



UNITED STATES  
NUCLEAR REGULATORY COMMISSION  
REGION II  
230 PEACHTREE STREET, N.W. SUITE 1217  
ATLANTA, GEORGIA 30303

Report Nos.: 50-269/77-24, 50-270/77-24 and 50-287/77-24

Docket Nos.: 50-269, 50-270 and 50-287

License Nos.: DPR-38, DPR-47 and DPR-55

Licensee: Duke Power Company  
P. O. Box 2178  
422 South Church Street  
Charlotte, North Carolina 28242

Facility Name: Oconee Units 1, 2 and 3

Inspection at: Oconee Nuclear Station, Seneca, South Carolina  
and Office of Inspection and Enforcement, Region II  
Atlanta, Georgia

Inspection conducted: October 11-19, 1977

Inspector: D. J. Perfotti

Reviewed by: G. R. Jenkins  
G. R. Jenkins, Acting Chief  
Environmental and Special Projects Section  
Fuel Facility and Materials Safety Branch

11/28/77  
Date

Inspection Summary

Inspection on October 11-19, 1977 (Report Nos. 50-269/77-24, 50-270/77-24, and 50-287/77-24)

Areas Inspected: A routine unannounced inspection was performed on October 11-19, 1977 to determine the adequacy and effectiveness of the licensee's emergency organization, emergency facilities, equipment and procedures, emergency tests and drills, main control room environmental system, fire brigade organization, means for determining a radioactive release and emergency training. The inspection involved 38 inspector-hours on site by one inspector. A routine unannounced inspection was performed on October 17, 1977, from the IE Region II Office to determine that the licensee had maintained contact with offsite support agencies and had continued to coordinate emergency planning activities with the agencies.

Results: Of the ten areas inspected, no items of noncompliance were found in nine areas; two apparent items of noncompliance (infraction - self-contained breathing apparatus had not been inspected monthly -

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77-24-03; deficiency - emergency survey instruments had not been battery checked monthly (77-24-04)) were identified in one area; five deviations were identified in four areas. (77-24-01; 77-24-02; 77-24-05; 77-24-08; 77-24-09)

DETAILS I

Prepared by: D. J. Perrotti 11-28-77  
Date  
D. J. Perrotti, Radiation Specialist  
Environmental and Special Projects Section  
Fuel Facility and Materials Safety Branch

Dates of Inspection: October 11-19, 1977

Reviewed by: G. R. Jenkins 11/28/77  
Date  
G. R. Jenkins, Acting Chief  
Environmental and Special Projects Section  
Fuel Facility and Materials Safety Branch

1. Persons Contacted

a. Licensee Personnel

J. E. Smith, Station Manager  
\*R. M. Koehler, Technical Services Superintendent  
\*R. T. Bond, Technical Services Engineer  
\*R. C. Adams, Instrument and Electrical Superintendent  
P. Deal, Assistant Health Physicist  
C. Yongue, Station Health Physicist  
R. Knoerr, Instrument and Electrical Associate Engineer  
G. Itin, Safety Engineer  
\*R. Nickols, Training Supervisor  
J. Herring, Unit 3 Shift Supervisor  
M. Major, Environmental Lab Group, McGuire Nuclear Station

b. Offsite Personnel Contacted By Telephone

C. D. Stone, Sheriff, Pickens County  
L. Collins, Administrative Assistant, Oconee County  
Sheriff's Office  
B. Black, Jr., Director, Oconee County Civil Defense  
H. G. Shealy, Director, South Carolina State Board of Health,  
Division of Radiological Health, Columbia, South Carolina  
Dr. Pruitt, Oconee Memorial Hospital  
Dr. Carpenter, Memorial Clinic  
H. Hudson, Administrator, Oconee Memorial Hospital

\*Denotes those attending the exit interview.

2. Licensee Action on Previous Inspection Findings

No licensee actions on previously identified inspection findings were reviewed during this inspection.

