

U.S. NUCLEAR REGULATORY COMMISSION
REGION I

Report Nos. 50-220/89-09
50-410/89-09

Docket Nos. 50-220
50-410

License Nos. DPR-53
DPR-69

Priority ---

Category C

Licensee: Niagara Mohawk Power Corporation
301 Plainfield Road
Syracuse, New York 13212

Facility Name: Nine Mile Point Nuclear Station Units 1 & 2

Inspection At: Scriba, New York

Inspection Conducted: February 6-8, 1989

Inspectors:

Craig Gordon
C. Z. Gordon, Emergency Preparedness
Section, FRSSB, DRSS

3-13-89
date

Approved By:

Craig Gordon
For W. J. Lazarus, Chief, EPS,
FRSSB, DRSS

3-16-89
date

Inspection Summary: Inspection on February 6-8, 1989 (Report Nos.
50-220/89-09 & 50-410/89-09)

Areas Inspected: Routine, announced safety inspection of the emergency preparedness program including review of previously identified inspection findings, changes to the emergency preparedness program, review of organization and management control, inspection of independent program audits, and inspection of emergency response organization training.

Results: No violations were identified. The Site Emergency Plan, Emergency Plan Procedures, and the emergency planning program are being implemented in a manner to adequately protect public health and safety.



DETAILS

1.0 Persons Contacted

- W. Bandla, Asst. Operations Superintendent, Unit 1
 - C. Boniti, Security Training Supervisor
 - * G. Burgess, Technical Coordinator, Emergency Preparedness
 - * J. Burton, Supervisor, Nuclear Quality Assurance
 - * T. Chwalek, Manager, Emergency Preparedness
 - K. Cigler, Operations Training Instructor
 - * W. Davey, Station Shift Supervisor
 - * M. Dooley, Nuclear Regulatory Compliance Supervisor
 - D. Forbes, Fire Training Instructor
 - * M. Hedrick, Training Supervisor
 - J. Helker, Station Shift Supervisor
 - D. Kehoe, Supervisor, Fire Safety Training
 - * D. Lloyd, Nuclear Training Specialist
 - * L. McNeer, Sr. Nuclear Engineer
 - D. O'Hara, Security Director
 - * F. Osypiewski, Lead Auditor
 - * T. Peeling, Assoc. Sr. Generation Specialist
 - R. Randall, Operations Superintendent
 - D. Wilson, Station Shift Supervisor
- * Denotes attendance at exit meeting

2.0 Licensee Actions on Previously Identified Items

(CLOSED) 50-220/88-26-02; 50-410/88-25-02: The Emergency Action Levels (EAL) for Security compromise for the Unusual Event and Alert emergency classifications are not updated to agree with the Security Contingency Plan.

Revision 19 to the Site Emergency Plan (SEP) included a general description of Emergency Action Levels while specific EAL's now appear in implementing procedure, EAP-2, "Classification of Emergency Conditions" only. Review of the revision indicates that the SEP and Security Contingency Plan are now consistent.

(CLOSED) 50-220/88-26-03; 50-410/88-26-03: During site lockdown, provisions should be in place to permit NRC and other key personnel expedited access and egress to and from any site area.

The licensee discussed this concern with Security staff and issued an internal memo indicating that NRC personnel will receive exempt status in future response activities.

(CLOSED) 50-220/88-25-05; 50-410/88-26-05: EOF maps used for offsite field monitoring teams do not allow continuous positioning of field teams to be displayed.

Offsite field maps for use by dose assessment staff were developed by the licensee and placed in the EOF and Procedure CPP-4 revised accordingly.



