



**UNITED STATES
NUCLEAR REGULATORY COMMISSION**
REGION IV
1600 E. LAMAR BLVD
ARLINGTON, TX 76011-4511

June 15, 2017

Ms. Mary J. Fisher
Senior Director for Decommissioning
Omaha Public Power District
Fort Calhoun Station
9610 Power Lane, Mail Stop FC-2-4
Blair, NE 68008

**SUBJECT: FORT CALHOUN STATION INDEPENDENT SPENT FUEL STORAGE
INSTALLATION INSPECTION REPORT 05000285/2017010 AND
07200054/2017001**

Dear Ms. Fisher:

This letter refers to the U.S. Nuclear Regulatory Commission's (NRC) routine Independent Spent Fuel Storage Installation (ISFSI) safety inspection conducted on May 22-25, 2017, at the Fort Calhoun Station. The purpose of the inspection was to verify compliance with the Transnuclear Certificate of Compliance No. 1004 and the associated Technical Specifications, the Transnuclear Standardized Nuclear Horizontal Modular Storage System's Final Safety Analysis Report, and the regulations in Title 10 of the *Code of Federal Regulations* Parts 20, 50, and 72. The inspection results were presented to yourself and members of your staff onsite on May 25, 2017.

The inspection included an examination of activities conducted under your license as they relate to public health and safety. Within these areas, the inspection consisted of selected examination of procedures and representative records, observations of activities, and interviews with personnel. The inspection included a review of radiation safety, cask thermal monitoring, quality assurance, your corrective action program, safety evaluations, observations of dry fuel loading activities, and changes made to your ISFSI program since the last routine ISFSI inspection that was conducted by the NRC. No violations of NRC regulations were identified and no response to this letter is required.

In accordance with 10 CFR 2.390 of the NRC's "Agency Rules of Practice and Procedure," a copy of this letter, its enclosure, and your response, if you choose to provide one, will be made available electronically for public inspection in the NRC Public Document Room or from the NRC's Agencywide Documents Access and Management System (ADAMS), accessible from the NRC Web site at <http://www.nrc.gov/reading-rm/adams.html>. To the extent possible, your response should not include any personal privacy or proprietary information so that it can be made available to the Public without redaction.

M. Fisher

2

Should you have any questions concerning this inspection, please contact the undersigned at 817-200-1191 or Mr. Lee Brookhart at 817-200-1549.

Sincerely,

/RA/

Ray L. Kellar, P.E., Chief
Fuel Cycle and Decommissioning Branch
Division of Nuclear Materials Safety

Docket: 50-285 and 72-54

License: DPR-40

Enclosure:

Inspection Report 05000285/2017010 &
07200054/2017001

w/Attachments: Supplemental Information

cc:

Electronic Distribution for Ft. Calhoun Station

U.S. NUCLEAR REGULATORY COMMISSION
REGION IV

Dockets: 05000285 and 07200054

Licenses: DPR-40

Report Nos.: 05000285/2017010, 07200054/2017001

Licensee: Omaha Public Power District (OPPD)

Facility: Fort Calhoun Station (FCS)
Independent Spent Fuel Storage Installation (ISFSI)

Location: 9610 Power Lane
Blair, NE

Dates: May 22-25, 2016

Inspectors: Lee Brookhart, Senior ISFSI Inspector
Fuel Cycle and Decommissioning Branch

Approved By: Ray L. Kellar, P.E.,
Fuel Cycle and Decommissioning Branch
Division of Nuclear Materials Safety

