Monticello
4Q/2016 Plant Inspection Findings

Initiating Events

Mitigating Systems

Significance: G Oct 03, 2016
Identified By: NRC
Item Type: NCV Non-Cited Violation
INADEQUATE PROCEDURE FOR IDENTIFICATION OF SIGNIFICANT CONDITIONS ADVERSE TO QUALITY.
Green. The inspectors identified a finding of very low safety significance and non-cited violation of Title 10 CFR 50, Appendix B, Criterion V, “Instructions, Procedures and Drawings,” for the licensee’s failure to prescribe a procedure appropriate to the circumstances with respect to the identification of a significant condition adverse to quality (SCAQ). Specifically, FP–PA–ARP–01, “CAP Action Request Process,” provided an overly restrictive definition of what constituted a SCAQ. Consequently, the failure to provide an adequate definition of a SCAQ could result in a failure to identify a SCAQ and therefore, failure to implement corrective actions that preclude repetitive failures of safety-related equipment. The licensee entered this issue into the CAP as action request (AR) 1536735.

The inspectors determined that the licensee’s failure to prescribe a procedure appropriate to the circumstances under FP–PA–ARP–01 was a performance deficiency. The performance deficiency was determined to be more than minor in accordance with IMC 0612, "Power Reactor Inspection Reports," Appendix B, "Issue Screening," because, if left uncorrected the performance deficiency would have the potential to lead to a more significant safety concern. Although, this issue could potentially affect each of the Reactor Safety Cornerstones, the inspectors elected to evaluate this issue under the Mitigating Systems Cornerstone because inspectors concluded it impacted the availability, reliability, and capability of systems that respond to initiating events to prevent undesirable consequences (i.e., core damage) more than the attributes of the other Cornerstones. The inspectors utilized IMC 0609, “Significance Determination Process,” Attachment 0609.04, “Initial Characterization of Findings,” and IMC 0609, Appendix A, “The Significance Determination Process for Findings At-Power,” and determined that the finding screened as very low safety significance (Green) since the inspectors answered “No” to each of the questions in Exhibit 2, Section A, “Mitigating Systems Screening Questions.” The inspectors determined that the performance characteristic of the finding that was the most significant causal factor of the performance deficiency was associated with the cross-cutting aspect of Problem Identification and Resolution, Self-Assessment, and involving the organization routinely conducting self-critical and objective assessments of its programs and practices. Specifically, the failure to identify the overly restrictive definition of SCAQ during previous audits of the CAP was caused by an insufficiently self-critical audit focus. [P.6]

Inspection Report# : 2016007 *(pdf)*

Significance: G Mar 31, 2016
Identified By: NRC

Item Type: NCV Non-Cited Violation
FAILURE TO USE PROCEDURES WHILE PERFORMING ACTIVITIES AFFECTING QUALITY.
An NRC identified finding of very low safety significance (Green) and associated of 10 CFR 50, Appendix B, Criterion V; "Instructions, Procedures, and Drawings", was identified on February 5, 2016, as a result of the licensee's failure to use procedures while performing activities affecting quality. Specifically, the licensee failed to accomplish activities affecting quality in accordance with FP-G-DOC-03; "Procedure and Work Instruction Use and Adherence," in that documented procedures were not used to install a conduit support on safety related Emergency Filtration Train (EFT) Division II conduits. Immediate corrective actions included removal of the support and entering the issue into the licensee's Corrective Action Program (CAP) 1511349.

The finding was determined to be more than minor because if left uncorrected, the performance deficiency would have the potential to lead to a more significant safety concern. Specifically, the inspectors based this determination on the fact that performing activities affecting quality without using procedures has the potential to adversely affect the design/qualification of a Structure, System, and Component (SSC) or impact the operability or functionality of a system or component. The inspectors determined the finding to have very low safety significance (Green). The inspectors determined that the contributing cause that provided the most insight into the performance deficiency was associated with the cross-cutting area of Human Performance, teamwork because of the licensee's work group failures to communicate and coordinate their activities within and across organizational boundaries to ensure nuclear safety is maintained.

Inspection Report# : 2016001 *(pdf)*

Barrier Integrity

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

Last modified : January 04, 2017