

October 21, 1996

Mr. Charles D. Frizzle, President
Maine Yankee Atomic Power Company
328 Bath Road
Brunswick, ME 04011

SUBJECT: ANNUAL REPORT OF THE ALLEGATION ADVISOR

Dear Mr. Frizzle:

On September 12, 1996, the Agency Allegation Advisor issued the Annual Report on the Status of the Allegations Program. The Annual Report was provided to the Commission by memorandum dated October 7, 1996. In the report, Maine Yankee is identified as one of nine reactor sites with an adverse trend in terms of the number of allegations received. The report is enclosed for your information.

Sincerely,
Original signed by:

Daniel H. Dorman, Project Manager
Division of Reactor Projects - I/II
Office of Nuclear Reactor Regulation

Docket No. 50-309

Enclosure: Annual Report

cc: w/encl: See next page

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UNITED STATES
NUCLEAR REGULATORY COMMISSION

WASHINGTON, D.C. 20555-0001

October 21, 1996

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Brunswick, ME 04011

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On September 12, 1996, the Agency Allegation Advisor issued the Annual Report on the Status of the Allegations Program. The Annual Report was provided to the Commission by memorandum dated October 7, 1996. In the report, Maine Yankee is identified as one of nine reactor sites with an adverse trend in terms of the number of allegations received. The report is enclosed for your information.

Sincerely,

A handwritten signature in dark ink, appearing to read "Daniel H. Dorman", is written over a horizontal line.

Daniel H. Dorman, Project Manager
Division of Reactor Projects - I/II
Office of Nuclear Reactor Regulation

Docket No. 50-309

Enclosure: Annual Report

cc: w/encl: See next page

Maine Yankee Atomic Power Company

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UNITED STATES
NUCLEAR REGULATORY COMMISSION
WASHINGTON, D.C. 20555-0001

October 7, 1996

MEMORANDUM TO: Chairman Jackson
Commissioner Rogers
Commissioner Dicus
Commissioner Diaz
Commissioner McGaffigan

FROM: James M. Taylor *[Signature]*
Executive Director for Operations

SUBJECT: ANNUAL REPORT OF THE ALLEGATION ADVISOR

The Agency Allegation Advisor has been tasked with providing an annual report summarizing the results of his oversight of the office programs, the status of ongoing improvement efforts and an analysis of data resident in the Allegation Management System. Detailed office assessments were completed with each office being required to address each weakness identified. These assessments are summarized in this report. While continued effort needs to be exerted in complying with our internal procedures, improvement was achieved when performance is compared to last year's assessments.

Four of forty-seven recommendations of the "Whistle Blower Task Force" remain to be completed. Two of the four items are completely within the staff's control, the full implementation of a new Allegation Management System to enhance tracking and analysis of concerns and publication of a brochure describing the Commission's allegation process will be completed in October. The staff will continue to pursue the establishment of a shared database with the Department of Labor (DOL) which is being delayed while DOL shifts responsibility from the Wage and Hour Division to the Occupational Health and Safety Administration (OSHA). The last task to be completed is being addressed jointly by OGC and DOL which addresses amending Section 211 of the Act.

One of the recommendations considered completed concerns the transfer of the responsibility for investigating complaints of discrimination filed under Section 211 of the Energy Reorganization Act of 1974, as amended, from the Wage and Hour Division to OSHA. On September 10, 1996, I informed the Commission that the Department of Labor had informed the staff that the transfer would be effective October 1, 1996. On September 27, 1996, the staff was informed that the transfer will be delayed at the request of the Wage and Hour Division. Although DOL still intends to transfer the responsibility, a new date has not been set.

CONTACT: Edward T. Baker, NRR
415-8529

NOTE: THE REPORT WILL BE MADE
PUBLICLY AVAILABLE IN 5
WORKING DAYS FROM THE
DATE OF THIS MEMORANDUM

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Enclosure

The analysis contained in the report identifies five facilities as having a significant number of allegations in the first eight months of this year as compared to the majority of plants. In addition, several were identified with an adverse trend over several years. The number of allegations at these sites is of concern. The staff will be conducting additional reviews of the allegations at these facilities, assessing the cause of relatively large number of allegations, and reviewing any actions the licensees have taken to address the identified causes. The staff will provide recommendations for further action, as appropriate within 45 days of the date of this memorandum.

The Agency Allegation Advisor (AAA) made three recommendations concerning improving the protection afforded confidential sources, documenting of the agency's basis for closing allegations, and recording time spent on allegations. I have tasked the AAA with implementing Recommendations 1 and 2 within 30 days of the date of this memorandum through the issuance of interim guidance. I have requested that the office directors for NMSS and NRR and the regional administrators stress to their staffs the importance of properly recording time spent on allegations.

Attachment: Annual Report

cc: SECY
OGC
OCA
OPA

ANNUAL REPORT
STATUS OF ALLEGATION PROGRAM

Edward T. Baker
Edward T. Baker
Agency Allegation Advisor

9/12/96
Date

Frank P. Gillespie
Frank P. Gillespie
Director, DISP, NRR

9/12/96
Date

~~9610090311XA~~

EXECUTIVE SUMMARY

In SECY-94-089, "RESPONSE TO THE REPORT OF THE REVIEW TEAM FOR REASSESSMENT OF THE NRC'S PROGRAM FOR PROTECTING ALLEGERS AGAINST RETALIATION," the staff committed to have the Agency Allegation Advisor (AAA) provide an annual report to the Executive Director for Operations (EDO) that assesses the conduct of the allegation program in each office and region. This annual report provides that assessment in the summary of audit results and discussion of the allegation process. This report also provides a status on completing recommendations for improving the allegation program, a review of allegation data for adverse trends for reactor and materials licensees and vendors, and some reviews of the resources expended on follow up of technical allegations. Because the Office of Investigations prepares an annual report covering the follow up of allegations involving wrongdoing, this annual report does not specifically discuss those allegations.

Overall, the implementation of the allegation program has improved in the last year. The findings from the 1996 audits indicate improvements have occurred in receiving, documenting, tracking, and completing evaluations of allegations and individual concerns within allegations. The timeliness and quality of communications with allegeders have also improved. While the audits found a general improvement in the handling of allegations, there were also examples of untimely resolution of allegations and communications with allegeders. Additionally, there were several instances in which the staff inadvertently released the identities of allegeders during the last twelve months. Continuation of these problems indicates a need for additional emphasis and management attention in these areas.

The review team that reassessed the NRC's program for protecting allegeders from retaliation made 47 specific recommendations addressing how the agency could improve its program for protecting allegeders against retaliation. With the issuance of Commission policy statements, "Protecting the Identity of Allegers and Confidential Sources," and "Freedom of Employees in the Nuclear Industry to Raise Safety and Compliance Concerns Without Fear of Retaliation," and a revision to Management Directive 8.8 (MD 8.8), "Management of Allegations," the staff has completed action on 43 of the 47 recommendations. Action on the two remaining recommendations within the staff's control, issuing a public brochure and completing enhanced software for tracking allegations, will be completed by October 1996.

The River Bend Review Team also developed six lessons of experience from their review of Region IV's handling of allegations concerning activities at River Bend. Those lessons were consistent with the 47 recommendations mentioned above and were considered in the development of MD 8.8. With the issuance of the documents discussed above and this annual report, the staff has completed action on those lessons. Completion of the actions associated with the two reports should result in continuing improvements in the implementation of the allegation program.

In preparing this report, a five-year history of allegations was reviewed for reactor and material licensees and vendors to identify adverse trends. For reactor licensees, this review identified adverse trends in terms of the

number of allegations received at Crystal River, Hope Creek, Maine Yankee, Millstone, Salem, San Onofre, St. Lucie, Susquehanna, and Waterford. While none of the material's licensees approach the level of allegations received at the reactor sites discussed, there were significant increases concerning National Institutes of Health (NIH), Shieldalloy Metallurgical Corporation, and CTI, Inc, a radiography licensee. The number of vendors warranting analysis is even smaller than the number of material licensees. Westinghouse and Burns International Security, Inc. were the only vendors for which the number of allegations warranted an analysis.

Over the last five years agency records indicate that the NRC has expended an increasing number of resources on follow up of technical allegations. Hours expended have increased from approximately 31,000 in FY92 to a projection of 53,000 in FY96. Assuming 1400 available hours per FTE, this equates to 38 FTE in FY96. A portion of this increase is attributable to increased emphasis and management attention on proper recording of time spent on allegations. Additionally, the number of allegations received in FY96 to date indicates a significant increase over FY95, causing increased resources to be expended evaluating allegations. The staff is also expending more resources administering the improvements to an allegation program that were implemented in FY95, e.g., increased tracking of allegations, more frequent and complete communication with allegeders. Whether the trend of increasing FTE expended on allegations will continue, depends on the number of allegations the NRC receives in the future.

In summary, almost all of the changes the staff planned to make to the allegation program have been implemented. While these changes have already had a positive affect on the handling of allegations, additional emphasis must be placed on properly implementing the allegation program to avoid the errors of the past. Properly implementing the revised program will result in more resources being expended for tracking, trending, and evaluating allegations and improved communications with allegeders.

STATUS OF IMPLEMENTATION OF RECOMMENDATIONS TO IMPROVE ALLEGATION PROGRAM

Recommendations of Review Team for Reassessment of the NRC's Program for Protecting Allegers Against Retaliation

On January 7, 1994, the review team issued its report, NUREG 1499, "Report of the Review Team for Reassessment of the NRC's Program for Protecting Allegers Against Retaliation." The review team made 47 specific recommendations addressing how the agency could improve its program for protecting allegers against retaliation. With the issuance of Commission policy statements, "Protecting the Identity of Allegers and Confidential Sources," and "Freedom of Employees in the Nuclear Industry to Raise Safety and Compliance Concerns Without Fear of Retaliation," and a revision to Management Directive 8.8, "Management of Allegations," the staff has completed action on 43 of the 47 recommendations. Appendix 1 is a list of the recommendations and the current status.

The four recommendations awaiting completion include; (1) II.B-6, publication of a brochure explaining the NRC's allegation program and its limitations; (2) II.B-13, development of enhanced computer software for tracking allegations; (3) II.C-2, support legislative changes to Section 211 of the Energy Reorganization Act of 1974; and (4) II.C-6, establish a shared database on discrimination cases with the Department of Labor.

- (1) The staff delayed publication of the brochure pending issuance of the Commission's policy statement on freedom of employees to raise safety concerns. The delay was necessary to ensure that the brochure accurately reflected the Commission's position on the necessity of employees reporting safety concerns to their employers. The brochure was revised to be consistent with the policy statement and submitted to the Commission for review on June 20, 1996. The staff will publish and distribute the brochure following Commission review.
- (2) The development of the enhanced software for tracking allegations has been delayed due to contractual problems and changes in the contractor's project manager. Development of the software has been extensively coordinated with the program and regional offices to ensure that it will meet their needs. The software is currently scheduled to be operational in October 1996.
- (3) Recommendation II.C-2 stated that the Commission "should support legislation to amend Section 211." The Commission has done this through repeated contacts with DOL, encouraging them to seek the recommended changes. Based on these efforts, the recommended actions have been completed. However, on June 4, 1996, the Commission approved a staff proposal to draft legislative changes to Section 211 in coordination with DOL. OGC has the lead for drafting the legislative changes and plans to submit the changes to the next session of Congress. Therefore, this recommendation will remain open until the legislative changes have been submitted.

- (4) DOL is in the process of transferring the investigation of discrimination complaints from the Wage and Hour Division to the Occupational Safety and Health Administration (OSHA). That transfer is currently scheduled to occur October 1, 1996. The staff has delayed attempting to establish a shared data base with DOL pending the transfer to OSHA. The process was delayed to avoid having to negotiate a shared database with two different organizations within DOL. Following completion of the transfer of the function to OSHA, the staff will contact OSHA concerning establishing a shared database.

River Bend Review Team Recommendations

On April 5, 1995, the River Bend Review Team issued its report concerning the results of their review of Region IV's handling of an allegation concerning activities at River Bend. The Director, NRR tasked the Agency Allegation Advisor to review the lessons of experience in the report and develop and implement actions to improve the handling of allegations. The results of the Agency Allegation Advisor's efforts were to be reported in the annual report to the EDO.

The team developed six lessons of experience including concerns with the documentation of the bases for agency decisions on an allegation follow up and closure; documentation of potential safety and regulatory significance; staff awareness of agency policy regarding action on allegations that do not have a safety nexus; tracking and resolution of each concern within an allegation; the need for accurate, complete, and timely communication with the alleege; the amount of supervisory oversight provided the allegation coordinators; the need for regular audits of NRC's implementation of the allegation program; documentation of the resources expended processing allegations; and weaknesses in communication between the technical staff and OI staff.

These lessons were addressed by the recent revisions to Management Directive 8.8, reinstitution of annual audits of the allegation program, and training of NRC staff. Appendix 2 describes the lessons of experience in more detail and how each lesson has been addressed.

TRENDS IN ALLEGATIONS

Review Team Recommendation II.B-14 states that the NRC should monitor both technical and discrimination allegations to discern trends or sudden increases that might justify the NRC questioning the licensee as to the root causes of such changes or trends. In preparing this report, a five-year history of allegations was reviewed for reactor and material licensees and vendors. Graphs 1, 2, 3, and 4 in Appendix 6 show the five year trends for all allegations, allegations concerning reactor licensees, allegations concerning materials licensees, and allegations of harassment and intimidation, respectively.

