

U.S. NUCLEAR REGULATORY COMMISSION

REGION III

Reports No. 50-373/87036(DRSS); 50-374/87035(DRSS)

Docket Nos. 50-373; 50-374

Licenses No. NPF-11; NPF-18

Licensee: Commonwealth Edison Company
Post Office Box 767
Chicago, IL 60690

Facility Name: LaSalle County Nuclear Generating Station, Units 1 and 2

Inspection At: LaSalle site, Seneca, IL

Inspection Conducted: December 14-17, 1987

Inspectors: T. Ploski	<i>T. Ploski</i>	<u>1/4/88</u>
		Date
G. Christoffer	<i>G. Christoffer</i>	<u>1/4/88</u>
		Date
M. Smith	<i>W. Snell for</i>	<u>1/4/88</u>
		Date
Approved By: W. Snell, Chief	<i>W. Snell</i>	<u>1/4/88</u>
Emergency Preparedness Section		Date

Inspection Summary

Inspection on December 14-17, 1987 (Report Nos. 50-373/87036(DRSS); 50-374/87035(DRSS))

Areas Inspected: Routine, unannounced inspection of the following aspects of the LaSalle Station's emergency preparedness program: licensee actions on previously-identified items; emergency plan activations; operational status of the program; emergency detection and classification; protective action decisionmaking; notification and communications provisions; changes to the program; shift staffing and augmentation; training; and audits. The inspection involved three NRC inspectors.

Results: No violations of NRC requirements were identified during this inspection.

BB01120224 BB0106
PDR ADOCK 05000373
Q PDR

DETAILS

1. Persons Contacted

- *N. Kalivianakis, General Manager
- *R. Bishop, Services Superintendent
- *D. Brown, Quality Assurance Superintendent
- *T. Shaffer, Training Supervisor
- *L. Aldrich, Rad Chem Supervisor
- *K. Klotz, GSEF Coordinator
- *M. Harper, Quality Assurance Inspector
- *D. Trager, Training Instructor
- *J. Ahlman, Tech Staff
- *G. O'Neill, Corporate Emergency Planning Staff
- *T. Markwalter, Corporate Emergency Planning Staff
- J. Renwick, Production Superintendent
- R. Morley, Security Administrator
- D. Hamilton, Assistant Security Administrator
- R. Dillon, Office Supervisor
- L. Blunk, GSEP Training Instructor

*Indicates those who attended the December 17, 1987 exit interview.

2. Licensee Actions on Previously Identified Items

(Closed) Item Nos. 373/87002-01 and 374/87003-01: The licensee must ensure that periodic inventories of Technical Support Center (TSC) and Operational Support Center (OSC) supplies address the need for periodic replacement of perishable items and non-proceduralized telephone directories. Relevant inventory procedures have been revised to include periodic replacement of such perishable items as batteries. Containers of potassium iodide tablets have been labeled to indicate the tablets' expiration date. Commercial telephone directories have been deleted from OSC supply cabinets. This item is closed.

(Closed) Item Nos. 373/87002-02 and 374/87003-02: The licensee must complete efforts to finalize the planned designation of multiple onsite assembly areas for nonessential personnel. Implementing procedure LZP 1170-2, Assembly and Evacuation of Personnel, was revised in August 1987 to identify multiple onsite assembly areas for nonessential personnel. Onsite personnel were informed of this change by a memorandum distributed in late August 1987, and by postings in the main access facility (gatehouse). The 1987 assembly/accountability drill included use of the new assembly areas. The training program provided to persons granted unescorted access privileges has also been revised to identify the new assembly areas. The new locations have been adequately posted as assembly areas. This item is closed.

(Closed) Item Nos. 373/87025-01 and 374/87025-01: Due to a backlog of filing controlled documents at the Mazon Emergency Operations Facility (EOF), a Severity Level IV violation was issued for not maintaining the EOF in an adequate state of readiness. A tour of the Mazon EOF in mid-November revealed that all controlled documents were filed, and that adequate administrative support staff was available to ensure the operational readiness of the facility. A controlled document room had been completed and all controlled documents were being maintained in this location. The Quality Assurance (QA) Department's schedule included an item to address the adequacy of document control at the EOF. This item is closed.

3. Emergency Plan Activiations

NRC and licensee records associated with all emergency plan activations between January 29 and November 15, 1987 were reviewed. These records included: Licensee Event Reports (LERs); records generated by NRC Duty Officers; Control Room logs; Nuclear Accident Reporting System (NARS) forms completed by onshift personnel following each emergency declaration; and evaluations of each activation that were performed by the GSEP Coordinator.

