U.S. NUCLEAR REGULATORY COMMISSION
REGION I

Report Nos.:	96-04 96-04
Docket Nos.:	50-220 50-410
License Nos.:	DPR-63 NPF-69
Licensee:	Niagara Mohawk Power Corporation P. O. Box 63 Lycoming, NY 13093
Facility:	Nine Mile Point (NMP), Units 1 and 2
Location:	Scriba, New York
Dates:	May 13 - 17, 1996
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EXECUTIVE SUMMARY

Nine Mile Point Units 1 and 2
50-220/96-04 & 50-410/96-04
May 13 - 17, 1996

This inspection included an evaluation of the emergency preparedness (EP) program and the emergency response organization's (ERO) performance for the off-year exercise during the week of May 13, 1996. The inspectors consisted of regional EP specialists and resident inspectors.

EP Program

The emergency response facilities (ERFs) were in a state of operational readiness; however, it was determined that the technical support center ventilation filter had not been tested since 1993. The filter test was to be performed every 18 months. Failure to conduct the filter test resulted from transferring responsibility for the test from one department to another. This was classified as a Non-Cited Violation because of its minor significance.

The emergency plan (the Plan) and implementing procedures changes received adequate review and approval. The review process only ensured that NRC requirements were not being violated. There was no check to ensure that commitments in the Plan were not being compromised when changes were made. Also, it was determined that changes to the implementing procedures were not being distributed to the Region I office as required.

Exercise Performance

The ERFs were staffed and activated quickly. Generally, players implemented procedures and checklists well. There was a procedural non-compliance noted while taking a post accident sample in that the technician skipped several steps of the procedure without proper approval. This was considered as a Non-Cited Violation.

The lead facility players conducted frequent and informative briefings and good command and control was demonstrated at all of the facilities. There were good intra- and inter-facility communications. When conflicting information became apparent, it was resolved, and players thoroughly discussed the applicable emergency action levels (EALs) for the simulated events. The events were properly classified in a timely manner and offsite agencies were notified within the 15 minute goal. The protective action recommendations (PARs) developed for the general emergency classification were prompt and appropriate for the existing conditions.

Report Details

P2 Status of EP Facilities, Equipment, and Resources

a. Inspection Scope

The inspectors toured Unit 1 and Unit 2 control rooms, the technical support center (TSC), operational support center (OSC), emergency operations facility (EOF), alternate emergency operations facility (AEOF) and the new joint news center (JNC) to determine the operational readiness of the facilities and equipment. The inspectors also reviewed the last 12 months of equipment surveillances to determine if there were any adverse trends in maintenance of the ERFs.

b. Observations

During the tour of the facilities the inspectors found them to be in good condition and in a state of readiness. Instrumentation was found to be within calibration. However, in the OSC instrumentation storage locker the inspectors found two Eberline E-140 count rate instruments that had been left "ON" and the batteries were dead. The licensee had the batteries replaced immediately and the instruments were returned to service.

When the inspectors reviewed the surveillances for the past year, it was noted on the AEOF inventory sheet, that an Environmental Protection Agency (EPA) 520, 1-75-001 Manual of Protection Action Guides and Protective Actions For Nuclear Incidents, was at the facility. This document was superseded by EPA-400, "Manual of Protection Actions for Nuclear Incidents," but had not been removed from the facility. A copy of the current EPA document was at the AEOF and the old document bore an indication that it had been superseded by EPA-400. Due to an oversight, the superseded document had not been removed.

The inspectors reviewed the licensee's ERO pager tests. The monthly pager tests and the quarterly off-hours pager and community alert notification system quarterly tests only verify that the notification systems are functioning properly. When the off-hours tests are conducted, the ERO members are only required to document what message was received and when it was received. The monthly and quarterly tests basically check the operability of the notification equipment and is not a method to verify that responders can staff the ERFs within one hour. The licensee agreed to evaluate the tests to determine how they could be utilized more effectively.

