

September 15, 2000

Mr. R. P. Powers
Senior Vice President
Nuclear Generation Group
American Electric Power Company
500 Circle Drive
Buchanan, MI 49107-1395

SUBJECT: D. C. COOK - NRC INSPECTION REPORT 50-315/2000014(DRS);
50-316/2000014(DRS)

Dear Mr. Powers:

On August 18, 2000, the NRC completed a safety inspection at your D. C. Cook, Units 1 and 2 reactor facilities. The results of this inspection were discussed with yourself, Mr. L. Weber, and other members of your staff on August 18, 2000. The enclosed report presents the results of that inspection.

The inspection was an examination of activities conducted under your license as they relate to emergency preparedness and to compliance with the Commission's rules and regulations and with the conditions of your license. Within these areas the inspection consisted of a selective examination of procedures and representative records, observations of activities, and interviews with personnel. Specifically, this inspection focused on the implementation of your emergency preparedness program.

Based on the results of this inspection, one issue was identified concerning the failure to conduct the second semiannual augmentation drill in 1999, resulting in a violation of NRC requirements. This issue was evaluated under the risk significance determination process and was determined to be of very low safety significance (Green). The violation was not cited due to its very low safety significance and because the problems associated with the issue have been entered into your corrective action program. If you contest the Non-Cited Violation, you should provide a response within 30 days of the date of this inspection report, with the basis for your denial, to the Nuclear Regulatory Commission, ATTN: Document Control Desk, Washington DC 20555-0001; with copies to the Regional Administrator, Region III; the Director, Office of Enforcement, United States Nuclear Regulatory Commission, Washington, DC 20555-0001; and the NRC Resident Inspector at the D. C. Cook facility.

In accordance with 10 CFR 2.790 of the NRC's "Rules of Practice," a copy of this letter and its enclosure will be available electronically for public inspection in the NRC Public Document Room or from the *Publicly Available Records (PARS) component of NRC's document system (ADAMS)*. ADAMS is accessible from the NRC Web site at <http://www.nrc.gov/NRC/ADAMS/index.html> (the Public Electronic Reading Room).

R. Powers

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We will gladly discuss any question you have concerning this inspection.

Sincerely,

/RA/

John A. Grobe, Director
Division of Reactor Safety

Docket Nos. 50-315; 50-316
License Nos. DPR-58; DPR-74

Enclosure: Inspection Report 50-315/2000014(DRS);
50-316/2000014(DRS)

cc w/encl: A. C. Bakken III, Site Vice President
J. Pollock, Plant Manager
M. Rencheck, Vice President, Nuclear Engineering
R. Whale, Michigan Public Service Commission
Michigan Department of Environmental Quality
Emergency Management Division
MI Department of State Police
D. Lochbaum, Union of Concerned Scientists

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U.S. NUCLEAR REGULATORY COMMISSION

REGION III

Docket Nos: 50-315; 50-316
License Nos: DPR-58; DPR-74

Report No: 50-315/2000014(DRS); 50-316/2000014(DRS)

Licensee: American Electric Power Company
1 Cook Place
Bridgman, MI 49106

Facility: D. C. Cook Nuclear Generating Plant

Location: 1 Cook Place
Bridgman, MI 49106

Dates: August 14 - 18, 2000

Inspector: R. D. Jickling, Emergency Preparedness Analyst

Approved by: Gary L. Shear, Chief
Plant Support Branch
Division of Reactor Safety

NRC's REVISED REACTOR OVERSIGHT PROCESS

The federal Nuclear Regulatory Commission (NRC) recently revamped its inspection, assessment, and enforcement programs for commercial nuclear power plants. The new process takes into account improvements in the performance of the nuclear industry over the past 25 years and improved approaches of inspecting and assessing safety performance at NRC licensed plants.

