

U.S. NUCLEAR REGULATORY COMMISSION
REGION I

Report Nos. 50-220/90-01
50-410/90-01

Docket Nos. 50-220
50-410

License Nos. DPR-53
DPR-69

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: January 23-26, 1990

Inspectors:

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

2/22/90
date

Approved By:

W. J. Lazarus
W. J. Lazarus, Chief, EPS,
FRSSB, DRSS

2/28/90
date

Inspection Summary: Inspection on January 23-26, 1990 (Report Nos.
50-220/90-01 & 50-410/90-01)

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: 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

- * R. Abbott, Unit 2 Station Superintendent
- * J. Burton, Supervisor, Nuclear Quality Assurance
- * A. Salemi, Manager, Emergency Preparedness
- * K. Dahlberg, Unit 1 Station Superintendent
- M. Dooley, Licensing Specialist
- J. Earls, Station Shift Supervisor, Unit 1
- * M. Hedrick, Training Supervisor
- * D. Lloyd, Nuclear Training Specialist
- R. Laura, Resident Inspector
- D. Johnson, Auditor
- D. Richard, Station Shift Supervisor, Unit 2

* Denotes attendance at exit meeting

2.0 Licensee Actions on Previously Identified Items

The inspector discussed the previously identified findings and concerns from Inspection Report Nos. 50-220/89-03 and 50-410/89-03 and the results are as follows:

1. A problem was identified with the licensee's Site Emergency Plan (SEP) in that a fifth emergency classification (Sympathetic Alert) was added to the Plan.

- In 1988, a review was made to the SEP which deleted this information from the SEP. Licensee action is determined to be adequate.

2. In some cases, distribution of the SEP, implementation procedures, and corporate procedures were provided to NRC as 'information only' copies.

- Following review of changes to internal administrative procedures and receipt of updated SEP and procedure revisions, all documents are now provided via controlled distribution. Licensee action is determined to be adequate.

3. Procedure EPP-26, "Protective Action Recommendations", was difficult for operations staff to use since key steps in the procedure were out of sequence.

- Review of Revision to EPP-26 indicated that the procedure was appropriately revised. Licensee action is determined to be adequate.

4. A need for closer cooperation between quality assurance (QA) staff and Safety Review Audit Board (SRAB) personnel was identified in coordinating and reporting audit findings.

- Discussions with QA staff and review of recently issued audit reports indicated that QA audit findings and SRAB recommendations received timely issuance. This item has been adequately addressed.

5. Although Emergency Preparedness (EP) program audits were conducted to meet the requirements of 10 CFR 50.54(t), one area not audited was the manner in which the program meets the planning standards of 10 CFR 50.47(b).

- Review of current EP audit reports and discussions with auditors revealed that the QA review plan still does not include applicable NRC requirements as part of the annual audit to meet 10 CFR 50.54(t) (see Section 3.0).

6. Information provided to new personnel in General Employee Training (GET) was unclear regarding the graded approach to emergency response and the emergency classification scheme.

- The training department revised the GET presentation to more clearly identify many aspects of Site Emergency Plan implementation including the emergency classification scheme and Protective Action Recommendations (PAR). This item has been adequately addressed.

7. A database system to maintain all emergency response training records and a list of qualified response personnel was being developed to alleviate the problems of maintaining records manually.

- Beginning in January 1990, the licensee began to implement the new computer based system to keep records of personnel training. Preparation for input of EP records are being made by EP instructors. This item has been adequately addressed.

3.0 Independent Reviews/ Audits

The independent quality assurance review of the EP program was conducted in December 1989. The report, issued on January 18, 1990, satisfies the requirements of 10 CFR 50.54(t). The audit was performed by one member from the Safety Review and Audit Board (SRAB) and one member from the Corporate QA department using a designated checklist. The inspector reviewed the checklist and discussed audit preparation and audit findings with the lead auditor.

Audits covered basic EP program functions such as implementing procedures, training, inventory maintenance, interface with State and local agencies, and drills and exercises. Also included in audit reports is a comparison of the Site Emergency Plan with 10 CFR 50, Appendix E requirements and review of NRC inspection reports. Audits do not cover the planning standards of 10 CFR 50.47(b) while NRC inspection report reviews are performed only to the extent of determining the status of violations or exercise open items. The inspector explained to auditors that reviews of NRC documents should be more detailed to include what actions are taken by licensee EP staff to address any significant NRC concerns identified in inspection reports. If the auditor finds the program deficient with regard to a specific planning standard, this should also be identified.

