



UNITED STATES
 NUCLEAR REGULATORY COMMISSION
 REGION II
 101 MARIETTA STREET, N.W., SUITE 2900
 ATLANTA, GEORGIA 30323-0199

FEB. 09 1994

Report No.: 50-400/94-02

Licensee: Carolina Power and Light Company
 P. O. Box 1551
 Raleigh, NC 27602

Docket No.: 50-400

License No.: NPF-63

Facility Name: Shearon Harris Nuclear Power Plant

Inspection Conducted: January 10-14, 1994

Inspector: *K. P. Barr* 2/18/94
 G. W. Salyers Date Signed

Approved by: *K. P. Barr* 2/18/94
 K. P. Barr, Chief Date Signed
 Emergency Preparedness Section
 Radiological Protection and Emergency Preparedness Branch
 Division of Radiation Safety and Safeguards

SUMMARY

Scope:

This routine, announced inspection was conducted in the area of emergency preparedness, and consisted of: (1) an overview of Nuclear Assurance Department's (NAD) audit program and the development of a NAD Emergency Preparedness Audit, (2) the site Corrective Action Program, and (3) Emergency Preparedness program's handling of corrective action.

Results:

In the areas inspected, no violations or deviations were identified. The Corrective Action Program was revised and implemented on November 1, 1993. Therefore, insufficient data was available for an objective evaluation of Emergency Preparedness's handling of corrective actions. Under the old Corrective Action Program, lower level Emergency Preparedness findings were written at a faster rate than they were being removed. Since the revision to the Corrective Action Program, facility-identified Emergency Preparedness findings appear to be receiving increased attention. The revised Corrective Action Program appeared to be an improvement over the previous program.

L.

REPORT DETAILS

1. Persons Contacted

Licensee Employees

- *J. Collins, Manager, Training
- *J. Dority, Manager, Programs Support
- *C. Gibson, Manager, Programs and Procedures
- *B. Habermeyer, Vice President, Nuclear Safety Department and Nuclear Assessment Department
- *R. Indelicato, Emergency Preparedness
- *E. Kellogg, Specialist, Emergency Preparedness
- *D. McCarthy, Regulatory Affairs
- *B. McFeaters, Manager, Emergency Preparedness
- *V. McKay, Nuclear Assessment Department
- *B. Prunty, Manager, Licensing
- *M. Staton, Power Agency Site Representative
- *T. Wait, Senior Specialist, Nuclear Assessment Department
- *M. Wallace, Senior Specialist, Regulatory Compliance
- *B. White, Manager, Environmental and Radiation Control
- *W. Wilson, Manager, Spent Nuclear Fuel

Other licensee employees contacted during this inspection included engineers, operators, technicians, and administrative personnel.

Nuclear Regulatory Commission

- *D. Roberts, Resident Inspector

*Attended exit interview

Abbreviations used throughout this report are listed in the last paragraph.

2. Independent Review/Audits (82701)

Pursuant to 10 CFR 50.47(b)(14) and (16) and 10 CFR 50.54(t), this area was inspected to determine whether the licensee had performed an independent review audit of the emergency preparedness program, and whether the licensee had a corrective action system for deficiencies and weaknesses identified during exercise and drills.

In order to effectively evaluate the Audits, the inspector: a) performed an overview of the NAD Self Assessment "Audit" Program, the development of an EP audit, and the performance of an EP Audit. and b) evaluated Emergency Preparedness's response to findings identified in the performance of Audits and drills by reviewing the licensee's CAP.

a. NAD Assessments

The inspector reviewed NAD's matrix of required audits. The EP Audit was identified as Item H-11, on the matrix as a TS commitment, TS 6.5.4.1.J. These required audits were further tracked on a Short Term Action Items and Assessment Schedule which indicated personnel responsibility, required frequency of audit, last assessment, and key commitment dates of the upcoming audit. ASMT 02, "Assessment Process" defines the NAD process as a "performance based assessment" and not a "classic audit." The Emergency Preparedness Program Assessments were based on INPO documents 90-015, Performance Objectives and Criteria for Operating and Near-Term Operating License Plants and 85-014, Generic Guidance for Emergency Preparedness Program Review.