3. Unresolved Items

Unresolved items are matters about which more information is required in order to ascertain whether they are acceptable items, items of noncompliance, or deviations. Two unresolved items disclosed during the inspection are discussed in paragraphs 11 (77-24-06) and 13 (77-24-07) of this report.

4. Coordination With Offsite Support Agencies

- a. Section III of Station Directive 3.8.5, Oconee Nuclear Station Emergency Procedure, specifies certain offsite groups available for emergencies. Section 12.3.3(e) of the Final Safety Analysis Report (FSAR) commits to annually contacting offsite agencies to verify telephone numbers. Section 12.3.3(c) defines the established outside emergency services and section 12.3.8 commits to simulated drills involving offsite agencies.
- b. The inspector discussed with a licensee representative letters of agreement, and the coordination and maintenance of contact with the offsite support groups defined in the Emergency Procedure and FSAR. The inspector verified by a review of records that letters of agreement had been maintained for the offsite support groups required by the Emergency Procedure. The licensee representative stated that during each quarterly emergency drill two of the agencies are contacted to verify correctness of telephone numbers. The inspector reviewed records of drills which indicated that some of the agencies had not been contacted since December 1975 and that Oconee Memorial Hospital, medical consultants at Memorial Clinic and the ambulance service had not been contacted for over two years. The inspector also discussed the participation by offsite agencies in the emergency drills and was informed by the licensee representative, that the only full scale drill involving offsite support agencies took place in June, 1975 when the Pickens County Civil Defense Office initiated an emergency drill involving a spill on Highway 183. The inspector verified by discussion with the licensee representative and by a review of the drill critiques that, since the June 1975 drill, there has been no participation by any offsite support group in the quarterly emergency drills.

Telephone contacts were made by the inspector on October 17, 1977, with principal offsite support agencies to confirm telephone numbers and that communications between the licensee and the support agencies had been maintained. The results of the offsite agency contacts are included in the following paragraphs.

- (1) Oconee County Sheriff's Office - the Administrative Assistant stated that their copy of the Emergency Procedures was dated August 1976, that she thought the sheriff was satisfied with the agreement letter and that she could not remember the last time the licensee had contacted the sheriff. A review of drill critiques indicated that the last contact with the Oconee County Sheriff's Office was on December 19, 1975.
- (2) Pickens County Sheriff - C. D. Stone, Pickens County Sheriff, stated that he was satisfied with the letter of agreement between his office and the licensee. The sheriff stated that he was certain he had received a copy of the Oconee Emergency Procedure but at the present he was unable to find it. The sheriff was not sure of the latest contact with the licensee. A review of drill critiques indicated the last contact was during December 1975.
- (3) Oconee County Civil Defense - B. Black, Jr., Oconee County Civil Defense Director, stated that he was satisfied with the agreement letter, that he had been contacted by the licensee about two weeks ago and that his office had a copy of the Oconee Emergency Procedure, dated February 18, 1975.
- (4) South Carolina State Board of Health - H. G. Shealy, Director, Division of Radiological Health, stated that he was satisfied with the agreement letter, that the licensee contacted him periodically, and that his office had a copy of the Oconee Emergency Procedure dated October 14, 1976.
- (5) Oconee Memorial Hospital - Dr. Pruitt, Medical Consultant for the licensee, and H. Hudson, Hospital Administrator, were contacted. Dr. Pruitt stated that his last contact with the licensee was over one year ago, and that he was satisfied with the agreement letter, but that he would like more contact. Mr. Hudson stated that he thought the hospital had a copy of the Oconee Emergency Procedure, but he would have to check with the Emergency Room nurse in order to locate it.
- (6) Memorial Clinic - Dr. Carpenter, Medical Consultant, stated that he was satisfied with the letter of agreement and that he has recently been in touch with L. Lewis, the Duke Power System Health Physicist, with regards to

attending the medical training course conducted by Oak Ridge Associated University. Dr. Carpenter stated that he does not remember receiving any Oconee Emergency Procedure.