Enclosure

EXECUTIVE SUMMARY

Fort Calhoun Station
NRC Inspection Report 05000285/2017010 and 07200054/2017001

The U.S. Nuclear Regulatory Commission (NRC) conducted a routine inspection of the licensee's programs and activities for safe handling and storage of spent fuel at the Fort Calhoun Station's (FCS) Independent Spent Fuel Storage Installation (ISFSI) on May 22-25, 2017. The inspections included an evaluation of the current condition of the ISFSI and reviews of a number of topics to evaluate compliance with the applicable NRC regulations and the provisions of your general license in accordance with the Transnuclear (TN) Standardized Nuclear Horizontal Modular Storage (NUHOMS) system. Ten concrete horizontal storage modules (HSMs) were currently loaded and stored on the FCS ISFSI pad. The HSMs were being maintained in good condition. Radiological conditions around the ISFSI were low. A review of the environmental monitoring program demonstrated that radiological exposures to offsite locations were not occurring from the storage of the spent fuel at the ISFSI. Temperature monitoring of the HSMs was being performed in accordance with technical specifications with temperature readings below technical specification limits. The documentation reviewed included quality assurance records, radiological surveys, corrective action reports, and records demonstrating compliance with technical specifications and Final Safety Analysis Report (FSAR) requirements. The quality assurance program and corrective action program were being effectively implemented to capture and correct issues related to the dry cask storage program. In summary, the licensee was conducting ISFSI activities in compliance with regulatory and license requirements, no violations of NRC requirements were identified.

Operations of an ISFSI (60855)

- The licensee was conducting quality assurance (QA) audits of the ISFSI program. A review of the QA audit report performed since the last inspection determined that the quality assurance group was covering risk significant areas within a broad range of topics. Any issues that were identified in the report were entered into the site's corrective action program (CAP) for resolution. (Section 1.2.a)
- Radiation levels around the ISFSI facility were within the expected range. The ISFSI and HSMs were being maintained in good physical condition. Radiation levels around the ISFSI were negligible and areas close the HSM vents were properly radiologically posted. (Section 1.2.b)
- Environmental data reviewed from the 2015 and 2016 site environmental reports demonstrated that radiation levels offsite were not being significantly impacted by the ISFSI. (Section 1.2.c)
- Technical Specification 1.3.2 temperature monitoring requirements for the HSMs were performed daily as required. (Section 1.2.d)
- Selected condition reports (CRs) were reviewed for the period September 2015 through May 2017. A wide range of issues had been identified and resolved by the licensee. Resolutions of the issues identified were appropriate for the safety significance of the issue. No NRC concerns were identified relating to the CRs reviewed and no adverse trends were identified. (Section 1.2.e)

- On an annual basis, the licensee performed a visual inspection of the ISFSI pad and accessible HSMs' surfaces for signs of degradation or structural cracking. No new degradation or cracking had been observed at the ISFSI pad or on the HSM surfaces since 2009 when a number of small cracks were documented. All documented concrete defects were evaluated as superficial surface issues which would not affect the function of the HSMs or ISFSI pad. (Section 1.2.f)
- FCS issued Revision 20 to the Updated Fire Hazards Analysis (UFHA) on May 4, 2017. Revision 20 included a number of changes to accurately reflect the changes that had occurred at the site around the ISFSI. NRC inspectors reviewed the analysis provided by the licensee that demonstrated the UFHA remained bounded and determined the changes made to the UFHA in Revision 20 were appropriate to close the Unresolved Item (URI) 07200054/2015001-01 "Adequate Analysis that Documents Protection of the ISFSI from Fires and Explosions." (Section 1.2.g)

Review of 10 CFR 72.212(b) Evaluations (60856)

- The licensee was maintaining the 10 CFR 72.212 Evaluation Report current as required. No concerns were identified relating to the changes made to the 10 CFR 72.212 report since the last NRC ISFSI inspection in September 2015. (Section 2.2)

Review of 10 CFR 72.48 Evaluations (60857)

- All required safety screenings had been performed in accordance with procedures and 10 CFR 72.48 requirements. All screenings reviewed were determined to be adequately evaluated. No full 10 CFR 72.48 safety evaluations were performed since the last inspection in 2015. (Section 3.2)

