

Omaha Public Power District
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402/536-4000

March 20, 1986
LIC-86-113

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Mr. J. E. Gagliardo, Chief
Reactor Projects Branch
U. S. Nuclear Regulatory Commission
Region IV
611 Ryan Plaza Drive, Suite 1000
Arlington, Texas 76011

- References:
1. Docket No. 50-285
 2. Inspection Report 50-285/86-02 dated February 18, 1986.

Dear Mr. Gagliardo:

Inspection Report 86-02
Notice of Violation

Omaha Public Power District recently received Reference 2 containing a Notice of Violation involving a failure to follow procedures for inspection of uranium hexafluoride cylinders. OPPD's response to this Violation is attached to this letter. If you have any questions concerning any of these responses, please do not hesitate to contact us.

Sincerely,

R. L. Andrews *for*
Division Manager
Nuclear Production

RLA/DJM:me

cc: LeBoeuf, Lamb, Leiby & MacRae
1333 New Hampshire Avenue, NW
Washington, DC 20036

Mr. E. G. Tourigny, NRC Project Manager
Mr. P. H. Harrell, NRC Senior Resident Inspector

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Q PDR

IC-053/86

Attachment

Based upon the results of an NRC inspection conducted during the period January 1-31, 1986, and in accordance with NRC Enforcement Policy, 10 CFR Part 2, Appendix C (1985), the following violation was identified:

US NRC License SMC-1420, dated September 3, 1982, authorizes OPPD to store uranium hexafluoride (UF₆) at the Fort Calhoun Station, subject to the conditions contained in the licensee's application dated August 27, 1981, and supplements dated February 26, 1982, and April 1, 1982.

Special Procedure SP-UF₆-1, "Uranium Hexafluoride Storage Cylinder External Visual Inspection," has been issued by the licensee to implement the requirements contained in License SMC-1420 and the associated supplements.

Listed below are three examples of apparent failures to follow the requirements of Implementing Procedure SP-UF₆-1:

- a. Section 6.4.1 states, in part, "The storage area shall be 'walked through' on a semiannual schedule during the months of April and October"

Contrary to the above, the licensee could not produce documentation to show that a 'walk through' of the UF₆ storage area was performed in April 1985.

- b. Section 6.4.1 states, in part, "The storage area shall be 'walked through' . . . and the following items will be checked . . . new gouges, dents, or cracks in cylinder walls, head, skirts, or stiffening rings . . . and end plug lead-wire seals are intact"

Contrary to the above, a 'walk through' was performed in October 1985 and the inspector performing the 'walk through' did not enter the storage area; therefore, the inspector could not have completed the required inspections described above.

- c. Section 6.3 states, in part, "All cylinders shall be inspected on a biennial schedule . . . as per Section 6.1, Steps 6.1.2 through 6.1.10" Step 6.1.9 states, "Document the inspection of each cylinder on an Inspection Data Sheet"

Contrary to the above, the inspector did not document the results of the inspection on the inspection data sheets.

This is a Severity Level IV violation (Supplement VI.D) (285/8602-07).

OPPD RESPONSE TO ITEM a.

- (1) Reason for the violation, if admitted.

Completion of the storage area inspections was dependent upon the memory of the individual responsible for the inspections. That individual left OPPD in March, 1985 and notified no one that an inspection was due in April.

(2) Corrective steps which have been taken and results achieved.

The storage area was inspected in accordance with the semi-annual 'walk-through' criteria on January 15, 1986, and appropriate documentation generated. In addition, scheduling of the storage area inspections has been formalized via the Fort Calhoun Station preventive maintenance program. Notice that an inspection is due will be generated and sent to the responsible Technical Services Supervisor prior to the due date. Followup of the notice can be made via the CHAMPS system.

The result of these actions has been to inform more people of the inspection program for the storage area.

(3) Corrective steps which will be taken to prevent recurrence.

OPPD believes the corrective action described in (2) above is adequate to prevent recurrence. No further action is planned.

(4) Date when full compliance will be achieved.

OPPD is in full compliance.

OPPD RESPONSE TO ITEM b.

(1) Reason for the violation, if admitted.

The inspector believed an adequate inspection could be performed without entering the storage area.

(2) Corrective steps which have been taken and results achieved.

A 'walk through' of the storage area was conducted on January 15, 1986 and documentation generated. Various discrepancies were noted, but none which effect the structural integrity of a cylinder or pose a potential hazard to the safety of the public.

A memo stressing the importance of procedural compliance was prepared and circulated within the department responsible for conducting the inspections. In addition, the administrative procedure regarding set-point/procedure changes was reviewed and the review documented. These actions verified that UF₆ can continue to be stored in a safe manner at the Fort Calhoun Station and reminded personnel of the importance of following procedures.

(3) Corrective steps which will be taken to prevent recurrence.

Procedure SP-UF₆ will be revised to specifically state that the storage area must be entered for all inspections. In addition, the review/approval section of the procedure will be changed to provide for the signature and title of the Supervisor - Radiological Services and the Reactor Engineer. These actions will improve the administrative controls over the storage area and its inspection program.

(4) Date when full compliance will be achieved.

OPPD is in full compliance.

OPPD RESPONSE TO ITEM c.

(1) Reason for the violation, if admitted.

The inspector believed the QA surveillance plan provided adequate documentation for the biennial inspection.

(2) Corrective steps which have been taken and results achieved.

Procedural compliance addressed in Item b(2) above applies here. In addition, an inspection in accordance with the biennial review criteria of Procedure SP-UF₆-1 was conducted on January 15 and 17, 1986 and fully documented. Various discrepancies were noted, but none which affect the structural integrity of a cylinder or pose a potential hazard to the safety of the public.

The QA department has changed from a surveillance mode to an audit mode with regard to the UF₆ storage area. This action will prevent duplication of efforts and prevent further cross reference between procedures.

(3) Corrective steps which will be taken to prevent recurrence.

OPPD believes the actions described in Item b(2) and (2) above are adequate to prevent recurrence. No further action is planned.

(4) Date when full compliance will be achieved.

OPPD is in full compliance.