For reactor licensees, the history of total allegations received and harassment and intimidation (H&I) allegations received from October 1992 through May 1996 is provided in Appendices 3 and 4, respectively. The section

on trends at reactor licensees below discusses the five licensees with the largest number of allegations in FY96 and four other plants with significant increases in allegations between FY95 and FY96. While other reactor licensees experienced increases in allegations, the changes are not large enough to discern an adverse trend from a fluctuation.

Because of the large number of materials licensees and the small number of allegations at most of these licensees, Appendix 5 lists the ten licensees with the largest number of allegations in FY96. Sequoyah Fuels is also included in the list because it received the largest number of allegations in the five year period reviewed, although the NRC did not receive any allegations concerning Sequoyah Fuels during FY96. None of the other licensees have received a sufficient number of allegations to discern a trend or pattern.

The five-year history for vendors is similar to the history for material licensees. Of the 217 vendors that received allegations in the five-year period, only Westinghouse and Burns International Security, Inc. received a sufficient number to analyze for a trend. Allegations concerning these two vendors are discussed below.

Allegation Trends At Reactor Licensees

Reviewing the allegations received in the first eight months of FY 96 and projecting those results for the full twelve months, the NRC will receive approximately 200 more reactor allegations in FY96 than it received in FY95. Anecdotal information gathered by the allegation coordinators during conversations with allegeders indicates downsizing and cost control in the industry and the article by TIME magazine on "whistle blowers" at the Millstone site have contributed to the increase. In bringing concerns to the NRC, allegeders have mentioned these issues in addition to their specific concerns.

The five reactor sites receiving the most allegations in the first eight months of FY96 are Millstone (39), St. Lucie (35), Watts Bar (33), Salem (22), and San Onofre (22). In addition to receiving the most allegations, Millstone, only eight months into FY96, shows an increase of almost 50 percent in total allegations received over FY95. Millstone also exhibits a 100 percent increase in H&I allegations between FY95 and FY96. The reason for Millstone's continuing high level of allegations is one of the issues being reviewed by the Millstone Independent Review Team.

From October 1992 through May 1996, allegations have at least doubled every year at St. Lucie. Between FY95 and FY96 there has been nearly a threefold increase in total allegations received, from 13 to 35. While H&I allegations at St. Lucie increased from one in FY95 to 4 in FY96, it is too early to determine if this is the beginning of a trend in increasing H&I allegations or a one year fluctuation. Region II is aware of the increase in allegations and has conducted several inspections focussed on areas that are the subject of allegations.

Although Watts Bar is third on the list for receiving a high number of allegations, a review of the five-year history shows the site is experiencing

a downward trend in total allegations and an even sharper downward trend in H&I allegations. While the overall trend is encouraging, the high number of allegations is still of concern.

A look at Salem's five year history indicates an increasing trend in allegations received, with a 50 percent increase in total allegations and a 100 percent increase in H&I allegations (5 to 10) between FY95 and FY96. The increase in H&I allegations places it second in among reactor licensees after Millstone. Within the same utility, Hope Creek is also experiencing an increasing trend in H&I and total allegations, although not yet at the same level as Salem.

In FY92 and FY93, few allegations were received concerning San Onofre. However, the number rose from 6 in FY93 to 13 in FY94, to 28 in FY95 and 22 were received in the first eight months of FY96. There has not been a corresponding rise in H&I allegations. Regional management is aware of the increase and has met with licensee management to discuss reasons for the increase and actions to address the increase.

Finally, although Crystal River 3, Maine Yankee, Susquehanna, and Waterford are not in the top five in terms of total allegations, all four experienced significant increases in total allegations between FY95 and FY96. They rose from 4 to 11, 6 to 13, 5 to 20, and 9 to 13 respectively. However, there was not a corresponding rise in H&I allegations at any of the sites. The allegations for these 9 sites will be examined in more detail for patterns or trends within the licensee's facility.

It should be noted that of the 75 sites that have been the subject of at least one allegation in the five-year period, 18 sites received 10 or more allegations per year and 5 sites received 20 or more allegations per year. In FY96, 42 sites received fewer than 10 allegations, 20 sites received 10 or more allegations, 10 sites received 20 or more allegations, and 3 sites received 30 or more allegations. Of the 68 sites that were the subject of discrimination allegations, 16 sites received more than 2 discrimination allegations per year, 9 sites received more than 3 per year, and 4 sites received more than 5 per year.

Allegation Trends At Material Licensees

Of the ten material licensees with the largest number of allegations in FY96, only four indicate an adverse trend: Shieldalloy Metallurgical Corporation, the National Institutes of Health (NIH), CTI, Inc., and Nuclear Fuels Services, Inc.

Between FY95 and FY96, allegations against Shieldalloy increased from two to eight. However, all eight allegations received in FY 96 originated from a single private citizen. While the individual allegations are being evaluated on their merits, the number of allegations does not appear to indicate a broader problem.

The NIH, in Bethesda, Maryland, experienced a sharp increase in allegations between FY95 and FY96, increasing from one to six. The allegations were all related to the handling, storage, and security of radionuclides. The staff performed extensive inspections at NIH in response to the allegations and the licensee has committed to improvements in these areas. The staff will need to continue to monitor allegations concerning NIH to determine if the adverse trend continues.

CTI, Inc., a Region IV radiography licensee, also experienced a sharp increase in allegations between FY95 and FY96, increasing from zero to six. A review of the allegations indicates that the majority were received following an inspection by Region IV in January 1996. During that inspection, an NRC inspector observed two employees conducting radiography without posting the area properly. As a result of the inspection findings and the licensee's own review, the individuals' employment was subsequently terminated. Region IV staff believes that a number of the allegations are the result of employees misinterpreting corrective actions by the licensee. Aside from the January 1996 inspection results, CTI has a good inspection history. The staff should continue to monitor allegations concerning the licensee to determine if the increase is an isolated fluctuation or the start of an adverse trend.

The company with the largest number of allegations over the five-year period, Nuclear Fuels Services, also is the largest employer. As such, it is not surprising that they would receive the largest number of allegations. While there was an increase in the number of allegations between FY95 and FY96, the five-year history indicates that the number of allegations oscillates from year to year with no clear trend.

Allegation Trends at Vendors

A review of the issues contained in the 11 Westinghouse allegations received in the five-year period indicates that the allegations concern several different Westinghouse facilities and different products and issues. The only similarity among the allegations is that two of the five allegations received in FY95 concern the adequacy of Part 21 evaluations. The only allegation received in the portion of FY96 that was reviewed concerned a Westinghouse material's licensee. Based on this review, no adverse trends were identified concerning allegations involving Westinghouse facilities.

Burns International Security Inc. received 42 allegations in the last five fiscal years. The allegations rose from 2 in FY92, to 4 in FY93, to 14 in FY94, to 22 in FY95, and dropped to 0 in the first 8 months of FY96. A review of the plants involved indicates that 27 of the 42 allegations concerned activities at Commonwealth Edison nuclear sites and 39 of the 42 allegations concerned nuclear sites in Region III. During FY94 and FY95 Commonwealth was in the process of reducing the number of armed guards. This may have had an impact on the number of allegations received. An evaluation of the 27 allegations involving Commonwealth sites determined that 5 were substantiated in part or whole. No other utilities or sites had a large enough number of allegations concerning Burns International Security Inc. to discern a trend.

SUMMARY OF AUDIT RESULTS

The 1996 audit results show that overall, the implementation of the allegation program is improving. The audits and performance indicators (Graph 5 in Appendix 6) show improvements in the timeliness and quality of communications with allegers, documentation of concerns and the bases for closing allegations, maintaining a status on resolution of concerns, timeliness of allegation review boards (ARBs), and the timeliness of resolving allegations. However, continued management attention is needed to avoid unnecessary delays in resolving individual allegations that are within the staff's control.

The 1996 audits consisted of a review of a sample of open and closed allegation files and discussions with the allegation coordinators concerning specific allegations and the allegation process. The selected allegations included technical and wrongdoing issues, including harassment and intimidation, involving reactor, materials, and agreement state licensees and vendors. The goal for the sample size was fifteen percent of the total number of allegations received during the audit period, which was approximately one year. The actual sample size varied slightly from the goal, depending on the complexity of the allegations selected for review.

A summary of the results of the audits of each region and NRR and NMSS follows. The summary includes a discussion of relevant performance indicators.

Region I

The audit of Region I's implementation of the allegation program included a review of 25 allegation files. The regional staff responded very quickly to allegations with obvious safety significance. These allegations were brought to an ARB and evaluated expeditiously. In general, allegations were thoroughly reviewed, with well-documented bases for closure. Additionally, the timeliness of acknowledgment letters and initial allegation review boards improved significantly. The region's average time to close technical allegations has improved each of the last five years, decreasing from 6.1 months in SES appraisal year (SY) 92 to 4.56 months in SY96, which is significantly below the agency's goal of 6 months (see Graph 6, Appendix 6).

However, these strengths were offset by the need for improvement in the timeliness of evaluation and closure of individual cases, and the timeliness of status letters to allegers and conduct of follow up ARB. The audit found 5 allegations where staff evaluation was delayed 6 months or greater, 9 allegations where the 6 month status letter had not been sent, and five allegations where the 6 month follow up had not been held.

The allegation coordinator and the administrative assistant are focussing their efforts on the highest priority work, receiving and documenting allegations, scheduling and supporting ARBs, writing acknowledgment letters, reviewing staff evaluations, and writing closure letters. However, with the large volume of allegations received in Region I, they have not been able to complete all of the program requirements or had time to manage the overall process. In the first quarter of 1996, regional management provided

additional assistance through a rotational assignment. However, sufficient time had not passed at the time of the audit to determine if this action is going to be sufficient to allow completion of all program requirements and provide time to manage the overall process. In the region's response to the 1996 audit, regional management committed to adding another full time technical person to work on allegations.

Region II

The audit of Region II's implementation of the allegation program included a review of 22 allegation files. Region II staff also responded well to allegations with obvious safety significance, once the issues were entered in the allegation process. Issues of this type were processed and evaluated expeditiously. In general, allegations were thoroughly reviewed, with well-documented bases for closure. There were also improvements in the timeliness of issuing acknowledgment letters and conducting ARBs.

However, the audit noted a need for additional improvements in the timeliness of acknowledgment letters, referrals to licensees or agreement states, and closure of allegations following completion of the technical evaluation. Historically, Region II has had the highest average time to close technical allegations. From SY92 to SY96 the region's average has ranged from a low of 7.09 months to a high of 9.62 months, with an SY96 average of 8.7 months (see Graph 6). Region II is the only region or office that has consistently been above the agency's goal of 6 months for completing the review of technical allegations over the last 5 years. Contributors to the high average time to close include late initial ARBs, delayed referrals to the agreement states or licensees, and delayed issuance of closure letters to allegeders following completion of technical reviews.

Prior to the audit, regional management had recognized the problems and established a rotational position to provide the additional resources to assure that program requirements were met. In response to the 1996 audit, regional management revised the process for handling allegation closure. Branch chiefs in the responsible branches have been assigned responsibility for signing and issuing closure letters to allegeders. Based on a review of allegations statistics during preparation of this report, the additional resources, increased management attention, and process changes have resulted in a significant reduction in the number of open allegations.

Region III

The audit of Region III's implementation of the allegation program included a review of 24 allegation files. In general, Region III staff responded well in addressing allegations. Allegations were processed and evaluated expeditiously. In general, allegations were thoroughly reviewed, with well-documented bases for closure. Improvements were noted in the timeliness and quality of acknowledgment, status, and closure letters, and timeliness of initial and follow up ARBs. During the period of SY92 through SY96, the region's average time to close technical allegations has ranged from a low of 2.59 months to a high of 4.41 months, with an SY96 average of 3.28 months

(Graph 6). Region III has been consistently below the agency's goal of 6 months for completing review of technical allegations.

The audit did find singular instances that indicate there is room for improvement in the timeliness of communications with allegeders and resolution of allegations. However, there was no pattern or trend to the findings.

Region IV

The audit of Region IV's implementation of the allegation program included a review of 27 allegation files. Overall, the region is doing an excellent job of receiving, evaluating, assigning, referring, and investigating allegations. Allegations are being properly handled when received, ARBs are held in a timely manner, the board's decisions reflected sound judgement and good safety perspective, and with one exception, allegation closeouts were timely and well based. Additionally, communications with allegeders addressed their concerns and were timely. During the period of SY92 through SY96, the region's average time to close technical allegations has ranged from a low of 2.31 months to a high of 3.70 months, with an SY96 average of 3.43 months (Graph 6). Region IV's performance in completing reviews of technical allegations has been significantly better than the agency goal of six months.

The audit did identify two weaknesses. The audit found five instances of failure to notify allegeders that their concerns were being referred to the licensees for resolution, and an allegation had been closed prior to resolving a staff concern with a licensee's response to a referral. The region took immediate action to notify each of the allegeders of the referrals and scheduled discussion of the staff concern for the next ARB.

ALLEGATION PROCESS

All of the regions and offices generally follow the same basic process in receiving, processing, and evaluating allegations. Variations in implementing the allegation process are discussed following the description of the basic process.

The allegation coordinator is the focal point for receiving, processing, and closing allegations and communicating with allegeders. All incoming allegations are forwarded to the allegation coordinator and calls received on the toll-free safety hotline are directed automatically to the regional allegation coordinators based on the geographical location of the caller, i.e. an allegeder's call is directed to the region that covers his or her location.

The allegation coordinators review the incoming allegations and determine whether the issues involve reactor, material, or vendor issues, the immediacy of safety issues, and schedule an ARB accordingly. The allegation coordinators prepare the material for the ARBs, provide the ARB members with guidance on implementing the allegation process, and keep the minutes for the meetings. ARBs are normally held once a week and allegations are usually discussed within two weeks of receipt. Following the ARB, the allegation coordinators note the directions to the staff in the allegation tracking

system. Acknowledgment letters to allegeders are usually sent after the ARBs are held.

