

Summer 2Q/2015 Plant Inspection Findings

Initiating Events

Mitigating Systems

Significance:  Nov 07, 2014

Identified By: NRC

Item Type: NCV Non-Cited Violation

Failure to Follow Procedures for Scaffolding and Special Orders for 10CFR50.59 Screenings/Evaluations

The team identified a Green non-cited violation of technical specification (TS) 6.8.1, Procedures and Programs, for the licensee's failure to follow procedure requirements to perform 10CFR50.59 screenings/evaluations on scaffolding and special orders for approximately 97 scaffolds that existed in the plant for greater than 90 days at power operation and four special orders that provided guidance to the operations department outside normal routines. In response to this issue, the licensee initiated condition reports (CR) CR-14-05650, CR-14-05692, CR-14-05694, CR-14-05695, CR-14-05696, CR-14-05766, and CR-14-05446. The licensee performed an immediate operability determination in CR-14-05446 and determined potentially affected equipment remained operable.

The team determined that the performance deficiency was more than minor because it affected the Design Control attribute of the Mitigating Systems cornerstone objective of ensuring the availability, reliability, and capability of systems that respond to initiating events to prevent undesirable consequences. Specifically, the team identified multiple examples where the licensee failed to evaluate temporary changes to the facility in accordance with station procedures, which could affect the availability, reliability, and capability of systems that respond to events. The team determined the finding to be of very low safety significance (Green) because it was not a design deficiency, did not represent the loss of system safety function, and did not represent a loss of function of TS or Non-TS equipment. The team determined the finding was indicative of present licensee performance, and was associated with the cross-cutting aspect of Procedure Adherence, in the area of Human Performance. Specifically, the licensee failed to screen temporary plant changes as required by procedures. [H.8] (Section 1R21.2)

Inspection Report# : [2014007](#) (*pdf*)

Significance:  Nov 07, 2014

Identified By: NRC

Item Type: NCV Non-Cited Violation

Failure to Follow Failure to Follow Corrective Action Program Procedures

The team identified a Green non-cited violation of 10 CFR Part 50, Appendix B, Criterion V, "Instructions, Procedures, and Drawings," for the licensee's failure to follow station procedures to perform operability/functionality evaluations for condition reports (CRs)

that affected structures, systems, and components (SSCs). Specifically, the licensee failed to properly screen, evaluate, and document operability or functionality determinations for six CRs that affected SSCs. Following identification by the team, the licensee generated CR3 14-05700 and CR-14-05676. The licensee subsequently evaluated the six CRs, determined there were no impacts on the operability of the affected SSCs, and updated the CRs to include operability determinations.

The team determined that the performance deficiency was more than minor, because if left uncorrected, it had the potential to lead to a more significant safety concern. Specifically, the licensee failed to perform operability/functionality reviews for CRs with administrative issues of concern that affected SSCs and that could result in safety-related SSCs being inoperable and remain undetected for a period of time. The team determined the finding to be of very low safety significance (Green) because it was not a design deficiency, did not represent the loss of system safety function, and did not represent a loss of function of technical specification (TS) or Non-TS equipment. The team determined the finding was indicative of present licensee performance and was associated with the crosscutting aspect of Identification, in the area of Problem Identification and Resolution.

Specifically, the licensee did not identify issues completely, accurately, and in a timely manner in accordance with the program. [P.1] (Section 1R21.2)

Inspection Report# : [2014007](#) (*pdf*)

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Significance: Nov 07, 2014

Identified By: NRC

Item Type: NCV Non-Cited Violation

Instrument Uncertainties Result in Non-Conservative Values In EOP-2.2 & ARP-001-XCP-612; RWST Swapover

The team identified a Green non-cited violation NCV of 10 CFR Part 50, Appendix B, Criterion III, "Design Control," for the licensee's failure to consider instrument uncertainties when determining refueling water storage tank (RWST) setpoints and associated time critical operator actions in procedures to perform RWST swapover. Specifically, the licensee failed to consider instrument uncertainties associated with the control room annunciator 'RWST Empty' alarm at 6% with respect to the critical vortex level and second, the RWST indicated level of 10% at which pumps would be secured in emergency operating procedures (EOPs). Following identification by the team, the licensee generated CR-14-05792, CR-14-05869, and CR-14-05868 to address the finding. The licensee also revised procedure EOP-2.2,"ES-1.3, Transfer to Cold Leg Recirculation," to Rev. 17. The licensee performed an operability determination and concluded that the safety injection system was operable but degraded.

