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Vogtle 1 – Quarterly Plant Inspection Findings

4Q/2017 – Plant Inspection Findings

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Initiating Events

Significance: G Jul 21, 2017

Identified By: NRC

Item Type: NCV Non-Cited Violation

Failure to Correct a Condition Adverse to Quality Involving an MSIV Manufacturing Deficiency

(Green). A self-revealing, Green, non-cited violation (NCV) of 10 CFR 50 Appendix B, Criterion XVI, Corrective Action, was identified for the licensee's failure to identify and correct a condition adverse to quality (i.e., manufacturing deficiency), which led to a repetitive failure of MSIV 1HV-3006B. The failure to determine the cause of a significant condition adverse to quality and take corrective action to preclude repetition was a performance deficiency.

Specifically, the licensee failed to identify the root cause of an MSIV actuator failure on April 12, 2014 that resulted in a reactor trip. As a result, appropriate corrective actions were not taken and a repeat failure of the valve actuator caused another reactor trip on February 3, 2017. The licensee has entered this issue into the corrective action program as condition report 10326456.

This performance deficiency is more than minor because it is associated with the Human Performance attribute of the Initiating Events Cornerstone, and adversely affected the cornerstone objective of limiting the likelihood of events that upset plant stability and challenge critical safety functions during shutdown as well as power operations. The finding was determined to be of very low safety significance (Green) because the finding did not result in a loss of mitigation equipment used to transition the reactor to a stable shutdown condition. The finding was not assigned a cross cutting aspect since it is not indicative of current licensee performance due to the root cause evaluation in question being performed greater than three years ago (Section 4OA5).

Inspection Report# : 2017002 (*pdf*)

Mitigating Systems

Significance: G Jul 21, 2017

Identified By: NRC

Item Type: NCV Non-Cited Violation

Failure to Follow Work Instructions for Implementation of Open Phase Protection System

(Green). A self-revealing, Green, non-cited violation of Technical Specifications 5.4.1.a, "Procedures," was identified for the licensee's failure to redline new wiring installation associated with an open phase protection system modification installation, as required by work instructions. As result, control circuit wires were not installed per wiring diagrams and caused a loss of the offsite power feed to the 'B' train 4160-volt emergency power bus. The licensee's failure to redline new wiring installation associated with an open phase protection system modification installation, as required by work instructions SNC804606 and maintenance procedure NMP-MA-017, was a performance deficiency. The licensee entered this issue into their corrective action program under condition reports 10343972 and 10344136 and restored offsite power to the emergency bus by correcting the wiring configuration.

The performance deficiency was more than minor because it was associated with the Human Performance attribute of the Mitigating Systems cornerstone and adversely affected the cornerstone objective to ensure the availability, reliability, and capability of systems that respond to initiating events to prevent undesirable consequences. The finding was determined to be of very low safety significance (Green) because the in-service train of shutdown cooling (i.e. 'A' train of the residual heat removal system) was not affected. The finding was assigned a cross cutting aspect of "Procedure Adherence," in the Human Performance area because individuals did not follow work instructions and redline procedures when installing new wiring for the open phase protection system [H.8] (Section 40A5).

Inspection Report# : 2017002 (*pdf*)

Significance:  Apr 19, 2017

Identified By: NRC

Item Type: FIN Finding

Failure to identify a Degraded Atmospheric Relief Valve

Green: The NRC identified a Green finding for the licensee's failure to identify the

reduced reliability of Unit 1 loop 3 atmospheric relief valve (ARV) 1PV-3020 as a degraded/nonconforming condition, as required by NMP-AD-012, "Operability Determinations and Functionality Assessments," Version 12.5. As a result, corrective maintenance was not prioritized nor conducted at the next available opportunity and led to an additional valve failure in March 12, 2016. The failure to identify aging of

1PV-3020 #285 pilot-to-check valve as a degraded/non conforming condition, as required by NMP-AD-012, was a performance deficiency.

The performance deficiency was more than minor because it was associated with the equipment performance attribute of the mitigating systems cornerstone and adversely affected the cornerstone objective to ensure the availability, reliability, and capability of systems that respond to initiating events to prevent undesirable consequences (i.e., core

damage). Specifically, the performance deficiency prevented the license from prioritizing and conducting corrective maintenance of 1PV-3020 at the next available opportunity, and led to an additional valve failure in March 2016. Using Exhibit 2 of IMC 0609, Appendix A, the inspectors determined that this finding is of very low safety significance (Green) because, although the performance deficiency (PD) affected the design/qualification of the 1PV3020 operability, it did not result in an actual loss of safety system function, and it did not represent a loss of function of one or more than one train for more than its technical specification (TS) allowed outage time or greater than 24 hours. The finding was assigned a cross cutting aspect of "Resolution" in the Problem Identification and Resolution area, because

the licensee failed to take effective corrective actions to address aging of the #285 pilot-to-check valve in a timely manner. [P.3] (Section 40A2.1.c)

Inspection Report# : 2017007 (*pdf*)

Barrier Integrity
Emergency Preparedness
Occupational Radiation Safety
Public Radiation Safety
Security

The security cornerstone is an important component of the ROP, which includes various security inspection activities the NRC uses to verify licensee compliance with Commission regulations and thus ensure public health and safety. The Commission determined in the staff requirements memorandum (SRM) for SECY-04-0191, "Withholding Sensitive Unclassified Information Concerning Nuclear Power Reactors from Public Disclosure," dated November 9, 2004, that specific information related to findings and performance indicators associated with the security cornerstone will not be publicly available to ensure that security-related information is not provided to a possible adversary. Security inspection report cover letters will be available on the NRC Web site; however, security-related information on the details of inspection finding(s) will not be displayed.

Miscellaneous

Significance: N/A Jun 30, 2017

Identified By: NRC

Item Type: NCV Non-Cited Violation

Fire Protection Program Change did not meet VEGP License Condition Requirement 2.G for Units 1 and 2

The inspectors identified a Severity Level IV (SL IV) non-cited violation (NCV) and associated Green finding of Vogtle Units 1 and 2 Operating License Conditions 2.G, for the licensee's failure to perform an evaluation of the impact of a change to the approved fire protection program (FPP). The failure to adequately evaluate the impact of the change resulted in the implementation of a change to the FPP that could have adversely affected the ability to achieve and maintain safe shutdown. The licensee initiated condition report (CR) 10382461 to evaluate the issue and make necessary correction to the program.

The inspectors determined that the licensee's failure to adequately evaluate the impact of the change to the FPP was a performance deficiency (PD). The PD was determined to be more than minor because if left uncorrected, the PD could have the potential to lead to a more significant safety concern. Specifically, if degraded fire doors are not evaluated for functionality, the doors could potentially be left in a condition where it would not perform its design function in the case of a fire. The licensee's failure to submit the FPP change to the NRC was determined to impede the regulatory process because the FPP change required NRC review and approval prior to implementation. The finding was screened as Green because, based upon inspection of the affected barriers, the inspectors determined that, either, the combustible loading on both sides of the barrier represented a fire duration of less than 1.5 hours, there was a fully functional automatic suppression system on either side of the barrier, or the barrier separated rooms that utilized the same SSD strategy. This violation was determined to be a Severity Level IV violation because the associated finding was

evaluated by the SDP as having very low safety significance (i.e., Green finding). No cross cutting aspect was assigned because the finding was not indicative of current licensee performance. (Section 1R05.11)

Inspection Report# : 2017008 (*pdf*)

Current data as of : February 01, 2018

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