After requesting the results of the TSC ventilation filter efficiency test, the inspectors were informed that the test had not been performed since September 10, 1993. As per procedure N1-RSP-TSC-001, the test is to be performed on an 18 month frequency. The license gave the inspectors a copy of Deviation/Event Report (DER) No. C-96-1263 which addressed the missed test, and informed the inspectors that a test of the TSC ventilation system was scheduled for Wednesday, May 22, 1996. The test was performed on that date and the results were sent to the inspectors on May 23, 1996. The filter was determined to be

satisfactory. Failure to conduct the tests as required constitutes a violation of minor significance and is being treated as a Non-Cited Violation consistent with Section IV of NRC Enforcement Policy.

c. Conclusion

Despite several discrepancies, the facilities, instruments, and supplies were found to be in a good state of readiness.

P3 Procedures and Documentation

a. Inspection Scope

The inspectors reviewed the licensee's change review process for the Plan and procedures, the distribution process, and other documentation to assess the status of the Plan and implementing procedures.

b. Observations

The licensee's 10 CFR 50.54(q) review process (to determine if changes decrease the effectiveness of the Plan) ensured that the requirements of 10 CFR would be met but it did not prompt the reviewers to check for licensee commitments pertaining to the Plan or implementing procedures that could be affected if a change was made. The licensee stated that the review of licensing commitments would be captured in the 10 CFR 50.59 safety review. The inspectors indicated that the 10 CFR 50.59 review is a safety review and may not necessarily lead the licensee to check all licensing commitments. The inspectors noted no decrease in the effectiveness of the Plan as a result of the licensee's current review process. The licensee agreed to evaluate including the additional criteria in their review process. The inspectors also verified that the licensee's management review and approval process was being completed for Plan and implementing procedure changes.

When reviewing the licensee's distribution process for issuing Plan and procedure changes, the inspectors determined that, contrary to 10 CFR 50.4, the licensee had stopped sending implementing procedure changes to the Region I Office. (The resident inspectors and the Document Control Desk were still being sent these changes.) The cause of this discrepancy was a misunderstanding between the licensee's Document Control Department (DCD) and NRC personnel. The NRC had requested the licensee to eliminate sending unnecessary documentation to the Region I Office. The licensee's DCD unilaterally decided in February 1996 to remove Region I from distribution of several documents. One of these was the implementing procedures for the Plan. This was considered to be a minor issue since the changes were still being sent to the NRC. The EP Department was unaware that the implementing procedure changes were not being sent to the Region I Office. To resolve this issue, the licensee agreed to send a current volume of the implementing procedures to the Region I Office, with a list of changes that had been made since February 1996. The licensee immediately returned the Region I Office to the distribution list and has issued a DER to determine if other, similar required documentation has been removed from distribution to the Region I Office.

The inspectors verified that letters of agreement with offsite support agencies were current. Annual reviews of the implementing procedures were being conducted by EP personnel as specified by the Plan.

c. Conclusion

The inspectors' overall assessment of this area was satisfactory despite a few minor discrepancies.

P4 Staff Knowledge and Performance

a. Exercise Evaluation Scope

During this inspection, the inspectors observed and evaluated the licensee's off-year exercise. The performance of ERO members was observed and evaluated in the simulator control room (SCR), TSC, OSC, and the EOF.

b. Emergency Response Facility Observations

1. Simulator Control Room (SCR)

The senior shift supervisor (SSS) promptly declared an alert condition after receiving the report that the reactor building ventilation radiation monitors were above the alert limit of 5 mr/hr. He then announced to the SCR crew that he had assumed the role of site emergency director (SED), and began directing the emergency response. Further, he ensured that the notifications of local agencies and the NRC were completed in the required time. The SSS/SED maintained a good safety focus in protecting public health and safety first, while also directing plant mitigation efforts.

