



Public Service Company of Colorado

June 28, 1980
Fort St. Vrain
Unit No. 1
P-80196

Mr. Glen Madsen
Nuclear Regulatory Commission
Revision IV, Regulatory Operations
P. O. Box 5039
Arlington, Texas 76012

Docket No. 50-267

REFERENCE: Inspection 80-10

Dear Mr. Madsen:

This letter is in response to your Notice of Violation received as a result of inspections conducted at this facility during the period May 1, 1980, to May 31, 1980.

The replies are numbered the same, and are in the same sequence, as your notice of violation.

1. The assigned fire watch was performing other duties than those specifically defined.

The procedural instructions concerning fire watch duties have been reiterated to him, and to all other craft labor forces on site, and we feel we will have no further problems concerning these duties.

We wish to point out that we do not agree that the extinguisher was 50' away by the closest path. The extinguisher could have been accessed under emergency conditions, via a section of grating that had been removed, and was therefore some 5' away (vertically).

2. a. The results of surveillance test SR 5.1.3-R contained enough information that analysis of the temperature coefficient could be satisfactorily performed. This has been verified by independent review.

The failure to obtain data at two power levels we consider to be more of a procedural fault than a case of personnel failing to follow a procedure, in that the duties of the sections involved were not clear.

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The attached memo, PTS-80-098, from J. W. Gahm to F. M. Mathie, analyzes the problems with the procedure, and gives recommendations for corrections. These problems and corrections may be applicable to other procedures where more than one section is involved.

The recommendations given in the referenced memo will be carried out to SR 5.1.3-R before it is run again, to ensure future compliance. Any other procedure where similar problems are identified will be modified in a like manner before performance.

- b. SR 5.2.20b-M has been revised to include the steps added and changes required. These revisions have therefore been reviewed and approved. The changes to the breaker names is not a valid infraction. The pencilled in designations were added to the designation existing in the procedure to ensure clarity. No change was involved, as both designations (pencilled and typed) are correct.

We believe we are now in compliance with regard to both of these infractions.

We have studied, in some depth, the noncompliances issued to Fort St. Vrain in 1980, and also those of previous years. We do not believe that a trend towards items of "failure to follow procedures" is indicated. Where procedures are required to perform activities, most violations can be classified as failure to follow procedures, and the six of nine items so identified for 1980 is what would be expected for an approximate ratio.

We would further point out that, for the first five months of years 1978 through 1980, violations, versus man hours of inspection are as follows:

<u>YEAR (1ST 5 MONTHS)</u>	<u>INSPECTOR HOURS</u>	<u>INFRACTIONS</u>
1978	289	10
1979	569	7
1980	1060	9

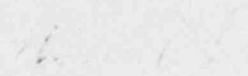
If it is reasonable to assume that increased inspection hours should identify more irregularities, then the trend is not alarming.

We do not, however, condone those errors occurring, and have taken action as outlined in the memo, PP-80-0708, from Mr. Warembourg to distribution, copy attached. We hope in this manner to identify and define areas where improvement can be made, and to implement such improvement.

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Should you have any questions, please call Mr. Warembourg at (303) 571-7436.

Very truly yours,


Oscar R. Lee
Vice President

ORL/alk

Attachments (2)

DATE June 26, 1980TO Mr. Frank M. Mathie, Operations ManagerFort St. Vrain
DEPARTMENT OR DIVISIONFROM J. W. Gahm, Technical Services SupervisorFort St. Vrain
DEPARTMENT OR DIVISION

ATTN _____

SUBJ. ITEM OF NON-COMPLIANCE; TEMPERATURE COEFFICIENT OF REACTIVITY

Surveillance Test SR 5.1.3-R performed on August 24, 1979, has been determined to be an Item of Non-Compliance for failure to follow the procedure. Specifically, data was not obtained or analyzed for two power levels. However, sufficient information was available for the analysis of the temperature coefficient to insure compliance with LCO 4.1.5 and the safety analysis presented in the FSAR. (Verified by formal, independent review by S. M. Stoller Corporation and informal, independent review by GAC.)

The Surveillance Test results have been reviewed and the following problem areas identified:

1. Two departments are involved in performing the test: Operations, for data collection and Technical Services for data analysis. The Surveillance Test does not specifically address these departmental responsibilities.
2. The Surveillance Test addresses taking data at certain power levels rather than at certain fuel temperatures. This led to confusion in the data collection phase of the test.
3. Personnel were unfamiliar with the procedure because it was the first time the Surveillance Test had been performed.

