

Public Service
Electric and Gas
Company

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Vice President and Chief Nuclear Officer

JUN 14 1993

NLR-N93083

U.S. Nuclear Regulatory Commission
Attention: Document Control Desk
Washington, DC 20555

Gentlemen:

REPLY TO A NOTICE OF VIOLATION
NRC INSPECTION REPORT NOS. 50-272/93-11, 50-311/93-11,
AND 50-354/93-07
FITNESS-FOR-DUTY PROGRAM
SALEM AND HOPE CREEK GENERATING STATIONS
DOCKET NOS. 50-272, 50-311 AND 50-354

This letter submits Public Service Electric & Gas's (PSE&G) response to the Notice of Violation received as a result of the above referenced inspection of the Fitness-for Duty (FFD) program. The cited violation pertains to newly appointed supervisors not receiving appropriate FFD training within three months after initial assignment.

Pursuant to the provisions of 10CFR2.201, PSE&G hereby submits its response to the Notice of Violation in Attachment 1 to this letter.

Also included in this letter is response to the Notice of Deviation issued as a result of the same inspection and pertaining to the removal of plant access for those individuals not entering the protected area within sixty days. This response is provided in Attachment 2 to this letter.

The date for submittal of these responses was extended to June 14, 1993 per telecon with Mr. R. Albert of NRC Region I. This due date is consistent with 30 days from the date of receipt of the Notices by PSE&G instead of the date of issuance as requested by the NRC in the Notices.

Please be assured that PSE&G's Nuclear Department is committed to compliance with Fitness-for-Duty requirements and associated programs to ensure the increased safety and reliability of our nuclear facilities as well as an alcohol and drug free workplace.

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Should you have any questions in regard to this transmittal, do not hesitate to call.

Sincerely,

 for
S.E. M. I. Teuber

Attachments (2)

C Mr. T. T. Martin, Administrator - Region I
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Mr. T. P. Johnson (S09)
USNRC Senior Resident Inspector

Mr. K. Tosch, Manager, IV
NJ Department of Environmental Protection
Division of Environmental Quality
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ATTACHMENT 1
RESPONSE TO NOTICE OF VIOLATION

STATEMENT OF VIOLATION:

During an inspection conducted on April 5-7, 1993, the NRC identified the following violation as listed in their Inspection Report of May 7, 1993:

Part 26, Fitness-for-Duty (FFD) Programs, Section 22, Training of Supervisors and Escorts, of Title 10 of the Code of Federal Regulations requires, in part, that managers and supervisors who are responsible for implementing the Fitness-for-Duty Program must be provided appropriate training to ensure that they understand: (1) their roles and responsibilities; (2) the roles and responsibilities of others, such as personnel, medical, and employee assistance program (EAP) staffs; (3) techniques for recognizing drugs and indications of the use, sale, or possession of drugs; (4) behavioral observation techniques, for detecting degradation in performance, impairment, or changes in employee behavior; and (5) procedures for initiating appropriate corrective action to include referral to the EAP. Initial training in those areas must be completed prior to assignment or within 3 months after initial assignment of those duties.

Contrary to the above, in March of 1992, twenty newly appointed supervisors with responsibilities for implementing the Fitness-for-Duty Program were identified during a licensee-conducted audit who did not receive appropriate training before or within three months of being assigned those duties.

RESPONSE:

PSE&G does not dispute the violation.

REASON FOR VIOLATION:

The root cause for our failure to ensure new supervisors received timely FFD behavior observation training can be attributed to several weaknesses within the organization. Due to oversight during FFD program development, the responsibility to identify new supervisors to the scheduling personnel had not been clearly assigned. Several organizational elements failed to immediately recognize this program shortcoming. Once recognized, various sources of information had to be identified and reviewed to develop an all encompassing list of individuals requiring supervisory FFD training.

The need for training program attendance improvement was initially identified via an internal audit conducted in February 1991, which included attendance of new supervisors at initial training. Corrective actions focused primarily on other aspects of FFD training attendance rather than identifying individuals needing initial supervisory training. This was due to communications breakdown between program management, FFD training personnel, and site access personnel. This resulted in part from unclear procedural direction in responsibilities regarding scheduling and tracking of attendance at FFD training classes. Attention was focused on the need for the development and implementation of the long term corrective action, (i.e., combining Supervisory and General FFD training), rather than the implementation of an accurate mechanism to capture all previous or future promotions or assignments of supervisors.

CORRECTIVE ACTIONS TAKEN:

All twenty of the delinquent personnel referenced within the Inspection Report were trained by the end of December, 1992.

On November 2, 1992 a new Fitness-for-Duty/Behavioral Observation Training Program (FFD/BOP) was instituted which combined the general program with the supervisory program. This revised training assures that every individual is trained to the supervisory level regardless of his/her current job position. It also emphasizes that FFD/BOP is the responsibility of each individual no matter the person's title or position.

