U.S. NUCLEAR REGULATORY COMMISSION

REGION III

Reports No. 50-373/93005(DRSS); 50-374/93005(DRSS)

Dockets No. 50-373; 50-374 Licenses No. DPR-19; DPR-25

Licensee: Commonwealth Edison Company
Opus West III
1400 Opus Place
Downers Grove, IL 60515

Facility Name: LaSalle County Nuclear Generating Station, Units 1 and 2

Inspection At: LaSalle Site, Marseilles, Illinois

Inspection Conducted: January 25 - February 1, 1993

Inspectors: H. Simons — 2/19/93 Date

Approved By: J. W. McCormick-Barger, Chief — 2/19/93 Date
Emergency Preparedness and
Non-Power Reactor Section

Inspection Summary

Inspection on January 25 - February 1, 1993 (Reports No. 50-373/93005(DRSS); 50-374/93005(DRSS))

Areas Inspected: Routine, announced inspection of LaSalle Station's emergency preparedness program, including the following areas: licensee actions on previously identified items (IP 82701); followup on actual emergency plan activations (IP 82701); and operational status of the emergency preparedness program (IP 82701).

Results: Two non-cited violations were identified. The failure to review emergency plan implementing procedures in accordance with station procedures was not cited because it was identified during a corporate assessment and corrective actions had been taken (Section 4a). In addition, the failure to provide the proper training to a member of the emergency response organization was not cited since corrective actions were taken (Section 4d). A concern was identified that the licensee's Reportability Manual was not fully reviewed for emergency planning implications and may contain an extremely conservative interpretation of 10 CFR 50.72 (Section 4a). This concern will be tracked as an inspection followup item.

DETAILS

1. Persons Contacted

G. Spedl, Plant Manager
M. Reed, Technical Services Superintendent
B. Huntington, Technical Superintendent
D. Hieggelke, Health Physics Supervisor
D. Leggett, Assistant Superintendent Operations
J. Lockwood, Regulatory Assurance Supervisor
T. Shaffer, Training Supervisor
D. Carlson, NRC Coordinator
J. Houston, Emergency Preparedness (EP) Coordinator
J. Young, EP Trainer
L. Holden, Corporate EP Supervisor
T. Nettles, Corporate EP Station Representative
J. Terrones, Site Quality Verification Inspector

All of the personnel listed above attended the NRC exit interview held on February 1, 1993.

The inspector also contacted other licensee personnel during the course of the inspection.

2. Licensee Action on Previously Identified Items (IP 82701)

(Open) Inspection Followup Item No. 50-373/92009-01: During the 1992 exercise, significant information was not fully communicated to all emergency response facilities (ERFs).

The licensee issued a reading package to the members of the emergency response organization (ERO) highlighting the concerns identified during the exercise. This item will remain open pending successful demonstration of communication among the ERFs during the 1993 exercise.

(Open) Inspection Followup Item No. 50-373/92009-02: During the 1992 exercise, the use of the emergency action levels (EALs) in the Technical Support Center (TSC) was weak.

The reading package discussed above, also highlighted the importance of the proper use of EALs. This item will remain open pending successful demonstration of the use of EALs during the 1993 exercise.

(Open) Inspection Followup Item No. 50-373/92009-03: Inadequate maintenance of the emergency ventilation system in the TSC.

The licensee has written or revised the following five procedures to ensure proper maintenance and testing of the TSC ventilation system:

- LOS-VS-M1, "TSC Emergency Makeup Unit,"

- LES-VS-01, "TSC Heater Performance Test For the Emergency Air Makeup System,"
- LTS 400-23, "TSC Emergency Makeup Train HEPA Filter Leak Test,"
- LTS 400-24, "TSC Emergency Makeup Train Charcoal Filter Leak Test," and
- LTS 400-16, "Removal of Carbon Test Canisters from Filtration System Trains for Analysis."

These procedures appear to be adequate and specify an acceptable testing frequency; however, not all of these tests have been performed. The licensee planned to complete these tests by March 31, 1993. This item will remain open pending completion of these tests.

(Open) Inspection Followup Item No. 50-373/92009-04: Radiation surveys were not documented such that they could be used for other team briefings during the 1992 exercise.

The licensee reviewed the applicable procedures and training lesson plans to ensure that proper guidance on the documentation of radiation surveys was given to Operational Support Center (OSC) Supervisors. A reading package was also issued to emphasize the concern. This item will remain open pending successful demonstration during the 1993 exercise.

