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SUBJECT: Responds to weaknesses noted In Operations Readiness Team
 Insp Rept 50-410/87-16. Corrective actions: task force
 assigned to address control formality, operating atmosphere &
 distractions in control room.

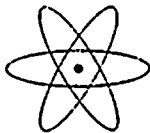
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NIAGARA MOHAWK POWER CORPORATION

NIAGARA  MOHAWK

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THOMAS E. LEMPGES
VICE PRESIDENT—NUCLEAR GENERATION

September 11, 1987
NMP2L1075

United States Nuclear Regulatory Commission
Document Control Desk
Washington, DC 20555

Re: Nine Mile Point - Unit 2
Docket #50-410

Gentlemen:

Attached please find Niagara Mohawk's response to weaknesses addressed by the Operations Readiness Team Inspection, Report No. 50-410/87-16 dated August 5, 1987. Our formal response to the Notice of Violation contained in the report was transmitted to your office on September 4, 1987.

Very truly yours,

T. E. Lempges
Vice President
Nuclear Generation

TEL/AZP/c1a
(2755H)

xc: Regional Administrator, Region I
Mr. W. A. Cook, Sr. Resident Inspector
Mr. R. A. Capra, Project Director

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In this response we have identified the specific examples of weaknesses as enumerated in the Inspection Report, Sections 1.2.1, 1.2.2, 1.2.3 and 1.2.4 with the section number and a lower case arabic letter. We reiterated your statement and the quote from the inspection paragraph (when required) and Niagara Mohawk's response follows each identified example. In some instances estimated completion dates are given if the corrective actions are on-going; however, most of these concerns received immediate corrective action by Niagara Mohawk's personnel during the Team Inspection. There is a general comment addressing these weaknesses following our responses. These comments will be the subject of discussion at the meeting you requested.

1.2.1 (a through h) Management Oversight

1.2.1 (a)

1. WEAKNESS

Control of formality, operating atmosphere and distraction in the Control Room. (3.2) (9.5)

"In response to the teams observations in this area, the licensee has issued a memorandum to all personnel that require control room access on a routine basis. The licensee has also moved the auxiliary operator break area to a location outside the control room and has initiated actions to better define the controls area with rope barriers and posts. Implementation of the instructions contained in this memo and continued management attention in this area will be necessary to address this weakness."

"Management control over Unit 2 activities was evident during the inspection period. Particularly strong management involvement was noted in the health physics area, in the control of the maintenance backlog, in the site operations review committee meetings, and in the resolution of routine equipment problems during the power ascension program. Senior site management was present at the site over the weekend during the inspection and toured the control room several times. The presence of the General Superintendent onsite was a strength that aided communication between site groups.

However, despite their presence onsite, management was sometimes slow in detecting and correcting problems. For example, the licensee was initially unresponsive to the team's concerns about the lack of formality in the control room. It took repeated examples of problems (i.e., crowding of nonessential personnel around control panels, excessive noise, distracting control room activities such as reading newspapers during breaks) to convince the licensee that improvements were needed."



2. RESPONSE

A Task Force has been assigned to address the problems identified by this NRC inspection, the Self Assessment Team inspections/interviews and general observations made by the operating staff. The Task Force meets weekly and reports it's findings to senior management.

Since the time of the inspection, many programmatic and hardware enhancements have been implemented, for example, we have limited access to the control room, limited access to the controls area, and established break areas outside the control room proper, (ie. new area on 306' elevation has been established)and the control room decorum has greatly improved since these changes have been made. The control room layout for the CSO area is being evaluated as an enhancement for the needs of the operators.



3. DATE WHEN FULL COMPLIANCE WILL BE ACHIEVED

The process of improving the control room decorum is underway. Full implementation of all the task force concerns will be completed as soon as reasonably achievable. Additional information on these activities will be included in our Self-Assessment Team final report.

1.2.1 (b)

1. WEAKNESS

Operators are working unauthorized amounts of overtime i.e. swapping shifts without prior approval. (3.1)

"A potential problem was noted in this area in that overtime controls are exercised via a scheduling system which takes these limits into account. However, personnel are apparently free to trade off overtime assignments among themselves, and the practice is fairly common. The potential thereby exists for this relatively unsupervised practice to result in an operator inadvertently volunteering for excessive working hours by substituting for another. The licensee has a program in place which audits overtime worked by monitoring individual time cards. While this program would identify any instances of allowable hours being exceeded, it would only do so after the fact. In addressing these concerns raised by the inspectors, the licensee has issued a memorandum to plant personnel stating management policy which prohibits unauthorized swapping of assigned overtime hours."

