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**Florida
Power**
CORPORATION

July 5, 1984
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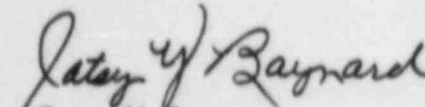
Mr. J. P. O'Reilly
Regional Administrator, Region II
Office of Inspection and Enforcement
U.S. Nuclear Regulatory Commission
101 Marietta Street N.W., Suite 2900
Atlanta, GA 30323

Subject: Crystal River Unit 3
Docket No. 50-302
Operating License No. DPR-72
IE Inspection Report No. 84-13

Dear Sir:

Florida Power Corporation provides the attached as our response to the subject inspection report. With regard to the May 2, 1984 discussion with Mr. E. M. Howard referenced in Section 2 of your report, there appears to be a miscommunication of completion dates. The revision to Procedure EM-202, "Duties of the Emergency Coordinator", will be completed by August 2, 1984. However, the training of personnel in the use of this procedure will not be completed until August 17, 1984.

Sincerely,


Patsy Y. Baynard
Assistant to Vice President
Nuclear Operations

AEF/feb

Attachment

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**FLORIDA POWER CORPORATION
RESPONSE**

INSPECTION REPORT 84-13

VIOLATION 84-13-03

10 CFR 50.47(b)(10) requires that guidelines developed for the choice of protective actions during an emergency be consistent with Federal guidance. The Federal guidance established in NUREG-0654, Rev. 1, provides that each licensee establish mechanisms for recommending protective actions to the appropriate State and local authorities, including Emergency Action Levels (EALs) corresponding to projected dose to the population-at-risk in accordance with Tables 2.1 and 2.2 of EPA-520/1-75-001, Manual of Protective Action Guides and Protective Actions for Nuclear Incidents. EPA-520/1-75-001 specifies the use of the child thyroid for dose assessment purposes.

Contrary to 10 CFR 50.47(b)(10), the licensee emergency procedure EM-204(B) failed to clearly specify the use of the child thyroid dose in making dose projections.

This is a Severity Level V violation (Supplement VIII).

RESPONSE

(1) **FLORIDA POWER CORPORATION'S POSITION:**

After reviewing EM-204(B), it was determined that the procedure did in fact fail to address conversion of the calculated adult thyroid dose rate to an equivalent child thyroid dose rate.

(2) **DESIGNATION OF APPARENT CAUSE:**

During the development of the dose assessment computer model, NRC guidance in this area was evidently overlooked. The user's manual for the model was utilized to develop EM-204(B), and consequently, a conversion to child thyroid dose was not addressed.

(3) **CORRECTIVE ACTION:**

A letter identifying the problem and emphasizing the importance of the use of the child thyroid dose in making protective action recommendations has been sent to all Dose Assessment Team members. This information will also be placed in the Dose Assessment Team Training Program.

(4) **CORRECTIVE ACTION TO PREVENT RECURRENCE:**

An interim change to EM-204(B) has been submitted and, once approved, will correct this deficiency until the formal revision is distributed. This change will address conversion of the calculated adult thyroid dose rate to a child thyroid dose rate.

(5) **DATE OF FULL COMPLIANCE:**

Distribution of the letter to all Dose Assessment Team members was completed on June 25, 1984. Revision of EM-204(B) will be completed by July 31, 1984.