

January 31, 1996

Mr. Richard W. Smedley, Manager Licensing
Palisades Nuclear Generating Plant
27780 Blue Star Memorial Highway
Covert, MI 49043-9530

SUBJECT: ACKNOWLEDGEMENT LETTER REGARDING SECURITY CONCERNS AT PALISADES
NUCLEAR POWER PLANT

Dear Mr. Smedley:

Thank you for your letter dated January 15, 1996, in response to our November 21, 1995 letter requesting information regarding: (1) the adequacy of a licensee investigation addressing fitness for duty testing requirements and the evaluation of aberrant behavior for a contractor employee and (2) managements control of granting access to a contractor employee. We requested that you review the concerns and inform us of the results of your review including any identified problems or violations of your security program.

Your response described your investigation results which included an independent assessment and evaluation conducted by members of your Nuclear Performance Assessment Department through interviews with the principals involved and review of associated records.

Your evaluation of the licensee's investigation concluded that fitness for duty testing requirements and evaluation of aberrant behavior were conducted in accordance with your approved program guidance and that no violations of your security program or NRC security regulations were identified. Your evaluation also concluded that managements action in granting access to the contractor employee was appropriate and was conducted in accordance with NRC security regulations. You also identified that recommendations by plant staff were made and implemented when the incident was initially evaluated to revise applicable security and fitness for duty procedures to improve guidance in controlling access and evaluating fitness for duty events.

We found your investigation to be sufficient to support your conclusions and we have no additional questions regarding this matter. We request that you retain the supportive documentation of your review for a minimum of one year from the date of this letter.

In accordance with 10 CFR Part 2.790 of the Commission's regulations, a copy of this letter and your response, including your attachment, will be placed in the NRC Public Document Room.

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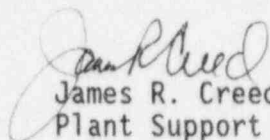
Richard W. Smedley

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January 31, 1996

Your cooperation with us is appreciated. We will gladly discuss any questions you may have concerning this information.

Sincerely,


 James R. Creed, Chief
 Plant Support Branch 1

Docket No. 50-255

cc: R. A. Fenech, Vice President,
 Nuclear Operations
 Richard W. Smedley, Manager,
 Licensing Department

cc w/ltr dtd 1/15/96: James R. Padgett, Michigan Public
 Service Commission
 Michigan Department of Public Health
 Department of Attorney General (MI)

bcc w/encl: D. Funk, RIII

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Palisades Nuclear Plant: 27760 Blue Star Memorial Highway, Covert, MI 49043

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January 15, 1996

U S Nuclear Regulatory Commission
Document Control Desk
Washington, DC 20555

DOCKET 50-255 - LICENSE DPR-20 - PALISADES PLANT - RESPONSE TO QUESTIONS CONCERNING ACCESS AUTHORIZATION INCIDENT

In a letter dated November 21, 1995, the NRC notified Consumers Power Company (CPCO) that it had received information concerning a security access authorization incident at the Palisades Plant. The NRC requested that CPCO investigate the incident and respond to concerns related to the activity as identified in an attachment to that letter.

Attachment 1 to this letter contains the results of our review of the incident and subsequent actions. The incident was independently assessed by plant Nuclear Performance Assessment Department (NPAD) personnel through interviews with the principals involved and review of associated records. The NPAD is independent from the site Security and Human Resources Departments. The NPAD assessment was then reviewed by the Nuclear Licensing Department and translated into a format which specifically responds to the points raised by the NRC concerning the incident.

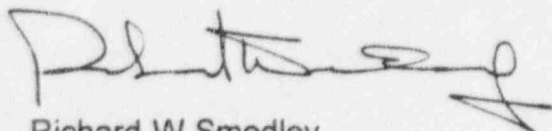
The November 21, 1995, NRC letter requested that our response be submitted to the NRC within 30 days of receipt of the letter. In a December 20, 1995, telephone call with Region III, T.J. Madeda granted an extension to the response date from December 27, 1995, to January 15, 1996.

The NRC letter also requested that our response contain no personal privacy, proprietary, or safeguards information so that it can be released to the public and placed in the public document room. Accordingly the attachment to this letter contains no personal privacy, proprietary, or safeguards information.

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SUMMARY OF COMMITMENTS

This letter contains no new commitments and no revisions to existing commitments.



Richard W Smedley
Manager, Licensing

CC Administrator, Region III, USNRC
Project Manager, NRR, USNRC
NRC Resident Inspector - Palisades

Attachment

ATTACHMENT 1

**CONSUMERS POWER COMPANY
PALISADES PLANT
DOCKET 50-255**

**RESPONSE TO QUESTIONS CONCERNING
A SECURITY ACCESS AUTHORIZATION INCIDENT**

INTRODUCTION

The NRC requested that the concerns raised be reviewed and evaluated by personnel independent from the site Security staff and Human Resources Department. The incident was independently assessed by Nuclear Performance Assessment Department (NPAD) personnel through interviews with the principals involved and review of associated records. The NPAD is independent from the site Security and Human Resources Departments. The NPAD assessment was then reviewed by the Nuclear Licensing Department and translated into a format which specifically responds to the points raised by the NRC concerning the incident.

