



UNITED STATES
NUCLEAR REGULATORY COMMISSION

REGION II
101 MARIETTA STREET, N.W.
ATLANTA, GEORGIA 30303

MAR 01 1984

Report Nos.: 50-321/84-02 and 50-366/84-02

Licensee: Georgia Power Company
P. O. Box 4545
Atlanta, GA 30302

Docket Nos.: 50-321 and 50-366

License Nos.: DPR-57 and NPF-5

Facility Name: Hatch 1 and 2

Inspection at Hatch site near Baxley, Georgia

Inspector: *G. R. Jenkins*
for R. R. Marston

2/27/84
Date Signed

Approved by: *G. R. Jenkins*
G. R. Jenkins, Section Chief
Division of Emergency Preparedness and Materials
Safety Programs

2/27/84
Date Signed

SUMMARY

Inspection on January 16-20, 1984

Areas Inspected

This routine, unannounced inspection involved 35 inspector-hours on site in the areas of emergency preparedness.

Results

Of the areas inspected, two violations were identified; no deviations were identified. The violations are discussed in detail in paragraph 6 of this report.

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REPORT DETAILS

1. Persons Contacted

Licensee Employees

- *T. V. Greene, Deputy General Manager
- *C. T. Jones, Manager, Engineering
- *R. W. Zavadoski, Manager, Health Physics and Chemistry
- D. F. Moore, Manager, Training
- *W. H. Rogers, Health Physics Superintendent
- *S. B. Tipps, Superintendent Regulatory Compliance
- F. G. Gorley, Operations Supervisor
- J. B. Barnes, Operations Supervisor
- B. D. Coleman, Operations Supervisor
- *S. Bethay, Supervisor, Regulatory Compliance
- *R. C. Houston, QA
- *P. K. Moxley, QA
- *T. J. Kirkham, Health Physicist

NRC Resident Inspector

- *P. Holmes-Ray

*Attended exit interview

2. Exit Interview

The inspection scope and findings were summarized on January 20, 1984, with those persons indicated in paragraph 1 above. On February 6, 1984, a meeting was held between NRC and licensee corporate and plant representatives to discuss further the NRC findings and the licensee's proposed corrective action on these findings. On February 24, 1984, a telephone conference was held between Mr. J. T. Beckham and Mr. H. C. Dance of this office to confirm licensee proposed corrective action and commitment dates for the violations.

3. Licensee Action on Previous Enforcement Matters

Not inspected.

4. Unresolved Items

Unresolved items were not identified during this inspection.

5. Emergency Detection and Classification

The Hatch Emergency Plan and Implementing Procedures were reviewed. It was determined that they require classification of emergencies and prompt offsite notifications. Interviews were conducted with three Operations Supervisors to determine whether those personnel designated to act as Emergency Director during the initial stages of an emergency understood their authority and responsibility to classify events and notify offsite agencies. In these interviews, the Operation Supervisors were provided with simulated emergency conditions and asked to classify the emergencies and to perform the initial dose calculations.

The Operations Supervisors demonstrated that they could perform dose calculations and classify emergencies. They were also knowledgeable of their authorities and responsibilities when acting as Emergency Director.

The inspector had no further questions in this area.

6. Protective Action Decision-making

The Emergency Plan and Implementing Procedures were reviewed and it was determined that staff and responsibility were assigned by the licensee to assess an accident and make protective action recommendations.

