

U. S. NUCLEAR REGULATORY COMMISSION

REGION V

Report Number: 50-397/93-40
Docket Number: 50-397
License Numbers: NPF-21
Licensee: Washington Public Power Supply System
P. O. Box 968
Richland, WA 99352
Facility Name: WNP-2
Inspection Conducted: September 27 - October 1, 1993
Inspectors: W. Wagner, Reactor Inspector
F. Gee, Reactor Inspector
Approved by: W. P. Ang 10-29-93
W. Ang, Chief Date Signed
Engineering Section

Inspection Summary:

Inspection during the period September 27 - October 1, 1993
(Report Number 50-397/93-40)

Areas Inspected:

The inspectors conducted an announced routine inspection to evaluate the adequacy of the licensee's fire protection and prevention program. Follow-up of Appendix R compliance concerns was also performed. The inspectors used inspection procedures 64704 and 92701 as guidance for this inspection.

Results:

General Conclusions and Specific Findings:

In general, the licensee's fire protection program appeared to adequately address measures necessary for the prevention and detection of potential plant fires. However, the licensee failed to have the triennial unannounced fire drill critiqued by qualified and independent individuals as required by 10 CFR Part 50, Appendix R.

Safety Issues Management System (SIMS) Item:

None



Significant Safety Matters:

None

Summary of Violations and Deviations:

The inspectors identified one violation. The licensee failed to have their triennial unannounced fire drill critiqued by an independent qualified individual as required by 10 CFR Part 50, Appendix R.

Open Items Summary:

The inspectors closed one follow-up item and opened two new items.

Details

1. Persons Contacted

Washington Public Power Supply System

W. Barley, Radiation Protection
J. Benjamin, Manager, Quality Assessments
D. Coleman, Acting Manager, Regulatory Programs
S. Davison, Manager, Plant Quality Assurance
C. Fies, Licensing Engineer
M. Flasch, Director, Engineering
R. Fuller, Licensing Engineer
D. Graham, Senior Fire Protection Specialist
J. Gearhart, Director, Quality Assurance
M. Monopoli, Manager, Maintenance
D. Moon, Program Manager, Operating Experience Review
J. Muth, Manager, Quality Assurance Plant Assessments
K. Newcomb, Fire Marshal
J. Parrish, Assistant Managing Director, Operations
S. Peck, Manager, Equipment Engineering
J. Peters, Manager, Plant Administration
J. Rhoads, Acting Manager, Quality Support
W. Sawyer, Shift Manager, Operations
D. Schumann, Manager, Operating Event Analysis Review
G. Smith, Manager, Operations Division
J. Swailes, Plant Manager
D. Walker, Manager, Health, Safety, and Fire Protection
R. Webring, Technical Manager

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R. Barr, Senior Resident Inspector
K. Johnston, Project Inspector
S. Sanchez, Resident Intern

All of the above personnel attended the exit meeting on October 1, 1993.

The inspectors also held discussions with other licensee personnel during the inspection.

2. Fire Protection/Prevention Program (64704)

a. Fire Protection Administrative Procedure Review

The inspectors reviewed three of the licensee's fire protection program procedures for technical adequacy and for proper implementation of the fire protection program. The three procedures reviewed were:

- Nuclear Operation Standard, NOS-39, Revision 5, dated August 16, 1993, "Fire Protection Program"
- Plant Procedures Manual (PPM) Procedure 1.3.10, Revision 13, dated August 4, 1993, "Fire Protection Program Implementation"

- PPM Procedure 1.3.36, Revision 5, dated January 20, 1992, "Fire Protection Program Training"

The inspectors found that the procedures were technically adequate to properly implement the fire protection program.

b. Fire Brigade Medical Qualifications

The inspectors randomly sampled medical records for ten of seventy-three qualified fire brigade members. The medical records were reviewed to verify that the fire brigade members had current physical examinations. The inspectors found that the ten fire brigade members had current annual physical examinations.

c. Independent Fire Drill Critique

Section III.I.3.d of Appendix R to 10 CFR-Part 50 requires the licensee to have independent and qualified individuals critique a randomly selected unannounced fire drill at a three year interval. A copy of the written report from these individuals must be available for NRC review and shall be retained as a record.

The licensee's Final Safety Analysis Report (Appendix F, Table F.3-2), Nuclear Operation Standard, NOS-39, "Fire Protection Program," Revision 5, and Plant Procedure 1.3.36, "Fire Protection Program Training," Revision 5, require that independent and qualified individuals will critique a randomly selected unannounced fire drill on a three year interval.

During this inspection, the inspectors requested licensee critique records of the triennial unannounced fire drill for review. As of September 30, 1993, the licensee was unable to provide a record of an unannounced triennial fire drill which was critiqued by independent and qualified individuals. This is a violation of NRC requirements (Item 50-397/93-40-01).

