UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION I
2100 RENAISSANCE BLVD., SUITE 100
KING OF PRUSSIA, PA 19406-2713

January 17, 2017

Mr. Bryan Hanson
Senior Vice President, Exelon Generation Company, LLC
President and Chief Nuclear Officer, Exelon Nuclear
4300 Winfield Road
Warrenville, IL 60555

SUBJECT: LIMERICK GENERATING STATION – PROBLEM IDENTIFICATION AND RESOLUTION INSPECTION REPORT 05000352/2016008 AND 05000353/2016008

Dear Mr. Hanson:

On December 15, 2016, the U.S. Nuclear Regulatory Commission (NRC) completed a problem identification and resolution inspection at the Limerick Generating Station, Units 1 and 2. The NRC inspection team discussed the results of this inspection with Mr. M. Herr, Assistant Plant Manager, and other members of your staff. The results of this inspection are documented in the enclosed report.

The NRC inspection team reviewed the station's corrective action program and the station's implementation of the program to evaluate its effectiveness in identifying, prioritizing, evaluating, and correcting problems, and to confirm that the station was complying with NRC regulations and licensee standards for corrective action programs. Based on the samples reviewed, the team determined that your staff's performance in each of these areas adequately supported nuclear safety.

The team also evaluated the station's processes for use of industry and NRC operating experience information and the effectiveness of the station's audits and self-assessments. Based on the samples reviewed, the team determined that your staff's performance in each of these areas adequately supported nuclear safety.

Finally, the team reviewed the station's programs to establish and maintain a safety-conscious work environment, and interviewed station personnel to evaluate the effectiveness of these programs. Based on the team's observations and the results of these interviews, the team found no evidence of challenges to your organization's safety-conscious work environment. Your employees appeared willing to raise nuclear safety concerns through at least one of the several means available.

In all of the areas reviewed, the NRC inspectors did not identify any findings or violations of more than minor significance.

This letter, its enclosure, and your response (if any) will be made available for public inspection and copying at http://www.nrc.gov/reading-rm/adams.html and the NRC Public Document Room in accordance with 10 CFR 2.390, “Public Inspections, Exemptions, Requests for Withholding.”

Sincerely,

/RA/

Daniel L. Schroeder, Chief
Reactor Projects Branch 4
Division of Reactor Projects

Docket Nos. 50-352 and 50-353
License Nos. NPF-39 and NPF-85

Enclosure:
Inspection Report 05000352/2016008 and 05000353/2016008
w/Attachment: Supplementary Information

cc w/encl: Distribution via ListServ

SUBJECT: LIMERICK GENERATING STATION – PROBLEM IDENTIFICATION AND RESOLUTION INSPECTION REPORT 05000352/2016008 AND 05000353/2016008 dated January 17, 2017

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REGION I

Docket Nos.:	50-352 and 50-353
License Nos.:	NPF-39 and NPF-85
Report Nos.:	05000352/2016008 and 05000353/2016008
Licensee:	Exelon Generation Company, LLC
Facility:	Limerick Generating Station, Units 1 and 2
Location:	Sanatoga, PA 19464
Dates:	November 28 – December 2, 2016 December 12 –15, 2016
Team Leader:	Thomas Setzer, PE, Senior Project Engineer
Inspectors:	Peter Boguszewski, Project Engineer Matthew Fannon, Resident Inspector Mark Henrion, Project Engineer
Approved by:	Daniel L. Schroeder, Chief Reactor Projects Branch 4 Division of Reactor Projects

SUMMARY

IR 05000352/2016008 and 05000353/2016008; 11/28/2016 – 12/15/2016;
Limerick Generating Station; Biennial Baseline Inspection of Problem Identification and Resolution.

This NRC team inspection was performed by three regional inspectors and one resident inspector. The NRC's program for overseeing the safe operation of commercial nuclear power reactors is described in NUREG-1649, "Reactor Oversight Process," Revision 6.

Problem Identification and Resolution

The inspectors concluded that Exelon was effective in identifying, evaluating, and resolving problems. Exelon personnel identified problems, entered them into the corrective action program at a low threshold, and prioritized issues commensurate with their safety significance. Exelon appropriately screened issues for operability and reportability, and performed causal analyses that appropriately considered extent of condition, generic issues, and previous occurrences. The inspectors also determined that Exelon implemented corrective actions to address the problems identified in the corrective action program in a timely manner.

