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AUTH. NAME AUTHOR AFFILIATION
 PARRISH, J.V. Washington Public Power Supply System
 RECIP. NAME RECIPIENT AFFILIATION
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SUBJECT: Forwards response to NRC 931215 ltr re violation noted in
 Insp Rept 50-397/93-48.C/As: five individuals described in
 NOV reactivated in FFD random test data base & emergency
 response EOF/TSC & plant access personnel list reviewed.

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January 14, 1994
G02-94-012

Docket No. 50-397

U. S. Nuclear Regulatory Commission
Attn: Document Control Desk
Mail Station P1-37
Washington, D. C. 20555

Gentlemen:

Subject: **WNP-2, OPERATING LICENSE NO. NPF-21
NRC INSPECTION REPORT 93-48
RESPONSE TO NOTICE OF VIOLATION**

The Washington Public Power Supply System hereby replies to the Notice of Violation contained in your letter dated December 15, 1993. Our reply, pursuant to the provisions of Section 2.201, Title 10, Code of Federal Regulations, consists of this letter and Appendix A (attached).

In Appendix A, the violation is addressed with an explanation of our position regarding validity, corrective action and date of full compliance.

The Supply System shares your concern that this problem represents a repeat occurrence of a similar problem previously identified by Quality Assurance. A discussion of the process changes made to address the issue of repeat occurrence is provided in the attached response.

Sincerely,

J. V. Parrish (Mail Drop 1023)
Assistant Managing Director, Operations

cc: KE Perkins - NRC RV
NS Reynolds - Winston & Strawn
JW Clifford - NRR

DL Williams - BPA/399
NRC Site Inspector - 927N

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Appendix A

During an NRC inspection conducted on November 16-23, 1993, a violation of NRC requirements was identified. In accordance with the "General Statement of Policy and Procedure for NRC Enforcement Action," 10 CFR Part 2, Appendix C, the violation is listed below.

10 CFR 26.2 requires, in part, that the provisions of the fitness-for-duty (FFD) program must apply ... to licensee, vendor or contractor personnel required to physically report to the licensee's Technical Support Center (TSC) or Emergency Operations Facility (EOF). Further, 10 CFR 26.24(a) requires that the licensee implement the following chemical testing programs for persons subject to this part to include "(2) unannounced test imposed in a random manner."

Contrary to the above, as of November 4, 1993, five individuals, having emergency response responsibilities at the EOF or TSC, were not subject to random FFD sampling.

This is a Severity Level IV violation (supplement VII).

Validity of Violation

The Supply System acknowledges the validity of the violation. This deficiency was identified in a Quality Assurance (QA) audit (93-645) conducted on October 25, 1993 through November 9, 1993. Problem Evaluation Request (PER) number 293-1298 documented that the five individuals having assignments requiring FFD random testing were not in the FFD random test data base.

The root cause of this deficiency was that process controls did not ensure proper coordination in changes to an individual's status with the FFD random test data base. Three individuals were removed from the FFD random test data base when notification was received that their access to the Protected Area had been terminated. However, the three individuals still had emergency response duties in the EOF/TSC, which requires FFD random testing. A fourth individual was inadvertently deleted from the data base due to having the same last name of the individual intended for deletion. The fifth individual had been deleted for reasons unknown. These last two individuals were also on the emergency response EOF/TSC personnel list. The emergency response personnel list was not coordinated with the Plant access list to ensure appropriate changes were made to the test data base.

A contributing cause to this deficiency was that for a previously identified similar deficiency the corrective actions to prevent recurrence were inadequate. A QA audit (91-553) finding dated November 22, 1991, determined twenty individuals required to be in the FFD random test data base were not included. The cause was determined to be incorrect interpretation of 10CFR26 requirements by the Human Resources and Emergency Preparedness staff. The corrective actions included training of the above staff personnel on 10CFR26 requirements, and adding the twenty individuals to the FFD random test data base. The QA finding resolution process has since been incorporated into the new corrective action program. This program requires a more rigorous cause determination and increased management oversight than that required by the previous process.

Corrective Steps Taken/Results Achieved

1. The five individuals described above have been reactivated in the FFD random test data base.
2. A review of the emergency response EOF/TSC and plant access personnel lists versus the FFD random test data base was completed with no additional deficiencies found.
3. To address inadequate process controls:
 - A. FFD Instruction 1.3, Random Selection Process and Backlog List Tracking — Random Testing, has been changed to address the requirement for an identifier to be added in the random test data base to indicate those individuals who are on the emergency response EOF/TSC personnel list. Per Instruction 1.3, this identifier serves as a method to verify an individual's emergency response duties prior to deleting them from the database when information is received on access termination. Identifiers have been added to the appropriate records in the test data base.
 - B. A verification process has been implemented on the test data base to verify that only intended changes have been made. This process includes review of the current emergency response EOF/TSC personnel list versus the data base. This verification is performed each time the data base is changed. The intent of the verification process is to preclude those actions that could cause improper deletions of the test data base.
 - C. The emergency response EOF/TSC personnel list has been changed to include social security numbers to enhance the self-checking process.
 - D. FFD data entry clerks have been instructed to use employee social security numbers in their self-checking process.
 - E. The employee that deleted the individual having the same last name failed to execute self-checking practices as trained. The employee has been counseled on the importance of using good self-checking practices.
4. A review of PER 293-1298, which was initiated under the new corrective action program from QA audit 93-645, indicated that it had been appropriately dispositioned with a more thorough cause determination. Also, adequate corrective actions were identified to preclude recurrence.



Corrective Action to be Taken

No further actions have been identified.

Date of Full Compliance

The Supply System was in full compliance on January 7, 1994, when all of the above Corrective Steps were completed.

