ENCLOSURE 2

U.S. NUCLEAR REGULATORY COMMISSION
REGION IV

Docket No.:	50-397
License No.:	NPF-21
Report No.:	50-397/98-14
Licensee:	Washington Public Power Supply System
Facility:	Washington Nuclear Project-2
Location:	Richland, Washington
Dates:	July 20-23, 1998
Inspector(s):	Gail M. Good, Senior Emergency Preparedness Analyst Thomas O. McKernon, Reactor Engineer
Approved By:	Blaine Murray, Chief, Plant Support Branch
Attachment:	Supplemental Information

EXECUTIVE SUMMARY

Washington Nuclear Project-2
NRC Inspection Report 50-397/98-14

A routine, announced inspection of the operational status of the licensee's emergency preparedness program was conducted. The inspection included the following areas: events, emergency facilities and equipment, emergency plan and implementing procedures, training, organization and management control, audits, effectiveness of licensee controls, and followup on open items. Emphasis was placed on changes that had occurred since the last routine emergency preparedness inspection.

Plant Support

- Overall, implementation of the emergency preparedness program was good. Self critical and thorough assessments of emergency plan implementation were made for two actual events. Emergency response facilities were operationally maintained, and appropriate equipment and supplies were readily available at the primary facilities. The alternate emergency operations facility was upgraded to avoid the need to transfer equipment and materials from the primary facility. A recent audit led to increased emphasis on establishing and maintaining emergency response organization personnel qualifications. There was enough depth in the emergency response organization to ensure continuous staffing (Sections P1, P2, P5, and P6).

- A reduction in initial training requirements and the lack of training/retraining program descriptions in the emergency plan were identified as a violation of 10 CFR 50.54(q) (Section P3).

- Crew performance during the walkthroughs was mixed. The first crew performed well and implemented all emergency plan requirements in a correct and timely fashion. The second crew was less rigorous in its use of emergency plan implementing procedures and did not perform correct dose calculations. A performance weakness was identified for failure of one of two crews to recognize that dose projections indicated a need for protective action recommendations beyond 10 miles (Section P4).

- A new emergency preparedness manager strengthened department problem resolution and self-assessments. With upper management support, emergency response organization callout capabilities were improved by expanding the use of pagers and initiating the use of cellular telephones. Department staffing was lacking in health physics expertise (Section P6).

- Program audits were thorough and effective; many good issues and program vulnerabilities were identified (Section P7.1).

- The emergency preparedness department conscientiously used the plant tracking log to document and track issues that needed correction. There were no longstanding issues. Self-assessments were effectively used to identify areas for improvement (Section P7.2).

Report Details

IV. Plant Support

P1 Conduct of Emergency Preparedness Activities

a. Inspection Scope (93702)

The inspectors reviewed event notifications made since the last inspection (August 1996) to determine if events were properly classified. Licensee after action reports/self-assessments were reviewed for the following declared emergency events:

- March 20, 1997, Technical Specification 3.0.3 entry and plant shutdown - Notification of unusual event (Event Report 31989)
- June 17, 1998, Fire header line break - Notification of unusual event (Event Report 34408)

b. Observations and Findings

With the exception of Event Report 34408, the inspectors determined that reported events were properly classified. Event Report 34408 was the subject of an NRC augmented inspection team (Inspection Report 50-397/98-16). It took operators 18 minutes to classify the first unusual event and, although offsite agency notifications were initiated within 15 minutes, the state was not actually contacted for 20 minutes. Appropriate corrective actions were taken for both issues. Offsite agency notifications were initiated in a timely manner for the second event.

A self critical after action report was prepared for the first unusual event. A thorough self-assessment was prepared for the second event (the after action report was not completed). Once completed, the after action report will capture any followup items. Immediate corrective actions included communicating lessons learned to emergency response personnel.

c. Conclusions

Self critical and thorough assessments of emergency plan implementation were made for two actual events.