The SSS/SED exercised good command and control by professionally supervising implementation of the Plan and emergency operating procedures (EOPs). Additionally, he regularly briefed the SCR crew to keep them apprised of plant status and mitigation actions. Further, he encouraged effective teamwork by soliciting the input of his staff. He also provided a detailed brief to the TSC/SED before turning over SED duties to him.

The assistant SSS effectively directed mitigation efforts by coordinating EOP implementation. He often consulted with the SSS on the best courses of action and regularly briefed the crew on which EOPs were applicable.

2. TSC

The TSC was staffed in a timely manner. The alert was declared at 8:03 a.m. and the TSC was activated at 8:30 a.m. Good use of a TSC activation checklist was noted to ensure that the TSC was fully staffed and operational. At the start of the exercise, the TSC was well organized. A copy of the applicable procedures were located on each desk and sufficient logistical supplies, and technical reference materials were available.

A general emergency was declared at 9:45 a.m. and announced at 9:50 a.m. With the exception of two individuals, accountability was completed by 10:18 a.m. Efforts to locate the two individuals were aggressive and included paging and plans to implement a search team. The individuals were located and full accountability was completed at 10:23 a.m.

The TSC staff demonstrated excellent communications capability, both internally and externally. Internal communications were very formal, with repeatbacks consistently being used to ensure understanding. The SED at the TSC briefed the staff frequently to provide overall direction and status updates. The individual team leaders, such as the technical data coordinator (TDC), maintenance, reactor engineering and radiological coordinators, also provided status updates. The TDC and SED closely reviewed the EAL matrix to confirm that events were properly classified. Event logs were maintained in an acceptable manner.

The TSC staff provided excellent technical support for recovery efforts. For example, methods to stabilize the dropped fuel bundle were developed. To develop these methods, consideration was given to contacting other plants which had similar problems and the fuel vendor. Anticipation of developing plant problems demonstrated a sound understanding of the TSC function. Emphasis was placed on maintaining the plant in a safe and stable condition.

3. OSC

The OSC was well organized and maintained professionally. Status updates from the OSC coordinator to the OSC staff were timely and concise. In general, checklists were used as required by licensee procedures.

The damage control team (DCT) briefings were appropriate in detail. The first few DCT briefings were held within the OSC, which made effective communications difficult due to the other ongoing activities within the facility. The later decision to hold DCT briefings outside the OSC was good.

During the DCT activities within the plant, the inspectors observed that radiological protection technicians provided good guidance to ensure that ALARA (As Low As Reasonably Achievable) and other good radiological practices were implemented by DCT members. However, during the inspectors' observation of the post accident sampling (PAS) DCT, the following concerns were noted.

(a) Chemistry technicians omitted essential steps 8.4.1 through 8.4.7 of NIP ECP-204, "Post Accident Containment Atmosphere Sampling." Omitting steps was not allowed by this procedure. The licensee wrote a DER to address this concern. This is a violation of Technical Specification 6.8.1 "Procedures." However, it is a violation of minor significance and is being treated as a Non-Cited Violation consistent with Section IV of the NRC Enforcement Policy.

(b) Technicians were unable to obtain a primary containment gas sample since the sample vial would not hold a vacuum. Obtaining a post accident sample was an exercise objective. The licensee concluded that although this objective was not met, it did not adversely impact the exercise. The licensee wrote a DER and problem identification (PID) to address this concern, and identified the need to complete a remedial PAS sampling drill.

4. EOF

The EOF was staffed and activated within 26 minutes after pager notification of the alert declaration. The corporate emergency director (CED) clearly stated at the beginning of the exercise his expectations regarding three-way communications, ensuring the accuracy of information, and maintaining order within the facility.

