



Washington State University

Nuclear Radiation Center

P O Box 641300
Pullman, WA 99164-1300
509-335-8641
FAX 509-335-4433

Monday, August 7, 2000

Document Control Desk
U.S. Nuclear Regulatory Commission
Washington, DC 20555

Ref: Docket 50-27
Attention: Mr. Stephen W. Holmes

Dear Mr. Holmes:

This report is sent to inform the NRC about a monitoring failure that occurred during the month of June 2000. Under Washington State University's technical specifications (license R-76, TS 3.14), the radionuclide content of the reactor pool water shall be monitored monthly at an interval not to exceed six (6) weeks in order to detect a significant leak in the sources stored in the reactor pool. A ^{60}Co source, with current activity of approximately 1700 Ci, is permanently installed in the reactor pool, requiring that this monitoring be done.

Due to personnel error, this monitoring was not performed during June. This oversight was detected July 31, 2000, at which time a pool water sample was obtained from above the ^{60}Co source. This water sample showed no abnormal radionuclide levels. Considering that a breach in the source would grow over time, it can be concluded that no radionuclide leak occurred during the un-monitored time.

In examining the causes for this oversight, personnel error appears to be the main problem. Fault lies both with the operators that failed to perform the surveillance, believing it to be unrequired, and with my failure to review more frequently the monthly maintenance logs. Such an occurrence is unlikely to happen again, as we have implemented a checklist review schedule that will catch this kind of oversight before exceeding a deadline. Second, a memorandum was sent to all operators stressing the importance of performing all items on the monthly maintenance list, whether or not these items are believed to be required by the facility license. Third, an item will be added to the reactor startup checkout to ensure that all operations shall be performed. Finally, a weekly operator's meeting will be held to ensure that all maintenance tasks will be scheduled and/or assigned to an operator.

The actions taken should prevent the possibility of a future occurrence of this or a similar problem. Any suggestion that the US NRC can make concerning this incident would be appreciated.

Sincerely,

Gerald E. Tripard
Director, WSU Nuclear Radiation Center

Cc: M.H. Miles, chair, WSU reactor safeguards committee

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