P2 Status of Emergency Preparedness Facilities, Equipment, and Resources

a. Inspection Scope (82701-02.02)

The inspectors reviewed the status of emergency response facilities, equipment, instrumentation, and supplies to ensure that they were maintained in a state of operational readiness. The inspectors toured the following facilities:

- Technical support center
- Operations support center
- Emergency operations facility
- Alternate emergency operations facility

b. Observations and Findings

Inspectors found that the primary emergency response facilities were tidy and capable of operation. Facilities contained current copies of procedures, supplies, and equipment necessary for operation, including, where appropriate, different sized respirators. To support the activation process, printers were placed in the technical support center, emergency operations facility, and joint information center to receive reports showing responding emergency personnel (compiled from autodialer acknowledgments).

Following an inspection of emergency kits for offsite monitoring field teams, the licensee issued a problem evaluation request (298-0909) to standardize air sampler heads and improve periodic inspections to include O-rings. Some air sampler heads were not consistent with the configuration shown in the corresponding emergency plan implementing procedure (old sampler heads had an internal gasket rather than an external O-ring to prevent filter bypass). The licensee 's actions were prompt and thorough.

The licensee had made considerable changes to its alternate emergency operations facility. Maps, position signs, and communications were added so that responders would not have to relocate support materials from the primary facility. The inspectors found that notification forms and a computer to perform dose calculations were missing. These items were quickly added. In addition, the licensee explained that there were some limitations with field team communications. At the present time, the communicator must be located by the door to communicate with the field teams. The licensee planned to improve the communications by installing a radio base station.

c. Conclusions

Emergency response facilities were operationally maintained, and appropriate equipment and supplies were readily available at the primary facilities. The alternate emergency operations facility was upgraded to avoid the need to transfer equipment and materials from the primary facility.

P3 Emergency Preparedness Procedures and Documentation

a. Inspection Scope (82701-02.01)

The inspectors used Inspection Procedure 82701 to determine whether the emergency plan and procedures were maintained. The inspectors reviewed: (1) the process used to satisfy annual offsite agency reviews of emergency action levels (10 CFR Part 50,

Appendix E.IV.B), and (2) selected portions of the emergency plan and implementing procedures for continuity.

b. Observations and Findings

The inspectors verified that emergency action levels were reviewed annually with offsite authorities. The licensee forwarded a copy of the classification procedure to the state and both counties. The licensee's letter solicited review comments and appropriately stated that comments would be evaluated and addressed in a timely manner.

Inspectors reviewed portions of a recently submitted emergency plan change to determine current requirements and emergency preparedness program details. The licensee issued Revision 20 to the emergency plan on July 13, 1998. The licensee determined that the changes did not reduce the effectiveness of the emergency plan and implemented the change without prior Commission approval. However, the inspectors identified the following problems with Section 8.5, "Radiological Emergency Response Training":

- Initial training requirements were changed from formal classroom instruction, written examination, and where appropriate hands-on training to formal classroom instruction, written examination, or hands-on training. The licensee stated that the intent was to clarify the use of written examinations for hands-on training, since the previous revision implied that written examinations were provided for hands-on training when that was not the practice. Inspectors determined that changing the "and" to an "or" in the emergency plan reduced the initial training requirements and was a violation of 10 CFR 50.54(q) requirements. 10 CFR 50.54(q) permits licensees to make changes to emergency plans without prior Commission approval only if the changes do not reduce the effectiveness of the emergency plan.

- The emergency plan was extremely vague regarding the training program for emergency response personnel. Initial training was as previously described (classroom instruction, written examination, or hands-on training). The plan stated that refresher training was accomplished using combinations of classroom instruction, written examinations, drill performance with immediate correction, and completion of self-study material.

- Both Revisions 19 and 20 stated that emergency preparedness training course assignments may be found in emergency plan implementing procedures. Procedure 13.14.5, "Emergency Response Organization and Training" was canceled on August 5, 1997, and replaced with site-wide Procedure SWP-EPP-01 (same title). Neither procedure contained the course assignments. Course assignments for initial training were found in the qualification directories and appeared complete; however, the only place the refresher training requirements/courses were contained was a training records database. Inspectors determined that the emergency plan did not meet

10 CFR Part 50, Appendix E, Paragraph IV.F.1 requirements for the emergency plan to describe the specialized training and periodic retraining programs for emergency response personnel.

