



UNITED STATES
 NUCLEAR REGULATORY COMMISSION
 REGION II
 101 MARIETTA STREET, N.W., SUITE 2900
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Report No.: 50-395/94-05

Licensee: South Carolina Electric and Gas Company
 Columbia, SC 29218

Docket No.: 50-395

License No.: NPF-12

Facility Name: V. C. Summer

Inspection Conducted: January 31 - February 4, 1994

Inspector: A. Gooden 02-22-94
 A. Gooden Date Signed

Approved by: K. Barr 2/23/94
 K. Barr, Chief Date Signed
 Emergency Preparedness Section
 Radiological Protection and Emergency Preparedness Branch
 Division of Radiation Safety and Safeguards

SUMMARY

Scope:

This announced inspection was a Regional initiative to evaluate the licensee's emergency preparedness program in the following areas: audits and self-assessment; training and implementation of revised EPA Manual of Protective Action Recommendations (EPA-400); periodic testing and maintenance of the Early Warning Siren System (EWSS); shift staffing and augmentation; and the effectiveness of corrective action tracking.

Results:

Within the areas reviewed, one non-cited violation (NCV) and one cited violation were identified:

- A NCV for failure to submit changes to the Emergency Plan to NRC within 30 days of the approval and implementation date (Paragraph 2).
- A violation for failure to train an individual assigned responsibility for protective action recommendations (PARs) in accordance with Section 8.1.1 of the Emergency Plan (Paragraph 5).

No deviations were identified. Several other aspects of the licensee's program were discussed as program improvement items or inspector followup items (IFIs):

- An IFI was identified when numerous examples were noted where the administrative procedure was not followed for ensuring complete, up-to-date, and accurate information within the Integrated Commitment Management and Tracking System (Paragraph 6).
- Areas discussed with the licensee for consideration as improvements included the periodic pager drill results (Paragraph 3), the EWSS repairs (Paragraph 3), and the staffing and activation of emergency response facilities (Paragraph 4).

The performance of an operating crew during a simulator drill demonstrated the capability to properly classify events and notify offsite authorities in a timely manner. Walkthroughs with three key members of the emergency response organization (ERO) disclosed that interviewees were trained, and fully aware of the Plan and procedure changes resulting from EPA-400 guidance, in the areas of PARs and emergency worker dose. Positive aspects of the licensee's program included the periodic internal audits by Emergency Services staff, and the number of drills and exercises conducted in excess of those required.

REPORT DETAILS

1. Persons Contacted

Licensee Employees

- R. Bender, Senior Instructor, Operations
- *L. Bouknight, Specialist, Emergency Planning
- R. Clary, Manager, Steam Generator Project
- #*C. Counts, Coordinator, Emergency Planning
- #*R. Fowlkes, Manager, Nuclear Licensing
- *S. Furstenberg, Associate Manager, Operations
- *C. McKinney, Specialist, Licensing
- *R. Myers, Specialist, Emergency Planning
- #*K. Nettles, General Manager, Station Support
- #*H. O'Quinn, Manager, Nuclear Protection Services
- #*R. Schwartz, Coordinator, Emergency Services
- *J. Skolds, Vice President, Nuclear Operations
- *R. Sloan, Engineer, System and Component
- *G. Taylor, General Manager, Nuclear Plant Operations
- *B. Williams, Manager, Operations

Other licensee employees contacted during this inspection included operators, engineers, technicians, security force members, and administrative personnel.

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- #K. Barr, Chief, Emergency Preparedness Section
- #*R. Haag, Senior Resident Inspector
- #D. Verrelli, Branch Chief, Division Reactor Projects

*Attended exit interview

#Participated in teleconference exit on February 14, 1994

An index of abbreviations used throughout this report will be found in the last paragraph.

2. Protective Action Decision-Making (82202)

The program area of Protective Action Decision-Making was inspected to determine whether the licensee was maintaining a continuous capability to make appropriate recommendations to offsite officials to protect the public and to take appropriate measures to protect onsite workers in the event of an emergency. Requirements applicable to this area are contained in 10 CFR 50.47(b)(9) and (10), Section IV.D.3 of Appendix E to 10 CFR Part 50, and the Emergency Plan.

