

Oconee 3

3Q/2006 Plant Inspection Findings

Initiating Events

Significance:  Jun 30, 2006

Identified By: Self-Revealing

Item Type: NCV NonCited Violation

Loss of Unit 3 Offsite Power During Mode 6.

self-revealing non-cited violation of Technical Specification (TS) 5.4.1 was identified for failure to adequately implement the procedure requirements for protected train equipment, resulting in the lockout of CT3 transformer and subsequent loss of Unit 3 power while in Mode 6.

The inspectors determined that the licensee's failure to adequately implement their procedure for protected train equipment was a performance deficiency. The finding was considered to be more than minor because it affected the initiating events cornerstone objective to limit the likelihood of those events that upset plant stability and challenge critical safety functions. The finding was determined to be of very low safety significance. This was based on the screening criteria found MC 609, Appendix G, Attachment 1, Checklist 4, Pressurized Water Reactor (PWR) Refueling Operation: Reactor Coolant System (RCS) Level > 23' or PWR Shutdown Operation with time to Boil > 2 Hours and Inventory in the Pressurizer. This finding did not meet the criteria in the checklist for requiring a phase 2 or 3 analysis, in that it did not increase the likelihood of a loss of RCS inventory, did not degrade the licensee's ability to terminate a leak path or add inventory, or degrade the licensee's ability to recover Decay Heat Removal (DHR) once it is lost.

This finding has a cross-cutting aspect in the area of human performance because the licensee's planned work activities did not effectively keep personnel apprised of the operational impact of the work due to the inadequate implementation of their protected train procedure. (Section 4OA3)

Inspection Report# : [2006003\(pdf\)](#)

Mitigating Systems

Significance: TBD Aug 25, 2006

Identified By: NRC

Item Type: AV Apparent Violation

Failure to provide adequate procedures to control maintenance activities that could affect safety-related equipment, as required by Technical Specification 5.4.1 and Regulatory Guide 1.33, Section 9.a

Inspection Report# : [2006016\(pdf\)](#)

Significance: TBD Aug 25, 2006

Identified By: NRC

Item Type: AV Apparent Violation

Failure to assess and manage the increase in risk from external floods, as required by 10 CFR 50.65(a)(4), Requirements For Monitoring the Effectiveness of Maintenance at Nuclear Power Plants.

Inspection Report# : [2006016\(pdf\)](#)

Significance:  Jun 30, 2006

Identified By: NRC

Item Type: NCV NonCited Violation

Failure to promptly correct long-standing east penetration room blowout panel-related deficiencies that precluded flood mitigation in the auxiliary building.

NCV of 10 CFR Part 50, Appendix B, Criteria XVI, Corrective Action, for failure to promptly identify and correct a significant condition adverse to quality. Specifically, as a result of inappropriate east penetration room blowout panel modifications (identified as a violation in 2002), in conjunction with the inappropriate addition of floor curbing and the inadequate strength of internal doors and block walls (all identified in DEC's corrective action program in 2001), Units 1, 2, and 3 continue to be operated outside their licensing basis with respect to HELB-related flood mitigation in the auxiliary building.

Inspection Report# : [2006014\(pdf\)](#)

Significance: SL-IV Jun 30, 2006

Identified By: NRC

Item Type: NCV NonCited Violation

Failure to report east penetration room blowout pante-related deficiencies would prevent fulfillment of the HPI system safety function.

NCV of 10 CFR 50.73, Part (v) was identified for the failure to report that east penetration room blowout panel-related deficiencies would prevent the fulfillment of the HPI system safety function to mitigate the consequences of a HELB (i.e., to shutdown the reactor and maintain it in a cold shutdown condition).

Inspection Report# : [2006014\(pdf\)](#)

Significance: G Jun 30, 2006

Identified By: NRC

Item Type: NCV NonCited Violation

Failure to Perform Adequate Examinations of Letdown Filter Supports.

