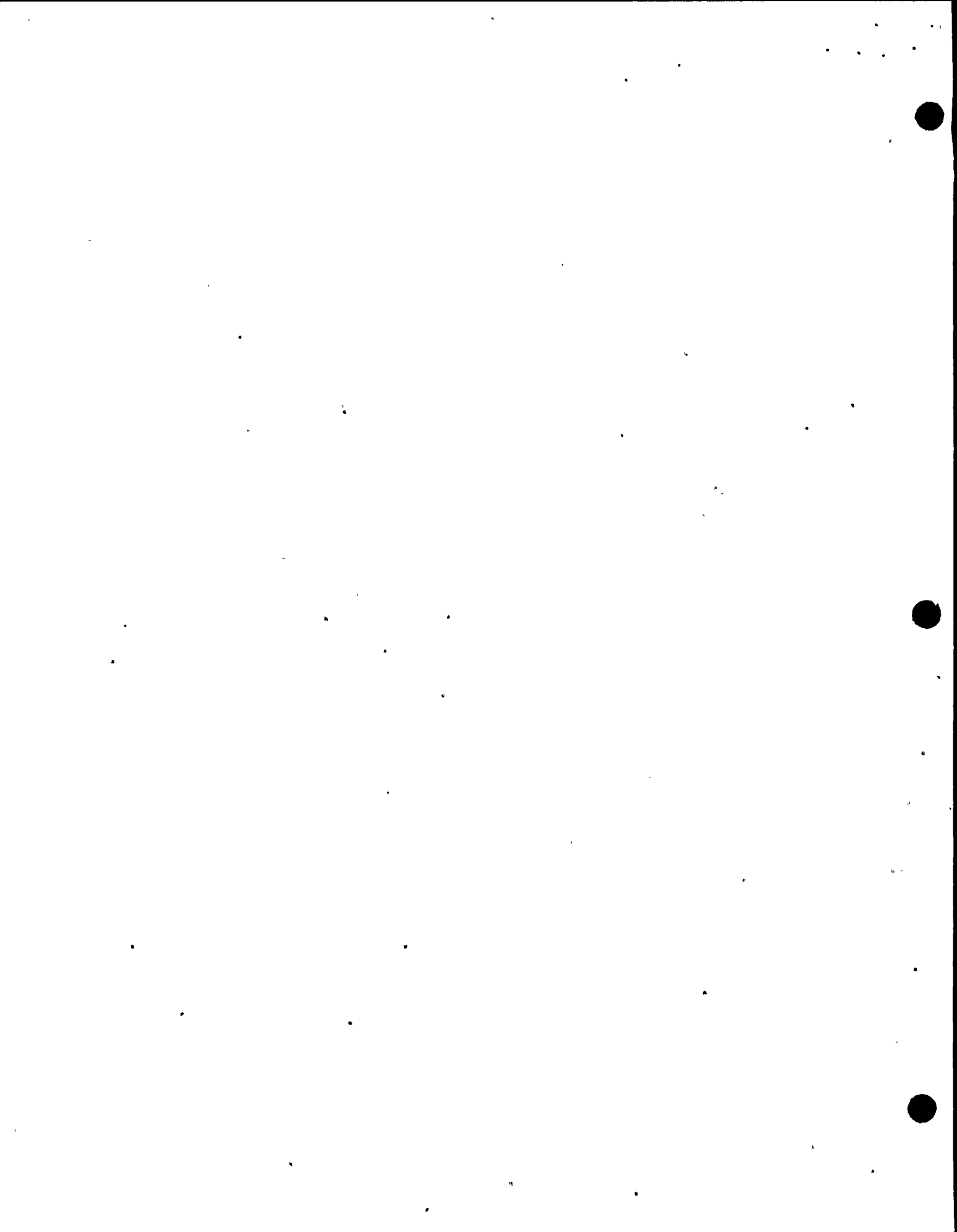
Power Authority of the State of New York

Mr. E. Abbott, Acting Resident Engineer (JAF)
Mr. M. Cosgrove, Site Quality Assurance Engineer



The following summarizes the areas discussed.

1. Coordination with Offsite Agencies. (Detail 2)
2. Facilities and Equipment. (Detail 3)
3. Radioactive Release Monitoring Instrumentation. (Detail 4)
4. Medical Treatment Facilities. (Detail 5)
5. Training of Onsite Personnel. (Detail 6)
6. Implementing Procedures. (Detail 7)
7. Emergency Training Exercise Plans. (Detail 8)



DETAILS

1. Persons Contacted

Niagara Mohawk Power Company

Mr. M. T. Boyle, Instrument and Control Technician "B"
Mr. R. A. Burns, Site Radiochemistry and Radiation Protection Supervisor
Mr. J. C. Coates, Radiochemistry and Radiation Protection Technician "C"
Mr. J. R. Gray, Radiochemistry and Radiation Protection Technician "C"
Mr. M. C. Hedrick, Assistant Radiochemistry and Radiation Protection Supervisor
Mr. C. A. Lass, Mechanic "C"
Mr. E. W. Leach, Assistant Radiochemistry and Radiation Protection Supervisor
Mr. T. E. Lempges, General Superintendent - Nuclear Generation
Mr. T. J. Perkins, Station Superintendent
Mr. G. N. Steiner, Radiochemistry and Radiation Protection Technician "C"
Mr. C. L. Stuart, Jr., Operations Supervisor
Mr. B. E. Taylor, Assistant Instrument and Control Supervisor

County of Oswego

Undersheriff F. E. Cooper, Sheriff's Department

Oswego Fire Department

Chief J. D. Murray, Fire Chief
Mr. C. K. Wells, Fire Dispatcher

Oswego Hospital

Mr. J. R. Brandes, Chief Engineer
Mr. J. J. Murabito, Engineering Coordinator
Mr. P. P. Sobering, Hospital Administrator

