



UNITED STATES
 NUCLEAR REGULATORY COMMISSION
 REGION II
 101 MARIETTA ST., N.W., SUITE 3100
 ATLANTA, GEORGIA 30303

MAY 12 1980

Report Nos. 50-321/80-19 and 50-366/80-19

Licensee: Georgia Power Company
 270 Peachtree Street
 Atlanta, GA 30303

Facility Name: Hatch Units 1 and 2

Docket Nos. 50-321 and 50-366

License Nos. DPR-57 and NPF-5

Inspection at Hatch Site near Baxley, Georgia

Inspectors:

[Signature] _____ 5/9/80
 D. J. Perrotti Date Signed

[Signature] _____ 5/9/80
 R. E. Trojanowski Date Signed

Approved by:

[Signature] _____ 5/9/80
 G. R. Jenkins, Section Chief, FF&MS Branch Date Signed

SUMMARY

Inspection on April 21-25, 1980

Areas Inspected

This routine, announced inspection involved 48 inspector-hours onsite in the areas of coordination with outside support agencies; emergency facilities, equipment and procedures; emergency training; emergency drills; emergency planning audits; followup on IE Bulletins and followup on previously identified inspection findings.

Results

Of the seven areas inspected, no items of noncompliance or deviations were identified in six areas; one item of noncompliance was found in one area (Infraction - failure to audit the emergency implementing procedures every two years under the cognizance of the Safety Review Board - paragraph 9.a).

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DETAILS

1. Persons Contacted

Licensee Employees

- *M. Manry, Plant Manager
- *T. Greene, Assistant Plant Manager
- *C. Belflower, QA Site Supervisor
- *C. Miles, Jr., QA Field Supervisor
- *T. Collins, Health Physics Lab Supervisor
- *W. Rogers, Health Physics Superintendent
- *D. Moore, Nuclear Training Supervisor
- *S. Baxley, Operations Superintendent
- *C. Coggin, Engineering and Services Superintendent
- *H. Dyer, Operations Supervisor
- *G. Spell, Senior QA Field Representative
- *T. Wilkes, Nuclear Security Supervisor
- J. Watson, QA Auditor
- P. Fornel, QA Auditor
- S. Tipps, Plant Engineer
- H. Walker, Chairman, Safety Review Board
- C. Boatwright, Secretary, Safety Review Board
- T. Byerley, Manager, Environmental Affairs
- J. Motz, Jr., Environmental Engineer

Other licensee employees contacted included 1 technician, 1 operator and 2 office personnel.

Other Organizations

- S. Crews, Administrator, Baxley-Applying Hospital
- Dr. Poblete, Baxley-Applying Hospital
- Dr. Kanavage, Baxley-Applying Hospital
- J. Woods, Director, Applying Ambulance Service
- D. Crummy, Director, Applying County Civil Defense
- R. Widener, Director, Toombs County Civil Defense
- M. McFadden, Deputy Director, Tatnall County Civil Defense

NRC Resident Inspector

- *B. Rogers, Senior Resident Inspector
- *W. Barron, Resident Inspector

2. Exit Interview

The inspection scope and findings were summarized on April 25, 1980, with those persons indicated in Paragraph 1 above. On April 23, 1980, the inspector discussed with the Chairman of the Safety Review Board (SRB) via

telecon, the item of noncompliance regarding SRB audits of the Emergency Plan and implementing procedures every two years. The licensee acknowledged the inspectors remarks regarding the item of noncompliance and stated that closer attention would be paid to adhering to the audit schedule established by the SRB member.

With regard to the unresolved item pertaining to training covered in paragraph 7.e, the licensee stated that the retraining for the primary Emergency Duty Officer would be completed by May 30, 1980.

With regard to the open item pertaining to licensed operator's review of EOP's every six months covered in paragraph 7.f, the licensee stated that a policy would be established immediately to pull the operator off shift and insure the EOP's are reviewed as required, after a 30 day delinquent period.

3. Licensee Action on Previous Inspection Findings

Not inspected.

4. Unresolved Items

Unresolved items are matters about which more information is required to determine whether they are acceptable or may involve noncompliance or deviations. New unresolved items identified during this inspection are discussed in paragraphs 7.e and 9.a.

5. Coordination With Offsite Support Agencies

- a. This area was reviewed with respect to the licensee's commitments to maintain contact and coordination with the offsite agencies as described in the approved Emergency Plan.
- b. The inspector reviewed the licensee's Emergency Implementing Procedures (EIP), written letters of agreement with offsite support agencies and the list of offsite support agencies specified in the Emergency Plan to verify that:
 - (1) Detailed procedures have been established describing methods for notifying Local, State, Federal officials and other offsite support agencies in the event of a radiation emergency.
 - (2) Arrangements for the services of a physician and other medical personnel qualified to handle radiation emergencies have been established.
 - (3) Arrangements for the transportation and treatment of injured or contaminated individuals at a treatment facility outside the site boundary have been established.
- c. The inspector contacted five offsite agencies and met with officials of these agencies to verify that contact is being maintained by the

licensee and that services, as described in the letter of agreement, can be provided. Specifically, the inspector met with the primary support agencies that provide medical and rescue services, and with the local civil defense directors of Appling, Toombs, and Tatnall Counties respectively.

