#### DUKE POWER COMPANY P.O. BOX 33189 CHARLOTTE, N.C. 28242

HAL B. TUCKER vice president nuclear production

84 APR 3 A10 March 30, 1984

TELEPHONE (704) 373-4531

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

Subject: McGuile Nuclear Station Docket Nos. 50-369 and 50-370

Reference: RII:W0 50-369/83-48, 50-370/83-55

Dear Mr. O'Reilly:

Please find attached responses to Violations 50-369/83-48-01, 50-370/ 83-55-02 and 50-370/83-55-01 which were identified in IE Inspection Report 50-369/83-48, 50-370/83-55. Duke Power Company does not consider any information contained in this report to be proprietary.

Very truly yours, 3. Jucke

Hal B. Tucker

WHM: dyh

Attachment

cc: Mr. W. T. Orders NRC Resident Inspector McGuire Nuclear Station

8405300150 840504 PDR ADDCK 03000369 G PDR

# DUKE POWER COMPANY MCGUIRE NUCLEAR STATION

Response to Violations 50-369/83-48-01, -370/83-55-02 and 50-370/83-55-01

## Violation 50-369/83-48-01, -370/83-55-02, Severity Level IV:

Technical Specification 6.8.1.d requires that written procedures be implemented covering emergency plan activities. Procedure PT/0/A/4600/11 is used for inventory of emergency protective equipment kits on a monthly basis.

Contrary to the above, the licensee discovered on January 3, 1984, that a technician failed to fully perform all sections of Procedure PT/O/A/4600/ll and falsified its record resulting in degraded emergency equipment (batteries) when they were last detected in that condition on November 2, 1983.

### Response:

Duke Power Company agrees that a McGuire Nuclear Station technician failed to perform the procedure which requires a monthly inventory check on the emergency protective equipment kits and falsified the procedure by indicating that the kits had been inventoried when they had not. However, Duke Power believes that the criteria in 10 CFR, Part 2, Appendix C, Section IV, for a Notice of Violation not being issued, were satisfied. Accordingly, NRC issuance of a Notice of Violation was not in keeping with the Commissions intent to encourage licensee actions to identify violations, and therefore the Notice of Violation should be rescinded.

There is no question that of the five criteria, the first four criteria were satisfied, namely,

- 1) The violation was identified by Duke Power Company
- 2) The violation is a level IV violation
- The incident was evaluated and determined not to be reportable, i.e., reporting not required.
- Corrective measures were taken immediately, and measures to prevent recurrence were subsequently taken as discussed below.

The criteria in question is:

 It was not a violation that could reasonably be expected to have been prevented by the licensees corrective action for a previous violation. In the Inspection Report several examples were cited as being "almost identifical" or "similar in nature" to this violation. A review of these examples indicates that previous corrective actions could not have reasonably prevented an employee from willfully disregarding Duke Power's policies on procedure adherence. The examples cited in the Inspection Report are violations involving personnel errors, personnel oversight, procedural inadequacies and other "honest mistakes" which the NRC has simplistically characterized as "failure to follow procedure". The violation in question involved a knowing and blatant disregard of procedural requirements by an individual.

This individual was fully aware of the fact that he was not performing the procedure and was falsifying the documentation. This subject was discussed with all station personnel in October, 1983 by the Station Manager, Vice President-Nuclear Production and Executive Vice President-Power Operations as a result of an earlier incident. In these station meetings it was made clear that non-adherence to procedures and falsifying records would not be tolerated. Since these meetings were held, there has been a declining trend in the number of personnel errors, thus attesting to the overall effectiveness of the meetings. In the case of the earlier incident, involving failure to verify a valve position and falsifying the documentation, the individual involved was discharged. Followup meetings were held with all Nuclear Production Department personnel in which the same points were stressed.

In spite of these actions taken by Duke, the individual who was responsible for checking the emrgency kits, failed to perform the surveillance procedure and falsified the records. Upon discovery, Duke took immediate action to correct the discrepancy in the emergency kits and subsequently discharged the employee.

It is therefore Duke's conclusion that this violation should have been prevented by the corrective action taken from the previous event. Duke could not have taken any preventive or corrective measures beyond what was done that would have prevented the willful disregard that occurred. Accordingly, Duke agrees that a violation occurred; however, Duke does not believe that a Notice of Violation was appropriate for this violation.

McGuire Nuclear Station is presently in full compliance.

JPO/HBT/WHM March 30, 1984 - (A1)

## Violation 50-370/83-55-01, Severity Level IV:

Technical Specification 6.8.1.a requires that written procedures be implemented concerning control of safety-related equipment. Pre-requisite 4.6 of Procedure IP/O/A/3010/06, an approved station procedure for surveillance testing of the Reactor Protection System (RPS), requires administrative control of affected equipment by placement of red tags.

Contrary to the above, operations personnel failed to place red tags on breakers of the decay heat removal system valves, ND-1 and ND-2. Subsequently, during the performance of the RPS test on January 15, 1984 and without the benefit of an administrative hold (red tags), power was erroneously restored to these subject valves which resulted in the loss of decay heat removal.

#### Response:

Duke Power Company agrees that McGuire Nuclear Station personnel did not place red tags on breakers of the Decay Heat Removal System valves 2ND-1B and 2ND2A. This resulted in the loss of decay heat removal during the performance of the RPS test. Details of this event are described in LER 370/84-02, dated February 29, 1984. This violation is attributed to personnel error. The Reactor Protection System Response Time Test was revised to include sign-off blanks for prerequisite steps which require red tags. As a further corrective action, appropriate personnel were counselled on following procedures. McGuire Nuclear Station is presently in full compliance with the Technical Specifications.