The inspector reviewed pertinent portions of the Emergency Plan and EPPs to determine if authority and responsibility for accident assessment and protective action decision-making was clearly assigned and were available on a 24-hour basis. The Emergency Plan clearly delineated the responsibility for PARs prior to EOF activation. However, following EOF

activation, the Emergency Plan nor EPP governing the EOF activation (EPP-051) was very specific regarding the authority and responsibility for PARs. The licensee contact indicated that a revision to the Emergency Plan would specify the authority and responsibility following facility activation. The licensee's EPPs clearly specified when PARs should be made to offsite authorities. Provisions were in place for contacting offsite officials with responsibility for PARs on a 24-hour basis. Procedures for formulation of PARs following the General Emergency declaration were included as part of EPP-001.4 based on plant conditions, and EPP-005 based on dose projection results. Both methods of PARs included the revised guidance found in EPA-400 Manual of Protective Action Guides and Protective Actions for Nuclear Incidents. However, the approved Emergency Plan had not been changed to reflect the revised EPA guidance. The Emergency Plan (Section 6.0, Table 6-3) depicted the EPA-520 PAR guidance and guidance issued in an NRC IN 83-28: "Shelter 2 miles radius and 5 miles downwind." Contrary to the Emergency Plan default PAR for a General Emergency, Attachment II of EPP-001.4 recommends evacuate two miles radius and five miles downwind as opposed to shelter. Other inconsistencies noted between the Plan and EPPs included a Site Area Emergency EAL change and emergency workers exposure limits. The inspector discussed the inconsistency between the Plan and EPPs with members of the licensee's staff and was informed as follows:

- During an October 1993 meeting with select members of the Region II staff, the licensee's understanding was complete implementation of revised EPA guidance by January 1994, and submit the Plan change reflecting revised guidance during the first quarter 1994.
- A Plan change reflecting the revised guidance was scheduled for submittal to NRC during April 1994.

Based on the above comments, the inspector informed the licensee that the above inconsistencies appeared to have resulted from a fundamental misunderstanding in communications with the Region II staff. The revised PARs procedures although more conservative than the previous, resulted in an inconsistency between the EPPs and the Emergency Plan. TS Section 6.8.1.e states that "written procedures shall be established, implemented and maintained covering the Emergency Plan activities." The referenced procedural changes do not implement activities and/or actions as described in the Emergency Plan. 10 CFR 50.54(q) requires that licensee submit changes to the Emergency Plan within 30 days after the change is made. According to licensee documentation and discussions with licensee representatives, the procedural changes became effective December 31, 1993 (the required training was conducted prior to December 31, 1993) with an implementation date of January 1, 1994. However, changes to the Emergency Plan to coincide with the procedural and program changes were not made. Consequently, the licensee was informed that although EPP changes were submitted in accordance with 10 CFR 50.54(q), this item was a potential violation for failure to submit changes to the Emergency Plan in accordance with 10 CFR 50.54(q).

In response, the licensee took immediate action to complete the Plan revision submittal package to reflect the abovementioned changes. Resources were immediately allocated to complete the Plan revision package to ensure a timely review and approval for submittal to NRC by February 11, 1994. In light of the aforementioned actions, this NRC identified violation is not being cited because criteria specified in Section VII.B of the NRC Enforcement Policy were satisfied. The licensee was informed that this finding was considered a NCV.

NCV 50-395/94-05-01: Failure to submit changes to the Emergency Plan in accordance with 10 CFR 50.54(q).

With the noted exception, remaining aspects of the licensee's PARs program was effective in providing recommendations to offsite officials to protect the public and to take appropriate measures to protect onsite workers in the event of an emergency. Walk-through evaluations involving protective action decision-making, conducted with three key members of the ERO (see Paragraph 5 for details), confirmed that personnel were cognizant of the appropriate onsite protective actions and aware of the range of PARs appropriate to the general public.

