

U. S. NUCLEAR REGULATORY COMMISSION

REGION V

Report Nos.: 50-206/91-14, 50-361/91-14, 50-362/91-14

License Nos.: DPR-13, NPF-10, NPF-15

Licensee: Southern California Edison Company (SCE)
Irvine, California 92718

Facility Name: San Onofre Nuclear Generating Station (SONGS) Units 1,
2, and 3

Inspection at: SONGS Site, San Diego County, California

Inspection Conducted: May 13-17, 1991

Inspector:

H. D. Chaney for
H. D. Chaney, Senior Radiation Specialist

6/25/91
Date Signed

Approved by:

G. P. Yunas for
G. P. Yunas, Chief, Reactor Radiological
Protection Branch

6/25/91
Date Signed

Inspection Summary

Areas Inspected: Routine, unannounced inspection of the licensee's radiation protection (RP) program to include: licensee's actions on previous inspection findings; onsite and in office review of Licensee Event Reports; the Semiannual Effluent Release Report; external dosimetry and exposure records program; and radiological controls for Unit 1 steam generators inspection and repair, including respiratory protection equipment use. Inspection procedures 83750, 83524, 83729, 92700, and 92701 were utilized.

Results: The licensee's radiation protection activities were found to be effective. The licensee was found to be responsive in correcting deficiencies and in improving their dosimetry record system. No violations or deviations were identified in the areas inspected.

DETAILS

1. Persons Contacted

SCE Personnel

- *S. Allen, Supervisor Dosimetry Program
- *M. Barbantini, Supervisor Dosimetry Records
- C. Bostrom, Technical Training Manager
- *L. Brevig, Supervisor Onsite Nuclear Licensing
- S. Enright, Supervisor Health Physics (HP), Unit 1
- J. Fee, Assistant HP Manager
- S. Jones, Quality Assurance Engineer
- P. Knapp, Manager Site HP
- *J. Madigan, Supervisor HP
- D. Parker, Dosimetry Specialist-Respiratory Protection Equipment
- G. Peckham, Nuclear Information Services Engineer
- *D. Warnock, Assistant HP Manager
- S. Wilkins, Dosimetry Supervisor-Respiratory Protection Equipment
- *K. Yhip, Supervisor Effluent Engineering

Others

- C. Caldwell, NRC Senior Resident Inspector
- C. Townsend, NRC Resident Inspector
- A. Hon, NRC Resident Inspector
- F. Hamaker, Resident Bartlett Contract Labor Manager
- J. Steele, Resident Bechtel Maintenance Group Manager

- (*) Denotes those individuals that were at the exit meeting held on May 17, 1991. Additional licensee personnel were contacted and in attendance at the exit meeting but are not reflected in the above listing.

2. Onsite Follow-up of Written Reports of Nonroutine Events (92700)

- a. (Closed) Licensee Event Report (LER) 206/91-05: "Technical Specification (TS) Required Effluent Samples Discarded Due to Inadequate Labeling" - This LER identified a licensee failure to retain composite samples for the period March 11-17, 1991, due to the failure of the chemistry technician to properly label the sample containers in accordance with procedural instructions. Unit 1 TS 4.5.1 requires radioactive effluent sampling for quantitative analysis of liquid releases. The licensee identified four other occurrences (LERs: 206/88-007, 206/89-027, 362/88-010, and 361/88-016) similar to this occurrence. The licensee determined that since this occurrence was due to a failure to follow procedures, previous corrective actions would not have been expected to prevent this occurrence. The licensee's corrective actions (disciplining the chemistry technician and reviewing the occurrence with "appropriate" chemistry personnel) appear to be satisfactory to prevent a recurrence in Unit 1.
- b. (Closed) LER 206/91-06: "Failure to Perform Radioactive Gaseous TS Required Sample" - Even though this LER is titled as a failure to

sample, it also appears to involve a failure to properly identify and retain a sample. The sample lost was for the period February 19-21, 1991. Unit 1 TS 6.6.1 requires continuous particulate and iodine sampling of the plant vent stack. The licensee attributed this incident to a failure to properly instruct a chemistry technician as to the disposition of the permanent vent stack sample media. The licensee listed two other similar occurrences (362/88-001 and 362/86-004) that involved a failure to properly communicate sample retrieval and analysis requirements via procedures or turnover logs. The licensee's corrective actions (enhance shift turnover review of logs, emphasis to chemistry staff of the need to thoroughly review on-going activities during the turnover process, and account for the missing data in the Semiannual Effluent Report) appear to be adequate to prevent a recurrence of the event in Unit 1.