The inspectors concluded that Exelon adequately identified, reviewed, and applied relevant industry operating experience to Limerick operations. In addition, based on those items selected for review, the inspectors determined that Exelon's self-assessments and audits were thorough.

Based on the interviews the inspectors conducted over the course of the inspection, observations of plant activities, and reviews of individual corrective action program and employee concerns program issues, the inspectors did not identify any indications that site personnel were unwilling to raise safety issues nor did they identify any conditions that could have had a negative impact on the site's safety conscious work environment.

No findings were identified.

REPORT DETAILS

4. OTHER ACTIVITIES (OA)

4OA2 Problem Identification and Resolution (71152B)

This inspection constitutes one biennial sample of problem identification and resolution as defined by Inspection Procedure 71152. All documents reviewed during this inspection are listed in the Attachment to this report.

.1 Assessment of Corrective Action Program Effectiveness

a. Inspection Scope

The inspectors reviewed the procedures that described Exelon's corrective action program at Limerick. To assess the effectiveness of the corrective action program, the inspectors reviewed performance in three primary areas: problem identification, prioritization and evaluation of issues, and corrective action implementation. The inspectors compared performance in these areas to the requirements and standards contained in 10 CFR 50, Appendix B, Criterion XVI, "Corrective Action," and Exelon procedure PI-AA-125, "Corrective Action Program (CAP) Procedure." For each of these areas, the inspectors considered risk insights from the station's risk analysis and reviewed CAP issue reports selected across the seven cornerstones of safety in the NRCs Reactor Oversight Process. Additionally, the inspectors attended multiple Station Ownership Committee meetings. The inspectors selected items from the following functional areas for review: engineering, operations, maintenance, emergency preparedness, radiation protection, chemistry, physical security, Maintenance Rule, and oversight programs.

(1) Effectiveness of Problem Identification

In addition to the items described above, the inspectors reviewed system health reports, a sample of completed corrective and preventative maintenance work orders, completed surveillance test procedures, operator logs, and periodic trend reports. The inspectors also completed field walkdowns of various systems in both Units 1 and 2, which included the high pressure coolant injection (HPCI), reactor core isolation cooling (RCIC), core spray (CS), and residual heat removal (RHR) systems. Additionally, the inspectors reviewed a sample of CAP issue reports written to document issues identified through internal self-assessments, audits, emergency preparedness drills, and the operating experience program. The inspectors completed this review to verify that Exelon entered conditions adverse to quality into their corrective action program as appropriate.

(2) Effectiveness of Prioritization and Evaluation of Issues

The inspectors reviewed the evaluation and prioritization of a sample of CAP issue reports issued since the last NRC biennial problem identification and resolution inspection completed in October 2014. The inspectors also reviewed CAP issue reports that were assigned lower levels of significance that did not include formal cause evaluations to ensure that they were properly classified. The inspectors' review included the appropriateness of the assigned significance, the scope and depth of the causal analysis, and the timeliness of resolution.

The inspectors assessed whether the evaluations identified likely causes for the issues and developed appropriate corrective actions to address the identified causes. Further, the inspectors reviewed equipment operability determinations, reportability assessments, Licensee Event Reports, and extent-of-condition reviews for selected problems to verify these processes adequately addressed equipment operability, reporting of issues to the NRC, and the extent of the issues.

(3) Effectiveness of Corrective Actions

The inspectors reviewed Exelon's completed corrective actions through documentation review and, in some cases, field walkdowns to determine whether the actions addressed the identified causes of the problems. The inspectors also reviewed CAP issue reports for adverse trends and repetitive problems to determine whether corrective actions were effective in addressing the broader issues. The inspectors reviewed Exelon's timeliness in implementing corrective actions and effectiveness in precluding recurrence for significant conditions adverse to quality. The inspectors also reviewed a sample of CAP issue reports associated with selected non-cited violations and findings to verify that Exelon personnel properly evaluated and resolved these issues. In addition, the inspectors expanded the corrective action review to five years to evaluate Exelon's actions related to the reactor enclosure recirculation system for both Units 1 and 2.