The NPAD reviewed the original evaluation of the event in question, interviewed as many of the principal participants as were available, and has concluded the event was appropriately handled in accordance with the guidance available at the time. In addition, the subsequent investigation and procedure revisions made as a result of the review and evaluation have improved the direction to plant staff for handling similar situations.

SUMMARY OF EVENT

On June 20, 1995, at about 1947 hrs, security personnel found a semi-automatic handgun in the duffle bag of a contract employee who was entering the plant for work. Upon discovery of the weapon, security personnel appropriately followed Security Implementing Procedure SIP-5, Rev 10, "Search Procedures and Property Removal Requirements" and initiated the designated Safeguards Contingency Procedure SCP-2, Rev 5, "Discovery of Suspected Bomb or Sabotage Device." In performing the procedures the security staff: a) denied access to the individual, b) confiscated the weapon, c) notified the Central Alarm Station Supervisor, d) identified the individual, and e) controlled the individual per the procedure. The Security Shift Leader was notified, the Property Protection Supervisor's designate was notified (at home), the Plant Shift Supervisor was notified, and an investigation was initiated.

The focus of the SCP-2 procedure and subsequent investigation was to determine if sabotage or malevolent intent was involved. Security personnel reviewed the contractor individual's documentation for the weapon, including a safety inspection certificate (indicating ownership and registration) and a Michigan concealed pistols license indicating that he was licensed to carry a pistol. Plant Security advised local law enforcement (Michigan State Police) of the incident and the presence of the license and registration. The Michigan State Police indicated no further interest in the matter.

The Plant Shift Supervisor (responsible per SIP-5 on backshifts) investigated the incident. The Plant Shift Supervisor contacted the Property Protection Supervisor designate (responsible per SIP-5 during normal work hours and more experienced in security matters) at home that night to discuss the event. His discussions with the contract employee, his supervisor, his Project Manager, the Shift Engineer and

Security staff determined that there was no malevolent intent involved, that sabotage was not a threat, that this individual was a trustworthy worker and that this inadvertent act was not aberrant behavior.

Even though the procedures did not require Fitness For Duty (FFD) testing, the Plant Shift Supervisor had the contractor individual escorted by his supervisor to South Haven Community Hospital for FFD testing. The Plant Shift Supervisor, however, did not contact the on-call Human Resources representative at that time (backshift) as would have been required in the case of "for-cause" testing under the FFD-01, Rev 5 procedure. The testing was performed immediately and Human Resources was informed of the event in the morning.

After the contract individual was tested, the Plant Shift Supervisor was notified by the attending hospital physician by telephone that the FFD test results were negative. However, at that time, results available were only for the alcohol portion of the test.

The Plant Shift Supervisor perceived no more than normal schedule pressure to get the contractor on-site. The alleged additional pressure on the shift supervisor to allow the individual entry (because the individual's skills were specifically needed for scheduled work) was only one factor in the pertinent body of facts that are considered in typical decisions made by the Plant Shift Supervisor, and was not unique to this incident. The contractor's management described the schedule impact that would result from denying the individual access, and did not pursue the issue to the point of coercion.

The Plant Shift Supervisor restored access to the contractor individual at 2300 hrs on 6/20/95.

Human Resources was informed of the event during normal working hours on 6/21/95 and a Plant Condition Report (C-PAL-95-0784) was initiated.

The Property Protection Supervisor designate discussed the incident with NRC Region III on 6/21/95.

RESPONSE TO NRC CONCERNS

The following are the results of the independent NPAD assessment. The results were translated into the following format by the Licensing Department to specifically respond to the points raised by the NRC concerning the incident.

NRC Concern 1

Supposedly the quality of a licensee conducted investigation, involving plant security identifying a loaded semi-automatic handgun in a duffle bag belonging to a contract employee, was questionable because pertinent details were not correctly evaluated. Specifically fitness for duty testing requirements were violated and the issue of aberrant behavior of the contractor employee was not adequately addressed. The event noted above occurred at approximately 7:47 p.m. on June 20, 1995.

CPCO Response to Concern 1

- a. *A determination if any of the concerns are true and all facts relating to each concern.*

The NPAD concluded that available evidence does not substantiate the allegation in Concern 1 that fitness for duty testing requirements were violated. The procedures in force at the time did not clearly apply to this type of incident. Plant FFD procedures require FFD testing as a result of a "for cause" event or behavior. A "for cause" behavior by an individual that would require "for cause" testing includes the identification that aberrant behavior was exhibited. As noted in the summary of the event, since it was determined that no aberrant behavior existed, no "for cause" testing was required. To ensure however, that a decision to grant access to the contract employee was well supported, the shift supervisor and the contractor agreed to have the employee FFD tested as an additional measure to support access. The FFD procedure requires that when "for cause" testing is needed, the Human Resources Department be contacted immediately and they become involved in the process. No FFD testing requirements could have been violated as the testing was not a "for cause" test. The FFD procedures were used to the extent practical to provide additional information to assist management in determining the appropriate course of action.