One NCV was identified.

3. Notifications and Communications (82203)

The program area of Notifications and Communications was inspected to determine whether the licensee was maintaining a capability for notifying and communicating with plant personnel, offsite support agencies and authorities, and the population within the 10-mile EPZ. Requirements applicable to this area are contained in 10 CFR 50.47(b)(5) and (6), Section IV.D of Appendix E to 10 CFR Part 50, and the Emergency Plan.

The inspector reviewed the licensee's notification procedure EPP-002, "Communication And Notification". The referenced procedure contained the emergency notification message form, and specified when to notify onsite and/or offsite emergency response personnel. The referenced procedure required that offsite notifications be made promptly after event declaration. The emergency notification message form used for initial and followup notifications to State and local authorities met the guidance in NUREG-0654, Sections II.E.3 and II.E.4. In addition, the notification message form had been revised to reflect terminology changes resulting from EPA-400 and revised Part 20 changes. The licensee's communication procedure instructs communications personnel to verify the notification message with offsite authorities by transmission of the completed notification form via facsimile. The procedures contained provisions for message verification.

The licensee's management control program for the EWSS was reviewed. According to documentation and discussions with a member of the licensee's staff, the system consisted of 106 sirens. In addition tone alert radios were provided to schools within the EPZ. According to

licensee documentation, siren test results for calendar year 1993 reliability was 97.29 percent. The annual operability percentage (97.29 percent) was a summation of the test performed during the annual exercise (83 percent), monthly growl test (96.29 percent), and the weekly results from silent tests (97.7 percent). Siren test documentation was reviewed covering the period July 1993 through December 1993. The records showed that periodic test was performed in accordance with procedural requirements. In light of siren problems documented during recent NRC inspections (Reports Nos. 93-20 and 93-22), the inspector reviewed in detail the licensee's assessment and corrective actions in response to siren failures during the annual exercise. The assessment was comprehensive involving licensee and vendor resources. According to the licensee contact, the evaluation and assessment disclosed that the failures may be attributed to an inadequate preventive maintenance program. The previous maintenance program was oriented towards the mechanical and electrical components of the siren units and did not include the RTU. Actions planned and/or implemented as a result of the licensee's assessment includes the following:

- A semi-annual maintenance program was implemented in January 1994 with the equipment vendor that includes cleaning and testing of the RTU in addition to performing the previous maintenance on siren units.
- Modifications to siren system controls to provide the capability for performing a one minute growl test which would provide both decibel (sound) and rotation (RPM) data for test verification. The previous growl test criteria was based on a shorter duration run time resulting in a siren sound output rather than the siren's capability to both rotate and sound. By reprogramming units, the growl test would provide a full operability test of the total siren on a monthly rather than annual basis. A member of the licensee's staff indicated that April 1994 was the anticipated completion date for system modification.
- Site Emergency Services personnel interface directly with vendor to request repairs and/or maintenance rather than requests via Telecommunications to vendor.

An additional aspect of the licensee's siren repair program that was noted by the NRC inspector involved what appeared to be delays in returning sirens to service and or initiating the appropriate paperwork as evidenced by the following examples:

- Siren N-22, MWR #93L3014, submitted and approved on July 16, 1993, was not returned to service until September 22, 1993. According to documentation, several actions were taken to return unit to service. Total time out of service was approximately two months.

- Siren F-7, MWR #93L3006, submitted and approved on July 2, 1993, and returned to service July 28, 1993. Out of service for more than three weeks.

The licensee took exception to the inspector's comments regarding delays in returning sirens to service. The inspector acknowledged the licensee's comments and informed the licensee that based on the above details, the previous IFI (50-395/93-20-03) in this area, discussed in Paragraph 7, remains opened pending the completion of program assessments and improvements.