State University Hospital (Upstate Medical Center)

Dr. C. C. Chamberlain, Radiation Safety Officer

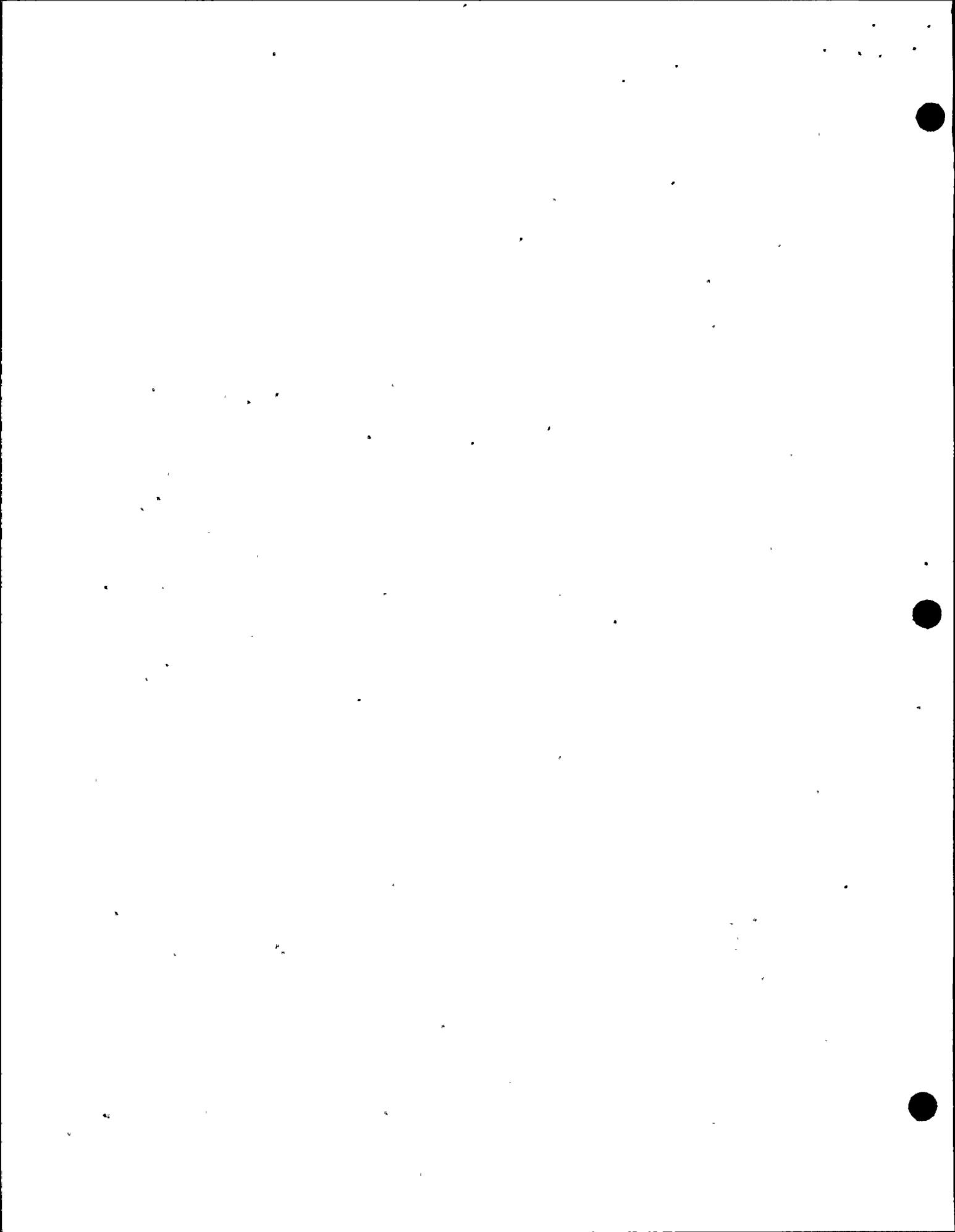
United States Coast Guard

A. J. Horvath, Senior Chief Boatswain Mate - Officer-in-Charge, Oswego Station

2. Coordination with Offsite Agencies

a. Documentation Review

The inspectors reviewed the records, procedures and letters of agreement for the agencies listed below:



- (1) Fire Department - City of Oswego;
- (2) United States Coast Guard;
- (3) Oswego Hospital;
- (4) State University Hospital;
- (5) State of New York - Department of Health; and,
- (6) County of Oswego - Office of the Sheriff.

During this review the inspectors identified that the letters with the United States Coast Guard and the Oswego County Sheriff had not been updated when, a new Commanding Officer and a new Sheriff had taken office. The licensee's letters were signed by individual no longer having the authority/responsibility for the implementation of the agreements. However, responsible individuals for these agencies indicated that new letters, covering the same agreements, would be made upon request by the licensee.

The licensee stated that the COMMUNICATIONS CHECK LIST procedure would be revised along with the procedural directions for use of the List as set forth in Emergency Plan Implementing Procedure G, REVIEW AND REVISION OF SITE EMERGENCY PLAN AND PROCEDURES. The revisions would describe the method/requirement to update letters of agreement on a routine semi-annual basis as part of the communications verification process.

