



Commonwealth Edison
LaSalle County Nuclear Station
2601 N. 21st. Rd.
Marseilles, Illinois 61341
Telephone 815/357-6761

September 15, 1994

United States Nuclear Regulatory Commission
Washington, D.C. 20555

Attention: Document Control Desk

Subject: LaSalle County Station Units 1 and 2
Response to Notice of Violation
Inspection Report Nos. 50-373/94013; 50-374/94013
NRC Docket Numbers 50-373 and 50-374.

Reference: 1. E. G. Greenman letter to R.E. Querio,
Dated August 16, 1994, Transmitting
NRC Inspection Report 50-373/94013; 50-374/94013.

Enclosed is Commonwealth Edison Company's response to the Notice of Violation (NOV) which was transmitted with the Reference 1 letter and NRC Inspection Report.

Reference 1 identified two violations concerning inadequacies in the Emergency Preparedness Program. Failure of station personnel to follow station procedures and a lack of teamwork were the predominant factors in these events. The root cause investigation revealed instances where station personnel did not follow station procedures or Policy Guidelines. Procedural adherence is a station concern and, as Site Vice President, I have reemphasized my expectations regarding procedural adherence and participation in Emergency Planning activities to all station personnel. Emergency Response oversight is receiving heightened attention from the Technical Services Superintendent and the Health Physics Supervisor. Formalized guidance to maintain and track GSEP training and update call out lists is currently being developed with corporate assistance.

The material condition and operational readiness of the Technical Support Center and the Operational Support Center have been receiving my personal attention. I have asked Site Quality Verification (SQV) to audit our progress in this area and through the next four quarters provide updates on the timeliness and effectiveness of our actions. A new Horseshoe layout to facilitate command, control, and communication along with repainting, new furniture, and improved communications equipment are a few of the

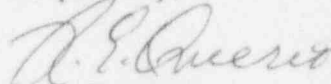
9409220155 940915
PDR ADOCK 05000373
PDR

TEO1

ongoing efforts to correct the weaknesses in our emergency response facilities, and to keep them maintained in an excellent condition. The operation of a well functioning emergency preparedness program is a vital part of the overall LaSalle County Station Emergency Plan and an integral part of LaSalle County Station. Our focus in the coming months will be to restore this program to the highest quality.

If there are any questions or comments concerning this letter, please refer them to me at (815) 357-6761, extension 3600.

Respectfully,



R. E. Querio
Site Vice President
LaSalle County Station

cc: J. B. Martin, Regional Administrator, Region III
W. D. Reckley, Project Manager, NRR
P. G. Brochman, Senior Resident Inspector, LaSalle
D. L. Farrar, Nuclear Regulatory Services Manager, NORS
L. F. Gerner, Regulatory Assurance Supervisor, LaSalle
Station file

**ATTACHMENT
RESPONSE TO NOTICE OF VIOLATION
NRC INSPECTION REPORT
50-373/94013, 50-374/94013**

During an NRC inspection conducted on May 28 through July 8, 1994, two violations of NRC requirements were identified. In accordance with the "General Statement of Policy and Procedure for NRC Enforcement Actions," 10 CFR Part 2, Appendix C, the violations are listed below:

VIOLATION: 373(374)/94013-01

Technical Specification 6.2.A.1 requires written procedures covering emergency response plan implementation be established, implemented, and maintained.

LaSalle Emergency Plan Implementing Procedure, LZP-1520-1, Section E.2, stated that in an actual emergency "unqualified" individuals may be used if done on a temporary basis and these exceptions are approved per Attachment C, "Emergency GSEP Participation Approval Form," subsequent to their use or during the emergency as time permits.

LZP-1520-1, Section F.3 also stated that "retraining of all onsite GSEP Directors, Communicators, Environs Team Leaders, Health Physics Teams and GSEP Callers shall be accomplished annually by the end of the quarter corresponding to the quarter in which training was completed in the previous year."

Contrary to the above:

- a. On September 14, 1993, an "unqualified" individual filled the position of Operational Support Center Director during an actual Alert without obtaining approval per Attachment C of LZP-1520-1.
- b. On June 30, 1994, a GSEP Caller had not received annual training. The previous training occurred on January 5, 1993; therefore, training was required by March 31, 1994.

This is a Severity Level IV violation (Supplement VIII).

VIOLATION: 373(374)/94013-04

10 CFR 50.54(q) requires that a licensee authorized to possess and operate a nuclear power reactor shall follow and maintain in effect emergency plans which meet the standards in 10 CFR 50.47(b) and the requirements of Appendix E to 10 CFR Part 50.

The Generating Station Emergency Plan (GSEP), Section 8.5.8, "Distribution, Review, and Updating of the GSEP, GSEP Annexes, and Corresponding Documents," stated that "Names and phone numbers of the emergency response organization and support personnel shall be reviewed and updated at least quarterly."

Attachment B, "Initial Notifications and GSEP Activation Phone List;" and Attachment C, "Call List A; to procedure LZP-1320-1, "Augmentation of Plant Staffing" (Revision 48, dated October 20, 1993); provided the names and phone numbers of the emergency response organization and Support personnel.

Contrary to the above, on June 30, 1994, Attachments B and C to LZP-1320-1 were not updated at least quarterly. Specifically, the lists had not been updated to reflect current personnel in the first or second quarters of 1994.

This is a Severity Level IV violation (Supplement VIII).

ATTACHMENT (Continued)
RESPONSE TO NOTICE OF VIOLATION
NRC INSPECTION REPORT
50-373/94013, 50-374/94013

REASON FOR VIOLATION: 373(374)/94013-01

An unqualified GSEP participant filled the position of OSC Director during the 9/14/93 GSEP Alert. This deficiency occurred when the individual did not participate in a drill or exercise in the past two years as required by station procedures.

