

U.S. NUCLEAR REGULATORY COMMISSION
OFFICE OF INSPECTION AND ENFORCEMENT

REGION I

Report No. 50-271/86-09

Docket No. 50-271

License No. DPR-28 Priority - Category C

Licensee: Vermont Yankee Nuclear Power Corporation

RD 5, Box 169 - Ferry Road

Brattleboro, Vermont 05301

Facility Name: Vermont Yankee

Inspection At: Vernon, Vermont

Inspection Conducted: April 21 - 24, 1986

Inspectors: J. Hawthornst
J. Hawthornst, EP Specialist

28 May 1986
date

Approved by: W. Lazarus
W. Lazarus, Acting, Chief Emergency
Preparedness Section

May 30 1986
date

Inspection Summary: Inspection on April 21-24, 1986 (Report No. 50-271/86-09)

Areas Inspected: Routine, unannounced emergency preparedness inspection of Changes to the Emergency Preparedness Program and previous inspection open items.

Results: No violations were identified. The licensee's emergency preparedness program corrective actions, discussed after the 1985 annual exercise, are consistent and progressing according to planned corrective action. As a result 8 items have been closed.

DETAILS

1.0. Persons Contacted

- P. Howard, Plant Training Instructor
- *E. Keegan, Environmental Coordinator
- *B. Leach, Chemistry/HP Supervisor
- J. Pelletier, Plant Manager
- *D. Reid, DPS Supervisor
- B. Reithel, EP Supervisor (YNSD)
- J. Smith, Plant Nurse
- *E. Solomn, Emergency Plan Coordinator (YNSD)

*Denotes those present at the exit interview.

2.0. Previous Open Items

- a) 85-09-01 (Closed) Licensee to more clearly define the duties, responsibilities and lines of authority of the TSC coordinator and other emergency personnel.

The licensee has revised the duties, responsibilities and lines of authority of the TSC coordinator (Rev 11, 9/35) and modified other key manager positions (Radiological Assistant and OSC Assistant) in the emergency organization.

- b) 85-09-03 (Closed) Audit reports of the emergency preparedness program needed more detailed and better documented findings to substantiate results.

The inspector reviewed the December 1985 audit conducted by quality assurance inspectors from YAEC. The written report was more rigorous than past years. The audit generally contained findings reflective of the program scope, deficiencies and weaknesses discovered during licensee drills and exercises were tracked and the program review was presented to management.

- c) 85-13-09 (Closed) When the designated OSC coordinator left the OSC for briefings, there was no indication of who was in-charge.

The licensee has created a new position in the OSC. The assistant OSC, who has all the same training and experience as OSC coordinator, will remain in the OSC and be in charge when the coordinator goes to the TSC for briefings.

- d) 85-13-12 (Closed) There did not appear to be provisions at the EOF for continuous accountability after initial accountability.

The new EOF, approximately 9 miles from the site, at the corporate training building, has procedures to address initial and continuous accountability. An access control list is used by security, staff

assignment boards in the facility are used to identify the individuals and a stay area for the pool personnel (luncheon and warehouse) is established.

- e) 85-13-13 (Closed) The licensee did not demonstrate that in the event of a prolonged emergency sufficient personnel would be available to support the emergency response.

The licensee has stated that observers and controllers were not used to supplement the staffing of the emergency response organization; also, this will again be demonstrated as an objective in the next annual exercise.

- f) 85-13-16 (Closed) There did not appear to be clear, well defined delineation of responsibility and authority in radiological assessment.

The inspector noted additional training was provided to the Radiological Assessor as well as a flow chart to delineate his duties and responsibilities. This will be demonstrated as an objective in the next exercise.

- g) 85-13-21 (Closed) The check source in the green monitoring kit was not of sufficient strength (radioactivity) to verify the adequacy of response of the PIC-6 instrument.

The inspector and licensee opened the green kit and found the check source (Cs 137) had been changed. The meter on the PIC 6B deflected to 3mR/hr on contact.

- h) 85-13-25 (Closed) Monitoring procedures for determining air sample background correction factor do not adhere to standard health physics practice.

The licensee has revised the monitoring procedure to direct survey team members to count air samples in low background areas (less than 2000 cpm).