3.0 Changes to Emergency Preparedness Program

The inspector reviewed the licensee's records of changes to the Niagara Mohawk Site Emergency Plan (SEP) made during 1987 and 1988. Rev. 20 to the SEP was submitted to the NRC on December 28, 1988. The inspector discussed Plan changes as well as changes to the SEP implementing procedures and Corporate Plan procedures with the Manager, Emergency Preparedness. A concern was identified in the SEP in that a fifth emergency classification is included in the Plan. When an Alert (or higher) emergency is declared on one unit, a 'Sympathetic Alert' classification is simultaneously declared on the unaffected unit. This definition is not in accordance with 10 CFR 50 Appendix E, IV.B since an emergency does not exist. In addition, if an emergency classification is made on one unit, providing a second emergency classification gives the appearance offsite that the emergency is of a more serious nature. The SEP and procedures should be revised to more clearly follow the intent of the NRC rule. Other implementing procedures were evaluated during the 1987 exercise and are adequate and up to date.

The SEP, implementing procedures, maintenance procedures, and corporate procedures are distributed to document holders as "information only" copies. The inspector explained to emergency preparedness (EP) and document control staff that the most current versions of the SEP and related procedures were needed by the NRC via controlled distribution (for incident response) and that distribution of maintenance procedures was unnecessary. Although the SEP was revised in its entirety, other changes made to the SEP were in accordance with 10 CFR 50.54(q) and did not decrease the effectiveness of the Plan.

The licensee has maintained essential emergency facilities, equipment, and supplies in a state of operational readiness. No changes were made to the onsite emergency response facilities (EOF, TSC, OSC). Designated emergency equipment lockers for control room staff were inspected and found to have an adequate number of supplies, instrumentation, and respiratory equipment available. No significant changes have been made to other designated emergency equipment and inventories of communications devices, radiological survey kits, data acquisition/dose assessment systems, and protective clothing and supplies are being maintained.

In order to determine whether changes to procedures and the EP program have been effective during training, the inspector conducted two separate walkthrough scenarios with station shift supervisors (SSS) who become Emergency Directors when the SEP is implemented. Each SSS was asked to evaluate emergency conditions, identify EAL's, classify the emergency, and formulate protective action recommendations (PAR). Station shift supervisors were familiar with established procedures and their response to emergency situations was appropriate. However, a concern was identified with the SSS Checklist in EAP-1. During the walkthroughs an SSS could not easily use the checklist to arrive at an appropriate PAR during fast breaking accident conditions since the step in the checklist directing the use of EPP-26, "Protective Action Recommendations" is out of sequence.



4.0 Independent Reviews/ Audits

Independent quality assurance reviews of the EP program are performed under the direction of the Safety Review and Audit Board (SRAB). The audit team is comprised of several auditors with at least one member from SRAB and one member from the Corporate QA department. The inspector found that no change in EP audit team personnel has been made for the past two audits, the same individual has served as the audit team leader since 1985, and the SRAB team member has served on every audit since 1982. In order to provide a change in perspective for conduct of EP audits, the licensee stated that personnel changes in audit team members would be considered.

Audits have been adequately conducted since 1982, but section 6.5.3.1 of the Technical Specifications does not identify the Site Emergency Plan as a SRAB audit function. Although audits of the SEP appear adequate in scope, the SRAB charter does not specifically state that such audits are conducted to meet the requirements of 10 CFR 50.54(t).

Specific checklists were used by the QA staff to perform the audits in 1987 and 1988. Review of the checklists revealed that essential EP program functions such as implementing procedures, training, inventory maintenance, interface with State and local agencies, and drills and exercises are covered. One area not audited is the manner in which the program meets the planning standards of 10 CFR 50.47(b). The licensee should ensure that audits cover all planning standards and all other applicable NRC rules necessary for program implementation.

The inspector reviewed the results of audits conducted during 1986 and 1987 and discussed the preliminary findings of the 1988 audit with EP and QA staffs. Results of audits identified only minor EP program deficiencies. A corrective action system is in place to resolve EP program deficiencies through issuance of a QA Audit report from the QA department. Since audits are performed by members of different departments, audit findings are characterized into QA Corrective Action Requests (CAR) and SRAB recommendations. Findings are combined into one report, discussed with EP staff, and issued to EP following SRAB review. Discussions with auditors indicated that at times, SRAB recommendations in the preliminary report lag behind QA observations due to the SRAB review process. This is not a concern for providing audit findings to EP staff, but identifies a need for close coordination between QA and SRAB personnel. Actions taken by the EP staff in response to audit observations and recommendations have been timely and technically adequate.