The ARBs are chaired by the responsible division director or his or her designee. Other ARB participants include technical staff and managers, and in cases involving wrongdoing, the regional counsel and a representative from the OI field office. The exception to this practice is ARBs for allegations of wrongdoing by agreement state officials. These ARBs are normally chaired by the Deputy Executive Director for Nuclear Materials, Safety, Safeguards and Operations Support and attended by the General Counsel; the Director, OI; and the Director of State Programs. Representatives of the region responsible for overseeing the agreement state usually participate by telephone.

The assignment of allegations for evaluation and closure varies slightly between the regions and offices. Generally, the technical staff evaluates technical allegations and provides a copy of an inspection report or a memorandum to the allegations coordinator with the result of the evaluation. The allegation coordinator reviews the information provided, and if all of the issues have been sufficiently addressed, then he or she prepares a closure letter to the allegeder based on the information provided. If the issues have not been sufficiently addressed, the allegation and the evaluation are usually discussed at a subsequent ARB to determine what additional actions are necessary to complete the evaluation and close the allegation.

For wrongdoing issues for which OI completes an investigation and reaches a conclusion as to whether the allegation was substantiated, the report of investigation serves as a basis for responding to the allegeder. The responsible technical division will review the report and provide input to or prepare a draft closure letter to the allegeder. In those cases when OI does not complete the investigation to the point where they can conclude whether wrongdoing occurred, the allegation coordinator prepares a closure letter that informs the allegeder that because of limited resources and the relative safety significance of the wrongdoing issue, the investigation was terminated without reaching a conclusion whether wrongdoing occurred.

Region I

Region I generally follows the process outlined above. In addition to the duties described in the general description, the Region I allegation coordinator is responsible for the quality of correspondence to allegeders and prepares and signs acknowledgment, status, and closure letters. The Region I program is currently staffed with a GG-14 allegation coordinator and a GG-8 administrative assistant. The administrative assistant was added in early 1995 and filled on a rotational basis until October 1995, when it was established as a permanent position. In the first quarter of 1996, the region provided additional technical assistance to the allegation coordinator through a rotational assignment. The region has recently posted a GG-13 position to provide additional technical assistance to the allegation coordinator.

Over the last five years, Region I has received the most allegations (1331) (Graph 7), of which approximately two thirds were reactor allegations and one third were materials allegations. The majority of reactor allegations are

assigned to the Division of Reactor Projects (DRP) for resolution through inspections by the resident inspectors or referrals to licensees, with the Division of Reactor Safety (DRS) providing assistance in specialized areas.

Region II

Region II generally follows the process outlined above through the holding of the ARB. Their program is staffed with two permanent GG-14 allegation coordinators, a technical staff rotational position, and a GG-9 staff assistant that support both the enforcement and allegations staff. The region has had two allegation coordinators during the last five years. The rotational position was added in January 1996 to assist in completing older cases. Over the last five years, Region II has received the third highest number of allegations (1140) (Graph 8), of which approximately three quarters were reactor allegations and one quarter were materials allegations. The majority of the reactor allegations are assigned to DRP for evaluation, with DRS providing assistance in specialized areas.

Region II recently revised their process for closing allegations to require the responsible division to determine if all the issues have been addressed sufficiently and to draft and issue the closure letter. The process was revised to make the divisions more accountable for the quality of the basis for closure and the closure letter and to improve the timeliness of closing allegations.

Region III

Region III generally follows the process outlined above. In addition to the duties described in the general description, the Region III allegation coordinator is responsible for the quality of correspondence to alлегers and prepares and signs acknowledgment, status, and closure letters. Historically, their program was staffed by a GG-13 allegation coordinator. Early in FY95, the staff was augmented with part-time administrative assistance from a GG-8 administrative assistant. Region III recently reassigned a GG-14 position from their enforcement staff to the allegation staff.

Of the four regions, Region III, historically, has received the lowest number of allegations. Over the last five years, Region III has received 827 allegations (Graph 9), of which approximately two thirds were reactor allegations and one third were materials allegations. The region recently adopted a policy of assigning the majority of the reactor allegations to DRS for evaluation to allow resident inspectors more time to perform scheduled inspection activities and respond to events.

Region IV

Region IV generally follows the process outlined above. In addition to the duties described in the general description, the Region IV allegation coordinators are responsible for the quality of correspondence to alлегers and they prepare and sign acknowledgment, status, and closure letters. Their program is currently staffed by a permanent GG-14 allegation coordinator and a

technical rotational position with a two-year term, with secretarial assistance as needed.

For consistency in the comparison of the workload and resources, Region V allegations and resources were included in Region IV statistics for FY92 through the completion of the merger in FY94. With the exception of the period from August 1994 through October 1995, the program has been staffed with two technical staff members. During the last five years Region IV received 1147 allegations (Graph 10), approximately two thirds of which were reactor allegations and one-third materials allegations. The majority of the reactor allegations are assigned to DRS for follow up and resolution. The intent of assigning the majority of the allegations to DRS is to not divert the attention of resident inspectors from oversight of licensee operations.

Office of Nuclear Reactor Regulation (NRR)

NRR generally follows the process described above. The coordinator prepares and signs acknowledgment, referral, and status letters. However, closure letters are prepared and signed by the responsible technical branch chief. The program is staffed by a GG-14 allegation coordinator. However, NRR is in the process of posting a position for an assistant for the allegation coordinator. Over the five-year period, NRR has received 411 allegations (Graph 11), of which almost all were either reactor or reactor-related vendor allegations.

Office of Nuclear Materials Safety and Safeguards (NMSS)

NMSS generally follows the process described above. The program is managed by a GG-14 staff member who spends approximately half his time on allegations. Over the last five years NMSS has received 118 allegations (Graph 12), almost all of which dealt with materials issues. In addition to the duties described in the general description of the allegation process, the NMSS allegation coordinator is responsible for the quality of correspondence to allegeders and he prepares and signs acknowledgment, status, referral, and closure letters.

RESOURCES EXPENDED ON ALLEGATIONS

Lesson (5) from the River Bend Review Team noted that resource expenditure on the handling of allegations by the headquarters and regional staff needs to be fully documented in the agency's automated data processing systems and that the current level of resources being spent on handling allegations needs to be periodically evaluated.

As part of this report, a review of the resources expended on handling allegations was performed. Graph 13 in Appendix 6 shows the hours expended on handling technical allegations from FY92 through FY96, including a breakdown for allegations against the reactor and materials licensees. The FY96 hours are projected based on six months of data. The graph shows a significant increase in the hours expended on technical allegations from FY93 to FY96, rising from 30,897 hours to 53,168 hours. As noted in the graph, the increase is almost entirely due to an increase in hours expended on allegations concerning reactors.

As a result of a review of the hours expended on allegations performed in conjunction with the 1996 audit of the allegation program, NRR increased the budgeted hours for follow up of allegations concerning reactors for FY97 to 40 FTE. The increase allocated 2 FTE for each region and 4 FTE for NRR for managing the allegation process and increased the FTE allocated for the allegation follow up in NRR and the regions. NMSS has budgeted 2.7 FTE for allegation follow up for materials licensees over the last 5 years and continues to budget at that level.

While the number allegations received during the period FY92 through FY96 fluctuated, the number of hours expended per allegation rose from a low of 28 hours in FY93 to a high of 45 hours in FY95. Graph 14 shows the hours per allegation expended by technical staff members. This rise is attributable to more accurate reporting of hours expended on allegations and the additional time spent by the staff implementing the improvements to the allegation program, e.g., increased tracking of allegations, and increased frequency of communications with allegeders.

Graph 15 provides a comparison of hours per allegation as reported by organization. Based on the information in the graph, it appears that there has been a decrease in hours reported in Regions I and II and that Region IV has historically reported fewer hours per allegation than the other regions. It appears additional attention is necessary to achieve consistent reporting of hours expended on allegations.

RECOMMENDATIONS

1. Because of continuing problems with protecting the identity of confidential sources, the following actions are recommended:
 - a) Allegation files containing the identity of a confidential source will be stored in a secure filing cabinet drawer designated solely for such files,
 - b) Allegation files containing the identity of a confidential source must have a warning label attached to the outside of the file that indicates the file contains the identity of a confidential source and provides handling instructions,
 - c) Correspondence containing the identity of a confidential source that is separated from the file must have the warning label described above attached as a cover sheet, and
 - D) The allegation coordinators will inform staff members handling documents containing the identity of confidential sources of these requirements and special emphasis will be placed on these new requirements and protecting the identity of confidential sources and allegeders during training sessions on the allegation process.

2. In response to the third lesson of experience from the River Bend Task Force:

"The supervisory oversight of the Region IV OAC may not be sufficient or commensurate with that given to the accomplishment of other regulatory functions. Actions such as the closeout of allegation files and the issuance of letters to allegeders should have an appropriate level of supervisory review,"

the staff is recommending that MD 8.8 be revised to clarify that the review and approval of the basis for closure by the responsible branch chief be documented.

3. Management should increase the emphasis on properly recording time spent on allegations.

STATUS OF REVIEW TEAM RECOMMENDATIONS

- II.A-1. The Commission should issue a policy statement emphasizing the importance of licensees and their contractors achieving and maintaining a work environment conducive to prompt, effective problem identification and resolution, in which their employees are and feel free to raise concerns, both to their management and to the NRC, without fear of retaliation.

The final policy statement was published in the *Federal Register* on May 1, 1996. Action on this item has been completed.

- II.A-2 The Commission policy statement proposed in Recommendation II.A-1 should include the following:

- (1) Licensees should have a means to raise issues internally outside the normal processes; and
- (2) Employees (including contractor employees) should be informed of how to raise concerns through normal processes, alternative internal processes, and directly to the NRC.

The final policy statement was published in the *Federal Register* on May 1, 1996. Action on this item has been completed.

- II.A-3 The regulations in Part 19 should be reviewed for clarity to ensure consistency with the Commission's employee's protection regulations.

A direct final rule revising Part 19 was issued in February 1996. Action on this item has been completed.

- II.A-4 The policy statement proposed in Recommendation II.A-1 should emphasize that licensees (1) are responsible for having their contractors maintain an environment in which contractor employees are free to raise concerns without fear of retaliation; and (2) should incorporate this responsibility into applicable contract language.

The final policy statement was published in the *Federal Register* on May 1, 1996. Action on this item has been completed.

- II.B-1 The NRC should incorporate consideration of the licensee environment for problem identification and resolution, including raising concerns, into the Systematic Assessment of Licensee Performance (SALP) process.

MD 8.6, "Systematic Assessment of Licensee Performance," was revised on January 27, 1995 adding guidance in this area.

APPENDIX 1

- I.B-2 The NRC should develop inspection guidance for identifying problem areas in the workplace where employees may be reluctant to raise concerns or provide information to the NRC. This guidance should also address how such information should be developed and channeled to NRC management.

Inspection Procedure 40500 was revised October 3, 1994 to include guidance in this area.

- II.B-3 The NRC should develop a survey instrument to independently and credibly assess a licensee's environment for raising concerns.

The Commission accepted the staff's recommendation not to develop a survey instrument as proposed in the November 16, 1994 status report.

- II.B-4 Allegation follow-up sensitivity and responsiveness should be included in performance appraisals for appropriate NRC staff and managers.

As of October 1995, employees' elements and standards contain appropriate criteria.

- II.B-5 The NRC should place additional emphasis on periodic training for appropriate NRC staff on the role of allegations in the regulatory process, and on the processes for handling allegations.

The revision to MD 8.8 approved May 1, 1996 requires refresher training every year.

- II.B-6 The NRC should develop a readable, attractive brochure for industry employees. The brochure should clearly present a summary of the concepts, NRC policies, and legal processes associated with raising technical and/or harassment and intimidation (H&I) concerns. It should also discuss the practical meaning of employee protection, including the limitations on NRC and Department of Labor (DOL) actions. In addition, the NRC should consider developing more active methods of presenting this information to industry employees.

The Office of Public Affairs has drafted a brochure and submitted it to the Commission for review.

- II.B-7 Management Directive 8.8 should include specific criteria and time-frames for initial and periodic feedback to allegeders, in order to ensure consistent agency practice.

The May 1, 1996 revision to MD 8.8 requires a letter be sent to the allegeder within 30 days of receipt of an allegation, every 6

months thereafter, and within 30 days of completing the inspection or investigation.

- II.B-8 The NRC should develop a standard form to be included with alleged close out correspondence, to solicit feedback on the NRC's handling of a given concern.

In the November 16, 1994 status report to the Commission, the staff informed the Commission that the survey would be conducted on a trial basis with a sample of alleged. In December 1995, the staff completed mailing survey forms to 145 alleged soliciting feedback on the NRC's handling of their concerns. Responses were received from 44 individuals, 25 of which are complimentary, and 19 expressed dissatisfaction with the NRC's handling of their allegations. Those that were dissatisfied expressed concern with timeliness of correspondence and review, quality of the review, identity protection, and the handling of harassment and intimidation allegations in general. The staff has already taken corrective action to address these issues. Action on this item is considered complete.

- II.B-9 The NRC should designate a full-time, senior individual for centralized coordination and oversight of all phases of allegation management, designated as the agency allegation manager, with direct access to the Executive Director for Operations (EDO), program office directors, and regional administrators.

The allegation advisor started on February 6, 1996.