The inspectors determined that the retraining program that was actually being implemented, as described by emergency planners, was acceptable. However, the reduction in training requirements and the lack of a training/retraining program description in the emergency plan were identified as a violation of 10 CFR 50.54(q) requirements (50-397/98014-01).

In response, the licensee issued Problem Evaluation Request 298-0920 to address the emergency plan errors.

The inspectors reviewed the emergency plan and implementing procedures to determine if provisions for use of alternate emergency response facilities were properly documented. Neither the emergency plan nor the corresponding implementing procedures identified habitability criteria or conditions that would prompt emergency responders to relocate, or consider relocation of, the operations support center and emergency operations facility. In addition, the emergency plan did not clearly state that the alternate emergency operations facility would be used if the primary emergency operations facility became uninhabitable. Inspectors determined that an opportunity for improvement existed concerning the use of the alternate emergency response facilities.

c. Conclusions

A reduction in initial training requirements and the lack of training/retraining program descriptions in the emergency plan were identified as a violation of 10 CFR 50.54(q).

P4 Staff Knowledge and Performance in Emergency Preparedness

a. Inspection Scope (82701-02.01)

The inspectors conducted walkthroughs with two operating crews using a dynamic simulation on the plant-specific control room simulator. During the walkthroughs, the licensee was evaluated on the ability to:

- Evaluate plant conditions,
- Identify respective emergency action levels,
- Perform and evaluate dose calculations,
- Classify the emergency using the latest procedures,
- Recommend appropriate protective actions, and
- Make timely notifications to offsite agencies.

The scenario consisted of a sequence of events requiring escalation of emergency classifications, culminating in a general emergency. The initiating event was a notification of an unusual event based on a minimum seismic event. Oscillations in the

control rod drive flow controller occurred prompting the crews to take manual control. The digital electro-hydraulic pressure controller failed low causing the governor valves to open to the valve position limit. The bypass valves opened, but the bypass valves manual push-button failed preventing manual control. At this point, the crew initiated a reactor scram or main steam isolation valves closed causing a reactor scram. The inboard isolation on the "A" steam line failed to fully close. This condition prompted the crew to shut the main steam isolation valves to limit cooldown from the full open bypass valves. A steam leak in the turbine building resulted in site area emergency condition. The general emergency was based on failed fuel that led to high radiation levels in the turbine building. Following the general emergency declaration, the wind shifted and caused the need for additional protective action recommendations. Each walkthrough lasted approximately 90 minutes.

b. Observations and Findings

Both operating crews exhibited good use of operations procedures, conferred with each other on potentially needed actions, and conducted frequent briefings on the status of the plant and emergency declarations. Plant announcements were made appropriately and timely. While in some instances the third leg of 3-part communications was not performed, the crews generally practiced effective communications and feedback. The crews were attentive to changing plant parameters and quick to identify such things as a malfunction to the turbine's digital electro-hydraulic control system, increases in radiation levels within the turbine building requiring an upgrade to a general emergency condition, and change in wind direction. The training staff evaluators did a good job in reviewing the crew's actions.

While, in general, the crews responded well to the transients, the second operating crew exhibited a system knowledge flaw. The crew did not realize that, after a lockout of the SM-3 electrical bus, cross tieing the SL-31 480V AC bus and reenergizing it would recover controller function of the Startup Level Controller LIC-620 and Feedwater Regulating Valves RFW-FCV-10A and -10B, allowing the operators to control reactor vessel level using the condensate booster pumps. As a result, the crew relied upon the low pressure core spray pump for reactor vessel level control which made injection and level control erratic and more difficult to stabilize. The assistant operations manager debriefed the crew on this knowledge area flaw during the post-walkthrough critique.

