

U. S. NUCLEAR REGULATORY COMMISSION

Docket No: 50-234

License No: R-110

Report No: 50-284/99-201

Licensee: Idaho State University

Facility: Idaho State University AGN-201 Reactor Facility

Location: Lillibridge Engineering Building  
Pocatello, Idaho

Dates: March 2-4, 1999

Inspector: Craig Bassett, Senior Non-Power Reactor Inspector

Approved by: Seymour H. Weiss, Director  
Non-Power Reactors and Decommissioning  
Project Directorate  
Division of Regulatory Improvement Programs  
Office of Nuclear Reactor Regulation

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## EXECUTIVE SUMMARY

This routine, announced inspection included onsite review of various aspects of the licensee's programs concerning the conduct of operations and emergency preparedness as they relate to the licensee's Class 2 Aerojet-General Nucleonics (AGN) AGN-201 M non-power reactor (NPR). The licensee's programs were directed toward the protection of public health and safety and were in compliance with NRC requirements. No safety concerns or violations of regulatory requirements were identified.

### Conduct of Operations

- Staffing, reporting, and record keeping met requirements specified in Technical Specifications (TS) Sections 6.1 and 6.9. Maintenance was being completed as required. An Inspector Follow-up Item was established to review the resolution of log keeping issues at the facility.
- Review and oversight functions required by TS Section 6.4 were acceptably completed by the Reactor Safety Committee. Changes made at the facility had been reviewed and approved as required and none were determined to constitute an unreviewed safety question.
- The requalification/training program was up-to-date and acceptably maintained. Medical examinations were being completed as required.
- Facility procedures and document reviews satisfied TS Sections 6.5 and 6.6 requirements.
- The program for surveillance and Limiting Conditions for Operation verifications was being implemented in accordance with TS requirements.
- The program for the control of experiments satisfied regulatory and TS Section 6.7 requirements.
- No problems with respect to the Year 2000 concerns had been identified in the area of reactor operations.

### Emergency Preparedness

- The current Emergency Plan used at the facility was dated April 1994. The Implementing Procedures were being updated as needed and were adequate to implement the provisions of the Emergency Plan.
- Emergency response facilities and equipment were being maintained as required and responders were knowledgeable of proper actions to take in case of an emergency.
- The licensee was maintaining updated Memoranda of Understanding with various support organizations as required.

- Annual drills were being conducted and critiques were being held as required by the Emergency Plan. An Inspector Follow-up Item was established to review documentation of the critique of the 1998 annual emergency drill.
- Emergency preparedness training for off-site and staff personnel was being completed as required.

## Report Details

### Summary of Plant Status

The licensee's five watt Aerojet-General Nucleonics (AGN) AGN-201 M non-power research reactor was not operational during this inspection due to problems with a piece of equipment located in each of the control rods, the shock-absorbing dashpot. However, a review of the applicable records indicated that the reactor was typically operated in support of laboratory experiments, reactor system testing, reactor surveillances, and operator training.

### **1. Conduct of Operations**

#### a. Organization, Operations, and Maintenance Activities (Inspection Procedure [IP] 69001)

##### (1) Inspection Scope

To verify staffing, reporting, and record keeping requirements specified in Technical Specifications (TS) Sections 6.1 and 6.9 were being met, the inspector reviewed:

- organization and staffing for the facility,
- administrative controls and management responsibilities,
- the AGN-201 Operating Log,
- the Surveillance Procedures and Log,
- the Maintenance Procedures and Log, and
- the Annual Operating Report for the Idaho State University AGN-201 M Reactor for the Calendar Year 1997.

##### (2) Observations and Findings

Through discussions with licensee representatives the inspector determined that management responsibilities and the organization at the Idaho State University AGN-201 M Reactor Facility had not changed since the previous NRC inspection in September 1997 (Inspection Report No. 50-284/97-201). The inspector determined that the Reactor Administrator retained direct control and overall responsibility for management of the facility as specified in the TS. The Reactor Administrator reported to the designated University Officer at Idaho State University who is currently the Dean of the College of Engineering.

The licensee's current operational organization consisted of the Reactor Administrator, a Reactor Supervisor, and three other people. All of these individuals were licensed to operate the reactor, four were Senior Reactor Operators (SROs) and the other person was a Reactor Operator (RO). The Reactor Administrator and the Reactor Supervisor fill full-time positions at the facility while all the others are basically part-time. This organization was consistent with that specified in the TS.

