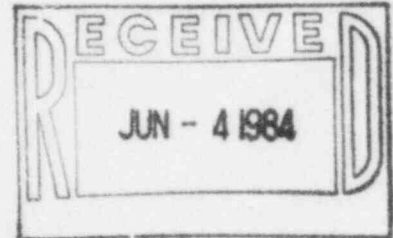




ARKANSAS POWER & LIGHT COMPANY

POST OFFICE BOX 551 LITTLE ROCK, ARKANSAS 72203 (501) 371-4000

May 25, 1984



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Mr. John T. Collins
Regional Administrator
U. S. Nuclear Regulatory Commission
Region IV
611 Ryan Plaza Drive, Suite 1000
Arlington, TX 76011

SUBJECT: Arkansas Nuclear One - Units 1 & 2
Docket Nos. 50-313 and 50-368
License Nos. DPR-51 and NPF-6
1984 Exercise Inspection

Gentlemen:

The attached information is provided to address the open items referenced in your letter of April 27, 1984 (OCNA048409), resulting from the inspection of activities conducted during the 1984 exercise.

Very truly yours,

A handwritten signature in cursive script that reads 'John R. Marshall'.

John R. Marshall
Manager, Licensing

JRM/MT/ac

Attachment

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1. Previous Inspection Items

Open Item (313/8211-13; 368/8209-13): The operational support center (OSC) was not adequately informed of plant status during this exercise.

Response

Status board information is maintained on the IBM 5520 word processing system. Updates from this system will be distributed to the operational support center (OSC) staff as they become available. The objective will be to provide and distribute these updates at least hourly.

Open Item (313/8211-26; 368/8209-26): Only dose rates were calculated in the technical support center (TSC), not integrated doses which were needed to adequately determine necessary protective actions. The NRC inspector noted that this was unchanged during this exercise.

Response

Contrary to this item, integrated doses were calculated in the TSC. It was unclear from the inspection report whether this item addressed the use of integrated doses in off-site or on-site protective action formulations. As a result, a response is given for both variants.

The technical support center (TSC) dose assessment personnel calculated integrated doses and recorded these on Form 1904.07A, "Protective Action Selection," as per procedure. These values served as a basis for off-site protective action recommendations to state officials.

The TSC staff was issued dosimetry and doses were tracked for TSC personnel during the 1984 radiological exercise. No doses above background were received in the TSC therefore no integrated doses were calculated, hence, no protective action recommendations were made for TSC personnel.

Open Item (313/8211-49; 368/8209-49): At 4:00 p.m., the emergency control center (ECC) personnel conducted a shift change (the exercise terminated at 4:50 p.m.); however, the TSC only relieved one person. The shift change should demonstrate replacement of all players during the exercise and their ability to conduct their function.

Response

The demonstration of a shift change was not an objective of the 1984 exercise, however, referencing the original finding regarding this item (313/8211-49; 368/8209-49) a shift change was demonstrated and noted in the inspection report following the 1983 exercise. Concern was expressed, however, during that inspection that even though a formal turnover was noted, the Assistant

Incident Response Director (IRD) was not replaced. As a result, the ERO was analyzed and the Assistant IRD position eliminated, thus providing greater depth at the IRD position. We feel that these organizational changes will address the original concern of this open item.

(Open) Item (313/8211-84; 368/8209-84): No projected doses or integrated doses were calculated. Only the dose rates were calculated as the state used only dose rates to determine protective actions. This was considered to be an incomplete evaluation because if the release was of short duration, even though the dose rates may be high, the individual members of the public would receive a dose which would be significantly lower than the lower ranges of the Environmental Protection Agency Protective Action Guide values. Thus, dose rates alone may lead the state to declaring unnecessary evacuations. Not only was the integrated dose not projected, the concept of release duration was not factored into the decision making for offsite protective action recommendations.

Response

As indicated in our response to item (313/8211-26; 368/8209-26), integrated doses were calculated, recorded and used in making protective action recommendations. State personnel also calculated integrated doses and these were used in protective action recommendation formulation. The State of Arkansas has an integrated dose limit well below the Environmental Protection Agency's protective action guides that it uses to initiate protective actions.