The inspectors identified a finding involving a non-cited violation of 10 CFR Part 50.55a(g)(4)ii for failure to perform a visual (VT-3) examination of the letdown filter housing supports as required by Section XI of the ASME Code. The examinations were performed with a remote camera and the required examination coverage was not obtained as required by Section XI of the ASME Code. The limited remote VT-3 examinations found no indications that the structural integrity of the supports was unacceptable for service. The licensee entered this issue into the Corrective Action Program.

This finding was of more than minor significance because the incomplete examination of the letdown filter housing supports, if left uncorrected, could become a more significant structural support concern. In addition, a failure to examine the letdown filter supports as required by the ASME Code is related to the "Equipment Performance" attribute of the "Initiating Events" cornerstone and affects the cornerstone objective of limiting the likelihood of those events that upset plant stability and challenge critical safety functions during shutdown, as well as power operations. This finding was evaluated using Phase 1 of the NRC IMC 0609, "Significance Determination Process (SDP)." This finding was of very low safety significance because the worst case degradation of the letdown filter supports would result in a detectable and isolable RCS leak that would not impair the mitigating function of the high pressure injection (HPI) system. (Section 1R08)

Inspection Report# : [2006003\(pdf\)](#)

Significance: G Jun 30, 2006

Identified By: NRC

Item Type: NCV NonCited Violation

Failure To Maintain Containment Electrical Penetration Enclosures.

The inspectors identified a non-cited violation of 10 CFR 50 Appendix B, Criterion XVI for failure to identify a condition adverse to quality in that East and West Penetration Room containment electrical penetration enclosures had not been maintained, such that a number of enclosures allowed the introduction of dirt and debris inconsistent with conditions under which these penetrations were environmentally qualified.

The finding was considered to be a performance deficiency in that the licensee failed to maintain the containment electrical penetration covers such that debris was allowed to accumulate in a number of enclosures; thereby, jeopardizing the environmental qualification of safety-related circuits. This finding was considered to be more than minor because it

affected the mitigating systems cornerstone objective to ensure the availability, reliability, and capability of systems that respond to initiating events in that, the degraded penetration covers, if left uncorrected could allow the environmental qualification of safety-related circuits to degrade such that they would fail following a high energy line break (HELB) in the east penetration rooms. Using the phase 1 screening worksheet of Manual Chapter 0609, Appendix A, the finding was determined to be of very low safety significance, as it did not result in a loss of operability of any equipment needed to mitigate the effects of a HELB.

This finding has a cross-cutting aspect in the area of problem identification and resolution, as the licensee did not appropriately identify the degraded penetration covers consistent with their corrective action program. (Section 40A5.1)

Inspection Report# : [2006003\(pdf\)](#)

Significance:  Mar 17, 2006

Identified By: NRC

Item Type: NCV NonCited Violation

Non-Conservative EOP Procedure Setpoint for Operator Action to accomplish BWST to RBES swap over on Low BWST Level

The team identified a Green, non-cited violation (NCV) of Technical Specification 5.4.1.b for a non-conservative operator action setpoint in the Emergency Operating Procedures. Specifically, the 6 foot level setpoint for operator action to complete the BWST to Reactor Building Emergency Sump (RBES) swap over by closing the BWST suction valves did not include enough margin to preclude degradation or damage to the pumps due to vortex formation in the BWST in all cases. When the NRC notified the licensee of this condition, the licensee entered it into the corrective action program. This finding is greater than minor because it is associated with the procedure quality attribute of the Mitigating Systems cornerstone and affected the cornerstone objective of ensuring reliable, available, and capable systems that respond to initiating events to prevent undesirable consequences. This finding is of very low safety significance because no actual loss of safety function occurred and operators have been trained to identify loss of pump suction. This finding has been entered into the licensee's corrective action program as PIP O-06-01374. (Section 1R21.2.1.1)

Inspection Report# : [2006006\(pdf\)](#)

Significance:  Feb 15, 2006

Identified By: NRC

Item Type: NCV NonCited Violation

Failure to Promptly Identify and Correct a Long-Standing Discrepancy Between the Unit 3 Control Room and its Tornado Licensing Basis Specified in the Updated Final Safety Analysis Report

NCV for failure to promptly identify and correct a long-standing discrepancy between the Unit 3 control room and its tornado licensing basis specified in the Updated Final Safety Analysis Report: (1) a failure to take adequate corrective actions to bring the Unit 3 control room (i.e., north control room wall) within its licensing basis to withstand the effects (wind force, missiles, and differential pressure) of differing tornado intensities; (2) inadequate corrective actions involving the inappropriate use of 50.59 to remove the Unit 3 control room tornado missile requirements from the UFSAR.