- (7) The inspector attempted to contact the Pickens County Civil Defense Director through the Pickens County Sheriff's Office and by calling his home phone number but was unable to reach him.
  - c. The failure to annually contact the offsite support groups defined in Section 12.3.3(c) of the FSAR is identified as a deviation from the commitment of Section 12.3.3.(e) of the FSAR (77-24-01). The failure of the licensee to conduct simulated emergency drills involving offsite agencies is identified as a deviation from the commitment of Section 12.3.8 of the FSAR (77-24-02).
5. Changes in Facilities, Equipment and Procedures
- The inspector reviewed changes to the facilities, equipment and the Emergency Procedure including the latest revision dated June 23, 1977. The changes did not alter the initial requirements of the Emergency Procedure and did not constitute an unreviewed safety question, nor a change in the Technical Specifications.
6. Equipment Available For Handling Emergencies
- a. Technical Specification 6.4.1 states that the station shall be operated and maintained in accordance with approved procedures, and that written procedures with appropriate check-off lists and instructions shall be provided, in part, for Emergency Procedures involving potential or actual release of radioactivity and Radiation Control procedures. Section III.A.4 of the Emergency Procedure specifies certain equipment to be available for handling emergencies. Technical Specifications, Table 4.1-1 requires a monthly battery check and annual calibration of emergency survey instruments. HP Procedure HP/O/B/1009/04, "Scott Air Paks II and III, Self Contained Breathing Apparatus", states that all Scott Air Paks shall be thoroughly inspected once per month and the inspection information be placed on a tag on the case. Technical Specification 6.7.1.a.2(d) requires written procedures to assure proper selection, supervision, and training of personnel, fitting and testing of respirators, issuance, cleaning, inspection repair and storage of respiratory protective equipment.

- b. The inspector discussed with a licensee representative, the equipment required by the Emergency Procedure to be available for handling emergencies and verified by observation that all the equipment required to be on site and located in the control rooms, Visitor's Center, emergency boat and HP office work area was available and ready for use, with two exceptions. On October 12, 1977, the inspector, accompanied by a licensee representative, toured the respiratory equipment storage area near the Unit 2 work area and was unable to find any Self Contained Breathing Apparatus (SCBA's) that were available and ready for use in handling an emergency. The licensee representative stated that the serviceable SCBA's that would normally be stored at the work area had been used for work involving Unit 2 shutdown. This matter was discussed at the exit interview. On October 12, 1977, the inspector observed that the emergency survey instruments, HP-69-2 in Unit 3 control room and HP 69-1 in Units 1 and 2 control room had apparently last received a monthly battery check on March 24, 1977 and May 4, 1977 respectively. At the exit interview a licensee representative stated that the survey instruments would be battery checked right away and would be routinely checked each month. The inspector also observed that the inspection tags on two SCBA's in Unit 1 and 2 control room, two SCBA's in Unit 3 control room and one SCBA in the administrative building first aid room, indicated the five SCBA's had not been inspected each month as required by HP Procedure HP/O/B/1009/04. At the exit interview a licensee representative stated that all the SCBA's would be inspected monthly. The inspector reviewed HP respiratory procedures HP/O/B/1009/04 through 1009/07 and verified that procedures for the respiratory protection program had been written and maintained in accordance with Technical Specifications.
- c. The inspector identified the failure of the licensee to conduct monthly inspections on the SCBA's in Unit 1 and 2 control room, Unit 3 control room and the first aid room as noncompliance with HP Procedure HP/O/B/1009/04 and Technical Specification 6.4.1 (77-24-03). The inspector identified the failure of the licensee to conduct monthly battery checks on the emergency survey instruments as noncompliance with Technical Specification Table 4.1-1 (77-24-04).

