

U. S. Nuclear Regulatory Commission
Region I

Docket/Report: 50-443/92-01

License: CPPR-135

Licensee: Public Service Company of New Hampshire
New Hampshire Yankee Division
Seabrook, New Hampshire 03874-0300

Facility: S. brook Station, Unit 1
Seabrook, New Hampshire

Dates: January 13-16, 1992

Inspectors:

John G. Lusher for 02/05/92
C. Conklin, Emergency Preparedness Specialist date

J. Lusher, Emergency Preparedness Specialist

Approved:

E. C. McCabe 2/5/92
E. McCabe, Chief, Emergency Preparedness date
Section, Division of Radiation Safety
and Safeguards

Areas Inspected: An announced emergency preparedness inspection was conducted at the Seabrook Station. The inspection areas included: changes to the emergency preparedness (EP) program; emergency facilities, equipment, instrumentation, and supplies; organization and management control; training; and independent reviews/audits.

Results: The Emergency Preparedness Program was being effectively implemented. Strengths were noted in the system for notifying the emergency response organization about events and in the quality of the site support procedure manuals.

DETAILS

1.0 Persons Contacted

The following licensee personnel attended the exit meeting held on January 16, 1992.

T. Pucko, NRC Coordinator
J. Sobotka, Engineer-Regulatory Compliance
J. Peschez, Regulatory Compliance Manager
W. Diprofo Assistant Station Manager
T. Grew, Technical Training Manager
D. Tailleart, Emergency Preparedness Manager
R. Thompson, Training Supervisor
P. Stroup, Director, Emergency Preparedness
P. Casey, Emergency Preparedness Drill Supervisor
D. Young, Emergency Preparedness Plans and Procedures Supervisor
J. Grillo, Operations Manager
J. MacDonald, Radiological Technical Specialist

The inspectors also interviewed and observed the actions of other licensee personnel.

2.0 Emergency Plan and Implementing Procedures

The inspector reviewed the Emergency Plan and Implementing Procedures change process. Changes were normally made during the annual review cycle.

Once changes to the plan and/or implementing procedures were developed, they were reviewed by the Support Services Subdivision and Emergency Preparedness (EP) Organization via a Change Control Team. That team reviewed the changes to see if they were appropriate and if they met 10 CFR 50.54(q) requirements. A review sheet was attached. The changes were then submitted to the Station Operations Review Committee, which also conducted a 10 CFR 50.54(q) review.

The Seabrook Training Department offered a 10 CFR 50.54(q) training module for persons who conduct reviews, as they did for 10 CFR 50.59 reviews.

NRC review found the Seabrook Emergency Plan and Implementing Procedures to be up-to-date. All changes made were properly reviewed and approved by the licensee, and did not reduce plan effectiveness.

The inspectors reviewed the Emergency Action Level (EAL) change proposed as a result of the June 7, 1991 loss of off-site power. That change was undertaken to provide more guidance and clarity. The inspectors agreed with the proposed change.

The Emergency Response Organization Notification System (ERONS) and the backup callout method, as well as primary and secondary responder concepts, which were considered a licensee strength (see Detail 4) but were not fully described in the plan. The license planned to revise the plan to better reflect the program.

Overall, this program area was found to be effectively implemented.

3.0 Emergency Facilities, Equipment, Instrumentation and Supplies.

The Control Room, TSC, OSC, and EOF were inspected and found to be in excellent operational readiness. Equipment supply cabinets were inspected and found to be as described in the plan.

The inspector reviewed the Repetitive Task Sheets (RTSs) for 1991 for facility inventories and tests and found them to be complete.

Facility and equipment inventories and tests were described in the Site Support Procedure (SSP) manuals. The SSPs provided great detail and were found to be a very good basis for maintenance.

Also, RTSs were tracked by computer. There was a weekly printout of RTS items which were overdue, due that week, and due the next week. That thorough approach was considered to be exceptionally good.

This program area was assessed as being effectively implemented.

4.0 Organization and Management Control

There have been no changes to the organization or major positions since the previous EP inspection. Staffing was ample and stable. Some staff were temporarily reassigned to the Massachusetts transition project, and consultants were brought in for assistance. All areas of the program were being administered.

All positions in the Emergency Response Organization (ERO) were described in Appendix A of the plan. SSP 92400, Revision 3, "ERO Assignment Process," outlined a formal ERO staffing process. Three shifts were identified and staffed to ensure 24-hour coverage was maintained. The SSP also identified new hires, transfers, reassignments, and terminations to ensure vacancies were identified and filled.

SSP 92310, "ERO Notification System (ERONS) Maintenance," Revision 1, described the formal system for updating and maintaining the ERO. That computerized data

base was updated weekly for on-shift personnel and monthly for other positions. The information was interfaced with a telephone callout system to perform callouts and create a report for back-up callouts.

