

U. S. NUCLEAR REGULATORY COMMISSION  
REGION I

Report No. 50-289/92-08

Docket No. 50-289

License No. DPR-50

Licensee: GPU Nuclear Corporation  
100 Interpace Parkway  
Parsippany, New Jersey 07054

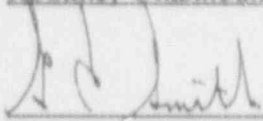
Facility Name: Three Mile Island Unit 1

Inspection At: Middletown, Pennsylvania

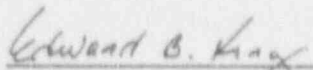
Inspection Conducted: April 6 - 10, 1992

Type of Inspection: Routine, Unannounced Physical Security

Inspectors:

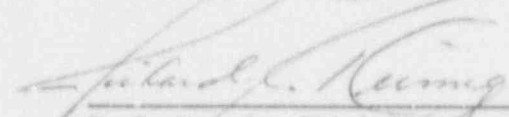
  
\_\_\_\_\_  
G. C. Smith, Senior Security Specialist

4/29/92  
date

  
\_\_\_\_\_  
E. B. King, Security Inspector

4/29/92  
date

Approved by:

  
\_\_\_\_\_  
R. R. Keimig, Chief, Safeguards Section  
Division of Radiation Safety and Safeguards

4-29-92  
date

Areas Inspected: Onsite Followup of Previously Identified Fitness-for-Duty (FFD) Items; Management Support and Security Program Plans; Protected and Vital Physical Barriers, Detection and Assessment Aids; Protected and Vital Area Access Control of Personnel, Packages and Vehicles; Alarm Stations and Communications; Testing, Maintenance and Compensatory Measures; Security Training and Qualifications.

Results: The physical security program was directed toward the protection of public health and safety. The licensee was found to be in compliance with NRC requirements in the areas inspected. Corrective actions for the open FFD items were reviewed and the items were closed.

## DETAILS

### 1.0 Key Persons Contacted

#### Licensee

R. Rogan, TMI Licensing Director  
J. Stacey, Security Manager  
S. Mervine, Support Training Manager  
W. County, TMI QA Audit Manager  
H. Tidwell, Medical Administrator  
C. Smyth, Nuclear Support Staff  
L. Sordous, Human Resources Administrator  
R. Goodrich, Senior Security Supervisor  
D. Barry, Engineer  
D. Moyer, Protection Training Leader  
D. Hassler, Licensing Engineer

#### U.S. Nuclear Regulatory Commission

D. Beaulieu, Resident Inspector  
E. Benner, Reactor Engineer Intern

Note: The personnel indicated above attended the Exit Meeting on April 10, 1992.

### 2.0 Followup of Previously Identified Fitness-for-Duty (FFD) Items:

#### 2.1 (Closed) UNR 50 289/91-07-01 and 50-320/91-09-01

During the initial inspection of the FFD program on June 12-14, 1991, the inspectors noted that the licensee did not have a policy to deal with contractor personnel who were granted infrequent unescorted access to the station. During this inspection, the inspectors determined through discussions with licensee management and a review of the revised "GPU Nuclear Corporate Policy and Procedural Manual" #1000-ADM-2002.06, dated February 21, 1992, that the licensee had developed a policy with implementing procedures that dealt with contractor personnel granted infrequent unescorted access to the station. The inspectors found the actions taken by the licensee to be adequate to resolve this matter.

#### 2.2 FFD Follow-up Items

During this inspection, the inspectors also reviewed follow-up items identified during the initial FFD inspection in the areas of: (1) proper identification of couriers who transport specimens from the collection facilities to the Department of Health and Human Services (HHS) certified laboratory;

(2) proper security and storage of the permanent record books when not in use; (3) actions to be taken when trace amounts of alcohol are detected below the cutoff levels to determine if the alcohol level is decreasing or increasing; (4) revision of the training lesson plans addressing the appeals process to improve employee understanding; and (5) the manner in which the contracted HHS laboratory was handling specimens collected from the collection sites. The licensee's corrective actions in all of those areas were found to be acceptable.

### 2.3 Licensee Identified Item

The inspectors reviewed an item identified in a licensee conducted FFD program audit involving a TMI supervisor's decision not to send a randomly selected employee for FFD testing because the random test was scheduled during the last hour of the employee's shift. The supervisor erred in that he did not have such authority. The inspectors reviewed the licensee's corrective actions, which included a review of the corporate FFD policy addressing random testing by representatives of the QA, medical, corporate human resources and legal departments. As a result of the review, the policy was revised to clarify the issue of random testing during the last hour of a work shift. Additionally, a memorandum from the Director, TMI 1, was issued to all department heads noting the revised policy and emphasizing adherence to corporate FFD policies and procedures. The inspectors determined the actions taken to prevent recurrence were acceptable.

## 3.0 Management Support and Security Program Plans

### 3.1 Management Support

Management support for the licensee's physical security program was determined to be appropriate by the inspectors. This determination was based upon the inspectors' review of various aspects of the licensee's program during this inspection as documented in this report.

### 3.2 Security Program Plans

The inspectors verified that changes to the licensee's security program and plans, as implemented, did not decrease the effectiveness of the respective plans, and had been submitted in accordance with NRC requirements. No deficiencies were noted.

#### 4.0 Protected and Vital Area Physical Barriers, Detection and Assessment Aids

##### 4.1 Protected Area (PA) Barriers

The inspectors conducted a physical inspection of the PA barriers on April 7, 1992 and determined by observation that the barriers were installed and maintained as described in the NRC-approved physical security plan (the Plan). No deficiencies were noted.