Until the appropriate revisions have been made, approved and implemented, this is an Unresolved Item.

b. Personal Interviews

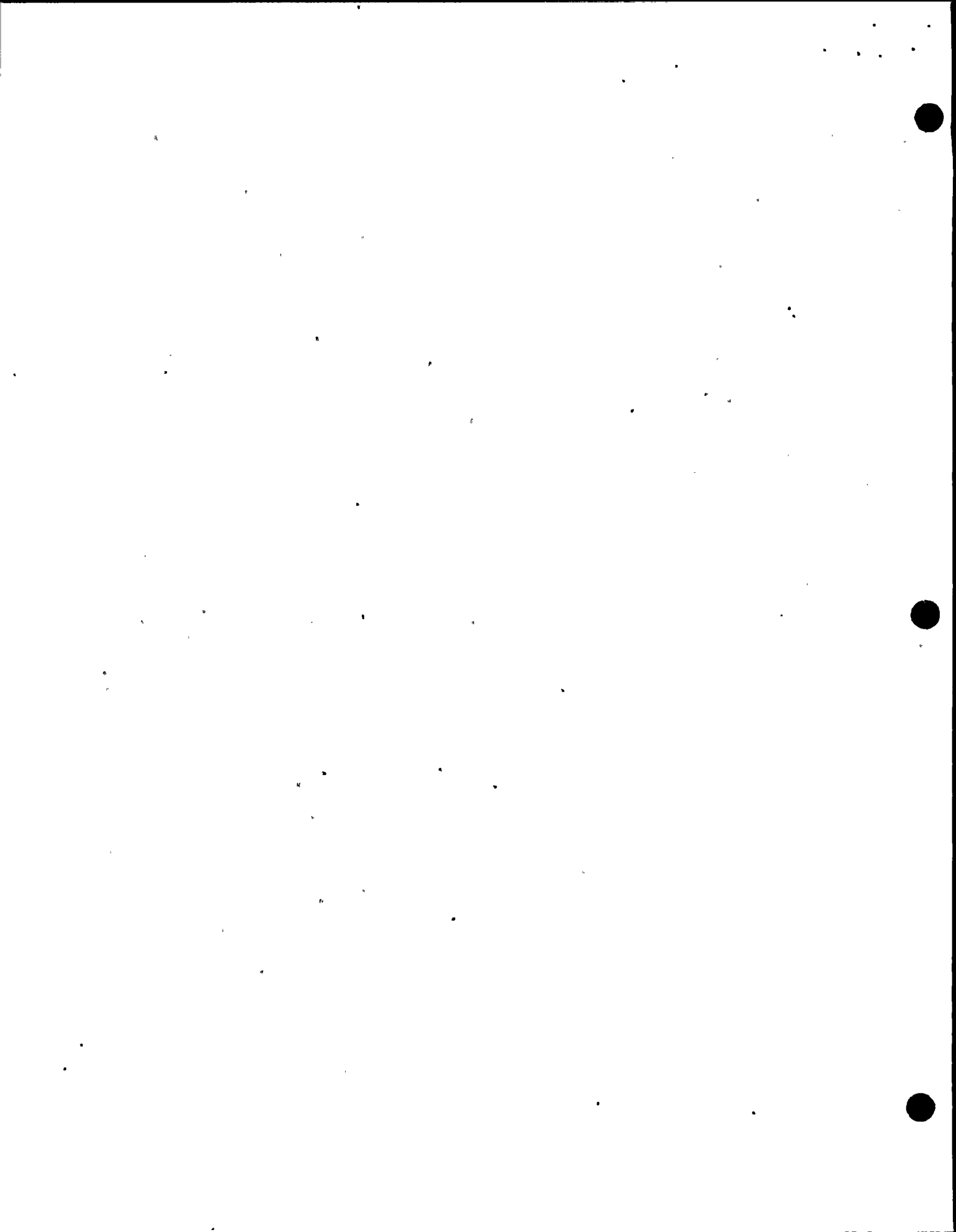
The inspectors conducted interviews, in person, with responsible individuals in the offsite agencies listed below:

- (1) United States Coast Guard, Oswego Station;
- (2) Oswego County Sheriff's Department;
- (3) Oswego Fire Department;
- (4) Oswego Hospital; and
- (5) State University Hospital, Upstate Medical Center.

During the interviews with personnel in both the Oswego Hospital and the State University Hospital, the desire for additional practical training exercises with the licensee was expressed. A seminar type discussion had been conducted for Oswego Hospital personnel in December of 1973. A drill had been conducted, with a simulated victim provided by the licensee, "four years ago" according to personnel at the Upstate Medical Center.

The licensee stated that actual training with offsite medical facilities was planned for "the near future", but no definite date(s) or scope of training had been decided upon.

When the date(s)/scope of the training has been scheduled/completed, this item will again be reviewed for adequacy. Until further information is available, this is an Unresolved Item.



3. Facilities and Equipment

The inspectors reviewed the licensee's facilities and equipment at the locations and with respect to the specific criteria listed in the licensee's Emergency Plan Implementing Procedure (EPIP) F, EMERGENCY EQUIPMENT INVENTORIES AND CHECKLISTS.

a. Emergency Kits

The emergency kits listed below were inventoried to verify that materials contained therein were correct and that instruments were calibrated and operable. Independent inventories were conducted, in the presence of the licensee or the licensee's representative, by the inspectors.

