

Georgia Power Company  
40 Inverness Center Parkway  
Post Office Box 1295  
Birmingham, Alabama 35201  
Telephone 205 877-7279

J. T. Beckham, Jr.  
Vice President - Nuclear  
Hatch Project



October 19, 1994

Docket No. 50-321  
50-366

HL-4714

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

Edwin I. Hatch Nuclear Plant  
Reply to a Notice of Violation

Gentlemen:

In response to your letter dated September 23, 1994, and in accordance with the requirements of 10 CFR 2.201, Georgia Power Company (GPC) is providing the enclosed response to the Notice of Violation associated with Inspection Report 94-17. In the enclosure, a transcription of the NRC violation precedes GPC's response.

Sincerely,

J. T. Beckham, Jr.

JKB/et

- Enclosures: 1. Violation 94-17-01 and GPC Response  
2. Violation 94-17-02 and GPC Response

cc: Georgia Power Company

Mr. H. L. Sumner, Nuclear Plant General Manager  
NORMS

U. S. Nuclear Regulatory Commission, Washington, D. C.  
Mr. K. Jabbour, Licensing Project Manager - Hatch

U. S. Nuclear Regulatory Commission, Region II  
Mr. S. D. Ebnetter, Regional Administrator  
Mr. B. L. Holbrook, Senior Resident Inspector - Hatch

9410260344 941019  
PDR ADDCK 05000321  
PDR

JEON

Enclosure 1

Edwin I. Hatch Nuclear Plant  
Violation 94-17-01 and GPC Response

VIOLATION 94-17-01

10 CFR 50, Appendix B, Criterion XVII, "Quality Assurance Records," states that sufficient records shall be maintained to furnish evidence of activities affecting quality.

10 CFR 55.59(c)(5) requires the facility licensee to maintain records documenting the participation of each licensed operator in the requalification program.

"Simulator Examination Evaluators Guide," LR-EG 000104-00, dated August 8, 1994, Section 5.2.2, directs the exam team to attempt to identify the specific knowledge or ability deficiencies exhibited by the responsible operator. Section 6.2.4 of this guide states "The method of remediation should be selected based on the root cause of the problem and effectiveness of retraining."

Contrary to the above, records to document remedial training for some operators with identified performance deficiencies did not exist and existing remedial training records did not document activities required by training department procedures.

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

RESPONSE TO VIOLATION 94-17-01

Admission or denial of the violation:

The violation occurred as described in the Notice of Violation.

Reason for the violation:

This violation was caused by personnel oversight in not providing a training report in all cases and by the interpretation of the procedure's requirements for the level of detail required for remedial training.

Although remedial training is routinely documented as required by the procedure, the remedial training in the isolated cases identified was not documented. In these instances, documentation of a remedial evaluation was available indicating that the training had occurred, but the training report was not provided due to an unintentional omission.

Enclosure 1  
Violation 94-17-01 and GPC Response

The omission of documentation required by training department procedures was caused by the prevailing interpretation that a lower level of detail was sufficient to meet the regulations cited in 10 CFR 50 and 10 CFR 55. The activities described in the procedure did occur, including the identification of the cause of the weakness. Training department personnel believed that the documentation of the cause of the weakness was inherent in the nature of the remedial training assigned.

Corrective steps which have been taken and the results achieved:

As a result of this violation, the Operations Training Supervisor issued a letter to the license training staff on 9/30/94, which emphasized the plant procedure requirement to document remedial training performed and the consequences of not documenting this training. Also, Training department personnel have been informed that training records must include documentation of the nature of the identified performance deficiency, the causes of the deficiency, and the specific training conducted to correct the deficiency.

Corrective steps which will be taken to avoid further violations:

No additional corrective actions are necessary to prevent further violations.

Date when full compliance will be achieved:

Plant Hatch is currently in full compliance with the cited regulations.

## Enclosure 2

### Edwin I. Hatch Nuclear Plant Violation 94-17-02 and GPC Response

#### VIOLATION 94-17-02

10 CFR 50, Appendix B, Criterion V, "Instructions, Procedures, and Drawings," requires that activities affecting quality be accomplished in accordance with procedures.

Administrative Control Procedure 80AC-SEC-002-0S, "Key and Annunciated Door Control," Section 4.2.4, requires the Operations Department to "Control locks and keys to keylock switches and instrument cabinets."

Contrary to the above, a key located in the Unit 2 EOP File cabinet that was designated to unlock the Unit 2 Auxiliary Shutdown Panel, cabinet 2C82-P001, was not the proper type of key and would not unlock the panel.

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

#### RESPONSE TO VIOLATION 94-17-02

##### Admission or denial of the violation:

The violation occurred as described in the Notice of Violation.

##### Reason for the violation:

This violation was caused by a less than adequate plant procedure and a lack of procedural controls for lock replacement.

Procedure 34IT-EOP-001-0S, "EOP Equipment Checks," requires that an annual audit of the EOP filing cabinet materials be performed. The audit includes a check of the number of EOP key rings in the cabinets, and verification of the number and designation of the keys that are on each key ring. However, this procedure does not require that each key be confirmed to open its designated lock(s). This procedure is less than adequate in this regard.

Enclosure 2

Violation 94-17-02 and GPC Response

It appears that the lock for the Unit 2 Remote Shutdown Panel was previously replaced and the keys on the key rings in the EOP filing cabinets were not replaced with the proper key. Procedural controls were not sufficient to ensure that all appropriate EOP keys are identified and replaced when a lock is replaced. However, access to the remote Shutdown Panel was ensured because the appropriate keys on the EOP key rings for the Shift Operations Supervisor and the Shift Clerk were replaced with the proper key.

Corrective steps which have been taken and the results achieved:

As a result of this violation, the following corrective actions have been performed:

1. Copies of the key to the replaced Unit 2 Remote Shutdown Panel lock were made, verified to open the Remote Shutdown Panel, and placed on the applicable EOP key rings. The previous keys were removed from the key rings.
2. All EOP keys have been verified to open their designated locks. No additional problems were noted.

Corrective steps which will be taken to avoid further violations:

Procedure 34IT-EOP-001-0S will be revised and issued by 12/30/94 to require that all keys be verified to open their designated locks. The verification will be required to be done during the annual audit of the EOP filing cabinets. It should be noted that this verification has been completed for 1994 by performance of the corrective actions previously discussed.

Date when full compliance will be achieved:

Full compliance was achieved by 9/9/94 when the correct keys were placed on the EOP key rings and all the EOP keys were verified to open the applicable locks.