Inspection Report# : [2006009\(pdf\)](#)

Significance:  Dec 31, 2005

Identified By: Self-Revealing

Item Type: NCV NonCited Violation

Inadequate Procedures for Testing the SSF Diesel Generator With the CCW Supply Secured

A Green self-revealing non-cited violation was identified for failure to have adequate procedures for testing the Standby Shutdown Facility (SSF) diesel generator as required by Technical Specification (TS) 5.4.1. The licensee's existing test procedures did not establish the appropriate plant conditions with the Unit 2 condenser cooling water (CCW) system shut down such that the water supply to the SSF auxiliary service water (ASW) and station ASW heated above 90 degrees F rendering both unavailable for all three units. The licensee entered this finding into their corrective action program under

Problem Investigation Process report (PIP) O-05-7479. This finding was considered to be of more than minor significance because it affected the Mitigating Systems Cornerstone objective to ensure the availability, reliability, and capability of systems that respond to initiating events to prevent undesirable consequences, as the elevated temperature of the SSF ASW and station ASW supply resulted in the unavailability of these systems. This issue was determined to be of very low safety significance based on the screening criteria found in MC 0609, Appendix A, Phase 1 SDP worksheet. More specifically, the total additional unavailability of the SSF (one day) as result of overheating the supply did not exceed the TS allowed outage time. (Section 1R12)

Inspection Report# : [2005005\(pdf\)](#)

Significance:  Dec 31, 2005

Identified By: NRC

Item Type: NCV NonCited Violation

Failure to Identify Unmitigated/Unprotected Feedwater Line Terminal Ends

A NRC-identified non-cited violation of 10 CFR 50 Appendix B, Criterion XVI was identified for the failure to identify a condition adverse to quality, in that feedwater terminal ends had not been identified; and therefore, actions to mitigate the affects from a terminal end line break had not been implemented. The licensee entered this finding into their corrective action program under PIP O-06-00138. This finding was considered to be more than minor because an unprotected terminal end line break would impact the Reactor Safety Cornerstone for Mitigating Systems associated with the availability, reliability and function of systems needed to respond to a high energy line break (HELB). This issue was determined to be of very low safety significance based on a very low initiating event frequency being calculated as a result of the limited number of welds and feet of pipe under consideration. In addition, the large early release frequency impact was below the threshold, because of the size of break required to damage the containment penetration was an even lower probability event. This finding involved the crosscutting aspect of Problem Identification and Resolution. (Section 40A5.2)

Inspection Report# : [2005005\(pdf\)](#)

Barrier Integrity

Significance: SL-IV Mar 31, 2006

Identified By: NRC

Item Type: NCV NonCited Violation

Failure to Provide Complete and Accurate Information to the NRC

An in-office review of the results of NRC Office of Investigations (OI) Report No.: 2-2005-016, identified a non-cited violation of 10 CFR 50.9 for failure to provide complete and accurate information in Licensee Event Report (LER) 05000287/2001-001, regarding the condition of the Unit 3 Reactor Pressure Vessel Head (RPVH), resulting from boric acid leakage. The LER stated that boric acid leakage caused no detectable corrosion to the vessel head, when in fact some minor corrosion was identified. The licensee corrected the incomplete and inaccurate information with a revision to LER 05000287/ 2001-001, dated August 18, 2005. Because this issue potentially affected the NRC's ability to perform its regulatory function, it was evaluated using the traditional enforcement process. The failure to provide accurate and complete information precluded the NRC from being able to pursue or consider further inquiry or inspection activity in regards to RPVH corrosion, the significance of which was not known at the time. NRC review determined that there was no evidence that the licensee's actions were willful. Additionally the NRC determined that the corrosion was not structurally significant and would not have resulted in a regulatory action or substantial further inquiry. (Section 40A5.3)