- (1) Oswego Hospital Emergency Kit
- (2) Emergency Survey Kit
- (3) First Aid Room Equipment Locker

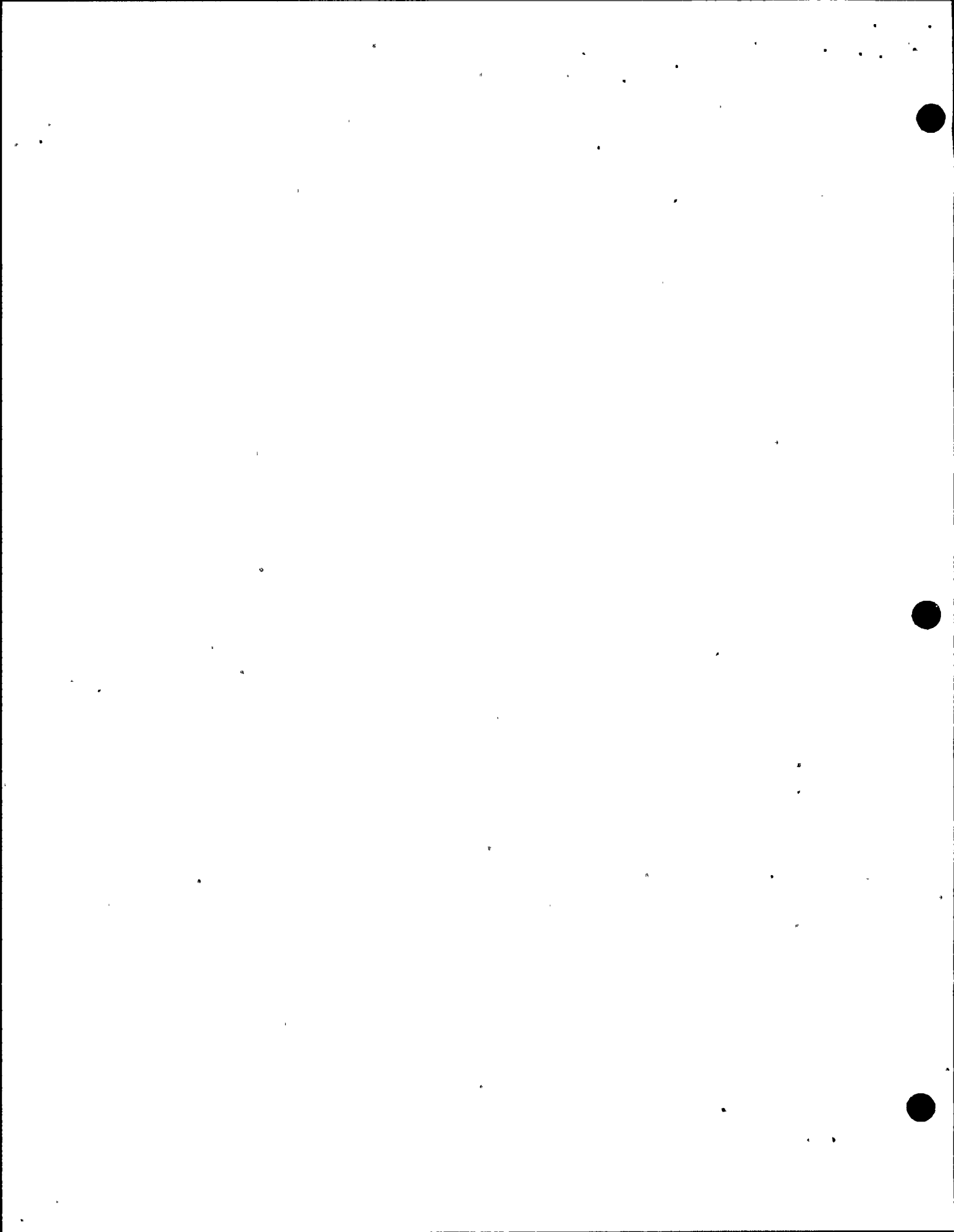
Technical Specification 6.8.1 states in part: "Written procedures and administrative policies shall be established, implemented and maintained....."

EPIP F, Section 2.2.1 states: "All survey instruments shall be replaced each time the equipment kit containing them is checked on the routine schedule with a recently calibrated survey instrument. In the space provided on the appropriate checklist the serial number and calibration date of the replacement shall be noted."

EPIP F, Section 2.2.4 states in part: "All charcoal cartridge respirators shall be checked.....(and) Replacement of any outdated cartridges shall be noted on the checklist."

EPIP F, Section 2.2.5 states: "Self reading dosimeters shall be replaced with recently calibrated dosimeters of the same range. Film badges shall be discarded and replaced with fresh film each routine inventory. Numbers of the film badges and dosimeters shall be noted on the appropriate checklists."

EPIP F, Section 2.2.6 states in part: "Each air sampler shall be started and run for at least 5 minutes. The flow rate of each should be checked.....The gasoline supply for the operated sampler should be checked.....All information should be noted on the appropriate checklist."