Report Details

Summary of Facility Status

Ten HSMs using the HSM-H design and containing 32PT dry shielded canisters (DSCs) were currently in storage at the FCS ISFSI. Each 32PT canister holds 32 pressurized water reactor spent fuel assemblies. The HSMs were located within the plant's Part 50 protected area. Two loading campaigns had been performed at FCS. The first loading campaign in 2006 loaded four canisters. The second loading campaign in 2009 loaded six canisters. A tour of the ISFSI pad and adjacent area found the HSMs to be in good physical condition. The HSMs were being monitored in compliance with Technical Specification 1.3.2 "Thermal Performance." Dosimeters along the ISFSI fence were providing radiological dose data within the expected levels for an ISFSI with ten HSMs in storage. The current ISFSI pad can hold 40 HSM storage modules in four 2 x 5 arrays. Currently only one 2 x 5 HSM array had been constructed and loaded with canisters. In 2009, FCS upgraded their 75 ton auxiliary building Ederer X-SAM crane to 106 tons. This allowed the licensee to utilize the 100 ton OS197H transfer cask during the 2009 loading campaign. Previously, FCS had utilized the 75 ton lightweight OS197L transfer cask.

The first loading campaign in 2006 was completed using Certificate of Compliance No. 1004, Amendment 8 and the TN FSAR, Revision 9. The second loading campaign in 2009 was completed using Certificate of Compliance No. 1004, Amendment 9, and FSAR, Revision 10.

1 Operations of an ISFSI (60855)

1.1 Inspection Scope

An inspection of the status of the loaded casks at the FCS ISFSI was completed to verify compliance with requirements of the TN Certificate of Compliance No. 1004 and the TN FSAR. The inspection reviewed a broad range of topics including audits and surveillances conducted by the licensee, condition reports related to the ISFSI and the auxiliary building HE-2 crane, environmental radiological data collected around the ISFSI for the past several years, compliance with Technical Specification 1.3.2 for temperature monitoring of the casks, and current issues associated with the ISFSI. A tour of the ISFSI area was completed and radiological dose rates were measured around the perimeter of the ISFSI pad and near the HSMs.

1.2 Observations and Findings

a. Quality Assurance Audits and Surveillances

The FCS QA Department included ISFSI related activities in their audit and surveillance program. A review was conducted of the ISFSI QA related audits performed since the last inspection in September 2015. One QA audit had been performed by the licensee in October 2016, which reviewed the activities associated with the ISFSI program. This audit included a review training and qualifications, design control, procedure adequacy, ISFSI compliance, document control, corrective actions, control of materials, special processes, and equipment. The ISFSI Audit Report NOSA-FCS-16-11 was issued on October 31, 2016. Issues in the audit report were categorized into one of three categories: (1) findings, (2) deficiencies, or (3) enhancements. All identified issues were placed into the licensee's corrective action program (CAP) as Condition Reports (CRs)

and required formal responses from the assigned departments. As a result of the October 2016 audit report, 15 CRs were generated to address issues identified by the QA group. The NRC inspector reviewed all CRs which resulted from the QA audit. The CRs related to FCS ISFSI operations were evaluated to ensure that the identified problems were properly categorized based on their significance and that they were properly resolved by the licensee. The corrective actions taken for the identified issues were appropriate for the significance of the issues. No concerns were identified related to the issues that had been identified and resolved through the QA program at FCS.

b. Tour and Radiological Conditions of the FCS ISFSI

A tour of the FCS ISFSI was performed during the inspection. Recent radiological monitoring results from the ISFSI were provided to the NRC inspector upon arrival at the facility. Members of FCS ISFSI staff and an individual from the Radiation Protection (RP) staff accompanied the NRC inspector during the ISFSI tour. The RP individual carried a survey meter to measure ambient gamma exposure rates recorded in microRoentgens per hour ($\mu\text{R}^1/\text{h}$). The NRC inspector confirmed that the gamma radiation readings detected were comparable to past radiological monitoring survey results that were provided to the NRC prior to the tour. External radiation readings were observed on approach to the ISFSI facility and remained near background levels (9-13 $\mu\text{R}/\text{hr}$ gamma) until reaching the HSMs. Survey meter readings were taken at several locations inside the ISFSI pad and near the HSMs. The licensee had a posted boundary around the HSMs where the dose was found to be 20-30 $\mu\text{R}/\text{hr}$ gamma. The posting boundary levels around the HSMs were well below the posting requirements of 10 CFR Parts 20.1902(a) and 20.1902(e) for radiation areas and radioactive material areas, respectively.