#### 7. First Aid and Decontamination Facilities

- a. Sections III A.3. and III A.4 of the Emergency Procedure specifies certain first aid and decontamination equipment to be available. Code of Federal Regulations, 49 CFR Part 173.134 requires a hydrostatic test be performed every five years on oxygen cylinders.

- b. The inspector discussed with a licensee representative and verified by observation that equipment for first aid treatment and decontamination of personnel was available as specified by the Emergency Procedure, with one exception. During the inspection of equipment in the auxiliary building first aid room, the inspector observed that the resuscitator kit contained one broken face-cup and that two oxygen bottles were overdue for the five-year hydrostatic test (bottles stamped 10-66). This matter was discussed with the site safety engineer who stated that there were three face-cups in the kit, one child and two adult, and that he thought the oxygen bottles had been switched the last time they were turned in for recharging. At the exit interview a licensee representative acknowledged that the oxygen bottles were overdue for hydrostatic tests. The inspector asked about the inventory and replenishing of the first aid supplies in the first aid room and the first aid kits throughout the plant. The licensee representative stated that although the kits are not on a formal inventory schedule, they are checked routinely and shortages are corrected on the spot from supplies drawn out of the stock room. The inspector verified that the first aid room and the first aid kits in the chemistry lab and instrument and electrical office contained a full complement of required first aid supplies.
  - c. The inspector identified the failure of the licensee to conduct hydrostatic testing of the resuscitator oxygen bottles at the required five-year intervals as a deviation from generally acceptable practices in the industry (77-24-05).
8. Main Control Room Ventilation System
- a. Technical Specification 4.12.1 requires a system test, quarterly, for flow at each unit outlet, pressure drop across the filter bank and operational test of the fan motors for one hour.
  - b. The inspector reviewed surveillance records that verified the system tests were performed satisfactorily on a quarterly basis for Units 1 and 2 control room and Unit 3 control room during 1977.
  - c. The requirement for the main control rooms ventilation system tests appeared to be satisfied.
9. Communications
- a. Section II.D. of the Emergency Procedure specifies various types of communications be available for emergency reporting,



warning and aid summoning. Enclosure 13.2 of periodic test procedure PT 600-1, Instrument Surveillance Periodic Checks, requires a weekly test of the site evacuation alarm.

- b. The inspector discussed with a licensee representative and verified by observation in Units 1 and 2 control room, Unit 3 control room, and the emergency boat that the types of communications required by the Emergency Procedure were operable and available for use. The inspector reviewed PT 600-1, Instrument Surveillance Periodic Checks, for the period September 1, 1977 to October 13, 1977 and verified that the site evacuation alarm had been tested weekly.
- e. The requirement for the various types of communications to be available for emergency purposes appeared to be satisfied.

10. Emergency Lighting

- a. Section 8.2.4 of the FSAR describes the emergency lighting system to be available. Periodic test procedure PT 610-9, Emergency Lighting, requires a test of the emergency lighting system once per quarter.
- b. The inspector reviewed surveillance records for the period January - September 1977, which verified that the emergency lights for all three units had been tested as required.
- c. The requirement for the emergency lighting system appeared to be satisfied.

11. Process and Area Monitoring Systems

- a. Section III.4. of the Emergency Procedure specifies that process and area monitors be available with area monitors alarming both in the control room and locally. Table 4.1-1 of the Technical Specifications requires a quarterly calibration of the radiation monitoring systems.
- b. The inspector discussed with a licensee representative the process and area monitors that would be utilized to determine the magnitude of the radioactivity released in the event of an emergency. The inspector observed the following monitor indicator/recorders in the control rooms and verified they were available and operable with one exception, the waste liquid monitor.