- II.B-10 All program office and regional office allegation coordinators should participate in periodic counterpart meetings.

Three counterpart meetings have been held to date and will continue to be held on an annual basis. Action on this item is considered complete.

- II.B-11 The agency allegation manager should conduct periodic audits of the quality and consistency of ARB (ARB) decisions, allegation referrals, inspection report documentation, and allegation case files.

Two rounds of audits of NMSS, NRR, and the four regions have been completed. Action on this item is considered complete.

- II.B-12 Criteria for referring allegations to licensees should be clarified to ensure consistent application among ARBs, program offices, and the regions.

Criteria providing clarification on referring allegations to licensees were included in the May 1, 1996 revision of MD 8.8.

APPENDIX 1

- II.B-13 The NRC should revise the Allegation Management System to be able to trend and monitor an allegation from receipt to the completion of agency action.

A prototype of the software is currently undergoing testing, with the production version scheduled October 1996.

- II.B-14 Using the Allegation Management System, the NRC should monitor both H&I and technical allegations to discern trends or sudden increases that might justify the NRC questioning the licensee as to the root causes of such changes and trends. This effort should include monitoring contractor allegations--both those arising at a specific licensee and those against a particular contractor across the country.

The staff is currently monitoring allegations against licensees and contractors for adverse trends.

- II.B-15 The NRC should periodically publish raw data on the number of technical and H&I allegations (for power reactor licensees, this should be per site, per year).

The NRC published raw data on allegations in the AEOD Annual Report issued in July 1996.

- II.B-16 The NRC should resolve any remaining policy differences between the Office of Investigations (OI) and the Office of Nuclear Reactor Regulation (NRR) on protecting the identity of alleged (including confidentiality agreements) in inspection and investigation activities.

The policy differences have been resolved and a description of the protection available to alleged in each instance is included in the May 1, 1996 revision of MD 8.8. In addition, a revised Commission policy statement on protecting the identity of alleged and confidential sources that clearly states the protections afforded and the limitations of the protection was published in the Federal Register on May 23, 1996.

- II.B-17 Regions should provide toll-free 800 numbers for individuals to use in making allegations.

Toll-free service was implemented October 1, 1995.

- II.C-1 The Commission should support current considerations within the DOL to transfer Section 211 implementation from the Wage & Hour Division to the Occupational Safety and Health Administration (OSHA).

APPENDIX 1

On January 18, 1995, DOL instituted a trial program in the states of Arkansas, Louisiana, Oklahoma, and Texas to have Section 211 complaints investigated by OSHA. DOL is planning to transfer the investigation of all Section 211 complaints to OSHA on October 1, 1996. Action on this item is considered complete.

II.C-2

The Commission should support legislation to amend Section 211 as follows:

- (1) Revising the statute to provide 120 days (from the filing of the complaint) to conduct the DOL investigation; 30 days from the investigation finding to request a hearing; 240 additional days to issue an Administrative Law Judge (ALJ) decision; and 90 days for the Secretary of Labor to issue a final decision when an ALJ decision is appealed. This would allow 480 days (from when the complaint is filed) to complete the process.
- (2) Revising the statute to provide that reinstatement decisions be immediately effective following a DOL finding based on an administrative investigation.
- (3) Revising the statute to provide that the DOL defends its findings of discrimination and ordered relief in the adjudicatory process if its orders are contested by the employer. This would not preclude the complainant from also being a party in the proceeding.

DOL has agreed to have the NRC propose legislative changes to implement items (1) and (2). The NRC staff plans to submit legislative changes at the start of the next session of Congress. DOL already has rulemaking underway to implement item (3).

II.C-3

The NRC should recommend to the Secretary of Labor that adjudicatory decisions under Section 211 be published in a national reporting or computer-based system.

DOL is making the findings of Administrative Law Judges and Secretary of Labor decisions available on the Internet.

II.C-4

The NRC should take a more active role in the DOL process. Consistent with relevant statutes, Commission regulations, and agency resources and priorities, the NRC should normally make available information, agency positions, and agency witnesses that may assist in completing the adjudication record on discrimination issues. Such disclosures should be made as part of the public record. The NRC should consider filing *amicus curiae* briefs, where warranted, in DOL adjudicatory proceedings.

The May 1, 1996 revision of MD 8.8 contains guidance to the staff on this issue.

- II.C-5 The NRC should designate the agency allegation manager as the focal point to assist persons in requesting NRC information, positions, or witnesses relevant to DOL litigation under Section 211 (or State court litigation concerning wrongful discharge issues). Information on this process, and on how to contact the NRC focal point, should be included in the brochure for industry employees (see Recommendation II.B-6).

The AAA has assumed these duties. The May 1, 1996 revision of MD 8.8 includes these duties under the responsibility of the AAA. The draft brochure that is currently before the Commission for review contains information on this topic.

- II.C-6 The NRC should work with the DOL to establish a shared data base to track DOL cases.

Following completion of the transfer of the investigation of Section 211 complaints to OSHA, the staff will renew discussions on establishing a shared database.

- II.C-7 The NRC should revise the criteria for prioritizing NRC investigations involving discrimination. The following criteria should be considered for assigning a high investigation priority:

- (1) Allegations of discrimination as a result of providing information directly to the NRC;
- (2) Allegations of discrimination caused by a manager above first-line supervisor (consistent with current Enforcement Policy classification of Severity Level I or II violations);
- (3) Allegations of discrimination where a history of findings of discrimination (by the DOL or the NRC) or settlements suggests a programmatic rather than an isolated issue;
- (4) Allegations of discrimination which appear particularly blatant or egregious.

Revised criteria for prioritizing OI investigations of H&I concerns were issued by the EDO on October 12, 1995 and are included in the May 1, 1996 revision to MD 8.8.

- II.C-8 OI investigators should continue to interface with the DOL to minimize duplication of effort on parallel investigations. Where the NRC is conducting parallel investigations with the DOL, OI procedures should provide that its investigators contact the DOL on a case-by-case basis to share information and minimize

duplication of effort. The DOL process should be monitored to determine if NRC investigations should be conducted, continued, or priorities changed. In that regard, settlements should be given special consideration.

OI is implementing this recommendation.

- II.C-9 When an individual who has not yet filed with the DOL brings an H&I allegation to the NRC, the NRC should inform the person (1) that a full-scale investigation will not necessarily be conducted; (2) that the DOL and not the NRC provides the process for obtaining a personal remedy; and (3) of the method for filing a complaint with the DOL. If, after the ARB review, OI determines that an investigation will not be conducted, the individual should be so informed.

Guidance has been included in the May 1, 1996 revision of MD 8.8 to implement this recommendation.

- II.C-10 OI should discuss cases involving Section 211 issues with the Department of Justice (DOJ) as early as appropriate so that a prompt DOJ declination, if warranted, can allow information acquired by OI to be used in the DOL process.

OI is implementing this recommendation.

- II.C-11 The implementation of the Memorandum of Understanding (MOU) with the Tennessee Valley Authority Inspector General (TVA IG) should be reconsidered following the completion of the ongoing review.

The MOU with the TVA IG was terminated by a letter dated August 30, 1994, to the TVA-IG from the OI Director.

- II.D-1 For cases that are appealed and result in DOL ALJ adjudication, the NRC should continue the current practice of normally initiating the enforcement process following a finding of discrimination by the DOL ALJs. However, the licensee should be required to provide the normal response required by 10 CFR 2.201.

A revision to the Enforcement Manual implementing this recommendation was issued 12/31/94.

- II.D-2 Additional Severity Level II examples should be added to Supplement VII of the Enforcement Policy to address hostile work environments and discrimination in cases where the protected activity involved providing information of high safety significance. Supplement VII should also recognize restrictive agreements and threats of discrimination as examples of violations at least at a Severity Level III. Supplement VII should also

provide that fewer significant violations involving discrimination issues are categorized at a Severity Level IV.

The Enforcement Policy was revised November 28, 1994 (59 FR 60697) to incorporate new examples in Supplement VII to describe discrimination by individuals above first line supervisor as Severity Level II, threats of discrimination and restrictive agreements as Severity Level III, and fewer significant acts of discrimination as Severity Level IV.

- II.D-3 The Commission should seek an amendment to Section 234 of the Atomic Energy Act of 1954 to provide for a civil penalty of up to \$500,000 per day for each violation. If this provision is enacted into law, the Enforcement Policy should be amended to provide that this increased authority should normally be used only for willful violations, including those involving discrimination.

The Enforcement Policy Review Team did not recommend seeking legislation to increase civil penalty authority. The Commission agreed with this decision.

- II.D-4 Pending an amendment to Section 234 of the Atomic Energy Act, the flexibility in the Enforcement Policy should be changed to provide that the base penalty for willful violations involving discrimination, regardless of severity level, should be the amount currently specified for a Severity Level I violation.

The Enforcement Policy Review Team did not recommend changing the base civil penalty for willful violations involving discrimination. Willfulness will continue to be addressed through raising the severity level. The Commission agreed with this decision.

- II.D-5 The Enforcement Policy should be changed, for civil penalty cases involving discrimination violations, to normally allow mitigation only for corrective action. Mitigation for corrective action should be warranted only when it includes both broad remedial action as well as a personal remedy to address the potential chilling effect. Mitigation or escalation for corrective action should consider the timing of the corrective action.

In December 1994, the Enforcement Manual was modified to specify that civil penalties in discrimination cases will be mitigated only if the licensee takes prompt and extensive corrective action. This change was also incorporated in the revision to the Enforcement Policy issued on November 28, 1994.

- II.D-6 For violations involving discrimination issues not within the criteria for a high priority investigation (see Recommendation

II.C-7), citations should not normally be issued nor OI investigations conducted if:

- (1) discrimination, without a complaint being filed with the DOL or an allegation made to the NRC, is identified by the licensee and corrective action is taken to remedy the situation, or
- (2) after a complaint is filed with the DOL, the matter is settled before an evidentiary hearing begins, provided the licensee posts a notice (a) that a discrimination complaint was made, (b) that a settlement occurred, and (c) if the DOL's investigation found discrimination, that remedial action has been taken to reemphasize the importance of the need to be able to raise concerns without fear of retaliation.

This change was incorporated in the revision to the Enforcement Policy issued on November 28, 1994.

II.D-7 In taking enforcement actions involving discrimination, use of the deliberate misconduct rule for enforcement action against the responsible individual should be considered.

A revision to the Enforcement Manual implementing this recommendation was issued December 31, 1994.

II.E-1 Regional Administrators and Office Directors should respond to credible reports of reasonable fears of retaliation, when the individual is willing to be identified, by holding documented meetings or issuing letters to notify senior licensee management that the NRC:

- (1) Has received information that an individual is concerned that retaliation may occur for engaging in protected activities;
- (2) Will monitor actions taken against this individual; and
- (3) Will consider enforcement action if discrimination occurs, including applying the wrongdoer rule.

The May 1, 1996 revision of MD 8.8 includes guidance on this issue.

II.E-2 Before contacting a licensee as proposed in Recommendation II.E-1, the NRC should:

- (1) Contact the individual to determine whether he or she objects to disclosure of his or her identity; and

- (2) Explain to the individual the provisions of Section 211 and the DOL process (e.g., that it is the DOL and not the NRC that provides a personal remedy).

The May 1, 1996 revision of MD 8.8 includes guidance on this issue.

II.E-3

The Commission should include in its policy statement (as proposed in Recommendation II.A-1) expectations for licensees' handling of complaints of discrimination, as follows:

- (1) Senior management of licensees should become directly involved in allegations of discrimination.
- (2) Power reactor licensees and large fuel cycle facilities should be encouraged to adopt internal policies providing a holding period for their employees and contractors' employees that would maintain or restore pay and benefits when the licensee has been notified by an employee that, in the employee's view, discrimination has occurred. This voluntary holding period would allow the licensee to investigate the matter, reconsider the facts, negotiate with the employee, and inform the employee of the final decision.

After the employee has been notified of the licensee's final decision, the holding period should continue for an additional 2 weeks to allow a reasonable time for the employee to file a complaint with the DOL. If the employee files within that time, the licensee should continue the holding period until the DOL finding is made based on an investigation (currently the Area Office decision). If the employee does not file with the DOL within this 2-week period, then the holding period would terminate.

(Notwithstanding this limitation on the filing of a complaint with the DOL to preserve the holding period, the employee clearly would retain the legal right to file a complaint with the DOL within 180 days of the alleged discrimination.) The holding period should continue should the licensee appeal an adverse Area Office finding.

The NRC would not consider the licensee's use of a holding period to be discrimination even if the person is not restored to his or her former position, provided that the employee agrees to the conditions of the holding period, and that pay and benefits are maintained.

- (3) Should it be determined that discrimination did occur, the licensee's handling of the matter (including the extent of its investigation, its efforts to minimize the chilling effect, and the promptness of providing a personal remedy to

the individual) would be considered in any associated enforcement action. While not adopting a holding period would not be considered as an escalation factor, use of a holding period would be considered a mitigating factor in any sanction.

The final policy statement that was published in the *Federal Register* on May 1, 1996 addressed these issues. Action on this item has been completed.

II.E-4

In appropriate cases, the EDO (or other senior NRC management) should notify the licensee's senior management by letter:

- (1) Bringing the matter to the attention of senior licensee management, noting that the NRC has not taken a position on the merits of the allegation but emphasizing the importance the NRC places on a quality-conscious environment where people believe they are free to raise concerns, and the potential for adverse impact on this environment if this allegation is not appropriately resolved;
- (2) Requesting the personal involvement of senior licensee management in the matter, to ensure that the employment action taken was not prompted by the employee's involvement in protected activity, and to consider whether action is needed to address the potential for a chilling effect;
- (3) Requesting the licensee to place the employee in a holding period, as described in the Commission's policy statement (see Recommendation II.E-3);
- (4) Requiring a full report of the actions that senior licensee management took on this request within 45 days.
- (5) Noting that the licensee's decision to adopt a holding period will be considered as a mitigating factor in any enforcement decision should discrimination be determined to have occurred.