The Director of the Appling Ambulance Service made a request through the inspector that the licensee provide a site tour and basic radiation training for the EMS personnel. The licensee indicated that this item would be fulfilled in the near future. This item will be followed in subsequent inspections.

- d. The inspector used the following acceptance criteria for the inspection and evaluation of the above areas:

- (1) Emergency Plan
- (2) 10 CFR 50, Appendix E, Paragraph IV

6. Facilities, Equipment, and Procedures

a. Changes to Facilities, Equipment and Procedures

- (1) The inspector reviewed established management controls and interviewed licensee personnel to determine if changes had been made to the emergency plan, emergency implementing procedures, emergency facilities and equipment since the last inspection.
- (2) The review of this area, with respect to changes, was conducted to verify that:
 - (a) Changes did not constitute an unreviewed safety question.
 - (b) Changes did not alter the requirements set forth in the Emergency Plan.
 - (c) Changes were reviewed and approved in accordance with established plant procedures.
 - (d) The Emergency Plan call list was updated at the required intervals.
 - (e) Required plant committee review and QA audits of the Emergency Plan were conducted.
 - (f) Revisions to the Emergency Plan and Emergency Implementing Procedures (EIP) were distributed to the required locations at the facility.

(3) The inspector used the following acceptance criteria for the inspection and evaluation of the above areas.

- (a) Technical Specifications 6.S.1.b.j
- (b) Emergency Plan, Section IV.A
- (c) 10 CFR 50.59

Within the areas inspected, no items of noncompliance or deviations were identified. One matter regarding PRB review of the Emergency Plan and implementing procedures was identified during a QA Audit and is covered in paragraph 7.b.

b. Emergency Kits

- (1) The inspector reviewed inventory records of emergency kits.
- (2) The record review was conducted to verify that:
 - (a) The required periodic inventory, maintenance and calibration of emergency equipment and emergency kits were being conducted.
 - (b) The physical condition and content of emergency kits and supplies are being maintained in a state of readiness.
- (3) The inspector used the following acceptance criteria for the inspection and evaluation of the above areas:
 - (a) Emergency Plan, Appendix A
 - (b) EIP HNP-1-4400

Within the areas inspected, no items of noncompliance or deviations were identified.

7. Emergency Training for Licensee Employees and Offsite Groups

- a. This area was reviewed with respect to the licensee's commitments as described in the Emergency Plan to conduct emergency training for licensee employees who are assigned specific authority and responsibility in the event of an emergency, and offsite groups whose assistance may be needed in the event of a radiological emergency.
- b. The inspector reviewed personnel training records and training course content to verify that:
 - (1) Emergency training had been given to the following categories of personnel: emergency duty officer, licensed operators, emergency monitoring team members, general employees, contractor personnel, security personnel, and non-licensed offsite groups.

- (2) Personnel are informed of changes in Emergency Plan and EIP's
 - (3) Refresher training had been given as specified in administrative procedures.
- c. The inspector interviewed one licensed operator to verify that review of the EIP's had been completed as required.
 - d. The inspector used the following acceptance criteria for the inspection and evaluation of the above area:
 - (1) Emergency Plan, Sections IV.D.a and IV.E.
 - (2) Administrative procedures HNP-200, HNP-201 and HNP-203.

Within the areas inspected, no items of noncompliance or deficiencies were identified. One unresolved matter and one area of concern were identified by the inspector in the training area, and are discussed below in paragraphs 7.e and 7.f, respectively.

- e. During a review of training records for retraining conducted for the members of the site emergency organization who are designated as Emergency Duty Officers (EDO), the inspector noted that the primary EDO (Plant Manager) had not attended the last retraining session for EDO's on August 29-30, 1979. From discussions with licensee training representatives the inspector was informed that EDO training was being conducted for all EDO's annually, just prior to the annual, full-scale emergency drill. The inspector acknowledged that as a licensed operator, the primary EDO reviews the EIP's every six months. However, it was noted that EDO training is conducted only once each year, and, as such all EDO's should attend. This matter was discussed with the Plant Manager, who stated that the EDO training would be completed by May 30, 1980. The inspector identified this as an unresolved item pending the completion of the training (50-321/366/79-10-01).
- f. From a review of procedure HNP-200 Data Sheet 3 (Training, Data Report) for licensed operators and discussions held with licensee training representatives, the inspector determined that some operators were not following HNP-200 record keeping requirements, in that the data sheets were not being completed and forwarded to the Training Office for filing. In four instances, operators failed to turn in training record data sheets for EDP reviews conducted during June to December 1979. It was verified thru interviews with licensee personnel and record review that the required training records were submitted prior to the completion of the inspection. Additionally, it was identified that three operators had not yet completed the semi-annual review of EDP's, due March 30, 1980.

During the exit interview, the licensee agreed to have the matter taken care of by Monday, April 28, 1980. A subsequent phone call to the Senior Resident Inspector on April 29, 1980, verified that the three operators had completed the EDP review.