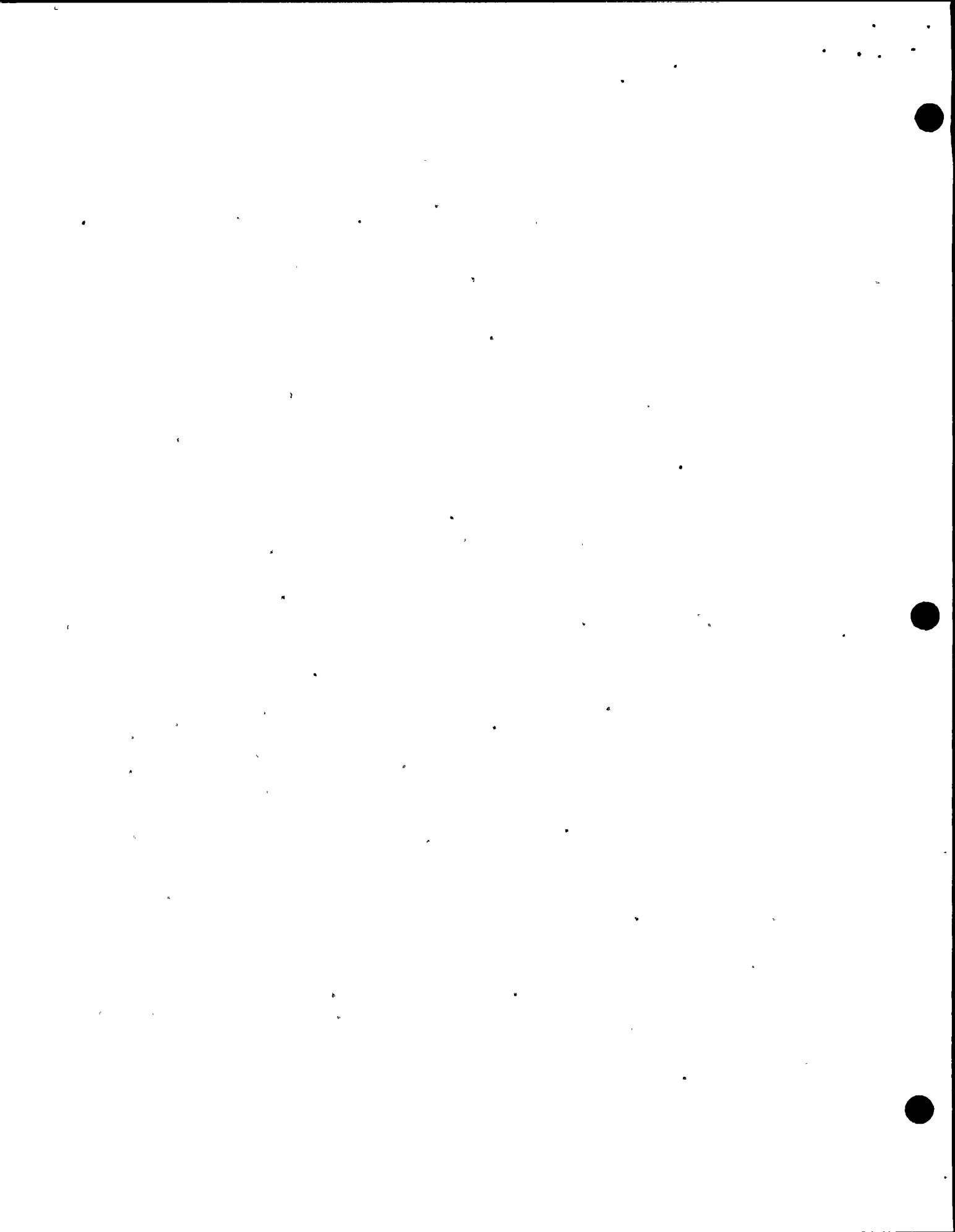


EPIP F, Section 2.2.12 states: "All maps, lists, copies of procedures should be checked to see that they are current and in good order and replaced if necessary. The revision number and date of the procedures should be noted on the appropriate check list."

EPIP F, Section 2.2.14 states: "All other equipment in the emergency kits should be checked to see that it will perform its intended function and replaced if found faulty. As the equipment is checked its condition should be noted on the appropriate check list."

Contrary to the above requirements:

- (1) the Teletector (survey instrument) was not replaced during the 10/29/75 inventory in that the meter was logged as missing on the inventory of that date and no further entry had been made to indicate when/if the instrument had been replaced (when independently inventoried by the inspectors on 12/10/75, the Teletector was in place and calibrated);
- (2) the serial numbers were not recorded as required for the three survey instruments during the inventory conducted on 7/31/75;
- (3) the 10/29/75 inventory indicated only 3 of the 5 required charcoal cartridges were in the kit and there was no subsequent entry to indicate when/if the additional cartridges were added (when independently inventoried by the inspectors on 12/10/75; all 5 cartridges were in the kit);
- (4) both the 10/29/75 and the 7/31/75 inventories indicated that only 3 of the 5 required respirators were available and no additional entries had been made to indicate when/if the inadequacies were corrected (when inventoried by the inspectors on 12/10/75, the 5 respirators were in place);
- (5) the serial numbers of the O-5R dosimeters had not been recorded for the 10/29/75, the 7/31/75 or the 4/30/75 inventories as required therefore replacement with recently calibrated dosimeters could not be demonstrated;
- (6) the serial numbers of the film badges were not recorded as required during the 10/29/75, 7/31/75 or 4/30/75 inventories and there was no additional information to indicate that old film had been discarded and replaced with fresh film;



- (7) Item 24 on the checklist requires "Dosimeters 0-50R -10", although no serial numbers were recorded, both the 4/30/75 and 7/31/75 inventories indicated the required dosimeters/range were included but plant records and the inspectors' independent inventory on 12/10/75 indicated that the required number/range could not have been and were not currently included as there were only 7 0-50R dosimeters available on the site and these were not in the kit, the individual taking the 10/29/75 inventory had marked out the zero on Item 24 so that it read "0-5RR" which, while not meeting the requirement for the range, did indicate the actual range of the dosimeters in the kit;
- (8) the 4/30/75 inventory had no entry for the Gasoline operated sampler, Item 15;
- (9) the 7/31/75 inventory had no entry for the Re-Entry Survey Logs/Procedure, Item 31;
- (10) the 7/31/75 and 4/30/75 inventories both indicated that the keys to the Emergency Vehicle (Item 22) were not in the kit, additionally, the 4/30/75 inventory indicated keys (Item 23) to the Environmental Stations were missing and the 7/31/75 inventory indicated missing keys (Item 21) for the Scriba Fire Hall Phone Box - while the 10/29/75 inventory indicated that all required keys were in the kit, the independent inspectors' inventory on 12/10/75 indicated that the keys to the Emergency Vehicle (Item 22) and to the Environmental Stations (Item 23) were not in the kit.

The above examples of failure to implement/follow an Emergency Procedure constitute an Item of Noncompliance.