The CED demonstrated good command and control during the exercise. He provided frequent and informative briefings to the EOF staff and pursued clarification of conflicting data between the offsite dose assessment manager (ODAM) and the technical assistant manager regarding reactor building ventilation lineup. The CED, and his staff, reviewed the EALs in anticipation for upgrading the classification to a site area emergency when reactor water level dropped below top of active fuel and to a general emergency when drywell flooding was initiated. However, due to the size of the coolant leak and rapidly changing conditions, drywell flooding was imminent. The CED, in consultation with the SSS, appropriately transitioned from an alert to a general emergency condition.

The dose assessment area was staffed in a timely manner at the alert declaration. The ERO personnel properly implemented appropriate procedures throughout the exercise.

The licensee's meteorological personnel immediately accessed the contract weather service to determine forecast information and properly assessed lake-effect breeze during the day. (The licensee was using live time meteorological data for the scenario.)

During the simulated dropped fuel bundle event, the assistant offsite dose assessment manager (AODAM) directed that a four hour default calculation on the dose assessment program be performed. The inspector determined that there was sufficient information available at that time to realize that a puff release (short duration) had occurred and that the calculation should have been made for one hour instead of four hours. However, the AODAM directed that a one hour calculation be performed shortly after the four hour calculation had been completed.

At the general emergency declaration, correct and appropriate PARs were determined and confirmed by the dose assessment staff. The PARs were then verified by the CED prior to notification of the offsite officials.

c. Overall Exercise Conclusions

The licensee's overall performance was good. The facilities were quickly staffed and activated. Good briefings and good command and control were observed. Classification of simulated events was timely and accurate. Off-site notifications were completed within the 15 minute goal. There were many good discussions noted during the exercise both within individual facilities and among the facilities. There was a significant improvement in individuals verifying information and confirming the appropriateness of decisions - two attributes which the NRC had noted were missing in the previous two exercises.

The inspectors discussed the lack of complexity in the scenario with the licensee prior to the exercise. The inspectors were anticipating a scenario that had more than two classifications to allow the licensee more opportunity to demonstrate it had corrected the problems associated with the mis-classifications noted in the two previous exercises. The licensee stated that they considered the scenario to be sufficiently challenging with respect to classifying events because it was a fast-breaking scenario. The inspectors acknowledged that there was no regulatory criteria for exercise scenarios. After observing the exercise and how the scenario progressed, the team concluded that the scenario adequately tested the ERO and that its performance demonstrated the proficiency of members to deal with a emergency. VIO 95-24-04, pertaining to misclassification of simulated events, is closed.

4.1 Licensee Exercise Evaluation and Critique Processes

Immediately following the exercise, the licensee began its critique process. Players, as well as evaluators, assembled according to their facility and commented on what they observed from within their facility. During the next stage of the critique, the players and evaluators from all of the facilities assembled to have an integrated discussion of the event and personnel performances. This generated discussions among all the players and evaluators as perceptions or data were clarified. The licensee stated that this critique process is very useful and informative to the players since it provides an opportunity for players to receive constructive criticism from other players. The inspectors considered this process to be an enhancement over the segmented critique process previously used.

Following the inter-facility discussions, the evaluators summarized the critique comments and presented them to site management. The inspectors attended the summary and noted that the licensee had additional observations in addition to the ones that the inspectors made during the exercise. The summary of the critique was thorough and appropriately self-critical. Positive and negative comments were discussed with licensee management taking immediate action on significant issues. Overall, the critique process and content was assessed as good.

The inspectors also reviewed the licensee criteria for evaluating player performance during the exercise in the emergency response facilities. The criteria was cross-referenced to exercise objectives and contained sufficient standards to provide objective assessment of player performance.