Both crews quickly recognized and classified all three emergency events. Notifications to the state, counties, and NRC (simulated) were made within regulatory time limits. The general emergency classification notification form prepared by the first crew contained an incorrect emergency action level number (unusual event, instead of a general emergency) even though it was reviewed and approved by the emergency director. In an actual emergency, this type of error would be confusing to offsite authorities who are familiar with the license's emergency action level numbering system.

The shift manager/emergency director on the first crew used emergency plan implementing procedures more rigorously than the one on the second crew. Procedural

aids (checklist type forms) developed to assist the shift technical advisor in completing assigned emergency plan responsibilities (offsite agency notifications, emergency response organization callout, and plant announcements) were particularly useful and contributed to both crews' ability to complete these important tasks in a timely manner. In contrast, the shift manager's checklist was less useful.

Both crews made correct and timely default protective action recommendations after the general emergency declaration and promptly recognized that additional recommendations were needed when the wind shifted. Both shift technical advisors obtained correct radiation monitor panel meter units for the turbine building exhaust vent to compute dose projections (see Section P8.1 below). However, the shift technical advisor on the second crew failed to enter the reactor shutdown time and incorrectly increased the release duration time from 3 hours (default) to 4 hours (based on the fact that the release had been occurring for about 35 minutes). As a result, the dose projections were significantly higher than anticipated.

The dose calculation errors made by the second crew caused the projected thyroid committed dose equivalent dose to exceed 5 Rem at 10 miles. This value exceeded environmental protection agency protective action guides referenced in the licensee's emergency plan implementing procedures; however, the emergency director and shift technical advisor were focused on the exclusion area boundary doses and did not recognize that protective action recommendations were needed beyond 10 miles. The failure to recognize that dose projections indicated a need for protective action recommendations beyond 10 miles was identified as a performance weakness (50-397/98014-02).

The licensee took appropriate immediate actions in response to the second crew's performance. The licensee provided remedial training to the shift technical advisor and issued Problem Evaluation Request 298-0921.

c. Conclusions

Crew performance during the walkthroughs was mixed. The first crew performed well and implemented all emergency plan requirements in a correct and timely fashion. The second crew was less rigorous in its use of emergency plan implementing procedures and did not perform correct dose calculations. A performance weakness was identified for failure of one of two crews to recognize that dose projections indicated a need for protective action recommendations beyond 10 miles.

P5 Staff Training and Qualification in Emergency Preparedness

a. Inspection Scope (82701-02.04)

The inspectors reviewed the training program, training records for selected individuals, and documents associated with emergency drills/exercises.

b. Observations and Findings

As discussed in Section P3 above, the training program was not documented properly, but the verbally described program appeared acceptable. The qualification directory identified appropriate courses for emergency response personnel. The training records database indicated that refresher training for most emergency response personnel consisted of overview training or drill participation. The inspectors reviewed a recent drill report (98-01) and found that drill participation included classroom instruction for the entire emergency team (there are four teams designated as A-D) covering management expectations and industry events. Following the team training, the team broke off into the individual emergency response facilities where each member was asked to discuss position responsibilities and tasks. This practice allowed an opportunity to evaluate individual performance. After the individual center sessions, the entire team participated in a drill.

The inspectors reviewed training records for selected key members of the emergency response organization and found that all training was current for the individuals reviewed. Pertinent to this subject, the licensee explained that, as a result of a recent audit, there was an increased emphasis on establishing and maintaining emergency response organization personnel qualifications.

Specialty drills were conducted as required by the emergency plan. Post-accident sampling system drills and radiological monitoring drills were conducted annually. Radiological monitoring drills appropriately included environmental sample collection. In contrast, the inspectors noted that drills using alternate emergency response facilities had not been conducted in the past. The 6-year exercise/drill objectives matrix indicated that the alternate facilities would be factored into drill(s) in 1998.

c. Conclusions

A recent audit led to increased emphasis on establishing and maintaining emergency response organization personnel qualifications.