The inspector observed operability test performed on the following communications equipment from the Control Room and TSC: ENS, HPN, other NRC communications locations (RSL, PMCL, etc), and the ESSX phones (dedicated ringdown to State/local authorities). No problems were noted, all phones were operational. The inspector observed a growl test of the EWSS from the TSC. The inspector noted that the growl test results indicated from a total of 106 sirens, four sirens failed the one-minute test. In response to the four failures, the licensee initiated immediate actions to trouble shoot and repair failures. At the time of the exit, the licensee efforts in trouble shooting and repair continued.

The inspector reviewed the licensee's notification system for activating the ERO during off-hours. The notification system involves activating a computer based automatic telephone dialing and recording system for contacting a list of individuals assigned to the ERO. This automated system is referred to as ERONS. The inspector discussed with a member of the licensee's staff the periodic testing of the referenced system including backup provisions in the event the automated system was inoperable. According to the licensee contact, in the event the system became inoperable, the procedure for manual call-out would be implemented. According to documentation, system operability checks were performed on a monthly basis. The inspector noted that the percentage of responders varied from a low of 70.3 percent to a high of 87.4 percent during a seven month period. The inspector was informed that licensee management was reviewing this matter and re-emphasizing the importance of responding to pager drills. In addition, recent changes were made to the type of pager issued to ERO personnel and modifications are being made to ERONS for human performance improvements. The licensee was informed that radio-pager drill results was considered an area for improvement to ensure an effective system for notification to augmentation staff. As an effective training aid for periodic Communicator training, the licensee procured a phone resembling the TSC phone used by Communicators for activation of the ERO pagers.

No violations or deviations were identified.

4. Shift Staffing and Augmentation (82205)

The program area of Shift Staffing and Augmentation was inspected to determine whether shift staffing for emergencies was adequate both in numbers and in functional capability, and whether administrative and

physical means were available and maintained to augment the emergency organization in a timely manner. Requirements applicable to this area are contained in 10 CFR 50.47(b)(2), Sections IV.A and IV.C of Appendix E to 10 CFR Part 50, and the Emergency Plan.

Shift staffing levels and functional capabilities were reviewed and determined to be consistent with Table B-1 of NUREG-0654. The licensee maintains an on-call system so that essential personnel off-duty may be contacted if needed.

The inspector discussed and reviewed staff augmentation times with licensee representatives based on recent drills. On a periodic basis, the licensee conduct drills as a mechanism for documenting the minimal staff arrival times for each ERF. The licensee contact and drill documentation disclosed that a recent drill (December 2, 1993) was unsuccessful in demonstrating that staffing requirements could be met in the required time for ERFs activation. During the referenced drill, the ERFs were staffed as follows:

- TSC - 79 minutes from drill starting time
- OSC - 81 minutes from starting time
- EOF - 65 minutes from starting time

In addition to the above results, the inspector reviewed documentation from a September 1992 augmentation drill which disclosed similar results:

- TSC - 73 minutes from drill starting time
- OSC - 70 minutes from starting time
- EOF - 65 minutes from starting time

Based on the results from the December drill, a remedial drill was conducted January 27, 1994. The results of that drill disclosed that minimum staffing levels were achieved in accordance with Table 5-1 of the Emergency Plan. The inspector requested from members of the licensee's staff clarification regarding objectives of augmentation drills and the times that were documented. The inspector was informed that the aforementioned drills demonstrated the capability to notify augmentation personnel required for facility staffing, and serves to document staff arrival time to facility following pager activation. The referenced drills did not serve to demonstrate ERFs activation time. In response the inspector discussed the difference between staff arrival time and facility activation time to ensure the licensee's periodic drill program demonstrated that both staffing levels and ERF activation would be achieved within the requirements of the Plan and EPPs. Section 5.0 (Table 5-1) of the Emergency Plan committed to a one-hour (60 mins.) time requirement for minimum staffing. Attachment I-A (Revision 1) to EPP-051 included a commitment that the "EOF should be activated about 1 hour after emergency declared." No similar commitment stated for the TSC. Additionally, the Emergency Plan did not specify the time requirement for ERF activation. Consequently, the inspector discussed during the exit interview (see Paragraph 7) the lack of a time

commitment for ERFs to be considered activated and/or operational to perform those functions in support of the Control Room. Further, the inspector discussed as an augmentation drill improvement item that tabletop drills be included to involve facility activation demonstration in addition to staffing. The licensee agreed to review this matter and discuss with Region II management subsequent to the inspection.