P5 Staff Training and Qualification

a. Inspection Scope

The inspectors reviewed lesson plans, qualification records, and attendance sheets to verify that the licensee was conducting emergency response training in accordance with the Plan.

b. Observations

Training records were sampled for newly qualified as well as incumbent ERO members. The inspectors determined that the records were complete and qualifications were current. The inspectors reviewed training handouts for continuing training and facility familiarization training for the TSC, EOF, and the JNC. The training material was of sufficient scope and depth. (Training had been provided to the JNC staff prior to the licensee's activation of the new JNC on May 6, 1996.) Drill records were reviewed since 1995 and it was determined that ERO members were rotated sufficiently from drill to drill to ensure that they all had ample practice in the positions for which they were qualified. The inspectors verified that training was being performed as required for offsite support organizations by reviewing attendance sheets and training handouts.

c. Conclusion

Training was being conducted as specified in the Plan. Overall, the quality and quantity of training was assessed as good.

P6 EP Organization and Administration

a. Inspection Scope

The inspectors reviewed the oversight and control of the ERO and the EP program and assessed the overall effectiveness of its implementation.

b. Observations

The licensee has been able to train and maintain sufficient initial responders for five ERO teams with only a few exceptions. Designated Team 1 members are responsible to ensure that their team and other teams are aware of information pertaining to the ERO such as exercise critiques. Also, certain initial responders on each team are responsible for notifying secondary responders to respond to an event. The inspectors verified that two initial responders (the ODAM and the damage control team coordinator) had the necessary information to contact their respective secondary responders. Licensee procedure NIP-EPP-01, Revision 0, "Emergency Response Organization Expectations and Responsibilities," was implemented on April 19, 1996 to formalize licensee expectations of ERO members. The inspectors were satisfied with the processes in place to maintain and muster the ERO.

There has been some change in the EP Department. The EP Director (EPD) has changed since the last EP program inspection in September 1994 and is now also responsible for Meteorological Services. The current EPD was promoted from within the EP Department. The EP Department now consists of a director and two EP specialists whereas during the last EP program inspection, there was an additional EP specialist. The EP specialist position has been vacant for about 15 months. The EPD stated that management has been supportive of arranging for assistance from other departments when needed to perform special tasks.

The oversight of the EP program has improved. For example, the licensee had improved the consistency of the training for the secondary responders by overseeing the training which had been previously controlled by the various maintenance departments. Several similar administrative controls were implemented as a result of NRC findings during the last program inspection, such as specifying the distribution of the audit report to offsite agencies in the EP program maintenance procedure. No repeat findings were identified by the inspectors.

c. Conclusion

Because there was been no major licensee re-organization since the last program inspection, there has been no significant impact on the ERO or the EP Department. Even though the EP Department has had a vacancy for over a year, license management has provided necessary personnel to accomplish priority tasks. However, due to previously mentioned issues, (dead survey meter batteries, implementing procedures not being sent to the Region I office, and the TSC ventilation filter not being tested), the inspectors concluded that the licensee has not yet obtained complete control of every aspect of the EP program. The licensee agreed with the inspectors' conclusions and will evaluate and change their administrative controls as necessary to ensure that all aspects of the EP program are being maintained and properly managed. Overall, the inspectors concluded that the licensee has a good program which has improved since the last inspection.

P7 Quality Assurance in EP Activities

a. Inspection Scope

The inspectors reviewed the audit plan and report and then interviewed the lead auditor of the 1995 QA audit of the EP program to assess the thoroughness of the audit and to determine if licensee management and offsite agencies were being informed of the findings.

b. Observations

The audit implemented a good plan. The 1995 audit team, unlike previous audits, included EP expertise from another licensee. The inspectors considered this to be an enhancement to the audit. The plan covered key areas of the EP program. The lead auditor informed the inspectors that there was no long term plan to ensure that all aspects of the EP program were audited over a specified time period. However, QA procedures direct auditors to review previous audit reports when preparing for an audit. The audit report documented positive and negative comments and

generated eight DERs to be resolved by the EP Department. The subjects of the DERs were not indicative of programmatic weakness. The inspectors reviewed the audit report near the end of their inspection after assessing most of the EP program. The inspectors' findings were in agreement with the findings of the 1995 QA audit team. The inspectors verified that the audit report was properly distributed to licensee management and to the appropriate offsite agencies.

c. Conclusion

The audit plan was comprehensive and well implemented. Findings were properly categorized and dispositioned and the audit report was distributed as required. Overall, the audit satisfied the requirements of 10 CFR 50.54(t).