An Emergency Preparedness "Assessment Plan Outline" H-11 implemented the Emergency Preparedness portion of the NAD program. The Assessment Plan listed 10 areas in EP to be audited and provided specific guidance in each of these areas. Going from general to specific guidance, a working level document called the "Focus Guidelines" addressed each of the 10 areas of the Assessment Plan Outline in detail and asked specific questions. When properly answered, the "Focus Guidelines" would provide the necessary data to perform an objective assessment of the program. The inspector noted that all 10 elements of H-11 were to be completed each year but, increased emphasis was placed on different areas each year. In preparation for an assessment, the assessors were directed to review the past two EP audits to ensure that the intended areas of emphasis had not been emphasized in the past two assessments. The inspector verified that the requirements of 10 CFR 50.54t, Evaluation of adequacy of interfaces with State and local governments, licensee drills, exercise, capabilities, and procedures, were contained in the H-11 "Assessment Plans Outline."

The inspector reviewed the qualifications requirements for a NAD assessor. The inspector observed that most NAD assessors are licensee line management that are rotated through NAD on a two to three year rotation. When personnel are assigned to NAD, they are trained using NAD's training procedure SUPT-02, "Training & Development." The inspector reviewed the procedure and noted that the procedure covered NAD employees orientation, qualifying (training), and development requirements. The inspector noted that lead assessors are trained and maintain proficiency using an additional procedure ASMT 01, "Lead Assessor Certification." The inspector reviewed ASMT 01 and SUPT 02 to verify that a program for training and qualifying assessors was in place. The inspector did not identify any concerns with the Assessor or Lead Assessor qualification or training program.



The licensee stated and the inspector verified that all Assessors are outside of the audited organization or within NAD. Prior to an assessment, Assessment Plans were reviewed by the NAD management organization and forwarded to the responsible manager of the EP organization. The inspector reviewed an Emergency Preparedness Assessment Plan for H-EP-93-01. The Plan stated the assessment schedule listed the personnel on the team, applicable documents, activities to be assessed, and procedure governing the audit.

NAD assessments are performed throughout the year. The Emergency Preparedness Organization informed NAD in advance of all upcoming EP activities, as an example: drills, exercises, training, and EP meeting onsite and offsite. NAD representatives attended a majority of these functions and documented their observations or comments on NAD "Observation Data Input Sheets". The inspector noted that in EP Audit H-EP-93-01, that NAD had observed 41 EP activities. The Observation Data Input Sheets were entered into a computer system and given "Key Word" identifiers associated with the observation. When the assessment team was formed, the Observation Data Input Sheets for the assessment period were grouped by "key words," then evaluated and provided as an input to the assessment.

ASMT-02, Assessment Process, Paragraph 6.0 Follow-up required the assessed organization to respond to all issues identified in a NAD Assessment Report within 30 days. The paragraph further stated that follow-up of all issues and weaknesses would be tracked.

The inspector reviewed the NAD "Harris Project Assessment Issues Summary" and "Weakness Being Tracked by Harris Plant Assessment" list to verify that NAD EP assessment findings were being responded to in a timely manner and that the findings were being tracked by the NAD organization. The inspector noted that it took 139 days for the EP organization to respond to the issue in H-EP-92-01 and 30 days to respond to the issue in H-EP-93-01. The inspector discussed the H-EP-92-01 139 day response with a licensee representative. The licensee representative stated and the inspector verified that ASMT 02 was implemented on December 17, 1993, after the H-EP-92-01 assessment. Therefore, the 30 day response requirement had not been implemented for the H-EP-92-01 assessment.

b. Corrective Action Program

On November 1, 1993, the licensee implemented a major revision to AP 615, Adverse Condition and Feedback Reporting, their corrective action program. This revision provided for a facility tracking system of Level 1 (Significant Issues) and Level 2 (Important Issues) by Regulatory Affairs, and Level 3 (Minor Issues) and Level 4 (Improvement Items) by Subprogram Managers. The inspector noted that the procedure contained flowcharts which aided as an

overview for the different process; attachments for Trend Data Sheets and causal factor determination; limits for corrective action due dates and escalated management approval for each successive extension of due dates; and requirements for management's accountability for quarterly trending and issue review.

The inspector noted that procedure AP-605, Root Cause Investigations and Reporting, provided the method by which Level 1 (significant) adverse conditions were investigated to determine the causes and identify appropriate corrective actions.