The Reactor Supervisor maintained a schedule for reactor operations and tracked the completion of maintenance and surveillance activities. This practice kept everyone aware of upcoming activities and helped ensure administrative control over operational aspects of the facility.

Through review of the Operating Log maintained by the licensee, the inspector determined that minimum shift staffing levels for operation were consistent with the requirements specified in the TS.

A review of the various facility logs showed that they were being used to document problems as required. This review demonstrated that maintenance was being conducted consistent with the TS and applicable procedures. However, the review also disclosed that log entries were not being kept in a bound logbook, as had been the practice in the past. (This issue had also been described in a 1998 Reactor Safety Committee audit.) Because of the ongoing problems with and repair of the control rod dashpots, detailed maintenance, surveillance, and health physics entries were being made on loose-leaf notebook paper and maintained in a three-ring binder. When compared with the entries logged in the Operating Log of activities and operations affecting the reactor, the inspector determined that the "loose-leaf paper log entries" appeared to provide greater detail of all the activities that had been conducted by the licensee. It was noted that the "loose-leaf paper log entries" had been signed as required for official log entries. But, because the entries were made on loose-leaf paper, the possibility existed that some of the pages could be misplaced or lost. When asked about this practice, the licensee indicated that the various logs maintained at the facility, i.e., the Maintenance Log, the Surveillance Log, the Health Physics Log, and the Operating Log, often contained the same information and this resulted in a duplication of effort. A review of the log keeping practices at the facility was underway and efforts to consolidate the recorded information into one or two logs was being considered. The licensee was considering keeping a summary of the important work/maintenance/surveillance evolutions in a separate bound log. The other "loose-leaf paper log entries" would be kept as well, but would be maintained in a separate consistent file. The licensee was informed that the resolution of these log keeping issues would be tracked by the NRC as an Inspector Follow-up Item (IFI) and would be reviewed during a subsequent inspection (IFI 50-284/99-201-01).

### (3) Conclusions

Staffing, reporting, and record keeping met the requirements specified in TS Sections 6.1 and 6.9. Maintenance was being completed as required. An Inspector Follow-up Item was established to review the resolution of log keeping issues at the facility.

#### b. Review, Audit, and Design Change Functions (IP 69001)

##### (1) Inspection Scope

In order to verify that the licensee had established and conducted reviews and audits as required and to determine whether modifications to the facility were consistent with 10 CFR 50.59 and the TS Section 6.4, the inspector reviewed:

- recent Reactor Safety Committee meeting minutes,
- the Charter of the Idaho State University (ISU) Reactor Safety Committee,

- completed audits and reviews, and
- changes reviewed under 10 CFR 50.59.

(2) Observations and Findings

The inspector reviewed the Reactor Safety Committee's (RSC's) meeting minutes from October 1996 to the present. These meeting minutes showed that the RSC had met at the required frequency and had considered the types of topics outlined by the TS.

The inspector noted that members of the safety committee completed audits of various aspects of the reactor facility operations, programs, and procedures. The inspector noted that, since the last NRC inspection, audits had been completed by the RSC in those areas outlined in the TS. The audits were structured so that the various aspects of the licensee's operations and safety programs were reviewed annually. Major facility documents and plans, including the Emergency Plan and the Security Plan, were reviewed biennially. The inspector noted that the audits and the resulting findings were acceptable and that the licensee responded and took corrective actions as needed.

Through review of applicable records and interviews with licensee personnel, the inspector determined that all proposed changes that had been initiated and/or completed at the facility since the last NRC operations inspection had undergone a review as required. It was noted that none of the changes were determined to constitute an unreviewed safety question or require a change to TS.

(3) Conclusions

Review and oversight functions required by TS Section 6.4 were acceptably completed by the RSC. Changes made at the facility had been reviewed and approved as required and in accordance with 10 CFR 50.59.

c. Operator Licenses, Requalification, and Medical Activities (IP 69001)

(1) Inspection Scope

To determine that operator requalification activities and training were conducted as required and that medical requirements were met, the inspector reviewed:

- active license status,
- logs and records of reactivity manipulations,
- written examinations,
- training lectures and records, and
- medical examination records.

