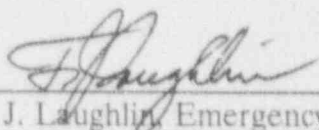


U.S. NUCLEAR REGULATORY COMMISSION
REGION I

Report No. 50-219/92-09
Docket No. 50-219
Licensee: GPU Nuclear Corporation
P. O. Box 388
Forked River, New Jersey 08731
Facility Name: Oyster Creek Nuclear Generating Station
Inspection At: Forked River, Toms River, and Parsippany, New Jersey
Inspection Conducted: April 21-30, 1992

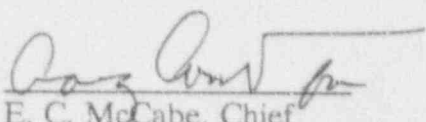
Inspector:


F. J. Laughlin, Emergency Preparedness Specialist
DRSS

5/28/92
Date

C. Z. Gordon, Senior Emergency Preparedness Specialist, DRSS
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Approved:


E. C. McCabe, Chief
Emergency Preparedness Section, DRSS

5/28/92
Date

Inspection Summary

Areas Inspected: An announced emergency preparedness (EP) inspection was conducted at the Oyster Creek Nuclear Generating Station. The inspection areas included changes to the EP program, emergency facilities, equipment, instrumentation, and supplies; review of organization and management control, emergency response organization (ERO) training, and independent program audits.

Results: The emergency preparedness program was being effectively implemented. Strengths noted were interface with local offsite officials and improvements in training. An outstanding concern is the lack of maintenance and testing of the Technical Support Center ventilation system and the involvement of EP staff to ensure these activities are performed.

DETAILS

1.0 Persons Contacted

The following offsite and licensee representatives were contacted during the inspection.

- G. Applegate, Security Supervisor
- * R. Barrett, Operations Manager
- * J. J. Barton, Director, Oyster Creek
- * T. Blount, Licensing Engineer
- * J. E. Bontempo, Lead Emergency Planner
- * G. W. Busch, Licensing Manager
- * N. Chrissotimos, Manager OPS Support
- R. Cohen, Deputy Director, Ocean County Emergency Management
- P. Dishon, Sergeant, Ocean County Sheriff Department
- P. Fiedler, Vice President and Director, Nuclear Assurance
- * G. Giangi, Corporate EP Manager
- C. Lefler, Manager Tech Functions
- R. Miller, Lieutenant, Ocean County Sheriff Department
- * D. J. Ranft, Plant Engineering Director
- W. Rupert, Director, Ocean County Emergency Management
- * M. J. Slobodien, Radcon Director
- * R. L. Sullivan, Emergency Preparedness Manager
- J. K. Williams, Manager, Training
- * P. Thompson, Site Audit Manager

* Denotes attendance at exit meeting on April 30, 1992.

2.0 Operational Status of the Emergency Preparedness (EP) Program

2.1 Changes to the EP Program

The inspectors discussed changes in the EP program with the Manager, EP, including changes to the GPU Nuclear Emergency Plan and Emergency Plan Implementing Procedures (EPIPs).

The licensee completed a format change to the EPIPs. Checklists were developed for emergency positions to guide personnel through response actions. At the time of the last inspection, checklists for the Control Room (CR), Technical Support Center (TSC), and Operations Support Center (OSC) were not completed. These were subsequently completed in September 1991 and used during the October 1991 exercise. The inspectors noted that the checklist format helped emergency response personnel carry out their assigned duties. No decrease in the effectiveness of the Emergency Plan (E-Plan) was found to have resulted from these changes.

A major revision was made to the licensee's Emergency Action Level (EAL) scheme for classification of emergencies. The licensee submitted specific EAL changes to the NRC for review prior to implementation. Changes were reviewed by NRC staff and comments provided to the licensee by letter dated April 13, 1992, from A. Dromerick, Office of Nuclear Reactor Regulation, to J. Burton, GPU, which identified concerns over mode applicability and Emergency Core Cooling System (ECCS) initiation. A May 11, 1992 meeting was held with licensee staff to discuss and address the NRC comments. During the meeting, GPU staff stated that further EAL revisions would be made to resolve these comments. These revisions will be reviewed when completed.

Based on the above review, this area was being effectively implemented.

2.2 Emergency Facilities, Equipment, Instrumentation and Supplies

The inspectors toured the CR, OSC, and TSC. The CR and OSC were maintained in accordance with the E-Plan. Selected equipment checked in each facility by the inspectors was operational; instruments were calibrated as required, and the designated emergency supplies were available. Inspection of controlled document procedures revealed that the latest revisions were available in all facilities. The inspectors noted that the OSC was relocated, since the last EP inspection, from the second floor of the maintenance building to the outage access control building. New facility upgrades included an increase in size, a command and control center, separate areas for damage control team assembly and briefings, and better access to radiologically controlled areas. Effective demonstration of the new OSC was noted during the 1991 annual exercise.

The inspectors reviewed the quarterly maintenance checks performed on the Emergency Operations Facility (EOF) backup gas generator, which is powered by natural gas and capable of supplying full EOF load. These were performed on the proper schedule and needed maintenance received appropriate attention.