- (1) Waste Disposal Liquid (High)
- (2) Waste Disposal Gas (High)
- (3) Control Room Gas, Units 1 and 2, Unit 3
- (4) Unit Vent Particulates, Units 1, 2 and 3
- (5) Unit Vent Iodine, Units 1, 2 and 3
- (6) Unit Vent Gas (High), Units 1, 2 and 3
- (7) Visitor's Center Area Monitor
- (8) Control Room Area Monitors, Units 1 and 2, Unit 3

A licensee representative explained that the liquid waste monitor (high) was in the process of being replaced with a new monitor, but that the new equipment had not been calibrated and was not operable as yet. The inspector reviewed surveillance records, for the period April 1976 to October 1977, which verified that the above monitors, with the exception of the Waste Liquid monitor, had been operationally tested, calibrated and alarm points tested on a monthly frequency.

- c. The requirement for process and area monitor instrumentation to be available in the control rooms appeared to be satisfied, with the exception of the Waste Disposal Liquid (High) monitor. This matter was identified by the inspector as an unresolved item pending the installation, calibration and testing of the new Waste Liquid monitoring system (77-24-06).

## 12. Meteorological Instrumentation

- a. Section III.A.4 of the Emergency Procedure specifies that microwave tower meteorological instruments and local area maps be available. Section 12.3.6 of the FSAR specifies that wind speed, wind direction and differential temperature meteorological data is available in the control room.
- b. The inspector discussed with a licensee representative the meteorological instrumentation in the control room. The inspector observed the meteorological instrumentation in Units 1 and 2 control room and verified that the monitors for wind speed, wind direction and differential were available and operating. The inspector was informed that testing and calibration of the entire meteorological instrumentation system

was performed by the Environmental Laboratory group located at McGuire site. The inspector contacted a licensee representative at the Environmental Lab and was told that although there is no calibration frequency established for the meteorological instrumentation, the Environmental Lab performs a calibration at least every six months.

The inspector reviewed surveillance records that verified the meteorological instrumentation had been calibrated at least every six months by the System Environmental Lab group.

- c. The requirement for meteorological instrumentation in the control room appeared to be satisfied.

### 13. Seismic Instrumentation

- a. Section 5.6.2.2 of the FSAR specifies certain seismic instrumentation be available. Technical Specification 6.4.1.f requires a written procedure for a station survey following an earthquake.
- b. The inspector discussed with a licensee representative the seismic instrumentation in Unit 1 containment, auxiliary building and control room. The licensee representative informed the inspector that the strong motion recorder was removed from service and was presently being replaced with a new system, Kinematics SMA-3, which was observed by the inspector. The inspector was also informed that a technical representative would be on site in about two weeks to troubleshoot some problems that were being encountered. The inspector observed the seismic trigger annunciator point in Units 1 and 2 and Unit 3 control rooms and reviewed emergency procedure EP/O/A/1800/9, Earthquake, which would be implemented following a seismic trigger alarm or visual observation of an earthquake.
- c. The inspector identified the requirement for seismic instrumentation as an unresolved item pending the installation, and satisfactory calibration and test operation of the new SMA-3 strong motion recorder (77-24-07). The requirement for a written procedure for a station survey following an earthquake appeared to be satisfied.

14. Training

a. First Aid Training

- (1) Section II.E. of the Emergency Procedure specifies that station emergencies will be handled by personnel on site and onshift, and that station personnel have received fire and first aid training and are considered qualified in these areas. Section III.A.3.a. specifies that personnel have completed first aid training and hold American Red Cross Standard or Advanced First Aid Certificates.
- (2) The inspector discussed with the plant safety engineer the first aid training of shift personnel. The licensee representative stated that all employees receive as a minimum a first aid indoctrination and that shift personnel receive American Red Cross Standard training which is renewed every three years. The inspector reviewed training records for operations, health physics, and chemistry personnel and verified that first aid trained personnel were available on each shift.
- (3) The requirement for shift personnel to be first aid trained appeared to be satisfied.

b. Emergency Procedure Training

- (1) Station directive 2.5.1, paragraph 1.c. requires initial training in the Emergency Procedure for all employees. Technical Specification 6.1.1.5 specifies that retraining will be conducted in accordance with Section 5.5 of ANSI 18.1-1971.
- (2) The inspector reviewed records for station personnel for 1976 and 1977 and verified that Emergency Procedure training and retraining had been conducted as required.
- (3) The requirement for initial and refresher training in the Emergency Procedure was apparently satisfied.

c. Operator Training

- (1) Oconee Nuclear Station License Requalification Program requires licensed operators to complete annual requalification which includes a review of the Emergency Procedure.