(2) Observations and Findings

As noted above, there are currently four qualified SROs and one qualified RO employed at the facility. All of the operators' licenses were current. From

discussions with the licensee the inspector noted that one operator had been removed from active status because he had been out of the country. The inspector verified that this individual, who had since returned to ISU, was in the process of completing the required requalification training and would demonstrate competence as required by the program before being reinstated and resuming licensed activities.

A review of the logs and records showed that training was being conducted and examinations were being administered in accordance with the licensee's requalification and training program. It was noted that lectures had been given as stipulated and that training reviews had been documented. Records of quarterly reactor operations, reactivity manipulations, and other operations activities were being maintained and showed that active duty status was maintained. Records indicating the completion of annual written and console examinations and supervisory evaluations were also maintained. The inspector also noted that operators were receiving the required medical examinations at the frequency specified by the program.

(3) Conclusions

The requalification/training program was up-to-date and acceptably maintained. Medical examinations were being completed as required.

d. Procedures and Procedural Compliance (IP 69001)

(1) Inspection Scope

To determine whether facility procedures met the requirements outlined in TS Sections 6.5 and 6.6, the inspector reviewed:

- the General Operating Rules and Operating Procedures Manual,
- selected maintenance and surveillance procedures,
- selected forms and checklists used at the facility, and
- procedural reviews and updates.

(2) Observations and Findings

The licensee's procedures were found to be acceptable for the current facility status and staffing level. It was noted that the procedures specified the responsibilities of the various members of the staff. The inspector determined that the procedures were being updated as needed and that substantive revisions to procedures, checklists, and forms were routinely presented to the RSC for review and approval as required by TS.

The results recorded in the AGN-201 Operating Log, the Maintenance Log, and the Surveillance Log indicated that operations were completed in accordance with the applicable procedures.

(3) Conclusions

Facility procedures and document reviews satisfied TS Sections 6.5 and 6.6 requirements.

e. Surveillance (IP 69001)(1) Inspection Scope

To determine that surveillance and Limiting Conditions for Operation (LCO) activities and verifications were being completed as required by TS Sections 3 & 4, the inspector reviewed:

- selected Surveillance Procedures and the Surveillance Log,
- selected surveillance data sheets, records, and tests,
- calibration procedures and records, and
- the AGN-201 Operating Log.

(2) Observations and Findings

The inspector determined that selected daily, semiannual, annual, and biennial checks, tests, and/or calibrations for TS-required surveillance and LCO activities and verifications were completed as stipulated. Surveillance and LCO verifications reviewed were generally completed on schedule and in accordance with licensee procedures. All the recorded results were within the TS and procedurally prescribed parameters. The records and logs reviewed were complete and were being maintained as required.

(3) Conclusions

The program for surveillance and LCO verifications was being carried out in accordance with TS requirements.

f. Experiments (IP 59001)(1) Inspection Scope

In order to verify that experiments were being conducted in accordance with the guidelines stipulated in TS Section 6.7, the inspector reviewed:

- the AGN-201 Experiment Procedures,
- the AGN-201 Operating Log,
- the Rules and Procedures Governing Isotope Production and Disposition,
- selected Isotope Production and Disposition (IPD) Forms,
- potential hazards identification, and
- controls established for handling irradiated items.

(2) Observations and Findings

The inspector noted that all the experiments being conducted at the facility were well-established, "routine" procedures that had been in place for several years. No new or unknown-type experiments had been initiated, reviewed, or approved since the last inspection. The experiments that were conducted were completed under the cognizance of the Reactor Supervisor and a Senior Reactor Operator as required. The results of the experiments were documented in the Operating Log and on the appropriate IPD forms. It was noted that, prior to the experiments, proper engineering and/or radiation protection controls were implemented to limit exposure to radiation.

(3) Conclusions

The license's program for the control of experiments satisfied regulatory and TS Section 6.7 requirements.

## g. Year 2000 Concerns Review

(1) Inspection Scope

To determine the status of the licensee's preparations to deal with the potential problems caused by the Year 2000 (Y2K), the inspector reviewed:

- the licensee's operating system,
- the licensee's security system,
- the counting system used at the facility, and
- the ISU approach to the Y2K problem.

