



UNITED STATES  
NUCLEAR REGULATORY COMMISSION  
REGION III  
799 ROOSEVELT ROAD  
GLEN ELLYN, ILLINOIS 60137

70: 11/14/90

Docket No. 50-315.  
Docket No. 50-316

Indiana Michigan Power Company  
ATTN: Mr. Milton P. Alexich  
Vice President  
Nuclear Operations Division  
1 Riverside Plaza  
Columbus, OH 43216

Gentlemen:

This notice confirms the discussion between Mr. B. Burgess of this office and Mr. S. Brewer of your staff to conduct an Enforcement Conference at 1:00 p.m. (CST) on Tuesday, November 20, 1990, at the Region III office in Glen Ellyn, Illinois. The purpose of this Enforcement Conference is to discuss apparent violations identified during the 10 CFR 50 Appendix R post-fire safe shutdown inspection conducted at the D. C. Cook Nuclear Power Plant during the period of September 10 to November 6, 1990. As part of this conference, please be prepared to address the issues given in Attachment A of this letter.

We will gladly discuss any questions you may have regarding this matter.

Sincerely,

Hubert J. Miller, Director  
Division of Reactor Projects

Attachment: As Stated

cc w/attachment:  
A. A. Blind, Plant Manager  
DCD/DCB (RIDS)  
OC/LFDCB  
Resident Inspector, RIII  
James R. Padgett, Michigan Public  
Service Commission  
EIS Coordinator, USEPA  
Region 5 Office  
Michigan Department of  
Public Health  
D. C. Cook, LPM, NRR

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ATTACHMENT AENFORCEMENT CONFERENCE ISSUES

The following is a list of issues to be discussed during the Enforcement Conference. Please be prepared to also discuss the root cause, safety significance, corrective actions, and if applicable, programs underway to prevent recurrence:

- \* Inadequate evaluation of emergency lighting and failure to take adequate timely corrective action to preclude repetitive failures of emergency lighting units.
- \* The postulated Appendix R fire scenerio in any of five fire zones resulting in the loss of HVAC for both Unit 1 and Unit 2 control rooms.
- \* Design translation deficiencies which could have resulted in loss of control power to all four ESW pumps or all four CCW pumps.
- \* Errors in local shutdown instrumentation (LSI) cable routing.
- \* Lack of a completed high impedance fault analysis.
- \* Inadequate shift staffing procedure.
- \* The human factor procedural/lack of attention to detail repetitive type deficiencies which have continued to be identified.

Your discussion should include the following with specific reference to conditions that existed at the time of discovery:

- \* Potential for a fire in Fire Zones 44N/44S, 51/52, or 69 to have jeopardized the safe shutdown capability by affecting equipment required to maintain hot standby conditions and subsequently in achieving cold shutdown conditions within 72 hours.
- \* Specific information supporting your position that évacuation of both Unit 1 and Unit 2 control rooms would not have been required in the event of a fire in Fire Zones 44N/44S, 51/52, or 69 at any time during the event. (If évacuation of both control rooms would have been required due to elevated temperatures creating an uninhabitable environment, demonstrate that the procedures that would have been used to shut down the units were adequate to maintain hot standby conditions and subsequently in achieving cold shutdown conditions within 72 hours.)
- \* As a result of the LSI panel cable routing errors for Fire Zones 48 and 49, describe any alternative sources of power which may have been available to repower the panels or other alternative methods which were available to determine safe shutdown parameters.