P6 Emergency Preparedness Organization and Administration

a. Inspection Scope (82701-02.03)

The inspectors reviewed emergency preparedness department management and staffing, emergency response organization staffing, and offsite support organization agreements

b. Observations and Findings

In September 1997, a new department manager was appointed along with the addition of some responsibilities. The title of the new manager was corporate emergency preparedness, safety, and health officer. Program leader positions were established for

emergency preparedness and safety and health components. Since joining the department, the new manager strengthened department clerical support, expanded the use and distribution of performance indicators, developed department goals and initiatives, increased emphasis on problem resolution, increased emphasis on emergency response organization personnel qualifications, increased emphasis on self-assessments, and improved emergency response organization callout capabilities. The new emergency preparedness manager exhibited strong management qualities that had a positive effect on the department's ability to function as a team.

During discussions about department staffing, the new manager stated that the emergency preparedness component was scheduled to be reduced by one staff member by July 1999. At the present time, there were one emergency preparedness program leader and four emergency planners. In addition, the emergency support, safety, and health program leader was responsible for offsite emergency preparedness coordination. To offset the loss of the planner, the manager planned to expand the responsibilities of the individual who provided clerical support. The emergency preparedness component, including the offsite coordinator, consisted of individuals with strong emergency preparedness, operations, and security expertise. The department was somewhat limited by the lack of health physics expertise. The emergency preparedness manager acknowledged this limitation and stated that health physics expertise would be emphasized in future staff changes. Emergency preparedness department staff levels were sufficient to implement and maintain the program.

The licensee maintained an emergency response organization with four teams (A-D). Good controls were in place to ensure that vacant positions were filled as soon as possible. Due to past problems identified during callout drills (see Section P8.3 below), emergency response organization notification capabilities were improved. Specifically, the licensee issued pagers to all augmenting personnel (essential personnel already had pagers) and cellular telephones to all health physics and chemistry personnel. Other emergency response organization members were given cellular telephone allowances. The expanded use of pagers and the use of cellular telephones (via issuance or allowance) demonstrated management support of the emergency preparedness program.

Inspectors verified that offsite agency organization agreements specified in Appendix 4 to the emergency plan were reviewed annually as required. Supporting documentation was retrievable and indicated that offsite support was being maintained.

c. Conclusions

A new emergency preparedness manager strengthened department problem resolution and self-assessments. With upper management support, emergency response organization callout capabilities were improved by expanding the use of pagers and initiating the use of cellular telephones. Department staffing was lacking in health physics expertise. There was enough depth in the emergency response organization to ensure continuous staffing.

P7 Quality Assurance in Emergency Preparedness Activities

P7.1 Independent and Internal Reviews and Audits (82701-02.05)

a. Inspection Scope

The inspectors examined the latest emergency preparedness program audit reports (297-005 and 298-008) to determine compliance with NRC requirements and licensee commitments.

b. Observations and Findings

The emergency preparedness program audits were conducted in accordance with 10 CFR 50.54(t). In addition to the program areas specified in 10 CFR 50.54(t), the reviews covered other areas such as post-accident sampling system availability, problem identification and resolution, dose assessment, and personnel qualifications. An emergency preparedness technical expert participated in the 1997 audit. In 1998, the audit team contacted emergency preparedness staff and management from other plants, rather than having a technical expert on the team. To meet 10 CFR 50.54(t) requirements, the audit reports were distributed to the state and counties.

The audit reports identified many good issues. Problem evaluation requests were issued for both audits: two in 1997 and three in 1998. Recommendations were also made during the audits: 10 in 1997 and 12 in 1998. Problem evaluation requests from the most recent audit involved personnel qualifications, emergency response organization staffing, and qualification group assignments. Appropriate and timely actions were taken to resolve the problem evaluation requests.

c. Conclusions

Program audits were thorough and effective; many good issues and program vulnerabilities were identified.

P7.2 Effectiveness of Licensee Controls (82701-02.06)

a. Inspection Scope

The inspectors reviewed self-assessments and emergency preparedness items on the plant tracking log.

b. Observations and Findings

Based on a review of the plant tracking log and selected problem evaluation requests, inspectors determined that the emergency preparedness department conscientiously used the system to document and track issues that needed to be corrected. The regulatory affairs subsection of the plant tracking log was effectively used to track and

trend lower level issues identified during drills and exercises. There were no longstanding issues, and corrective actions taken appeared complete.