During the interviews with Operations Supervisors, it was determined that they were aware of their responsibility to make protective action recommendations. They were given several problems which involved some dose calculation and classification of simulated events (discussed in paragraph 5 of this report), and which required determining the appropriate protective action recommendations. While the dose calculations and classifications were adequate, the licensee personnel had difficulty in determining protective action recommendations in a timely manner and with any degree of accuracy. The problem appeared to be mainly in the training area, in that licensee personnel were spending an excessive amount of time going from one procedure to another and appeared to be unfamiliar with the primary procedure (HNP-4854). In addition, errors were made in recommending protective actions based on core and containment status. Based on this, the licensee was advised that they had failed to maintain a training program sufficient to ensure that licensee employees are familiar with their specific response duties. This finding was identified as a violation of 10 CFR 50.54(q) which requires licensees to follow and maintain in effect emergency plans which meet the requirements of Appendix E to 10 CFR 50 and the planning standards of 50.47(b). Specific requirements for emergency preparedness training are addressed in 10 CFR 50.47(b)(15) and 10 CFR 50, Appendix E, IV.F. (321,366/84-02-01). In a telephone conversation on February 24, 1984, between Mr. H. C. Dance of NRC and Mr. J. T. Beckham of your staff, a date of May 20, 1984, was given as the date when training would be completed on this matter.

The licensee's procedure HP-4854, Protective Decisions and/or Protective Action Guidelines, makes no provisions for considering an initial protective action recommendation upon declaration of a General Emergency. NUREG-0654 specifies sheltering as an initial protective action recommendation. Information Notice 83-28 clarifies this matter by showing the initial protective action recommendation to be sheltering in a two mile radius and five miles downwind. Licensee representatives stated that the implementing procedures as currently written ultimately lead the user to a set of protective action recommendations. The inspector acknowledged that while the current procedures lead to protective action recommendations, they do not lend themselves to prompt recommendations to include an initial recommendation immediately following declaration of a general emergency condition. For certain core melt sequences, licensee procedure HP-4854 shows a protective action recommendation of a 3 mile evacuation in all directions and a 10 mile evacuation downwind. For this same core melt sequence, NUREG-0654 specifies a protective action recommendation of a 5 mile evacuation in all directions and a 10 mile evacuation downwind. The licensee was advised that HP-4854 was inadequate in that it did not incorporate the above protective action recommendations which are consistent with NUREG-0654. The licensee was further advised that this matter is considered a violation of 10 CFR 50.47(b)(10) which requires in part that a range of protective actions have been developed and in place which are consistent with Federal Guidance (NUREG-0654), (321, 366/84-02-02). In a telephone conversation on February 24, 1984, between Mr. H. C. Dance of NRC and Mr. J. T. Beckham of your staff, a date of March 15, 1984, was given as the date when corrective action would be completed on this matter.

7. Notifications and Communications

The licensee's notification procedures were reviewed and determined to be consistent with the emergency classification and emergency action level schemes. The emergency plan mentions the existence of a message verification system.

The Radiological Emergency Plan and Implementing Procedures were reviewed. It was determined that action levels were specified to indicate alert and activation of the onsite and offsite emergency organizations, corporate support, local supporting agencies, and Federal, State, and local government agencies.

Licensee representatives stated that emergency telephone numbers were reverified in the first month of each quarter by memo within the organization, and by random calls to offsite agencies.

The content of the licensee's initial and followup notification messages was compared to the criteria of NUREG-0654, Part II, paragraphs E.3 and E.4 and determined to be adequate.

The inspector and a licensee representative reviewed communications in the Control Room, Technical Support Center, and Operations Support Center and verified that the communications were as specified in the Emergency Plan. The EOF was not inspected at this time because the rooms were being used as classrooms and the communications had been evaluated during the annual exercise in October. Hatch procedure HNP-4860, Testing of Emergency Communication System specifies that all communications systems will be tested at least once a month. The procedure further specifies that the test results are recorded in Data Package 1. The records for the monthly communications checks for CY 1983 were reviewed. Some of the records were found in the Health Physics office and some in Document Storage. The record for May 1983 could not be found. No licensee personnel could state for sure that the test had actually been performed, but they believed that the form had just been misplaced. The inspector stated that this was an inspector followup item (321,366/84-02-03) and would be evaluated during a subsequent inspection.

