

ATTACHMENT 4

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MEMORANDUM FOR: J. H. Joyner, Chief, Technical ^{Inspection} Information Branch,
DETI, RI

THRU: R. R. Keimig, Chief, Projects Branch 2, DRPI, RI *3-24-81*

FROM: E. C. McCabe, Jr., Chief, RPS 2B, Projects Branch 2,
DRPI, RI

SUBJECT: PEACH BOTTOM HEALTH PHYSICS ISSUES

References:

- (a) P. J. Knapp memo of February 9, 1981 recommending a Management Enforcement Conference with Philadelphia Electric Company
- (b) P. J. Knapp memo of March 3, 1981 recommending a Management Enforcement Conference with Philadelphia Electric Company

This memo is based upon references (a) and (b), which recommend a Management Enforcement Conference for the following reasons.

1. Resident Inspection Report 50-277/80-33: 50-278/80-26 cites disregard of posted instructions by three persons who crossed a rope barrier into a high radiation area, contrary to TS 6.11.
2. A form held by the Radiation Support Section (RSS) "shows that the licensee has been cited in this area at least four times previously in 1980."
3. The noncompliance involved was Severity Level IV.
4. This is a matter of serious concern to the NRC; definitive action to prevent recurrence is mandatory; Severity Level IV and V violations similar to those discussed in a previous enforcement conference are matters for which civil penalties are generally imposed if the enforcement conference was ineffective in achieving the required corrective action.
5. Subsequent Resident Inspection Report 50-277/80-35: 50-278/80-28 cites for failure to comply with TS 6.13 when two individuals in a high radiation area did not have the required continuously indicating radiation device; "this seems to be still another indication that there appears to me to be a continuing problem of failure to follow radiation protection procedures."

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That Peach Bottom has had problems with worker adherence to radiation protection procedures is not in question. This is not a new problem. We have addressed this issue to licensee management; they have indicated that a stronger management position will be taken. And, four disciplinary actions are being taken by the licensee - a seeming departure from past practice.

We agree that corrective action is mandatory. It must be addressed by specific licensee response to the recent noncompliance citations. To characterize this situation as serious is correct in the sense that it is not a joking or trifling matter, and in that it is cause for concern (as are most noncompliances), but not in the sense that the situation is grave (which does not appear to be the case).

The severity level of the noncompliances is important. Our interim enforcement criteria states that levels I, II, and III comprise violations "of significant regulatory concern" and involve "actual or high potential impact on the public." It also states that "Severity level IV violations are not cause for significant concern, they are the sort of violations that, if left uncorrected, could lead to matters of significant concern." It is the potential for leading to significant concern that we are dealing with here. No immediate hazard to health or safety has been identified. That does not mean a civil penalty will not be appropriate; it does mean that we need specific, definitive identification of the problem. Once we clearly define the problem, and the management flaws, and what we want done in addition, then we're in a position to consider whether an enforcement management meeting is worthwhile, and at what level that conference should be.

My perspective is influenced by the first 14 RI operating reactor SALP boards. Ranking by order of areas for increased inspection indicates: Beaver Valley (9); FitzPatrick (8) and Salem (8); Oyster Creek (7); Indian Point Two (6) and Peach Bottom (6), etc. Peach Bottom performance is not, relatively, high. But, I am concerned about the validity of applying additional senior regional management time to Peach Bottom. Normal SALP review seems more appropriate for a site which is 6 or 7 of 14 in problem areas.

Cues from other section chiefs also raise skepticism about the severity of the Peach Bottom HP problem. For example, I was informed that, at one of our better HP sites, the shift supervisor has to don Anti-C clothing about six times to make his plant tour. At Peach Bottom, that may happen once or not at all, depending upon the route.

Regional record reviews indicate the following TS 6.11 noncompliances at Peach Bottom.

September 1979

7 persons left Refuel floor without providing RWP signout data, 4 persons left the MSIV room without providing RWP signout data, 2 persons in the hot tool repair cage did not provide RWP sign-in data. (Found by resident)

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November 1979 1 entry into turbine building without RWP sign-in/
data entry. (Found by resident)

December 1979 1 person into contaminated area with untaped, open
coveralls. (Found by resident)

January 1980 1 person in the Reactor Building without dosimetry.
(Found by resident)

March 1980 1 person in the turbine building without dosimetry.
(Found by resident)

April 1980 Smoking materials found in non-smoking areas. ~
(Found by resident)

April 1980 3 persons did not do negative pressure tests on
respirators. (Found by RIII HP Specialist)

July 1980 Contaminated area not posted with sign (had tape).
(Found by RI Operations Branch Specialists)

November 1980 3 persons violated hi-rad area barrier (while it was
being established) - didn't get near hi-rad source.
(Found by resident)

In December 1980, a TS 6.13 noncompliance was identified for failure to have a continuous dose rate indicating instrument during work on the scram discharge volume (2 persons, one instance). (50-300 mrem/hr area radiation. Individuals did have personal dosimetry. The same individuals did carry the required meter earlier in the day. They received no elevated exposures.) (Found by resident)

Repetitiveness of noncompliance is an item of concern, and of controversy. We have not specifically defined the elements of repetitiveness or recurrence. All noncompliances after the first are repetitive, in that they are repeats of failure to meet requirements. A similar, broad definition is actually applied when SALP boards assess numbers of noncompliances. Noncompliances are also separated into categories in order to provide a better perspective on problem areas. Doing so facilitates identification of common factors which results in repetition. The break-down I have done on HP noncompliances identified at Peach Bottom follows.