Release duration information is also utilized in Procedure 1904.07, "Protective Action Recommendations," and is factored into the final calculations on form 1904.07A.

Open Item (313/8211-89; 368/8209-89): Offsite monitoring data from state teams was not used by the licensee for their overall dose assessment because of long delay times before the state transmitted the data to the licensee. The data did not include the times when the measurements were made.

Response

Arkansas Power & Light Company and the State of Arkansas both recognize the need for a timely exchange of field monitoring data. AP&L is presently reviewing, along with state personnel, the mechanisms being used to transfer data. The intent is to identify what specifics can be modified in order to improve this area.

The data transmitted during the 1984 exercise was on a standard Form 1622.030F used by both AP&L and the state. This form indicates time of survey and the data points had corresponding times recorded.

2. Control Room

Open Item (313/8408-01; 368/8408-01): Provide a full compliment of exercise players for the control room, as would be expected during normal operations, for a realistic emergency response evaluation.

Response

A full compliment of control room exercise players will be utilized for the 1985 exercise. The control room personnel for the exercise will include:

1. Shift Operations Supervisor
2. Plant Operator
3. Assistant Plant Operator
4. Shift Technical Advisor
5. Shift Administrative Assistant (2)*
6. Waste Control Operator
7. Auxiliary Operator

*The SAA from the unaffected unit will be brought in to assist.

Open Item (313/8404-02; 368/8404-02): Provide additional training for shift supervisors in the area of determining emergency classifications, e.g., loss of two out of three barriers with the potential loss of a third.

Response

Current operations training in determining emergency classification will be reviewed and evaluated with training personnel. The need for additional training in this area will be evaluated.

Open Item (313/8404-03; 368/8408-03): Evaluate the Shift Administrative Assistant (SAA) position to determine where additional assistance will be obtained to assist the SAA during an emergency and provide the additional personnel appropriate training.

Response

As stated in our response to open item (313/8404-01; 368/8408-01), a full shift compliment of exercise players will be provided during the 1985 exercise. This will include the SAA from the unaffected unit who would respond during an emergency to assist the SAA of the affected unit. In addition, provisions are being made for the Duty Emergency Coordinator (DEC) to assume direct responsibility for SAA activities from the Shift Operations Supervisor. This change should result in a more timely recognition of manpower needs required to accomplish emergency response functions in the control room. The DEC can assign additional personnel as necessary to assist the SAA's.

Open Item (313/8408-04; 368/8408-04): Define how the emergency response organization will be assured that the official turnover occurred. Provide information explaining the mechanism for reaching the decision and documenting the official turnover in the emergency procedures. Provide formal training for the SOS, DEC, RM, SAA and IRD.

Response

The emergency plan and procedures revision involves a review of Procedure 1903.51, "Turnover of Responsibility." Plans and Procedures are currently being upgraded to define who has the general responsibility for overall incident management, who has specific responsibilities for notifications, dose assessment and protective action recommendations at each level of ERO activation and finally to define the steps necessary for a formal turnover of various responsibilities to a higher level of ERO staffing.

Once these revisions are completed, training on their implementation will be given to those ERO positions performing the command and control function.

3. Technical Support Center

Open Item (313/8408-05; 368/8408-05): Evaluate and correct the circumstances precluding the transfer of protective action recommendations, notifications, and dose assessment from the control room to the TSC in a timely manner, e.g., one hour.

Response

The response to open item (313/8408-04; 368/8408-04) involves an examination of the processes involved in transferring the above-mentioned functions from one control point to another. These efforts should identify any problems in this area and result in improvement in the transfer.

During the exercise, it was noted that the aforementioned functions were transferred from the control room in approximately 82 minutes. Allowing that the one-hour criterion cited is issued as guidance on what is considered timely, it is felt that the efforts of this exercise reflect a serious attempt to meet this guidance and the actual time required to transfer these functions was not excessive.

Open Item (313/8404-06; 368/8408-06): Provide the State with offsite and onsite radiological data and establish communications with the state from the TSC such that radiological information may be exchanged.