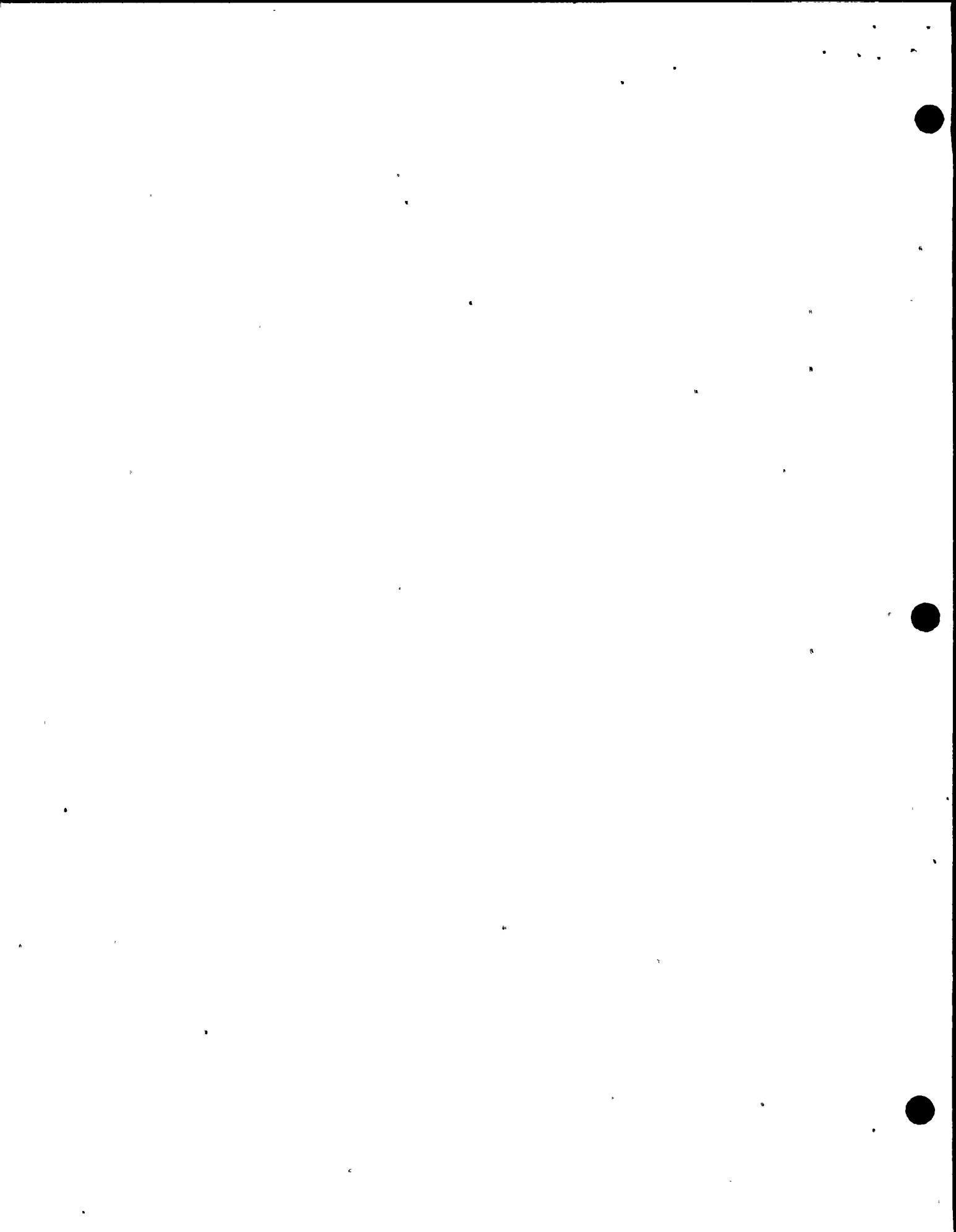
Prior to the completion of the inspection the licensee had replaced the incorrect dosimeters with seven (7) 0-50R and made a note of the lack of three (3) 0-50R dosimeters on a new inventory sheet and had provided all of the missing keys for the kit.

The licensee's permanent corrective action(s) should be described in the required response to this Item of Noncompliance.

b. Emergency Control Centers

The Control Room and the Lunch Room were inspected to verify that the equipment/facilities described in the Emergency Plan/Implementing Procedures were available and operable.

The inspectors identified no inadequacies.



c. Emergency Communication Equipment

The radios installed in the Control Room and the Lunch Room were inspected as well as the four (4) portable radios onsite (two at each operating plant site). All required units were available and operable.

The inspectors identified no inadequacies.

d. Records

The radio calibration (frequency determination) records were not available onsite as the actual calibrations are performed at the licensee's 7th North Street facilities in Syracuse. The records maintained on site for other equipment were reviewed.

The inspectors identified no inadequacies.

e. Equipment Changes

In addition to the changes necessitated to meet the equipment inventories as noted in Detail 3.a above, the licensee had added many additional items to the inventories of the various emergency kits he maintains. These pen and ink changes had been made in accordance with the provisions of the licensee's procedures since the last Emergency Plans inspection conducted in October of 1974. The changes were reviewed by the inspectors on a sampling basis. The licensee stated that all changes were to be included in a new revision of the Plan/procedures which was scheduled for issuance in early 1976.

The inspectors had no further questions at this time.

4. Radioactive Release Monitoring Instrumentation

The inspectors reviewed the installed Control Room instrumentation to verify that the equipment was calibrated and operable. The items reviewed included: area radiation monitoring units; air ejector off-gas monitor; stack monitor; wind speed and direction monitors; and temperature detector recorders.

