

U. S. NUCLEAR REGULATORY COMMISSION
REGION I

Report Nos. 50-387/92-09
50-388/92-09

Docket Nos. 50-387
50-388

License Nos. NPF-14
NPF-22

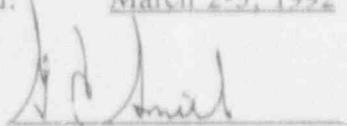
Licensee: Pennsylvania Power and Light Company
2 North Ninth Street
Allentown, Pennsylvania 18101

Facility Name: Suquehanna Steam Electric Station, Units 1 and 2

Inspection At: Salem Township, Pennsylvania

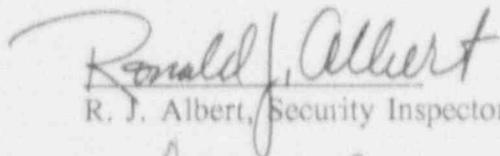
Inspection Conducted: March 2-5, 1992

Inspectors:



G. C. Smith, Senior Security Specialist

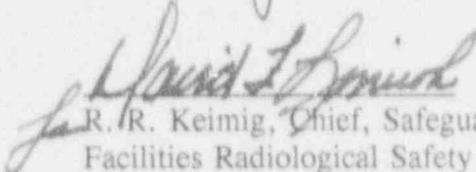
3/12/92
date



R. J. Albert, Security Inspector

03-12-92
date

Approved by:



R. R. Keimig, Chief, Safeguards Section
Facilities Radiological Safety and Safeguards
Branch
Division of Radiation Safety and Safeguards

3-12-92
date

Areas Inspected: Onsite Followup of Previously Identified Fitness-for-Duty (FFD) Items; Management Support; Security Program Plans; Protected and Vital Physical Barriers; Detection Aids and Assessment Aids; Protected and Vital Area Access Control of Personnel, Packages and Vehicles; Alarm Stations and Communications; Power Supply; Testing Maintenance and Compensatory Measures; Security Training and Qualifications.

Results: The licensee was in compliance with NRC requirements in the areas inspected.

DETAILS

1.0 Key Persons Contacted

T. Dalpiaz, Manager, Nuclear Plant Services
R. Stotler, Manager, Nuclear Security
D. McGann, Senior Compliance Engineer
R. Hutson, Corporate Security Agent
R. Ferentz, Security Operations Supervisor
G. Barber, USNRC, Senior Resident Inspector

The inspectors also interviewed other licensee personnel during the course of this inspection.

2.0 Follow-up of Previously Identified Items

(Closed) UNR 50-387/90-25-03, 50-388/90-25-03: Security Data System Degradation. This item was a result of a review of a failure of the security system computers. The licensee conducted a root-cause analysis of the failure, replaced hardware to prevent a single point failure, revised procedures and retrained personnel on the actions required when security system problems arise. The inspectors' review determined the licensee's actions to be appropriate. The inspectors also noted that the security system computer had a 99.94% availability for 1991. No further action is deemed necessary for this item.

During the initial inspection of the FFD program conducted on July 31 - August 2, 1990, the inspectors identified four potential weaknesses and follow-up items to be reviewed during a subsequent inspection. Those weaknesses, follow-up items and their disposition are as follows:

- 2.1 **(Closed) Violation 50-387/90-14-01 and 50-388/90-14-01:** The licensee was cited for mandating the giving of blood during for-cause testing for alcohol. During this inspection, the inspectors reviewed the licensee's corrective actions, which included revising the FFD Manual to eliminate the requirement for mandatory blood testing. The licensee's corrective actions were satisfactory. This item is closed.
- 2.2 **(Closed) Unresolved Item 50-387/90-14-02 and 50-388/90-14-02:** The licensee did not conduct random FFD testing between the hours of 6:00 p.m. and 6:00 a.m. which created a predictable gap in testing. During this inspection, the inspectors reviewed the licensee's corrective actions which included testing on backshifts, weekends and holidays at an established frequency. The licensee's corrective actions were acceptable. This item is closed.

- 2.3 (Closed) Unresolved Item 50-387/91-14-03 and 50-388/91-14-03: The licensee's FFD Manual gave the Medical Review Officer (MRO) the option of interviewing individuals who had tested positive for drugs. During this inspection, the inspectors reviewed the licensee's corrective actions, which included revising the FFD Manual to ensure that individuals with positive drug tests were afforded the opportunity to discuss test results with the MRO. The licensee's corrective actions were acceptable. This item is closed.
- 2.4 (Closed) Unresolved Item 50-387/91-14-04 and 50-388/91-14-04: The licensee's principal contracted Employee Consultation Services (ECS) counselor indicated that he would not inform licensee management when a self-referral constituted a hazard to self, others or the licensed facility. During this inspection, the inspectors reviewed the licensee's corrective actions, which included revising the FFD Manual and re-emphasizing to the counselors their responsibilities as mandated by 10 CFR Part 26. The licensee's corrective actions were acceptable. This item is closed.

During this inspection, the inspectors reviewed follow-up items in the areas of: (1) program administration and delineated responsibilities; (2) training in the FFD appeals process; (3) the retraining of 10 supervisors who did not achieve acceptable test scores on supervisory FFD training; (4) the licensee's "need-to-know" policy on FFD testing results; and (5) a private entrance to the MRO's office to protect the confidentiality of those interviewed. The licensee's corrective actions in all of those areas were found to be acceptable and there were no further regulatory concerns.