The NRC inspectors found the facility to be in good condition. No flammable or combustible materials were observed anywhere inside or near the ISFSI pad. The HSM vents were clear of debris. No observable issues were identified relating to the condition of the concrete of the HSMs or the ISFSI pad.

c. Radiological Environmental Monitoring Reports

Four thermoluminescent dosimeters (TLD) were located in close proximity to the ISFSI pad. The four TLDs were mounted on the ISFSI perimeter fence, located roughly north, east, west, and south of the ISFSI pad. The closest TLDs were located on the west and south fences, approximately 75 and 125 feet, respectively, from the HSMs. The other two TLDs were located on the north and east fence, approximately 300 and 600 feet away, respectively. Radiological data for the period of 2014 through 2016 was reviewed. As expected, the closest (west) TLD showed higher readings than the other TLDs. Over the three year period, the west TLD averaged 2 mrem/yr above background. The north, south, and east TLDs consistently recorded only background levels.

¹ For the purposes of making comparisons between NRC regulations based on dose-equivalent (rem) and measurements made in Roentgens, it may be assumed that one Roentgen equals one rem. (<http://www.nrc.gov/about-nrc/radiation/protects-you/hppos/qa96.html>)

Environmental data reviewed in support of this inspection included offsite monitoring data from the 2015 and 2016 annual environmental reports. The data was reviewed to confirm that radiological conditions at the site had remained stable and within regulatory requirements since the last inspection. Two reports had been submitted since the last inspection which were the 2015 report dated April 27, 2016 (ML16125A132) and the 2016 report dated April 26, 2017 (ML17116A472). The licensee maintained environmental TLDs around the site in all 16 sectors. The background or control sample location was located in Sector L, 19.6 miles southwest of the site. Table 2.0 "Radiological Environmental Monitoring Program Summary" in each of the annual reports showed the control TLD mean dose rate as 1.1 mrem/week for 2015 and 1.2 mrem/week for 2016. The mean dose rate for all the environmental TLDs, excluding the control, was 1.5 mrem/week for 2015 and 1.6 mrem/week for 2016. The nearest environmental TLDs to the ISFSI pad were in Sector P and Sector Q. Sample Station Nos. 1 and 55 were located 0.53 and 0.60 miles from the plant in Sector P. Sample Station No. 56 was located 0.67 miles from the site in Sector Q. The 2015 and 2016 average value for these three TLDs was the same as the control TLD (background). Based on these data points, the casks loaded at the ISFSI did not have a measurable impact on the offsite doses. The site boundary monitoring results for 2015 and 2016 were well below the requirements of 10 CFR 72.104(a), which limits direct radiation dose to 25 mrem per year above background.

d. Technical Specification 1.3 Surveillance and Monitoring

Technical Specification 1.3 required either a daily inspection of the inlet and outlet vents for blockage at each HSM, or temperature measurements for thermal performance of each HSM, on a daily basis. The licensee had equipped all HSMs with temperature monitoring equipment and was implementing the daily temperature monitoring requirements in compliance with Technical Specification 1.3.2. If the temperature monitoring equipment malfunctioned or was not in operation, the licensee performed vent inspections in accordance with Technical Specification 1.3.1. The licensee implemented Procedure OP-ST-SHIFT-001 "Operations Technical Specification Required Shift Surveillance", Revision 124 to comply with the Technical Specification. The procedure required operators to verify that each HSM temperature was less than 180 degrees Fahrenheit (F) and the temperature increase within the last 24 hours was less than 11 degrees F. If the acceptance criteria was not met, the operators were required to check the backup temperature element for the affected HSM, inspect the vent openings of the affected HSM, and remove any blockages, if found, at the affected HSM.