(2) Observations and Findings

The licensee had reviewed their operations, security, and counting systems and had concluded that the only problem concerning Y2K would exist with the gamma spectrometer used at the facility. In order to correct the problem, the licensee had purchased a new computer and new software from the vendor, EG&G ORTEC. Nothing had been identified that would pose a problem to reactor operations and no instances were identified that could pose a threat to public health and safety. The security system at the facility was verified to be Y2K compliant by ISU Public Safety (Campus Security). Idaho State University had also analyzed the Y2K status campus-wide and was taking actions as needed.

(3) Conclusions

No problems had been identified concerning reactor operations. Y2K issues with respect to the gamma spectrometer were being addressed.

## 2. Emergency Preparedness

### a. The Emergency Plan and Implementing Procedures (IP 69001)

#### (1) Inspection Scope

To determine compliance with the requirements of 10 CFR 50.54(q) and the licensee's Emergency Plan, the inspector reviewed:

- the Emergency Plan and Implementing Procedures,
- RSC meeting minutes, and
- recent revisions and updates.

#### (2) Observations and Findings

The current version of the Emergency Plan (E-Plan) approved for use at the facility was Revision (Rev.) 5 dated April 26, 1994. The inspector noted that the plan was audited and reviewed biennially by the RSC as required.

The licensee had reviewed and revised the Implementing Procedures as needed. The procedures and associated forms were last updated in October 1997. The inspector determined that the procedures appeared to be acceptable to implement the provisions stipulated in the E-Plan.

During this review, the inspector noted that Table 1 specified in Section 3, on page 5, was missing from the E-Plan. It was also noted that Appendix 2 of the copy of the E-Plan being reviewed had not been updated to reflect the current staffing at the facility. The licensee immediately corrected these problems.

#### (3) Conclusions

The current Emergency Plan used at the facility was dated April 1994. The Implementing Procedures were being updated as needed and were acceptable to implement the various provisions of the Emergency Plan.

### b. Emergency Preparedness Program Implementation (IP 69001)

#### (1) Inspection Scope

To determine the adequacy of the licensee's Emergency Preparedness Program, the inspector reviewed:

- facilities and equipment designated for emergency response,
- instrumentation and supplies on hand, and
- emergency response personnel training.

(2) Observations and Findings

The facilities and equipment set aside for emergency response were being maintained as required in the E-Plan. The inspector observed an inventory of the equipment and materials maintained in the facility Emergency Locker and noted that all items required to be in the locker were in place. A review of past inventories conducted by the licensee indicated that the supplies were being inventoried annually as required.

Through records review and interviews with licensee personnel, emergency responders were determined to be knowledgeable of the proper actions to take in case of an emergency.

(3) Conclusions

Emergency response facilities and equipment were being maintained as required and responders were knowledgeable of proper actions to take in case of an emergency.

c. Off-site Support (IP 69001)

(1) Inspection Scope

To verify the adequacy of the off-site support that would be provided to the licensee in case of an emergency, the inspector reviewed:

- the Emergency Plan and Implementing Procedures,
- Memoranda of Understanding, and
- communications capabilities.

(2) Observations and Findings

Through interviews with licensee personnel and document review, the inspector determined that a separate Memorandum of Understanding (MOU) had been updated and was being maintained with: 1) the Bannock Regional Medical Center, 2) Idaho State Police, and 3) the Pocatello City Fire and Police Departments. A separate MOU with a private ambulance service was not needed because the Fire Department provided that type of service as part of their duties. Communications capabilities were acceptable with these support groups and had been tested on a periodic basis as stipulated in the E-Plan.

(3) Conclusions

The licensee was maintaining updated Memoranda of Understanding with various support organizations as required.

d. Emergency Preparedness Exercises and Drills (IP 69001)

(1) Inspection Scope

To determine that the licensee was conducting the exercises and drills as specified in the Emergency Plan, the inspector reviewed:

- recent drill scenarios,
- documentation of the critiques recent drills and
- other associated documentation of recent drills and emergency exercises.

(2) Observations and Findings

The inspector noted that onsite emergency drills had been conducted annually as required by the E-Plan. On alternating years the drill scenarios were designed to involve and require the participation of the various off-site support agencies. Critiques were held following the drills to discuss the strengths and weaknesses identified during the exercise and to develop possible solutions to any problems identified. The results of these critiques were generally documented and filed. The licensee acknowledged the importance of conducting appropriate drills and that drills typically highlight areas for improvement.