During this time period, onshift personnel correctly classified two Unusual Events. Based on the LER review, there were no other classifiable events through November 15, 1987. Initial notifications to State and NRC officials were completed within the regulatory time limits following each declaration.

Based on the above findings, this portion of the licensee's program was acceptable.

4. Operational Status of the Emergency Preparedness Program (82701)

a. Emergency Plan and Implementing Procedures (Also 82204)

A review was conducted of the licensee's procedures for the preparation, review, and distribution of new and revised implementing (LZP-series) procedures. Based on a review of completed routing sheets for seven LZP revisions, it was determined that the proper procedures had been followed to incorporate these revisions into the program.

The licensee maintained complete listings of individuals and organizations assigned controlled copies of LZP-series procedures. Central Files staff were responsible for maintaining all onsite copies of LZP-series procedures. Current copies of the GSEP, LaSalle Annex, and LZP-series procedures were readily available in the Control Room and Technical Support Center (TSC).

Based on the above findings, this portion of the licensee's program was acceptable.

b. Emergency Facilities, Equipment, and Supplies (Also 82204)

Based on discussions with the GSEP Coordinator and a tour of the TSC and Operational Support Center (OSC), it was determined that no changes had been made to either facility since the previous routine inspection.

Documentation of the following required inventories was reviewed for the period February through December 1987:

- LaSalle County Station First Aid Cabinet Inventory Report
- LaSalle County Station Stretcher and Blanket Inventory Report
- Environs Sampling Supplies Inventory Checklist
- Decontamination Area Supply Inventory
- St. Mary's Hospital Health Physics Supplies Inventory
- TSC Equipment, Publications and Supplies Inventory Checklist
- OCS Quarterly Surveillance Inventory Checklist

All required inventories had been conducted and adequately documented. Records indicated that missing items had been replaced in a timely manner.

A random inventory of TSC and OSC supply cabinets was conducted during this inspection. No discrepancies were identified from the current inventory lists. However, copies of inventory lists were not posted at the emergency supply locations to assist personnel in quickly finding needed supplies.

The licensee has changed the onsite assembly areas since the previous routine inspection. Several upgrades had been made by mid-November 1987 to the Emergency Operations Facility (EOF) located near Mazon, Illinois. Details regarding these changes to emergency facilities are provided in Section 2 of this report.

Based on the above findings, this portion of the licensee's program was acceptable; however, the following item should be considered for improvement:

Inventory lists should be posted with or near emergency supply storage locations to aid users in determining what supplies are available.

c. Organization and Management Control (Also 82204)

The GSEP Coordinator reported to the Services Superintendent through the Rad Chem Supervisor. The Coordinator was responsible for: conducting communication tests of telephones and radios located in the onsite Emergency Response Facilities (ERFs), review and approval of lesson plans, review and updating of LaSalle Annex and corresponding emergency plan implementing procedures, maintenance of

the Station's staff augmentation procedure and records of drills and exercises, ensuring that inventories of emergency supplies and equipment are conducted, and evaluating the Station's responses to actual emergency plan activations.

In addition to GSEP Coordinator responsibilities, he was also responsible for ensuring that High Range Sampling System (HRSS) surveillances were conducted. Since the last routine inspection, maintenance of the environmental monitoring program, effluent reporting program, and routine offsite dose calculation program have been added to his duties.

All of the Coordinator's responsibilities are tracked on the Action Item Record (AIR) system managed by the Tech Support Staff. A weekly printout of items due for completion were sent to each department head for assignment. When action items were completed, the department head and the Tech Staff Supervisor review the action taken on each item prior to closing the item on the AIR system. The tracking system automatically assigned the next due date for periodic items. The Coordinator's responsibilities were closely monitored by Tech Staff personnel and have become an integral part of the Station's normal operating procedures.

Copies of Letters of Agreement with offsite support organizations were not reviewed. LaSalle County Station agreements had been updated during 1986 and were not due for review and renewal until 1988.

Based on the above findings, this portion of licensee's program was acceptable.

d. Emergency Preparedness Training (Also 82206)

The training program for members of the onsite emergency organization was well defined and documented. Lesson plans, examinations, and a matrix of training requirements (specifying relevant lesson plans, EIPs, and drill participation frequency) had been prepared, reviewed, and approved in accordance with LAP 620-2, "GSEP - Administration and Course Management Information (ACMI)." The GSEP Training Instructor tracked the currency of individuals' training, and formally informed personnel of upcoming onsite training sessions and required reading on relevant EIPs to be completed prior to any classroom training. Requalification training included a test-out option in lieu of training session attendance, provided that an individual had completed the required reading and had met any drill participation requirements.

