

SAFEGUARDS INFORMATION
DETERMINATION MADE BY

Henry Chant 3/1/95
Signature Title-Office-Date

U.S. NUCLEAR REGULATORY COMMISSION
REGION I

Report/License Nos.: 50-245/95-13/DPR-21
50-336/95-13/DPR-65
50-423/95-13/NPF-69

Licensee: Northeast Nuclear Energy Company
P. O. Box 270
Hartford, Connecticut 06141

Facility Name: Millstone, Units 1, 2, and 3

Inspection At: Waterford, Connecticut

Inspection Conducted: March 28-31, 1995

Inspectors: *Edward B. King*
R. J. Albert, Safeguards Inspector
E. B. King, Safeguards Inspector

Approved by: *G. C. Smith*
G. C. Smith, Chief, Safeguards Section
Facilities Radiological Safety and Safeguard Branch
Division of Radiation Safety and Safeguards

Areas Inspected: Previously Identified Item; Effectiveness of Management Controls; Security Plan and Implementing Procedures; Safeguards Contingency Plan Implementation Review; Alarm Stations and Communications; Security Training and Qualification; and Fitness for Duty Program.

Results: The licensee's Physical Security Program was directed toward assuring public health and safety. One previously identified item was closed. No safety concerns or violations of NRC regulatory requirements were identified. However, several potential weaknesses were identified in the licensee's defensive strategy. A minor weakness in the licensee's mandated review process resulted in Fitness for Duty (FFD) procedures being implemented before they were reviewed by a key FFD person.

DETAILS

1.0 INDIVIDUALS CONTACTED

1.1 PRINCIPAL LICENSEE EMPLOYEES

- *P. Anhalt, Security Supervisor
- *D. Atwood, Security Training Coordinator
- *E. Burke, Security Supervisor- Operations
- *R. Factora, Director, Unit Services
- *M. Gelinas, Security Supervisor
- *B. Gilland, Security Engineering Specialist
- G. Hallburg, Manager- System Security
- *M. Klein, Security Supervisor
- *P. Marchese, Senior Security Agent
- *P. Patton, Engineering Technician
- *T. Rathbun, Security Shift Supervisor
- *K. Smee, Nuclear Department Assistant
- *E. Strom, Instrumentation and Control Supervisor
- *S. Strong, Security Specialist
- *P. Weekly, Security Manager

1.2 PRINCIPAL CONTRACTOR EMPLOYEES

- *R. Bajorin, Chief of Security, Burns International Security Services (BISS)
- *W. Bessette, Training Supervisor, BISS
- *R. Schmid, District Manager, BISS

1.3 NRC EMPLOYEES

- *R. Arrighi, Resident Inspector

*denotes those present at the exit meeting on March 31, 1995

The inspectors also interviewed other licensee and contractor personnel.

2.0 PURPOSE OF THE INSPECTION

This inspection was performed to evaluate corrective actions for previously identified weaknesses or potential weaknesses within station security; to assess the effectiveness of the security organization; to evaluate station assessment capabilities and contingency responses; to assess the licensee's strategy for responding to external threats; and to assess security training relative to defensive strategies.

3.0 PREVIOUSLY IDENTIFIED ITEM

During inspection 50-245/94-29, 50-336/94-25, and 50-423/94-27 (reference inspection) conducted on October 3-6, 1994, inspectors identified an inspector follow-up item (IFI) in testing and maintenance of security equipment.

3.1 IFI 50-245/94-29-02, 50-336/94-25-02 and 50-423/94-27-02 (Closed)

Reference Inspection: While reviewing Weekly Surveillance Reports (WSRs) for the period July 1 - September 30, 1994, the inspectors identified several incorrect entries that denoted equipment failures when, in fact, the equipment had passed required testing. The licensee corrected the identified errors and audited records for additional errors. Based on discussions with licensee management, the inspectors determined that the licensee was developing, with intent to implement, a new method of documenting security report numbers on WSRs to prevent recurring errors.

