



UNITED STATES  
NUCLEAR REGULATORY COMMISSION

REGION IV  
911 RYAN PLAZA DRIVE, SUITE 1000  
ARLINGTON, TEXAS 76011

**OCT 25 1989**

MEMORANDUM FOR: Dennis M. Crutchfield, Associate Director for Special Projects, NRR

FROM: J. E. Gagliardo, Chief, Operational Programs Section  
Region IV

SUBJECT: COMANCHE PEAK SALP REPORT

This confirms our telephone conversation of October 23, 1989, regarding information that should be considered for inclusion in the Comanche Peak SALP report.

As I noted in our conversation, I do not have a differing opinion with the information and the analyses provided in the draft report, nor do I have a differing opinion with the conclusions drawn by the SALP board.

My question regards the fact that the report does not describe some of the concerns that were identified by the EOP (ERG) Inspection Team in their inspection of August 14-25, 1989. In fairness to the SALP board, the EOP inspection report (50-445/89-59) was not issued until September 29, 1989. The only information available to the board from this inspection was that included in our September 9, 1989, memorandum to Bob Warnick (copy attached). As you will note from this input, the board did not have sufficient details to adequately speak to the concerns addressed by this inspection.

Since we now have the specifics of the EOP inspection effort, I believe the team's findings should be reflected in the final report. I have also attached pages 16 and 17 from the EOP inspection report, which you may wish to consider for inclusion in the SALP report. My recommendations are that the board consider adding a statement on page 11 of the draft report regarding our concerns on the engineering review of the ERGs. I also recommend that the board consider adding a statement on page 16 of the draft report regarding the concerns we had with the applicant's QA involvement in the review of the ERGs as they were being developed and implemented. I have no objections if the SALP board chooses not to include these statements because I do not believe that these findings change the conclusions drawn by the board.

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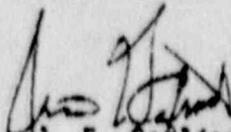
APP

FA

Dennis Crutchfield

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I would be pleased to discuss this material in more detail with you or the SALP board.



J. E. Gagliardo, Chief  
Operational Programs Section

Attachment: (as stated)

cc:

R. D. Martin  
L. J. Callan  
C. I. Grimes  
T. P. Gwynn  
J. P. Jaudon  
H. H. Livermore  
J. E. Lyons  
P. F. McKee  
R. F. Warnick  
J. S. Wiebe  
J. H. Wilson  
L. A. Yandell

inspection. In addition, the AOs conducted plant walkdowns of ERG attachments and local action steps to ensure consistency with plant nomenclature and familiarity with required actions. The training provided to the AOs appeared to be adequate for familiarizing them with the actions required in their areas of responsibility during accident situations.

## 2.7 Ongoing Evaluation of ERGs (25592) (Task 5)

Section 6.2.3 of NUREG-0899 requires that licensee's establish a program for the ongoing evaluation of EOPs (ERGs). NUREG-0899 further requires that the ongoing evaluation program include the evaluation of the technical adequacy of the EOPs on the basis of operational experience and use, training experience, simulator exercises, and control room walkthroughs.

The team noted that in a memorandum dated June 8, 1989, the applicant directed all operations department employees to notify the appropriate personnel of any procedural changes that are considered to be necessary.

Procedure ODA-207, "Guidelines for the Preparation and Review of Operations Procedures," Revision 2, August 18, 1987, required (Step 6.1.6) that all operations procedures (including the ERGs) be revised against the design basis during the development of a revision or every 2 years. All of the active ERGs had been revised in 1989 and had been scheduled for this next biennial review. Procedure ODA-207 provided a form (Figure 7.1) that was to be used as a checklist for verifying the adequacy of a new or revised procedure.

Section 6.3 of Procedure ODA-207 provided guidelines and a form (Figure 7.2) to be used for recommending changes or improvements in procedures. The team reviewed selected forms (Figure 7.2) on which individuals had recommended changes to the ERGs. The recommendations had been entered into the applicant's tracking system, and printouts were routed to the managers and supervisors of the operations department. Applicant representatives interviewed stated that the Figure 7.2 form was not always returned to the individual submitting the recommendation. They noted that if the recommendation was incorporated into the procedure, it would appear in the next revision, but if the recommendation was not approved, the individual making the recommendation was usually notified. Some of the individuals interviewed noted that they had not yet received feedback on recommendations submitted. An applicant representative stated that the status of an employee recommendation was shown on the printout of the tracking system, but it was apparent that some of the supervisors receiving the printouts were not sharing them with all of their employees. Measures were needed to ensure that the originators were made aware in a timely manner of the resolution of recommendations. Failure to do so can be a disincentive to individuals continuing to submit recommendations.

The applicant had also issued Procedure ODA-204, "Preparation of Emergency Response Guidelines," Revision 7, on July 18, 1989. In Sections 6.2 and 6.3 of Procedure ODA-204, guidelines were provided for submitting

recommendations for changing the ERGs using Procedure Form ODA-204-2. The team noted, however, that for all of the recommendations reviewed the form in Procedure ODA-207, Figure 7.2, was used and not Procedure Form ODA-204-2. The applicant needs to resolve this issue and define which form is to be used for making recommendations for changing the ERGs.

The team reviewed the applicant's process for reviewing the original ERGs and changes thereto. Recent revisions of Procedure ODA-204 required a multidisciplinary review of ERGs and changes to the ERGs before the fall of 1988; however, the engineering department had little or no involvement in the review of the ERGs. At that time, the applicant developed a process for reviewing all of the ERGs to determine actual or potential differences between the ERGs and the applicable design-basis documents. Engineering personnel identified a total of 298 inconsistencies that required further review and evaluation. At the time of this inspection approximately half of the inconsistencies had been resolved. The applicant committed to resolve all of the differences or provide justification for the inconsistencies before fuel load. This is an open item that will be reinspected before fuel load (445/8959-03). The applicant also committed to have those inconsistencies, that require revision of the ERGs incorporated into the applicable ERG and the appropriate training completed before achieving Mode 2 operations. This is an open item (445/446/8959-04).

The team found that QA personnel had been involved in the review of the ERGs since 1984. In the 1984 reviews, the QA reviewer had used a checklist based on NUREG-2005 that was generally completed with the exception of that portion of the checklist requiring a control room/in-plant walkdown. The team found that QA personnel had been performing only table-top reviews of the ERGs and had not performed in-plant or control room walkdowns. The team also noted that for the reviews performed in 1985 and 1989, the NUREG-2005 checklist had not been used. The QA reviewer interviewed stated that he used Procedure ODA-204 as a guideline for the review. The team also found that the resolution of the QA reviewer's comments had not been forwarded to him and he was not aware of their resolution. The team considers a review without walking down at least portions of the procedure to be only minimally acceptable.

The team also reviewed the QA audit and surveillance activities relating to the EOPs. The applicant had performed an audit (TUG 89-12) of the ERGs and controlling documents in June 1989, but the audit did not include a walkdown of the ERGs. The audit did include a review of the operator training program related to the ERGs, but not the monitoring of actual training on the ERGs. The team found that no QA surveillances had been performed that monitored the training of the operators on the ERGs.

Applicant representatives committed to include an annual audit of the ERGs in their master audit plans and to perform a semiannual surveillance of simulator training on the ERGs. They also committed to walk down future revisions to the ERGs.