Inspection Report# : [2006002\(pdf\)](#)

Emergency Preparedness

Occupational Radiation Safety

Public Radiation Safety

Significance:  Dec 31, 2005

Identified By: NRC

Item Type: NCV NonCited Violation

Failure to Ensure Adequacy of Measurements of Particulate Effluents Released from Unit Vent

An NRC-identified NCV of 10 CFR 20.1302(a) was identified for failure to ensure surveys of particulate radioactive materials in effluents released to unrestricted areas by the unit vents were adequate to demonstrate compliance with dose limits for individual members of the public. The failure to conduct appropriate evaluations to assure representative sample collection from the Unit 1, 2, and 3 unit vent exhaust streams when sampled through the tee connections on the sample line to 1,2,3-RIA-43 and the elbow connections on the associated Selected Licensee Commitment required unit vent particulate sampler lines could result in inaccurate measurement of airborne particulate radionuclides in effluent samples, potentially leading to effluent releases exceeding allowed concentrations or dose limits to members of the public. This finding was entered into the licensee's corrective action program as PIPs O-04-7084 and O-05-4874. The licensee has approved and scheduled installation of a design modification for the monitors that will remove the non-conforming bends and replace them with bends of radius greater than or equal to five times the size of the diameter of the sample lines. This finding is greater than minor because it is associated with the program and process attribute of the Public Radiation Safety Cornerstone and affects the cornerstone objective of assuring adequate protection of public health and safety from exposure to radioactive materials released into the public domain as a result of routine civilian nuclear reactor operation. This finding which involved radioactive material control was assessed using the Public Radiation Safety SDP. Since the finding did not result in the failure to assess dose, due to the licensee having other means by which dose from particulate releases could be assessed, and because the licensee did not exceed the limits in 10 CFR 50 Appendix I or 10 CFR 20.1301(d), it was determined to be of very low safety significance. The cause of the finding is related to the cross-cutting element of Problem Identification and Resolution. (Section 2PS1)

Inspection Report# : [2005005\(pdf\)](#)

Significance:  Dec 31, 2005

Identified By: Self-Revealing

Item Type: NCV NonCited Violation

Failure to Adequately Survey and Maintain Control of Licensed Material (Section 2PS3)

A self-revealing non-cited violation of 10 CFR 20.1501(a) and 10 CFR 20.1802 was identified for an inadequate survey of contaminated equipment and failure to control and maintain constant surveillance of licensed material when free-released contaminated equipment was subsequently shipped to two locations as "clean" material without appropriate radiological controls. One of the locations was a non-licensed individual possessing neither the training nor equipment necessary to identify and control the contaminated material. The licensee entered the finding into the corrective action program as PIP O-04-8873. The corrective actions associated with this PIP included sending a radiological response team to one of the locations to identify, contain, and decontaminate any contaminated equipment and performing a detailed root cause analysis of the event. The finding is greater than minor because it is associated with the human performance attribute of the Public Radiation Safety Cornerstone and affects the cornerstone objective of assuring adequate protection of public health and safety from exposure to radioactive materials released into the public domain as a result of routine civilian nuclear reactor operation. The failure to conduct adequate surveys resulted in the free-release of contaminated equipment, potentially leading to exceeding the dose limits to members of the public through loss of control of licensed material. This finding which involved radioactive material control was assessed using the Public Radiation Safety SDP. Since the finding neither resulted in an exposure to the public in excess of five millirem nor involved greater than five occurrences, it was determined to be of very low safety significance. The cause of this finding is related to the cross-cutting element of Human Performance. (Section 2PS3)

Inspection Report# : [2005005\(pdf\)](#)

Physical Protection

[Physical Protection](#) information not publicly available.

Miscellaneous

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