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July 8, 1981

U. S. Nuclear Regulatory Commission
Office of Inspection and Enforcement
Attention: Mr. Boyce H. Grier
Director, Region I
631 Park Avenue
King of Prussia, PA 19406

Subject: Response to Significant Findings, Appendix A, Health
Physics Appraisal Inspection Report 80-16

Dear Mr. Grier:

This letter is in response to the NRC Health Physics Appraisal Inspection Report 80-16 received by us on June 18, 1981. Specifically, we are enclosing our initial response to the significant appraisal findings contained in Appendix A of the Inspection Report. Due to the large amount of material contained in the document, and the need for our staff to adequately review its contents, we will submit a more detailed response to the significant appraisal findings by August 20, 1981.

Sincerely,


John E. Maier

Attachment A

RG&E Response to Significant Appraisal Findings Inspection Report 80-16, Health Physics Appraisal R. E. Ginna Nuclear Power Plant

Item 1.

NRC Finding:

An accurate description of the Radiation Protection organization was not developed, established and maintained sufficient to define the organizational hierarchy, reporting chains or functional descriptions of the personnel involved (including responsibilities and authorities). Administrative Procedures have not been revised to reflect the current arrangement of the Chemistry and Health Physics organization, nor have Job Descriptions been established that accurately represent the positions in the organization as it currently exists, including that of Corporate Health Physicist. (Section 1.0)

RG&E Response:

The description of the Ginna Health Physics and Chemistry organization as depicted in Figure 2 of Inspection Report 80-16, was developed in a more formal manner at the close of the Health Physics Appraisal inspection in December, 1980. Currently, re-structuring of the Health Physics and Chemistry organization is being considered in the areas of ALARA Respiratory Protection, and Dosimetry. Position descriptions are being formalized as part of a plant-wide program. A schedule for the completion of the Ginna Station Health Physics and Chemistry position descriptions and for related revisions to administrative procedures will be included in our forthcoming August 20, 1981 response.

The position description for the Corporate Health Physicist was completed on November 21, 1980.

Item 2.

NRC Finding:

The quality assurance program implemented for the vendor-supplied film badge devices is not implemented sufficiently to assure that the device provides an accurate estimate of personnel exposures. (Section 3.1)

RG&E Response:

Ginna Procedure HP-1.7, Film Badge Accuracy Check is now in formal use requiring the monthly irradiation of at least 12 vendor badges on a calibration source. Badge exposure levels, acceptance criteria and required documentation are specified in the procedure. The results are reviewed by a Health Physicist to determine if any corrective actions are necessary.

The film badge vendor used by Ginna Station is independently certified by other recognized dosimetry testing services on a regular basis.

Item 3.

NRC Finding:

There are no adequate procedures formally established, maintained and implemented that permit the evaluation of uptakes of radioactivity from air samples or bioassay results. (Section 3.2)

RG&E Response:

The dose calculational techniques currently in use at Ginna Station represent standard methodology for evaluating biological uptakes of radioactivity (e.g. ICRP-2). However, we will incorporate appropriate instructions based upon such methodology into formalized procedures for the evaluation of air sample and bioassay data. These procedure revisions will be completed by September 10, 1981.

Item 4.

NRC Finding:

There are no procedures established, implemented or maintained that discuss the process of collecting and analyzing urine and fecal material for evaluating personnel exposure to radioactivity. (Section 3.2)

RG&E Response:

Ginna Station Procedure HP-2.5, Whole Body Count Evaluation currently provides general instructions for initiating the collection and analysis of biological samples. An offsite contractor is utilized for emergency medical support and bioassay evaluation. The contractor has supplied Ginna Station with kits for the collection of biological samples, which can then be counted at Ginna or by the contractor. We are planning a QA audit

of the contractor offsite facilities before September 10, 1981. A Health Physicist will accompany the audit team to assist in the review of procedures and calibration data. We are currently reviewing our own bioassay program and procedures and will provide additional comments in the forthcoming August 20, 1981 response.

Item 5.

NRC Finding:

There is no independent verification of the whole body counter performed sufficient to assure that the instrument is calibrated and functioning properly. (Section 3.2)

RG&E Response:

The offsite contractor used for the whole body counter operation performed a calibration of the unit using NBS traceable sources and a phantom in November, 1980. Currently, Ginna Station performs source checks on the whole body counter each day the unit is operated, as specified by Procedure HP-2.2, Whole Body Counter Operation.

A phantom has been purchased for in-house use, and we are currently awaiting delivery of a set of calibration sources to use with the phantom. It is anticipated that we will have complete in-house capability and procedures to perform independent phantom calibrations of the whole body counter by September 10, 1981.

Item 6.

NRC Finding:

Personnel are not provided sufficient opportunity to physically acquaint themselves with certain types of respiratory protective devices, particularly self-contained breathing apparatus. Inordinate reliance is placed upon information provided by videotape with little effort directed to assure that personnel are proficient in the use of the equipment. (Section 3.2.1)

RG&E Response:

The general respiratory protection training requires an actual quantitative mask fit test for any person to receive mask qualification. The quantitative fit

test has provided individuals with actual mask handling experience prior to use in work areas.

To provide additional hands-on experience in the general respiratory training program, masks will be made available for donning during the class. The instructor will review the proper mask donning procedure and the Mask Use Check Sheet, used in conjunction with Procedure HP-12.6, prior to performing the quantitative fit test. This training approach will become effective as of July 13, 1981.

Although the general respiratory protection training program acquaints individuals with self-contained breathing apparatus (SCBA), the use of such equipment is intended primarily for emergency response personnel (fire brigade, plant operators, and HP technicians). Therefore, SCBA equipment use and actual donning will be performed and documented separately as part of Ginna Station's emergency response training. We will provide an expected implementation date in our forthcoming August 20, 1981 response.

Item 7.

NRC Finding:

The calibration program and procedures for portable survey instruments and installed area monitors need to be revised to meet the recommendations of ANSI N323, "Radiation Protection Instrumentation Test and Calibration." Specifically, you need to develop operational source checks for portable survey instruments and portable area monitors as recommended in ANSI N323. (Section 3.3)

RG&E Response:

We are in the process of establishing acceptance criteria for our portable survey equipment and will implement a source check program for instruments in use by September 10, 1981.