ENCLOSURE

U.S. NUCLEAR REGULATORY COMMISSION
REGION IV

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Licensee:	TU Electric
Facility:	Comanche Peak Steam Electric Station, Units 1 and 2
Location:	FM-56 Glen Rose, Texas
Dates:	January 19-22, 1999
Inspector(s):	Gail M. Good, Senior Emergency Preparedness Analyst James S. Dodson, Radiation Specialist
Approved By:	Arthur T. Howell III, Director, Division of Reactor Safety
Attachment:	Supplemental Information

EXECUTIVE SUMMARY

Comanche Peak Steam Electric Station, Units 1 and 2
NRC Inspection Report No. 50-445/99-02; 50-446/99-02

A routine, announced inspection of the operational status of the licensee's emergency preparedness program was conducted. The inspection included the following areas: events, emergency facilities and equipment, emergency plan and implementing procedures, training, organization and management control, audits, effectiveness of licensee controls, and followup on open items. Emphasis was placed on changes that had occurred since the last routine emergency preparedness inspection.

Plant Support

- Overall, the emergency preparedness program was generally well implemented. Emergency response capabilities were strengthened in the following areas: the emergency operations facility was significantly remodeled to improve information flow, replacement iodine monitors were requisitioned for the emergency response facilities, and provisions for emergency response facility relocation were improved. Several improvements to the emergency preparedness training program were identified including increased drill frequency, management evaluation of drill performance and training frequency, and development of task evaluation forms for initial training walkthroughs and requalification drills (Sections P2 and P5).

- Emergency response facilities were operationally maintained, and appropriate equipment and supplies were readily available. A self-identified, recurring issue involving the emergency operations facility ventilation system was being pursued more aggressively and at higher levels to ensure final closure (Section P2).

- The protective action recommendation procedure was promptly corrected after inspectors identified that there were no provisions for protective actions beyond 10 miles. A concern was identified regarding the link between the emergency plan and the procedures in that some procedures did not fully describe actions to implement the emergency plan. Instead, the actions were described in position assistance documents (Section P3).

- Performance during the simulator walkthroughs was significantly improved. Both crews correctly classified all events, made timely offsite agency notifications, correctly formulated and communicated protective action recommendations, and quickly initiated onsite protective actions. One crew displayed exceptional communication abilities and team work. As a result, the crew implemented the emergency plan more efficiently. Appropriate actions were taken to resolve errors involving isotopic mixtures used in dose assessment calculations and release duration time determination and documentation. Thorough and self-critical critiques were conducted (Section P4).

- The training program was properly implemented. The emergency preparedness training program was not clearly described in the procedure referenced in the emergency plan (Section P5).

- The emergency preparedness department was properly staffed, and the emergency response organization was effectively controlled (Section P6).

- Program audits were improved by using technical area experts. A recent audit provided an indepth evaluation of the effectiveness of emergency preparedness corrective actions (Section P7.1).

- The current action item tracking system made it difficult to trend problems and track recurrence; however, a new electronic database was scheduled for sitewide implementation in the near future to improve capabilities. A comprehensive self-assessment program was developed and implemented (Section P7.2).

Report Details

IV. Plant Support

P1 Conduct of Emergency Preparedness Activities

a. Inspection Scope (93702)

There were no declared emergency events or related event reports since the last routine emergency preparedness inspection.

P2 Status of Emergency Preparedness Facilities, Equipment, and Resources

a. Inspection Scope (82701-02.02)

The inspectors reviewed the status of emergency response facilities, equipment, instrumentation, and supplies to ensure that they were maintained in a state of operational readiness. The inspectors assessed the following locations:

- Control room (CR)
- Technical support center (TSC)
- Operations support center (OSC)
- Emergency operations facility (EOF)
- Offsite field team vehicles and emergency kits

b. Observations and Findings

Inspectors found that the emergency response facilities were orderly and capable of operation. Appropriate equipment, procedures, forms, and supplies were available and easily accessible. Radiological monitoring instruments in emergency kits were calibrated, and various sized self-contained breathing apparatus face pieces were available. Inspectors ensured that special respirator glasses were available for licensed operators who needed prescription lenses. Since the last emergency preparedness operational status inspection, the telephone in the remote shutdown panel was added to an operations quarterly review to ensure operation.