During this inspection, the inspectors reviewed the licensee's corrective measures, which included daily audits of all surveillance forms by security shift supervisors; quarterly audits of the forms by another member of the security department; and having the central alarm station maintain a log of surveillance reports, which are updated as necessary. The inspectors reviewed a sample of respective records and discussed this item with security management. Based on those reviews and discussions, the inspectors determined that the licensee's corrective measures were satisfactory. IFI 50-245/94-29-02, 50-336/94-25-02, and 50-423/94-27-02 is closed.

4.0 EFFECTIVENESS OF MANAGEMENT CONTROLS

The inspectors reviewed the licensee's controls for identifying, resolving and preventing problems in the security program. In addition to annual quality assurance audits, this aspect of the program was covered by a formalized self-assessment program. The licensee's most recent self-assessment was on handling safeguards information. The assessment evaluated control, storage, transmittal, automated data processing, and disposal of such information. The inspectors reviewed the report on the self-assessment conducted on December 5-9, 1994, and discussed the process with the security manager. Based on reviews and discussions, the inspectors determined that the findings were reported to, addressed by, and satisfactorily resolved by an appropriate level of management.

Other licensee initiatives included the security manager's establishment of an auxiliary office within the protected area (PA), and broadening the knowledge of security supervisors in other program areas by having them rotate through counterpart positions and having them oversee other aspects of the program. Security management attended daily meetings with other plant personnel and daily security shift turnover meetings.

In addition, the licensee and the security contractor had implemented other feedback systems, such as Adverse Condition Resolution, Suggestion and Performance Observation forms. The inspectors regarded the licensee's initiatives, security's attendance at the various meetings, and feedback systems as program strengths in assisting in the identification of potential problems.

5.0 SECURITY PLAN AND IMPLEMENTING PROCEDURES

The inspectors conducted a review of the NRC-approved Physical Security Plan (the Plan) and implementing procedures relative to the licensee's defensive strategy. Based on reviews and discussions with licensee management, the inspectors determined that, in general, the Plan was appropriately implemented and adequate to defend against the design basis threat. Nonetheless, several limitations of the Plan were regarded as potential weaknesses.

- Neither the Plan or its implementing procedures reflected the licensee's policy on use of deadly force. The inspectors determined that the only document reflecting use of force was a security training lesson plan, which was administered and implemented by the security contractor.
- The Plan was not definitive on the principal authority for command and control during a contingency response involving station security and local law enforcement agencies (LLEA).
- With regard to written agreements between the licensee and LLEA, the Plan generically reflected those agreements and that those agreements were updated annually or as changes occurred. However, when the inspectors reviewed agreement letters and their attachments on specific responses and equipment, it appeared that only the letters had been updated without specific references to attachments being revalidated. Most of the attachments were dated nearly 5 years previous which caused the inspectors to question if the specific responses and equipment as stated in the written agreement were valid. The licensee believed that the attachments were revalidated even though the revalidations were not reflected in the agreement letters.

The licensee agreed to evaluate these potential weaknesses and take action as appropriate. These items will be reviewed during a subsequent inspection.

6.0 SAFEGUARDS CONTINGENCY PLAN IMPLEMENTATION REVIEW

The inspectors conducted a review of the licensee's Safeguards Contingency Plan (SCP) and implementing procedures relative to the licensee's defensive strategy. The inspectors also reviewed and discussed defensive strategies with security training personnel, reviewed a sample of documented critiques of contingency exercises, and observed a response force leader conduct a table-top contingency exercise. Based on those reviews, discussions, and observations, the inspectors determined that, in general, the SCP was adequate to meet its objectives. However, several potential weaknesses were identified.

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- During a review of drill critiques, the inspectors identified drills that had not met certain performance objectives of the SCP, but were inadvertently documented without any deficiencies. Based on further review of associated documentation and discussions with the licensee, the inspectors determined that the documentation deficiencies reflected simple oversights.