During the review of the drill scenarios and associated documentation, the inspector noted that no critique documentation had been completed for the drill that was conducted on February 27, 1998. The licensee acknowledged this oversight and committed to complete the critique write-up, place the documentation in the appropriate file, and forward a copy of the critique documentation to the inspector within two weeks. The licensee was informed that completion of the documentation of the critique for the 1998 annual emergency drill would be followed by the NRC as an IFI and would be reviewed during a subsequent inspection (IFI 50-284/99-201-02).

(3) Conclusions

Annual drills were being conducted and critiques were being held as required by the Emergency Plan. An Inspector Follow-up Item was established to review documentation of the critique of the 1998 annual emergency drill.

e. Emergency Preparedness Training (IP 69001)

(1) Inspection Scope

In order to verify the adequacy of the licensee's emergency training, the inspector reviewed:

- the Emergency Plan,
- training records for off-site personnel, and
- training records for staff personnel.

(2) Observations and Findings

The inspector noted that the emergency preparedness and response training was being completed as required. Training for off-site and reactor staff personnel was conducted annually and documented as stipulated by the E-Plan.

(3) Conclusions

Emergency preparedness training for off-site and reactor staff personnel was being completed as required.

**3. Follow-up on Previously Identified Items**

a. Inspection Scope (92701, 92702)

The inspector reviewed the licensee's actions taken in response to previously identified Inspector Follow-up Items.

b. Observation and Findings

- (1) (Open) Inspector Follow-up Item (IFI) 50-284/97-201-01 - Follow-up on the licensee's actions to replace all the dashpots, perform aggressive inspection of the control rods annually, and modify the safety rod drive logic circuits to allow manual scrambling of the reactor.

During a previous inspection in September 1997, the inspector followed up on an event the licensee reported concerning the failure of the Safety Rod 2 (SR-2) dashpot. The licensee took various immediate corrective actions and then made preparations to take further actions in the future. These additional corrective actions were to include: 1) replacing all existing dashpots with new units, 2) performing annual inspections of the control elements with particular emphasis on the end region of the capsule for any evidence of weld cracking or other signs of deterioration, and 3) modifying the safety rod drive logic circuits to allow the safety rods to be manually withdrawn at the conclusion of reactor operation instead of scrambling the reactor.

The inspector reviewed the progress the licensee had made concerning the above noted corrective actions. The inspector noted that more intensive inspections were being performed of the control rods to check for weld cracking or other signs of deterioration. With respect to the dashpots, the licensee indicated that they were being replaced but that continuing problems had been encountered with this work. As a result, the licensee was in the process of evaluating the design of the dashpots and initiating some needed modifications to provide better lateral support and added strength to the dashpots. This was ongoing during the inspection. The safety rod drive logic circuits had not been modified in the existing control console because this action was awaiting implementation of the console upgrade project that is still pending. Therefore, this item remains open.

- (2) (Open) Inspector Follow-up Item (IFI) 50-284/97-201-04 - Follow-up on the development and implementation of a form used to calculate and record rod worths and the shut down margin.

It was noted during the inspection in September 1997 that one surveillance specified in TS 4.1.b required the licensee to calculate the total excess reactivity and shut down margin for the reactor on an annual basis. When the inspector reviewed the records for this surveillance, it was noted that no specific documentation could be found which indicated that the shut down margin had been calculated during 1994. Because the actual calculations could not be located, the licensee indicated that documentation procedures would be modified so that a form would be produced on which rod worths were recorded and the shut down margin explicitly calculated and recorded.

The inspector reviewed the progress the licensee had made with respect to this issue. The documentation procedures had been modified to require the completion of a form documenting the results of the rod worth and shut down margin calculations. A form had been developed and had been presented to the RSC for approval but this was still pending at the time of the inspection. Because final approval of the form to be used to document the calculations is still pending, this item remains open.

- (3) (Open) Inspector Follow-up Item (IFI) 50-284/97-201-05 - Follow-up on the Reactor Safety Committee review of an anticipated upgrade to the reactor console and on the modification itself.

During the September 1997 inspection, it was noted that an upgrade to the reactor console was being considered by the RSC. At that time it was thought that the upgrade would not constitute an unreviewed safety question.