P8 Miscellaneous EP Issues

8.1 EP Task Tracking System (EPTTS)

The inspectors found that the EPTTS was used to track drill/exercise issues, DERs assigned to EP, and EP scheduled improvement and surveillance items.

The EPTTS has data fields for the entry date, due date, description of the item, to whom the item was assigned, completed or open, and comments. The only data field not on the EPTTS is the date the item was closed. The inspectors asked the EPD how he ensured that the items which were being tracked were being completed in a timely manner without a field for completion date. The EPD indicated that he knew that most of the items were normally completed before the due date. However, the EPD agreed that by adding the date closed field to the EPTTS, he could track and ensure timely completion/correction of the items being tracked.

The inspectors determined that the licensee has been effectively tracking items assigned to the EP Department. The tracking system is a useful tool but it needs a minor enhancement.

8.2 Updated Final Safety Analysis Report (UFSAR) Review

A recent discovery of a licensee operating its facility in a manner contrary to the UFSAR description highlighted the need for a special focused review that compares plant practices, procedures, and/or parameters to the UFSAR descriptions. While performing the inspections discussed in this report, the inspectors reviewed portions of the Plan that related to the areas inspected, since the UFSAR does not specifically include EP matters. The inspectors specifically reviewed training, facility, and procedure requirements stated in the Plan. The inspectors verified that the Plan wording was consistent with plant practices and procedures.

9.0 Exit Meeting

The inspector presented the inspection results to members of licensee management at the conclusion of the inspection on May 17, 1996. The licensee acknowledged the inspector's findings.

INSPECTION PROCEDURES USED

82301: Evaluation of Exercises for Power Reactors
82701: Operational Status of the Emergency Preparedness Program

PARTIAL LIST OF PERSONS CONTACTED

Licensee

R. Abbott	Vice President and General Manager - Nuclear
J. Conway	Plant Manager Unit 2
J. Jones	Director Emergency Preparedness
J. Kaminski	Emergency Preparedness Specialist
M. McCormick	Vice President Nuclear Safety Assessment and Support
J. Peluso	Emergency Preparedness Trainer
N. Rademacher	Plant Manager Unit 1
G. Steiner	Emergency Preparedness Specialist
R. Tessier	Manager Nuclear Training

ITEMS OPENED, CLOSED, AND DISCUSSED

Opened
None

Closed
50-220 & 410/95-24-04 VIO Failure to properly classify a simulated event

LIST OF ACRONYMS USED

AEOF	Alternate Emergency Operations Facility
ALARA	As Low As Reasonably Achievable
DCD	Document Control Department
DCT	Damage Control Team
DER	Deviation/Event Report
EAL	Emergency Action Level
EOF	Emergency Operations Facility
EOP	Emergency Operating Procedure
EP	Emergency Preparedness
EPA	Environmental Protection Agency
EPD	Emergency Preparedness Director
EPTTS	EP Task Tracking System
ERF	Emergency Response Facility
ERO	Emergency Response Organization
JNC	Joint News Center
NCV	Non-Cited Violation
NMP	Nine Mile Point
NRC	Nuclear Regulatory Commission
ODAM	Offsite Dose Assessment Manager
OSC	Operations Support Center
PAR	Protective Action Recommendation
PAS	Post Accident Sample
PID	Problem Identification
QA	Quality Assurance
SCR	Simulator Control Room
SED	Site Emergency Director
SSS	Senior Shift Supervisor
TDC	Technical Data Coordinator
TSC	Technical Support Center
UFSAR	Update Final Safety Analysis Report