This matter of delinquent reviews and training record problem was identified during an earlier inspection as an open item (Ref: IE Rpt. 321/79-18, 366/79-22, paragraph 7.d) until HNP-200, Section 2.d was revised to reflect actual current practices with respect to scheduling of the procedures review. During this inspection, the inspector verified that HNP-200 was revised to specify that the procedures review is required at a minimum of once each six months, with the six months cycle interpreted to be a review of each procedure within a six month cycle as assigned by the Training Department. The inspector reviewed the Training Department schedules and discussed the process used by the Training Supervisor to identify delinquent operators. In addition, the inspector discussed this matter with the Operations Superintendent and reviewed a memo dated January 15, 1980, which provided time (2 hours each day) for uninterrupted procedure review for those licensed operators who were scheduled to complete the review by December 31, 1979. During the exit interview, the inspector informed the licensee that, based on the revision to HNP-200, open item 321/79-18-06, 366/79-22-06, was closed. However, the inspector pointed out that problems still existed in personnel completing the EDP reviews on time and turning in the required data sheet records. The inspector requested that the licensee establish a system, to take effect immediately, that would insure that the requirements of HNP-200 were met. The licensee agreed to establish a policy to pull a licensed operator off shift and ensure the procedures review was completed following a 30 day delinquent period by the said operator. The inspector stated that this matter would be an open item to be reviewed following the next six month review cycle (321/366/80-19-C?).

8. Emergency Drills

- a. This area was reviewed with respect to the licensee's commitments as described in the Emergency Plan for the planning, execution and evaluation of emergency drills. The matter of drills was identified as an open item in the most recent licensee's QA audit and is covered in paragraph 9.b. of this report.
- b. Within the area inspected, no items of noncompliance or deviations were identified.

9. Audits

- The inspector examined the licensee's Quality Assurance Audit No. QA-79-180, dated August 13, 1979, which was an inspection in the areas of Emergency Planning and Emergency Implementing Procedures. The audit identified the following open items:
 - (1) Inadequate control of procedures and the Emergency Plan controlled copies (Open Item 79-EP-1/95).

- (2) Emergency drill not conducted annually as required by the FSAR (Open Item 79-EP-1/97).
- (3) PRB not formally reviewing the Emergency Plan as required by the FSAR (Open Item 79-EP-1/97).
- (4) Training of physicians per the Hatch Emergency Plan, Appendix B (Open Item 79-EP-1/98).

From a review of QA documentation and discussions with licensee employees, the inspector verified that final corrective action had been taken and closed out by followup audits for the open items pertaining to drills and training of physicians, and that initial corrective action has been taken for open items pertaining to control of procedures and PRB review of the Emergency Plan. The inspector asked about final corrective action for the remaining open items. The licensee stated that the distribution list of the Emergency Plan is to be revised pending approval of the new Emergency Plan by the NRC and that the Emergency Plan underwent a joint review by the HP Supervisor, representing the PRB, and the licensee's Power Generation Staff from Atlanta, and that the new plan was submitted for NRC review and approval on January 31, 1980. The inspector informed the licensee at the exit interview that the QA audit open items would be considered an unresolved item pending final corrective action (321/366/80-19-03).

- b. The inspector reviewed the Safety Review Board (SRB) audits of the Emergency Plan and implementing procedures as required by Technical Specification 6.5.2.8.e. From a review of minutes of SRB meetings, and discussions with licensee representatives from the SRB, it was determined that an audit of the emergency implementing procedures was last done in October 1977. The inspector acknowledged that the site emergency drills had been audited by a member of the SRB in 1978 and 1979. The inspector contacted the Chairman of the SRB and discussed this matter. The inspector stated that this finding was an apparent item of noncompliance with the Technical Specification requirement that an audit be conducted, under the cognizance of the SRB, at least once per two year period ($\pm 25\%$) (321/366/80-19-04). The licensee acknowledged the inspector's remarks, and stated that in the near future, the SRB would be auditing a review of the new Emergency Plan and the emergency implementing procedures.

10. Followup on IE Bulletin

The inspector reviewed the licensee's responses to IE Bulletin 79-18 (Audibility of Evacuation Alarm in High Noise Areas) and corrective actions taken and planned were discussed with licensee representatives. It was found that visual flashing signals were installed in all accessible areas as of March 11, 1980. A survey of Unit 2 inaccessible areas was performed and corrective actions are scheduled for the next refuel outage, currently scheduled for October 1980. A survey for Unit 1 inaccessible areas is to

be done during the next refuel outage, currently scheduled for November-December 1980. Corrective actions will be determined and scheduled for Unit 1 inaccessible areas at that time. A licensee representative informed the inspector that an up-date on the response will be made in the next few weeks, and will include a time schedule for installation of Unit 2 drywell lights and for evaluations to be done on Unit 1 drywell. At the exit meeting, the inspector was informed that all entries by personnel into Units 1 and 2 drywells are controlled under a Radiation Work Permit. The inspector had no further questions and stated that this matter would remain open until final correction action was completed and reviewed during a subsequent inspection (79-BU-18).