



SCIENTIFIC ECOLOGY GROUP, INC.

November 29, 1995

U.S. Nuclear Regulatory Commission  
Washington, D.C. 20555

Attention: Document Control Desk

Subject: REPLY TO A NOTICE OF VIOLATION

Reference: NRC Notice of Violation EA 95-164, NRC Inspection Report 50-267/94-03, and  
Office of Investigations Reports 4-94-010 & 4-95-015

Gentlemen:

Pursuant to the provisions delineated in Section 2.201 of the NRC's "Rules of Practice", Part 2, Title 10, Code of Federal Regulations, Scientific Ecology Group, Inc. (SEG) herein provides formal response to your letter of October 30, 1995 transmitting the Notice of Violation to SEG related to Violations of 10 CFR 50.5.

Appendix A provides SEG's response to the specific violation of NRC requirements set out in the Notice of Violation.

I hereby affirm that the statements made in this response are true and correct to the best of my knowledge and belief. Should you have any questions or require additional information, please telephone me at (423) 376-8237.

Sincerely,

Donald R. Neely  
Vice President  
Radiological Engineering  
and Decommissioning Service

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Attachment: APPENDIX A

cc: U.S. Nuclear Regulatory Commission - Region IV  
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bcc: H. W. Arrowsmith                      Lou Carr, W  
Les Cole                                      Lisa Campagna, W  
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## APPENDIX A

### *SCIENTIFIC ECOLOGY GROUP'S RESPONSE TO NOTICE OF VIOLATION NRC EA 95-164*

The information in this Appendix is provided in response to the cited non-compliance of 10 CFR 50.5 as described in the Notice of Violation (NOV) and reiterated below:

#### NOTICE OF VIOLATION

10 CFR 50.5 states, in part, that any employee of a contractor or subcontractor of any licensee may not "[d]eliberately submit to ... a licensee, or a licensee's contractor or subcontractor, information that the person submitting the information knows to be incomplete or inaccurate in some respect material to the NRC."

Contrary to the above, in February, March, and September 1993, employees of SEG, a contractor to a licensee (Public Service Company of Colorado), submitted 35 records of radiation surveys to the contractor that the employees knew were inaccurate in some respect material to the NRC. Specifically, during February and March, 1993, survey records which were required to support the release of material from the facility and work conducted under various radiation work permits were dated and signed to falsely indicate that they had been created substantially earlier and contained false information regarding survey instrument usage and calibration dates. In September 1993, a survey record supporting release of the hot service facility plug was created to indicate that the survey had been completed when in fact it had not. These records were material to the NRC because they were required to ensure compliance with the regulations in 10 CFR Part 20. (01013)

#### SEG RESPONSE

##### 1.0 ACKNOWLEDGEMENT OF THE VIOLATION

SEG does not contest the violations as stated in the NOV and its associated transmittal letter. It believes, however, that it has fully and appropriately responded to the violations which were self-identified, as indicated by the following information.

##### 2.0 REASONS FOR THE VIOLATION

Root cause factors resulting in these violations included SEG Fort St. Vrain Decommissioning Project site management's failure to perform proper management activities. Specifically, there was a lack of oversight and involvement on the part of the Project Radiation Protection (RP)

Manager in day-to-day RP field activities and inadequate implementation of the SEG site RP Self-Assessment Program in that required self-assessments were not performed. This lack of oversight resulted in some first line RP Supervisors assuming an inappropriate and unapproved level of authority over RP Technicians and their survey documentation activities without the knowledge or consent of senior SEG site management. These RP Supervisors and technicians were thus able to disregard procedural compliance.

In addition, the Radiological Occurrence Reporting (ROR) System failed to function as designed. In particular, the first line Supervisors failed to use the ROR process when missing survey documentation was brought to their attention further preventing senior SEG management awareness.

There was also inadequate implementation of the interface between the SEG and Westinghouse Team Quality Assurance Program elements. This resulted in insufficiencies in the independent program functions established to provide an additional level of compliance assurance.

Finally, inadequate implementation of the SEG Open Door Policy by site management and initially inadequate RP Program Staffing also contributed as root cause factors.

### 3.0 CORRECTIVE ACTIONS TAKEN AND RESULTS ACHIEVED

Immediately following self-identification of the violation, SEG management took both immediate and long term comprehensive, effective corrective actions to remedy the violation and prevent recurrence. Some corrective actions involved joint initiatives by SEG, Public Service of Colorado (PSCo) [the Licensee] and other members of the Westinghouse Decommission Project Team. These corrective actions, many of which go far beyond the immediate violation causes, are briefly outlined below. Further detail and discussion of these actions was presented to NRC Region IV staff at the August 29, 1995 Predecisional Enforcement Conference and documented in presentation materials provided to NRC attendees. These materials were placed in the PSCo Fort St. Vrain docket (50-267) via NRC Meeting Summary Transmittal dated September 1, 1995, from R. A. Scarano (NRC) to D. R. Neely (SEG). These previously submitted materials fully and adequately address the required response and will not be repeated here, per instruction in the NOV.