2. RESPONSE

All operators have been instructed that there will be no swapping of shifts without prior approval from operating management staff. Niagara Mohawk's review of operators' overtime identified no violation of the Technical Specification requirements.

Administrative Procedure, AP-4.0, "Administration of Operations" addresses this area.



1.2.1 (c)

1. WEAKNESS

Integration of temporary procedure changes into procedures was found to be weak. (3.8)

"One procedure (N2-OP-22A "Turbine Generator Lube Oil System") was found to lack three recent (all since May 24, 1987) Temporary Change Notices (TCNs) at the controlled copy posted at the associated local turbine building control panel."

"A review of Control Room copies of a number of procedures showed that TCNs were accumulated on these documents without integration."

2. RESPONSE

Niagara Mohawk reviewed all controlled copies of procedures in the plant to assure that all copies were up-to-date. Office Instruction "OI-7 Temporary Changes" has been revised to assure that all field controlled documents have the TCNs incorporated as required. For all office personnel, a required reading list has been generated to assure that all office clerks in Administrative Services are trained in the use of office instructions.

In addition to the action concerning OI-7 stated above, TCNs are integrated into the control room procedures by making the changes directly on the master copy. Further, the procedure is then retyped incorporating the TCN and reissued to controlled copyholders to assure integration.

3. DATE WHEN FULL COMPLIANCE WILL BE ACHIEVED

Administrative Services personnel now have a required reading list which will be followed by continued training as needed.



1.2.1 (d)

1. WEAKNESS

Control of temporary scaffolding over/near safety related and Seismic I permanent equipment. (3.9)

"During a plant tour of the Emergency Diesel Generators, the inspector observed scaffolding above the air receiver tanks in the Division II, Emergency Diesel Generator room. A scaffolding request form was attached to the scaffolding which indicated the approval to construct the scaffolding. The request form indicated no engineering review was required to determine if a safety evaluation was necessary. Upon questioning by the inspector, the licensee determined the scaffolding was not properly authorized and removed it. The inspector questioned what guidelines or basis is used to determine when an engineering evaluation was required prior to erecting scaffolding. The inspector was informed that no procedure currently controlled the approval and construction of scaffolding. The licensee began drafting a procedure for controlling temporary scaffolding."

2. RESPONSE

A procedure for scaffold erection and control has been written and SORC approved to assure that scaffolding will not affect the safe operation of the plant. The procedure is Site Administrative Procedure AP-5.3, "Control of Scaffold in All Areas Containing Safety Related Components."

3. DATE WHEN FULL COMPLIANCE WILL BE ACHIEVED

This procedure will be implemented for Unit II by September 18, 1987, and will be revised by October 30, 1987, to include Unit I.

1.2.1 (e)

1. WEAKNESS

Lifted leads in electrical equipment are not required to be tagged or otherwise physically marked at the wire location. (3.9)



"During follow-up of missing records for jumpers and lifted leads, the inspectors noted that the licensee does not identify (tag or label) the lead which is lifted at the field location. This is considered a weakness. The licensee stated that there was not much room to attach labels, and the labels were only temporary."

2. RESPONSE

The procedure for lifted leads/jumper blocks states that the leads as Temporary Modifications that are to remain in place have to be identified. AP 3.3.2, Temporary Modification/Lifted Leads, will be revised to state this will be done by uniquely identifying the lifted lead.

3. DATE WHEN FULL COMPLIANCE WILL BE ACHIEVED

The procedure will be revised by September 15, 1987. Full Compliance will be achieved by September 30, 1987.

1.2.1 (f)

1. WEAKNESS

Control of Operator Aids appears to be weak in the plant, program is strong in the Control Room. (3.8)

"Selected instructions in the form of Standing Orders were reviewed. Standing Order No. 11 (N2-SO-11) entitled "Control of Operator Aids" addresses the means for review, approval and issuance of "operator aid" information. These instructions appeared to be closely followed for operator aids posted in the main control room, with a single exception. The exception was an advisory concerning bad cabling to a pair of radiation monitors, adversely affecting their reliability. Several examples were noted at locations outside the main control room, however, involving operator aids not controlled (reviewed, approved, documented) as prescribed by Standing Order No. 11. In response to this observation, the licensee conducted a survey to identify unauthorized operator aids and either eliminate them from use or



include them in the formal system. The licensee has corrected those aids identified, however plant staff personnel still appear to be developing aids without using the plant procedure. Management has issued a memorandum for the plant staff which includes a copy of Standing Order 11 and management's position that this procedure must be adhered to."