- c. (Closed) LER 361/91-05: "Missed TS Surveillance concerning Explosive Gas Monitoring Instrumentation" - This LER described an incident where required explosive gas sampling of the Waste Gas Surge Tank (WGST) was not initiated within 4 hours of declaring the permanent system inoperable per TS 3.3.3.9. The licensee exceeded the limit by 10 minutes due to problems with getting the backup analyzer on line. The licensee's corrective actions (repair unit, revise operating instructions to clearly state required TS actions, provide training to operations personnel on TS requirements) appeared to adequately address the root cause of the problem. The inspector had no further concerns regarding this LER.

It appears that the circumstances described in the Unit 1 LERs (91-05 and 91-06) are similar to previous LERs associated with Unit 2 & 3 within the past 3 years. Had the corrective actions for Units 2 & 3 been implemented at Unit 1, these recent occurrences might have been prevented. The safety significance of these occurrences is minor; however it points out that "lessons learned" in one area of SONGS may not be adequately applied or addressed by management in other areas.

3. Follow-up on Previous Inspection Findings (92701)

(Closed) Unresolved Item 50-206/90-41-01: "Accuracy of Radiation Exposure Termination Reports" - This item was previously discussed in NRC Inspection Report No. 50-206/90-41 and involved possible licensee failure to include certain bioassay results (urinalysis) in personnel radiation exposure termination reports, as required by 10 CFR Parts 19.13 and 20.408. The subject's bioassay results were inadvertently excluded from an employee's termination report due to an administrative error in processing the bioassay results. Since the licensee was not required per 10 CFR Part 20.108 to perform bioassays, they were not required to report such results. The licensee routinely reports bioassay results in termination reports and has taken steps to assure future omissions are minimized.

4. In-office Review of Periodic and Special Reports (90713)

- (a) SONGS Unit 2 and 3 TS 6.9.1.14 requires a triennial hazardous cargo monitoring report. The inspector reviewed the report dated February 15, 1991 (last report was dated February 15, 1988), and did not have any questions regarding this routine report.
- (b) The licensee's TS 6.9.1.8 required "Semiannual Radioactive Effluent Release Report" (SRERR) for Units 1, 2, and 3, for the period July 1 - December 31, 1990 (dated February 28, 1991), was reviewed. The inspector discussed with licensee representatives the reason why several TS required effluent monitors (condenser air ejector noble gas monitors) have been declared out-of-service (OOS) for an extended period of time (3 years). The representatives indicated that replacement monitors had been installed and made operational to perform the OOS monitor's functions, and that the OOS monitors were referenced in the SRERR because they have not been deleted from the TS. The inspector determined that actions had been initiated by the licensee to keep (as backup effluent monitors) only those portions of the OOS monitors (low range gaseous detectors) that continue to perform properly. The licensee's representatives stated that the next SRERR for Units 2 and 3 would document and clarify the status and actions being taken regarding the OOS monitors, including what monitors are being utilized to perform the OOS monitor's functions. The inspector had no further questions regarding this report.
- (c) The licensee's TS 6.9.1.6 required "Annual Radiological Environmental Operating Report" for 1990 (SONGS Units 1, 2 & 3), dated April 29, 1991, was reviewed. The higher than average quarterly direct radiation readings obtained at dosimeter position No. 13 (the fence adjacent to the radioactive material storage yard and Multi-purpose Handling Facility, previously discussed in NRC Inspection Report Nos. 50-361/90-33 and 90-38) were explained as an anomaly. The licensee reported that the total dose to a member of the public was a small fraction of the 25 millirem value specified in 40 CFR 159. The inspector had no concerns regarding this report.