- (2) The inspector reviewed training records for the operations group which verified that annual Emergency Procedure training had been completed.
- (3) The requirement for operators to receive annual Emergency Procedure training was apparently satisfied.

d. Station Manager Training

Section II.C of the Emergency Procedure specifies that all emergency situations will be handled by the Shift Supervisor until relieved by the Station Manager. The inspector discussed the training of the Station Manager with the Training Supervisor, who informed the inspector that the Station Manager was not licensed and as such received the same Emergency Procedure training as a general employee. The inspector commented as to the adequacy of this training to prepare the Station Manager to relieve the Shift Supervisor during an emergency. The inspector was informed that the Station Manager reviews the Emergency Procedure and approves changes as required by Technical Specifications. This matter was also discussed at the exit interview and the inspector informed licensee management that this matter would be forwarded to Licensing for action.

e. Training of Offsite Support Groups

- (1) Section III.B.1.a of the Emergency Procedure specifies that selected individuals of the Oconee County Rural Fire System will be given radiological training on an annual basis. Section 12.3.8 of the FSAR commits to training and retraining of nurses, hospital attendants and ambulance drivers in the care and handling of possible contaminated patients.
- (2) The inspector discussed with a licensee representative the training of offsite medical personnel. The licensee representative stated that the Health Physics Department conducts training sessions for fire department personnel and medical personnel. The inspector reviewed records that verified twenty-six members of the Keowee Fire Department received radiological training on September 13, 1976 and forty-two medical personnel from Oconee Memorial Hospital nurses and emergency staff received radiation protective procedure training on April 13, 1977.
- (3) The requirement for training of medical personnel in the handling and care of possible contaminated patients and for orientation of fire fighting personnel appeared to be satisfied.

15. Fire Brigade Organization and Training

- a. Section II.E. of the Emergency Procedure specifies that personnel will be available on site and onshift to handle station emergencies and that station personnel have received first aid and fire training and are considered qualified in these areas. Station Directive SD 5.3.1, "Fire Brigade Organization and Training", defines the Fire Brigade organization and specifies minimum training requirements for new members, and that all permanently assigned Fire Brigade personnel and security guards should complete the requalification training program once every two years. Section 6.2 of SD 5.3.1 specifies that at least one fire drill per year will be held unannounced.
- b. The inspector discussed with licensee representatives the training and organization of the Fire Brigade. The inspector reviewed SD 5.3.1 which outlines an initial 20 hour minimum fire training course, based on the NFPA industrial fire training manual, for new members and a 12 hour refresher course for requalification every two years. The inspector reviewed training records that verified fire training had been conducted as required by SD 5.3.1. The inspector was informed that fire drills are conducted on a monthly basis. The inspector reviewed the drill critiques for the period January to September 1977 which verified fire drills had been conducted each month.
- c. The requirement for the Fire Brigade organization and training appeared to be satisfied.

