

U. S. NUCLEAR REGULATORY COMMISSION
REGION I

Report Nos: 50-277/88-09 and 50-278/88-09
Docket Nos: 50-277 and 50-278
License Nos: DPR-44 and DPR-56
Licensee: Philadelphia Electric Company
2301 Market Street
Philadelphia, Pennsylvania 19101
Facility Name: Peach Bottom Atomic Power Station
Inspection At: Delta, Pennsylvania
Inspection Conducted: February 29 through March 3, 1988

Inspectors: C. Z. Gordon 4/12/88
C. Z. Gordon, Emergency Preparedness
Specialist, FRSSB, DRSS date

Approved by: W. J. Lazarus 4/12/88
W. J. Lazarus, Chief, Emergency
Preparedness Section, FRSSB, DRSS date

Inspection Summary: Inspection on February 29 through March 3, 1988 (Report Nos. 50-277/88-09 and 50-278/88-09)

Areas Inspected: Routine unannounced safety inspection of the emergency preparedness program, review of previously identified inspection findings, changes to the emergency preparedness program, review of organization and management control, and inspection of independent program audits.

Results: One apparent violation of NRC regulations was identified and relates to the licensee's failure to meet the independent program review requirements of 10 CFR 50.54(t) including: failure to maintain required documentation, failure to conduct required audits, and failure to properly report audit results to appropriate corporate and plant management.

DETAILS

1.0 Persons Contacted

J. Cockroft, Superintendent, Quality Assurance
T. Cribbe, Regulatory Engineer
T. Donell, Quality Assurance Site Supervisor
R. Kankus, Director, Emergency Preparedness
J. Mattimoe, Consultant
D. Meyers, Support Manager
K. Schlecker, Site Emergency Preparedness Coordinator
D. Smith, Vice President, Peach Bottom Atomic Power Station
J. Tucker, Emergency Response Facility Coordinator

2.0 Licensee Action on Previously Identified Items

- (OPEN) 50-277/86-15-10 and 50-278/86-16-10: The facility areas designated as the OSC inhibit an integrated and coordinated response by augmented support staff.

The licensee has considered changes to the OSC by consolidating all functions into one location. However, this location is in a new building which is not expected to be completed for some time. At the time of the inspection, interim changes were being considered through utilization of the Access Control Center. The inspector toured the proposed facility and noted that it appears adequate in size as an interim OSC. Until the new building is completed and formal changes to the Emergency Plan are made, this item will remain open.

3.0 Changes to the Emergency Preparedness Program

The inspector reviewed the licensee's records of changes to the Peach Bottom Emergency Plan and Emergency Plan Procedures made during 1986 and 1987. No major changes were noted in the Plan. Implementing procedures were evaluated during the December 1987 exercise and are adequate and up to date. One facility change occurred during 1987 by addition of an Alternate Emergency Operations Facility (AEOF), located in West Grove, Pennsylvania. NRC approval of the AEOF was granted in 1987.

The inspector reviewed surveillance test procedures for the Emergency Preparedness program and noted that the procedures contain administrative procedures along with requirements to perform functional and monitoring tests. The responsibility to conduct health physics drills and communications drills is left to the Surveillance Test (ST)

Coordinator. These are functions that would normally be performed by the Site Emergency Preparedness Coordinator (SEPC). Conflicts were identified between ST and Emergency Preparedness schedules, which resulted in missed ST's. The Director, EP indicated that new administrative procedures for the Emergency Preparedness program are under development which provide direction for many routine program activities (including ST scheduling).

A change in the Emergency Response Organization (ERO) was made by the addition of the Protective Actions Coordinator (PAC). The PAC is a member of the dose assessment team, and will provide interface with state and local representatives in the EOF. PAC responsibilities were adequately tested and performed during the December 1987 annual exercise, however, the Emergency Plan has not been revised to reflect this function.

The above Emergency Plan and Implementing Procedure deficiencies are identified as an Inspector Followup Item (50-277/88-09-01 and 50-278/88-09-01).

The inspector found that to satisfy the requirements of 10 CFR 50, Appendix E.IV.B, regarding annual review of the Emergency Action Levels (EAL) with state and local authorities, the entire Emergency Plan is sent by the licensee to the Pennsylvania Bureau of Radiation Protection for review and comments requested. Although the Emergency Plan contains the EAL's, a review of specific EAL meanings and interpretation of data in relation to emergency classification is not conducted. This is identified as an Inspector Followup Item (50-277/88-09-02 and 50-278/88-09-02).

4.0 Independent Reviews/Audits

The inspector reviewed EP-500, "Review and Revision of the Emergency Plan", reviewed independent audits of the emergency preparedness program performed since 1983, and interviewed members of the licensee's quality assurance staff.

EP-500 is not in sufficient detail to allow the licensee to perform an adequate review of the emergency preparedness program to meet the requirements of 10 CFR 50.54 (t). The procedure was last revised in 1981 and is currently obsolete since it is written in general terms, references outdated organizational elements, and does not address the method in which each program area should be reviewed. The inspector expressed concern over the licensee's ability to perform an adequate annual review of this procedure and other implementing procedures.