Based on records review and discussions with the GSEP Training Instructor, all members of the onsite emergency organization were currently trained with two exceptions. One of three Onsite Environs

Directors had not completed all training provided at the corporate Production Training Center (PTC). This individual was identified as not being fully trained in the Station's callout procedure. Training Department staff indicated that PTC would formally notify the GSEP Coordinator and the affected person(s) of upcoming quarterly training schedules. To better ensure that those few members of the onsite emergency organization who required some training at the PTC would remain currently trained, the Station's Training Department was arranging to be added to the distribution list for quarterly PTC training schedules.

One of three Technical Directors was also the only trained Station Director's (SD's) Communicator. This person's training for both positions was almost out of date as the individual had been excused from reporting to work while recovering from an illness. The licensee's corrective actions regarding training and staffing for the SD's Communicator position are described in Section 8 of this report.

Records of 1987 emergency preparedness drills and the April 1987 exercise were reviewed. All drills and the exercise were conducted and critiqued, with the exception of a semi-annual augmentation drill scheduled for late December. Corrective action items were tracked using the Station's AIR system.

Walkthroughs were conducted with one Station Director and two Security Directors. All three persons demonstrated an adequate knowledge of their emergency responsibilities and relevant procedural guidance.

Medical support personnel, including ambulance personnel, received training from the licensee's medical contractor on July 22, 1987. Selected personnel participated in a medical drill on July 23, 1987, thus meeting the annual training requirement of 10 CFR 50.47(b). Participants in the drill included licensee personnel and personnel from the Grand Ridge Fire Department and St. Mary's Hospital in Streator, Illinois. The medical drill was observed and critiqued by the GSEP Coordinator and corporate emergency planning staff.

The annual meeting for the LaSalle Station's offsite support agencies was held on October 29, 1987 in conjunction with Dresden and Braidwood Stations. The agenda included: an overview of the Station's EALs; a description of the emergency classes utilized by the licensee; an explanation of how an offsite agency representative could obtain a copy of internal audit items relevant to the licensee's interface with offsite support organizations; and the local location of the NRC Public Document Room.

Based on the above findings, this portion of the licensee's program was acceptable.

e. Independent Reviews/Audits (Also 82210)

Records of the Quality Assurance (QA) Department audits and surveillances since February 1987 were reviewed. All records were readily available and complete. Three audits and five surveillances were conducted in 1987. Surveillance topics included: drill and exercise evaluations; document control at the Mazon EOF; and a response to an actual emergency plan activation. Audits and surveillances were adequate in scope and depth. The regulatory requirements of 10 CFR 50.54(t) were adequately addressed. The adequacy of interface between the Station and various governmental agencies was assessed as adequate per Audit QAA-01-87-45. The QA Department adequately tracked corrective action taken on audit and surveillance findings and recommendations.

Based on the above findings, this portion of the licensee's program was acceptable.

5. Emergency Detection and Classification (82201)

The Emergency Action Levels (EALs) found in implementing procedure LZP 1200-1 were consistent with those listed in the current revision to the LaSalle Annex to the GSEP. The licensee was in the final stages of completing offsite and onsite reviews on a substantially revised set of LaSalle Station EALs, whose organization would be consistent with the revised EALs being developed for the licensee's other Boiling Water Reactor stations. The licensee planned to submit the revised LaSalle EALs for NRC review and comment during the first quarter of 1988.

A walkthrough was conducted with one Station Director (SD). He clearly understood that declaring an emergency was one of his undelegatable responsibilities. He adequately demonstrated the capability to properly classify several abnormal plant conditions in accordance with the Station's EALs. The SD was also adequately familiar with regulatory requirements and procedural guidance for informing State and NRC officials following any emergency declaration.

Based on the above findings, this portion of the licensee's program was acceptable.

6. Protective Action Decisionmaking (82202)

Section 6.5.1 of the GSEP states that the individual in overall command of emergency response activities has the undelegatable responsibility of authorizing emergency worker exposures in excess of 10 CFR Part 20 limits for life-saving actions, and for such important actions as terminating a radioactive release or protecting important plant equipment from damage during an emergency. The GSEP also states that the individual in command should, whenever possible, seek the prior approval of the Station Manager, the licensee's Medical Department, and/or the Station's Radiation Protection Supervisor before authorizing an exposure beyond 10 CFR Part 20 limits.