- Failure to fill out required paperwork: 2 noncompliances, 14 instances (7 in 9/79, 1 in 11/79). Corrective action appears effective.
- Failure to properly don protective clothing/equipment: 2 noncompliances, 4 instances (1 in 12/79, 3 in 4/80). Corrective action appears effective.

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- Failure to use radiation instruments: 3 noncompliances, 3 instances (1/80, 3/80, 12/80). Two occurrences followed by a 9 month gap and then another occurrence which is slightly different (group monitoring instrument versus individual monitoring instruments). Needs licensee attention. Further NRC action should be based upon evaluation of the licensee's response to the 12/80 noncompliance citation (not yet due or received).
- Failure to adhere to "No Smoking" restriction: 1 noncompliance, multiple instances (4/80). Corrective action appears to have been effective. (This was a fire safety concern addressed under HP because the licensee's governing procedure is an HP procedure.)
- Improper marking of a contaminated area (taped off but not posted): 1 noncompliance, 1 instance (7/80). Corrective action appears effective.
- Violation of a radiation area barrier: 1 noncompliance, 1 instance (but 3 persons). Licensee response to citation not yet due or received.

To me, the history indicates that there has been effective corrective action. And, the the incidents seem more like speeding at 5 mph over the limit on an empty, limited access ^{highway} ~~manway~~ than barrelling by a school during recess. That does not mean we are satisfied with the situation. (A)

Another factor is the input we have gotten from HP specialists. After the May 1980 HP appraisal, the HP team leader informed the resident inspector that there were no serious HP problems. Severe HP problems were not identified by the RIII HP specialist who inspected in April 1980. The RI HP specialist who recently went to the site also indicated there were no major HP problems. I also understand that the HP Team Leader has categorized Peach Bottom health physics as below average, though I haven't seen the as yet unissued report. If there are severe problems, we should have had the HP appraisal report out a long time ago, and we should have gotten some specific direction on what to inspect. Following up a more than 9 month old report is neither timely nor efficient. But, we have recently encountered expedited RSS concurrence on inspection reports, and that certainly indicates progress in the right direction.

An action we might consider is the designation of an in-office HP duty officer (during normal work hours) to be used for conference calls with project section chiefs and their residents who identify HP concerns. In addition to providing technical expertise, that duty officer might be able to have a reference file (verified complete by regular audit and update) which contains a common factor history for HP problems at specific sites. Whether or not that is practicable, we should consider placing more emphasis on the need to communicate between RSS and DRPI personnel, and upon the resolution of actions on problem areas at the time of identification (versus upon report concurrence). Perhaps an inter-divisional procedure for that communication should be issued. In any event, I believe that we can substantively improve our noncompliance groupings by using

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common factors instead of general requirements. We cannot afford the time lost (by DRPI or RSS or Regional Management) in pursuing invalidities of over-generalization. Also, I believe that the concept of completed staff work dictates that specialists with concerns like those addressed herein should do more data retrieval and collation to support their positions. And, there is a hazard that significant previous occurrences can be overlooked by use of incomplete data. Groups which keep their own records should either make them complete or use the regional files in addition.

Another facet of this situation is recommendation of an enforcement conference without proposing further definitive inspection. RSS short-handedness is a serious problem. The HP appraisal, the RIII HP specialist inspection, and the recent RI HP specialist inspections were appreciated, and we hope that we'll be able to get more such assistance. But, I think we could improve the graduation of our steps toward escalated enforcement action by including both specific identification of areas for resident emphasis and special HP inspection of specific areas of concern - before we go to the special management meeting level (unless an immediate hazard to health or safety is identified). A special, comprehensive inspection plan could facilitate the effectiveness of such special inspection.

It is appropriate to note that Peach Bottom management has requested a management meeting on problem areas, and is not indicating that the present situation is acceptable to them.

We do not believe that a solid basis has been developed for a management enforcement conference but are, of course, open to discussion and to different points of view, particularly if specific problem sources can be pinpointed.

The SRI is hereby designated to ensure that the next SALP board is made aware of this issue by provision of a copy of this memo to each board member in a supplementary SALP package. He will also attempt to develop comparative data on man-rem history at Peach Bottom and similar sites. (Data on comparative contamination levels would also be helpful, if RSS can develop it.)

E. C. McCabe, Jr.
E. C. McCabe, Jr., Chief
Reactor Projects Section 2B

cc:

J. Allan
E. Brunner
C. Cowgill
E. Greenman
T. Martin
H. Nicholas