b. Assessment

(1) Effectiveness of Problem Identification

Based on the selected samples, plant walkdowns, and interviews of site personnel in multiple functional areas, the inspectors determined that Exelon, in general, identified problems and entered them into the corrective action program at a low threshold. Exelon staff at Limerick initiated approximately 24,000 CAP issue reports between October 2014 and November 2016. The inspectors observed supervisors at the Station Ownership Committee meetings appropriately questioning and challenging CAP issue reports to ensure clarification of the issues. Based on the samples reviewed, the inspectors determined that Exelon trended equipment and programmatic issues, and appropriately identified problems in CAP issue reports. The inspectors verified that conditions adverse to quality identified through this review were entered into the corrective action program as appropriate. Additionally, inspectors concluded that personnel were identifying trends at low levels.

During a plant walkdown of safety significant areas in Units 1 and 2, the inspectors identified two minor issues that had not been entered into the corrective action program. Specifically, the inspectors identified an oil leak on the Unit 1 HPCI suction valve from the condensate storage tank. Additionally, the inspectors identified an uncapped pipe that penetrated the floor in the Unit 1 RCIC room. Both of these issues were considered performance deficiencies because Exelon failed to identify the conditions adverse to quality and enter them into the CAP. Exelon promptly entered the issues into the corrective action program (IRs 3948230 and 3948821) and evaluated the issues to determine if there were any adverse effects upon the availability or operability of the HPCI or RCIC systems. Exelon determined that neither issue affected operability, and took corrective action to address the issues. The inspectors determined that the issues did not affect the availability, reliability, or capability of the HPCI and RCIC systems. Therefore, the performance deficiencies were determined to be minor and not subject to enforcement action in accordance with the NRC's Enforcement Policy.

(2) Effectiveness of Prioritization and Evaluation of Issues

The inspectors determined that Exelon appropriately prioritized and evaluated issues commensurate with the safety significance of the identified problem. Exelon screened CAP issue reports for operability and reportability, categorized the CAP issue reports by significance, and assigned actions to the appropriate department for evaluation and resolution. The issue report screening process considered human performance issues, radiological safety concerns, repetitiveness, adverse trends, and potential impact on the safety conscious work environment.

Based on the sample of CAP issue reports reviewed, the inspectors noted that the guidance provided by Exelon CAP implementing procedures appeared sufficient to ensure consistency in categorization of issues. Operability and reportability determinations were generally performed when conditions warranted and in most cases, the evaluations supported the conclusion. Causal analyses appropriately considered the extent of condition or problem, generic issues, and previous occurrences of the issue.

The inspectors noted one observation concerning the station's management of the oldest Action Items (ACITs). The inspectors requested a list of all corrective action program CAP issue reports initiated before the last PI&R inspection (October 2014) and that remain open. Exelon provided a list of approximately 600 items ranging from two to ten-years old. The inspectors reviewed this list of items and determined that there were no issues of safety significance; however, the due dates were not assigned in accordance with the intent of the corrective action procedure, and had in some cases been extended numerous times. Specifically, many items were extended due to lack of resources or higher priority work, and these items were then extended multiple times for the exact same reason. The inspectors noted that Exelon recently began monitoring this list but had not ensured that the due dates for the items were set according to priorities and resources. This was not considered a performance deficiency since Exelon procedures allow ACIT due dates to be extended multiple times; however, the inspectors noted that this practice would not ensure that the items get completed.

(3) Effectiveness of Corrective Actions

The inspectors concluded that corrective actions for identified deficiencies were generally timely and adequately implemented. For significant conditions adverse to quality, Exelon identified actions to prevent recurrence. The inspectors concluded that corrective actions to address the sample of NRC non-cited violations and findings since the last problem identification and resolution inspection were timely and effective.

.2 Assessment of the Use of Operating Experience

a. Inspection Scope

The inspectors reviewed a sample of CAP issue reports associated with review of industry operating experience to determine whether Exelon appropriately evaluated the operating experience information for applicability to Limerick and had taken appropriate actions, when warranted. The inspectors also reviewed evaluations of operating experience documents associated with a sample of NRC generic communications to ensure that Exelon adequately considered the underlying problems associated with the issues for resolution via their corrective action program.