5. Occupational Exposure (83750)

The licensee's occupational exposure control program was examined in the areas of audits and appraisals and training and qualification of dosimetry personnel. The inspector checked these areas for compliance with: TS 6.3.1, 6.4, 6.5.3, and 6.8 for Units 1, 2, and 3; the commitments contained in Sections 12.2.3 of the Unit 1 Updated Final Safety Analysis Report (UFSAR); and Section 12.5.3.6 of the Units 2/3 UFSAR.

a. Audits and Appraisals

Discussions were held with quality assurance (QA) personnel responsible for examination and auditing of the licensee's radiation protection program. Selected audits and surveillances (Performance Evaluation Reports-PERs) were reviewed and future auditing

activities were discussed. The following audits and surveillances were examined:

SCE QA Audit Report SCES-033-89

PER-045-91, Unit 1 Containment Initial Entry

PER-057-91, Unit 2 Containment Activities

The audit conducted during the last quarter of 1989 (SCES-033-89) generated several findings involving the adequacy of radiological surveys, radiological work permit (REP) instructions, deficiencies in the licensee's computer generated equivalent NRC Form 5 ("Current Occupational External Radiation Exposure"), radioactive waste curie calculations, and dosimetry clerk indoctrination on methods used to track airborne radioactivity exposures. All findings were minor in nature, and appropriate corrective action had been initiated. The issue involving the equivalence of the NRC Form 5 is still being reviewed by the QA group. The inspector noted that while the licensee's computer generated equivalent NRC Form 5 did not have some data (date of birth, beginning whole body exposure status, and computation of a new unused permissible accumulated dose) on it, as found on the NRC Form 5, all the required data was available in the licensee's exposure records data base and was readily retrievable.

Surveillance 045-91 identified performance based deficiencies involving radiological work coordination, cleaning solvent and plant component material compatibility, and radiological surveys. A Corrective Action Request (CAR) was issued on the cleaning solvent and material compatibility finding, and a Problem Review Report was issued on the work coordination problem.

The licensee's audits appear to satisfy the requirements of TS 6.5.3.1. The surveillances examined included an appropriate degree of performance based evaluations. The inspector had no other questions regarding the licensee performance in this area.

b. Training and Qualification of Dosimetry Personnel

The licensee's evaluation of contract employees was examined for compliance with the requirements of 10 CFR Part 19.12 and TS 6.4 for Units 1, 2, & 3; commitments contained in Sections 13.1 and 13.2 of the applicable Updated Final Safety Analysis Reports for Unit 1 and Units 2 & 3 respectively; and the guidance contained in NRC Regulatory Guide (RG) 1.8 and industry standard ANSI 18.1-1971, both titled "Selection, Qualification, and Training of Personnel for Nuclear Power Plants".

The inspector examined selected dosimetry group position descriptions, employee resumes, and documentation of training received for 10 personnel (SCE and contractor personnel supervising and working in the HP dosimetry group). All resumes reviewed indicated that each technician exceeded the minimum requirements

set forth in ANSI 18.1-1971 and licensee procedures for the functional position being occupied at the time of this inspection. The inspector observed the evaluation of prospective HP Technician resumes by HP supervisors.

The training and performance of personnel performing whole body counting at the Central Processing Facility (CPF) were previously discussed in NRC Inspection Report No. 50-206/90-41. Discussions were held with managers and supervisors regarding dosimetry records, and regarding specific qualifications for functional positions occupied by both SCE and contract type personnel, working in various areas of the HP program. SONGS procedures S0123-VII-1, "Health Physics Manual," and S0123-VII-9.8, "Employment of Contract Personnel," govern the qualifications and training requirements for specific positions. The services purchase order No. 8R010906 (Contract) between the temporary labor vendor and the licensee also specifies qualifications and testing requirements equivalent to that stated in the aforementioned licensee procedures. The qualifications and training of approximately fourteen contract and five SCE employees working as dosimetry specialists and dosimetry clerks were examined.

The inspector noted that the licensee had hired eleven temporary dosimetry specialists (vendor title is Dosimetry Technician - DT, Level I & II) for a specific job involving personnel dosimetry records review and historical personnel exposure data compilation. Several of these contracted personnel were promoted from the DT I grade to the higher DT II grade without taking the Contract stipulated test. The contractor representative (vendor) stated that a DT II test had been prepared but not implemented by the licensee. The licensee and vendor representatives indicated that the test was primarily for dosimetry technicians (DTs) that would be filling licensee positions titled "Dosimetry Specialist." Licensee personnel filling dosimetry specialist positions are required to have far more functional skills in several technical specialty areas (external dosimetry, internal dosimetry, respiratory protection, TLD issue and processing, and dosimetry records) than the DTs hired for the dosimetry record work. The inspector did not consider the failure to test certain vendor supplied DTs a significant deficiency, since the scope of their duties was restricted to dosimetry records review.

