

James A. FitzPatrick
Nuclear Power Plant
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**New York Power
Authority**

Harry P. Salmon, Jr.
Site Executive Officer

August 28, 1995
JAFP-95-0389

U.S. Nuclear Regulatory Commission
Attn: Document Control Desk
Mail Station P1-137
Washington, D.C. 20555

**SUBJECT: James A. FitzPatrick Nuclear Power Plant
Docket No. 50-333
Reply to Notice of Violation
NRC Inspection Report 50-333/95-02**

Gentlemen:

Pursuant to 10 CFR 2.201, Notice of Violation, the Authority submits this response to the notice of violation transmitted with your letter dated July 27, 1995. Your letter refers to the results of the routine resident safety inspection conducted by Messrs. W. Cook and R. Fernandes from January 1, 1995 to February 11, 1995 at the James A. FitzPatrick Nuclear Power Plant.

Attachment I provides the description of the violation, reason for the violation, the corrective actions that have been taken and the results achieved, corrective actions to be taken to avoid further violations, and the date of full compliance.

Attachment II summarizes the commitments contained in this submittal.

If you have any questions, please contact Mr. A. Zaremba at (315) 349-6365.

Very truly yours,

Harry P. Salmon, Jr.

STATE OF NEW YORK
COUNTY OF OSWEGO
Subscribed and sworn to before me
this 28 day of August, 1995

NOTARY PUBLIC

NANCY B. BURKE
Notary Public, State of New York
Qualified in Oswego County No. 4504011
By Commission Expires 1-26-97

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Attachments:

- I - Reply to a Notice of Violation
- II - Summary of Commitments

ATTACHMENT I
Response to Notice of Violation

Violation

10 CFR 50.9(a) requires, in part, that information required by the Commission's regulations or license conditions to be maintained by the licensee, shall be complete and accurate in all material respects.

Technical Specification (TS) 6.8(a)(3) requires that written procedures and administrative policies shall be established, implemented, and maintained that implement the fire protection program. Administrative Procedure AP-14.02, Combustibles and Flammable Material Control written to comply with TS 6.8(a)(3), provides instructions for the utilization and processing of Combustion Control Permits (CCPs), and requires, in Section 8.1.3, that a file of active CCPs be maintained, and that a file of inactive CCPs also be maintained for one year in the Fire Protection Supervisor's office and then for five years with the Records Management System.

Contrary to the above, on October 18, 1994, information required to be maintained by the licensee, namely CCP No. 94120 (which allowed temporary storage of three boxes of HEPA filters in the turbine building), was inaccurate in that a Fire Protection Supervisor/Fire Inspector forged the signature of a Fire Protection System Engineer on the CCP as authorization for the permit. This record was material, because CCPs constitute the method used by the licensee to demonstrate control of combustibles utilized in the plant as required in the fire protection program mandated by TS 6.8(a)(3).

This is a Severity Level IV Violation (Supplement VII).

Admission or Denial of the Alleged Violation

The Authority agrees with this violation.

The Reasons for the Violation

- The false signature was identified by the Fire Protection Engineer who informed his supervisor in a timely manner, however, due to the nature of the allegation and the initial denial by the individual, a Deviation Event Report (DER) was not initiated.
- The cause of the failure to obtain the proper authorization for the Combustible Control Permit (CCP) as required by AP-14.02, "Combustibles and Flammable Material Control", was attributed to personnel error. An individual signed another persons name without authorization. The previous CCP had expired and conditions had not changed, therefore, the individual made the decision based on limited risk.
- The cause for the failure to resolve this issue in a timely manner was attributed to: (1) First line supervision being concerned with escalating the issue before all the facts were known and "accusing" the wrong person. This concern delayed the documentation and resolution of the problem. (2) Fire Protection personnel routinely initiated CCP for combustibles found in the plant, not covered by an active CCP, without initiating a DER. (3) Technical Services and QA personnel initially failed to recognize the issue as a 10 CFR 50.9 reportable event requiring immediate action. (4) Due to the lack of a DER documenting the problem and the sensitivity of the allegation, coupled with misunderstandings between the various personnel involved with the initial review, the problem went without a timely investigation and senior management notification.

ATTACHMENT I
Response to Notice of Violation

Corrective Actions That Have Been Taken

1. A formal critique of the unauthorized Combustible Control Permit and related events was completed on February 4, 1995. The critique included interviews with personnel involved in the event and the initial investigation. The critique was necessary to determine the facts surrounding the handling of the event considering the problem was known for approximately 30 days before it was entered into the corrective action program.
2. Lessons learned provided to all site managers and supervisors regarding the results of the critique included; a need for prompt/accurate notification of problems up the chain of command and the need to initiate the corrective action program (DERs) when problems are identified. An additional lessons learned was developed for site staff to reinforce the requirement to never sign for another individual if not authorized to do so.
3. Training to re-emphasize procedural compliance, proper signature/authorization requirements, attention to detail and documentation accuracy was provided to Fire Watch Supervisors, Fire Inspectors, and Fire Protection Engineers.
4. A review was performed of all active Combustible Control Permits (CCPs) to ensure exemption areas had been properly reviewed by the Fire Protection Engineer or an individual meeting the requirements of Society of Fire Protection Engineers (SFPE) member grade. No active CCPs were found to be missing proper review signatures.
5. QA completed a surveillance of AP-14.02, "Combustibles and Flammable Material Control". The procedure was revised as needed to address identified procedure deficiencies and weaknesses.
6. Department managers reviewed a sample of internal documents to ensure proper signatures are obtained. No other concerns were identified.
7. Several other deficiencies were identified with the fire protection program as a result of the review completed for this event. These deficiencies were documented on DERs. Additional corrective actions were developed to address these additional DERs.
8. Senior management emphasized their expectations with Fire Inspectors and the acting Fire Protection Supervisor regarding communications, attention to detail, and supervisory oversight.
9. A new Fire Protection Supervisor was hired with technical qualifications and supervisory experience to improve the management of the fire protection program.
10. Implemented a plant standard STD-3.2, "Use of Signatures", to focus on by direction, acting, and signature for another person with his concurrence.

Results Achieved To Date

Based on fire protection work practice observation following the implementation of the above actions, a general improvement trend was observed. Management oversight and reinforcement of standards are increasing worker awareness regarding proper fire protection program work practices.

ATTACHMENT I
Response to Notice of Violation

Corrective Actions To Be Taken

1. Continuous management oversight and reinforcement of standards to maintain worker awareness regarding proper fire protection program practices.
2. The Quality Assurance staff is assessing oversight of the fire protection program, including Headquarters involvement. This review includes: internal review of fire protection activities and self-assessments; evaluation of the effectiveness of communications within the fire protection organization; and evaluation of effectiveness of communications within the Technical Services Department. [Scheduled Completion 9/15/95]

Date When Full Compliance Will be Achieved

Management expectations for good fire protection program practices are being reinforced. Self-identification of fire protection performance issues is ongoing with re-enforcement of management expectations. Problems are identified utilizing the corrective action program to initiate appropriate resolution. Full compliance will be achieved September 15, 1995 following assessment of management oversight of the fire protection program.

ATTACHMENT II
Summary of Commitments

Number	commitment	Due Date
JAFP-95-0389-01	The Quality Assurance staff is assessing management oversight of the fire protection program, including Headquarters involvement. This review includes: internal review of fire protection activities and self-assessments; evaluation of the effectiveness of communications within the fire protection organization; and evaluation of effectiveness of communications within the Technical Services Department.	09/15/95