The new process monitors licensee performance in three broad areas (called strategic performance areas): reactor safety (avoiding accidents and reducing the consequences of accidents if they occur), radiation safety (protecting plant employees and the public during routine operations), and safeguards (protecting the plant against sabotage or other security threats). The process focuses on licensee performance within each of seven cornerstones of safety in the three areas:

Reactor Safety

- Initiating Events
- Mitigating Systems
- Barrier Integrity
- Emergency Preparedness

Radiation Safety

- Occupational
- Public

Safeguards

- Physical Protection

To monitor these seven cornerstones of safety, the NRC uses two processes that generate information about the safety significance of plant operations: inspections and performance indicators. Inspection findings will be evaluated according to their potential significance for safety, using the Significance Determination Process, and assigned colors of GREEN, WHITE, YELLOW or RED. GREEN findings are indicative of issues that, while they may not be desirable, represent very low safety significance. WHITE findings indicate issues that are of low to moderate safety significance. YELLOW findings are issues that are of substantial safety significance. RED findings represent issues that are of high safety significance with a significant reduction in safety margin.

Performance indicator data will be compared to established criteria for measuring licensee performance in terms of potential safety. Based on prescribed thresholds, the indicators will be classified by color representing varying levels of performance and incremental degradation in safety: GREEN, WHITE, YELLOW, and RED. GREEN indicators represent performance at a level requiring no additional NRC oversight beyond the baseline inspections. WHITE corresponds to performance that may result in increased NRC oversight. YELLOW represents performance that minimally reduces safety margin and requires even more NRC oversight. And RED indicates performance that represents a significant reduction in safety margin but still provides adequate protection to public health and safety.

The assessment process integrates performance indicators and inspection so the agency can reach objective conclusions regarding overall plant performance. The agency will use an Action Matrix to determine in a systematic, predictable manner which regulatory actions should be taken based on a licensee's performance. The NRC's actions in response to the significance (as represented by the color) of issues will be the same for performance indicators as for inspection findings. As a licensee's safety performance degrades, the NRC will take more and increasingly significant action, which can include shutting down a plant, as described in the Action Matrix.

More information can be found at: <http://www.nrc.gov/NRR/OVERSIGHT/index.html>.

SUMMARY OF FINDINGS

IR 50-315/2000014(DRS); IR 50-316/2000014(DRS), on 8/14 - 8/18/2000; American Electric Power Company, D. C. Cook Nuclear Generating Plant, Units 1 & 2. Emergency Response Organization Augmentation.

The inspection was conducted by a regional emergency preparedness analyst. This inspection identified one green issue. The significance of issues is indicated by their color (green, white, yellow, red) and was determined by the Significance Determination Process.

REACTOR SAFETY

Cornerstone: Emergency Preparedness

- Green. The licensee failed to conduct an off-hours, unannounced staff augmentation drill during the second half of calendar year 1999, which resulted in a Non-Cited Violation of NRC requirements. Although this failure resulted in a missed demonstration of the licensee's augmentation capabilities, it was not an indication that either the emergency preparedness planning standard in 10 CFR 50.47(b)(2) was not met or that the off-hours augmentation methodology could not be implemented. Specifically, off-hours, staff augmentation drills were successfully conducted during the first half of 1999 and the first half of year 2000. Based on the above factors, the failure to conduct an augmentation drill during the second half of 1999 was of very low safety significance.

Report Details

1. REACTOR SAFETY

Cornerstone: Emergency Preparedness (EP)

1EP2 Alert and Notification System (ANS) Testing

a. Inspection Scope

The inspector discussed with licensee staff the design and recent equipment upgrades of the public ANS for the station's Emergency Planning Zone. The inspector also reviewed procedures and records related to periodic system testing and reviewed preventive and non-scheduled maintenance to determine their adequacy. A siren system operability test was also observed, and statistics gathered to determine ANS reliability were reviewed.

b. Findings

On August 11, 2000, the licensee replaced the last of the nine obsolete Hurricane model sirens. The "D. C. Cook Nuclear Power Plant Site-Specific Offsite Radiological Emergency Preparedness Early Warning System (EWS) Quality Assurance Verification," Final Report, dated June 18, 1999, contained the analysis of the effect of removing nine Hurricane model sirens and replacing them with 26 Whelen model sirens. A comparison between the licensee's predicted siren range and the Outdoor Sound Propagation Model results showed that the licensee's predicted sound coverage was conservative (i.e., the replacement sirens provided greater sound coverage). The final report's conclusion was that the licensee's 70-siren configuration for the D. C. Cook EWS was approved by the Federal Emergency Management Agency (FEMA) and met the specific design requirements of FEMA and relevant federal guidance.