The inspector reviewed temperature monitoring documentation from various weeks in the months of December 2015, September 2016, and January 2017 to verify compliance with the Technical Specification. For all weeks selected for review, temperature monitoring or vent inspections were performed daily, as required. For all the days of the selected months reviewed, no cask vents were reported as being blocked or exceeded temperature monitoring criteria.

e. Corrective Action Program

A list of CRs issued since the last NRC inspection in September 2015 was provided by the licensee for the auxiliary building HE-2 crane and the ISFSI. The CRs were processed in accordance with Procedure PI-AA-125 "Corrective Action Program

Procedure”, Revision 4. Of the list of CRs provided relating to the ISFSI and the auxiliary building HE-2 crane, the inspector selected 25 for further review. The CRs were related to a variety of issues. The CRs reviewed were well documented and properly categorized based on the safety significance of the issue. The corrective actions taken were appropriate for the situations. No NRC concerns were identified related to the CRs reviewed.

f. Horizontal Storage Module Maintenance

On an annual basis, the licensee performed a walk-down and visual inspection of the ISFSI pad and accessible HSM surfaces for visual signs of degradation or structural cracking. Work Order #454621, dated October 1, 2015, documented that for the 2015 inspection no new degradation or cracking was observed of the ISFSI pad or HSMs surfaces since the 2009 inspection. Work Order #578017, dated September 27, 2016, documented for the 2016 inspection, no additional new instances of cracking or degradation were observed. Condition Report 2009-4648 had documented various defects observed during the 2009 walk-down performed on September 30, 2009. The observations included: the concrete finish layer on one section of the ISFSI pad was flaking off; two small cracks were noted at the ground vents between HSM #5 and HSM #3; one small crack was noted at the ground vent between HSM #4 and HSM #6; one small crack was noted at the corner of the ground vent between HSM #8 and HSM #10; and two cracks were noted in the section of the HSM pad east of the HSMs. All documented defects were evaluated to be superficial surface issues which did not affect the function of the HSMs or ISFSI pad. The conditions observed from 2015/2016 inspections were compared to the conditions documented in the 2009 inspection and were found not to have degraded or propagated further.

g. ISFSI Fire Hazards Analysis

In the last NRC ISFSI inspection issued on January 8, 2016 (ML16008A820), NRC inspectors identified an Unresolved Item (URI 07200054/2015001-01 “Adequate Analysis that Documents Protection of the ISFSI from Fires and Explosions”) associated with the licensee’s ISFSI Fire and Explosion Hazard Analysis. Federal Regulation 10 CFR 72.212(b)(3) required general licensees to ensure that each cask used conforms to the terms, conditions, and specifications of the Certificate of Compliance. During the earlier inspection of FCS’s Updated Fire Hazards Analysis (UFHA) EA97-001 Appendix D “ISFSI Fire and Explosion Hazards Review,” further information was required to determine if FCS was in compliance with the analysis.

The FCS UFHA EA97-001 Appendix D was dated March 28, 2006. Section 3.3.2 of the Appendix documented that the analysis was based on a walk-down of the station that took place in June of 2005. Many examples were identified during the review of the UFHA such that the NRC was unable to substantiate whether or not the licensee’s analysis bounded the current operations and site configuration around the ISFSI.

FCS had placed this issue into the CAP as CR-2015-11279 for review and resolution. FCS determined that the current UFHA did require an update. However, the licensee determined that for each outdated example identified by the NRC, the limiting conditions of the site and evaluations performed for the use of the heavy hauler tractor trailer assembly continued to bound the items identified. The licensee concluded that the site’s UFHA had remained bounded.

FCS issued Revision 20 to the UFHA on May 4, 2017. Revision 20 included updates to accurately reflect a number of changes that had occurred at the site. The changes included adding the new Security Access Facility, adding the DW-68 water storage tank and pump house, removal of the maintenance shed, changes to the fire brigade discussion, and revising additional discussions and changes associated with general maintenance of the document. NRC inspectors reviewed the analysis provided by the licensee that demonstrated the UFHA conditions were still bounded and determined the changes made to the UFHA in Revision 20 were appropriate to close the URI. Unresolved Item 07200054/2015001-01 "Adequate Analysis that Documents Protection of the ISFSI from Fires and Explosions" is closed.