In addition, the inspectors observed various plant activities to determine if the station considered industry operating experience during the performance of routine and infrequently performed activities.

Assessment

The inspectors determined that Exelon appropriately considered industry operating experience information for applicability, and used the information for corrective and preventive actions to identify and prevent similar issues when appropriate. The inspectors determined that operating experience was appropriately applied and lessons learned were communicated and incorporated into plant operations and procedures when applicable.

b. Findings

No findings were identified.

.3 Assessment of Self-Assessments and Audits

a. Inspection Scope

The inspectors reviewed a sample of audits, including the most recent audit of the corrective action program, departmental self-assessments, and assessments performed by independent organizations. Inspectors performed these reviews to determine if Exelon entered problems identified through these assessments into the corrective action program, when appropriate, and whether Exelon initiated corrective actions to address identified deficiencies.

Assessment

The inspectors concluded that self-assessments, audits, and other internal Exelon assessments were generally critical, thorough, and effective in identifying issues. The inspectors observed that Exelon personnel knowledgeable in the subject completed these audits and self-assessments in a methodical manner. Exelon completed these audits and self-assessments to a sufficient depth to identify issues which were then entered into the corrective action program for evaluation. In general, the station implemented corrective actions associated with the identified issues commensurate with their safety significance.

b. Findings

No findings were identified.

.4 Assessment of Safety Conscious Work Environment

a. Inspection Scope

During interviews with station personnel, the inspectors assessed the safety conscious work environment at Limerick. Specifically, the inspectors interviewed personnel to determine whether they were hesitant to raise safety concerns to their management and/or the NRC. The inspectors also interviewed the station Employee Concerns

Program coordinator to determine what actions are implemented to ensure employees were aware of the program and its availability with regards to raising safety concerns. The inspectors reviewed the Employee Concerns Program files to ensure that Exelon entered issues into the corrective action program when appropriate.

Assessment

During interviews, Limerick staff expressed a willingness to use the corrective action program to identify plant issues and deficiencies and stated that they were willing to raise safety issues. The inspectors noted that no one interviewed stated that they personally experienced or were aware of a situation in which an individual had been retaliated against for raising a safety issue. All persons interviewed demonstrated an adequate knowledge of the corrective action program and the Employee Concerns Program. Based on these limited interviews, the inspectors concluded that there was no evidence of an unacceptable safety conscious work environment and no significant challenges to the free flow of information.

b. Findings

No findings were identified.

4OA6 Meetings, Including Exit

On December 15, 2016, the inspectors presented the inspection results to Mr. M. Herr, Assistant Plant Manager, and other members of the Limerick staff. The inspectors verified that no proprietary information was retained by the inspectors or documented in this report.

ATTACHMENT: SUPPLEMENTARY INFORMATION

SUPPLEMENTARY INFORMATION

KEY POINTS OF CONTACT

Licensee Personnel
R. Libra, Site Vice President
D. Lewis, Plant General Manager
M. Herr, Assistant Plant Manager
I. Chaudry, ECP Coordinator
S. Desimone, Security Manager
T. Fritz, System Manager
N. Lampe, Engineer
W. Levis, Branch Manager
C. Mattson, System Manager
B. McCall, CAP Program Manager
J. Mills, System Manager
T. Ray, Security CAPCO
E. Rosa, System Manager
J. Somers, System Manager
J. Thoryk, System Manager
B. Tracy, IST Engineer
M. Trexler, Site Maintenance Rule Coordinator
B. Weingard, Engineering Supervisor

LIST OF ITEMS OPENED, CLOSED, DISCUSSED, AND UPDATED

Opened and Closed

None

LIST OF DOCUMENTS REVIEWED

Section 4OA2: Problem Identification and Resolution

Audits and Self-Assessments
ACAD 12-001, Limerick Operations Training Objective 3 Focused Area Self-Assessment
Radiological Gaseous and Liquid Effluents Control Program Check In Self-Assessment
IR 2413683, Security 95001 Inspection Self-Assessment
IR 2436679, Emergency Preparedness Check-In Self-Assessment
IR 2628038, Maintenance Rule Self-Assessment
IR 2398621, FASA: Preparation for the 2015 NRC Component Design Basis Inspection
IR 2624177, FASA: EQ Program
IR 2631529, CHECK-IN Self-Assessment: 50.59 Process
CHECK-IN Self-Assessment of Corrective Action Program, dated 12/15/15
CAP Program Audit dated April 1, 2015
PI&R FASA, dated 10/6/16
ECP CHECK-IN Self-Assessment dated 1/15/16

