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 FACIL: 50-250 Turkey Point Plant, Unit 3, Florida Power and Light C 05000250
 50-251 Turkey Point Plant, Unit 4, Florida Power and Light C 05000251

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 RECIP. NAME: RECIPIENT AFFILIATION: Document Control Branch (Document Control Desk)

SUBJECT: Responds to NRC ltr re violations noted in insp repts
 50-250/91-26 & 50-251/91-26. Corrective actions: increased
 supervisory attention to radioactive matl controls using
 supervisor tour concept.

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 TITLE: General (50 Dkt)-Insp Rept/Notice of Violation Response

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P.O. Box 14000, Juno Beach, FL 33408-0420

SEP 12 1991

L-91-251
10 CFR 2.201

U. S. Nuclear Regulatory Commission
Attn: Document Control Desk
Washington, D. C. 20555

Gentlemen:

Re: Turkey Point Units 3 and 4
Docket Nos. 50-250 and 50-251
Reply to Notice of Violation
NRC Inspection Report 91-26

Florida Power and Light Company (FPL) has reviewed the subject inspection report and, pursuant to 10 CFR 2.201, the required response is attached.

If there are any questions please contact us.

Very truly yours,

J. H. Goldberg
President
Nuclear Division

JHG/CM

Attachment

cc: Stewart D. Ebnetter, Regional Administrator, Region II, USNRC
Senior Resident Inspector, USNRC, Turkey Point Nuclear Plant

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a. FPL Group company

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ATTACHMENT

REPLY TO A NOTICE OF VIOLATION

Re: Turkey Point Units 3 and 4
Docket Nos. 50-250 and 50-251
NRC Inspection Report 91-26

FINDING A

"Technical Specification (TS) 6.11.1 requires procedures for personnel radiation protection to be prepared consistent with the requirements of 10 CFR Part 20 and be approved, maintained, and adhered to for all operations involving personnel radiation exposure.

10 CFR 20.203(f) requires, in part, each container of licensed material to bear a durable, clearly visible label identifying the radioactive contents. The label is to bear the radiation caution symbol and the words 'Caution, Radioactive Material', and also provide sufficient information to permit individuals handling or using the containers, or working in the vicinity thereof, to take precautions to avoid or minimize exposures.

Health Physics Surveillance Procedure 0-HPS-041, Control of Radioactive Material Inside the Radiation Controlled Area, dated May 2, 1991, requires that radioactive material be posted and otherwise identified as required by 0-HPS-25.1. Procedure 0-HPS-25.1, General Posting Requirements for Radiological Hazards, dated December 31, 1990, requires that individual containers of radioactive material containing greater than 10 CFR Part 20, Appendix C quantities be labelled.

Contrary to the above, the licensee failed to follow Health Physics (HP) surveillance procedures in that, from approximately June 1 through July 9, 1991, the licensee did not label with adequate information to denote the hazards present, an onsite storage cask containing radioactive material in excess of 10 CFR Part 20, Appendix C limits which was maintained in the Radioactive Waste (RadWaste) Building."

RESPONSE TO FINDING A

1. FPL concurs with the finding, with the following clarification: the cask is located in a posted radiation area, and access to the area was controlled in accordance with plant procedures, which are in compliance with Technical Specification 6.12.

2. The cause of this event was non-cognitive personnel error by non-licensed plant personnel. The container labelling requirements of plant procedure 0-HPS-041, Control of Radioactive Material Inside the Radiation Controlled Area, were not met. The onsite storage cask was posted "High Radiation Area" and was inside a posted "Radiation Area" inside the Radwaste Building. The Radwaste personnel who had previously handled and surveyed the cask erroneously considered the posting to be sufficient as warning to any workers, and failed to also attach a radioactive materials identification tag.

This is a repeat of violation 250/251-91-08-04, in which resin liners were not properly labelled. The earlier violation occurred because FPL personnel were treating the onsite storage casks as structures (10 feet tall, 8 feet in diameter, 20 ton dry weight), rather than as containers. Corrective actions for that event included survey and labelling of the onsite storage casks, inspection of other on-site storage casks to verify proper labelling, revision of 0-HPS-041 to clearly note that the onsite storage casks must be labelled, and review of the event and applicable requirements with Health Physics personnel.

These corrective actions did not preclude recurrence because (1) specific labelling versus posting criteria were not clear, and (2) because personnel neglected to consider the labelling requirements of 10 CFR Part 20 after posting the cask. Past practice had been that items inside posted High Radiation Areas did not require additional separate labelling to warn personnel of the hazard. That practice was corrected with the revision of 0-HPS-041, and the onsite storage cask was properly labelled when the resin liner was in it. When the resin liner was removed from the onsite storage cask in preparation for shipping, the label was removed. The liner was determined to require further decay prior to shipping, and returned to the onsite storage cask, at which point a new label should have been affixed. Instead, Health Physics personnel reverted to the original practice of only posting the cask itself as a High Radiation Area. Survey sheets (HP Form 40 series) in use at the time did not require verification that radioactive material was properly labelled.

