Tennessee Valley Authority, Post Office Box 2000, Soddy Daisy, Tennessee 37379

April 1, 1994

U.S. Nuclear Regulatory Commission
ATTN: Document Control Desk
Washington, DC 20555

In the Matter of	)	Docket Nos. 50-327
Tennessee Valley Authority	)	50-328

SEQUOYAH NUCLEAR PLANT (SQN) - NRC INSPECTION REPORT NOS. 50-327, 328/93-48 - SUPPLEMENT REPLY TO NOTICE OF VIOLATION (NOV) 50-327, 328/93-48-01

In accordance with TVA's letter dated December 10, 1993, a supplemental response to the subject NOV and the results of the completed evaluations are described in Enclosure 1. Commitments made in response to this supplement are contained in Enclosure 2.

Questions regarding this response may be directed to Russell R. Thompson, SQN Compliance Licensing Manager, at (615) 843-7470. Questions regarding the TVA Fitness for Duty Program may be directed to Ralph E. Thompson, Fitness For Duty Program Manager, at (615) 751-2000.

Sincerely,

Ken Powers
Site Vice President
Sequoyah Nuclear Plant

Enclosures
cc: See page 2

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cc (Enclosures):

Mr. R. V. Crlenjak, Chief
U.S. Nuclear Regulatory Commission
Region II
101 Marietta Street, NW, Suite 2900
Atlanta, Georgia 30323-2711

Mr. D. E. LaBarge, Project Manager
U.S. Nuclear Regulatory Commission
One White Flint North
11555 Rockville Pike
Rockville, Maryland 20852-2739

NRC Resident Inspector
Sequoyah Nuclear Plant
2600 Igou Ferry Road
Soddy-Daisy, Tennessee 37379-3624

ENCLOSURE 1

SUPPLEMENTAL RESPONSE TO NRC
INSPECTION REPORT NOS. 50-327/93-48 AND 50-328/93-48
DOUGLAS M. COLLINS' LETTER TO MARK O. MEDFORD
DATED NOVEMBER 10, 1993

CORRECTIVE STEPS THAT HAVE BEEN TAKEN AND THE RESULTS ACHIEVED

TVA has reviewed the open issues from the referenced inspection report and provides the following supplemental information:

A. Expired verification solution--Based on information supplied by the equipment vendor and solution representatives and a review of test data, it has been determined that while solution was used beyond its normal expiration date, the solution was within the manufacturer's chemical specification and produced valid test results. It is therefore concluded that the solution met the manufacturer's requirements of being "fresh and not depleted."

B. Use of the solution in the wrong breath analysis device--The vendor manual states that "a separate protocol may therefore be expected to exist which supersedes this section (of the factory manual), with factory approval." TVA had in place a verification program, developed by a factory-certified technician and approved by the factory, which allowed TVA to use 0.04 percent solution in the breath analysis device. Therefore, TVA's use of solutions was correct.

C. Positive alcohol test--TVA has investigated the circumstances surrounding a positive alcohol test at Browns Ferry Nuclear Plant (BFN) on August 13, 1992. Interviews with medical personnel and a review of the test data do not support the contention that the medical technologist was "apprehensive" or that the technologist had any reason to be so. Regarding the possible delivery of replacement solution to BFN on August 13 by the Chattanooga Lab Manager, a review of invoices for solution indicates that an 0.10 percent solution may have been available for delivery to BFN on August 13, but the needed 0.04 percent solution did not arrive from the vendor until August 14. All indications are that the positive test on August 13 was a good and valid test.

TVA conducted a comprehensive audit of its Fitness for Duty (FFD) program, using the services of Bensinger DuPont and Associates. TVA's Nuclear Security organization conducted a separate review of specific issues. These reviews have resulted in a number of additional, but related, FFD issues being identified. Corrective actions for these issues have been included in the overall corrective action plan for the FFD program.

Listed below are the significant findings from these reviews. Other good practice deficiencies were identified and are being addressed as part of the overall improvement program.

Incomplete Alcohol Test

An error by a medical technologist resulted in an incomplete random alcohol test being conducted on June 25, 1993, at BFN. The initial breath test registered an 0.048 percent blood-alcohol count. The medical technologist failed to note or record this as a positive; therefore, no confirmatory test was conducted. This was detected during a review of alcohol tests conducted from January 1992 to December 1993. A review of the event does not indicate any intent by the technologist to circumvent 10 CFR 26. A review of medical, personnel, attendance, and local criminal history information for the person tested does not indicate any type of drug or alcohol abuse. The investigation did identify the fact that the medical procedures do not require any type of second-party verification of negative test results. No other examples of this problem have been identified; therefore, this is considered to be an isolated event. As an enhancement to the program, the improvement program will include a second-party verification of alcohol negatives.

TVA Medical Lab Quality Control

The TVA review and the audit by Bensinger Dupont identified quality control issues within the onsite screening laboratory. TVA made the decision to stop screening onsite and to send all specimens directly to the contract lab of the Department of Health and Human Services (DHHS).

TVA's review of the onsite laboratory has documented 19 occasions over a 12-month period where some specimens were processed when the equipment indicated that the quality control readings were outside of the expected norms. This involved a total of 858 specimens.

A review of these specimens by the vendor of the testing equipment, the DHHS contract lab, and TVA's medical staff verified that there were no confirmed positives as a result of these quality control readings. The review for false negatives indicates that 2 of the 858 could be classified as potential false negatives.

The DHHS laboratory manager, an expert in forensic toxicology, reviewed the data and believes that neither of the two specimens would have been confirmed positives. He has further stated that even if both specimens had been actual false negatives, the "potential error rate would appear to be small compared to the maximum acceptable rate" (within federal laboratory guidelines).

TVA has stopped using its Central Medical Lab to perform FFD testing; therefore, the issues associated with onsite screening have been appropriately addressed.

Inadequate or Incomplete Procedures and Instructions

The audits and reviews identified certain areas in which inadequate or incomplete procedures and instructions existed.

- Instructions provided to the individual being tested were either inadequate or fragmented.
- The breath analysis program did not have adequate procedures.
- There were inadequate procedures governing recordkeeping.
- The onsite screening laboratory's standard operating practice was deficient in a number of areas.
- The quality assurance procedures and practices of the onsite screening laboratory were deficient.

Corrective actions for these audit findings have been developed and are a part of the overall corrective action program documented by Significant Corrective Action Report (SCAR) CHSCA-930002.

Quality Assurance Audits

The audit results indicate that the previous annual program audits were somewhat ineffective at identifying issues in the medical area. Nuclear Assurance has developed an audit plan that requires a separate FFD audit, which will include FFD technical experts on the audit team.

CORRECTIVE STEPS THAT WILL BE TAKEN TO AVOID FURTHER VIOLATIONS

TVA has developed an extensive corrective action plan to address these additional issues and to implement a number of good practice recommendations that were identified during the various reviews. Many key actions, such as the elimination of the fragmentation in the management of the FFD program, the closure of the onsite screening laboratory, and the retraining of key personnel, have already taken place. A new controlled medical procedure system will be implemented by May 1, 1994. Corrective actions tracked by SCAR CHSCA-930002 will be completed by December 30, 1994.

DATE WHEN FULL COMPLIANCE WILL BE ACHIEVED

With the implementation of interim measures described in the violation response dated December 10, 1993, TVA is in compliance with 10 CFR Part 26.

ENCLOSURE 2

COMMITMENTS

1. A new controlled medical procedure system will be implemented by May 1, 1994.

2. Corrective actions tracked by SCAR CHSCA-930002 will be fully completed by December 30, 1994.