The EOF was remodeled late in 1997. The changes included new furniture (custom management table), new room separators (walls/windows), and sound deadening material in the public information area. In addition, electronic display screens were scheduled for installation (after July 1999). The changes to the EOF were considered improvements because they would enhance information flow and communications.

The licensee informed the inspectors that a problem with the EOF ventilation system had been identified. The problem involved the ability to maintain a positive pressure to the remainder of the building (Nuclear Operations Support Facility) during calm weather conditions. This issue was identified on two previous occasions (Technical Evaluation TE92-1677 and Technical Evaluation 97-784). The problem resurfaced lately and was currently being evaluated and tracked by the licensee as a one form (98-1261, dated

September 4, 1998). The one form was scheduled to be completed in April 1999. As indicated above, problems with the EOF ventilation system were originally identified in 1992, but implemented corrective actions did not fully resolve the problem. The licensee recently installed a pressure gauge which has allowed more sophisticated system testing. Since resurfacing, the licensee has pursued the problem more aggressively and with higher levels of plant personnel attention to ensure final closure.

Two other notable improvements were identified during the inspection. First, due to existing problems with the portable continuous iodine monitors, four replacement iodine monitors were ordered for the emergency response facilities (expedited requisition). The new monitors were expected by May 1999. Second, position assistance documents for emergency response facility relocation were revised and further enhancements (in the form of specific guidance) were expected as a result of recent EOF relocation walkthrough drills.

c. Conclusions

Emergency response facilities were operationally maintained, and appropriate equipment and supplies were readily available. A self-identified, recurring issue involving the EOF ventilation system was being pursued more aggressively and at higher levels to ensure final closure. Emergency response capabilities were strengthened in the following areas: the EOF was significantly remodeled to improve information flow, replacement iodine monitors were requisitioned for the emergency response facilities, and provisions for emergency response facility relocation were improved.

P3 Emergency Preparedness Procedures and Documentation

a. Inspection Scope (82701-02.01)

The inspectors evaluated the following areas to determine if the emergency plan and procedures were being maintained:

- Continuity of the emergency plan, procedures, and position assistance documents
- Emergency action level reviews by offsite agencies
- Emergency plan changes

b. Observations and Findings

Inspectors identified two notable issues during the review of the emergency plan, procedures, and position assistance documents. The first issue involved a lack of guidance for recommending protective actions beyond 10 miles. The licensee agreed with the inspectors' comments and immediately initiated a change to Emergency Plan Procedure EPP-304, "Protective Action Recommendations." Second, inspectors identified a concern involving the link between the emergency plan, emergency plan

procedures, and position assistance documents. In some cases, the procedures did not fully describe how the plan was implemented. Instead, the details were contained in the position assistance documents. The procedures were submitted to NRC to meet 10 CFR Part 50, Appendix E, Paragraph V, requirements (emergency plan implementing procedures). The licensee acknowledged the inspectors' comments and stated that the matter would be evaluated. This response was acceptable.

Inspectors confirmed that emergency action levels were reviewed annually with state and local officials in accordance with 10 CFR Part 50, Appendix E, Paragraph IV.B. However, documentation to support the review was not readily available. To document the state's review of the emergency action levels, meeting notes had to be obtained from quality assurance personnel who attended an offsite meeting.

c. Conclusions

The protective action recommendation procedure was promptly corrected after inspectors identified that there were no provisions for protective actions beyond 10 miles. A concern was identified regarding the link between the emergency plan and the procedures in that some procedures did not fully describe actions to implement the emergency plan. Instead, the actions were described in position assistance documents.