In such cases, prior to issuing the letter, the employee should be notified (a) that the DOL and not the NRC provide personal remedies; and (b) that the NRC will be sending a letter revealing the person's identity to the licensee, requiring an explanation from the company and requesting a holding period in accordance with the Commission's policy statement.

The final policy statement published in the *Federal Register* on May 1, 1996 addresses the holding period. The May 1, 1996 revision of MD 8.8 addresses contacting the alleged.

APPENDIX 1

II.E-5 The NRC should normally issue a chilling effect letter if a licensee contests a DOL Area Office finding of discrimination, and a holding period is not adopted (see Recommendation II.E-3). A letter would not be needed if Section 211 is amended to provide for reinstatement following a DOL administrative finding of discrimination (see Recommendation II.C-2). When a chilling effect letter is issued, appropriate follow-up action should be taken.

A revision to the Enforcement Manual implementing this recommendation was issued December 31, 1994.

II.E-6 A second investigative finding of discrimination within a 18-month period should normally result in a meeting between the licensee's senior management and the NRC Regional Administrator.

A revision to the Enforcement Manual implementing this recommendation was issued December 31, 1994.

II.E-7 If more than two investigative findings of discrimination within a 18-month period, the NRC should consider stronger action, including issuing a Demand for Information.

A revision to the Enforcement Manual implementing this recommendation was issued December 31, 1994.

II.E-8 The NRC should consider action when there is a trend in settlements without findings of discrimination.

A revision to the Enforcement Manual implementing this recommendation was issued December 31, 1994.

RIVER BEND REVIEW TEAM
LESSONS OF EXPERIENCE

1. In reviewing the records pertinent to the particular RBS allegation, the team found that documentation regarding the basis for the decisions made in following up and closing out the allegation was lacking. Decisions made regarding the potential safety and regulatory significance need to be clearly documented. Similarly, key staff actions and decisions such as those made by the Allegation Review Committee need to be clearly documented, including the basis for follow-up actions not taken. Also, the team found NRC staff members who were not aware of the agency policy regarding appropriate actions when allegations do not have a safety nexus. NRC policy regarding the extent to which safety and regulatory significance should be considered when evaluating and dispositioning allegations needs to be clearly articulated and understood by all NRC staff and management. This is consistent with the intent of the draft MD 8.8.

Response: The May 1, 1996, revision to Management Directive 8.8 (MD 8.8), "Management of Allegations," requires that each concern within an allegation be separately documented and that the basis for closing each concern be documented as well. MD 8.8 requires that the minutes of the ARB include the rationale for decisions regarding potential safety and regulatory significance and appropriate follow up activities. Issues to be considered by the ARB include the generic implications of allegations that do not have a direct safety nexus and the possible effect on safety-related activities.

2. The NRC allegation management system, as implemented in Region IV for the particular RBS allegations reviewed, did not include partitioning of complex, multipart allegations into discrete segments (i.e., technical, wrongdoing, and employment discrimination) which could be tracked and more easily managed. Multipart allegations need to be partitioned so that each aspect can be identified, assigned to an organizational unit and tracked to completion. Weaknesses were also identified in the written communication between Region IV and the alleged. Written communications to the alleged need to be accurate, complete, and timely. They should clearly state the allegations as understood by the NRC and the actions taken to review and close each allegation, or part thereof. This is required by Manual Chapter 0517 and is consistent with the intent of the draft MD 8.8, but has not yet been uniformly implemented.

Response: MD 8.8 requires that the individual concerns in multipart allegations be separated and tracked through closure. MD 8.8 also requires that acknowledgment letters delineate each concern as the staff understands them to assure that the appropriate issues are resolved. Acknowledgment letters also request the alleged to contact the allegation coordinator should the staff's characterization of the concerns be incorrect. Closure letters to alleged are required to

APPENDIX 2

reiterate each concern and provide the basis for closure for each concern. Recent audits of the allegation program indicate improvement has occurred in this area.

3. The supervisory oversight of the Region IV OAC may not be sufficient or commensurate with that given to the accomplishment of other regulatory functions. Actions such as the closeout of allegation files and the issuance of letters to allegeders should have an appropriate level of supervisory review.

Response: With the addition of the Agency Allegation Advisor as a central point of contact for advice, the initiation of monthly counterpart calls, conduct of additional training, reinstitution of annual audits, the results of the recent audits of the allegation program, and the fact that the agency is downsizing and placing additional emphasis on empowering employees, mandating additional supervisory oversight by requiring the concurrence of the coordinator's supervisor is not considered appropriate at this time. Each region and office is responsible for assessing the performance of their OAC and establishing an appropriate level of supervisory oversight based on the OAC's performance. However, the staff is recommending in this report that MD 8.8 be revised to clarify that the review and approval of the basis for closure by the responsible branch chief be documented.

4. Periodic NRR audits of allegation activities conducted by headquarters and regional staff, which had been suspended in order to focus on strengthening the allegation program, should be resumed. The audits should be in-depth and of a scope which covers the adherence to administrative guidelines and the technical adequacy of reviews. The results of these audits should be reported to senior NRC management. This is consistent with the intent of the draft MD 8.8.

Response: The audits were resumed in March 1995, with the second round of audits completed in June 1996. The audits included a review of adherence to administrative controls and technical adequacy of the staff's review. Audits will continue to be conducted on an annual basis.

5. Resource expenditures on the handling of allegations by the headquarters and regional staff need to be fully documented in the agency's automated data processing systems. The current level of resources being spent on handling allegations needs to be periodically evaluated.

Response: As noted in the section on resources, this evaluation is currently being performed and the results will continue to be reported in subsequent annual reports.

6. In its review of the handling of the particular RBS allegations, the team observed potential interface weaknesses between the Region IV technical staff and the OI staff. For example, precisely which

APPENDIX 2

organizational unit was responsible was to follow up on the aspect of the allegations involving management wrongdoing, a legitimate OI issue, was not articulated. Also, although OI eventually investigated the management wrongdoing aspect of the allegations, their efforts in doing so were not clearly concluded or communicated back to the alleged. As discussed in Lesson (2) above, multipart allegations need to be identified, assigned to an organizational unit, and tracked to completion. Also, written communications to the alleged need to be accurate, complete, and timely. Thus, it is essential that communications between the OI staff and NRC technical staff in conducting allegation activities be clearly understood, complete, and timely.

Response: As stated above, a representative from OI participates in each ARB and the ensuing discussions concerning follow up assignments. Additionally, monthly meetings are held between the regional administrator and the OI field office director, or their representatives, to discuss the status of ongoing investigations and the priority assigned to each investigation. These meetings should resolve any miscommunications concerning assignment of follow up actions.

APPENDIX 3

Allegations Received by Docket Number and Fiscal Year

NOTE: For multiple unit sites the same allegation may be recorded under multiple docket numbers. Therefore, the number of allegations is not cumulative for the site.

Facility Name	Received Date Fiscal Year:					FIVE YEAR TOTAL
	1992 COUNT	1993 COUNT	1994 COUNT	1995 COUNT	1996 COUNT	
ARKANSAS 1	8	5	4	5	3	25
ARKANSAS 2	10	5	4	4	2	25
BEAVER VALLEY 1	4	11	5	6	1	27
BEAVER VALLEY 2	5	10	5	7	1	28
BELLEFONTE 1	0	0	5	0	1	6
BELLEFONTE 2	0	0	4	0	1	5
BIG ROCK POINT	2	2	1	1	0	6
BRAIDWOOD 1	5	3	11	2	6	27
BRAIDWOOD 2	5	2	9	2	6	24
BROWNS FERRY 1	19	32	18	6	10	85
BROWNS FERRY 2	14	33	12	5	7	71
BROWNS FERRY 3	8	17	16	3	4	48
BRUNSWICK 2	10	22	15	8	3	58
BRUNSWICK 1	14	21	14	9	2	60
BYRON 1	4	3	6	6	2	21
BYRON 2	3	3	6	6	2	20
CALLAWAY	1	5	2	3	4	15
CALVERT CLIFFS 1	7	6	5	7	8	33
CALVERT CLIFFS 2	6	7	4	8	7	32
CATAWBA 1	1	2	8	2	3	16
CATAWBA 2	1	2	7	1	1	12
CLINTON	10	5	22	12	5	54
COMANCHE PEAK 1	23	26	5	10	11	75
COMANCHE PEAK 2	22	24	5	10	14	75
COOK 1	2	4	11	4	2	23
COOK 2	3	4	10	4	2	23
COOPER	6	3	11	9	12	41
CRYSTAL RIVER 3	14	6	3	4	11	38
DAVIS-BESSE	9	9	7	5	6	36
DIABLO CANYON 1	4	13	9	17	15	58
DIABLO CANYON 2	4	10	9	17	15	55
DRESDEN 1	0	0	1	0	1	2
DRESDEN 2	8	12	10	12	4	46
DRESDEN 3	5	11	10	13	3	42
DUANE ARNOLD	5	3	1	3	1	13
FARLEY 1	1	1	2	1	5	10
FARLEY 2	1	1	1	0	3	6
FERMI 2	8	10	14	12	7	51
FITZPATRICK	9	7	3	7	5	31
FORT CALHOUN 1	4	6	6	5	1	22
GINNA	0	0	1	2	1	4
GRAND GULF 1	2	3	3	2	6	16
GRAND GULF 2	1	2	2	0	0	5
HADDAM NECK	2	10	12	9	14	47
HARRIS 1	3	1	5	2	3	14
HARRIS 2	0	0	1	0	0	1

APPENDIX 3

Allegations Received by Docket Number and Fiscal Year

NOTE: For multiple unit sites the same allegation may be recorded under multiple docket numbers. Therefore, the number of allegations are not cumulative for the site.

Facility Name	Received Date Fiscal Year::					FIVE YEAR TOTAL
	1992 COUNT	1993 COUNT	1994 COUNT	1995 COUNT	1996 COUNT	
HATCH 1	7	5	3	8	3	26
HATCH 2	5	4	4	4	1	18
HOPE CREEK 1	5	4	8	9	15	41
INDIAN POINT 1	0	1	0	0	0	1
INDIAN POINT 2	3	8	1	5	4	21
INDIAN POINT 3	9	14	25	11	4	63
KEWAUNEE	0	1	0	1	0	2
LA CROSSE	0	1	1	0	1	3
LASALLE 1	7	6	13	8	7	41
LASALLE 2	4	6	13	9	6	38
LIMERICK 1	7	14	15	5	3	44
LIMERICK 2	6	17	16	4	2	45
MAINE YANKEE	4	1	9	6	13	33
MCGUIRE 1	3	0	8	2	4	17
MCGUIRE 2	2	0	7	2	4	15
MILLSTONE 1	14	18	31	27	39	129
MILLSTONE 2	35	22	18	21	28	124
MILLSTONE 3	21	14	18	15	31	99
MONTICELLO	1	3	1	0	4	9
NINE MILE POINT 1	9	6	3	2	5	25
NINE MILE POINT 2	14	9	8	7	6	44
NORTH ANNA 1	6	11	1	6	4	28
NORTH ANNA 2	4	11	2	3	3	23
OCONEE 1	1	1	4	1	5	12
OCONEE 2	0	1	3	0	4	8
OCONEE 3	0	1	3	0	4	8
OYSTER CREEK	3	9	2	5	5	24
PALISADES	1	7	4	10	6	28
PALO VERDE 1	54	47	23	22	11	157
PALO VERDE 2	26	33	18	22	11	110
PALO VERDE 3	23	32	17	22	10	104
PEACH BOTTOM 1	1	0	0	0	0	1
PEACH BOTTOM 2	5	7	7	3	1	23
PEACH BOTTOM 3	5	7	6	3	2	23
PERRY 1	6	8	9	2	4	29
PERRY 2	3	6	9	2	2	22
PILGRIM 1	22	16	14	9	2	63
POINT BEACH 1	2	3	2	4	3	13
POINT BEACH 2	2	2	1	3	3	11
PRAIRIE ISLAND 1	7	3	5	3	5	23
PRAIRIE ISLAND 2	6	4	5	3	5	23
QUAD CITIES 1	8	6	10	5	7	36
QUAD CITIES 2	10	6	9	5	6	36
RANCHO SECO	0	1	2	0	0	3

Allegations Received By Docket and Fiscal Year

NOTE: For multiple unit sites the same allegation may be recorded under multiple docket numbers. Therefore, the number of allegations are not cumulative for the site.