The inspector's review concluded that the revision to AP 615, Adverse Condition and Feedback Reporting, was a program improvement.

c. Corrective Action Implementation

The inspector reviewed three EP Action Item closeouts 92-450, 93-057, and 93-129 that were tracked by Regulatory Affairs. The inspector concluded that overall, the licensee's actions and timeliness for the corrective actions were satisfactory.

Prior to November 1, 1993, only Level 1 (significant issues) and Level 2 (important issues) were placed in the licensee's CAP program maintained by Regulatory Affairs. Level 3 (minor) adverse conditions and Level 4 (improvement) issues were placed in subprograms that were maintained by the initiating organizations. The inspector noted that NRC-EP identified issues were placed under the Regulatory Affairs CAP tracking system.

The inspector randomly reviewed the Emergency Preparedness Organization's "subprogram" tracking system for 1991, 1992, and 1993. The inspector's review indicated that EP had conducted numerous training drills, and nearly all of the drill critique comments were written up as Adverse Conditions Reports. Prior to November 1, 1993, the EP organization did not appear to have a minimum threshold in which a critique comment was resolved outside of the "subprogram." The inspector noted that the process had resulted in EP generating approximately 600 "subprogram" Adverse Condition Reports each year. Under the old EP CAP Subprogram, the rate at which EP was generating Adverse Condition Reports exceeded the rate at which they were being closed. This resulted in the "subprogram" adverse condition not being responded to in a timely manner.

In 1993, the licensee assigned a new Emergency Preparedness Manager to the site. The new Emergency Preparedness Manager had reviewed and evaluated the 1993 EP "subprogram" list and placed the appropriate issues into the CAP program using the new AP 615, Adverse Condition and Feedback Reporting procedure. The licensee

determined that 79 of the approximately 600 items in the "subprogram" warranted being placed in the CAP tracking system.

The inspector reviewed 32 EP corrective actions for the 1993 CAP "subprogram" tracking system that the licensee was ready to closeout. The inspector's review noted three observations:

- 1) The write up of the corrective actions were vague and did not clearly state what actions were taken. For the issue of the HP Team from the OSC not responding when the EOF was activated, the corrective action stated that the procedure was changed to activate the EOF at an Alert, and ensure that the HP Team responded immediately when the EOF was activated. The corrective action did not state which procedure or step in the procedure that was changed. The inspector interviewed the licensee person who wrote up the corrective actions. After further discussion, the inspector concluded that the corrective actions were satisfactory.
- 2) Documentation of corrective action did not appear to address or focus in on a "causal affect or "root cause" of an issue. As an example, "difference in communication or information transfer," described one instance when a discussion on PAR arose because the EOF Dose Assessment team (Corporate) and TSC Dose Assessment team (Site) were using slightly different assumptions in their calculations. The corrective action simply stated site personnel now perform the Dose Assessment function in the EOF. After further discussion, the inspector concluded that corrective action was adequate.
- 3) The inspector noted that AP 615, Attachment 3, was titled "Trend Data Sheet." The "Trend Data Sheet" may not be the most effective method for trending EP issues since it focused on mechanical equipment. The inspector noted that the NAD process used key words in their information gathering process for self assessments, and it appeared to work well.

The inspector discussed these observations with the licensee. The licensee agreed with the observations and stated that when needed, they have managements support and will make improvements to the program.

Based on the relative short time since the implementation of the revised CAP program on November 1, 1993, the inspector concluded that insufficient closure data was available to effectively evaluate the effectiveness of the licensee's corrective actions. The inspector did conclude that the program in place was an improvement over the prior program.

3. Action on Previous Inspection Findings (92701)

The inspector reviewed the following open item from a previous inspection:

- (Closed) VIO 50-400/93-03-01: Failure to maintain EOF equipment (ERFIS terminals Section 3.5.3.b.k) as defined in Section 3.1 of the Shearon Harris EP.

The inspector verified the operability of the ERFIS terminals in the EOF, reviewed documentation indicating completion of Modification Number 6815, Modification Titled ERFIS Peripheral Switch Replacement, and reviewed the CAP close out package pertaining to the violation. The inspector concluded that the licensee had fulfilled their commitment to correct the problems associated with Violation 93-03-01.