3. Corrective steps which have been taken and the results achieved:
 - a. The cask was immediately surveyed and properly labelled with a radioactive material identification tag in accordance with 10 CFR Part 20 and plant procedures.

- b. Other containers of radioactive material were inspected for proper labelling by a multi-discipline team consisting of Health Physics, Quality Control, and Nuclear Training personnel. Additional minor discrepancies were found and corrected immediately, however, none were in violation of 10 CFR 20.
 - c. 0-HPS-041, Control of Radioactive Material Inside the Radiation Controlled Area, and 0-ADM-605, Control of Radioactive Tools, Equipment, and Components, were upgraded to provide specific labelling requirements for radioactive material and containers inside posted areas.
 - d. Survey sheets (HP Form 40 series) have been revised to include verification, by signature, that radioactive material in the area is properly labelled in accordance with procedures. In addition, specific areas of the plant are assigned to specific supervisors; that supervisor is held accountable for proper labelling and posting in his area.
 - e. This event and the applicable requirements have been reviewed by Health Physics Shift Supervisors and other appropriate personnel. The purpose of the review was to increase the sensitivity to labelling criteria, particularly for radioactive material inside posted radiological areas.
4. Corrective steps which will be taken to avoid further violations include:

Increased supervisory attention to radioactive material controls, using the "Supervisor's Tour" concept. Health Physics supervisory and professional employees tour not only their own areas of responsibility, but each other's areas on a regular basis. This cross-functional touring will also help to eliminate the familiarity which contributed to the repeat violation. Tour frequency ranges from daily to bi-weekly, depending on the level of plant activity and the number of discrepancies found.

Discrepancies found on these tours are presently documented and corrected as Radiological Deficiency Reports, in accordance with 0-ADM-603, Radiological Event Reports. Administrative details to formalize the tours are being developed and evaluated for inclusion in a new administrative procedure. These details include checklists for touring standards, a cross-touring matrix, and a more appropriate reporting and tracking document. The touring supervisor will also acknowledge, by signature, his accountability for the radiological status of the toured area.

5. The date when full compliance will be achieved:

Full compliance was achieved on July 9, 1991.

The program described in Item 4 has already begun, and will be fully implemented by October 15, 1991.

FINDING B

"TS 6.11.1 requires procedures for personnel radiation protection to be prepared consistent with the requirements of 10 CFR Part 20 and to be approved, maintained, and adhered to for all operations involving personnel radiation exposure.

10 CFR 20.103(c)(2) requires in part that nuclear power licensees maintain and implement a respiratory protection program that includes written procedures regarding selection, fitting, and maintenance of respirators.

10 CFR 20, Appendix A, Footnote (d), requires adequate respirable air of the quality and quantity required in accordance with NIOSH/MSHA certification described in 30 CFR Part 11 to be provided to atmospheric supplying respirators.

Health Physics Administrative Procedure 0-HPA-060, Respiratory Protection Plan, dated August 5, 1990, Item 5.1.3.10 requires that on a quarterly basis, station breathing air compressors, portable breathing air compressors, and compressors used to fill SCBA air bottles be sampled in accordance with Surveillance Maintenance Mechanical (SMM) Procedure, 0-SMM-101.1, Grade D Breathing Air Periodic Testing. Procedure 0-SMM-101.1, dated June 15, 1990, describes the methodology used for testing and certifying breathing air Grade D.

Health Physics Procedure 0-HPS-063.4, Selection and Issue of Respiratory Protection Equipment, dated July 20, 1990, requires, in part, that the Health Physics Shift Supervisor ensure that the proper respiratory protection equipment is prescribed; the Radiation Protection Man (RPM) who issues respiratory protection equipment verify the individuals' respiratory protection qualifications; and respiratory protection equipment be worn only by persons who have been trained in the use of, and hold a successful fit test in that particular device.

Contrary to the above, during the week of July 8, 1991, the licensee failed to follow HP respiratory protection procedures for the following examples:

1. The licensee failed to test and certify the quality of breathing air as Grade D for portable compressor No. 30688 which supplied the station breathing air system during the week of the inspection.
2. On July 9, 1991, an employee performing initial surveys of the Unit 3 transfer canal in accordance with Radiation Work Permit (RWP) No. 91-2717, was issued and used a respiratory protection device (full face mask) for which he did not have a current, successful fit test for that device."

RESPONSE TO FINDING B

1. FPL concurs with the finding.
2. The cause of these events was non-cognitive personnel error by non-licensed personnel. The person who issued himself a respirator without being properly fitted for that respirator did so because he failed to call up his respiratory qualification information on the plant Health Physics computer. The individual had several valid mask fits for various respirators, and did not know that the mask fit for the respirator type that he wore had expired.