1.3 Conclusions

The licensee was conducting QA audits of the ISFSI program. A review of the QA report documented since the last inspection determined that the quality assurance group was covering risk significant areas within a broad range of topics. Any issues that were identified in the report were entered into the site's corrective action program for resolution.

Radiation levels around the ISFSI facility were within the expected range. The ISFSI and HSMs were being maintained in good physical condition. Radiation levels around the ISFSI were negligible and areas close the HSM vents were properly radiologically posted.

Environmental data reviewed from the 2015 and 2016 site environmental reports demonstrate that radiation levels offsite were not being significantly impacted by the ISFSI.

Technical Specification 1.3.2 temperature monitoring requirements for the HSMs were performed daily as required.

Selected CRs were reviewed for the period September 2015 through May 2017. A wide range of issues had been identified and resolved by the licensee. Resolutions of the issues identified were appropriate for the safety significance of the issue. No adverse trends were identified during the review.

On an annual basis, the licensee performed a visual inspection of the ISFSI pad and accessible HSMs' surfaces for signs of degradation or structural cracking. No new degradation or cracking has been observed at the ISFSI pad or on the HSM surfaces since 2009 when a number of small cracks were documented. All documented defects were evaluated as superficial surface issues which would not affect the function of the HSMs or ISFSI pad.

FCS issued Revision 20 to the UFHA on May 4, 2017. Revision 20 included a number of changes to accurately reflect the changes that had occurred at the site around the ISFSI. NRC inspectors reviewed the analysis provided by the licensee that demonstrated the UFHA conditions were still bounded and determined the changes made to the UFHA in Revision 20 were appropriate to close the URI 07200054/2015001-01 "Adequate Analysis that Documents Protection of the ISFSI from Fires and Explosions."

2 Review of 10 CFR 72.212(b) Evaluations at Operating Plants (60856)

2.1 Inspection Scope

The 10 CFR 72.212 Evaluation Report was reviewed to verify site characteristics were still bounded by the TN NUHOMS design basis.

2.2 Observations and Findings

The FCS 10 CFR 72.212 Evaluation Report, Revision 2 had been issued May of 2017. Revision 2 contained an administrative change to incorporate clarifications for external flooding events that had been incorporated in the facility's Part 50 Updated Safety Analysis Report Section 2.7 "External Flooding Design Basis." The NRC inspectors reviewed the accompanying 10 CFR 72.48 screen that was performed to complete the 72.212 revision. No concerns were identified relating to the changes made to the licensee's 10 CFR 72.212 Report.

2.3 Conclusions

The licensee was maintaining the 10 CFR 72.212 Evaluation Report current as required. No concerns were identified relating to the changes made to the 10 CFR 72.212 report since the last NRC ISFSI inspection in September 2015.

3 Review of 10 CFR 72.48 Evaluations (60857)

3.1 Inspection Scope

The licensee's 10 CFR 72.48 screenings and evaluations since the 2015 NRC inspection were reviewed to determine compliance with regulatory requirements.

3.2 Observations and Findings

A list of modifications to the ISFSI program and changes to the Auxiliary Building HE-2 crane was provided by the licensee. Seven 10 CFR 72.48 screenings were performed since the last NRC inspection in September 2015. There had been no modifications made to the crane under the 10 CFR 50.59 process since the last inspection. The licensee utilized Procedure LS-AA-114 "Exelon 72.48 Review Process," Revision 1 to perform the 10 CFR 72.48 safety screenings or evaluations. None of the screenings required a full 10 CFR 72.48 safety evaluation. The changes discussed in the screenings included the following: permanent shielding (concrete blocks) that sit on the ISFSI approach slab, building the new security access facility, and moving the HSM door lift beam to a new theodolite stand. All screenings were determined to be adequately evaluated.

3.3 Conclusions

All required safety screenings had been performed in accordance with procedures and 10 CFR 72.48 requirements. All screenings reviewed were determined to be adequately evaluated. No full 10 CFR 72.48 safety evaluations were performed since the last inspection in 2015.