8. Changes to the Emergency Preparedness Program

The inspector reviewed changes to the Emergency Plan Implementing Procedures and records to verify that the procedures are reviewed by the Procedures Review Board (PRB) and management prior to implementation. Changes are assigned a PRB number and are signed by the PRB Secretary and by the appropriate department head. The procedures are handled in accordance with Procedure HNP-9, Procedure Writing, Use and Control. None of the changes to the plan or procedures were considered by the licensee to decrease the effectiveness of the plan or procedures, so were not required to be reviewed by the NRC prior to implementation. The inspector reviewed several Plans and Implementing Procedure changes and agreed with the licensee's evaluation.

A licensee representative stated that no significant changes had taken place in the emergency response facilities or organization since the last inspection.

The inspector had no further questions in this area.

9. Shift Staffing and Augmentation

Table B-1 in the licensee's Plan was reviewed to compare with the goals of Table B-1 of NUREG-0654. The licensee's table was organized to show staffing and augmentation for each emergency response facility. Augmentation was shown in 15 and 60 minute increments; 15 minutes if the augmentee was on shift, and 60 minutes if called in from home. While it was not clear from reviewing the licensee's table whether augmentation goals were met, discussion with licensee personnel and review of call lists indicated that the goals could be met.

A licensee representative stated that augmentation times are determined from an estimate using road distances and conditions. Through review of Table B-1 to the licensee's Emergency Plan, the call in list, and discussion with licensee personnel it appears that augmentation goals for the TSC and EOF could be met.

The inspector had no further questions in this area.

10. Training

The training records for the licensee personnel who were interviewed concerning emergency classification and protective action recommendations were reviewed. The records indicated that they reviewed plant procedures semiannually and were required to demonstrate knowledge of those procedures. Semiannual examinations included questions on emergency preparedness and quarterly simulator training included emergency actions.

The inspector had no further questions in this area.

11. Followup of Open Items

a. Post Accident Sample Analysis

Improvement item 321, 366/81-30-15:

Establish procedures and equipment for counting high activity samples on or near the plant site.

This item had been evaluated during subsequent inspections (321/82-29; 336/82-27 and 321/83-29; 366/83-31). It had been determined during these inspections that procedures and equipment were in place for counting high activity samples on the plant site. The procedures did not make provisions for labeling the samples, however. The inspector reviewed procedures HNP-7710, Post Accident Sampling System Automated Analysis Using the AIMS; HNP-7711, Post Accident Reactor Coolant Isotopic Analysis; and HNP-7720, Post Accident Drywell Atmospheric Isotopic Analysis. These procedures appeared to be adequate for post accident sample analysis and had been amended to provide for identification of the samples.

Based on the above findings, the improvement item in this area (321, 366/81-30-15) is closed.

b. Implementing Procedures

Improvement item 321, 366/81-30-25:

All EAI.s should be clearly stated and readily accessible to the operators.

The inspector reviewed the Implementing procedures which include the EALs (HNPs-4420, 4520, 4620 and 4720) and determined that the EALs are clearly stated. The procedures are placed into the Control Room so as to be readily accessible. For those EALs for which the Control Room indications are in different units than those units used in the Implementing Procedures, procedures are readily available which provide conversions between the units.

Based on the above findings, the improvement item in this area, (321, 366/81-30-25) is closed.

c. Public Information

Improvement Item 321,366/81-30-47:

Provide provisions for rumor control during emergencies and include references to the rumor control provisions in the public information program.

Improvement Item 321,366/81-30-48:

Expand discussion of the public information program in the Emergency Plan and provide an implementing procedure dealing with activation and operation of the public information program during emergencies.

The inspector reviewed Section G of the Hatch Emergency Plan and Section VI, Rumor Control, of the Hatch Emergency Communications Plan. The Emergency Plan referenced the Rumor Control Program and the Emergency Communications Plan discussed the program in detail. In addition, the inspector verified that the Hatch Emergency Communication Plan Implementing Instructions provide detailed instructions for responsibilities and activities of the Public Information staff, including activation of facilities.

Based on the above findings, the improvement items in this area (321,366/81-30-47 and 321,366/81-30-48) are closed.