(Closed) Inspection Followup Item No. 50-373/92009-05: Storage of respirators in the TSC and OSC was such that it could deform the respirators. In addition, two of three self-contained breathing apparatus (SCBA) packs were found with broken inspection seals.

The inspector toured the TSC and OSC and found that the respirators were properly stored in plastic bags and neatly stacked two high. A random check of SCBA packs in the plant identified that they all were properly sealed. This item is closed.

3. Emergency Plan Activations (IP 82701)

On August 11, 1991 at 0855 hours, the licensee declared an Unusual Event (UE) due to an oil fire on the 2B turbine driven reactor feedwater pump.

On August 7, 1992 at 1200 hours, the licensee declared an UE due to the loss of all commercial phones, the emergency notification system (ENS), and the nuclear accident reporting system (NARS).

Both events were properly classified in a timely manner. Notifications associated with these declarations to the State and NRC officials were completed in a timely and adequately detailed manner. For each event, the Emergency Preparedness (EP) Coordinator did a self-evaluation of the event to evaluate the response as it relates to the EP program.

No violations or deviations were identified.

4. Operational Status of the Emergency Preparedness Program (IP 82701)

a. Emergency Plan and Implementing Procedures

No major changes had been made to the Generating Station Emergency Plan (GSEP) or the LaSalle Annex to the GSEP.

The inspector reviewed several emergency plan implementing procedures (EPIPs) and found inadequacies. Specifically,

- LZP 1360-5, "Site Evacuation,"
- LZP 1360-6, "Relocation Center Activation,"
- LZP 1330-50, "Radiation Surveys Under Accident Conditions,"

were found to contain inaccurate information or incorrect phone numbers. The EP Coordinator had identified these procedural deficiencies and had initiated the administrative process for updating these procedures. The EP Coordinator had revised a large number of EPIPs since the last inspection; however, it appeared that the above procedures had not been updated due to the number of procedures that needed revising and the EP Coordinator's other assigned duties.

Noting the number of EPIPs in need of revision, the inspector reviewed the licensee's method for periodically reviewing procedures.

The GSEP requires that EPIPs are reviewed biennially and updated as needed. In addition, LAP-820-10 outlines the requirements for reviewing station procedures every two years. However, biennial reviews were not done in accordance with LAP-820-10.

The previous EP Coordinator performed reviews of the EPIPs and tracked the reviews by an unofficial system which circumvented the licensee's formal procedure review program. The new EP Coordinator was not informed of these required reviews nor the method the previous EP Coordinator was using to track these reviews.

This concern was identified by the licensee's corporate staff during a corporate evaluation of LaSalle's EP program. The EP Coordinator had taken corrective action by performing reviews of EPIPs in accordance with station procedures and tracking the EPIPs with a two year review cycle.

The actions described above appear to be in violation of NRC requirements. However, the licensee identified this violation and it is not being cited because the criteria specified in Section VII.B of the "General Statement of Policy and Procedures for NRC

Enforcement Actions," (Enforcement Policy, 10 CFR Part 2, Appendix C) were satisfied.

The inspector also reviewed the "Reportability Manual" which was developed by the licensee's licensing staff to aid operators in the interpretation of the reporting requirements of 10 CFR 50.72. This manual gives an extremely conservative interpretation of "a significant loss of communications capabilities" in that it guides operators to make a one hour non-emergency phone call to the NRC if the nuclear accident reporting system (NARS) telephone is out of service. Even if this communication link to the State and counties fails, commercial telephones and the licensee's microwave telephone systems may still be available for notification and communication purposes. Loss of a single communication link, while maintaining alternate capabilities, should not be evaluated as a "significant loss of communications capabilities." In addition, it appeared that this manual was not fully reviewed by the licensee's EP staff for generic emergency planning implications.

The need for the licensee to reevaluate this interpretation of a "significant loss of communications capabilities" and the need to have this document fully reviewed by the licensee's EP staff will be tracked as an Inspection Followup Item (Nos. 373/93005-01 and 374/93005-01).

One non-cited violation and one inspection followup item were identified.

b. Emergency Facilities, Equipment, Instrumentation and Supplies

Tours were conducted thorough the Technical Support Center (TSC), Operational Support Center (OSC), High Radiation Sampling System (HRSS) room and the environmental monitoring van. Each facility was maintained in an operational state of readiness. Inspection of a select, random sample of essential equipment, instrumentation and supplies did not reveal any problem areas. A minor problem was noted in that the rubber gloves stored in the TSC and OSC had deteriorated beyond a useable condition. The licensee quickly corrected this deficiency.