The EWS sirens were operability tested on a daily basis Monday through Friday. The inspector observed the sirens in one sector being polled for information to verify that the basic information was able to be transmitted. Numerous individual silent siren tests and siren status poles were also observed. All siren status poles and silent tests were successful.

The inspector reviewed January 1 through July 1, 2000 reports titled "Berrien County Monthly EWS Test Report" and "Berrien County EWS Failure Report." The inspector determined that the licensee was effective in assessing and correcting siren problems in a timely manner as indicated in these reports for the 12 identified sirens operability problems.

There were no findings identified.

1EP3 Emergency Response Organization (ERO) Augmentation Testing

a. Inspection Scope

The inspector reviewed the semi-annual, off-hours staff augmentation drill procedure, related 1999 and 2000 drill records, backup provisions for off-hours notification of the licensee's emergency responders, and the current ERO call-out list. The inspector discussed with EP staff the late 1999 testing of a new, computerized ("Dialogics") pager call-out system and reviewed and discussed provisions for maintaining the ERO's call-out list.

b. Findings

During the inspector's review of the semi-annual off-hours drill records, no documentation was available for an augmentation drill during the second half of 1999, which was also during the plant's restart period. The licensee verified that no augmentation drill was conducted during the second half of 1999. The licensee then initiated Condition Report (CR) Number 00-2442.

10 CFR 50.54(q) requires, in part, that licensees follow and maintain in effect emergency plans. Section 12.3.15 of the licensee's Emergency Plan requires, in part, that off-hours shift augmentation drills be conducted semi-annually. Contrary to the above, no semi-annual off-hour augmentation drill for the second half of 1999 was conducted, as required by the Emergency Plan. The failure to perform this augmentation drill is a violation of 10 CFR 50.54(q). However, this violation is considered a Non-Cited Violation (NCV), in accordance with the NRC Enforcement Policy (NCV 50-315/2000014-01; 316/200014-01). This violation is in the licensee's corrective action program as CR number 00-2442.

The inspector evaluated the risk significance of this failure to conduct one off-hours augmentation drill using the EP Safety Significance Determination Process (Appendix B to NRC Manual Chapter (MC) 0609). The failure represented a violation of a regulatory requirement and a missed opportunity to demonstrate the adequacy of the licensee's augmentation capabilities. However, the inspector concluded that the failure to perform the augmentation drill was not an indication that either the EP planning standard in 10 CFR 50.47(b)(2) was not met or that the off-hours augmentation methodology could not be implemented. In particular, the inspector noted that off-hours, staff augmentation drills were successfully conducted during the first half of 1999 and the first half of year 2000, which demonstrated the licensee's ability to meet the planning standard. Based on the above factors, the inspector concluded that the failure to conduct an augmentation drill during the second half of 1999 was of very low safety significance (Green), per the guidance of Appendix B to MC 0609.

The inspector also determined that the licensee was transitioning in calendar year 2000 to a pager-based, computerized system as its primary off-hour augmentation method. The current call-out system, which was based on security personnel making telephone calls, would become the backup method.

1EP5 Correction of Emergency Preparedness Weaknesses and Deficiencies

a. Inspection Scope

The inspector reviewed and discussed the procedures for the corrective action program process, conduct of self-assessments, and the latest Performance Assurance (PA) audit and surveillance reports relevant to the licensee's EP program. The inspector also reviewed the licensee's self-assessment of the EP functional area assessment report. The inspector also reviewed and discussed samples of 1999 through August 2000 CRs, Corrective Action Assignments list, and Problem Evaluation Assignments list used by EP staff to document and track corrective actions related to program activities.