2. RESPONSE

A memo from the Station Superintendent along with a copy of the Standing Order for operator aids was distributed to all personnel to assure that all aids in the plant are properly approved.

A discussion of Operator Aids has been incorporated into the observer training program. This covers the use of both controlled and uncontrolled Operator Aids. The QA Department was additionally requested to perform surveillance on the Operator Aid Program. As a result of this surveillance, other open items were identified and are receiving management attention and corrective action.

Additionally, Niagara Mohawk is updating and evaluating present procedures which control operator aids. Presently, uncontrolled operator aids are not allowed. A program is under development to reduce the number of Operator Aid by generating Problem Reports for Engineering evaluation and feasibility of permanent installation.

1.2.1 (g)

1. WEAKNESS

Control of watertight doors. (3.9)

"A number of water-tight doors were noted in various locations throughout the plant. Discussions with the operations department staff indicated that no mechanism had been established to assure design separation and flooding protection (against postulated line breaks) would be continuously maintained. Pending possible further evaluation to precisely establish which doors need regular verification, the licensee commenced shiftwise checks of door integrity for hot, pressurized plant conditions."



2. RESPONSE

Verification of the integrity of watertight doors has been made part of N2-PM-S1 Operator rounds guide.

1.2.1 (h)

1. WEAKNESS

Control of loose equipment in the plant. (3.9)

"Several tours in various areas early in the inspection, however, noted a variety of wheeled carts, tool boxes, and storage cabinets which were not properly stored or secured. The licensee had addressed the need to control items of this type in a Site Services Memorandum (SSM) dated March 20, 1987 (No. N060-0022) which established controls to assure that operating equipment would be protected. Upon discussion of the matter with licensee representatives on June 2 (prior to plant startup on June 5) the licensee conducted a survey throughout the plant and stored, blocked or otherwise properly secured items found not conforming to the SSM. Follow-up tours by NRC inspectors noted no further apparent problems with the exception of gas bottles stored in the Reactor Building. The team expressed its concern that the presence of gas bottles in the reactor building could constitute a missile hazard if the bottles are not stored in a permanent rack."

2. RESPONSE

A standing order for control of loose equipment (N2-S0-17) is approved and is followed up weekly, by a supervisors' tour of the plant to identify nonconformances to the standing order and to identify problems through-out the plant. This is reported to the Station Superintendent on a weekly basis. Additionally, QA will increase surveillance in this area by 9/31/87. This is also a subject of Niagara Mohawk's self-assessment team. As a result of the inspection teams



concerns, the standing order was modified to address securing of bottles to prevent missile hazards, after an Engineering evaluation indicated there would not be a missile hazard concern if bottles were secured as delineated in the standing order.

1.2.2(a) through (c) Management Followup and Corrective Actions

1.2.2 (a)

1. WEAKNESS

Corrective action for late occurrence reports and licensee event reports was not supplemented per Vice President's written direction. (9.4)

2. RESPONSE

The applicable procedures now address the concerns as directed in the letter from the Vice President. The Supervisor of Technical Support has conducted a training session for Site Engineering personnel to stress that prompt notifications are made to the SSS in a timely manner.

1.2.2 (b)

1. WEAKNESS

Site Operations Review Committee (SORC) open items are not promptly closed. (9.3)



2. RESPONSE

The SORC open items list will be thoroughly reviewed. Where appropriate, the due dates will be revised to reflect achievable completion dates. This has been made an ongoing review by Niagara Mohawk management to prevent recurrence of this concern.

1.2.2 (c)

1. WEAKNESS

Nuclear Safety Review and Audit Board (SRAB) audit reports are not submitted to the Vice President, Nuclear Generations in a timely fashion. (9.3)

2. RESPONSE

Niagara Mohawk reviewed the records of the SRAB Audit Reports, and found the same report as the NRC identified.