No violations or deviations were identified.

5. Knowledge and Performance of Duties (82206)

The program area of Knowledge and Performance of Duties was inspected to determine whether the licensee's key emergency response personnel were properly trained and understood their emergency responsibilities. Requirements applicable to this area are contained in 10 CFR 50.47(b)(2) and (15), Section IV.E of Appendix E to 10 CFR Part 50, and the Emergency Plan.

The inspector reviewed the description (in the Emergency Plan) of the training program and training procedures. The inspector reviewed selected lesson plans for Offsite Emergency Coordinator training, Offsite Radiological Monitoring Coordinator, and Emergency Director training. In addition, the lesson plans for training involving the EPA revised PAGs (EPA-400) were reviewed. The EPA-400 lesson plan was a detailed document describing the old and new PARs scheme, emergency worker limits, EALs, and new exposure terminology resulting from EPA-400 and revised 10 CFR Part 20 (e.g. TEDE, CDE, DAC). Based on these reviews and interviews with training personnel, the inspector determined that the licensee maintained a formal training program.

Emergency response training records were reviewed for selected individuals. Records for 17 randomly selected individuals assigned to the ERO (Emergency Directors, Media Coordinator, Offsite Emergency Coordinator, Radiological Assessment Supervisor, etc.) were reviewed to verify that individuals received training in accordance with the Plan and procedures during 1993. With one exception, no problems were noted. The one exception involved an individual assigned to the ERO as an OEC with assigned responsibilities in the areas of event declaration, PARs, and offsite notifications. Training documentation for the aforementioned individual disclosed that the required annual training for the referenced individual was completed on January 22, 1993. However, training was not attended involving the revised PARs (EPA-400). The inspector reviewed class attendance rosters and interviewed the instructor with responsibility for training and determined that the individual had not completed the required training. Section 8.1.1 of the Emergency Plan states that "Station personnel will be informed of changes in Emergency Plans and Emergency Plan Procedures at scheduled training sessions." According to licensee documentation, the referenced

training was conducted on several dates during December 1993 prior to the January 1994 implementation. Consequently, the licensee was informed that failure to provide EPA-400 training to a key member of the organization with responsibility for PARs during an emergency was considered a violation.

Violation 50-395/94-05-02: Failure to provide training in accordance with Section 8.1.1 of the Emergency Plan.

To assess the effectiveness of the EPA-400 training, the inspector interviewed three key individuals assigned to the ERO as the ED, ECO, and DEC respectively. Specific areas of interviews included position role/responsibilities to the ERO, onsite/offsite PARs based on plant and/or dose projection information, and impact of revised EPA Manual and 10 CFR Part 20 on the emergency response program. The overall findings from the interviews indicated that personnel were familiar with their roles and responsibilities. Interviewees demonstrated the capability to make onsite and offsite PARs in a timely manner. Additionally, personnel were familiar with the impact of Part 20 and EPA changes on emergency worker exposure limits and dose projection results. No problems were noted during the interviews. In addition to the interviews, the inspector observed a Control Room staff (simulator drill) demonstrate the capability to classify events in accordance with procedures, complete the notification message forms, and notify the offsite authorities (communications cell) within the required time regime. No significant issues were identified. Minor errors were made in completing the notification message forms.

One violation was identified.

6. Independent Review/Audits (82701)

This area was inspected to determine whether the licensee had performed an independent review or audit of the emergency preparedness program, and review the effectiveness of the corrective action system for deficiencies and weaknesses identified during exercises and drills. Requirements applicable to this area are contained in 10 CFR 50.47(b)(14), 10 CFR 50.54(t), and the Emergency Plan.