At the time of the event, 12 to 14 different Operating Shift Supervisors (OSS) were used as OSC Directors. Their classroom EP training was satisfactorily completed as part of the semi-annual training for control room personnel in 1991 and 1992. With the large number of Operating Shift Supervisors (OSS), there were not enough drills and exercises in the following two years to allow each Operating Shift Supervisors (OSS) to participate as an OSC Director. On January 14, 1993, the EP Coordinator sent a memo to the licensed operator training instructor to arrange for table-top drills for those who had not participated in a drill or exercise in the last two years. The training instructor did not respond to the request because he didn't have staff to support the request and assumed that the station EP Trainer, who had been copied on the request, would do the training. The licensed operator instructor failed to notify the EP Coordinator that he could not support the training request. The roles and responsibilities between EP trainer and Station trainer were not clearly defined. Also, the EP Coordinator did not follow up his training request and the table-top drills were never conducted.

The EP Coordinator did not identify the lack of OSC Director training when updating the call lists in March 1993. He only checked for personnel changes (as he does at the end of every quarter) and did not check to be sure that personnel on the call list had received their training. He assumed that Station training personnel had conducted the EP training as requested in his memo of January 14, 1993. The informal, written EP guidance used to update the call list only addressed checking for personnel changes. The EP Coordinator was focused on tracking personnel changes and lost sight of the need to check the training records against those on the call out lists. The EP Coordinator, the EP trainer, and the Station trainer all failed to verify that members on the Station call out list had current training requirements fulfilled.

**CORRECTIVE ACTIONS TAKEN AND RESULTS ACHIEVED
(373(374)/94013-01):**

- ◆ The training requirements for all the individuals on the GSEP call out list were verified as current. There were no additional deficiencies identified regarding training.
- ◆ The EP Trainer contacted other ComEd stations and Management Information Systems personnel to gather information to help determine the best method for tracking EP training. This information is being used by the EP Trainer to formalize the EP training tracking guidance.
- ◆ GSEP training is now the responsibility of one individual (EP trainer) and this individual reports to the EP Coordinator.

**CORRECTIVE ACTIONS TO BE TAKEN TO AVOID FURTHER VIOLATIONS
(373(374)/94011-01):**

- ◆ The EP Coordinator and EP trainer will formalize guidance to maintain and track EP training. The guidance will provide verification steps for the accuracy of personnel changes in the call lists and in those areas where interface with other departments is required. This guidance will be implemented by December 1, 1994.

DATE WHEN FULL COMPLIANCE WILL BE ACHIEVED (373(374)/94013-01):

Full compliance was achieved on June 30, 1994 when the call lists were updated.

ATTACHMENT (Continued)
RESPONSE TO NOTICE OF VIOLATION
NRC INSPECTION REPORT
50-373/94013, 50-374/94013

REASON FOR VIOLATION: 373(374)/94013-04

LZP-1320-1 "Augmentation of Plant Staffing" (Rev. 48, dated October 20, 1993) Attachment B "Initial Notifications & GSEP Activation Phone List" and Attachment C "Call List A" were not updated on a quarterly basis as required. The call lists were not updated for first and second quarters of 1994.

During the period from June 1993 through the present many personnel changes were made within LaSalle County Station. The call out lists were last updated on October 20, 1993, (approximately three weeks late) for use during the fourth quarter of 1993. The delay was due to the EP Coordinator's desire to address all last minute changes and a lack of responsiveness of station personnel to notices for EP training. There was also a lack of guidance for handling last-minute personnel changes.

The EP Coordinator brought the problem of not having current call out lists to the attention of the Health Physics Supervisor and Technical Services Superintendent, but did not clearly communicate to them his decision not to update the call list.

Following an SQV audit of the GSEP program in late March 1994, the auditor noted a number of GSEP organization problems relating to biennial drill and training requirement deficiencies. The auditor reminded the EP Coordinator that the call lists should be corrected. The EP Coordinator misunderstood the necessity of maintaining a current call out list and consequently, there was not an updated call out list for two consecutive quarters. On June 30, 1994, the call out lists were updated for the third quarter of 1994.

**CORRECTIVE ACTIONS TAKEN AND RESULTS ACHIEVED
(373(374)/94013-04):**

- ◆ The call lists were updated on June 30, 1994.
- ◆ Human Resources personnel have conducted awareness training for station management to reemphasize management expectations regarding the use of the various checklists for documenting personnel transfers and terminations.
- ◆ The EP Coordinator has changed the priority of the call out list surveillance to priority 1 to require closer tracking.

**CORRECTIVE ACTIONS TO BE TAKEN TO AVOID FURTHER VIOLATIONS
(373(374)/94011-04):**

- ◆ Station management will reemphasize expectations regarding the need to follow LAP-100-9, LAP-100-10, and Policy Guideline No. 4.
- ◆ Formal guidance will be developed to define the process for updating the GSEP call out lists. This guidance will include compensating actions if the GSEP call out lists cannot be updated with current information. This guidance will be developed by December 15, 1994.
- ◆ Human Resources addressed the problem of multiple termination and transfer checklists and will develop a single document to record personnel transfers and terminations.
- ◆ The EP Coordinator has reviewed LAP-100-11 and has submitted the necessary changes to have a department head review overdue items.
- ◆ SQV performed an effectiveness review of corrective actions relating to the surveillance program. Implementation of corrective actions that effectively address the problems identified in the review will correct weaknesses related to the call lists not being updated for two quarters.

DATE WHEN FULL COMPLIANCE WILL BE ACHIEVED (373(374)/94013-04):

Full compliance was achieved on June 30, 1994 when the call lists were verified and updated.