P1 Staff Knowledge and Performance in Emergency Preparedness

a. Inspection Scope (82701-02.04)

The inspectors conducted walkthroughs with two operating crews using a dynamic simulation on the plant specific CR simulator. During the walkthroughs, the licensee was evaluated on the ability to:

- Evaluate plant conditions
- Classify emergency events
- Recommend appropriate protective actions (onsite and offsite)
- Make timely notifications to offsite agencies
- Perform and evaluate dose calculations
- Conduct a self-critique

The scenario consisted of a sequence of events requiring escalation of emergency classifications, culminating in a general emergency. The scenario started with an increase in reactor coolant activity, followed by a tube leak on Steam Generator 2. The failed fuel indication and steam generator tube leak met emergency action level criteria for an alert and prompted a rapid plant shutdown. The steam generator tube leak increased to 400 gallons per minute and required a reactor trip and safety injection. These conditions prompted the declaration of a site area emergency. Following the reactor trip, a safety valve on Main Steam Line 2 failed open and could not be isolated. A general emergency condition existed with failed fuel indications, an unisolable fault outside containment, and a greater than 50 gallons per minute tube rupture on the associated steam generator. Each walkthrough lasted about 90 minutes, followed by a critique.

b. Observations and Findings

Both crews made correct emergency classifications using the emergency action levels. The first crew was very prompt in its recognition of emergency conditions. The first shift manager effectively used the shift technical advisor to verify emergency classifications. This verification was performed quickly and systematically. The second crew did not determine the steam generator leak rate as quickly as the first and classified the initial event as a notification of unusual event (based only on the failed fuel indication). Although this classification was correct, based on the information communicated/ available at the time of the declaration, the subsequent alert classification may have been slightly delayed by the quality of the crew's communications. This matter was appropriately discussed by operations personnel during the critique.

Similarly, both crews made timely offsite agency notifications; however, at times, the second crew challenged the time limits. Although both shift managers effectively used the shift technical advisors to peer-check the notification forms, the first crew displayed a higher level of team work. As a result, emergency plan actions were implemented more efficiently.

Correct protective action recommendations were quickly formulated and communicated to offsite agencies (simulated). However, two areas for improvement involving dose assessment were identified during the second walkthrough, as discussed below:

- Due to a lack of guidance, the shift technical advisor used an incorrect isotopic mix (100 percent clad melt versus 1 percent clad failure) to compute dose projections. Scenario conditions indicated about 4 percent clad failure. Since default protective action recommendations were used during the walkthrough (dose calculations were not available when the general emergency was declared), the calculations were performed after scenario termination to test the shift technical advisor's knowledge. Using 100 percent clad melt led to an unnecessary public evacuation recommendation. The licensee acknowledged that there was a lack of guidance for dose assessors when conditions were between 1 and 100 percent clad failure and appropriately added this issue to the emergency preparedness action tracking system for resolution.

- There was a discrepancy between the release duration time that the shift manager entered on the notification form and the one used by the shift technical advisor for dose projections (8 hours versus 4 hours). The time used by the shift technical advisor (4 hours) was correct. During an actual emergency, this error would have caused confusion, since the state uses the release duration time from the notification form to compute its own dose projections.

Onsite protective actions were promptly determined and communicated during the walkthroughs. Both crews informed personnel of areas to avoid and changing radiological conditions (simulated). At the site area emergency, both shift managers correctly ordered a site evacuation. Instructions for the evacuation were promptly made as part of the classification upgrade announcement. Site evacuation implementation problems were observed in previous simulator walkthroughs, as discussed in Section P8.2 below.

Critiques were conducted after both simulator walkthroughs. The critiques were conducted in a facilitative manner by the crew's shift manager. Issues not discussed by the crew were provided by emergency preparedness personnel who observed the walkthroughs. The critiques were thorough and self critical.

c. Conclusions

Performance during the simulator walkthroughs was significantly improved. Both crews correctly classified all events, made timely offsite agency notifications, correctly formulated and communicated protective action recommendations, and quickly initiated onsite protective actions. One crew displayed exceptional communication abilities and team work. As a result, the crew implemented the emergency plan more efficiently. Appropriate actions were taken to resolve errors involving isotopic mixtures used in dose assessment calculations and release duration time determination and documentation. Thorough and self-critical critiques were conducted.