4 Exit Meeting

The inspectors presented the inspection results to the licensee's representatives during a final exit conducted on May 25, 2017. Representatives of the licensee acknowledged the findings as presented. During the inspection, the licensee did not identify any information reviewed by the inspectors as proprietary.

SUPPLEMENTAL INSPECTION INFORMATION

PARTIAL LIST OF PERSONS CONTACTED

Licensee Personnel

B. Blume, Director of Licensing and Regulatory Affairs
C. Cameron, Regulatory Affairs
J. Cate, Manager Engineering Design
B. Chapin, Maintenance Manager
M. Ferm, Engineering Manager
M. Fisher, Senior Director of FCS Decommissioning
A. Hackerott, Engineer
T. Hutchinson, Senior Project Manager
B. Phillips, Engineering Supervisor

INSPECTION PROCEDURES USED

IP 60855 Operations of an ISFSI
IP 60856 Review of 10 CFR 72.212(b) Evaluations at Operating Plants
IP 60857 Review of 10 CFR 72.48 Evaluations

LIST OF ITEMS OPENED, CLOSED, AND DISCUSSED

Opened and Closed

None

Discussed

None

Closed

72-54/2015001-001 URI "Adequate Analysis that Documents Protection of the ISFSI from Fires and Explosions"

LIST OF ACRONYMS

ADAMS	Agencywide Document Access and Management System
CFR	Code of Federal Regulations
CAP	Corrective Action Program
CR	Condition report
DSC	Dry shielded canister
F	Fahrenheit
FCS	Fort Calhoun Station
FSAR	Final Safety Analysis Report (Transnuclear)
HSM	Horizontal Storage Module
IP	Inspection procedure
ISFSI	Independent Spent Fuel Storage Installation
micro(μ)R/h	MicroRoentgen per hour
mrem	MilliRoentgen equivalent man
NRC	Nuclear Regulatory Commission
NUHOMS	Nuclear Horizontal Modular Storage
OPPD	Omaha Public Power District
QA	Quality Assurance
RP	Radiation Protection
TLD	Thermo-luminescent dosimeter
TN	Transnuclear
UFHA	Updated Fire Hazards Analysis
URI	Unresolved Item

FORT CALHOUN STATION INDEPENDENT SPENT FUEL STORAGE INSTALLATION (ISFSI)
 INSPECTION REPORT 05000285/2017010 AND 07200054/2017001 - DATED JUNE 15, 2017

DISTRIBUTION:

Regional Administrator (Kriss.Kennedy@nrc.gov)
 Deputy Regional Administrator (Scott.Morris@nrc.gov)
 DNMS Director (Mark.Shaffer@nrc.gov)
 DNMS Deputy Director (Linda.Howell@nrc.gov)
 FCDB Branch Chief (Ray.Kellar@nrc.gov)
 FCDB Inspector (Lee.Brookhart@nrc.gov)
 FCDB Inspector (Eric.Simpson@nrc.gov)
 Project Manager, DSFM (William.Allen@nrc.gov)
 Public Affairs Officer (Victor.Dricks@nrc.gov)
 RITS Coordinator (Marisa.Herrera@nrc.gov)
 Regional Counsel (Karla.Fuller@nrc.gov)
 Congressional Affairs Officer (Angel.Moreno@nrc.gov)
 RIV/ETA: OEDO (Jeremy.Bowen@nrc.gov)
 OEMail_Resources@nrc.gov

ADAMS ACCESSION NUMBER: ML17165A173

<input checked="" type="checkbox"/> SUNSI Review By: LEB	ADAMS: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Sensitive <input checked="" type="checkbox"/> Non-Sensitive	<input type="checkbox"/> Non-Publicly Available <input checked="" type="checkbox"/> Publicly Available	Keyword NRC-002
OFFICE	RIV:DNMS/FCDB	RIV:DNMS/FCDB		
NAME	LBrookhart	R.Kellar		
SIGNATURE	/RA/	/RA/		
DATE	6/14/17	6/15/17		

OFFICIAL RECORD COPY