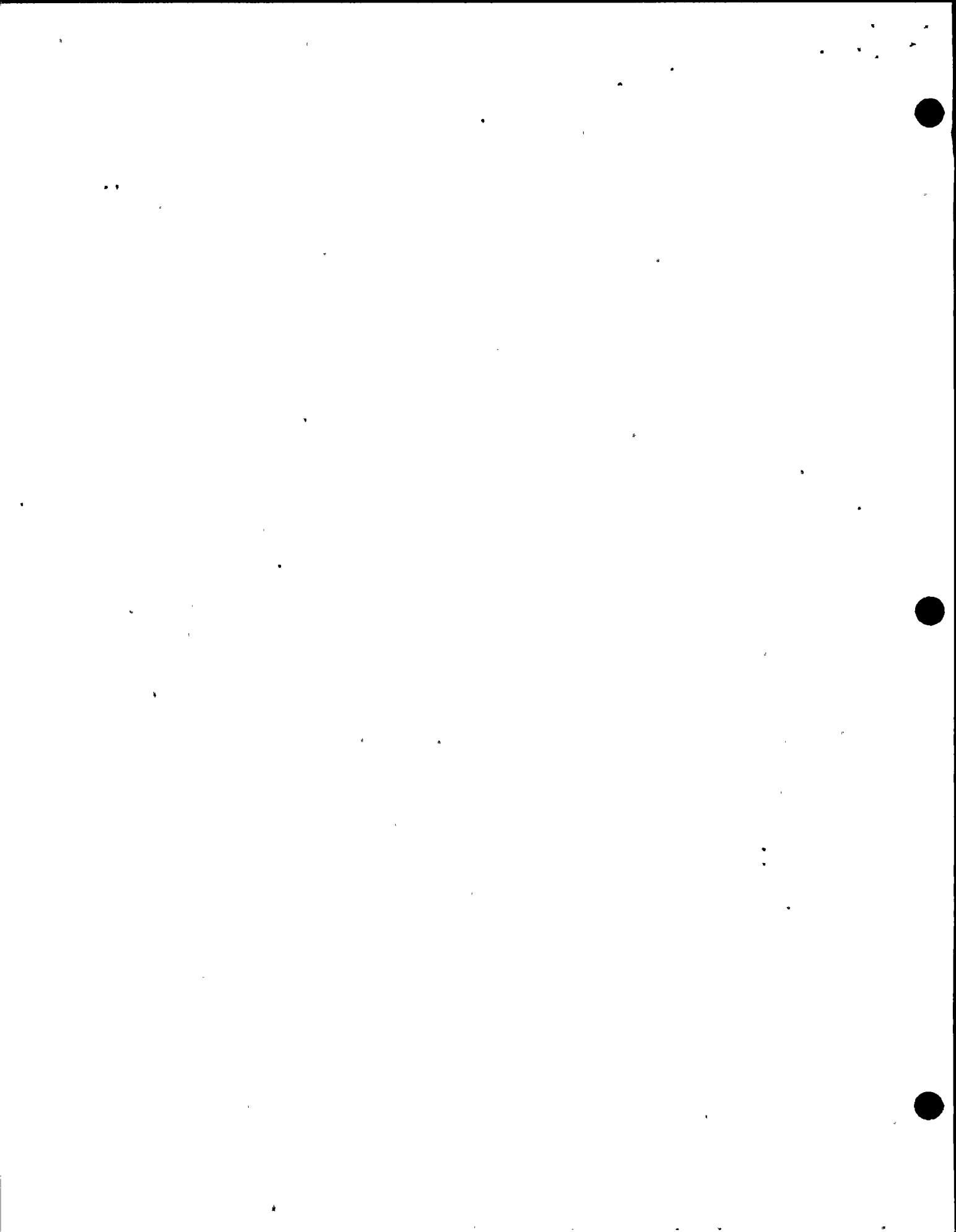
The inspectors identified no inadequacies.

5. Medical Treatment Facilities

a. Onsite Facilities

The First Aid Room and associated equipment were reviewed as well as the site Emergency Vehicle.

The inspectors identified no inadequacies.



b. Offsite Facilities

The plans for the handling of licensee personnel at the offsite facilities of both the Oswego Hospital and the Upstate Medical Center were reviewed by personal interviews, a walk-through of the required actions, and an inspection of the physical facilities and equipment.

While no inadequacies were noted in the physical facilities or plans at either facility, the previously documented (Detail 2.b) Unresolved Item with respect to training through exercise of the facilities and personnel remains.

c. Transportation

The inspectors verified that the ambulance service was available 24 hours a day. The actual vehicle was observed and plans/response times were discussed with responsible individuals.

The inspectors identified no inadequacies.

d. Physicians/Consulting Service

By review of current letters of agreement and discussions with hospital personnel familiar with the designated physicians, the inspectors verified that qualified physicians were available and obligated to treat contaminated/injured personnel. The services of the staff of the Upstate Medical Center in a consulting capacity was verified during interviews with responsible Center personnel.

The inspectors identified no inadequacies.