- The Policy Constraints and Assumptions section of the SCP contained a reference to the Security Plan for guidance on the use-of-force. But, as stated earlier, the Plan was silent on a use-of-force policy.

The inspectors discussed these potential weaknesses with the licensee. The licensee agreed to review these areas and take action as appropriate. This area will be reviewed during a subsequent inspection.

7.0 ALARM STATIONS AND COMMUNICATIONS

The inspectors observed alarm station operations. Both the CAS and the SAS were maintained and operated as committed to in the Plan. Station operators were interviewed by the inspectors and found to be knowledgeable of their duties and responsibilities. The inspectors verified that neither station was involved in operational activities that would interfere with the execution of assessment and response functions.

The inspectors walked the PA perimeter and verified that assessment and detection aids were installed and operated as committed to in the Plan. The inspectors also assessed those aids from the alarm stations and determined that they performed satisfactorily. The assessment aids had excellent picture quality, but some fields of view were exceptionally long.

The inspectors requested the licensee to evaluate the field of view issue and determine if assessment capabilities were being adversely affected. This aspect of the program will be reviewed during a subsequent inspection. The inspectors also found one instance of marginal camera overlap. The licensee took immediate actions to correct the camera-overlap deficiency. The inspectors reviewed the corrective actions and found them satisfactory.

Each alarm station maintained internal-licensee communications and communications with the security force. The inspectors verified that the licensee maintained communications with LLEA as committed to in the Plan.

8.0 SECURITY TRAINING AND QUALIFICATION

The inspectors randomly selected and reviewed training, physical, and firearms qualification records for 12 security force members (SFMs). The inspectors determined that the training had been conducted in accordance with the security Training and Qualification (T&Q) Plan and that it was properly documented.

On March 30, 1995, the inspectors observed tactical training at the firing range. The training consisted of stress firing and tactical weapon manipulation. Based on observations, the inspectors determined that the training was satisfactory and that the range was controlled in a safe manner.

Additionally, the inspectors observed a joint exercise between station security and operations personnel using the control room simulator. The exercise was realistic and generally reflected good communications among the drill participants.

9.0 FITNESS FOR DUTY PROGRAM

The inspectors conducted an overview of the FFD program. The overview consisted of interviewing key FFD personnel, reviewing a sample of FFD testing documentation, and visiting the collection and testing facilities. Based on observations, record reviews, and interviews with the Occupational Health Administrator and Manager Security Systems, the inspectors verified that the program continued to be implemented in accordance with established policies and procedures in the areas reviewed. In addition, the inspectors verified that changes to the program complied with regulatory requirements and did not adversely impact program effectiveness.

The overview also included reviewing the most recent program audit report (QAS Audit No. A30333). Conducted on September 27 - October 24, 1994, and in accordance with regulatory requirements, the audit was comprehensive and thorough. The audit resulted in seven findings, six unresolved items and four recommendations. The inspectors verified that results of the audit were reported to an appropriate level of management and that findings were properly addressed and satisfactorily resolved.

During a review of revised procedures, the inspectors identified a minor weakness in the licensee's procedural review process, which resulted in seven FFD procedures being implemented on March 24, 1995, before they were reviewed by a key FFD person, the Occupational Health Administrator (OHA). The OHA had just begun review of the procedures during this inspection. The inspectors discussed this issue with licensee management and was informed that steps would be taken to ensure that future revisions were reviewed in accordance with established licensee procedures. The inspectors' review of FFD procedures determined that the as-implemented revisions did not adversely impact the effectiveness of the program.

10.0 EXIT INTERVIEW

The inspectors met with the licensee representatives denoted in Section 1.0 of this report at the conclusion of the inspection on March 31, 1995. The inspectors summarized the purpose, scope and findings of the inspection. The licensee acknowledged the inspection findings.