The team determined that the performance deficiency was more than minor because it affected the Design Control attribute of the Mitigating Systems cornerstone objective of ensuring the availability, reliability, and capability of systems that respond to initiating events to prevent undesirable consequences. Specifically, the licensee failed to consider uncertainties associated with the level alarms and level indicators for the RWST, and as a result, impacted the availability, reliability, and capability of the ECCS to respond to initiating events. The team determined the finding to be of very low safety significance (Green) because it was a deficiency affecting the design or qualification of a mitigating structures, systems, and components (SSC), and the SSC maintained its operability or functionality. The team determined that no cross-cutting aspect was applicable because the finding was not indicative of present licensee performance. (Section 1R21.2)

Inspection Report# : [2014007](#) (pdf)

Significance:  Aug 22, 2014

Identified By: NRC

Item Type: NCV Non-Cited Violation

Degraded Emergency Feedwater System Piping Supports

An NRC-identified non-cited violation of 10 CFR 50, Appendix B, Criterion XVI, Corrective Action, for the licensee's failure to identify and correct conditions adverse to quality. Specifically, inspectors determined the licensee failed to identify three degraded emergency feedwater (EF) system piping supports during the May 27, 2014, water hammer post transient event walkdown. These included one upstream of the turbine driven EF pump discharge check valve XVC01016-EF (EFH-4018), one downstream of the turbine driven EF pump discharge valve, XVG01036-EF (EFH-0050), and one downstream of the 'C' SG turbine driven EF pump supply stop check valve, XVK0120C-EF (EFH-5048) during a routine plant walkdown.

Failure to identify three damaged pipe supports as conditions adverse quality during a previous licensee evaluation for the water hammer event was a performance deficiency. This finding was more than minor because it adversely impacted the Mitigating Systems cornerstone objective to ensure the availability, reliability, and capability of systems that respond to external events (such as seismic) to prevent undesirable consequences. Specifically, these damaged piping supports resulted in a condition where there was a reasonable doubt on the operability of the EF system. Subsequently, the licensee performed pipe stress calculations and concluded that the EF system was degraded, but operable. In accordance with Manual Chapter 0609.04, "Phase 1 - Initial Screening and Characterization of Findings," a significance determination screening was performed and determined this finding was of very low safety significance (Green) because it was not a design or qualification deficiency, and did not represent an actual loss of system safety function. This finding had a cross-cutting aspect in the area of human performance resource because the licensee did not have an approved plant procedure to support the piping walk-downs post water hammer event. H.1 of IMC 0310.

Inspection Report# : [2014008](#) (pdf)

Barrier Integrity

Significance:  Nov 07, 2014

Identified By: NRC

Item Type: NCV Non-Cited Violation

Failure to Account for Containment Temperature Measurement Uncertainty

The team identified a Green non-cited violation of 10 CFR Part 50, Appendix B, Criterion III, "Design Control," for the licensee's failure to account for instrument uncertainty on the containment bulk average temperature instrumentation used in calculation DC00020-005, "Steam Generator Replacement Reactor Building Temperature/Pressure – LOCA," Rev. 6, Status A. Specifically, the licensee (1) failed to consider instrument uncertainty when verifying compliance with technical specification (TS) containment operability and design basis accident analysis; and (2) failed to consider instrument drift for reactor building resistance temperatures devices when calibration was not performed for 21 years.

Following identification by the team, the licensee generated CR-14-05864, CR-14-05897, and CR-14-05888. The licensee performed an operability determination and determined the temperature monitoring system was operable with interim actions. The licensee revised procedure OAP-106.1, "Operating Rounds," Rev. 16e to incorporate the instrument

uncertainty identified in the operability determination.

The team determined that the performance deficiency was more than minor because it was associated with the Configuration Control attribute of the Barrier Integrity Cornerstone, and adversely affected the cornerstone objective to ensure that physical design barriers protect the public from radionuclide releases caused by accidents or events. Specifically, by not accounting for the instrument uncertainty on the containment bulk average temperature instrumentation, the containment temperature could unknowingly exceed the design basis and TS operability limit. The team determined the finding to be of very low safety significance (Green) because it did not result in an open pathway in containment and did not involve hydrogen igniters. The team determined that no cross-cutting aspect was applicable because the finding was not indicative of present licensee performance. (Section 1R21.2)
Inspection Report# : [2014007](#) (*pdf*)

Emergency Preparedness

Occupational Radiation Safety

Public Radiation Safety

Security

Although the Security Cornerstone is included in the Reactor Oversight Process assessment program, the Commission has decided that specific information related to findings and performance indicators pertaining to the Security Cornerstone will not be publicly available to ensure that security information is not provided to a possible adversary. Other than the fact that a finding or performance indicator is Green or Greater-Than-Green, security related information will not be displayed on the public web page. Therefore, the [cover letters](#) to security inspection reports may be viewed.

Miscellaneous

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