The NPAD concluded that available evidence does not substantiate the allegation in Concern 1 that the issue of aberrant behavior of the contractor employee was not adequately addressed, in that management specifically determined that there was no malevolent intent, reviewed the individuals' work history, and determined the incident was inadvertent. This information, coupled with the fitness for duty test results, was sufficient to conclude no aberrant behavior was involved.

The NPAD concluded that available evidence partially substantiates the allegation in Concern 1 that pertinent details may not have been fully considered during the incident or the subsequent evaluation as noted below.

- The communication from the hospital of the negative FFD test result may have involved a pertinent detail not correctly evaluated. At the time the results were reported to the Plant Shift Supervisor (SS), it was reported that the FFD results were negative when only the alcohol test was actually complete. The plant shift supervisor did not realize that only the alcohol testing was completed since he was told that the FFD results were negative. This detail had no affect on the outcome of this event, as: 1) The full written test results (negative) were properly reported to Human Resources on 6/22/95, and 2) present FFD procedures only require that the individual successfully complete the alcohol portion of the testing prior to being allowed to return to work, for those situations that do not involve aberrant behavior.

Although not required, persons involved during the incident did not recognize the potential applicability of access authorization program guidelines (Corporate Administrative Control #7). These guidelines define criteria that are used in determining whether initial plant access can be granted. These guidelines could be referred to when continued access of an already approved individual comes into question. They could have led to further questioning regarding the details of, and any potential restrictions applied to, the concealed weapons permit.

As a follow-up to this incident, procedure changes have been made to reassign the responsibility for taking the lead on making access authorization decisions from the Shift Supervisor to Human Resources and Property Protection personnel. Personnel from these departments have the responsibility for the FFD and access authorization programs and will now be responsible to be involved with any FFD or access authorization concern that is raised.

- b. *Provide an evaluation and conclusion of the concerns regarding compliance with your approved security plan; NRC Fitness-For-Duty, and access authorization regulations; and any cognizant procedures(s).*

No violations of the Palisades Security Plan, Security Implementing Procedures, Security Contingency Procedures, Fitness for Duty (FFD) Procedures, or access authorization regulations were identified in the evaluation of this incident. As stated above, recommendations were made when the incident was initially evaluated to revise the applicable security and FFD procedures to provide better guidance for future incidents.

NRC Concern 2

On June 20, 1995, a licensee operations shift supervisor was supposedly pressured, coerced, by contractor personnel to grant access to the protected area for a contract employee who was involved in a positive weapons search. Supposedly, pressure was exerted so work/outage schedules could be maintained.

CPCO Response to Concern 2

- a. *A determination if any of the concerns are true and all facts relating to each concern.*

The NPAD concluded that available evidence does not substantiate the allegation in Concern 2 that the Plant Shift Supervisor (SS) was pressured or coerced by contractor personnel, in that the contractor provided information on schedule impact that might occur without the individual's presence. The Plant SS properly considered this information in his determination of actions to be taken and did not feel the contractor supervisors actions were inappropriate to the circumstances.

- b. *Provide an evaluation and conclusion of the concerns regarding compliance with your approved security plan; NRC Fitness-For-Duty, and access authorization regulations; and any cognizant procedure(s).*

No violations of the Palisades Security Plan, Security Implementing Procedures, Security Contingency Procedures, Fitness for Duty Procedures, or access authorization regulations were identified in the evaluation of this incident. As stated above, recommendations were made when the incident was initially evaluated to revise the applicable security and FFD procedures to provide better guidance for future incidents.

- c. *In reference to Concern No. 2, evaluate the performance of the operations shift supervisor, in light of the alleged action and determine if the action of the supervisor was adequate. Also, evaluate the performance of Westinghouse personnel in light of the alleged action and determine if that action was adequate. If the contractor personnel action was determined to be inadequate/inappropriate, evaluate whether the conduct was deliberate.*

The Shift Supervisor (SS) actions in response to the incident were adequate. He followed appropriate procedures, obtained input from appropriate personnel and in the case of Fitness For Duty (FFD) requirements went above and beyond procedural guidance to see that the individual was tested. Subsequently, based on this incident, security and FFD procedures were revised to provide better guidance.

The contractor personnel actions were also determined to be adequate/appropriate. Contractor personnel were asked to provide information to the Shift Supervisor and did so. The Shift Supervisor did feel pressure, from the contractor, to make a decision on the individual's access but there is no indication that the pressure was a deliberate attempt to force the Shift Supervisor to do so. The contractor voiced concerns about outage schedule during the Shift Supervisor investigation. The contractor cooperated and assisted with the Shift Supervisor's investigation to determine if the individual should be granted access. Additionally the contractor voluntarily offered to support FFD testing to provide the Shift Supervisor with additional information on which to base his decision to grant access.