The inspector noted that SONGS procedure S0123-VII-9.8 requires that contract personnel complete applicable qualification manuals for their respective discipline, yet none of the contract DTs had completed the modified Dosimetry Specialist Qualification Manual. The licensee modified the standard Dosimetry Specialist Qualification Manual to reflect the limited scope of duties required by the eleven contract dosimetry technicians. These modified qualification manuals were approved for use in November 1990 and were issued to the eleven contractors in April 1991. At the time of the inspection, none of the contracted dosimetry technicians had started to obtain signoffs of their qualification manuals. The inspector noted that each of the contract DTs had extensive

experience (several years) in dosimetry record work, and that there were no apparent performance based problems with the contracted DTs work. During discussions with the contract dosimetry technicians about work activities associated with the handling of dosimetry records, it was noted that one contract DT did not know that there was a licensee procedure (SO123-VII-4.1) covering the work being done. The licensee does not require employees to keep a current copy of a working procedure in hand while performing work (with the exception of certain safety related operations). A review of training records indicated that several contract DTs were provided some training in specific job functions, such as in-processing and whole body counting of employees. The licensee's implementation of the contract dosimetry technician qualification manuals will be considered an inspector follow-up item for future review (206/91-14-01).

The licensee's program for selection, evaluation, and training of prospective employees implements the guidance contained in applicable NRC RGs and industry standards, and it meets the requirements of appropriate Technical Specifications.

Although the temporary DTs were not following the implementing procedures "step-by-step", the inspection did not reveal any examples where necessary regulatory actions had not been accomplished.

6. External Occupational Exposure Control and Personal Dosimetry (83524)

The licensee's radiation exposure records program for occupationally exposed personnel was reviewed to determine compliance with: TSs 6.8, 6.9, 6.10.2, and 6.11; 10 CFR Parts 19.13, 20.102, 20.108, 20.202, 20.401, 20.408, 20.409; guidance contained in NRC RGs 1.8, 8.2 and 8.7; and industry standards ANSI/ANS N18.1-1971, ANSI N13.6-1966 (R1989), and ANSI N13.11-1983.

The inspector examined the licensee's personal dosimeter use and radiation exposure records programs. Dosimeter selection, evaluation of assigned doses, observation of the issuance and wearing of personal whole body and extremity dosimeters (thermoluminescent dosimeters - TLD), and processing of selected NRC required exposure records were reviewed in detail.

The licensee utilizes the services of an offsite vendor for certain extremity dosimeters. The primary extremity dosimeter consists of a TLD phosphor packet placed in an adjustable, velcro secured, plastic-band type device. Due to trending of TLD reading failures, the licensee identified that current extremity dosimeters were being damaged by moisture in-leakage. The licensee will be switching to a different type of extremity dosimeter (TLD impregnated teflon strips) for finger/hand monitoring in the near future.

The following licensee procedures were reviewed during the inspection of this area:

<u>Procedure No./Title</u>	<u>Revision/TCN</u>
S0123-VII-4.0, Personnel Monitoring Program	7-1
S0123-VII-4.1, Personnel Monitoring Records	6-1
S0123-VII-4.1.4, Processing Requests for Radiation Exposure Limit Extensions	1-1
S0123-VII-4.3.26, Ordering, Delivery, Collection and Processing of Vendor Supplied Dosimetry Devices and Reports	4-2
S0123-VII-4.7.2, Premaking, Preparing, Assigning of Special Dosimetry Packets	0
S0123-VII-4.8, External Radiation Dosimetry Program	5
S0123-VII-4.8.1, Dosimetry Issue	8
S0123-VII-4.8.3, External Dosimetry Investigations	6-6

Selected personnel exposure records (hard copy and computer displayed) were examined to determine compliance with NRC requirements and guidance. The licensee procedure S0123-VII-4.1 provides instruction for documentation and issuance of termination reports for supervisor declared terminating employees and those that will be absent for a thirty day or greater period (one monitoring period). The licensee effectively accounts for and documents offsite (other facility) exposures of employees. The inspector examined approximately 25 personnel dose investigations (primarily for discrepancies involving TLD versus self readable pocket ion chamber (PIC) dose values, off scale PIC, skin dose evaluation, or extremity dose determination). These evaluations are well documented and adequately reviewed. Documentation of these evaluations were performed in accordance with procedure S0123-VII-4.8.