b. Findings

The inspector reviewed the PA Audit, Number PA-00-04, "Emergency Preparedness Program," conducted from January 28 through February 18, 2000. The audit provided an independent assessment of plant personnel's ability to respond to, evaluate, monitor, and minimize the consequences of a radiological emergency. The audit's scope also included the following: determine if communications and training had been provided to offsite support agencies; ensure the EP staff performed self-assessments; and, determine if appropriate actions were taken to address and prevent recurrence of previous findings. The audit report indicated that, while the operational portion of the EP program was effective, implementation of the administrative portion of the program was ineffective. Examples of the auditors' concerns included: tracking of responders' drill participation; a shortage of persons assigned to certain response positions; some outdated information in the Emergency Plan and implementing procedures; several equipment problems in the emergency response facilities; and that EP staff had not effectively used the corrective action program. The audit report also noted that ineffective administration of the EP program was a conclusion of the PA staff's 1999 audit of the EP program, which indicated that previous corrective actions were not fully effective. The auditors issued CR-00-2639 to document the recent findings concerning the ineffective administrative aspect of the EP program.

A previous self-assessment of the EP program, 99-RST-1999-001-EOG, "Functional Area Assessment Report," dated June 11, 1999, indicated that the overall condition of the EP program, including the ability of personnel to respond to an emergency was adequate. Several areas for improvement were identified in this self-assessment, including: the ERO was not maintained at a high level of readiness; EP documents (plans, procedures, and administrative guidelines) were not updated in a timely manner; the corrective action program was not adequately utilized to identify, document, track, and improve conditions adverse to the program; and self-assessments were narrow in scope and low in rigor. Two identified enhancements to the program were the increase in ERO staffing levels from three deep to four deep and the transition to the computerized call-out system.

The inspector also reviewed an assessment of the August 1, 2000, off-year integrated EP drill. Drill objectives, assessments, feedback, findings, and corrective actions were well documented in this report, which was assigned CR Number 00-10524. Select observations from the drill included: damage control teams generally reported the

status of their assigned tasks to OSA management in a timely manner, although several teams were delayed in being dispatched from the OSA; EOF staff performing computerized offsite dose projections demonstrated excellent understanding of plant conditions, held periodic discussions to determine the extent of core damage, and issued correct protective action recommendations to offsite agencies; and the transition of responsibilities for offsite notification form transmittal from the control room simulator staff to EOF staff was exceptionally smooth. Examples of corrective actions identified by PA staff included: added training due to a failure to recognize conditions warranting an Unusual Event declaration; the need to re-emphasize three-way communications and peer corrections; and evaluation of procedures to determine if additional guidance is required for making public address announcements by Control Room staff after EOF management make an emergency declaration.

Based on the licensee's assessment of its 2000 EP drill, the inspector concluded that the licensee had adequately demonstrated that the following issues identified by the NRC during the 1999 EP exercise had been corrected:

- the failure of the OSA staff to effectively communicate the status of repair teams (Inspection Follow-up Item (IFI) 50-315/99030-01; 316/99030-01);
- the lack of proficiency of dose assessment personnel in the use of the dose assessment program (IFI 50-315/99030-03; 316/99030-03); and
- the failure of the EOF staff to relieve the control room simulator in a timely manner of the offsite notification responsibilities (IFI 50-315/99030-04; 316/99030-04).

As a result of this demonstration, these follow-up items were closed. However, the licensee continued to identify some problems concerning the timely dispatch of repair teams from the OSA (IFI 50-315/99030-02; 316/99030-02). Consequently, the NRC will continue to monitor the licensee's progress in this area.

The inspector reviewed the corrective action program and associated procedure PMP-7030.CAP.001, "Corrective Action Program Process Flow," Revision 4, to determine the range of issues identified and the effectiveness of identified issue tracking and disposition. Approximately 81 of the 170 CRs related to the EP program that were generated since early 1999 had been closed. The items reviewed were identified by number and description, with responsible departments identified, along with due dates, and item status. While the CRs and Corrective Action status lists were not as user friendly as other licensee processes, the issues and corrective actions were adequately documented and tracked.