4. Exit Interview

The inspection scope and results were summarized on January 14, 1994, with those persons indicated in Paragraph 1. The observations stated in Paragraph 2.c were restated. No dissenting comments were made by the licensee. No proprietary information was reviewed during this inspection.

<u>Item No.</u>	<u>Status</u>	<u>Description and Reference</u>
50-400/93-03-01	Closed	VIO - Failure to maintain EOF equipment (ERFIS terminals Section 3.5.3.b.k) as defined in Section 3.1 of the Shearon Harris EP (Paragraph 3).

5. Abbreviations And Acronyms

ACR	Adverse Condition Report
CAP	Corrective Action Program
CFR	Code of Federal Regulations
EOC	Emergency Operations Center
EOF	Emergency Operating Facility
EP	Emergency Preparedness
ERF	Emergency Response Facility (TSC, EOF, OSC)
ERFIS	Emergency Response Facility Information System
INPO	Institute of Nuclear Power Operations
NAD	Nuclear Assessment Department
NUREG	Nuclear Regulation
OSC	Operational Support Center
TS	Technical Specification
TSC	Technical Support Center
VIO	Violation

IFS Data Entry Form

Reviewed By: K. POBORN
 Date: 2/11/94

Reactor/Ventilation Breach (RFB Option 1) Docket Related P21 Items (RFB Option 4)
 Items Closed (Y/N): N Error Log Number: _____
 Material Breach (RFB Option 2) LER Items (RFB Option 5)
 SBI (Y/N): _____ Error LER Number: _____
 LER (Y/N): _____
 Clear (Y/N): _____ Non-Docket Related Items (RFB Option 3)

Site/Name: HARRIS
 Report Transmittal Date: 02/09/94

Lead Inspector: GWIS

	Report NBR	Docket NBR	Materials Only
A	<u>94002</u>	<u>50-400</u>	License NBR
B	_____	_____	_____
C	_____	_____	_____

Response Org. Code: 24112

Report End Date: 01/14/94

Region: 2

Update? (Y/N): Y Opened IRLER/P21 LOG/IFB Number: 93-03-01

***Sequence NBR: _____ Item Type: _____ **Severity: _____ **Supplement: _____

Status	UPD I/R	Proj. Closeout	Actual Closeout	Materials Only		
A	_____	____/____/____	____/____/____	10 CFR	License Cond.	Tie Down
B	_____	____/____/____	____/____/____	_____	_____	_____
C	_____	____/____/____	____/____/____	_____	_____	_____

Title: _____ (55 character width)

Closeout Org: _____ Closeout EMP: _____ Contact EMP: _____ Procedure: _____ Funct Area: _____

Cause CD: _____ **EA Number: _____ **NOV/NRC Issue Date: ____/____/____

Text: _____

Update? (Y/N): _____ Opened IRLER/P21 LOG/IFS Number: _____

***Sequence NBR: _____ Item Type: _____ **Severity: _____ **Supplement: _____

Status	UPD I/R	Proj. Closeout	Actual Closeout	Materials Only		
A	_____	____/____/____	____/____/____	10 CFR	License Cond.	Tie Down
B	_____	____/____/____	____/____/____	_____	_____	_____
C	_____	____/____/____	____/____/____	_____	_____	_____

Title: _____ (55 character width)

Closeout Org: _____ Closeout EMP: _____ Contact EMP: _____ Procedure: _____ Funct Area: _____

Cause CD: _____ **EA Number: _____ **NOV/NRC Issue Date: ____/____/____

Text: _____

* Optional Fields.
 ** Severity, Supplement, and NOV/NRC only applicable for Violations; EA Number only applicable for Estimated Enforcement Items.
 *** Sequence NBR is not applicable for docket related/P21, LER, or non-docket related items.

ITEMS CONTINUED? (Y/N): _____

SPEED CLOSEOUT / FOLLOWUP FORM

DOCKET NO(S):	1	50	-	400					RESPONSIBLE INDIVIDUAL: <u>G. Salyers</u> FACILITY: <u>HARRIS</u>
	2		-						
	3		-						

AFFECTED UNITS			ITEM TYPE	REPORT NUMBER					SEQ. NO.			CLOSEOUT REPORT NO.				ITEM STATUS			
1	2	3																	
✓			VIO	9	3	-	0	0	3	0	0	1	9	4	-	0	0	2	C