

BOSTON EDISON COMPANY
800 BOYLSTON STREET
BOSTON, MASSACHUSETTS 02199

WILLIAM D. HARRINGTON
SENIOR VICE PRESIDENT
NUCLEAR

August 6, 1982

BECo Ltr. #82-207

Mr. Richard W. Starostecki, Director
Division of Project and Resident Programs
Region I
U.S. Nuclear Regulatory Commission
631 Park Avenue
King of Prussia, PA 19506

License No. DPR-35
Docket No. 50-293

Response to IE Inspection 82-16

Dear Sir:

IE Inspection Report #82-16, dated July 7, 1982, identified one item of non-compliance. Boston Edison Company's response to that item of non-compliance is provided in Attachment A. In addition, further steps taken concerning effectiveness of prior corrective actions are discussed in Attachment B.

Very truly yours,

W D Harrington

Commonwealth of Massachusetts)
County of Suffolk)

Then personally appeared before me W. D. Harrington, who, being duly sworn, did state that he is Senior Vice President - Nuclear of Boston Edison Company, the applicant herein, and that he is duly authorized to execute and file the submittal contained herein in the name and on behalf of Boston Edison Company and that the statements in said submittal are true to the best of his knowledge and belief.

My Commission expires: *October 21, 1988*

Peter M. Kahler
Notary Public

ATTACHMENT A

Violation

Technical Specification 6.11 requires that procedures for radiation protection be adhered to for all operations involving radiation exposure. Procedure No. 6.1-012, "Access to High Radiation Areas", Revision 8, requires that if a Health Physics control point is established for a specific work area, the Health Physics representative will be responsible to assure that the area is locked or access to the area is otherwise controlled.

Contrary to the above, on June 4, 1982, the responsible Health Physics representative at an established control point for the Traversing In-Core Probe drive mechanism high radiation area did not lock or control access to the area.

This is a Severity Level IV Violation (Supplement IV).

Response

As identified in the text of Inspection 82-16, a contributor to this violation was the use of a prescribed medicine by the Health Physics technician responsible for controlling access to the area.

The Health Physics Technician was verbally reprimanded for his unacceptable behavior and the Senior Health Physics Engineer immediately counseled his staff concerning this event including the proper aspects of supervision and consideration for personnel condition.

The Nuclear Operations Manager caused a review to be performed concerning Medical Department policies and practices related to this incident. The Medical Department has identified the medicinal groups of concern to the Pilgrim staff. Employees have been advised to notify the Medical Department Supervisor when taking these medications and the Medical Department will advise the employee and supervisor of any concerns regarding possible adverse side effects. A presentation on this subject was provided by Medical to Group Safety Representatives and a Department Safety Meeting was held on June 8, 1982, reviewing these concerns.

Full compliance was achieved by July 1, 1982.

ATTACHMENT B

Recognizing that the ineffective corrective actions identified in this attachment stem from an ineffective followup actions closeout process, we have instituted a process whereby stated corrective actions or commitments are now tracked on an integrated computerized tracking system. In addition, a review will be made prior to close-out by a cognizant group to assure that the proposed close-out method addresses the original area(s) of concern which created the need for this action(s) to occur.

We believe that this will close the loop in a more effective and reliable manner than in the past, which only required verbal notification to the tracking group that a commitment or corrective action had been accomplished.

Discussion #81-12-01

Two areas have either uncorrected or recurring problems:

Procedure 1.3.8 was revised to add requirements for control of procedures posted in the plant. However, the inspector identified 12 locations in the plant that had procedures posted that were not specified in Procedure 1.3.8.

Moreover, the licensee's response dated September 8, 1981, stated that copies of the retired 5.3.1 procedure had been removed but two copies were still posted in the Reactor Building (instrument rack 2206 51' elevation, and MCC B20 23' elevation).

Response

In response to the original item of noncompliance, controlled procedures and their respective areas required by the Operations Group have been listed in Procedure 1.3.8 "Document Control".

The procedures identified by the inspector are believed to be "working" information copies used by personnel in the performance of their duties. In addition, the specific locations in which these copies were found apparently were not procedurally listed and, therefore, technically not "posted" per Procedure 1.3.8.

Notwithstanding the above, BECo management is concerned about the effective and practical control of procedures posted in the Station.

Upon review of the inspector's concerns, a further determination of the needs of the Operations Group has been initiated to determine if additional areas and procedures should be listed in Procedure 1.3.8 or if the controls delineated in the procedure should be modified.