ERO staff were identified as primary and secondary responders. Primary responders wore pagers activated from the Control Room. Secondary responders were called by ERONS, which was activated by Security. ERONS utilized eight telephone lines, required identification of the caller, gave a message and recorded response information. All positions were filled through ERONS.

The licensee had contracted with a telephone service to perform back-up calls if ERONS failed. Support Plan ERSP 1.0, Revision 0, "Back-up Notification of The Seabrook Station ERO Personnel," and a monthly call list was provided for the contractor. The inspector contacted the telephone service and ascertained that they were knowledgeable about their duties and responsibilities.

Security was responsible for using ERONS or calling the telephone service. Security Procedure GD-1332, "Station Emergency/Evacuation," Revision 17, outlined their responsibilities. That procedure contained detailed checklists for security officers. Additionally, position-specific books had been prepared for each security position. The inspector interviewed the Guard Island Supervisor, who was very knowledgeable about his responsibilities, emergency preparedness duties, and ERONS.

ERONS was also used to create reports outlining the ERO and qualification status. Three databases were maintained, one for ERO information, one for training, and one for drill records. This database was current and accurately reflected training status. It was very easy to use. Reports generated from the database included: the ERO roster, the ERO training requalification history report, the ERO backup callout listing, and drill attendance reports.

This program area was assessed as being effectively implemented.

5.0 Training

The training program was described in Section 12 of the emergency plan and consisted of initial and annual training. Matrices had been developed for both initial and annual training. These matrices identified required training modules for each emergency position. In addition to the training requirements specified in the matrices, ERO personnel were required to receive General Employee Training and Radiation Worker Training.

Training was the responsibility of the Specialty Training Manager. The "1991 Emergency Plan Training Program description" outlined the basic concepts of the program. That document was reviewed by the Emergency Preparedness Manager

and approved by the Training Manager and Director of Site Services. Lesson plans for annual requalification training were current and approved. Approved lesson plans for initial training were not current, however. Also, the inspectors noted that, except for a Subject Matter Expert assigned by the Training Department, there was no formal review mechanism by the Emergency Preparedness Group. The inspector determined that, although the lesson plans were not current, student handouts were current and the instructors were teaching current information. The licensee stated that they plan to revise these lesson plans and establish a formal review program for Emergency Preparedness review and approval of all EP lesson plans.

EP training consisted of both classroom and hands-on (practical) training. Tests were given for classroom material. The passing grade was 80%. Failures resulted in immediate, tutored retraining. Retesting was not generally performed; the inspectors assessed the combined training and retraining measures as adequate.

To review training effectiveness, the inspectors walked-through emergency scenarios with a Shift Superintendent and a Unit Shift Supervisor. These included a fast-breaking scenario resulting in a General Emergency and Protective Action Recommendation (PAR), and a scenario requiring dose assessment. The Operators promptly recognized plant conditions and correctly classified the scenarios. Notifications would have been timely. PARs and dose assessments were conservative and correct. The operators displayed good knowledge of the program.

Overall, good program implementation was identified in this area.

6.0 Independent and Internal Reviews and Audits

The inspectors reviewed the 1990 and 1991 QA/QC 10 CFR 50.54(t) audit reports and audit plans. The reports were compared to ensure that they were thorough, had been distributed to upper management for review, and that there were no repeat findings or observations. The 1991 audit was conducted over a four-week period so that the auditors could observe different emergency planning evolutions and drills as they were performed; that was assessed as an excellent initiative.

Audit finding corrective action statement answers were required to be submitted to the QA/QC department within 30 days after the audit report was issued.

Seabrook Station held quarterly meetings with State and local officials. At the meeting after the audit, these officials were informed of the audit results, and that was noted in the minutes of the meeting.

The inspector reviewed the Incomplete Items List (IIL) used to track items generated from drills, exercises, routine facility inspections, and program upgrades. IILs were produced weekly and reviewed by management monthly to ensure that timely

corrective measures were being taken.

The inspectors reviewed the drill program and schedule as defined by the "Radiological Emergency Preparedness Drill and Exercise Manual," Revision 3. This manual provided drill objectives and the schedule for covering the objectives in the drill and exercise program, and ensured that the requirements of the guidance documents were met. All drills required by the plan were performed.

NRC review concluded that this program area was being effectively implemented.

7.0 Exit Meeting

The inspectors met with the licensee personnel listed in Detail 1 at the conclusion of the inspection to discuss the scope and findings of this inspection.

The licensee was informed that no violations were identified. Aspects noted in this report as potential areas for improvement were also discussed. The licensee acknowledged the NRC findings and expressed the intention of evaluating them and instituting corrective actions as appropriate.