4. OTHER ACTIVITIES

4OA5 Other

.1 Review of Performance Indicator (PI) Program

a. Inspection Scope

The inspector discussed with the licensee its methods for assessing information used to determine the values for the following three PIs for the period October 1999 through June 2000: Alert and Notification System (ANS) Reliability; ERO Drill Participation; and, Drill and Exercise Performance (DEP). Samples of documentation relevant to the raw data for each indicator was also reviewed and evaluated to ensure that the licensee was properly applying NRC guidance. The inspector also reviewed the licensee's process for identifying key ERO positions per Nuclear Energy Institute (NEI) 99-02 guidance. Records of simulator training sessions, periodic siren tests, and relevant drills and exercises were also reviewed. The methods for determining 2000 Control Room Simulator training sessions' emergency classification and State/county notification opportunities were reviewed and discussed with EP staff.

b. Findings

The inspector determined that the licensee was in the process of developing specific guidance, which was not available for review, for PI data collection. There were no findings identified.

.2 Emergency Response Organization Training and Qualification

a. Inspection Scope

The inspector reviewed and discussed records related to the licensee's tracking of training given to ERO members. Training records were compared with the current revision of the licensee's call-out list, "ERO Phone Directory," to determine whether ERO members were currently qualified. Recent EP staffing and reporting changes were also discussed.

b. Findings

The licensee initially had difficulty in locating training records to verify the training of a number of ERO members. The inspector also noted several inconsistencies between the current call-out list and the training records. These inconsistencies indicated potential record process problems and attention to detail issues. Prior to the conclusion of the inspection, the licensee initiated corrective actions to address those inconsistencies and to prevent recurrence.

Recent EP staffing and reporting changes were also discussed. Three additional staff personnel were added to support the program. In May 2000, a Radiation Protection

Supervisor replaced the last EP Manager. Also, the EP Department was reorganized into the Site Protective Services Department to address a declining performance issue identified in 1999. There were no findings identified.

.3 Emergency Response Facilities and Equipment Surveillance

a. Inspection Scope

The inspector inspected the TSC, EOF, and the OSA to assess the adequacy of these facilities to support emergency response operations. The licensee demonstrated the operability of numerous emergency response equipment, including radiological survey instruments, dose assessment and plant data computer terminals, and communications equipment. The inspector also reviewed a sample of equipment surveillance records.

b. Findings

Each facility was maintained and in a good state of operational readiness. Current copies of the Emergency Plan and implementing procedures were available in the facilities. In particular, the inspector observed that the licensee had made a number of improvements and upgrades to the equipment used in the facilities to improve performance. There were no findings identified.

4OA6 Management Meetings

Exit Meeting Summary

The inspector presented the inspection results to Mr. R. Powers and other members of licensee management on August 18, 2000. The licensee acknowledged the information presented and did not identify any information discussed as proprietary.

PARTIAL LIST OF PERSONS CONTACTED

Licensee

M. Barfelz, Regulatory Affairs
R. Gaston, Compliance Manager
P. Holland, Emergency Preparedness Supervisor
N. Jackiw, Regulatory Affairs
W. Kropp, Regulatory Affairs Director
R. LaBurn, Radiation Protection
K. McLaughlin, Nuclear Documents Management Supervisor
J. Molden, Maintenance Director
T. Noonan, Performance Assurance Director
R. Powers, Senior Vice President
D. Raye, Radiation Protection
M. Rencheck, Vice President Engineering
R. Rickman, Managerial Staff Assistant
J. Smith, Emergency Preparedness Coordinator
F. Timmons, Site Protective Services Manager
S. Watkins, Radiation Protection Superintendent
L. Weber, Acting Plant Manager
D. Wood, Radiological Chemistry/Environmental Manager

NRC

B. Bartlett, Senior Resident Inspector
S. Orth, Senior Radiation Protection Inspector

ITEMS OPENED, CLOSED, AND DISCUSSED

Opened

050-315/316/2000014-01 NCV Failure to perform one augmentation drill in 1999.
(Section 1EP2)

Closed

50-315/316/99030-01 IFI Exercise Weakness, the failure of the OSA staff to
effectively communicate the status of repair teams.
(Section 1EP5)