Response

The State is provided with offsite radiological data from the TSC by a telephone transfer of the information on Form 1903.10I, "Emergency Action Level (EAL) Notification." The data on this form is the product of offsite dose projections and protective

action recommendations that are formulated by TSC personnel. Field monitoring data that is available is also factored into these projections.

Procedure 1622.030F, "Offsite Emergency Monitoring," has been revised to implement an exchange of offsite monitoring data between the ECC and the Arkansas Department of Health. This procedure will be further revised to provide the same capability for data exchange from the TSC should offsite monitoring data become available prior to staffing the ECC.

Although the state has not identified the need to receive onsite radiological monitoring data, this information is available in the TSC and would be provided upon request.

4. Emergency Operations Facility

Open Item (313/8408-07; 368/8408-07): The ECC was not fully operational within the time criteria prescribed in Supplement 1 to NUREG-0737 following the declaration of a site area emergency.

Response

On May 10, 1984, a meeting was held involving Messers. Dick Bangart and James Baird of NRC, Region IV, and Messers. John Marshall, Larry Parscale, Dennis Boyd and Martin Tull of AP&L to discuss concerns centering around the EOF staffing times. The discussion pursued various options to addressing this problem in a satisfactory manner.

The result of the meeting was that AP&L agreed to submit to NRC, Region IV, under separate cover, a proposal for addressing EEC staffing time. This proposal is currently being prepared.

Open Item (313/8408-08; 368/8408-08): Provide assurance that protective action recommendations are signature approved by the IRD prior to issuance to the state.

Response

Form 1903.10I, "Emergency Action Level (EAL) Notification," will be revised to require an approval signature prior to transmittal, by the individual authorized to issue protective action recommendations (i.e., SOS, DEC, RM or IRD).

Open Item (313/8408-09; 368/8408-09): Provide corrective action necessary to effectively coordinate ANO offsite radiological monitoring teams with state radiological monitoring teams and effectively coordinate both ANO and the state radiological monitoring data.

Response

Our response to open item (313/8211-89; 368/8209-89) described the efforts presently underway in this area. In addition, a field monitoring drill with the state is scheduled for the near future with one of its objectives being field data exchange and coordination.

5. Operational Support Centers

Open Item (313/8408-10; 368/8408-10): Review the procedure requiring a supervisor to be notified prior to notifying the control room for medical assistance.

Response

Procedure 1903.23, "Personnel Emergency," section 6.1.2 states: "Notify either unit's Shift Supervisor (preferred), the Safety and Fire Prevention Coordinator, or the individual's supervisor."

The Shift Supervisors are preferred due to their 24-hour per day availability. Upon notification, he will direct medical assistance to the injured individual.

As a result of this year's exercise, it has been recognized that the plant paging system is normally the most expedient means to activate the medical team. Procedure 1903.23, "Personnel Emergency," has been revised to advise the Shift Supervisor or his designee that this is the method that should be used.

Open Item (313/8408-11; 368/8408-11): Provide a medical kit to include necessary equipment for medical response, e.g., first-aid kit, radios and anti-contamination equipment.

Response

Medical kits are currently available which contain adequate equipment to respond to medical emergencies. These kits are maintained in the following locations:

1. Fire Locker A (Unit 1 Turbine Bldg., Level 354')
2. Fire Locker B (Unit 2 Turbine Bldg., Level 354')
3. Fire Locker C (Turbine Bldg., Level 386')
4. First Aid Room (Admin. Bldg., 2nd Floor)

If portable communications equipment is needed, hand-held radios are readily available in the key room located on the turbine deck, level 386' (in close proximity to fire locker C). Additionally, hand-held radios are available from the communications equipment locker located on the first floor of the Administration Building.

Anti-contamination equipment (e.g. protective clothing) is available at the entry point to the Controlled Access Area. If time permits, this clothing may be used by medical personnel,

however, the treatment of the victim should not be compromised/delayed while personnel don protective clothing.

Additionally, personnel decontamination supplies are maintained at the exit point to the Controlled Access Area. Personnel decontamination efforts are normally performed under the supervision of health physics personnel. Health physics personnel may assist emergency medical team personnel in decontamination efforts.