Facility Name	Received Date Fiscal Year:					FIVE YEAR TOTAL
	1992 COUNT	1993 COUNT	1994 COUNT	1995 COUNT	1996 COUNT	
RIVER BEND 1	19	21	17	13	17	87
ROBINSON 2	5	4	1	5	1	16
SALEM 1	5	11	19	13	22	70
SALEM 2	4	11	17	13	20	65
SAN ONOFRE 1	5	5	1	1	3	15
SAN ONOFRE 2	3	6	13	28	22	72
SAN ONOFRE 3	4	6	13	28	22	73
SEABROOK 1	16	6	4	4	2	32
SEABROOK 2	1	0	1	0	0	2
SEQUOYAH 1	30	24	16	19	16	105
SEQUOYAH 2	23	21	8	10	12	74
SHOREHAM	2	5	2	1	0	10
SOUTH TEXAS 1	13	43	23	17	10	106
SOUTH TEXAS 2	13	43	23	16	9	104
ST LUCIE 1	7	3	6	13	35	64
ST LUCIE 2	5	3	6	6	19	39
SUMMER	3	2	2	3	6	16
SURRY 1	7	3	6	3	3	22
SURRY 2	5	2	5	1	3	16
SUSQUEHANNA 1	9	9	7	5	20	50
SUSQUEHANNA 2	7	7	7	4	19	44
THREE MILE ISLAND 1	5	5	1	2	1	14
THREE MILE ISLAND 2	2	4	2	0	0	8
TROJAN	6	1	2	1	2	12
TURKEY POINT 3	14	14	7	9	11	55
TURKEY POINT 4	6	12	7	3	9	37
VERMONT YANKEE	8	6	1	5	4	24
VOGTLE 1	10	7	10	8	7	42
VOGTLE 2	7	6	11	7	4	35
WASHINGTON NUCLEAR 2	5	12	0	18	6	41
WATERFORD 3	4	5	3	9	13	34
WATTS BAR 1	65	67	73	47	33	285
WATTS BAR 2	49	36	50	36	18	189
WOLF CREEK 1	5	6	10	6	8	35
YANKEE-ROWE	2	2	6	0	1	11
ZION 1	11	3	16	10	8	48
ZION 2	10	2	15	10	9	46

H&I Allegations by Docket and Fiscal Year

NOTE: For multiple unit sites the same allegation may be recorded under multiple docket numbers. Therefore, the number of allegations are not cumulative for the site.

Facility Name	Received Date Fiscal Year:					FIVE YEAR TOTAL
	1992 COUNT	1993 COUNT	1994 COUNT	1995 COUNT	1996 COUNT	
ARKANSAS 1	1	0	1	1	2	5
ARKANSAS 2	2	0	1	2	1	6
BEAVER VALLEY 1	1	1	0	4	1	7
BEAVER VALLEY 2	1	1	0	4	1	7
BELLEFONTE 1	0	0	3	0	1	4
BELLEFONTE 2	0	0	3	0	1	4
BIG ROCK POINT	0	1	0	0	0	1
BRAIDWOOD 1	1	0	5	1	1	8
BRAIDWOOD 2	1	0	5	1	1	8
BROWNS FERRY 1	7	3	4	2	3	19
BROWNS FERRY 2	4	5	4	1	2	16
BROWNS FERRY 3	3	2	2	0	2	9
BRUNSWICK 2	1	7	0	2	0	10
BRUNSWICK 1	1	6	0	2	0	9
BYRON 1	3	0	1	0	0	4
BYRON 2	2	0	1	0	0	3
CALLAWAY	0	1	1	1	1	4
CALVERT CLIFFS 1	2	1	0	3	3	9
CALVERT CLIFFS 2	2	1	0	3	2	8
CLINTON	3	0	1	1	1	6
COMANCHE PEAK 1	7	1	1	1	1	11
COMANCHE PEAK 2	7	1	1	1	2	12
COOK 1	1	1	3	1	1	7
COOK 2	1	1	3	1	1	7
COOPER	2	0	2	3	1	8
CRYSTAL RIVER 3	3	4	1	2	3	13
DAVIS-BESSE	1	2	0	1	1	5
DIABLO CANYON 1	2	2	2	2	1	9
DIABLO CANYON 2	2	2	2	2	1	9
DRESDEN 1	0	0	0	0	1	1
DRESDEN 2	1	4	0	0	1	6
DRESDEN 3	0	4	0	1	1	6
DUANE ARNOLD	2	0	0	1	1	4
FERMI 2	0	4	2	4	2	12
FITZPATRICK	0	0	0	2	1	3
FORT CALHOUN 1	1	1	1	2	1	6
GRAND GULF 1	0	0	1	0	2	3
HADDAM NECK	1	3	3	1	5	13
HARRIS 1	0	0	1	0	0	1
HATCH 1	0	1	0	0	0	1
HOPE CREEK 1	1	0	2	3	6	12
INDIAN POINT 2	0	0	0	3	1	4
INDIAN POINT 3	0	1	5	5	1	12
LA CROSSE	0	1	1	0	0	2
LASALLE 1	2	0	2	0	2	6
LASALLE 2	1	0	2	0	2	5

APPENDIX 4

H&I Allegations by Docket and Fiscal Year

NOTE: For multiple unit sites the same allegation may be recorded under multiple docket numbers. Therefore, the number of allegations are not cumulative for the site.

Facility Name	Received Date Fiscal Year:					FIVE YEAR TOTAL
	1992 COUNT	1993 COUNT	1994 COUNT	1995 COUNT	1996 COUNT	
LIMERICK 1	1	0	2	0	0	3
LIMERICK 2	1	0	2	0	0	3
MAINE YANKEE	0	0	0	2	2	4
MCGUIRE 1	0	0	4	0	0	4
MCGUIRE 2	0	0	4	0	0	4
MILLSTONE 1	2	6	7	8	17	40
MILLSTONE 2	14	5	5	5	14	43
MILLSTONE 3	2	4	7	6	12	31
NINE MILE POINT 1	0	0	1	1	1	3
NINE MILE POINT 2	0	2	2	3	0	7
NORTH ANNA 1	2	1	0	0	1	4
NORTH ANNA 2	2	1	0	0	1	4
OCONEE 1	0	0	0	1	0	1
OYSTER CREEK	0	1	0	1	2	4
PALISADES	0	1	0	1	0	2
PALO VERDE 1	18	22	11	5	0	56
PALO VERDE 2	8	15	10	5	0	38
PALO VERDE 3	7	15	10	5	0	37
PEACH BOTTOM 2	0	1	2	0	0	3
PEACH BOTTOM 3	0	1	2	0	0	3
PERRY 1	0	0	4	0	2	6
PERRY 2	0	0	4	0	0	4
PILGRIM 1	0	2	2	3	0	7
POINT BEACH 1	0	1	0	0	1	2
POINT BEACH 2	0	1	0	0	1	2
PRAIRIE ISLAND 1	0	1	0	1	0	2
PRAIRIE ISLAND 2	0	1	0	1	0	2
QUAD CITIES 1	1	1	1	0	1	4
QUAD CITIES 2	1	1	0	0	1	3
RIVER BEND 1	3	6	1	10	5	25
ROBINSON 2	0	3	0	1	0	4
SALEM 1	2	2	5	5	10	24
SALEM 2	1	2	5	5	10	23
SAN ONOFRE 1	1	1	1	0	0	3
SAN ONOFRE 2	1	3	5	3	3	15
SAN ONOFRE 3	2	3	5	3	3	16
SEABROOK 1	0	0	1	0	0	1
SEQUOYAH 1	6	7	6	3	3	25
SEQUOYAH 2	2	6	5	2	3	18
SHOREHAM	0	1	1	0	0	2
SOUTH TEXAS 1	7	13	9	7	1	37
SOUTH TEXAS 2	7	13	9	7	1	37
ST LUCIE 1	1	0	1	1	4	7
ST LUCIE 2	0	0	1	1	2	4
SUMMER	0	0	0	0	2	2
SURRY 1	2	1	0	0	1	4

APPENDIX 4

H&I Allegations by Docket and Fiscal Year

NOTE: For multiple unit sites the same allegation may be recorded under multiple docket numbers. Therefore, the number of allegations are not cumulative for the site.

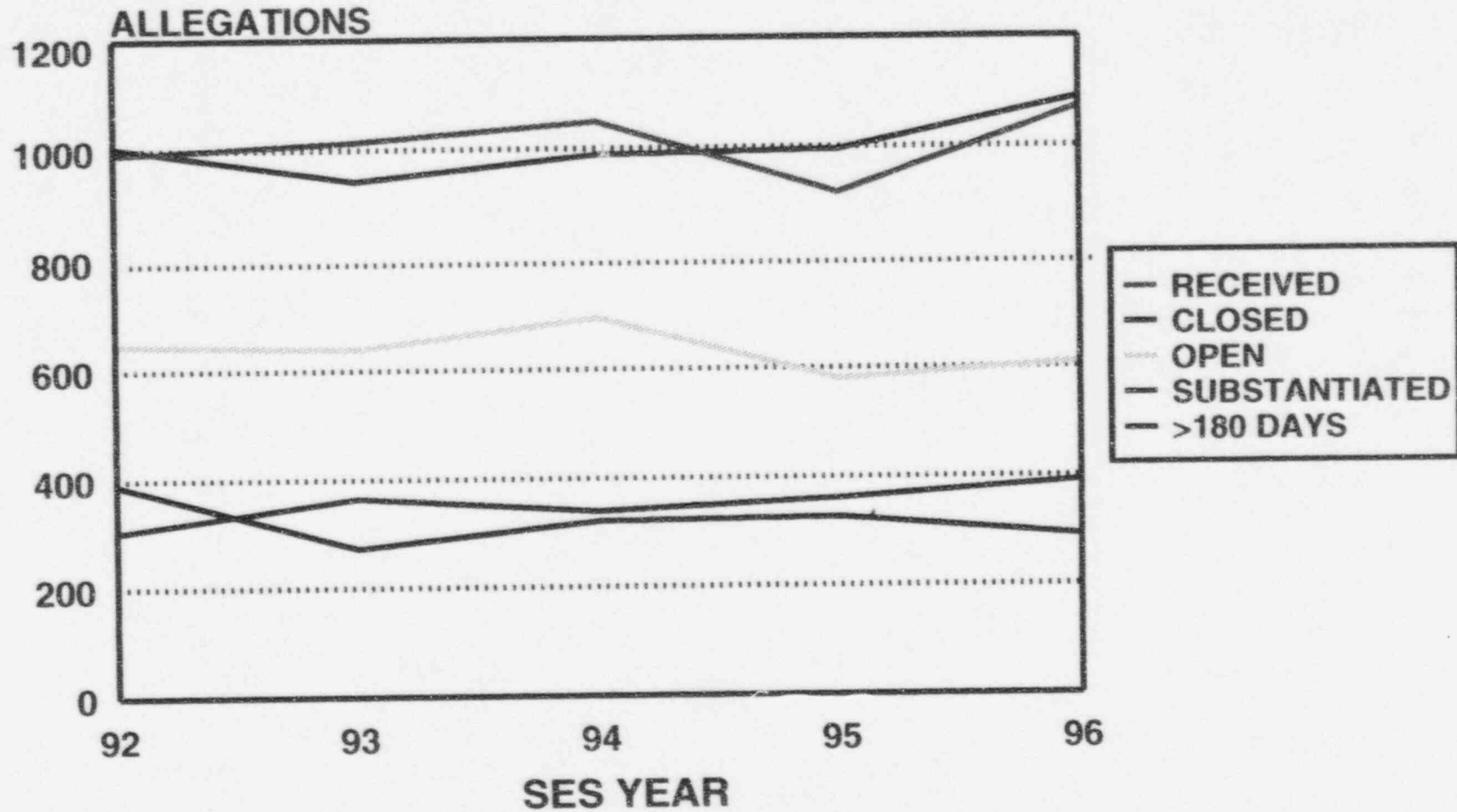
Facility Name	Received Date Fiscal Year:					FIVE YEAR TOTAL
	1992 COUNT	1993 COUNT	1994 COUNT	1995 COUNT	1996 COUNT	
SUSQUEHANNA 1	1	2	0	1	2	6
SUSQUEHANNA 2	1	2	0	0	2	5
THREE MILE ISLAND 1	0	0	0	0	1	1
TROJAN	3	0	0	0	0	3
TURKEY POINT 3	1	5	0	0	1	7
TURKEY POINT 4	0	5	0	0	1	6
VERMONT YANKEE	1	0	0	1	1	3
VOGTLE 1	2	5	0	0	0	7
VOGTLE 2	1	4	0	0	0	5
WASHINGTON NUCLEAR 2	0	6	0	3	1	10
WATERFORD 3	2	2	0	3	4	11
WATTS BAR 1	27	19	19	15	7	87
WATTS BAR 2	21	10	15	13	4	63
WOLF CREEK 1	1	0	0	1	0	2
ZION 1	4	0	3	2	0	9
ZION 2	3	0	2	2	0	7

APPENDIX 5

MATERIALS ALLEGATIONS RECEIVED

FACILITY	Received Date Fiscal Year					TOTAL
	1992 COUNT	1993 COUNT	1994 COUNT	1995 COUNT	1996 COUNT	
ADVANCED MEDICAL SYS., INC.	1	2	1	1	2	7
COMBUSTION ENGINEERING, INC.	0	1	0	1	2	4
CTI, INC.	0	0	0	0	6	6
MATTINGLY TESTING SERVICES, INC.	0	0	0	4	2	6
MQS INSPECTION, INC.	1	2	0	0	2	5
NIH, BETHESDA	0	1	1	1	6	9
NUCLEAR FUEL SERVICES, INC.	4	3	4	3	5	19
PUBLIC SERVICE COMPANY OF CO.	0	2	2	2	2	8
SEQUOYAH FUELS CORPORATION	8	7	4	1	0	20
SHIELDALLOY METALLURGICAL CORP.	0	1	1	2	8	12
TESTING TECHNOLOGIES, INC.	0	2	0	1	2	5