The inspector reviewed the status of the reactor console upgrade. It was noted that this issue had indeed been reviewed extensively by the RSC and that all the questions and concerns of the committee were being addressed and resolved. However, the console upgrade had not been completed as of the date of this inspection. Therefore, this item will remain open as well.

- (4) (Closed) Unresolved Item (URI) 50-284/98-201-01 - Review an Unresolved Item concerning a licensee-identified apparent violation of TS 6.4.3.a.

During an inspection in June 1998, the inspector reviewed a memorandum that outlined the details of a licensee-identified apparent violation of TS 6.4.3.a which required that an audit of the conformance of facility operation to the Technical Specifications and applicable license conditions be performed at least once every twelve months. The audit was originally scheduled for January 1998 but was not performed until June 1998. Because the results of the audit were not available during the 1998 inspection and any follow-up actions that might be required as a result audit had not been initiated or completed, the issue was left open to be reviewed during a subsequent inspection.

The inspector reviewed the issue of the failure to complete an audit within the established time frame. The completed audit results were reviewed by the inspector. The audit was complete and problem areas had been noted. The licensee was in the process of addressing the issues raised. The licensee was informed that this licensee-identified and corrected violation was being treated as a Non-Cited Violation (NCV), consistent with Section VII.B.1 of the NRC Enforcement Policy (NCV 50-284/99-201-03) This item is considered closed.

c. Conclusions

One open item identified during a previous inspection was closed; three items remain open.

**4. Exit Interview**

The inspection scope and results were summarized on March 4, 1999, with licensee representatives. The inspector discussed the findings for each area reviewed. The licensee acknowledged the findings and did not identify as proprietary any of the material provided to or reviewed by the inspector during the inspection.

## PARTIAL LIST OF PERSONS CONTACTED

### Licensee

J. Bennion, Reactor Administrator  
T. Gansauge, Reactor Supervisor  
J. Kunze, Dean, College of Engineering

## INSPECTION PROCEDURE USED

IP 69001 Class II Non-Power Reactors

## ITEMS OPENED, CLOSED, AND DISCUSSED

### Opened

50-284/99-201-01	IFI	Follow-up on the licensee's actions to resolve the log keeping issues at the facility. Review of the documentation of the critique for the 1998 drill (Paragraph 1.a.(2)).
50-284/99-201-02	IFI	Follow-up on and review the licensee's documentation of the critique for the 1998 annual emergency drill (Paragraph 2.d.(2)).
50-284/99-201-03	NCV	Failure to perform an audit of the conformance of facility operation to the Technical Specifications and applicable license conditions be performed at least once every twelve months as required by TS 6.4.3.a. (Paragraph 3.b.(4)).

### Closed

50-284/98-201-01	URI	Review an Unresolved Item concerning a licensee-identified apparent violation of TS 6.4.3.a. (Paragraph 3.b.(4)).
50-284/99-201-03	NCV	Failure to perform an audit of the conformance of facility operation to the Technical Specifications and applicable license conditions be performed at least once every twelve months as required by TS 6.4.3.a. (Paragraph 3.b.(4)).

### Discussed

50-284/97-201-01	IFI	Follow-up on the licensee's actions to replace all the dashpots, perform aggressive inspection of the control rods annually, and modify the safety rod drive logic circuits to allow manual scrambling of the reactor (Paragraph 3.b.(1)).
50-284/97-201-04	IFI	Follow-up on the development and implementation of a form used to calculate and record rod worths and the shut down margin (Paragraph 3.b.(2)).

50-284/97-201-05 IFI Follow-up on the Reactor Safety Committee's review of an anticipated upgrade to the reactor console and on the modification itself (Paragraph 3.b.(3)).

#### LIST OF ACRONYMS USED

AGN	Aerojet-General Nucleonics
CFR	Code of Federal Regulations
E-Plan	Emergency Plan
IFI	Inspector Follow-up Item
IP	Inspection Procedure
IPD	Isotope Production and Disposition
ISU	Idaho State University
LCO	Limiting Conditions for Operation
MOU	Memorandum of Understanding
NCV	Non-Cited Violation
NPR	Non-Power Reactor
NRC	Nuclear Regulatory Commission
RO	Reactor operator
RSC	Reactor Safety Committee
SRO	Senior reactor operator
SR-2	Safety Rod Number 2
TS	Technical Specifications
URI	Unresolved Item
Y2K	Year 2000