The inspector reviewed documentation resulting from two independent audits performed by the QA Program. The referenced audits were conducted during the period January 27 - February 10, 1992 (documented in Audit Report No. II-1-92-B), and January 25 - February 12, 1993 (documented in Audit Report No. II-1-93-B). The audit teams were comprised of personnel from the licensee's organization in addition to a representative from other southeastern utility emergency preparedness staff. Each of the aforementioned audits were very compliance oriented to verify that Plan commitments were satisfied. According to audit results, no findings or deficiencies were identified. However, several items were identified as improvement items. The referenced audits satisfied the annual frequency requirement for such audits. An additional audit was performed by the QA staff during August 10-18, 1993 (documented in Audit Report No. QA-SUR-

93075-0), and evaluated specifically Emergency Plan training for the offsite ERO and the offsite support organization. One deficiency was identified involving the lack of training for Public Information personnel. Based on discussion with a licensee contact and a review of the close-out documentation, the proposed corrective actions had been completed.

During the calendar year 1992, the licensee implemented an emergency preparedness internal audit program. The referenced audit was not required by the Emergency Plan or 10 CFR Part 50, but was implemented as a program enhancement for self-identification of deficiencies or discrepancies in the emergency preparedness program. A member of the Emergency Services staff was assigned as Auditor. Based on documentation resulting from audits, the internal audits were effective in self-identification of problems. However, according to documentation and a discussion with the licensee contact assigned responsibility for EP, no such audits were performed during the third or fourth quarter 1993. The frequency for such audits were quarterly, but according to EPP-101 (Internal Audit Program) audits may be canceled due to other work loads. The inspector was informed that due to other program evolutions (EPA-400 implementation, revised Part 20, et.al.), the last audit was March 1993. Licensee management indicated during the exit that the internal audit program would be reinitiated.

The inspector reviewed the effectiveness of the licensee's program for identification and corrective action of drill and exercise findings. The licensee utilizes two methods of tracking items: RTS and the Integrated Commitment Management and Tracking process known as ICMT (described in SAP-125 "Integrated Commitment Management and Tracking.")

Exercise and drill reports covering the period July 15, 1992 to December 8, 1993, disclosed that the licensee conducted facility critiques following all drills, exercises, and dress rehearsals. Based on the report details, the Controller/Evaluator organization appeared to be effective in the identification of items. However, an example was noted where the corrective actions were ineffective in resolving an item or preventing a recurrence. For example, problems were noted with the content of emergency notification messages during NRC graded exercises in 1992 (Report No. 50-395/92-11), 1993 (NRC Report No. 50-395/93-20), and during a September 1993 licensee-only training exercise. Those items identified during drills and/or exercises, were assigned to a specific organization or individual with a tentative completion date, and entered into the above tracking system for followup. The inspector reviewed a current printout showing the status of open items from past drills and/or exercises. It was noted that several items remained open from calendar years 1989 and 1992. Based on documentation and discussions with members of the licensee's staff, the inspector determined that Managers and/or staff were not taking actions to close items or update open items status in accordance with procedure SAP-1251. There were numerous examples where status updates were not provided or entered (e.g. provide portable battery powered air samplers in emergency kits; improve telephone wiring and phone hookups in the BEOF; provide a

first responder kit for the OSC; etc.). The aforementioned examples were discussed with the licensee contact as indicative of a lack of administrative controls to ensure that personnel were reviewing status reports to ensure the accuracy of information. The inspector questioned a member of the licensee's staff if periodic status reports were distributed to plant management for oversight and more timely resolution of items. The inspector was informed that no such report was generated. This matter was acknowledged by the licensee as an area requiring corrective actions. The inspector informed the licensee that corrective actions taken in response to this item was considered an IFI for followup during a future inspection.

IFI 50-395/94-05-03: Verify actions are taken to ensure the accuracy and timely update of open items information.

This program area was considered effective in problem recognition but improvements are necessary in corrective actions and open items tracking.

No violations or deviations were identified.

7. Action on Previous Inspection Findings (92701)

- a. (Closed) IFI 50-395/93-02-01: Review evacuation routes and clearly place red and green evacuation signs identifying routes within the Control Building and the Aux Service Building.