P5 Staff Training and Qualification in Emergency Preparedness

a. Inspection Scope (82701-02.04)

The inspectors reviewed the training program, training records for selected individuals, and documents associated with drills/exercises.

b. Observations and Findings

Inspectors found that the training program was not well described. Section 13 of the emergency plan stated that the emergency preparedness training program was "outlined" in Procedure TRA-105, "Emergency Preparedness Training," Revisions 15. TRA-105 provided only limited information concerning the training program. For example, the procedure implied that a position versus training matrix existed; however, the matrix was not included in the procedure. When a copy of the matrix was produced, the recommended reading section included a deleted emergency plan procedure, indicating that the matrix was not regularly reviewed for accuracy/content. The licensee acknowledged the inspectors' comments and initiated a revision to TRA-105 to incorporate the training matrix. A revision to the matrix was in progress at the time of the inspection. The licensee's actions were appropriate.

Training records indicated that the training program was being properly implemented. New emergency response organization members received appropriate training prior to being placed on the call-out roster, and individuals were removed from the roster when training lapsed. Additional reviews of training status were implemented after the 1997 annual emergency preparedness audit identified one individual who had not been removed from the roster when this person's training qualifications expired. Since requalification consisted of drill participation, the licensee developed task evaluation forms to document/measure individual performance. Similar forms with broader evaluation criteria were developed for initial training walkthroughs. The task evaluation forms were considered program improvements.

As a result of past problems during the simulator walkthroughs, the licensee increased the frequency of drills and initiated periodic emergency preparedness review boards to evaluate drill performance and establish drill frequencies (see Sections P8.1 and 2 below). These efforts demonstrated increased management attention.

In reviewing the drill program, the inspectors confirmed that annual radiological drills were properly conducted and documented. Action items were appropriately identified and tracked. Inspectors did note a minor discrepancy on the 6-year drill objectives matrix; there were no provisions to demonstrate capabilities to relocate the OSC and news center. In response to the inspectors' comments, the licensee added the locations to the matrix. The EOF was added after the 1997 emergency preparedness operational status inspection (NRC Report 50-445;-446/97-04).

c. Conclusions

The emergency preparedness training program was not clearly described in the procedure referenced in the emergency plan. The training program was properly implemented, and required drills were properly conducted and documented. Several improvements to the emergency preparedness training program were identified including increased drill frequency, management evaluation of drill performance and training frequency, and development of task evaluation forms for initial training walkthroughs and requalification drills.

P6 Emergency Preparedness Organization and Administration

a. Inspection Scope (82701-02.03)

The inspectors reviewed emergency preparedness department management and staffing, emergency response organization staffing, and offsite support organization agreements.

b. Observations and Findings

No issues were identified in this area. Emergency preparedness staffing had decreased by one individual (a planned reduction discussed in NRC Report 50-445;-446/97-04). The emergency preparedness department was well staffed by individuals with expertise in operations, health physics, and emergency preparedness. The emergency response organization was properly maintained, and offsite agreements were reviewed in accordance with emergency plan requirements.

c. Conclusions

The emergency preparedness department was properly staffed, and the emergency response organization was effectively controlled.

P7 Quality Assurance in Emergency Preparedness Activities

P7.1 Independent and Internal Reviews and Audits (82701-02.05)

a. Inspection Scope

The inspectors examined the latest emergency preparedness program audit report (Nuclear Overview Department Evaluation Report NOE-EVAL-98-000010, dated March 3, 1998) and discussed the results of a recent audit (draft report) with the lead auditor to determine compliance with NRC requirements and licensee commitments.

b. Observations and Findings

No issues were identified in this area. Program audits met requirements for scope and frequency. Inspectors noted an improvement in the audits conducted since the last emergency preparedness operational status inspection in that technical experts were used on the audit teams. A recent audit identified important issues involving the effectiveness of corrective actions. The audit identified the need to expand the scope of short-term corrective actions and improve long-term corrective actions. The inspectors' review of the emergency preparedness action item system resulted in a similar conclusion (see Section P7.2 below).

c. Conclusions

Program audits were improved by using technical area experts. A recent audit provided an indepth evaluation of the effectiveness of emergency preparedness corrective actions.