3.0 Management Support and Security Program Plans

- 3.1 Management Support - Management support for the licensee's physical security program was determined to be adequate by the inspectors. This determination was based upon the inspectors' review of various aspects of the licensee's program during this inspection as documented in this report.

3.2 Security Program Plans

The inspectors verified that changes to the licensee's Security Program and Plans, as implemented, did not decrease the effectiveness of the respective plans, and had been submitted in accordance with NRC requirements. No deficiencies were noted.

4.0 Protected and Vital Area Physical Barriers, Detection and Assessment Aids

4.1 Protected Area (PA) Barriers

The inspectors conducted a physical inspection of the Protected Area (PA) barrier on March 3, 1992. The inspectors determined by observation that the barrier was installed and maintained as described in the Plan and that the isolation zones were adequately maintained to permit observation of activities on both sides of the PA barrier. No deficiencies were noted.

4.2 Protected Area Detection Aids

The inspectors requested that the licensee conduct tests of the PA perimeter intrusion detection aids on March 3, 1992. Numerous tests were conducted around the entire perimeter and the inspectors determined that the detection aids were installed, maintained and operated as committed to in the Plan. No deficiencies were noted.

4.3 Protected Area Assessment Aids

The inspectors observed the PA perimeter assessment system and determined that it was installed, maintained and operated as committed to in the Plan. No deficiencies were noted.

4.4 Vital Area (VA) Barriers

The inspectors conducted a physical inspection of VA Barriers on March 3, 1992 and determined they were installed and maintained as committed to in the Plan. No deficiencies were noted.

4.5 Vital Area Detection Aids

The inspectors observed the VA detection aids and determined they were installed, maintained and operated as committed to in the Plan. The inspectors observed the licensee test selected VA detection aids. All detection aids tested were determined to be operable.

5.0 Protected and Vital Area Access Control of Personnel, Packages and Vehicles

5.1 Personnel Access Control

The inspectors determined that the licensee was exercising positive control over personnel access to the PA and VA. This determination was based on the following:

- The inspectors verified by observation that personnel are properly identified and authorization was checked prior to issuance of badges and key cards. No deficiencies were noted.
- The inspectors verified that the licensee has a program to confirm the trustworthiness and reliability of employees and contractor personnel. This program included checks on employment history, criminal history, physical examination and fitness-for-duty. No deficiencies were noted.
- The inspectors verified that the licensee has a search program for firearms, explosives, incendiary devices and other unauthorized materials as committed to in the Plan. The inspectors observed personnel access processing during shift changes, visitor access processing, and interviewed members of the security force and licensee's security staff regarding personnel access procedures. No deficiencies were noted.
- The inspectors determined by observation that individuals in the PA and VAs display their access badges as required. No deficiencies were noted.
- The inspectors verified that the licensee has escort procedures for visitors to the PA and VAs. No deficiencies were noted.

5.2 Package and Material Access Control

The inspectors determined that the licensee was exercising positive control over packages and materials that are brought into the PA at both access control portals. The inspectors reviewed the package and material control procedures and found that they were consistent with commitments in the Plan. The inspectors also observed package processing and interviewed members of the security force and the licensee's security staff about package search procedures. No deficiencies were identified.

5.3 Vehicle Access Control

The inspectors determined that the licensee properly controls vehicle access to and within the PA. The inspectors verified that vehicles are properly processed prior to entering the PA. The process was consistent with commitments in the Plan. This determination was made by observing vehicle processing and search, and by interviewing security officers and licensee's security staff about vehicle processing and search procedures. No deficiencies were noted.

6.0 Alarm Stations and Communications

The inspectors observed the operation of the Central Alarm Station (CAS) and the Secondary Alarm Station (SAS) and determined that they were maintained and operated as committed to in the Plan. CAS and SAS operators were interviewed by the inspectors and found to be knowledgeable of their duties and responsibilities. The inspectors verified that the CAS and SAS did not contain any operational functions that would interfere with assessment and response functions. The inspectors verified that the licensee has communications with local law enforcement agencies as committed to in the Plan. No deficiencies were noted.

7.0 Testing, Maintenance and Compensatory Measures

7.1 Testing and Maintenance

The inspectors reviewed testing and maintenance records and confirmed that the records committed to in the Plan were on file and readily available for licensee and NRC review. The station provides instrumentation and control technicians to repair, replace and test any security equipment which requires preventative or corrective maintenance. A check of repair records indicated that repairs, replacements and testing was being accomplished in a timely manner. No deficiencies were noted.

7.2 Compensatory Measures

The inspectors reviewed the licensee's use of compensatory measures and determined them to be as committed to in the Plan. No deficiencies were noted.

8.0 Security Training and Qualification

The inspectors randomly selected and reviewed the training and qualification records for eight security force members. Physical qualifications and firearms qualification records for armed, unarmed and supervisory personnel were also inspected. The inspectors determined that training had been conducted in accordance with the security program plans, and that it was properly documented. No deficiencies were noted.

9.0 Exit Interview

The inspectors met with licensee management identified in paragraph 1.0 at the conclusion of the inspection on March 5, 1992. At that time, the purpose and scope of the inspection were reviewed and findings were presented.