In NRC Inspection Report No. 50-219/92-04 a significant concern was identified with regard to maintenance and testing of the TSC ventilation system. A Notice of Violation (NOV) was issued for failure to perform proper maintenance and testing to prevent system degradation. The inspectors discussed the involvement of the EP staff relative to this issue and noted that EP was responsible for maintenance of emergency equipment and supplies within each ERF. The EP Manager stated he had recognized that testing of TSC ventilation was not adequately performed, and had issued deficiency reports to the maintenance staff indicating that testing was needed. Resolution of the coordination between EP and maintenance staffs will be followed-up after receipt of the licensee's response to the violation.

The inspectors observed the licensee's weekly pager notification test of duty roster personnel. Emergency notifications were made through a computer-based automatic dialing system, which activated pagers of all Emergency Response Organization (ERO) personnel, provided a recorded message to designated on-call personnel, and continued automatically until all essential ERO positions were filled. The results of this test and inspection of records from previous pager tests indicated good system reliability and timely response by members of the ERO. Review of quarterly unannounced pager notification test records also revealed good response capability.

Record review of the Prompt Notification System (PNS) indicated that surveillances were conducted in accordance with Procedure 6430-ADM-1319.04, Rev. 3. A separate record which showed the status of each of the 42 sirens within the Emergency Planning Zone (EPZ) was maintained. Since the last inspection, good system reliability was noted. Monthly test reports were prepared by the licensee and appropriately distributed to the New Jersey Office of Emergency Management (OEM). The inspectors observed a successful demonstration of the PNS system at the Ocean County Sheriff's Communication Center.

Except for the EP and maintenance coordination concern which is to be reviewed in a future inspection, this area was assessed as being effectively implemented.

2.3 Organization and Management Control

The inspectors interviewed the Vice President (VP) and Director, Nuclear Assurance; the Manager, Corporate EP; and the Manager, EP. The reporting chain and organizational lines of responsibility for implementation of the EP program had not changed. The Manager, EP and off-site EP Coordinator (a site staff position) report to the Corporate EP Manager (EPM), who then reports to the Director, Nuclear Assurance. Management support of the site EP program was apparent by the following. The Corporate EPM continued to frequently interface with the Manager, EP. The inspectors found that monthly visits to Oyster Creek were made for direct oversight of EP program. The VP, Nuclear Assurance also visited the site routinely to meet with the EP Manager. Assigned EP staff held meetings and training sessions with New Jersey and local officials at regular frequencies. Discussions with Ocean County emergency management personnel indicated a high level of GPU support to their emergency response program.

The inspectors reviewed the EP section staffing. In addition to the managers, staffing included five full-time positions: three senior EP planners who were responsible for operations and health physics program aspects, one clerical position, and one engineering assistant. The licensee made three key staff changes in the EP program since the last inspection. The Leading Operations EP Planner, the EP Training Instructor, and the Offsite EP Coordinator transferred out of the program and were replaced with new staff. The new Operations Planner completed the licensee's STA training program for operators, was SRO-certified, and prepared the operations section of the October 1991 exercise scenario. The new EP Training Instructor assumed the position in February 1992 and had appropriate qualifications. The new Off-site Planner, in this position since March 1991, had an extensive on-site and off-site background. Based on interviews with the new staff and their management, the inspectors concluded that staffing changes have not compromised the licensee's ability to maintain the EP program and that staffing was appropriate in numbers and expertise.

The inspector reviewed the status of the licensee's Emergency Response Organization. There were 61 filled positions, 30 on-site, {the Initial Response Emergency Organization (IREO)} and 31 off-site, {the Emergency Support Organization (ESO)}. The IREO was divided into four teams, the ESO into three teams. A duty roster of IREG and ESO teams was assigned with a new team rotated into the on-call position each week. This team was required to respond to emergency events as first team responders. All ERO personnel carried notification pagers and were also expected to respond to ensure that key response positions were filled. The ERO was well staffed with only two IREO positions and one ESO position vacant, none of which were key positions. In these cases, EP staff ensured that the team on-call had no vacant positions. The inspectors reviewed the duty rosters (updated quarterly) since the last inspection and duty schedule (updated annually) and noted that they were issued on the proper schedule, and reviewed by management in accordance with Procedure 6430-ADM-1319.01. The licensee continued to offer an incentive program of two additional days off for ERO personnel who maintained current qualifications.

The inspectors noted that certain on-site ERO positions required respirator and medical qualifications. In most cases, maintaining such qualification was not relevant to an individual's ability to implement their assigned function. Despite completion of the necessary ERO training, personnel were excluded from the duty roster if they did not complete the medical and respirator qualification. This observation was discussed with the Corporate and site EP Managers. However, although the depth of ERO personnel available for response could be compromised by unnecessary mandated training, it is the licensee's option to prescribe training requirements over and above those necessary to meet NRC requirements.

Based on the above review, this area was being effectively implemented.