The licensee was unable to provide copies of the 1983 review or retrieve copies of this audit from their site records department. The 1984 annual

audit, performed by corporate headquarters, was superficial and did not include all program areas. For 1985, no program review was performed. In 1986, the Site QA Department conducted an audit which did not cover the entire Emergency Preparedness program, yet identified programmatic deficiencies in the areas of: management, tracking of open items, and failure to maintain overall responsibility for program development. A second 1986 independent audit, conducted with the intent to satisfy the 10 CFR 50.54(t) requirement, was performed by a contractor, Enercon Services, Inc. under the direction of the Emergency Preparedness Section. This review was the first time a comprehensive program audit was conducted to meet 10 CFR 50.54(t). It also identified an inadequate management tracking system to ensure that program commitments are identified and scheduled for completion in addition to training program deficiencies.

These, and other results, were documented by Enercon and reported only to the Director, Emergency Preparedness thus eliminating the independence of the audit. Formal distribution of both reports to appropriate corporate and plant management was not made by EP staff.

In 1987, the QA Department assumed the responsibility for conducting the independent program audit. Accordingly, the 10 CFR 50.54(t) audit was adequately performed by QA with contract support. Again this audit identified deficient areas of the program. While the problem with the tracking of open items was found to recur, other program deficiencies were: failure to correct critique items identified during drill and exercises; failure to ensure annual review of the Emergency Plan Procedures; and other facility and training program deficiencies.

The inspector determined that several areas of the licensee's annual independent review program have been deficient. These include: failure to maintain required documentation; failure to conduct required audits; failure to properly report audit results to appropriate corporate and plant management; and failure to document improvements to correct deficiencies identified in audit reports. This is an apparent violation of 10 CFR 50.54(t) requirements and is identified in Appendix A to this report (50-277/88-09-03 and 50-278/88-09-03).

5.0 Organization and Management Control

The inspector held discussions with cognizant licensee management and reviewed documents on the emergency response organization and emergency preparedness program management. The inspection also focused on interfaces and coordination between onsite, offsite, and corporate organizations and adequacy of management effectiveness.

The restructuring of the corporate organization which began in November

1987 has not affected either the headquarters or site support staff. The inspector discussed proposed corporate changes with the Director, EP, but at the time of the inspection, formal approval of changes had not occurred.

As a result of a site reorganization, a change took place in the reporting chain of the SEPC. At the site, the SEPC will report to the Manager of Administration, rather than the Plant Manager. Primary direction of SEPC duties will remain from the corporate staff. Although the licensee stated that no change in carrying out day to day SEPC activities would occur, the inspector expressed concern that the ability of the SEPC to efficiently implement his functions could be decreased as a result of the change in reporting chain.

The inspector reviewed the licensee's open item tracking system and found that key items did not receive timely attention or resolution. Concerns over management control were also found in the licensee's lack of resolving deficiencies identified in program audits (50-277/88-09-04 and 50-278-88-09-04). The inspector met with EP staff and a newly formed three member Action Item Team (AIT). AIT responsibility is to develop planning needs to close existing items and provide a program to prioritize, manage, track, and verify that all open items receive the proper degree of management review. The team was established as a result of similar concerns found during the NRC emergency preparedness inspection at the Limerick Generating Station in January 1988.

Team members presented short term and long term goals to implement the program which included consolidation of the list, filtering/screening of items, establishment of a schedule with expected completion dates, and project management. The action plan appears adequate to control the open item tracking system and ensure that critical items are resolved by appropriate members within the emergency response organization. Emergency preparedness representatives stated that results in achieving short term goals would be expected in mid to late 1988; progress on action plan effectiveness will be followed up during the next scheduled inspection.

During independent program reviews, auditors may identify weaknesses with the program, i.e., training, missed ST's, inadequate exercise performance, EP procedure deficiencies, facility/equipment imperfections, and send findings to the Director, EP to correct the problems. However, the Director, EP is not always the appropriate contact for items such as training, or facility and equipment upgrades. Rather than coordinate with the proper department to correct the deficiency, the item is returned by EP to QA indicating that the other department (training, I&C, health physics) should take the lead role in resolving the deficiency. QA notes the problem as not addressed or corrected by EP and tracks the item as unresolved. The inspector

discussed the lack of interface among EP staff, QA staff, and other departments (50-277/88-09-05 and 50-278/88-09-05) with the Director, EP and Director, QA. Both parties agreed to try to improve coordination to resolve problem areas efficiently.

6.0 Exit Meeting

The inspector met with the licensee personnel denoted in Section 1 at the conclusion of the inspection to discuss the findings as presented in this report. The inspector also discussed some areas for improvement. The licensee acknowledged the findings and agreed to evaluate them and institute corrective actions as appropriate.

At no time during the inspection did the inspectors provide any written information to the licensee.