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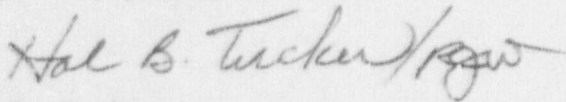
U. S. Nuclear Regulatory Commission
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Subject: Catawba Nuclear Station
Docket Nos. 50-413 and 50-414
NRC Inspection Report Nos. 50-413, 414/89-02
Reply to Notice of Violation

Gentlemen:

Enclosed is the response for the Notice of Violation 50-414/89-02-01 issued August 02, 1989 by Stewart D. Ebnetter. The violation concerned failure to take adequate timely corrective action for an identified failure to follow radiological procedures.

Very truly yours,



Hal B. Tucker

WRC81/lcs

xc: S. D. Ebnetter, Regional Administrator
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DUKE POWER COMPANY
REPLY TO A NOTICE OF VIOLATION
414/89-02-01

10 CFR 50, Appendix B, Criterion XVI states that measures shall be established to assure that conditions adverse to quality, such as deviations, and nonconformances, are promptly identified and corrected.

Contrary to the above, measures have not been established nor adequately implemented to assure that corrective actions for an identified failure to follow radiological procedures preclude recurrence, as evidenced by the following:

1. In September 1987, NRC Inspection Report Nos. 50-413, 414/87-31 identified a failure to follow radiation control procedures relative to proper contamination monitoring and use of daily dose records.
2. In November 1987, NRC Inspection Report Nos. 50-413, 414/87-40 identified an example of failure to follow radiation control procedures relative to proper contamination monitoring.
3. In July 1988, NRC Inspection Report Nos. 50-413, 414/88-27 identified the failure to implement all of the corrective actions for the above violations by a March 1, 1988 completion date.
4. A licensee audit conducted in December 1988 (LN-88-34) identified the failure to frisk hand held items leaving the Radiological Control Area (RCA) in accordance with licensee procedures, dose cards not being completed for each entry/exit of the RCA, and employees exiting the RCA from areas that were not normal exit points.

RESPONSE:

1. Admission or Denial of Violation

Duke Power Company admits the violation

2. Reasons for Violation if Admitted

Personnel error with contributory procedural and management deficiencies. The continuing failure of personnel to properly follow radiological procedures, insufficient management attention to solve recurring problems, and inadequate procedural guidance concerning violation responses resulted in the above stated violation.

3. Corrective Actions Taken and Resulted Achieved

The following efforts are being implemented to improve the quality, clarity, and completeness of our responses to NRC and assure that problems receive the level of attention necessary to prevent recurrence.

The existing program (Station Directive 3.0.9) for tracking commitments has been reviewed. The program includes all active commitments and ensures sufficient attention to meet those commitments.

The Maintenance organization has reviewed the initial violation for failure to conduct training to identify additional lessons learned.

A study to evaluate our current guidance regarding response techniques by station workers has been initiated. We are assessing availability of equipment, clothing, Health Physics support, and procedural guidance. This study will be complete and a schedule of any implementation activities will be completed by October 1, 1989.

A Station Directive has been developed to provide guidance for responding to NRC Violations. It addresses timely corrective action, effective action (prevent recurrence), accurate root cause and the need for peer review. Station comments have been received on the draft and will be incorporated into a final approved version by October 1, 1989.

The following efforts have already been completed and achieved results as stated. These are positive indications that firm actions have been taken, results are showing improvement, and management commitment is in place and effective. As a result, workers are demonstrating their ability and desire to comply with radiological work practices and procedures.

Installation of additional Hand and Foot monitors on Auxiliary Building elevations was completed on August 14, 1989. Accessibility and convenience of additional automatic frisking equipment has reduced the opportunity for poor quality and incomplete manual frisks to occur.

Internal QA Audit NP-89-09 (CN) was conducted March 10, 1989 through April 14, 1989. In addition to monitoring internal Health Physics areas, worker compliance with several radiological work practices (8) workers were observed to comply with fit test, and positive/negative leak test requirements following respirator issue. Twenty (20) workers were observed at the Single Point Access to be wearing correctly assigned dosimetry.

Thirty Five (35) workers in the Auxiliary Building were observed to be wearing dosimetry in the correct manner, and to have correctly completed dose cards in their possession.

The Contamination Reduction Program has been successful in reducing the number of contaminated pump rooms from a high of fifteen (15) to a current condition of three (3) being posted as Contaminated Areas. This has reduced the number of required frisks and dressing requirements.

Corrective Discipline records have been reviewed for performance related to radiological work practices and identified ten (10) instances of formalized Corrective Discipline that have been administered since December 18, 1988. This is a strong indication of the importance given to improving poor radiological work practices by station management.

An additional Dose Card Drop box was implemented at the Single Point Access on July 17, 1989. This has improved collection of dose cards, reduced the probability of lost cards, and presented to employees a more "user friendly" program. A member of the radiological protection section monitors the Single Point Access entry location during high traffic periods to check for proper use and completion of dose cards.

These actions on dose cards are intended to reduce the number of dose card errors and failure to turn in dose cards upon exiting the RCA in the short run, but will not completely eliminate the human error in filling out the dose card properly such as assigning the correct time of entry or exit from the RCA, in calculating dose received, or making sure the individual signs the dose card instead of printing his name. As we have done in the past, the station radiological protection group is responsible for reviewing all dose cards received each day and for ensuring any errors are corrected and brought to the attention of the individual's supervisor. Thus, even though the individual may make an error, it is quickly corrected and appropriate disciplinary action is taken to prevent recurrence by that individual. When we state that full compliance will be achieved by October 1, 1989 we are recognizing that some dose card errors may still occur but that the program for review of the cards ensures that proper dose records for individuals are maintained.

In the long term, Duke Power Company is pursuing improvements to this dose recordkeeping issue and is evaluating the use of other types of dosimeter systems (computer integrated) that would eliminate the use of a

hard copy "dose card". The use of electronic medium upon entry and exit from the RCA has the potential for further reduction in errors of this type and to remove the human element.

4. Corrective Actions to be Taken to avoid further Violations

Many actions in Section 3 above have been completed, others as shown will be complete by October 1, 1989 and will resolve issues relating to quality and timeliness of NRC commitments, and to recurring non-compliance with radiological work procedures. The following additional measures are being taken.

Station Directive 3.8.3 (Contamination Prevention, Control, and Decontamination Responsibilities), and Station Directive 3.8.6 with thin window probes will be allowed as a third option available to the worker. The first and second options will involve using automated PCM-1B whole body friskers. These changes will simplify frisking requirements and improve quality of frisks and compliance with procedures.

These Station Directives will be approved by September 1, 1989.

5. Date of Full Compliance

Duke Power Company will be in full compliance October 1, 1989.

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