During the time period this inconsistency existed SRAB was melding Unit I and Unit II audits. The responsible parties in this concern indicated that they were using the 90 day reporting time for Unit I and did not realize Unit II required 30 days. This appeared to be an isolated incident as no further instances were indicated by our review. The SRAB Secretary was notified of this finding, to prevent recurrences.



1.2.3 (a) through (c) Training

1.2.3 (a)

1. WEAKNESS

Management response to operator training questions are not timely. (6.1.1)

2. RESPONSE

The Superintendent of Training discussed this concern with the Instructors at a weekly staff meeting. If the instructor is unable to answer a Technical Specification question, the instructors were directed to request a Technical Specification interpretation from Licensing through the Superintendent of Operations and respond to the Operator as soon as reasonably possible.

1.2.3 (b)

1. WEAKNESS

Health Physics and Shift Supervisors were unaware of a procedure for control of high radiation area keys although procedure had been in effect for 2-1/2 months. (8.1.7)

"There currently are no high radiation areas at Unit 2. However, the licensee has conservatively locked the access to those areas that are anticipated to require controls. Key card readers will not read personnel ID cards of individuals not authorized access to such areas.

The licensee controls access by a key/lock method described in procedures S-RP-1 and OI-12. Procedure OI-12 describes control for areas greater than 10R/hr. The keys to these areas are controlled by the Station Shift Supervisor (SSS) via OI-12. However, some supervisors and their assistants were not aware of the procedure. Also, some radiation protection technicians were unaware of the procedure.

The licensee immediately initiated action to train personnel on contents of procedure OI-12. The failure to ensure that all personnel responsible for implementing the procedure were aware of it is considered poor management oversight of high radiation area access control."



2. RESPONSE

Office Instruction OI-12, procedure for key/lock control, and S-RP-1 "Access and Radiological Control", are the procedures which control high radiation area keys. The control room maintained the high radiation area keys and they were being logged, but personnel were unaware of the correct procedure. Continued training at Unit II for OI-12 has been completed via night orders and required reading for Radiation Protection Personnel.

3. DATE WHEN FULL COMPLIANCE WILL BE ACHIEVED

This item is complete and verified by the NRC in Inspection Report 50/410/87-34.

1.2.3 (c)

1. WEAKNESS

Operators were unfamiliar with procedures and could not locate keys for emergency equipment boxes throughout the plant. (3.9) (6.3)

"Following the tour, the inspector noted that on-shift operations personnel did not know how to open Emergency Operating Procedure (EOP) lockers in the reactor building. These lockers contained hoses and fittings that could be used to connect the fire water system to the residual heat removal (RHR) system, providing a backup method to inject water into the reactor. At the time of this finding, control room personnel believed that they were responsible to make the system connections but were not sure how and where the connections should be made. Subsequently, the licensee modified their procedures to identify the key to the EOP lockers and specify that operations personnel in conjunction with the site fire brigade would be responsible for making the connection. Night orders were issued which required that on-shift operations personnel be promptly trained in the modified procedures. In addition, the licensee indicated that these changes would be incorporated into the operator training and requalification program.



In light of the operator's lack of familiarity with this EOP equipment, the inspector questioned the adequacy of EOP training. The licensee acknowledged this problem and indicated the EOP training would be reviewed and appropriate corrective actions taken."

2. RESPONSE

Temporary Change Notices have been issued to the operating procedures to identify how and with what key to gain access to the EOP boxes. Also, the training department has been alerted to the fact that this has not been stressed in training. The dedicated ATWS Hydro Pump for Standby Liquid Control has been physically located in the plant and referenced in the appropriate operating procedure. These two concerns will be addressed in the next operator requalification cycle. A training modification request has been issued for this training.

Additionally all locks on the EOP boxes are break-away locks. These locks are placed on the equipment to make them tamper-proof only, and can be broken away.

1.2.4 (a) through (e) Other Weak Policies

1.2.4 (a)

1. WEAKNESS

No written background/chronology was provided for SORC review of a rather complex feedwater system thermal stratification problem. (9.3)

"The SORC questioned contractor test personnel about the events and associated operator actions several times during the SORC meeting, indicating some confusion about the sequence. This information was important to the review of a temporary operating procedure for the feedwater and cleanup systems, No. 87-41. This procedure altered normal configurations in both systems in an attempt to eliminate the stratification problem. Although the SORC review of the procedure was adequate, a written chronology would have aided the discussions and should have been provided to the SORC members."