Several self-assessments conducted during 1997-1998 were reviewed. Inspectors determined that the licensee effectively used the self-assessments to identify and develop areas for improvement.

c. Conclusions

The emergency preparedness department conscientiously used the plant tracking log to document and track issues that needed correction. There were no longstanding issues. Self-assessments were effectively used to identify areas for improvement.

P8 Miscellaneous Emergency Preparedness Issues

P8.1 (Closed) IFI 50-397/96013-01: failure to make prompt notification to off sites and to make appropriate dose assessment. During simulator scenario walkthroughs conducted during the last emergency preparedness operational status inspection, the shift technical advisor on one crew failed to produce a dose calculation to assist with protective action recommendation determination. The individual used a voltage output rather than a radiation measurement. The shift manager and control room supervisor did not question the inconsistent indications. The corresponding offsite agency notifications were untimely. The licensee's October 2, 1996, response to the exercise weakness stated that each crew received additional training and participated in a simulator training exercise involving a radioactive release. Remedial training was provided to the shift manager and control room supervisor concerning the need to perform "peer-checks." With the exception of the second shift technical advisor who used overly conservative inputs for reactor status and release duration time (see Section P4 above), both shift technical advisors successfully demonstrated the ability to obtain correct release-point readings and perform dose calculations. Appropriate "peer-checks" were made, and all offsite agency notifications were timely.

P8.2 (Closed) VIO 50-397/97003-04: failure to follow emergency plan implementing procedures. A licensee self-assessment team identified a discrepancy between the emergency plan and plant procedure manual requirements for onshift health physics staffing. Prompt, immediate corrective actions were not taken. In its April 28 and September 3, 1997, responses to the violation, the licensee focused on the training qualifications of the chemistry technicians to fulfill the responsibilities of the health physics technicians. Additional training was provided to the chemistry technicians. In a related matter, on April 16, 1998, the licensee was informed that the Office of Nuclear Reactor Regulation had determined that an emergency plan change to reduce the number of onshift health physics technicians to two and use the onshift chemistry technician as the third health physics technician decreased the effectiveness of the emergency plan because it would over burden the chemistry technician. This issue was documented as a violation in NRC Inspection Report 50-397/98-09, dated July 2, 1998. During an April 16, 1998, conference call to discuss the decrease in effectiveness, the

emergency preparedness manager stated that immediate corrective actions had been taken in anticipation of the outcome of the plan review. The corrective actions included returning to three onshift health physics technicians. The original issue was determined to be closed.

P8.3 (Closed) IFI 50-397/97017-01: assess adequacy and effectiveness of actions to improve emergency response organization callout performance. The licensee issued Problem Evaluation Request 297-0538 to document insufficient emergency response organization staffing during a June 5, 1997, drill. Unfilled positions primarily involved health physics and chemistry technicians. Corrective actions included conducting six notification drills (some with followup drills), providing additional training, reminding the duty team of on-call status, expanding the pool of qualified health physics technicians, and investigating automatic notification system problems. Some unfilled positions occurred during the first few notification drills. Since then, the licensee entered into an agreement with the technician's union that resulted in technicians carrying pagers on a voluntary basis. Cellular telephones and service were provided as an incentive. For health physics technicians, 18 of 21 agreed to carry pagers; for chemistry technicians, 6 of 9 elected to carry pagers. There were no unfilled chemistry or health physics technician positions during the last three notification drills.

V. Management Meetings

X1 Exit Meeting Summary

The inspector presented the inspection results to members of licensee management at the conclusion of the inspection on July 23, 1998. The licensee acknowledged the findings presented. No proprietary information was identified.