6. Training of Onsite Personnel

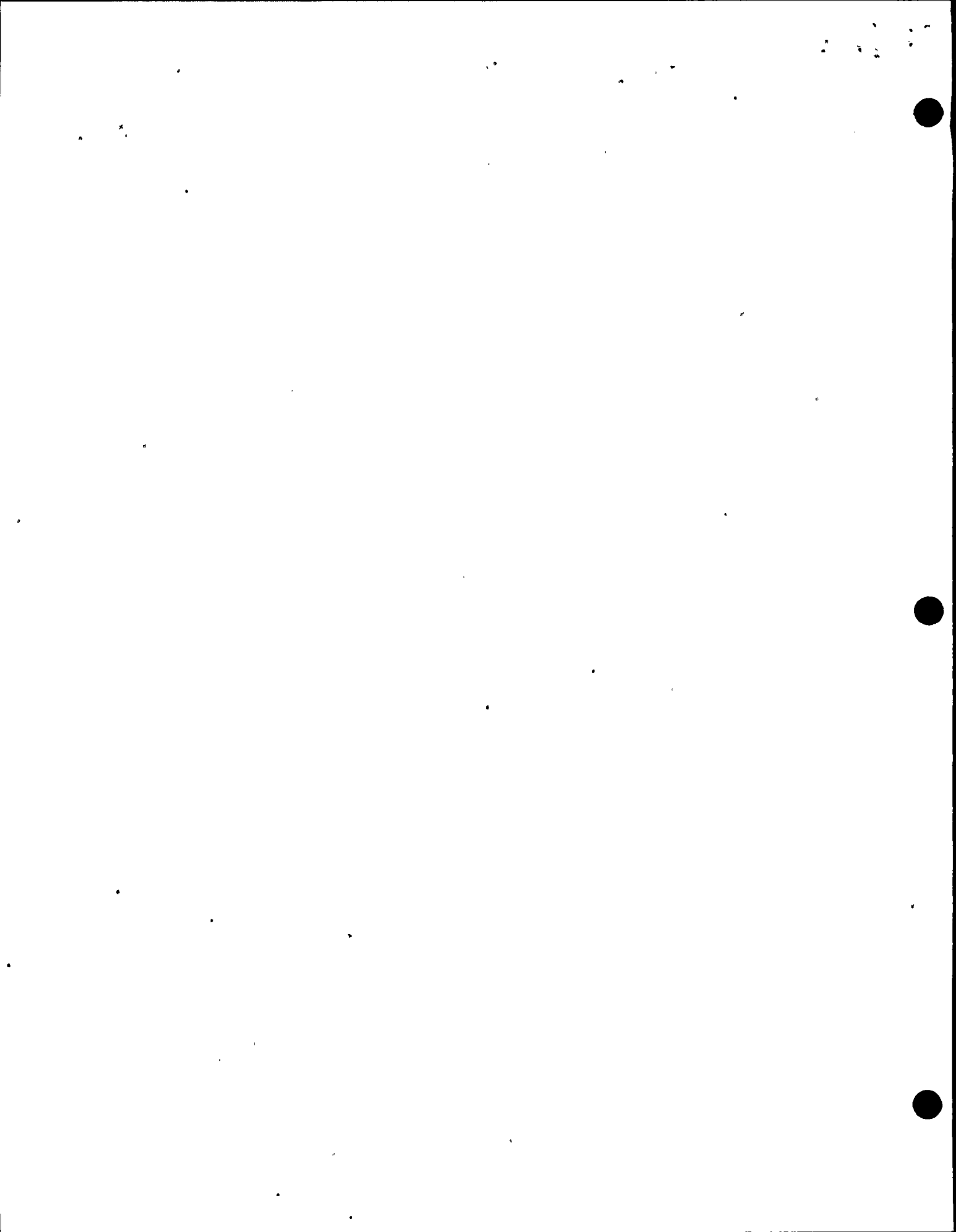
The inspectors verified both by review of records and by discussions with personnel that the training listed below had been conducted.

a. Training Completed/Scheduled

- (1) General Health Physics/Emergency Procedures - given to all personnel as part of the General Employee Training Program.
- (2) Emergency Directors' Training given on 9/27/75.
- (3) Emergency training session for Survey Teams' Personnel given 10/4/75.
- (4) Emergency Drills on 9/30/74 and 10/11/74.
- (5) Emergency Directors' Training scheduled for the week of 12/14/75.*
- (6) Emergency training session for Survey Teams' Personnel scheduled for the week of 12/14/75.*

The inspectors identified no inadequacies or inconsistencies.

*This training was scheduled for the week indicated and was held based on the phone discussions with the licensee on 12/17/75



b. Personnel Interviews

The inspectors conducted interviews with personnel listed below to determine that the completed training items documented in Detail 6.a above had been given and that the scope and purpose of the training were basically as set forth in the licensee's records:

- (1) two Emergency Directors (Coordinators);
- (2) one plant Mechanic;
- (3) one Instrument and Control Technician; and,
- (4) one Radiochemistry and Radiation Protection Technician.

The inspectors identified no inadequacies or inconsistencies. The inspectors did state to the licensee the desire expressed by some of the interviewees for additional training in areas outside of their normal areas of responsibility. The licensee acknowledged the inspectors' statements.

7. Implementing Procedures

The licensee had revised many aspects of the various implementing procedures since they were last reviewed by IE:1 in October of 1974. The licensee was in the process of typing these changes and stated that current plans were to issue a new set of procedures in "early 1976". Since these procedures were still in draft format, the inspectors did not conduct a detailed review; however, on a sampling basis, the inspectors determined that none of the reviewed revisions changed the basic response of the licensee as set forth in his accepted Emergency Plan.

The inspectors had no further questions at this time.

8. Emergency Training Exercise Plans

The licensee had scheduled an emergency training exercise for December 18, 1975. While the basic components of the plans for the exercise were discussed, the actual scenario had not been formalized as of the completion of the inspection.

The inspector stated that the IE:1 review of the exercise would be completed in the future and that the review would be concerned primarily with the adequacy of the licensee's audit of the drill, the documentation of the results of the audit/critique, and the timely and complete resolution of all items identified during the drill. The licensee acknowledged the inspector's statement.

The licensee also discussed plans for the inclusion of hospital personnel in future drills as previously documented in Detail 2.b of this Report.

The inspectors had no further questions at this time.

2A