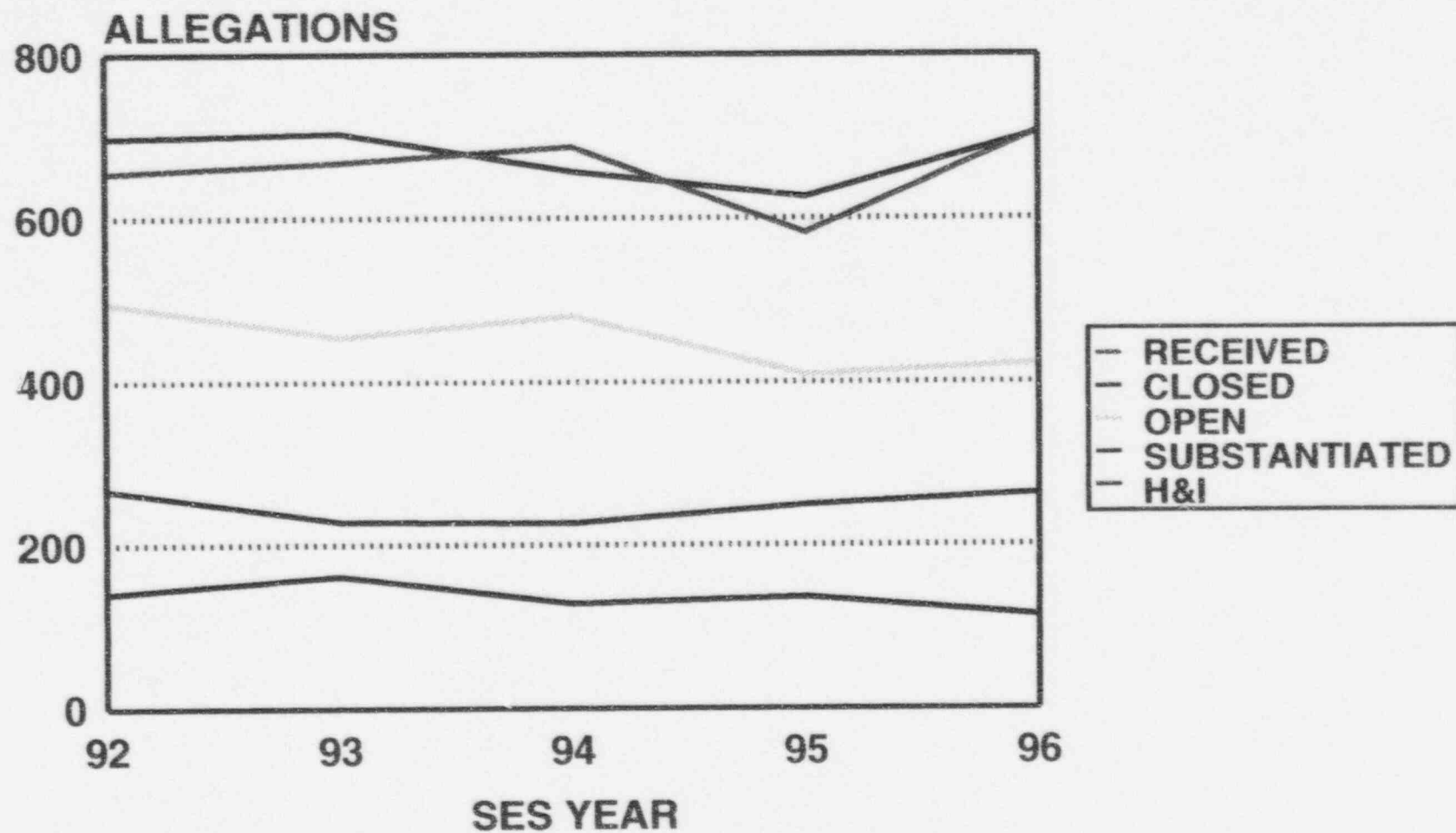
ALL ALLEGATIONS



SY96 ONLY THRU 5/31/96

Graph 1

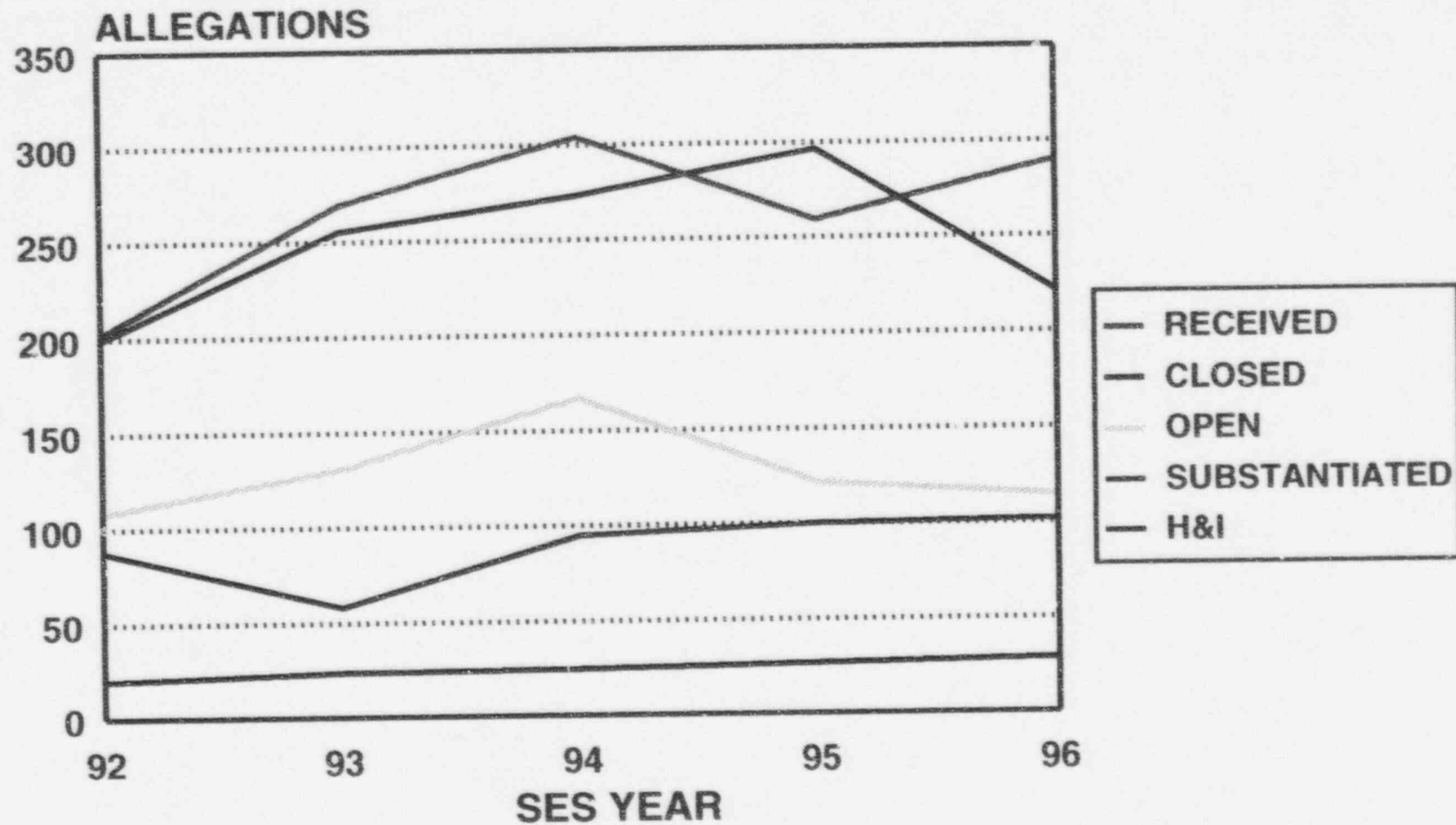
REACTOR ALLEGATIONS



SY96 ONLY THRU 5/31/96

Graph 2

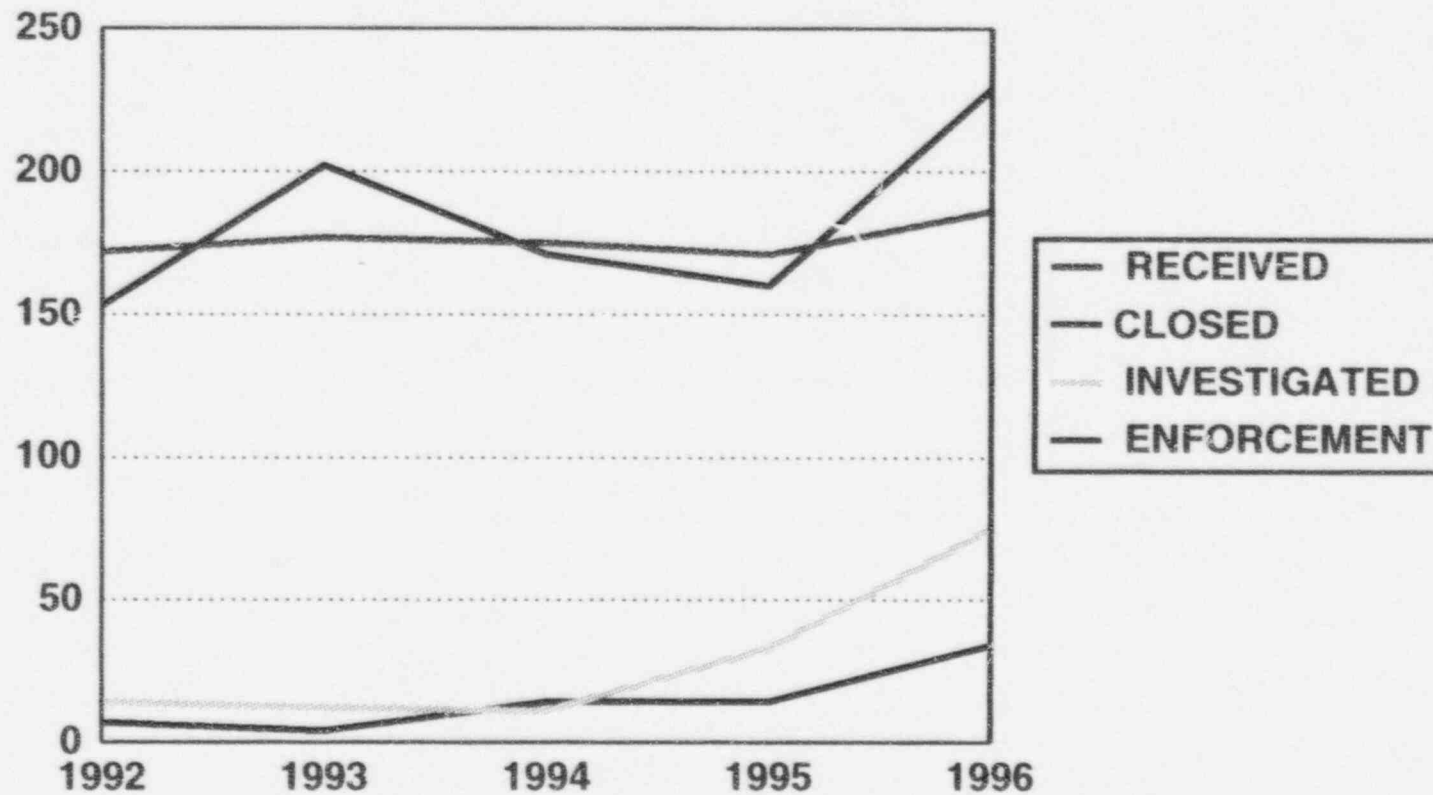
MATERIALS ALLEGATIONS



SY96 ONLY THRU 5/31/96

Graph 3

ALLEGATIONS OF HARASSMENT & INTIMIDATION

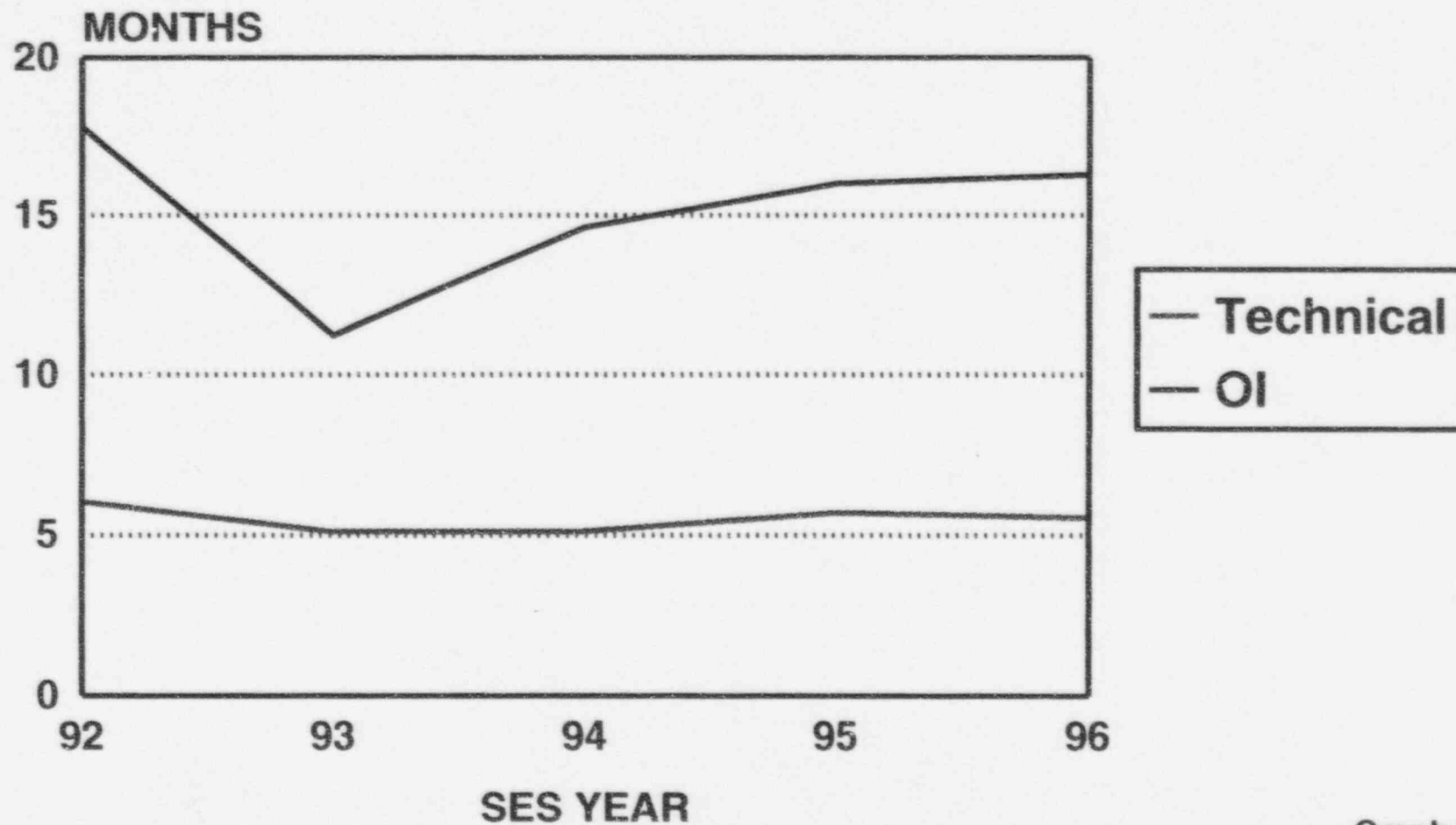


SY96 ONLY THRU 5/31/96