The inspector noted that as discussed in NRC Inspection Report No. 50-206/90-41 the licensee keeps up to 18 months worth of official records of internal and external dose evaluations in standard file cabinets (unrated for fire and radiological sabotage resistance) in fire suppression sprinkler equipped prefabricated wooden offices at the site. The inspector discussed with licensee representatives their method of storing dosimetry records that must be maintained for the duration of the facilities' NRC license per TS 6.10.2. Since initial exposure data that is used to initiate dose evaluations (whole body counting, official monthly TLD processing results, red badge zone exit PIC readings, vendor supplied dosimetry results, hot particle dose assessments, etc.,) are logged into a computerized system, which is duplicated periodically (backed-up), there does not appear to be any problem with storage of this data. The inspector did not note any unique personnel exposure records or data currently stored in standard file cabinets in Buildings N-50 and G-48 that could not be duplicated via information existing in the licensee's protected and archived document storage facility (CDM, Corporate Documentation Management), secure electronic storage media, or by interviewing of the individual.

The SONGS Nuclear Information Service (NIS) group validates the programs they develop using the instructions contained in procedure SO123-XVII-10.13, "Control of Computer Based Systems." Discussions with NIS personnel cognizant of the HP personnel dosimetry records program indicated that current computer programs developed by NIS have been previously validated to insure that the product meets the requesting organization's (HP) requirements. The inspector noted that upon completion of a total revision to the above noted procedure, all software constructed onsite or purchased from a vendor (no matter how small or large an endeavor) will be required to have an NIS member as part of the purchase/construction planning group. The licensee's computer based program validation process currently subscribes to industry guidance.

The inspector had the licensee produce radiation exposure histories for eight individuals with previous employment periods at SONGS during the years 1982, 1986, 1988, 1989, 1990, and 1991. The data appeared complete but was not evaluated for exacting accuracy. The data could provide information on TLD and PIC dosimetry used for all periods. The current data recovery program only reports an employee's current calendar year exposure in quarterly increments and sums all other periods as lifetime exposure for the defined monitoring period. Bioassays for internal measurements are also included as a matter of completeness. Quarterly exposure data for other than the current calendar year is available but not currently called for in a data retrieval program. The NRC requires that reports for individuals who terminate more than once from the same licensee need include only the exposure information compiled since the previous termination report. This portion of the licensee's program appears to exceed the requirements of 10 CFR Parts 19.13 and 20.401.

The licensee's accountability of personnel (terminations and offsite work involving possible radiation exposure at another facility) being monitored for external and internal radiation exposures is dependent on factual supervisor and employee information. The inspector noted that unless dosimetry personnel are made aware of monitored personnel absences, (by employee's supervisor or the employee having a termination whole body count performed) they would not know of an absence unless the person had not entered the Redbadge Zone for a period greater than sixty days. The licensee's policies for use of "active" and "inactive" titles for personnel to determine whether or not a termination report is required appears to meet NRC guidance. The NRC considers individuals to have terminated employment when they have resigned, retired, or have been laid off or discharged. A leave of absence or a sabbatical leave is not considered a termination. A temporary layoff is considered a termination. Individuals who are rehired within the time that a report would have been required are not considered to have terminated. Entry into a radiologically controlled area at another NRC licensed facility would likely result in the licensee (SCE) receiving an exposure history inquiry for an individual, thus alerting the licensee to the termination of an employee or the possibility of an employee engaging in offsite work activities involving radiation exposure. A sufficient margin of time appears to be available to meet 10 CFR Part 19.13 and 20.408 reporting requirements. For the typical transient nuclear worker, the licensee routinely receives (within 30 days or less) an exposure history request from another nuclear facility before the terminating employee's latest

dose has been determined and records have been reviewed for accuracy at SONGS.

The inspector reviewed the licensee's progress in constructing a hard copy file of radiation exposure qualification records and historical monitoring data for all current employees, and former employees as information is requested. Currently, exposure information for a majority of past and current employees is contained in various licensee files (CDM system, partial hard copy, and computerized dose data). The construction of permanent hard copy files includes personnel interviews.

The licensee is investing a significant amount of resources into improving their dosimetry records program. The licensee's program, with the exception of a few deficient areas (NRC Form 5 content and personnel training), appears to be satisfactorily implemented.

No violations or deviations were identified in this area of the inspection.