2. RESPONSE

When complex situations occur it has been SORC's practice to invite personnel involved to present first hand knowledge of the event, and to allow SORC personnel to question these individuals. In this case, a background/chronology may have been useful, and the SORC Chairman will utilize this tool when evaluating complex situations.

1.2.4 (b)

1. WEAKNESS

Lifted Leads is addressed under time 1.2.1(e).

1.2.4 (c)

1. WEAKNESS

A licensee consultant functions in a line, middle management roll but does not have specific responsibilities, and authorities prescribed. (9.5)

A team identified one important licensee manager who was not shown on site organization charts. This manager was a contractor who reported to the Unit 2 Superintendent and directly supervised or coordinated most of the Unit 2 personnel outside the Operations Department. He conducted daily maintenance planning meetings and daily surveillance scheduling meetings. He also wrote daily instructions for the operators (which were subsequently reviewed by Operations Department managers prior to issuance). The licensee initially indicated that the manager was the supervisor of the planning and scheduling group as well as other unrelated station personnel. The manager further indicated that he did not have a formal job description. The licensee ultimately agreed to add the manager's organizational position in an appropriate administrative procedure covering the power ascension program. The inspector did not detect any communication or managerial difficulties caused by the organizational omission.

2. RESPONSE

Niagara Mohawk procedure AP 1.4 "Startup Test Phase" has been revised to include the duties and responsibilities of the Work Control Manager.



1.2.4 (d)

1. WEAKNESS

Procedures for testing and operating Emergency Diesel Generators do not include logging operating parameters. (3.6)

"During the running of the Division III diesel generator for surveillance testing it was noted that no written logs are taken during the diesel operation. The operating procedure N2-OP-100B for this diesel contains a section for operating checks, however this information is not recorded. In addition, these operating checks do not include a check of the diesel cylinder temperatures during operation. No logs are taken on the Division I and II diesel generators when they are operated either. The technical manual for the Division I and II diesel recommends that logs be taken and reviewed to recognize deteriorating trends. The licensee stated that operating logs for the diesels will be taken in the future."

2. RESPONSE

Niagara Mohawk operating procedure N2-OP-100A Standby Diesel Generator and N2-OP-100B HPCS Diesel Generation have been revised to include operating logs and specifically, taking of cylinder temperatures for permanent plant record. These logs will be evaluated for indications of items that may need future maintenance, or show deteriorating trends.

1.2.4(e)

1. WEAKNESS

No procedure exists for recording the running time of Standby Gas Treatment and Control Room Ventilation System filters which have Technical Specification time limits. (3.6)



"Audits of selected Technical Specifications (TS) were performed to ensure understanding and compliance with TS. With one exception, compliance was evident and individual understanding of TS was adequate. The requirement for charcoal sampling of filter beds for Standby Gas Treatment System and Control Room Emergency Ventilation System requires that a record of operating hours be kept. It was not initially evident that these records were being kept and although the records were eventually produced, there is no documentation which delineates responsibility in this case."

2. RESPONSE

A change to N2-0P-61B and N2-0P-53A, Standby Gas Treatment and Control Room Ventilation was initiated to include data sheets for logging the run times for the special filter trains. The Station Shift Supervisor is responsible to assure that these log sheets are completed. While these changes were underway, we violated the surveillance interval requirement because of inadequate tracking of cumulative operating time for the Standby Gas Treatment System. Licensing Event Report 87-52, which addresses this event, is presently being prepared and will identify strong corrective measures to prevent recurrences of this type.

CONCLUSION

Niagara Mohawk has taken positive measures to eliminate both the specific examples and areas of weakness that were mentioned in Inspection Report 87-16. The following are a partial list of actions taken:

1. Strong attention to management overviews by memoranda and verbal direction of the Station Superintendent in his daily meetings.
2. Steps to prevent recurrences of events by reinforcing procedures and stressing the importance of attention to detail.
3. Positive steps to increase formality and decorum in the Control Room.



4. Increasing QA surveillances in the area of Housekeeping.
5. These weaknesses will be addressed in our continued training program.

In addition, we have specifically included these areas in our Self-Assessment Program. Several actions resulting from that program have had a direct impact on the weaknesses identified in this Inspection Report. The Self Assessment Team final report will provide additional information regarding the actions we are taking to improve our overall performance and minimize the weaknesses.

(2754H)