This matter has been discussed with the Nuclear Operations Manager for augmented actions. However, the nature of those actions has not yet been determined. Please be aware that additional management attention will be given to this matter.

Discussion #81-12-01

The licensee's response dated September 8, 1981, stated that Procedures 2.2.85 and 2.2.86 were being revised to include coverage of the normal position of the RHR-Fuel Pool spectacle flanges and that full compliance would be achieved by September 30, 1981. The inspector reviewed the current revisions of these procedures (2.2.85 "Fuel Pool Cooling and Filtration System", Rev. 13) and determined that the stated revisions had not been made.

Procedure 2.2.86, Section VII.E. mentions repositioning the spectacle flanges, but only describes a particular evolution during which the RHR system is inoperable (RHR system of the spent fuel pool). The procedural sections that should have been revised and which were the subject of this item included specifying the normal position of the RHR-Fuel Pool spectacle flanges, and procedural steps for changeover during specific evolutions such as torus cleanup (2.2.85 Section K) and lowering torus level (2.2.85 Section J).

Response

We wish to make note here that the stated revisions in this instance are the stated revisions as proposed by Boston Edison Company and were made in accordance with the time and manner as depicted in our original response to this inspection.

However, now recognizing that other perceived changes were anticipated by your staff as part of the total closeout on this item, we have revised Procedure 2.2.85 Sections K & J as prescribed and issued a Procedure Change Notice to include the same changes in Procedure 2.2.86 as well.

The previously discussed steps for effecting followup actions will eliminate occurrences of this nature in the future.

Discussion #81-02-03

Document Control. Seven Quality Assurance Program related procedures were not approved by the QA Manager. Radwaste procedures were out of date. The licensee's response dated April 27, 1981, stated that full compliance would be achieved with respect to the QA Manager's approval by June 1, 1981, and that full compliance had been achieved for the radwaste procedures. The licensee revised this response in a letter dated June 16, 1981 and stated that the QA Manager's review and approval was expected by July 15, 1981. The inspector reviewed the status of these items and determined that all actions were either not complete or uncorrected. One Quality Assurance Program related procedure (1.4.6 "Housekeeping", Rev. 5) has not yet been approved by the QA Manager. One radwaste control room procedure was out of date (7.9.2 "Liquid Radioactive Waste Discharge", Rev. 13 in place - Rev. 15 effective). The licensee immediately corrected this out of date radwaste procedure after identification by the inspector.

This item remains open pending review of the QA Manager's approval of the subject procedure.

Response

Regarding the QA Program related procedure, initial corrective actions committed to in the initial response to Inspection Report 81-02, were based on the actual cause, viz. administrative oversight in failure to include an approval block for signatures by the QA Manager. However, when the procedure was submitted for QAM's signature, it was subjected to a detailed review and a substantial listing of comments were generated which required resolution prior to final approval. During the course of comment resolution for this procedure and several others, the original commitment date was missed; however, the NRC had not been notified. During the course of a subsequent inspection (81-36), Boston Edison was cited for a failure to have a formal housekeeping program. The response to that item

ATTACHMENT B (Page 3)

of non-compliance involved a commitment to revise Procedure 1.4.6 by June 2, 1982. However, the response to Inspection Report 81-36 failed to address the previous commitment made regarding the same procedure. Therefore, the identified items were not corrected fully because of an expanded commitment resulting from a subsequent inspection and a failure to notify the Regional Office of the attendant change in schedule for completion.

Boston Edison has, as part of a larger effort, developed an improved commitment control system whereby the status of commitments can be readily tracked, thereby allowing management to provide improved oversight and work around capabilities. Further, involved personnel have been reminded of their obligations to notify the NRC of changes in schedule prior to exceeding the committed date.

Regarding the radwaste control room procedure, the most probable cause for having an out-of-date procedure in place is a miscommunication among the individuals responsible for updating the manual. More than one individual was involved with previous upgrading practices in the interest of minimizing radiation exposures to female employees.

Responsibility for updating the manual has been assigned exclusively to the Operations Group clerk who currently reports directly to the Day Watch Engineer. Boston Edison believes that this action will eliminate errors of the type described in the item of non-compliance.

Based on the additional corrective actions delineated above, Boston Edison believes that full compliance has been achieved. Please be aware that the commitment control system described above may identify additional corrective actions which have exceeded the committed date.

It is expected that in such cases, appropriate notification to the NRC will be made as soon as practicable after status has been verified.