CAP Issue Reports *(* indicates that issue report was generated as a result of this inspection)*

2388098	1484029	2513554	2581426	2584456
2391087	1600991	2514772	2545199	2584458
2391388	1609113	2516721	2437079	2671958
2434705	2409258	2523766	2700512	2671965
2434544	1691686	2523907	2520906	2671968
2437674	1684293	2529147	2551930	2671980
2447137	1650706	2529503	2524303	2671992
2451717	1624066	2535664	2532093	2671996
2470878	1577935	2543916	2548650	2672004
2485343	2458005	2545600	2664644	2621786
2502888	2430692	2546805	2679609	2621784
2510510	2563872	2547594	2681596	2447137
2523623	2601176	2551157	2700501	1418917
2581137	2466892	2553230	2390846	2520732
2602641	2607883	2553273	2461965	2480166
2720374	2722233	2571809	2511146	2525512
2719790	2497686	2571968	2511297	2490592
2703066	2458432	2586986	2605828	2556568
2674478	1558559	2587076	2711443	2624266
2656504	3948230*	2601215	2425030	2563872
2391035	1653696	2602637	2477449	2602637
2391372	1687907	2605441	2477513	2624349
2400170	2472778	2607821	2478467	2644005
2425829	2417570	2611406	2484626	2592543
2435722	1440246	2612217	2672406	2545199
2441885	1440254	2612228	2675189	2116233
2457984	2542598	2622237	2539426	2426547
2471714	2686844	2628038	2653298	2521700
2481579	1656697	2655286	2674023	2566856
2483118	1695702	2655823	2675759	2566861
2490882	1697821	2662331	2676685	2566863
2500806	2398492	2663248	2591861	2577704
2523403	2402576	2666087	2448149	2577705
2557605	2408483	2667045	2485871	2622047
2573006	2413683	2667382	2680421	2625171
2721792	2429779	2667682	2446756	2652313
2711526	2434529	2679688	2575739	2461166
2699977	2436679	2696498	2480166	2740480
2655914	2436878	2707958	2463216	3943194
2440393	2439637	2709120	2464416	3946803
2587076	2442697	2711609	2624349	2740598
2563872	2445264	2724995	2624349	3949624
2720306	2445519	2725350	2458005	2726060
1271456	2446419	2725379	2602637	2673104
1320455	2458286	2726027	2711263	2619459
1353502	2459678	2726138	2664553	2673333
1366130	2462439	3947291	2697253	3953024*
1386000	2471505	2653296	2699806	1468974*
1388299	2478644	2523108	3952320*	2444385
1408405	2480263	2606000	3948821*	2555360
1475954	2494273	2483972	2509699	2669948
1426111	2510180	2646407	2584452	2661084

2574532	1196633	0618182	2619459	2673104
0566953	1219466	2634231	2642077	
1050522	1250199	2640779	2671663	

Drawings

8031-M-20, Fuel and Diesel Oil Storage Transfer (Starting Air System Unit 1), Sheet 6, Revision 52
M-563, Plumbing and Drainage Reactor Building No. 1&2 Dirty Radwaste System Isom, Diag.
M-513, Plumbing and Drainage Reactor Building No. 1 Floor Plan EL. 177' – 0"
M-500, Plumbing and Drainage Symbols, Abbreviations, and General Notes
M-61, P&ID Liquid Radwaste Collection (Unit 1)

Operating Experience

IN 2016-13, Uranium Accumulation in Fuel Cycle Facility Ventilation and Scrubber Systems
10 CFR Part 21 Notification of Defective Moore 535 Controllers
Event Notification 51923, Part 21 Initial Notification of Masterpact Breaker Failure to Close
RIS 2015-003, Reporting Security Incidents
RIS 2015-006, Tornado Missile Protection
IN 2006-05, Operating Experience Regarding Complications from a Loss of Instrument Air