The plant breathing air purification system had been checked for Grade D air quality on June 3, 1991. The individual responsible for checking breathing air was aware of this check. Therefore he did not think to check air compressor 30688 individually, when it was connected to the breathing air system.

3. Corrective steps which have been taken and the results achieved:
 - a. The individual improperly wearing the respirator was subsequently whole-body counted and given a mask fit for the appropriate respirator. The whole-body count was negative, and the individual achieved a mask fit with a protection factor in excess of 500.
 - b. The affected individuals' records, as well as other similar records, were reviewed. One other individual was discovered to have committed the same error. He was also refitted and whole-body counted with satisfactory results. No other discrepancies were found.
 - c. O-HPS-063.4, Selection and Issue of Respiratory Protection Equipment, was updated to include simpler qualification codes for respirator types.
 - d. HP Form 94, Respirator Issue and MPC-Hour Record, was changed to include the statement, "Individuals shall not issue to themselves." In addition, control of the issue of respirators is being restricted to fewer individuals, as described in 4.b. below.
 - e. The compressor was subsequently tested for Grade D air quality and the results were satisfactory.
 - f. Letter PTN-HP-91-167, "PTN Breathing Air Compressors," was issued, informing Maintenance and Construction Supervisors of the requirement for Grade D Air Quality checks prior to compressor use.

- g. 0-OSP-200.1, Schedule of Plant Checks and Surveillances, was revised to include performance of 0-SMM-101.1 as appropriate.
- 4. Corrective steps which will be taken to avoid further violations include:
 - a. 0-HPA-060, Respiratory Protection Manual, will be revised to include the requirement to check the air quality of the breathing air in accordance with 0-SMM-101.1, as permanent implementation of letter PTN-HP-91-167.
 - b. Respirator inspection, recertification, and issue will be performed only by persons assigned to a respiratory protection support group. If respirator issue is required and none of these persons is available, the respirator may be issued only by the Health Physics Shift Supervisor. This tighter control will ensure that respirator issue is done by persons who retain day-to-day familiarity with the issue process and standards.
- 5. The date when full compliance will be achieved:

Full compliance was achieved on July 10, 1991.

Corrective actions 4.a. and 4.b. will be completed by October 15, 1991.

FINDING C

"10 CFR 71.5(a) requires that each licensee who delivers licensed material to a carrier for transport comply with the applicable regulations of the Department of Transportation in 49 CFR Parts 170-189.

49 CFR 172.604 requires that a person who offers a hazardous material for transport must provide a 24-hour emergency response telephone number for use in the event of an emergency involving the material and that the telephone number must be monitored at all times.

Contrary to the above, on the evening of July 11, 1991, and again on the morning of July 12, 1991, the 24-hour emergency telephone number was tested and found to be unmonitored (inoperable) periodically."

RESPONSE TO FINDING C

1. FPL concurs with the finding, with the following clarification: although the telephone number listed on the shipping manifest as the emergency number was inoperable, several other numbers were provided as alternates in the shipping manifest, one of which was the number for the Control Room. That number was reached by the inspectors, as is noted in the inspection report.
2. This event was caused by procedural weakness. The primary number listed on the shipping manifest for the emergency contact was the cellular telephone assigned to the Radwaste Health Physics Shift Supervisor. There were several alternate numbers listed in the shipping documents, including the Control Room, but they were not designated as the emergency number.

49 CFR 172.604 requires, in part, that the designated emergency telephone number be continuously monitored. The assignment of an individual's telephone number as the designated emergency number is considered not adequate to meet the requirement for continuous monitoring.

The assignment of a number that is monitored on a 24 hour basis (Control Room or Health Physics Supervisor's office) meets the requirements of 49 CFR 172.604!

3. Corrective steps that have been taken and the results achieved:
 - a. Health Physics notified the carrier that the listed number was inoperable, and was given the Health Physics Shift Supervisors' office number as a temporary

alternative number. Notification of the driver was confirmed by the carrier.

- b. Procedure changes were implemented to 0-HPS-040.9, Radioactive Waste Manifests and Documentation for Shipments to Barnwell, 0-HPS-041.9, Radioactive Waste Manifests and Documentation for Shipment to Waste Processors, and 0-HPS-44.9, Radioactive Material Shipment Documentation, changing the 24 hour emergency phone number to the Control Room. The Health Physics Shift Supervisor's phone was designated as an alternate.

Forms were added to the procedures to provide the names and phone numbers of cognizant individuals for radioactive material shipments and to give generic instructions for emergency responders in the event no communications can be established. Additional requirements added to the procedures specify that a copy of each shipment's radioactive material manifest be attached to the forms and copies be placed in the Control Room and the Health Physics Shift Supervisor's office upon release of a shipment.

4. Corrective steps which will be taken to avoid further violations include:

The above corrective actions are deemed to be sufficient to preclude recurrence.

5. The date when full compliance will be achieved:

Full compliance was achieved on July 13, 1991.