P7.2 Effectiveness of Licensee Controls (82701-02.06)

a. Inspection Scope

The inspectors reviewed the emergency preparedness action item tracking system and self-assessments.

b. Observations and Findings

The inspectors determined that corrective actions for emergency preparedness issues did not always prevent the issue from recurring. Moreover, the system inhibited the licensee's ability to trend problems and track recurrence. Inspectors identified many issues involving the quality of position assistance documents, the need for clarification in procedures, and the need to add details. The inspectors also identified many issues that were opened, closed, and then later reopened. The licensee (emergency planning and quality assurance personnel) acknowledged the inspectors' comments and explained that a new electronic database tracking system, "Smartform," was scheduled for implementation in February 1999 and that, for the past year, the staff had been reviewing team drills for generic issues. The "Smartform" system was expected to improve capabilities in the following areas: trending problems by electronic sorting,

increasing visibility and management oversight of identified issues, and allowing for cross-functional area action assignment. The emergency planning staff planned to have the existing action item tracking system transferred to the new system by the end of 1999.

The emergency planning staff recently developed a self-assessment program (June 1998). The program was described in Staff Guideline 18, "Emergency Planning Self-Assessment Program," Revision 0. The goals of the self-assessment program were to identify improvement opportunities, identify problem precursors, identify problems before plant events occur, and generate plant management support. Self-assessments were conducted in the following areas: emergency plans, emergency action levels, and agreement letters; however, no issues were identified. The self-assessment program was considered an effective tool.

c. Conclusions

The current action item tracking system made it difficult to trend problems and track recurrence; however, a new electronic database was scheduled for sitewide implementation in the near future to improve capabilities. A comprehensive self-assessment program was developed and implemented.

P8 Miscellaneous Emergency Preparedness Issues

P8.1 (Closed) IFI 50-445;-446/97004-02: exercise weakness for failure to make a timely protective action recommendation. During the simulator walkthroughs conducted during the last emergency preparedness operational status inspection, one shift manager/emergency coordinator did not demonstrate confidence or full familiarity with established processes and procedures for determining protective action recommendations. As a result, a notification and protective action recommendation were untimely. Corrective actions taken to resolve the weakness, as described in the licensee's April 14, 1997, response, included additional training for all persons qualified as emergency coordinators. The frequency of training for shift managers was increased in 1997 and was evaluated by management to determine the proper frequency for future training. As discussed in Section P4 above, both shift managers/emergency coordinators made correct and timely notifications and protective action recommendations during this inspection.

P8.2 (Closed) VIO 50-445;-446/97004-03: violation for failure to correct a previously identified exercise weakness (implementation of site evacuation procedures). During the simulator walkthroughs conducted during the last emergency preparedness operational status inspection, a site evacuation was not ordered in a timely manner because the shift manager/emergency coordinator did not follow the site evacuation procedures. The observed results indicated that corrective actions for a previously identified weakness were ineffective. Corrective actions taken to resolve the violation, as described in the licensee's April 14, 1997, response, included revisions to Emergency Plan Procedure EPP-314, "Evacuation and Accountability," and applicable position assistance documents, and additional training for all persons qualified as emergency

coordinators. As discussed in Section P4 above, both shift managers promptly and correctly implemented site evacuation procedures during this inspection.