SEG Immediate Corrective Actions

- Two RP Supervisors were placed on administrative leave immediately following discovery;
- All physical work was voluntarily suspended;
- An immediate independent investigation by SEG senior management and technical personnel was initiated and was followed by a Westinghouse Team Safety Assessment;
- SEG RP staff were augmented with an additional 17 experienced personnel;
- A full scale MORT (Management Oversight Risk Tree) Team Assessment was performed on the entire RP Program;
- An all hands Management Meeting, conducted by senior executives from the licensee and the contractors, was held on March 31, 1994 to discuss corporate core values and project expectations;
- All RP Technicians were given special "Restart" training which addressed appropriate methods for documenting records errors and omissions;
- Pertinent RP Procedures, including those for unconditional release of materials and survey documentation, were revised and RP Technician training was conducted prior to restart;
- Team Building training sessions were conducted April through September, 1994;
- SEG and PSCo jointly established restrictions and independent monitoring of unconditional releases of material, including PSCo verification of 100% of the material release documentation;
- All Westinghouse Team site personnel were given "Restart" Training;
- PSCo validated this "Restart" Training by interviewing a sampling of site personnel;

- All RWPs were deactivated, re-evaluated and then reactivated prior to restart;
- Additional controls were established to ensure that required RWP surveys are performed; and,
- The SEG RP Management office was moved inside the restricted area to provide better management/worker accessibility and interface.

SEG Long Term/Lasting Corrective Actions

- The RP Department was re-organized to enhance management involvement in daily work activities and to better allocate staff resources -- this included replacing certain RP management personnel including the RP Supervisors directly involved with the violations and the Project RP Manager;
- As more fully described at the August 29, 1995 Predecisional Enforcement Conference, remaining involved staff were re-trained and counselled;
- An all hands meeting was held August 10, 1994, to discuss results of the SEG MORT Assessment and PSCo Third Party Investigation and to re-emphasize management's expectations;
- To ensure all site personnel and new hires understand procedural documentation responsibilities including appropriate response to record errors and omissions and non-compliance identification and communication, these issues are emphasized in FSV General Employee Training and Annual Re-training;
- The Westinghouse Team has completed a review of all 1992 and 1993 RP records to ensure that project activities are supported by a complete and accurate records system;
- A "Radiological Improvement Plan" implemented 339 improvement items in response to MORT Findings;
- Implementation of the SEG site Open Door Policy was enhanced and strengthened and the Corporate Open Door Policy was re-emphasized to all SEG site personnel;

- The ROR System was improved;
- SEG and PSCo management oversight was enhanced; and,
- The Westinghouse Team QA Program was enhanced.

SEG Corporate Actions

- SEG President and Vice President, Radiological Engineering and Decommissioning Services, were immediately involved following discovery and personally directed initial response and corrective actions;
- Management oversight group formed at corporate level;
- SEG Open Door Policy is emphasized at the corporate level and by senior managers visiting offsite projects;
- FSV issues have been discussed on corporate senior management meetings and at many staff meetings;
- SEG Executive Self-Assessment Procedure for all offsite projects was developed and has been effectively implemented numerous times; and,
- As appropriate, FSV Radiological Improvement Program corrective actions were integrated into corporate and other project procedures.

All of these corrective actions were complete as of October 10, 1995.

These corrective actions have fully addressed the causal factors of the violations and have been effective in preventing recurrence. SEG believes there is now a full understanding and awareness on the part of RP staff at Fort St. Vrain of their responsibility for procedural compliance, especially in the area of documentation requirements. Enhancements in the self-assessment functions of the onsite organization as well as independent oversight from the onsite Westinghouse Team and PSCo QA departments and senior QA and management staff from the SEG home office, which were integral elements of the overall corrective action effort, have strengthened SEG's ability to prevent, or to quickly identify and correct program deficiencies.

As described to you at the Predecisional Enforcement Conference and confirmed by the NRC in its NOV transmittal letter (Ref. NRC Case Number EA 95-184), evidence exists that SEG's implemented corrective actions are effective in that they recently enabled SEG management at FSV to identify and take prompt corrective action in connection with activities of a SEG technician who had not been performing instrument response checks as required by procedure.

#### 4.0 ADDITIONAL CORRECTIVE STEPS THAT WILL BE TAKEN TO PREVENT RECURRENCE

Additional corrective actions have been developed to ensure that lessons learned from these violations are communicated to all SEG employees involved in licensed activities corporate wide. This includes the following:

- At a series of home office meetings, for all Oak Ridge Operations employees and managers, Mr. H. W. Arrowsmith (SEG President) discussed the NOV and management's commitment to conduct operations in compliance with all regulatory, license, and procedural requirements. Mr. Arrowsmith emphasized every employee's responsibility to ensure that all radiation protection related documentation is completed accurately and truthfully and in accordance with procedural requirements. The potential for disciplinary action if an employee engages in this type of misconduct was also discussed.

These meetings were conducted November 17, 1995.

- A letter will be transmitted to SEG's offsite employees involved in decommissioning/decontamination activities relaying Mr. Arrowsmith's message.

This action will be completed by December 6, 1995.

- The SEG Corporate General Employee Training (initial and refresher) syllabus will be revised to include a discussion of the events leading to this NOV and the importance of correct and accurate documentation, including appropriate methods for correcting documentation omissions.

This action will be completed by December 20, 1995.



- In addition, letters will be transmitted to those current SEG FSV employees that received individual NRC letters of concern in connection with the NOV reiterating the seriousness of misrepresenting or falsifying documents and informing them that a copy of the NRC letter will be placed in their company personnel file.

This action will be completed by December 20, 1995.

#### 5.0 DATE WHEN FULL COMPLIANCE WILL BE ACHIEVED

The substantial corrective actions already taken by SEG, together with the other members on the Westinghouse Team and PSCo, have resulted in SEG currently being in full compliance with the requirements of 10 CFR Part 50.5 and in mechanisms being in place to prevent recurrence at FSV. In addition, certain corporate corrective actions will be complete on the dates noted above.