##### 4.2 Protected Area Detection Aids

The inspectors requested that the licensee conduct tests of the PA perimeter intrusion detection system (IDS) on April 7 and 9, 1992. Numerous tests were conducted around the perimeter. The inspectors determined that the IDS was installed, maintained and operated as committed to in the Plan. No deficiencies were noted.

##### 4.3 Isolation Zones

The inspectors verified that the isolation zones were adequately maintained to permit observation of activities on both sides of the PA barrier. No deficiencies were noted.

##### 4.4 Assessment Aids

The inspectors observed the PA perimeter assessment aids and determined that they were installed and operated as committed to in the Plan. No deficiencies were noted.

##### 4.5 Protected Area and Isolation Zone Lighting

The inspectors conducted a lighting survey of the PA and isolation zones on April 8, 1992. The inspectors determined by observing licensee measurements with a calibrated light meter that lighting in the PA and isolation zones was in accordance with commitments in the Plan. No deficiencies were noted.

##### 4.6 Vital Area (VA) Barriers and Detection Aids

The inspectors conducted a physical inspection of VA barriers and detection aids on April 7, 1992, and determined by observation that the barriers were installed and maintained as committed to in the Plan. No deficiencies were noted.

## 5.0 Protected and Vital Area Access Control of Personnel, Packages and Vehicles

### 5.1 Personnel Access Control

The inspectors determined that the licensee was exercising positive control over personnel access to the PA and VAs. This determination was based on the following:

- The inspectors verified that personnel were properly identified and authorization was checked prior to issuance of badges and key cards. No deficiencies were noted.
- The inspectors verified that the licensee was implementing a search program for firearms, explosives, incendiary devices and other unauthorized materials as committed to in the Plan. No deficiencies were noted.
- The inspectors observed personnel access processing during peak and off-peak periods. The inspectors also interviewed members of the security force and licensee's security staff about personnel access procedures. No deficiencies were noted.
- The inspectors determined by observation that individuals in the PA and VAs displayed their access badges as required. No deficiencies were noted.
- The inspectors verified that the licensee has a program to confirm the trustworthiness and reliability of employees and contractor personnel. No deficiencies were noted.
- The inspectors verified that the licensee has escort procedures for visitors in the PA and VAs. No deficiencies were noted.
- The inspectors verified that the licensee has a mechanism for expediting access to vital equipment during emergencies and that the mechanism is adequate for its intended purpose. No deficiencies were noted.
- The inspectors verified that unescorted access to VAs is limited to authorized individuals with a right and need to work in the areas. The access list is revalidated at least once every 31 days as committed to in the Plan.

## 5.2 Package and Material Access Control

The inspectors determined that the licensee was exercising positive control over packages and materials that are brought into the PA at the access control point. The inspectors reviewed the package and material control procedures and found that they were consistent with commitments in the Plan. The inspectors also observed package processing and interviewed members of the security force and the licensee's security staff about package search procedures. No deficiencies were noted.

## 5.3 Vehicle Access Control

The inspectors determined that the licensee properly controls vehicle access to and within the PA. The inspectors verified that vehicles are properly processed prior to entering the PA. The process was consistent with commitments in the Plan. This determination was made by observing vehicle processing and search, and by interviewing security officers and licensee's security staff about vehicle processing and search procedures. No deficiencies were noted.

## 6.0 Alarm Stations and Communications

The inspectors observed the operations of the Central Alarm Station (CAS) and the Secondary Alarm Station (SAS) and determined that they were maintained and operated as committed to in the Plan. CAS and SAS operators were interviewed by the inspectors and found to be knowledgeable of their duties and responsibilities. The inspectors verified that the CAS and SAS did not contain any operational functions that would interfere with the assessment and response functions. The inspectors verified that the licensee had communications with local law enforcement agencies as committed to in the Plan. No deficiencies were noted.

## 7.0 Testing, Maintenance and Compensatory Measures

### 7.1 Testing and Maintenance

The inspectors reviewed selected testing and maintenance records and confirmed that the records committed to in the Plan were on file and readily available for licensee and NRC review. The Security Department had a dedicated instrumentation and controls (I&C) technician to conduct preventive and corrective maintenance on security equipment. A check of repair records indicated that repairs, replacements and testing were being accomplished in a timely manner. No discrepancies were noted.

## 7.2 Compensatory Measures

The inspectors reviewed the licensee's use of compensatory measures and determined them to be as committed to in the Plan. No deficiencies were noted.

## 8.0 Security Training and Qualification

The inspectors observed training and qualification (T&Q) plan required training classes for handcuffing and baton use and reviewed randomly selected T&Q records for 10 security force members (SFMs). The T&Q records review included documentation of classroom, practical and range firearm(s) training. The inspectors determined that the training was being conducted and documented in accordance with the T&Q Plan.

Additionally, the inspectors reviewed the medical records of ten SFMs and determined that the medical requirements were being satisfied and that the required examinations were being conducted and documented in accordance with NRC requirements.

The inspectors also observed a contingency drill and the security portion of an emergency planning (EP) drill. The contingency drill was well controlled and conducted using a realistic scenario. The licensee's activities observed during the EP drill were determined to be in accordance with the applicable procedures.

Several SFMs were interviewed to determine if they possessed the requisite knowledge and ability to carry out their assigned duties. The interview results indicated that they were professional and knowledgeable of the job requirements. No deficiencies were noted.

## 9.0 Exit Interview

The inspectors met with the licensee representatives indicated in Paragraph 1 at the conclusion of the inspection on April 10, 1992. At that time, the purpose and scope of the inspection were reviewed, and the findings were presented.