P8.3 (Closed) VIO 50-445;-446/97019-01: violation for decreasing the effectiveness of the emergency plan (reduction in shift augmentation capabilities). This violation stemmed from a review of Revision 25 to the Comanche Peak Steam Electric Station Emergency Plan, a subsequent reactive inspection conducted in September 1997, and an October 31, 1997, predecisional enforcement conference (EA 97-468, dated January 16, 1998). Shift augmentation capabilities were reduced in the following areas: notifications, dose assessment/engineering, offsite monitoring, and radiation protection (e.g., station surveys, team coverage, onsite surveys, access control, personnel monitoring, and dosimetry). Corrective actions taken to resolve the violation, as described in the licensee's February 16, 1998, response, included revisions to the emergency plan. Revision 25 was immediately revised to return to previous staffing level commitments, and Revision 26 was issued October 22, 1997, to address the other issues cited/discussed during the reactive inspection. Moreover, additional guidance was developed for conducting 10 CFR 50.54(q) reviews; however, the wording in Emergency Plan Procedure EPP-100, "Maintaining Emergency Preparedness," Revision 2, was unclear. The corrective actions were verified as complete during this inspection.

P8.4 (Closed) VIO 50-445;-446/97019-02: violation for decreasing the effectiveness of the emergency plan (description of emergency response organization, training program, and offsite decisionmakers). This violation stemmed from a review of Revision 25 to the Comanche Peak Steam Electric Station Emergency Plan, a subsequent reactive inspection conducted in September 1997, and an October 31, 1997, predecisional enforcement conference (EA 97-468, dated January 16, 1998). There were three examples cited in the violation: (1) emergency response organization position descriptions were deleted from the emergency plan but remained on the organization chart and call-out roster, (2) references to fire brigade and security training were deleted, and (3) identification of offsite protective action decisionmakers for the ingestion pathway zone was deleted. Corrective actions taken to resolve the violation, as described in the licensee's February 16, 1998, response, included issuance of Revision 26 to the Emergency Plan on October 22, 1997. As previously mentioned, additional guidance was developed for conducting 10 CFR 50.54(q) reviews. The corrective actions were verified as complete during this inspection.

V. Management Meetings

X1 Exit Meeting Summary

The inspectors presented the inspection results to members of licensee management at the conclusion of the inspection on January 22, 1999. The licensee acknowledged the findings presented. No proprietary information was identified.

ATTACHMENT

SUPPLEMENTAL INFORMATION

PARTIAL LIST OF PERSONS CONTACTED

Licensee

J. Ayres, Manager, Plant Support Overview
D. Barham, Emergency Planner
G. Bell, Emergency Planner
M. Blevins, Vice President, Nuclear Operations
D. Davis, Manager, Nuclear Overview
E. Dyas, Senior Nuclear Specialist
J. Ellard, Emergency Planner
K. Faver, Nuclear Support Assistant
D. Goodwin, Manager, Operations Support
W. Guldemond, Manager, Shift Operations
N. Hood, Manager, Emergency Planning
T. Hope, Manager, Regulatory Compliance
J. Kelley, Vice President, Engineering
R. Kidwell, Emergency Planner
W. Nix, Emergency Planner
T. Robison, Emergency Planner
M. Sunseri, Manager, Nuclear Training
C. Terry, Senior Vice President
C. Wilkerson, Senior Licensing Engineer

NRC

A. Gody, Senior Resident Inspector

LIST OF INSPECTION PROCEDURES USED

82701 Operational Status of the Emergency Preparedness Program

92904 Followup - Plant Support

LIST OF ITEMS CLOSED

97004-02	IFI	Exercise weakness for failure to make a timely protective action recommendation (Section P8.1)
97004-03	VIO	Failure to correct a previously identified exercise weakness (implementation of site evacuation procedures) (Section P8.2)
97019-01	VIO	Decrease in emergency plan effectiveness (reduction in shift augmentation capabilities) (Section P8.3)

97019-02	VIO	Decrease in emergency plan effectiveness (description of emergency response organization, training program, and offsite decisionmakers) (Section P8.4)

