

I. General

The licensee has increased the staff size at the site and at the corporate level by about 175 positions. Other improvements include: expanding the training program in the areas of radiological controls, chemistry, maintenance, operations and security; increasing the size of and restructuring the Quality Assurance organization; implementing a program to improve the radiological controls program; developing a computer generated tracking system to assure the timeliness and adequacy of licensee actions concerning requirements; and, directing that management personnel conduct plant tours more frequently to improve their perspective regarding plant operations.

II. Specific

Contention

"The Oyster Creek facility displayed evidence of weaknesses in the areas of radiation protection and radioactive waste management."

These contentions are addressed as follows:

Radiation Protection (See Contention A)

Radioactive Waste Management (See Contention A)

Contention A

"Problems with implementation of Radiation Protection and Radioactive Waste Programs resulted in identification of numerous items of noncompliance, including escalated enforcement action. The licensee's use of health physics technicians not fully meeting the requirements of ANSI N18.1-1971 resulted in the issuance of an NRC Order modifying the facility license to correct this inadequacy."... "the IE Performance Appraisal Team rated seven of fifteen designated areas as below average (then defined as poor). These areas were .... training (Health Physics) ..... radiation protection, and radioactive waste management."

1. Basis

There were six Radiation Protection Program inspections including one conducted by PAB, resulting in fourteen items of noncompliance (thirteen infractions and one deficiency). The most significant of these findings involved an incident during which workers were internally contaminated.

References

IE RPT 50-219/79-18, 79-23, 80-03, 80-11, 80-17 (Draft) and 80-23; 7/8/80 NRC Order; IE Report 80-17 (in Draft)

Three inspections of radioactive waste management activities were conducted including one by PAB. Four items of noncompliance (three infractions and one deficiency), were identified for failure to survey to determine the amount of free standing liquid in a shipment of dewatered resin; failure to submit a Technical Specification Change Request for new radwaste building effluent releases; failure to maintain radwaste shipping records required by 10 CFR 71.62; and failure to properly survey effluents released through the new radwaste building ventilation. The Health Physics Appraisal Team noted that radiation protection personnel had little knowledge of the new radwaste facility which was placed into operation in late 1978.

IE Reports  
50-219/78-18,  
79-23 and  
80-17 (Draft)

2. NRC Actions

Following the internal contamination incident, the NRC took escalated enforcement action in the form of a \$21,000 civil penalty and issued an Order modifying the facility operating license requiring HP technicians to meet the requirements of ANSI N18.1-1971. Management meetings were held in April 1980 to review the PAB inspection (79-18) findings and in June 1980 to discuss improvements and staffing of the Health Physics Department. One regional based inspector was assigned as a resident Radiation Specialist at the site.

IE Reports  
50-219/79-18  
80-11, 80-18  
80-23, 80-26  
80-31 and  
81-04;  
7/8/80 NRC  
Order

A routine inspection was conducted in March 1981 to review the licensee's progress in the Radiation Protection and Radioactive Waste Management Programs. The NRC continues to monitor licensee corrective action.

IE Report  
50-219/81-04

3. Licensee Corrective Action

The licensee has taken specific corrective actions in response to identified items of noncompliance. The licensee committed to implement a formal training/retraining program for health physics technicians and foremen; to supplement the site HP staff; and to actively seek additional personnel. A reorganization of management and plant staff was made in July 1980 which increased the involvement of the GPU nuclear group. Additional high level management changes are in progress.

7/25/80  
licensee  
letter

The Radiation Protection Department now reports

7/11/80

directly to the Director, Radiological and Environmental Controls, a GPU corporate officer. In addition, a Radioactive Waste Operations Manager has been assigned and reports directly to the plant Operations Manager.

licensee  
letter

The licensee has implemented a program designed to improve radiological controls and has expanded the training program in this area.

### Contention B

"The Plant Review Committee failed to require audits of the Health Physics Area and portions of the Plant Staff Training Program"... "the Performance Appraisal Team rated seven of fifteen designated areas as below average (then defined as poor). These areas were .... QA audits (Health Physics)."

#### 1. Basis

#### Reference

An audit of Health Physics activities was conducted in December 1979, and acceptable responses were received for the six audit notices issued.

Licensee's  
Audit Nos.  
79-33 and  
78-25

In addition to routine audits conducted by the licensee's Corporate QA Department, several audits of the overall Health Physics Program and/or special areas within the program, were conducted by consultants.

IE Reports  
50-219/80-17  
(Draft) and  
79-18

The audit conducted in December 1979, Audit No. 79-33, stated that radiological protection training of station personnel was not included as part of Audit No. 79-13. The previous audit of the training and qualifications of the facility staff (Audit No. 78-25) was completed in October 1978.

#### 2. NRC Action

#### References

An inspection of QA audits was performed by Region I to verify licensee corrective action in April, 1980. Inspection results indicate that audit activities were complete.

IE Report  
50-219/80-13

#### 3. Licensee Corrective Action

#### References

During the management meeting on June 13, 1980, licensee representatives presented proposed program improvements which included: An individual from Three Mile Island experienced in performing radio-

IE Report  
50-219/80-17  
(Draft)

logical protection audits, to be assigned to the Oyster Creek facility with reporting responsibility to the Vice President, Generation.