To ensure other new supervisors were not delinquent in receiving training, a review was performed from the time the initial twenty persons were identified up until the time immediately following the February 1993 audit. This review consisted of identification of supervisors via the Human Resources Personnel Change Report, lists acquired from department managers, and lists generated from FFD Coordinators. From these sources, 115 supervisors were identified and scheduled for training. Training of these persons was completed by April 6, 1993.

The identification and tracking of new supervisors has been assigned to the Psychological Services Group. Since the FFD Program is the responsibility of the Medical Department, this change has enhanced the logistics and resulted in a more expeditious training of supervisors. Responsibilities for scheduling and training of individuals have also been clearly established between involved organizations.

CORRECTIVE ACTIONS TAKEN TO PREVENT RECURRENCE:

The review of those records to identify new supervisors, (PSE&G Personnel Changes List, Medical Department's FFD Coordinators' Contacts List, and the department Managers' list of supervisors), is being performed on a monthly basis by the Medical Department. This review will ensure that personnel are identified, scheduled, and trained within the 90 day requirement. The Nuclear Quality Assurance Department is monitoring this review to ensure monthly compliance.

This monthly review will be performed until November 1993 at which time all personnel (non-supervisory and supervisory) will have been trained to the combined program described above. Failure to complete the (FFD/BOP) training within the required time frame (90 days) will result in suspension of plant access for new supervisors until training is completed.

In addition, a letter to all personnel was reissued by the Vice President & Chief Nuclear Officer emphasizing the FFD Program policies including the responsibility to complete initial and annual training.

In addition to the corrective actions described above, the following actions have also been taken to improve communications between the groups involved with FFD and Station access:

- Follow-up written notification will be utilized by Site Access and Psychological Services when referrals or recommendations are made between the two groups.
- A Site Access Committee (SAC) consisting of representatives from the Site Access group, Medical, Psychological Services, and other managers and supervisors as appropriate will convene as needed to make decisions regarding such things as cross disciplinary concerns, programmatic issues, and individual access cases.

The above two actions are currently being conducted by PSE&G and will be periodically reviewed to determine their effectiveness. The need to continue these actions will be assessed at that time.

DATE FOR FULL COMPLIANCE:

As a result of the measures taken above, PSE&G has established the necessary controls to identify and train supervisors needing FFD training as required by 10CFR26. Additionally, our current training program will assure full compliance by November, 1993.

ATTACHMENT 2
RESPONSE TO NOTICE OF DEVIATION

STATEMENT OF DEVIATION:

During an inspection conducted on April 5-7, 1993, the NRC identified the following deviation as listed in their May 7, 1993 Inspection Report:

In a January 29, 1991 letter to the NRC, the licensee committed that: "Individuals permanently assigned to nuclear department facilities are available for random testing. All other individuals granted unescorted access must either: access the site protected area at least once every 60 days, or make themselves available for random testing. Failure to comply with these requirements will result in loss of unescorted access. Affected individuals must satisfy all normal access requirements to regain unescorted access. Our policy begins March, 1991."

Contrary to the above, the licensee did not remove the unescorted access from individuals non-permanently assigned to nuclear departmental facilities who failed to access the protected area at least once every 60 days or cause those individuals to be randomly tested.

RESPONSE:

PSE&G does not dispute the deviation.

REASON FOR DEVIATION:

The mechanics of implementing the referenced commitment by PSE&G was by a review of a "60-day non-use report". This report identified the personnel who had not accessed the protected area at least once over 60 days and, therefore, were assumed unavailable for random FFD testing. The primary reasons for not consistently producing the 60-day non-use report between May 1991 and May 1992 and the resulting allowance of station access were: (1) the commitment development and implementation methodology contained flaws which resulted in an ineffective and extremely labor intensive process, and (2) insufficient personnel attention to the commitment and inadequate checks to ensure that the activity was completed.

When the originally developed process was put into practice, it took a minimum of one month to compile the necessary information and complete the process. This was due to the reliance on multiple departments and sub-groups within those departments for input. By April of 1991 it was apparent that changes to the process were necessary in order to meet a timely review schedule

and ensure infrequent access was addressed. Before the changes to the program could be incorporated, resources were sufficiently diverted by back to back outages, implementation efforts for new access authorization regulations, and several other site access improvement activities. This resulted in only three 60-day non-use reports being generated for the period between May 1991 and May 1992.

CORRECTIVE ACTIONS TAKEN:

In early June 1992, an internal Quality Assurance audit identified the breath of the commitment deviation. In response to the audit findings and to enhance the process as identified earlier, the logistics for generation of the 60-day non-use report were modified and the review reinstated. The review process, including badge inactivation, has been completed on a monthly basis since June 1992.

CORRECTIVE ACTIONS TAKEN TO PREVENT RECURRENCE:

Administrative measures have been established to ensure that the monthly review is completed and personnel who have not accessed the protected area in excess of 60 days will not be allowed to continue unescorted access to the stations. By tracking the completion of this task over several months, Quality Assurance has gained confidence that the review is being performed on a monthly routine.

DATE WHEN CORRECTIVE ACTIONS COMPLETED:

PSE&G is currently in compliance with the commitments made in the letter of January 29, 1991.