LZP 1110-1, Station Director/Acting Station Director Implementing Procedure, included a statement that the Station Director (SD) duties included authorizing emergency worker exposures in excess of regulatory limits. This procedure did not indicate, however, that this important responsibility was undelegatable as stated in the GSEP. Correct emergency worker exposure limits were listed in the following implementing procedures: LZP 1360-1, 1360-4, and 1370-1. However, none of these procedures accurately reflected the GSEP's statement that the individual in overall command had the undelegatable responsibility for authorizing emergency exposures. LZP 1370-1 incorrectly stated that, whenever possible, the prior approval of the Station Superintendent (obsolete title), the Medical Director (obsolete title), and the Rad/Chem Supervisor should be secured. Furthermore, LZP 1370-1 also incorrectly stated that the Shift Engineer (Acting SD) may authorize emergency exposures "only when none of the above personnel can be contacted in a timely manner."

The licensee must revise appropriate implementing procedures to accurately reflect the wording of the GSEP regarding the undelegatable responsibility for authorizing emergency worker exposures and the limitations on seeking prior approval before making such an authorization. This is an Open Item (373/87036-01).

A walkthrough was conducted with one SD. That individual was adequately familiar with procedural guidance regarding the assembly, accountability, and evacuation of nonessential onsite personnel. The SD was also able to correctly formulate an offsite protective action recommendation utilizing procedural guidance that matched information contained in the GSEP.

With the exception of one Open Item, this portion of the licensee's program was acceptable.

7. Notifications and Communications (82203)

Through a telephone discussion with a licensee representative at the Mazon EOF, it was determined that semi-annual preventive maintenance was last conducted on the LaSalle Station's offsite siren system during September and October 1987. All sirens functioned properly following these maintenance checks.

Based on a review of completed "GSEP Communications Systems Checklists" for the period March through November 1987, it was determined that all periodic emergency communications equipment tests had been conducted. A random test of onsite emergency communications equipment was observed, with no problems being identified.

Based on the above findings, this portion of the licensee's program was acceptable.

8. Shift Staffing and Augmentation (82205)

The licensee's provisions for the minimum shift staff and augmenting this staff were reviewed and were found to meet the goals of Table B-1 of NUREG-0654, Revision 1. Provisions for onsite staff augmentation for each emergency class and each emergency response facility were adequately described in the GSEP, LZP 1110-1, and LZP 1320-1.

The Station's callout procedure, LZP 1320-1, had been updated on a quarterly basis by the GSEP Coordinator, as required by Section 8.5 of the GSEP. The current revision of this procedure listed adequate numbers of qualified personnel for specific Station Group positions with the exceptions of the Onsite Environs Director and the Station Director's (SD) Communicator positions. Although three persons were listed as Onsite Environs Directors, only two were identified in the procedure as being fully trained. At the exit interview, the licensee indicated that two additional Onsite Environs Director candidates had been identified. Also, depending on the Production Training Center's (PTC's) quarterly training schedule, both candidates and the incompletely trained individual already identified in LZP 1320-1 would complete PTC training requirements for the position during the first quarter of 1988.

The licensee has proceduralized the position of SD's Communicator, which was a TSC staff level position created in Revision 6 of the GSEP. The duties and responsibilities of this position included assisting the SD in monitoring the Station's EALs and formulating offsite protective action recommendations. The Station's callout procedure did not include the SD's Communicator position. Based on training records review and discussions with cognizant licensee personnel, only one individual was currently trained for the position. That individual was also one of three qualified Technical Directors, and was expected to be able to return to work in the near future following recovery from an illness. At the December 17, 1987 exit interview, the licensee committed to have three individuals fully trained, and included on the callout procedure LZP 1320-1, for the SD's Communicator position by January 31, 1988. This commitment will be tracked as an Open Item (373/87036-02).

In accordance with LZP 1320-2, the licensee conducted a successful, semi-annual, off-hours augmentation drill on June 4, 1987. Minimum TSC staffing was achieved in 43 minutes. A second off-hours augmentation drill had been scheduled for the latter half of December 1987.

With the exception of one Open Item, this portion of the licensee's program was acceptable.

9. Exit Interview

On December 17, 1987, the inspectors met with those licensee representatives denoted in Paragraph 1 to present their preliminary inspection findings. The licensee agreed to consider the items discussed and indicated that none were proprietary in nature.