### Contention C

"There were instances where the licensee failed to meet commitments made to the NRC."

#### 1. Basis

The licensee has failed on several occasions to notify the NRC of missed commitment dates. Examples are failure to implement IST of pumps and valves and HP program change commitments.

#### References

IE Reports  
50-219/80-10,  
80-11, 80-17  
and 79-18

#### 2. NRC Action

This area was specifically addressed during the April 29, 1980 Management Meeting and during the SALP management meeting on September 25, 1980. The licensee was also cited for failure to implement the IST program during inspection 50-219/80-10.

IE Reports  
50-219/80-31,  
80-18, and,  
80-10

#### 3. Licensee Corrective Action

The licensee has implemented a computer tracking system to ensure proper tracking of NRC related commitments. The licensee now calls the Director or Deputy Director of NRC Region I with written followup when commitments cannot be met by the scheduled date.

Licensee  
Letters of  
12/30/80,  
9/24/80,  
9/3/80  
8/27/80,  
8/22/80,  
8/4/80, and  
7/30/80

### Contention D

"There were instances where licensee personnel failed to adhere to procedures, resulting in several items of noncompliance."

#### 1. Basis

Several items of noncompliance have been issued in various areas for failure to follow procedure, specifically in the area of Radiological Protection. Examples include: failure to survey; failure to follow procedures required by TS 6.11; failure to conduct temporary procedure changes in accordance with instructions; and failure to follow procedure 501, resulting in spent fuel pool overflow.

#### References

IE Reports  
50-219/80-03,  
80-11, 79-18,  
79-23, 79-16,  
79-24, and  
80-19

2. NRC Action

Enforcement action was taken for each instance discussed above. This area is closely monitored by the Resident Inspector on a daily basis. See Contention 'A' for discussion of the radiation protection area.

NRC Reports  
50-219/80-03,  
79-23 and  
80-19

3. Licensee Corrective Action

The licensee has issued instructions requiring personnel to follow procedural steps; in addition, procedural adherence is stressed during employee indoctrination training provided to contractor and JCP&L Co. employees. In several instances, disciplinary action has been taken against specific individuals for procedural violations. Also see contention 'A'.

Contention E

"The Performance Appraisal Team rated seven of fifteen designated areas as below average (then defined as poor). These areas were .... fire protection....."

1. Basis

Several items of noncompliance were identified by the PAB Inspection (50-219/79-18) in this area related to the installation and design of the Fire Protection System which was under construction at the time.

References

IE Report  
50-219/79-18

2. NRC Action

The licensee was cited for the deficient areas. In addition a followup inspection was conducted (50-219/79-24) which verified the acceptability of the design and the correct installation of the system prior to it being declared operable.

IE Reports  
50-219/79-18,  
79-24 and  
80-07

3. Licensee Corrective Action

Licensee conducted a QA inspection of the system after installation, identified and corrected deficiencies prior to system turnover to the plant Operation Department. Licensee corrective action was addressed in response to IE Inspection 50-219/79-18.

Licensee  
letters  
3/17/80 and  
7/11/81

Contention F

"The Performance Appraisal Team rated seven of fifteen designated areas

average (then defined as poor). These areas were .... inservice inspection and testing ....."

1. Basis

At the time of the PAB inspection the licensee's documentation of ISI activities was not complete and responsibility for the program was not consolidated under one cognizant department or individual.

References

IE Report  
50-219/79-18

2. NRC Action

A followup inspection and meeting with the licensee was conducted (50-219/80-09). A subsequent inspection (50-219/81-07) verified that requirements of the 10 year ISI program had been satisfactorily completed and program implementation was in accordance with requirements.

IE Reports  
50-219/80-09  
and 81-07

3. Licensee Corrective Action

The licensee re-assembled and correlated all ISI records and made them available for NRC inspection. This effort was in progress during the PAB inspection. The program is now the responsibility of the Materials Technology Group of the GPU Nuclear Quality Assurance Department.

7/11/81  
licensee  
letter;  
IE Report  
50-219/81-07

Contention G

"The Performance Appraisal Team rated seven of fifteen designated areas as below average (than defined as poor). These areas were .... maintenance ....."

1. Basis

The PAB team identified several unresolved unresolved items in the maintenance program that appeared to be a result of the newly implemented reorganization (September 1979) as well as manpower shortages in the onsite organization.

References

IE Report  
50-319/79-18

2. NRC Action

An enforcement conference was held at the NRC Region I Office on April 19, 1980, to discuss licensee plans and corrective action taken. A followup inspection was conducted in May, 1980 to review licensee corrective action for the PAB inspection findings. The main-

IE Report  
50-219/80-18

IE Report  
50-219/80-16

tenance area continues to be monitored by the NRC.

3. Licensee Corrective Actions

The maintenance staff has reorganized. Staff changes and additions include: a new supervisor of station Mechanical Maintenance; an additional maintenance department engineer; and three new group maintenance supervisors. The licensee has authorized eight new mechanical and seven new I&C technicians.