ATTACHMENT

SUPPLEMENTAL INFORMATION

PARTIAL LIST OF PERSONS CONTACTED

Licensee

D. Atkinson, Manager, Quality
L. Ball, Emergency Planner
A. Barber, Supervisor, Quality Services
P. Bemis, Vice President, Nuclear Operations
D. Coleman, Manager, Regulatory Affairs
Y. Derrer, Licensing Engineer
D. Feldman, Assistant Manager, Operations
D. Holmes, Emergency Planner
P. Inserra, Manager, Licensing
J. Ittner, Emergency Planner
R. Jorgensen, Emergency Planner
A. Klauss, Lead, Offsite Emergency Preparedness, Safety, and Health
T. Messersmith. Corporate Emergency Preparedness, Safety, and Health Officer
S. Oxenford, Manager, Operations
W. Shaeffer, Manager, Nuclear Training

NRC

S. Boynton, Senior Resident Inspector

LIST OF INSPECTION PROCEDURES USED

82701 Operational Status of the Emergency Preparedness Program

92904 Followup - Plant Support

93702 Prompt Onsite Response to Events at Operating Reactors

LIST OF ITEMS OPENED, CLOSED, AND DISCUSSED

Opened

98014-01	VIO	Reduction of training requirements and lack of a training program description (Section P3)
98014-02	IFI	Weakness - Failure to recognize the need for protective action recommendations beyond 10 miles (Section P4)

Closed

96013-01	IFI	Weakness - Failure to make prompt notification to offsites and to make appropriate dose assessment (Section P8.1)
97003-04	VIO	Failure to follow emergency plan implementing procedures (health physics staffing) (Section P8.2)
97017-01	IFI	Assess adequacy and effectiveness of actions to improve emergency response organization callout performance (Section P8.3)

LIST OF DOCUMENTS REVIEWED

Emergency Plan Implementing Procedures

13.1.1	Classifying the Emergency	Revision 25
13.2.2	Determining Protective Action Recommendations	Revision 9
13.4.1	Emergency Notifications	Revision 23
13.10.1	Control Room Operations and Shift Manager Duties	Revision 15
13.10.9	Operations Support Center Manager and Staff Duties	Revision 25
13.11.1	EOF Manager Duties	Revision 17
13.11.7	Radiological Emergency Manager Duties	Revision 15
13.13.4	After Action Reporting	Revision 8
13.14.4	Emergency Equipment	Revision 25
13.14.8	Drill and Exercise Program	Revision 14
13.14.9	Emergency Program Maintenance	Revision 14
SWP-EPP-01	Emergency Response Organization and Training	Revision 1

Other Documents

Washington Nuclear Project 2 Emergency Plan, Revisions 19 and 20

Event Reports: 31989, 32031, 32036, 32463, 32619, 33071, 33527, 33643, 33665, 33878, 33965, 34198, 34269, 34309, 3431334357, 34398, and 34408

Problem evaluation requests: 296-0695, 297-0108, 297-0183, 297-0205, 297-0230, 297-0242, 297-0538, 297-0553, 297-0740, 297-0789, 297-0816, 298-0191, 298-0194, 298-0169, 298-0191, 298-0377, 298-0751, 298-0804, 298-0909, 298-0920, and 298-0921

Training records for selected emergency response organization personnel

Drill reports 97-03 and 98-01

6-year drill and exercise objectives plan

Department Goals, dated February 11, 1998

FY 98/99 Emergency Preparedness Initiatives, dated February 24, 1998

WNP-2 Emergency Preparedness Status Report, dated July 9, 1998

Performance indicators for April, May, and June 1998

Emergency Response Organization, dated July 20, 1998

Letters confirming offsite agency agreements

Emergency Preparedness Program Audit 297-005, dated March 31, 1997

Emergency Preparedness Program Audit 298-008, dated April 10, 1998

Performance Self-Assessment October 6-31, 1997

Self-Assessment Results, dated February 24, 1997 (dated 1996 in error)

Self-Assessment Report, dated June 5, 1998

Response to Exercise Weakness, NRC Inspection Report 96-13, GO2-96-190, dated October 2, 1996

Response to Notice of Violation, NRC Inspection Report 97-03, GO2-97-080, dated April 28, 1997

Response to Notice of Violation, Followup Information, NRC Inspection Report 97-03, GO2-97-166, dated September 3, 1997