Non-Cited Violations and Findings

05000352/2015004-02, Condition Prohibited by Technical Specifications Due to Standby Gas Treatment System Subsystem Inoperable
05000352/2015005-01, Unplanned Manual Power Reduction to 90%
05000352/2016001-01, Reactor Enclosure Recirculation System Design Change Was Not Evaluated
05000352,353/2014004-01
05000352,353/2015201-01
05000352,353/2015201-02
NCV 05000352/2016001-02, Seismic Qualification of Safety Related Battery not Maintained
NCV 05000352; 05000353/2015001-01, Fire Safe Shutdown Diesel Generator Maintenance Program Did Not Account for Cold Temperatures due to Inadequate Specification for Fuel Oil Cloud Point
NCV 05000352; 05000353/2015001-02, Startup Procedure Considered High Pressure Coolant Injection Operable with High Reactor Water Level Trip Actuated Preventing High Drywell Pressure Automatic Actuation

Procedures

ER-AA-302-1006, Motor-Operated Valve Maintenance and Testing Guidelines, Revision 13
PI-AA-120, Issue Identification Screening Process, Revision 6
PI-AA-125, Corrective Action Program Procedure (CAP), Revision 4
ST-2-026-603-0, Radioactive Gaseous Effluent Monitoring North Stack Effluent Monitor Channel 'A' Functional Test (RIX-26-075A, RY-26-075A)
ST-2-026-640-0, Radioactive Gaseous Effluent Monitoring - North Stack Effluent – Flow Rate Monitor Functional Test (FT-26-074)
TQ-LG-121-1000, Limerick Station Supervisory Development Program Site Specific Training, Revision 2

ER-AA-310, Implementation of the Maintenance Rule, Revision 9
ER-AA-310-1003, Maintenance Rule – Performance Criteria Selection, Revision 5
ER-AA-310-1004, Maintenance Rule – Performance Monitoring, Revision 13
ER-AA-310-1007, Maintenance Rule – Periodic (a)(3) Assessment, Revision 4
LS-AA-104-1000, Exelon 50.59 Resource Manual, Revision 10
MA-AA-716-025, Scaffold Installation, Modification, and Removal Request Process
LS-AA-104-1002, 50.59 Applicability Review Form
MA-AA-716-026, Station Housekeeping/ Material Condition Program
ST-6-022-252-0, Diesel Driven Fire Pump Flow Test
M-C-700-335, Rev. 8
Alarm Response Card (ARC)-MCR-002 B-4, Revision 1
ON-122, Loss of Main Control Room Annunciators, Revision 20

Work Orders
A1968726
A1970158
A1986287
A1992876
A2050067

Miscellaneous
ECR LG-15-00291
Limerick Generating Station Plant Health Committee Significant Work List for Work Week 1651
10 CFR 50.65(a)(3) Periodic Assessment 2/29/2016
LG-11-0183, H2O2 Analyzer Project Authorization Request
Maintenance Rule Basis Documents
Security PI Data
Security PIIM 2015-0466
System Health Reports
50.59 review of procedure MA-AA-716-025, Scaffold Installation, Modification, and Removal Request Process
LGS UFSAR Section 9.3.3, Plant Drainage Systems
Operator Logs – November 20, 2016
Email dated 11/3/2016 from Robert McCall; Re: Passport Assignments with Excessive Reschedules
ECP Investigative Cases 2014 thru 2016
Safety Culture Monitoring Panel Meeting Minutes dated 5/19/15, 8/24/15, 12/2/15, 1/29/16, 6/3/16
3Q-4Q 2015 Senior Leadership Team Safety Culture Review dated 4/25/16

LIST OF ACRONYMS

ACIT	Action Item
ARC	Alarm Response Card
ADAMS	Agency-wide Documents Access and Management System
CAP	Corrective Action Program
CAPCO	Corrective Action Program Coordinator
CFR	Code of Federal Regulations
CS	Core Spray
ECP	Employee Concerns Program
FASA	Focused Area Self-Assessment
HPCI	High Pressure Coolant Injection
IMC	Inspection Manual Chapter
IR	Issue Report
NRC	Nuclear Regulatory Commission
OA	Other Activities
PARS	Publicly Available Records System
PI&R	Problem Identification and Resolution
RCIC	Reactor Core Isolation Cooling
RHR	Residual Heat Removal