2.4 Knowledge and Performance of Duties (Training)

The inspectors reviewed the licensee's program for emergency response training and noted that it was conducted in accordance with Section 8.2.1 of the Emergency Plan. Off-site training of emergency workers was required by the State of New Jersey and completed by various state agencies in cooperation with the licensee. The inspectors interviewed the EP Training Instructor, reviewed training methods, lesson plans (LPs), training records, trainee critiques, and interviewed several members of the ERO.

The licensee had taken steps to improve the overall EP training program. The EP Training Instructor was working to change EP training philosophy towards a performance based program. This was accomplished by instruction in the facilities where the ERO staff perform their duties, walk-throughs using EPIPs, and hands-on use of emergency equipment. In order to standardize team performance, each of the four ERO teams trained together in walk-throughs and discussion of EPIPs in training "supersessions." This promoted cross-training among personnel on each team. The changes and innovations in EP training appeared to enhance the overall EP training program. The inspectors reviewed the LPs. These were appropriate in scope and content and found to be current. They had also been reviewed and updated in accordance with training department requirements.

The EP instructor conducted EP training for the duty roster, except for security and health physics personnel, who had their own EP instructor. Training of senior emergency managers was provided by EP staff. One senior EP planner liaised with EP training staff, audited EP training classes, reviewed attendee feedback forms, and provided quality control reviews of the training program.

One key lesson plan, ERF Operations (580.0.0001), was deleted since most of the material was covered in other LPs. The inspectors noted that basic concepts and information describing the four levels of emergency classification would no longer be included as part of the instruction. Discussions with the EP Instructor and training staff indicated that they expect to incorporate this material back into LPs.

The inspectors followed-up a previously identified NRC concern by viewing the General Employee Training (GET) video tape and reviewing the associated LP. These training materials were revised and found to adequately address the concern: they contained information on site warnings, assembly areas, actions to be taken for each emergency classification, and a description of EPZs.

The inspectors reviewed the qualification records of selected ERO personnel and

found them to be current. Review of the Training Department records system revealed that records were maintained on both computer data base and hard copy and were easily retrievable.

The licensee's emergency drill program was clearly delineated in the Emergency Plan and EP administrative procedures. The inspectors noted that it was an ambitious program requiring a minimum of four full drills and twenty on-the-job training (OJT)/walk-through drills per year. Key members of the ERO were required to participate in or observe one drill at least every eighteen months. The OJT drills were conducted in the applicable emergency response facilities. The inspectors also reviewed the critiques of four actual events (Unusual Events) from the past year. These were well-documented, and lessons learned from the events were used in EP training.

As part of their interface with local officials, the EP staff provided strong assistance to State of New Jersey personnel in the off-site emergency worker training program. Several hundred local responders were trained in radiation safety concepts, personal protection, decontamination, and reception center operation.

The inspectors interviewed six members of the ERO, including the Plant Director, to determine their awareness of designated emergency response duties. All personnel interviewed expressed appropriate knowledge to carry out emergency response assignments, and showed good familiarity with E-Plan implementation.

Based on the above review, this area was being effectively implemented.

2.5 Independent and Internal Reviews and Audits

The inspectors reviewed the two most current audit reports of EP (performed for calendar years 1989 and 1990) and interviewed the Site Audit Department Manager. A schedule was developed every two years by the Audit Manager, approved by site management, and issued to audit staff. The audit team leader prepared an audit checklist which also was approved by the Audit Manager. Each audit began in January, covered a full 12-month period, and was issued within 30 days of completion. The inspectors concluded that the two audits were adequate in scope and independently performed to meet both 10 CFR 50.54(t) requirements and GPU Technical Specifications.

Two concerns were identified with conduct of the independent reviews. First, the inspectors found that four of the five 1990 audit team members held positions on the ERO duty roster while the audit was performed. The inspectors raised a concern over the use of ERO assignees to perform independent audits. Licensee audit staff stated that auditors in the ERO were not permitted to audit an area in

which they were qualified, thus maintaining audit independence for each EP area. The licensee removed these audit team members from the ERO in July 1991.

The 1990 report produced two findings, both of which were minor and quickly resolved. The 1991 report began on January 28, 1992, and was still in progress at the time the inspection. The inspectors also expressed a concern with the timeliness of this report, in that findings identified at the beginning of the audited period (early 1991) would not be able to be addressed until report issuance. Discussion about the report delay with the Site Audit Manager revealed that unavailability of proper resources caused the audit to take much longer than expected, but the completion date was scheduled by the end of April 1992. The inspectors requested a copy of the report and completed checklist when issued.

The licensee used a comprehensive corrective action system. Findings were entered into a computer data base and tracked to completion by affected departments. No outstanding findings relative to the EP program were identified. Distribution of independent audits reports were properly made to corporate management.

Based on the above review, this area was being effectively implemented.

3.0 Exit Meeting

The inspectors met with the licensee personnel listed in Section 1 at the conclusion of the inspection. The scope and findings of this report were discussed. The licensee was informed that no violations were identified. The licensee acknowledged the findings and will evaluate them to determine the appropriate corrective actions.