3.0. 1985 Emergency Preparedness Exercise Follow-up

3.1. Background

On April 17, 1985 the licensee held the annual emergency preparedness exercise. This was a full-scale exercise with offsite participation and observation. The NRC and FEMA identified areas of concern during the exercise that needed improvement. On June 6, 1985 a successful remedial drill was held to resolve offsite concerns. Following that, a meeting was held on July 3, 1985 at the NRC Region I office to discuss the major areas of concern identified during the exercise and the schedule for implementation of corrective actions.

On September 12, 1985 a letter from Vermont Yankee reaffirmed the

corrective actions to be implemented along with estimated completion dates.

3.2. Scope

The inspector held discussions with the licensee and licensee contractor personnel, examined selective procedures and representative records and inspected various equipment and emergency response facilities. The purpose of this review was to determine if the licensee has completed the corrective actions previously discussed.

3.3. Findings

- 3.3.1. Evaluate the authority and functional responsibility of key managers in the Emergency Plan.

The VY evaluation will be completed in June 1986. Changes to the E Plan and Procedures preceded by the appropriate training will be completed before the 1986 annual exercise on October 29, 1986.

The licensee has already revised the duties, responsibilities and lines of authority of the TSC coordinator and modified other key manager positions such as Radiological Assistant and OSC Assistant. These had been identified as the most significant changes. The inspector determined that progress in this area is consistent with planned action.

- 3.3.2. Modify the training of key managers in any changes or revisions noted in item 2.3.1.

The inspector verified through selected records that training was ongoing and generally adhered to the schedule submitted in the September 12, 1985 letter from the licensee. The training records for Chemistry and HP Radiological Assistants were checked. All the designated persons had received training in July 1985 and a new flow chart of responsibilities had been incorporated into their procedure in September 1985.

The licensee plans to provide all key managers with training on changes to the plan prior to the next annual exercise.

- 3.3.3. Assess the overall system of data collection and dissemination of information between emergency response facilities.

The licensee has developed several new status forms. A plant status form is used to transfer information via telecopier from the TSC to the EOF. This form though not presently controlled by procedure, was used effectively during the September drill.

The inspector discussed the draft status "boards" (sheets) at the EOF, with the licensee and noted that status sheets appear to still be in draft. Also, they are not permanently mounted and presently don't address some areas. For example, the current emergency classification and significant event information was not included.

The inspector noted communicators are assigned from the TSC to collect pertinent data. In the control room, for example, a communicator is used to collect radiological/meteorological data for the EOF dose assessment group. Other improvements were the addition of telecopiers which speed the flow of information.

This area will be fully reviewed during the 1986 annual exercise.

- 3.3.4. Review the frequency of conducting drills in the functional areas of communication, dose assessment, health physics, medical and practice exercises.

The inspector held discussions with licensee personnel, reviewed training records and noted the frequency of drills over the past year. The inspector found testing is conducted monthly; however, no formal communications drills were held other than the mini-drill on September 11, 1985. A drill is tentatively planned for October 1, 1986, 4 weeks prior to the October 29, 1986 exercise. No dose assessment drills are held although table-top discussions are included as part of training. The last Health Physics drill was held coincident with the annual exercise, frequency should be semi-annually as stated in the Plan (VY Emergency Plan Section 12.1.6). However, the next drill may be after the current outage according to the Chem/HP supervisor, and another is tentatively scheduled for early July 1986. The last medical drill was also coincident with the exercise in April 1985; the next medical drill is also tentatively scheduled for July 1986. A mini-drill was conducted on September 11, 1985 which included licensee and State players in the EOF. This drill tested the readiness and operations of the new Emergency Operations Facility and by letter FVY 85-82 dated September 12, 1985, the licensee notified NRC Region 1 that the new EOF was ready for operation.

The inspector concluded that the frequency of drills, other than table-top training, discussed above and also Fire drills appears to meet the licensee's commitments.

- 3.3.5. Conduct a drill to evaluate the changes made from the items identified above.

The inspector noted a drill was held on September 11, 1985 at

the EOF located at the corporate offices in Brattleboro. The drill was observed by the NRC Resident Inspectors and addressed in NRC Inspection Report No. 50-271/85-25.

In addition, the inspector noted that the draft objectives for the October 29, 1986 exercise will address the outstanding concerns identified during the 1985 exercise.

4.0. Exit Meeting

The NRC Inspector met with licensee representatives indicated in Section 1 to discuss the scope and findings of the inspection as detailed in this report. At no time during this inspection was any written material provided to the licensee.