The licensee initiated a problem evaluation request, PER 293-1198, to document the inspectors' finding on September 30, 1993.

d. Fire Protection Audits

The inspectors reviewed licensee's quality assurance fire protection audits. The annual, biannual, and triennial audit numbers were 90-540, 91-587, and 92-595 respectively. The fire protection audits appeared to be performed adequately by the quality assurance organization.

e. Fire Protection Equipment

The inspectors conducted a walkdown of the fire protection systems and equipment in the cable spreading room and the three diesel rooms. Good housekeeping practices were observed in all areas inspected, and combustible materials were properly controlled.



During the walkdown, the inspectors requested the surveillance records of the following fire protection equipment:

- Five emergency lighting units.
- Three smoke detectors.
- One fire damper.
- One fire door.

The inspectors reviewed the surveillance records of these components and determined that the operability for these components was satisfactorily demonstrated at the required frequencies, with the exception of two emergency lighting units. The inspectors had requested records for the performance of the annual eight hour discharge test for the following emergency lighting units:

- C121/441/2X
- DG441/10
- E-BU-DG441/8
- DG441/6
- W487/2

The licensee was unable to provide the requested documentation to confirm performance of the tests during the inspection. The inspectors identified the need for review of the requested emergency lighting test records and verification that the required testing had been satisfactorily performed as an unresolved item (Unresolved Item 50-397/93-40-02).

Unresolved items are matters about which more information is required to determine whether they are acceptable items, violations, or deviations.

f. Fire Watches

During the walkdown of fire protection equipment, the inspectors interviewed a roving fire watch. The inspectors evaluated the fire watch's knowledge of his responsibilities and required actions in the event of a fire. The fire watch demonstrated adequate knowledge of his duties and responsibilities. The inspectors also reviewed the fire watch's log and found the log entry adequately documented.

One violation was identified in paragraph 2. c. No other violations or deviations of NRC requirements were identified.

3. Follow-up of 10 CFR 50 Appendix R Compliance Concerns Identified by NRR during November 1991 Visit (92701)

a. Vendor Interface for Thermo-Lag Material

An NRR visit to WNP-2 identified concerns associated with the licensee's program for Thermo-Lag material. An NRC inspection (report 50-397/93-32) followed up on the concerns and identified a



need for further review of the licensee's program. During this inspection, the inspectors reviewed the adequacy of the licensee's program for receiving and processing vendor information for Thermo-Lag material. The inspectors found that the licensee had reviewed the vendor information data base and found that no special communication from the Thermo-Lag vendor had been received by the licensee in the past year. The inspectors found the licensee received routine manual updates from the vendor. The inspectors also found that the licensee had a documented record of a telephone communication, dated June 2, 1993, with the Thermo-Lag vendor regarding manual updates and current information.

The inspectors found that the licensee also issued a memorandum to their staff every six months to remind them to forward a copy of any vendor information received to the operating experience review group which may not have been received through the vendor manual group. The inspectors found that the fire protection staff was aware of their responsibility for disseminating vendor information.

The inspectors concluded that the licensee was receiving, reviewing and distributing Thermo-Lag vendor information in accordance with licensee procedures. The inspectors also concluded that the licensee had contacted the Thermo-Lag vendor to verify the licensee had received all current procedure or information for Thermo-Lag.

The licensee's vendor information program regarding Thermo-Lag material appeared to be adequate.

b. Adequacy of Thermo-Lag Shelf Life Per Purchase Order 218915

Procurement Requirements Evaluations (PREs) were performed by the licensee's engineering staff to assure that design requirements were met in the procurement of materials. PRE 615, dated July 9, 1991, was inconsistent with its associated Purchase Order (PO) 218915 of July 9, 1991. Specifically, the PO included provisions for shelf-life requirements for Thermo-Lag material whereas the PRE did not address shelf-life requirements. The inspectors reviewed revision 3 of PRE 615, dated December 3, 1991, and found that the PRE specified the same shelf-life requirements as that in PO 218915. The adequacy of subsequent PO's in relation to shelf-life specified by subsequent PRE's was reviewed previously and documented on inspection report 50-397/93-32. The concern regarding adequacy of Thermo-Lag material shelf-life specified by P.O.'s without corresponding PRE specifications appeared to be resolved.

No Violations or deviations from NRC requirements were identified.



4. Exit Meeting . . .

The inspectors conducted an exit meeting on October 1, 1993, with members of the licensee staff as indicated in paragraph 1. During the exit meeting, the inspectors summarized the scope of the inspection activities and reviewed the inspection findings as described in this report. The licensee acknowledged the concerns identified in the report.

The licensee did not identify as proprietary any of the information provided to, or reviewed by, the inspectors during this inspection.