Results of the audit indicated that activities of the EP program were conducted effectively since the previous audit. Strengths were noted in the areas of procedure quality, interface with offsite authorities, and resolving drill deficiencies. Two problem areas resulting in Corrective Action Requests were identified which related to the licensee's ability to efficiently obtain post-accident samples and implement a site-wide public address system. EP staff are currently addressing these items. Distribution of the audit report was extensive and included senior managers and the SRAB.

Except as noted above, this area is acceptable.

4.0 Organization and Management Control

The inspector reviewed the normal staffing organization pertaining to administration of the emergency preparedness (EP) program and noted that several staff changes have taken place within the past few months. The EP staff includes nine (9) authorized professional positions which include the Manager, EP, drill and exercise coordinator, and an administrative/projects coordinator.

In October 1989, a new Manager, EP was selected to direct program activities. This individual was chosen from within the program and is familiar with routine emergency preparedness program tasks. The inspector noted that of the nine positions, two positions were vacant, one of which is the administrative/projects coordinator who is responsible for maintaining status of open items, coordinating training, drafting procedures, and interfacing with licensing staff. The second vacancy is the drill coordinator position which had only minor impact on the program, since drills and exercises were held according to the schedule identified by procedure. In addition to becoming familiar with carrying out his new duties, the Manager, EP is also covering the admin/projects function. As a result, the Manager, EP is at risk for becoming administratively overburdened. The inspector discussed these concerns with the Manager, Nuclear Services who indicated that active recruiting to fill vacant positions was in progress and that consideration was being given to obtaining operations, health physics, and engineering support to assist the EP staff. Although improvements could be made in attention to such details as equipment maintenance, document distribution, and training coordination, through the efforts of the Manager, EP and other staff, high priority items are being adequately maintained.

The annual revision of the Site Emergency Plan was completed in late 1989 and clearly delineates major responsibilities to support response activities. Prior to 1990, the licensee maintained a corporate plan which described many of the emergency functions carried out by senior licensee staff. Since a large amount of similar information was also included in the corporate plan, the SEP and corporate plans were combined and duplicate information eliminated. Actions are currently in progress to revise all implementing procedures to correspond to the standard site format. The Manager, EP stated that revisions would be completed sometime in mid-1990.



The Emergency Response Organization (ERO) is adequately described in the SEP. Key positions are staffed at least three deep and personnel have consistently demonstrated effective response during exercises.

Since the last inspection the licensee has taken steps to improve initial notification times to the on-call organization. The new system is a computer aided process which uses a telephone service called the Community Alert Network (CAN). Once activated, the CAN provides immediate contact of designated licensee pager holders and furnishes preliminary emergency information. Although the system appears to be an improvement over the former system, concerns were identified with shift training and use of the CAN (See Section 5.0).

Emergency Response Facilities (ERF) are designed to meet the requirements of 10 CFR 50.47(b)(8) and (9), Section IV of 10 CFR 50, Appendix E, NUREG-0737, Supplement 1, and Reg. Guide 1.97. Equipment, status boards, communications systems, plans, procedures, habitability and access control provisions were checked in the control rooms, Technical Support Center (TSC), Operations Support Center (OSC), and Emergency Operation Facility (EOF). Status boards, maps, facility diagrams, plans, procedures, drawings, and equipment were in place and maintained, equipment was in calibration, and communication equipment operative in all ERFs. Designated computers used to calculate projected doses to the environment were available and operable.

Based upon the above, this area is acceptable.

5.0 Knowledge and Performance of Duties

The SEP provides a training list of required course instruction for emergency response personnel within the ERO. 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. Both primary and requalification training criteria are described.

In order to verify implementation of training courses, the inspector interviewed Unit 1 and Unit 2 shift personnel. The Senior Shift Supervisors (SSS) who serve as Emergency Directors (ED) during emergencies have received classroom and practical training within the past year and are qualified EDs. Demonstrations were required in direction and control, emergency classification, notification and communication, and protective action recommendations. SSSs appeared knowledgeable and familiar with their assigned duties and responsibilities with one exception. The licensee has implemented the new CAN system to make more efficient initial notifications to key support personnel. However, training on use of the new system has not always been effective.