50-315/316/99030-03 IFI The lack of proficiency of dose assessment personnel in
use of the Dose Assessment Program. (Section 1EP5)

50-315/316/99030-04 IFI Exercise Weakness, the failure of EOF staff to relieve
Control Room Simulator staff in a timely manner of the
responsibility to transmit notification forms to the State
officials. (Section 1EP5)

050-315/316/2000014-01 NCV Failure to perform one augmentation drill in 1999.
(Section 1EP2)

Discussed

050-315/316/99030-02 IFI The untimely dispatch of OSA repair teams. (Section
1EP5)

LIST OF ACRONYMS USED

ANS	Alert and Notification System
CR	Condition Report
DEP	Drill and Exercise Performance
DRS	Division of Reactor Safety
EOF	Emergency Operations Facility
EP	Emergency Preparedness
ERO	Emergency Response Organization
IFI	Inspection Follow-up Item
MC	(NRC) Manual Chapter
NEI	Nuclear Energy Institute
NRC	Nuclear Regulatory Commission
OSA	Operations Staging Area
PA	Performance Assurance
PI	Performance Indicator
TSC	Technical Support Center

LIST OF DOCUMENTS REVIEWED

Assessments and Audits

Performance Assurance Department Audit PA-00-04, "Emergency Preparedness Program"
"Functional Area Assessment Report of Emergency Preparedness," 99-RST-1999-001-EOG
Assessment Report SA-2000-SPS-020, "August 1, 2000 Evaluated Exercise"

Miscellaneous

Donald C. Cook Nuclear Power Plant Site-Specific Offsite Radiological Emergency
Preparedness Early Warning System Quality Assurance Verification, June 18, 1999
Berrien County EWS Siren Failure Reports: February 4, 2000, March 6, 2000, March 22,
2000, June 8, 2000, and June 15, 2000
Berrien County Monthly EWS Test Report, January 1, 2000
ERO Phone Directory, Revision 15
Monthly Communications Check for January 31 through July 31, 2000
Monthly Phone System Tests for January 18 through July 25, 2000
EP Respiratory Protection Quarterly Inventory for March 31 through June 25, 1999
Count Vehicle Inventory Quarterly Inventory for January 7 through July 26, 1999
Emergency Sampling Station Quarterly Inventory for March 12 through July 28, 1999

Condition Reports (CR)

P-99-07078, March 29, 1999, Declining performance in the EP organization in 2 years
P-99-27801, November 22, 1999, Some sirens were inoperable in January 1999
P-00-01950, February 2, 2000, Emergency Plan equipment problems indicate possible trend
P-00-02029, February 3, 2000, EOF lacks a continuous airborne radiation monitor
P-00-02442, February 10, 2000, Inadequate emergency plan drill completion documentation
P-00-02623, February 14, 2000, Emergency Plan updates and deficiencies need resolution
P-00-02639, February 14, 2000, Administrative deficiencies identify a declining trend
P-00-09903, July 13, 2000, Poor attendance at ERO training session
P-00-10524, August 1, 2000 Evaluated Exercise
P-00-11455, August 17, 2000, On-Track training records do not contain record of a SRO
attendance for RQ-F-9962

Procedures

"Berrien County Early Warning Siren System (EWS) Operation Manual," December 1, 1999
D. C. Cook Nuclear Plant Emergency Plan, Revision 16, Section 12.3.6, "Notification Methods
and Procedures"
D. C. Cook Nuclear Plant Emergency Plan, Revision 15, Section 12.3.15, "Exercises, Drills,
and Training"
EPAM, Revision 0, Section 5.0, "Emergency Plan Drills and Exercise"
PMP 2080 EPP.107, Revision 13, "Notification of Plant Personnel"
PMP 2080 EPP.107, Revision 14, "Notification of Plant Personnel," Draft
PMP 7030.CAP.001, Revision 4, "Corrective Action Program Process Flow"
PMP 7034.SAP.001, Revision 2, "Conduct of Non-Regulatory Self-Assessments"