7. Occupational Exposure During Extended Outages (83729)

The inspector reviewed the licensee's conduct of the Unit 1 Steam Generator (SG) Repair Outage during the period April 21 through May 18, 1991.

a. Planning and Preparation

The inspector examined the licensee's planning and implementation of radiological controls for the opening, entering, testing, and repair of Unit 1 SGs. The licensee's procedures, worker training, respiratory protection, radiation exposure controls, and work site oversight were reviewed. The following documents were reviewed during the inspection of this area:

Title

- . REP 71313, SG Work-Manways, Diaphragms, Nozzle Covers/Dams
- . REP 71312, SG Platform Work - NO SG Entry
- . HP Work Controls Plan 91-005, Revision 1, Primary Side Steam Generator Work
- . S0123-VII-7.12, Hot Particle Control Program
- . S0123-VII-2.9.1, Operation and Maintenance of MSA Air Line Manifolds
- . Various prework briefings (Tailboard) 4/26, 4/28, 5/8, 5/12, and 5/13/91

The inspector held discussions with HP, training, and contract workers during the inspection of this area. The inspector observed ongoing SG work (SG "A" closure), and HP technician control and oversight of the workers activities. The inspector verified that adequate communications, protective clothing, personal dosimetry, and respiratory protection were being utilized during the observed work operations.

Discussions were held with the licensee's contracted maintenance service personnel working on the SGs (seven out of approximately thirteen pipefitters and boilermakers that were involved in the work). Overall, the workers expressed their satisfaction with the prework briefings and HP oversight concerning radiation exposure control. Several workers expressed their concern regarding the length of time, 6 hours or more, that they were required to stay suited up or working on the SG access platform. The inspector verified that hot particle controls and heat stress controls were being implemented by the licensee. The inspector determined that the environmental and radiological conditions existing on the SG work platforms were conducive to such long stay times so long as the workers' alertness was also monitored. The workers had raised these concerns with their own management. The workers' concerns regarding long work evolutions were brought to the attention of the HP department for future consideration and monitoring.

The inspector discussed the training requirements for workers entering the primary side of the SGs (jumping, whole-body and half-body) and those remaining external to the SG. Full mockup training on a Unit 1 SG model is required for all personnel performing whole-body jumps using actual radiological controls that were prescribed by licensee procedures and REPs. Personnel performing half-body jumps (upper torso) can be briefed and trained at the work site by HP personnel as the need arises. Workers cannot receive clearance from the personnel access computer to enter onto a whole-body SG jumping REP if they do not have the proper training code installed by the Nuclear Training Department indicating that they have successfully completed SG mockup training. All HP technicians are required to attend SG mockup training prior to being assigned SG job coverage. HP supervisors are required to be in containment and directing the work activities when whole-body jumps are being made. No half or whole-body jumps were being made during the inspector's inspection of the SG work areas. The inspector noted that the licensee implemented several dose reduction actions, such as using shielded barrel halves for storing SG diaphragms and shielding walls constructed adjacent to the SG platforms, to reduce the workers dose from adjacent regenerative heat exchangers and other components. All workers are in communication with the HP control platform, and activities at each SG are monitored by video cameras.

b. Internal Exposure Control

The inspector discussed with licensee representatives their use of airline respirators (air supplied hoods) and the current controls used to ensure airline pressures were consistent with manufacturers requirements. The licensee had recently issued a revision to procedure S0123-VII-2.9.1, "MSA Air Line Manifold, Use, Operation, and Maintenance." The inspector verified that the licensee had received notification (April 1991) from a respirator filter cartridge manufacturer of the recall on cartridges with defective attachment screw threads (improperly formed during manufacturing).

The licensee had received the notifications and had purged their inventory of the suspect cartridges.

c. Control of Radioactive Materials and Contamination, Surveys, and Monitoring

The inspector compared recent SG radiation and contamination surveys obtained during the Unit 1 SG outage to the radiological assumptions made in the work planning documents noted above. Overall the HP Work Controls Plan and the REPs were conservative but close to what was found during the recent surveys. The licensee established radiation exposure controls (stay times) based on the conservative data presented in the REPs.

The inspector determined that the licensee's training of personnel and the radiological controls associated with the Unit 1 SG inspection and repair were satisfactory to ensure the health and safety of the workers.

This portion of the licensee radiation protection program is being conducted in accordance with industry standards and commitments contained in each unit's UFSARs.

No violations or deviations were identified in this area of the inspection.

8. Exit Meeting

The inspector met with the licensee's representatives denoted in Section 1 at the conclusion of the inspection on May 17, 1991. The scope and findings of the inspection were summarized.