5.0 Organization and Management Control

The inspector held discussions with cognizant licensee management and reviewed documents on the emergency response organization and emergency preparedness program management. The inspection also focused on interfaces and coordination between onsite, offsite, and corporate organizations and adequacy of management effectiveness.

Several changes have occurred in management and administration of the emergency preparedness program. During the site reorganization the Emergency Coordinator position was upgraded to Manager, Emergency Preparedness and retained overall responsibility for program administration. Also in the reorganization two additional full-time staff members were permanently assigned to the EP program. The new personnel are familiar with the EP program function, have provided program support in the past, and appear qualified for special EP duties. Job descriptions for new staff were in draft at the time of the inspection. The additions of EP staff have been authorized for the program without assignment of additional program responsibilities, thereby alleviating workload from existing staff. Staffing of the emergency response organization has remained constant and no changes were made to key emergency response positions.

The licensee has maintained a close working relationship with offsite authorities. The inspector found that to satisfy the requirements of 10 CFR 50, Appendix E.IV.B. regarding annual review of the EAL's with State and local authorities, the licensee schedules regular meetings with Oswego County officials and attends quarterly meetings with the New York State Radiological Emergency Preparedness Group (REPG) in Albany.

6.0 Knowledge and Performance of Duties

The inspector reviewed the licensee's program for emergency response training and noted that Figure 8.1 of the SEP identifies a training list of initial training and periodic retraining for different categories of personnel within the emergency response organization. These include Emergency Directors, emergency response facility directors, and team members for technical support, dose assessment, radiation surveys, damage control, fire safety, chemistry, and security.

Discussions were held with the Training Supervisor and EP training instructors who provided training lesson plans, examination material, examination results, and attendance records of response training for site personnel. Composite training records are manually maintained on file for each individual. To determine when response training for each member of the emergency organization has been taken and when requalification is due the manual method is also used. The inspector noted that the training instructor has developed his own database files because the manual method is too cumbersome for the large volume of records necessary to be maintained. The Training Supervisor stated that a new database system to be used by the Training Department for all site training was undergoing development.



General Employee Training (GET) is provided to all new personnel and site visitors. The inspector observed a training session for GET and noted that the presentation is adequate with one exception. Information regarding the meaning and consequences of the emergency classification scheme was cursory, particularly for the site area emergency and general emergency classifications.

The Training Department is responsible for training of key response personnel and provides both classroom and practical instruction in emergency classification, protective action recommendations, technical support, onsite/offsite surveys, chemistry, communications, and radiological assessment.

Training of offsite fire departments is provided at the licensee's fire training center by the Supervisor, Fire Safety Training while local law enforcement personnel training is provided by security personnel onsite. At least three (3) individuals are qualified in each emergency response position. Following interviews with the Training Supervisor and training instructors and observation of an Emergency Director walkthrough training session, the inspector determined that the background and experience of instructors appeared adequate to provide most emergency response training. Instructors, who are most knowledgeable about implementing procedures, conducting walkthroughs, and developing scenarios, are used during drills and exercises only as controllers or observers and do not participate as responders. Since instructors are considered qualified to function in many different response roles, consideration should be given to providing these individuals the opportunity to participate in drills and exercises.

EP lesson plans are detailed and focus on important response elements or implementing procedures. Inspection of a representative sample of licensee training records indicated that they were complete and up to date. Exam questions relate directly to lesson plan material. Performance of response personnel has consistently been demonstrated in drills and walkthrough exercises, and no concerns were identified with response of personnel to emergencies.

7.0 Exit Meeting

The inspector met with the licensee personnel denoted in Section 1 at the conclusion of the inspection to discuss the findings as presented in this report. The inspector also discussed some areas for improvement. The licensee acknowledged the findings and agreed to evaluate them and institute corrective actions as appropriate.

At no time during the inspection did the inspector provide any written information to the licensee.