Recommendations:

1. Rewrite the Surveillance Test in its entirety, and specifically address the following:
 - a) Data collection to be obtained at certain fuel temperatures rather than power levels.
 - b) Clarify Operations and Technical Services responsibilities.
 - c) Provide check-off list to insure all data is obtained; i.e., data collected by Operations and data received by Technical Services.
2. Specify that the person responsible for the analysis of the data is also the person responsible for insuring the procedure is performed as written, and that all data/documentation is obtained.

DATE June 26, 1980TO Mr. Frank M. Mathie, Operations Manager

DEPARTMENT OR DIVISION

FROM _____

DEPARTMENT OR DIVISION

ATTN. _____

SUBJ. ITEM OF NON-COMPLIANCE; TEMPERATURE COEFFICIENT OF REACTIVITY

-2-

3. If a deviation to the procedure is necessary, the person responsible for analysis of the data is responsible for writing the deviation.

Incorporation of these recommendations will prevent future problems of this type.

J. W. Gahm by Gahm
J. W. Gahm
Technical Services Supervisor

JWG/clis

DATE June 19, 1980

TO Distribution

FROM Don W. Warembourg, Manager, Nuclear Production

ATTN. _____

SUBJ. VIOLATIONS, INFRACTIONS, DEFICIENCIES

DEPARTMENT OR DIVISION

Fort St. Vrain Station

DEPARTMENT OR DIVISION

It has come to my attention that we have experienced a rash of failure-to-follow-procedures type violations. The Nuclear Regulatory Commission has indicated that of the nine (9) citations we received thus far this year six (6) involve failure to follow procedures. This represents an alarming trend which is not acceptable. We have made several attempts in the past to correct this situation in discussion with departmental supervisors, revision of controlling procedures, issuance of memo's and development of a procedural training tape to emphasize the importance of using and following procedures. All of these actions have apparently not been effective.

As a result, I am appointing a review panel consisting of the Operations Manager, the Administrative Services Manager, and the Technical Services Supervisor. This review panel will be chaired by the Operations Manager who will in turn report the review panel activities to me.

The purpose of this review panel is to review citations, QADR's, RO's, or other deficiency vehicles wherein abnormal error or failure to follow procedures has been identified, and conduct an evaluation to determine the causes and the corrective action that has or will be taken as a result of these deficiencies.

This review panel is charged with the following responsibilities:

1. Reviewing and evaluating deficiencies involving personnel error or failure to follow procedures.
 - a. This review shall be made to determine if the procedures and/or directions available were adequate.
 - b. The review shall include an evaluation of the circumstances and any extenuating circumstances that may have led to the deficiency. This may include, as appropriate, discussions with superintendents, departmental supervisors, and/or personnel involved.
2. Determining areas of responsibility leading to the deficiency and identifying responsibility. Such responsibility may involve the supervisor or unit level personnel and/or a combination of both.
3. Determining corrective action that has or will be taken to prevent further recurrence. This corrective action may involve disciplinary action if warranted. Disciplinary action that may result will be handled per the prescribed policies.
4. Documenting actions taken and utilizing these actions in responding to deficiencies as may be appropriate.

DATE June 19, 1980TO Distribution

DEPARTMENT OR DIVISION

FROM _____

DEPARTMENT OR DIVISION

ATTN. _____

SUBJ. _____

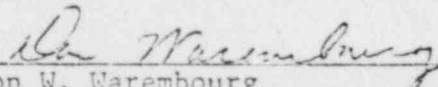
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5. Periodically evaluating trends to determine program effectiveness and providing recommendations to the Manager, Nuclear Production.
6. Bringing to the attention of the appropriate management and/or supervisory personnel deficiencies resulting from personnel or organizations outside the Production Division. The review panel shall solicit written documentation as to the cause, corrective action taken, and action taken to prevent further recurrence, including disciplinary action where appropriate. For continued repeat violations the panel shall be empowered to restrict individual access if deemed necessary.

It is recognized that almost every deficiency can be related in one form or another to failure to follow procedures. We are all human, and as such, are subject to make mistakes. In this respect, the review panel is charged with taking all circumstances into consideration. In many cases, however, the deficiencies we see are due to a lack of sufficient attention to the procedural requirements. As indicated in our training programs this attention and responsibility must start at the unit level with individual(s) actually performing the work and must be carried on up through the various levels. In many cases, completed procedures and work documentation receive two or three reviews and some times more. It is important that each level do their best in the review process to assure work is done properly and is properly documented.

This program will be placed into effect consistent with the date of this memo. The effectiveness of this program will be monitored. If it is demonstrated that the program has been effective in correcting our problems and that individuals and departments have control of the matter the program will be discontinued.

Please be aware that this program is not intended to threaten employees with disciplinary action where such action is not warranted. Hopefully the program will define areas that can be improved upon at all levels of the organization, and will help define to all levels the types of actions that are required to bring this matter under control.


Don W. Warembourg

DWW/alk

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