TENNESSEE VALLEY AUTHORITY

CHATTANOOGA. TENNESSEE 37401 400 Chestnut Street Tower II

August 29, 1983

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U.S. Nuclear Regulatory Commission Region II ATTN: James P. O'Reilly, Regional Administrator 101 Marietta Street, NW, Suite 2900 Atlanta, Georgia 30303

Dear Mr. O'Reilly:

Enclosed is our response to your July 29, 1983 letter to H. G. Parris regarding Inspection Report Nos. 50-259/83-12, -260/83-12, -296/83-12. The enclosed response is supplemental to our original response dated May 23, 1983 regarding the location of dose rate instruments on the 565 elevation. As stated in our original response, we still deny the violation occurred and the enclosed information supports that denial.

If you have any questions, please call Jim Domer at FTS 858-2725.

To the best of my knowledge, I declare the statements contained herein are complete and true.

Very truly yours,

TENNESSEE VALLEY AUTHORITY

L. M. Mills, Manager Nuclear Licensing

Enclosure

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SUPPLEMENTAL RESPONSE - NRC INSPECTION REPORT NOS. 50-259/83-12, 50-260/83-12, and 50-296/83-12 R. C. LEWIS' LETTER TO H. G. PARRIS DATED APRIL 22, 1983

Technical Specification 6.3.D.1 states, "Any individual or group of individuals permitted to enter such areas shall be provided with or accompanied by one or more of the following:

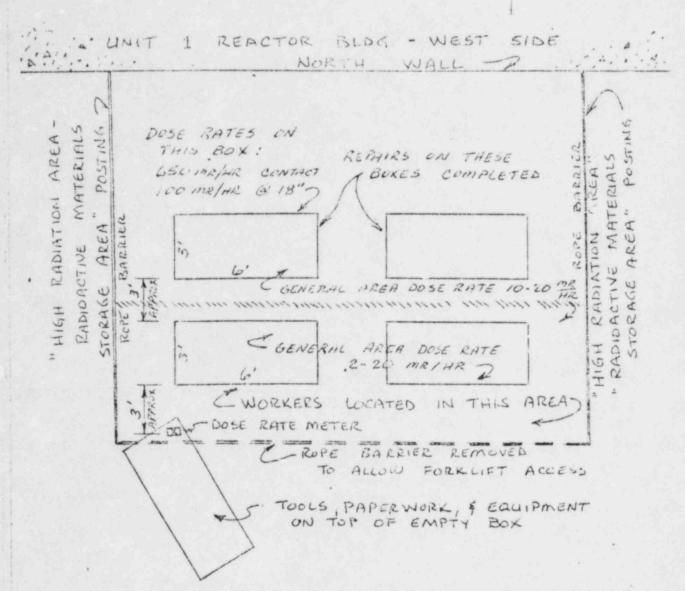
- a. A radiation monitoring device which continuously indicates the radiation dose rate in the area.
- b. A radiation monitoring device which continuously integrates the radiation dose rate in the area and alarms when a preset integrated dose is received. Entry into such areas with this monitoring device may be made after the dose rate level in the areas has been established and personnel have been made knowledgeable of them.
- c. An individual qualified in radiation protection procedures who is equipped with a radiation dose rate monitoring device. This individual shall be responsible for providing positive control over the activities within the area and shall perform periodic radiation surveillance at the frequency specified by the facility health physic st in the special work permit."

The incident noted involved a high radiation area zone set up around a closed wooden box undergoing final preparation for shipment. Before the workers (carpenters) entered the area, the involved personnel were issued a dose rate meter and provided with a prejob briefing on the use of the instrument. The individuals were accompanied to the area by a health physics technician. After arriving at the work area, the health physics technician resurveyed the area and pointed out the dose rates in the area to the workers. At a later time, the health physics technician checked back with the workers to ensure they adequately knew how and were properly using their dose rate meter. At this time, the dose rate meter was in the work area and being utilized. Thus, at this time, the workers were equipped with a dose rate meter and were fully cognizant of area dose rates. It was determined that the work area had no potential for changing dose rates or encountering unknown dose rates.

To move one of the boxes from the high radiation area (see attached sketch), the south rope barrier was moved. As shown on the sketch, the dose rate meter was in the edge of the area before the rope barrier was moved. After the rope barrier was moved, it was apparently difficult to tell that the dose rate meter was in the zone. As stated in TVA's previous response, positive access control to the area was being provided. The difficulty in determining exactly where the high radiation rope barrier had been resulted in the initial response that the instrument had been placed outside the zone during box movement when the meter had actually remained

in the zone. An interview was held with the involved carpenter on August 25, 1933, who provided the information used to prepare the attached sketch which clarifies the dose rate meter was in the zone and available to the workers.

One of the causes of this event was the utilization of survey meters which are hand-held and must be set down when the worker must use both hands. TVA has significantly increased the number of small dose rate instruments which can be carried in an individual's pocket or attached to his clothing. This will reduce the potential for future similar events.



To the best of our knowledge the above represents the area described on March 24, 1983.