16. Distribution of the Emergency Procedure

- a. Section 12.3.8 of the FSAR commits to distribution of the Emergency Procedure to all participating outside services. Section 12.3.3(c) defines the established outside services.
- b. The inspector discussed with a licensee representative the distribution of the Emergency Procedure to onsite and offsite individuals/agencies. The inspector reviewed a distribution log that indicated the necessary onsite personnel and five of the nine offsite support agencies would be routinely given copies of the updated Emergency Procedure. The inspector was informed that some of the other offsite support agencies/ individuals had been given a copy of the Emergency Procedure but that no attempt was made to send an updated copy to the agency unless a particular change to the Emergency Procedure affected the agency. At the exit interview a licensee representative stated that they would look for documentation of the

distribution of the Emergency Procedure. The inspector commented that there was no mechanism to insure all participating outside services were going to receive the Emergency Procedure and that telephone calls to Oconee Memorial Hospital and Dr. Carpenter at Memorial Clinic verified this.

- c. The inspector identified the failure of the licensee to include all participating outside services on the Emergency Procedure distribution list, in order to insure that the outside agencies received copies of the Emergency Procedure, as a deviation from the commitment in Section 12.3.8 of the FSAR (77-24-08).

17. Review of the Emergency Procedure

- a. Technical Specification 6.1.2.1.1. requires an annual review of the Emergency Procedure.
- b. The inspector discussed the requirement for an annual review of the Emergency Procedure with a licensee representative who informed the inspector that although formal reviews were not conducted or documented, reviews were conducted and the Emergency Procedure was changed as needed. The inspector reviewed the last two changes to the Emergency Procedure, dated January 27, 1977 and June 27, 1977. This matter was discussed further at the exit interview. A licensee representative stated that the review of the Emergency Procedure would be included in a Health Physics procedure to insure that the Emergency Procedure is reviewed annually.
- c. The requirement for an annual review of the Emergency Procedure appeared to be satisfied.

18. Audit of the Emergency Plan

- a. Technical Specification 6.1.3.4 requires an audit of the Emergency Procedure to be performed, under the cognizance of the Nuclear Safety Review Board (NSRB) every two years.
- b. The inspector discussed this requirement with the chairman of the NSRB, who informed the inspector that the NSRB and this audit requirement were established by a change to the Technical Specifications on February 13, 1976. The inspector was also informed that the audit requirement will be satisfied by a NSRB review of site QA audit of the Emergency Procedure. The inspector reviewed the NRC's approval of the change to the Technical Specification and verified that it took effect on February 13, 1976. The inspector also reviewed site QA audit

of the Emergency Procedure which was completed on June 8, 1977 and acknowledged that the two year time interval for review by the NSRB was not over as yet. The inspector informed the licensee representatives that this matter would be examined during a subsequent inspection.

19. Tests and Drills

- a. Technical Specification 6.4.2 specifies that quarterly drills shall be conducted on site emergency procedures. Section 12.3.3(e) of the FSAR commits to drills to develop and maintain the competence of operating personnel in handling of each category of emergency situation.
- b. The inspector discussed with a licensee representative and reviewed records of the quarterly drills for the period December, 1975 to October, 1977, which verified that drills had been held each quarter during this period of time. The inspector reviewed the critiques of the drills and discussed with a licensee representative the fact that most of the drill scenarios were missing from the critiques and that the drills apparently consisted of an announcement to evacuate, for personnel to assemble at their respective assembly stations, and for accountability of personnel without any actual evacuation or emergency team response. This was thoroughly discussed at the exit interview. A licensee representative stated that the emergency drills were being conducted in accordance with the Technical Specifications. The inspector replied that the Technical Specification drill frequency was being met, however, the FSAR commitments were not being met.
- c. The requirement for the drills to be held quarterly appeared to be satisfied. The inspector identified the failure of the licensee to conduct drills that would develop and maintain the competence of operating personnel in handling each category of emergency situation as a deviation from the commitment of Section 12.3.8 of the FSAR (77-24-09).

20. Exit Interview

The inspector met with licensee management representatives (denoted in paragraph 1) at the conclusion of the inspection on October 19, 1977. The inspector summarized the purpose and scope of the inspection and findings. The inspector discussed with licensee management representatives the two items of noncompliance, the five deviations and the two unresolved items.