LIST OF DOCUMENTS REVIEWED

Emergency Plan Procedures

EPP-100, Maintaining Emergency Preparedness, Revision 2

EPP-109, Duties and Responsibilities of the Emergency Coordinator/Recovery Manager, Revision 12

EPP-112, Duties of Control Room Personnel During Emergencies, Revision 8

EPP-116, Emergency Repair & Damage Control and Immediate Entries, Revision 6

EPP-121, Reentry, Recovery and Closeout, Revision 7

EPP-201, Assessment of Emergency Action Levels, Emergency Classification and Plan Activation, Revision 10

EPP-203, Notifications, Revision 13

EPP-204, Activation and Operation of the Technical Support Center (TSC), Revision 13

EPP-205, Activation and Operation of the Operations Support Center (OSC), Revision 11

EPP-206, Activation and Operation of the Emergency Operations Facility (EOF), Revision 13

EPP-207, Activation and Operation of the News Center, Revision 10

EPP-304, Protective Action Recommendations, Revision 15

EPP-305, Emergency Exposure Guidelines and Personnel Dosimetry, Revision 11

EPP-309, Onsite / Inplant Radiological Surveys and Offsite Radiological Monitoring, Revision 12

EPP-314, Evacuation and Accountability, Revision 7

Other Procedures

TRA-105, Emergency Preparedness Training, Revisions 14 and 15

Other Documents

Comanche Peak Steam Electric Station Emergency Plan, Revision 27

Emergency Planning Organization and Responsibilities, dated January 12, 1998

September 1, 1998, Off Hours Unannounced Drill Report, dated September 9, 1998

Action Item Tracking System Status, February 1, 1997 to January 20, 1999

Position Versus Training Matrix, Change 2, dated July 31, 1997

Training records for selected individuals

Emergency Response Organization Walkdown Grading Sheet

6-Year Objectives Tracking Plan, dated December 9, 1997

Radiological Monitoring Drill Reports, 1997 and 1998

Response to Task Interface Agreement (97TIA001) - Request for Evaluation of Comanche Peak Emergency Plan Revision 25, dated September 24, 1998

Licensing Document Change Request, Comanche Peak Steam Electric Station Emergency Plan, Revision 28, dated January 18, 1999

Position Assistance Documents: Shift manager/emergency coordinator, shift technical advisor/dose assessor, communicator, TSC, OSC, and EOF

One Form, 98-1261, dated September 4, 1998

Technical Evaluations TE92-1677 and TE97-784

Offsite Survey Teams Quarterly Inventory and Functional Checks, dated December 2, 1998

Nuclear Overview Department Evaluation Report NOE-EVAL-98-000010, dated March 3, 1998

Emergency Planning Self Assessment Program, Staff Guideline 018, Revision 0, dated June 26, 1998

Nuclear Production Policy Statement Self-Assessment Guiding Principles, Policy No.124, Revision 0, dated April 8, 1996

Emergency Planning Self-Assessment Program Presentation

Emergency Planning Self-Assessment Log, 1998

Emergency Planning 1999 Self-Assessment Schedule

Emergency Planning Self Assessment, 98-005, EOF Relocation Walkthru

Emergency Planning Self Assessment, 98-009, Emergency Response Organization Team Performance During May 1998 Exercises

Emergency Planning Self Assessment, 98-010, Annual Review of the Emergency Plan

Emergency Planning Self Assessment, 98-012, Open Items/Corrective Actions

Response to Inspection Report 50-445;-446/97-04, dated April 14, 1997

Confirmation of Commitments to Corrective Action Related to Emergency Plan, Revision 25, letter dated September 26, 1997

Response to Inspection Report 50-445;-446/97-19, dated February 16, 1998

Emergency Planning Program Review Board Meeting Minutes January 6, 1998, office memorandum dated February 27, 1998

Emergency Planning Program Review Board Meeting Minutes June 16, 1998, office memorandum dated June 16, 1998

Emergency Planning Program Review Board Meeting Minutes December 1, 1998, office memorandum dated January 13, 1999