Shift operations personnel stated they have received only a brief overview about system operation and were aware of its capability, but received no formal (practical) training on how to use the revised notification procedure. Of greater concern was the lack of familiarity with the revised procedure on the part of the radioactive waste operators (RWO). The RWOs are the individuals designated to use the procedure to immediately notify upper level licensee management and offsite authorities. RWOs have been adequately trained to make notifications to New York state and county officials via the Radiological Emergency Communication System (RECS) but encountered problems in efficiently implementing the CAN procedure during inspector walkthroughs. The procedure appeared to be sufficiently detailed to be accomplished with minimal training, however, some practical training may be appropriate to improve effectiveness. This item is unresolved (50-220/90-01-01 and 50-410/90-01-01). The licensee committed to provide additional training in use of CAN to affected shift personnel.

Training records are manually maintained on file for each individual. During the previous inspection, the inspector noted that the training instructor developed his own database files to track when response training for each member of the emergency organization has been taken and when requalification was due because the new computer system to maintain all records of the Training Department was under development. At the time of this inspection use of the new database system had just begun. Training staff indicated that input of ERO training records was part of their near term workload.

6.0 Assessment Regarding Restart Action Plan Underlying Root Causes 2 and 4

For Underlying Root Cause (URC) 2, Problem Solving, certain activities have occurred in the EP area since the last inspection which had potential impact on administration of the program and relate to this URC. Among these are:

1. Identification of FEMA offsite deficiencies from the May 1989 full participation exercise.
2. Personnel change of the Manager, EP
3. Vacancies in two EP staff positions
4. Incorporation of the Corporate Emergency Plan into the SEP
5. Upgrade and revision of EP implementing procedures into the standardized site format.
6. Preparation of exercise scenarios independent of contractor support
7. Development of action plan to utilize the training simulator for drills and exercises



The licensee has shown good initiatives in addressing these items. FEMA identified deficiencies were resolved through a remedial drill held in October 1989; recruitment to fill vacancies has been active; and program administration has been effective despite staffing changes and the high amount of time consuming efforts on behalf of the EP staff.

For URC 4, Standards of Performance/Self-Assessment, the primary item attributable to this URC relates to the licensee's initiative to improve efficiency in the area of notifications and communications during emergencies. While the intention is considered noteworthy, underlying concerns were identified.

The licensee implemented and provided brief information about the new communications system (see Section 5.0) to personnel, but could have provided more effective training on its use. Worker feedback and management oversight on the new procedure was minimal.

Discussions with workers up to the Senior Shift Supervisor level revealed that they believed the new system would provide better notification times to the ERO, but they were not comfortable in its use due to the lack of practical experience.

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.



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Docket Nos. 50-220
50-410

Niagara Mohawk Power Corporation
ATTN: Mr. Lawrence Burkhardt, III
Executive Vice President
Nuclear Operations
301 Plainfield Road
Syracuse, New York 13212

Gentlemen:

Subject: Combined Inspection Nos. 50-220/89-22 and 50-410/89-17

This refers to your letter dated October 16, 1989, in response to our letter dated September 14, 1989.

Thank you for informing us of the corrective and preventive actions documented in your letter. These actions were examined during a subsequent inspection of your licensed program and were found to be satisfactory. We regret the delay in acknowledging your correspondence.

The enclosure to your letter contains Safeguards Information that has been determined to be exempt from public disclosure in accordance with 10 CFR 73.21. Therefore, it will receive limited distribution and will not be placed in the NRC's Public Document Room.

Your cooperation with us is appreciated.

Sincerely,

Original Signed By:
James H. Joyner

James H. Joyner, Chief
Facilities Radiological Safety
and Safeguards Branch
Division of Radiation Safety
and Safeguards

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cc w/encl:

L. Burkhardt, III, Executive Vice President
C. Mangan, Senior Vice President
J. Willis, General Station Superintendent
W. Hansen, Manager, Corporate Quality Assurance
K. Dahlberg, Unit 1 Station Superintendent
R. Randall, Unit 1 Supervisor, Operations
C. Beckham, Manager, Nuclear Quality Assurance Operations
J. Perry, Vice President, Quality Assurance
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NRC Resident Inspector
State of New York, SLO Designee

bcc w/encl:

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October 16, 1989

Mr. William T. Russell
Regional Administrator
Region I, USNRC
475 Allendale Road
King Of Prussia, PA 19406

RE: Nine Mile Point Site
Docket No. 50-220/50-410

Dear Mr. Russell:

Enclosed is our response to the Notice Of Violation contained in your Inspection Report No. 50-220/89-22 and 50-410/89-17, dated September 14, 1989.

We hereby request that the material submitted with this letter be withheld from public disclosure in that the response contains Safeguards Information of a type specified in 10CFR73.21.

Sincerely,

Joseph P. Beratta
Joseph P. Beratta
Manager Nuclear Security

JPB/gd

Enclosures

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