The inspector conducted a facility walkdown and observed signs that were clearly visible indicating various exit routes from the protected area. According to licensee documentation, more than 47 signs were installed in various locations within the protected area (Aux Building, Turbine Building, etc.).

- b. (Open) IFI 50-395/93-20-03: Review the licensee's assessment of EWSS failures, corrective actions to prevent recurrence, and follow-up test in a future inspection.

Based on documentation and discussions with members of the licensee's staff, management attention and contractor assistance had been directed towards the establishment of a program for increasing the operability and reliability of the EWSS (see discussion in Paragraph 3). Several actions were completed but full program implementation (siren control modifications, RTU maintenance, etc.) and sufficient test data was not completed. Consequently, the licensee was informed that this item remains open.

8. Exit Interview

The inspection scope and results were summarized on February 4, 1994, with those persons indicated in Paragraph 1. The inspector described the areas inspected and discussed in detail the inspection results

listed below. The inspector also expressed concern regarding the following items: 1) monthly pager drill results, 2) delays in returning sirens to service, 3) objectives tested during augmentation drill and the results (staffing/facility activation), and 4) EP internal audit program. In response to the inspector's concern regarding the delays in returning sirens to service, the licensee took exception and expressed dissenting comments including the justification. Regarding pager drills, the Vice President Nuclear Operations indicated that the pager drills were discussed during a recent management meeting and appropriate actions will be taken to resolve concerns. The licensee committed to review the results of augmentation drills, the Emergency Plan and EPP augmentation commitments, and discuss further with Region II the requirements for augmentation and facility activation. Proprietary information is not contained in this report.

On February 14, 1994, discussions were held telephonically involving the licensee and NRC personnel identified in Paragraph 1. In response to the inspection findings and commitments made during the exit, licensee representatives provided the following additional details:

- The Emergency Plan revision reflecting EPA-400 was submitted to NRC on February 11, 1994.
- Training for OEC completed.
- Clarification regarding pager assignments and the objectives tested during pager drills.
- Clarification regarding quarterly drills (staffing) and augmentation drill (facility activation).
- EP internal audit program would be reinstated.
- Housekeeping is necessary to update tracking system.

<u>Item Number</u>	<u>Description/Reference</u>
50-395/94-05-01	NCV - Failure to submit changes to the Emergency Plan in accordance with 10 CFR 50.54(q) (Paragraph 2).
50-395/94-05-02	VIO - Failure to provide training in accordance with Section 8.1.1 of the Emergency Plan (Paragraph 5).
50-395/94-05-03	IFI - Verify actions are taken to ensure the accuracy and timely update of open items information (Paragraph 6).

Licensee management was informed that two open items from previous inspections were reviewed and one item is considered closed (Paragraph 7).

9. Index of Abbreviations Used In This Report

BEOF	Backup Emergency Operation Facility
CDE	Committed Dose Equivalent
DAC	Derived Air Concentration
EAL	Emergency Action Level
ECO	Emergency Control Officer
ENS	Emergency Notification System
EOF	Emergency Operation Facility
EPA	Environmental Protection Agency
EPP	Emergency Plan Procedure
EPZ	Emergency Planning Zone
ERF	Emergency Response Facility
ERO	Emergency Response Organization
ERONS	Emergency Response Organization Notification System
EWSS	Early Warning Siren System
HP	Health Physics
HPN	Health Physics Network
ICMT	Integrated Commitment Management And Tracking
IN	Information Notice
MWR	Maintenance Work Request
DEC	Offsite Emergency Coordinator
OSC	Operations Support Center
PAG	Protective Action Guide
PMCL	Protective Measures Counterpart Link
QA	Quality Assurance
RPM	Revolutions Per Minute
RSL	Reactor Safety Link
RTS	Regulatory Tracking System
RTU	Radio Transmitter Unit
SAP	Station Administrative Procedure
TEDE	Total Effective Dose Equivalent
TS	Technical Specifications
TSC	Technical Support Center