The inspector also reviewed the final report from a contractor containing the results of a study on the affect of nearby buildings on the accuracy of the meteorological tower including the different levels of wind sensors. The report concluded that the nearby structures significantly affect the 10 meter level wind sensors and possibly other levels. The contractor made numerous suggestions for correcting this problem which the licensee were still evaluating.

The EP Coordinator discussed plans to relocate the OSC with the inspector. The licensee planned to have the new OSC finished prior to the annual exercise on March 31, 1993.

No violations or deviations were identified.

c. Organization and Management Control

Although the management organization at the station had undergone many changes, the reporting chain of the EP Coordinator remained the same. The EP Coordinator reported to the Health Physics Supervisor who reported to the Technical Superintendent who reported to the Station Manager.

There had been a significant turnover in the onsite EP staff. The previous EP Coordinator received a promotion to a corporate position and the EP Trainer took over as the EP Coordinator in December of 1991. The EP Coordinator was responsible for the EP program, the station's Radiological Environmental Monitoring Program, the Offsite Dose Calculation Manual, and other outage duties as assigned. A new trainer was assigned in the second quarter of 1992 to EP and Tech staff training. However, it was determined that this person's workload was too large, so a new EP Trainer was assigned in the third quarter of 1992.

Adequate numbers of personnel had been identified for specific lead and support positions in the emergency response organization (ERO). The licensee strives to maintain at least four qualified individuals in each ERO position. All positions except one had at least three qualified individuals assigned.

No violations or deviations were identified.

d. Emergency Preparedness Training

The current training program was discussed with the EP trainer and the EP Coordinator. The inspector reviewed the EP training Matrix requirements, lesson plans, and training modules.

The training matrix appropriately delineated the required training for each ERO position. Several lesson plans, including S-3, "Emergency Teams" and S-2, "Generic GSEP" were reviewed in detail and found to be adequate in scope and depth. The lesson plans were current and consistent with the emergency plan and implementing procedures.

The inspector performed a random check to ensure personnel assigned to the ERO were currently qualified. The Generating Station Emergency Plan (GSEP) requires that members of the ERO receive annual retraining on their assigned duties. However, it was noted that one ERO member was not retrained on a required corporate course for that person's assigned position.

It appeared that this person did not receive the required training because neither the corporate EP staff nor the onsite EP staff were tracking the required corporate training course. The EP Coordinator had since modified the training tracking system used by the EP trainer to adequately track the required corporate training.

The training deficiency described above appears to be a violation. However, the violation was categorized at Severity Level V and is not being cited because the criteria specified in Section VII.B.1 of the "General Statement of Policy and Procedures for NRC Enforcement Actions" (Enforcement Policy, 10 CFR Part 2, Appendix C), were satisfied.

Records of the emergency preparedness drills were reviewed. All 1991 and 1992 health physics, medical, augmentation, assembly, and post accident sampling drills were performed. Thorough critiques of health physics and medical drills were performed by the licensee's corporate EP staff.

The 1992 assembly drill was conducted during the annual exercise and there was very little documentation on the results of that drill. In addition, the evaluations of the augmentation drills were marginal in that they did not have a specific success criteria set. During one of the augmentation drills, the call list was not completed due to the unavailability of some augmentation callers. During another drill, no communicators would have been available in the TSC within 60 minutes and an OSC Supervisor would not have been available for 120 minutes.

One non-cited violation was identified.

e. Independent Reviews/Audits

The licensee's Site Quality Verification (SQV) group performed an audit of the onsite EP program every twelve months. Audit No. QAA-01-91-13, performed on February 15-28, 1992, was well done and satisfied the intent of 10 CFR 50.54(t). Audit No. QAA-01-91-21 focused on the annual exercise performance.

A contractor performed a detailed evaluation of the licensee's interface with offsite agencies on March 9-19, 1992. In addition, SQV inspectors attended offsite agency meetings to evaluate the interface between the licensee and these agencies. However, the conclusions associated with these evaluations were not included in the annual audit. Since it is a requirement that the annual audit of EP include an evaluation of the offsite interfaces, the licensee should include documentation in the annual audit addressing how this requirement was met.

No violations or deviations were identified.

5. Exit Interview

The inspector met with the licensee representatives denoted in section 1, on February 1, 1993. The inspector reviewed the scope and preliminary findings of the inspection. The licensee indicated that the information discussed was not of a proprietary nature.