INVESTIGATED ONLY INCLUDES
FULL INVESTIGATIONS

Graph 4

MEANTIME TO CLOSE ALLEGATIONS

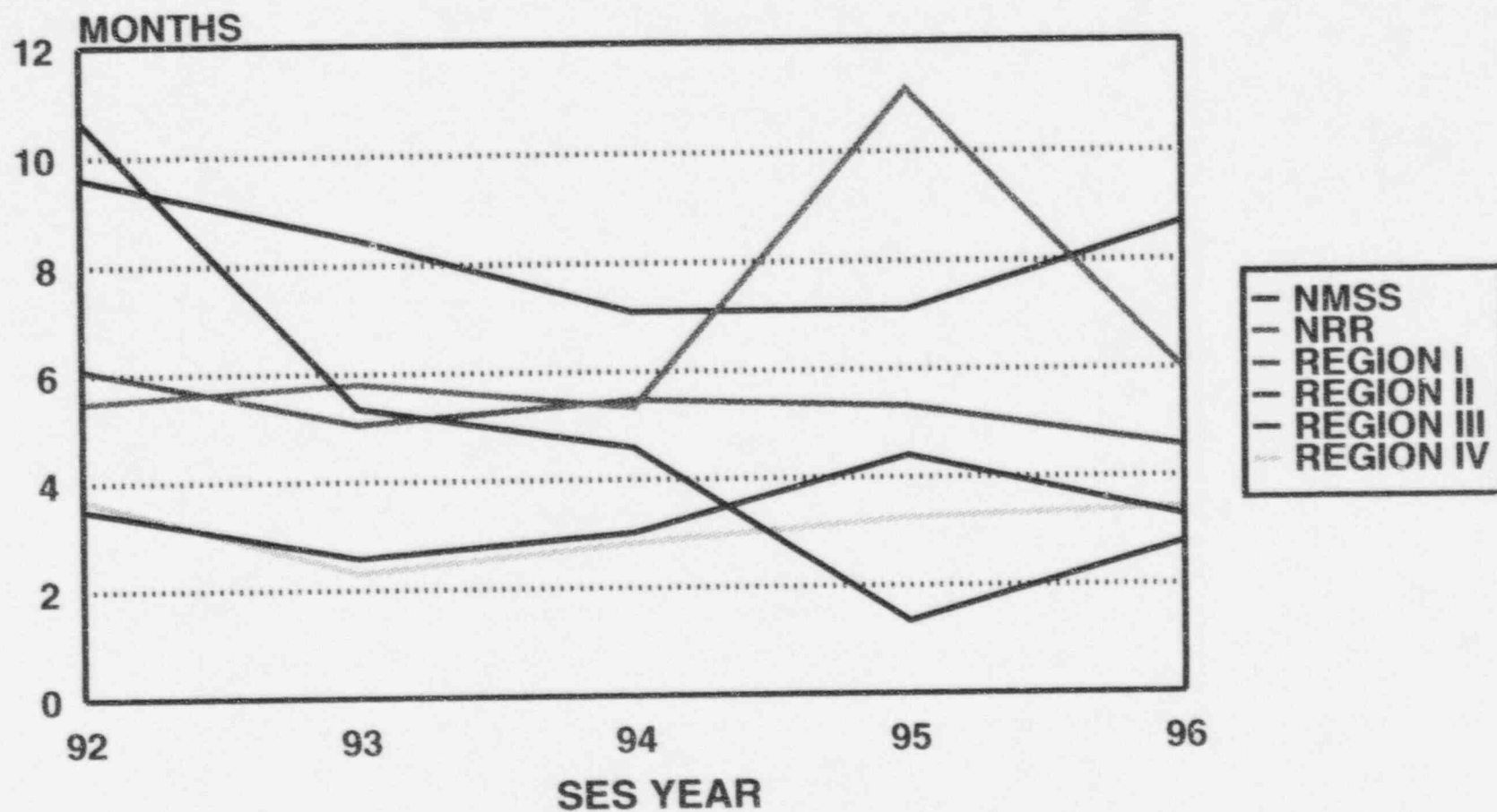
Based on Year Closed



Graph 5

MEANTIME TO CLOSE ALLEGATIONS

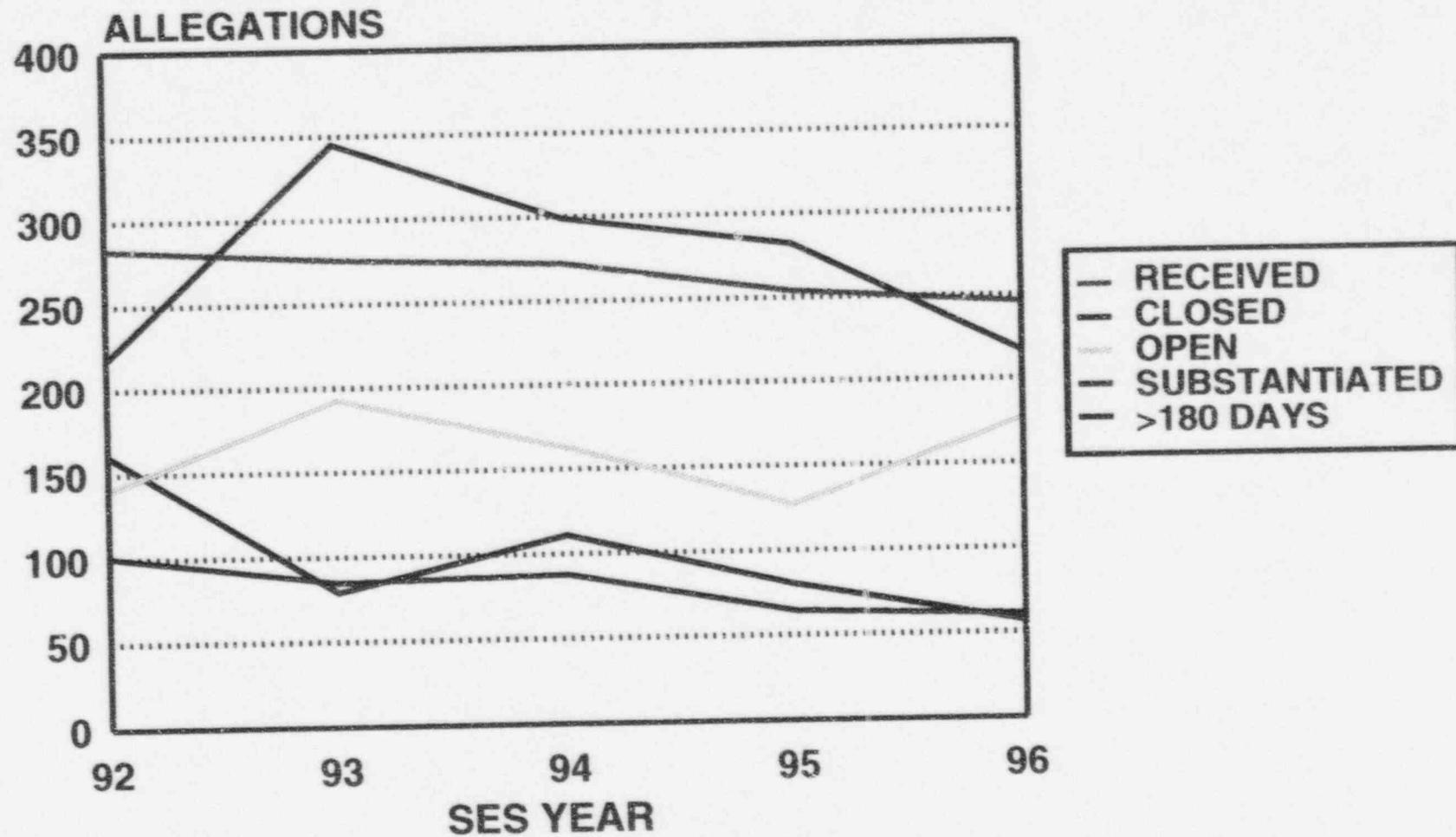
NO OI OR DOL



SY96 ONLY THRU 5/31/96

Graph 6

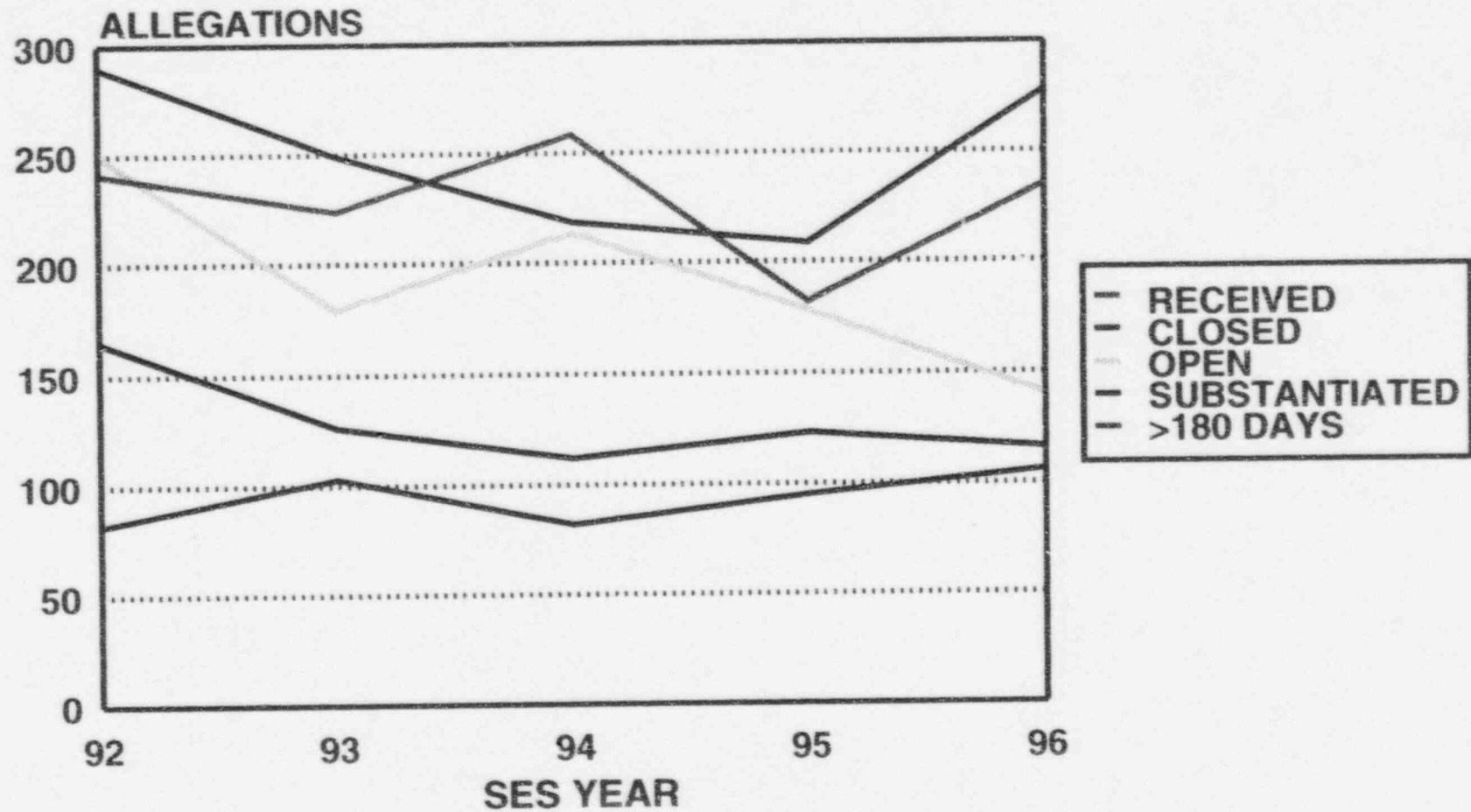
REGION I ALLEGATIONS



SY96 ONLY THRU 5/31/96

Graph 7

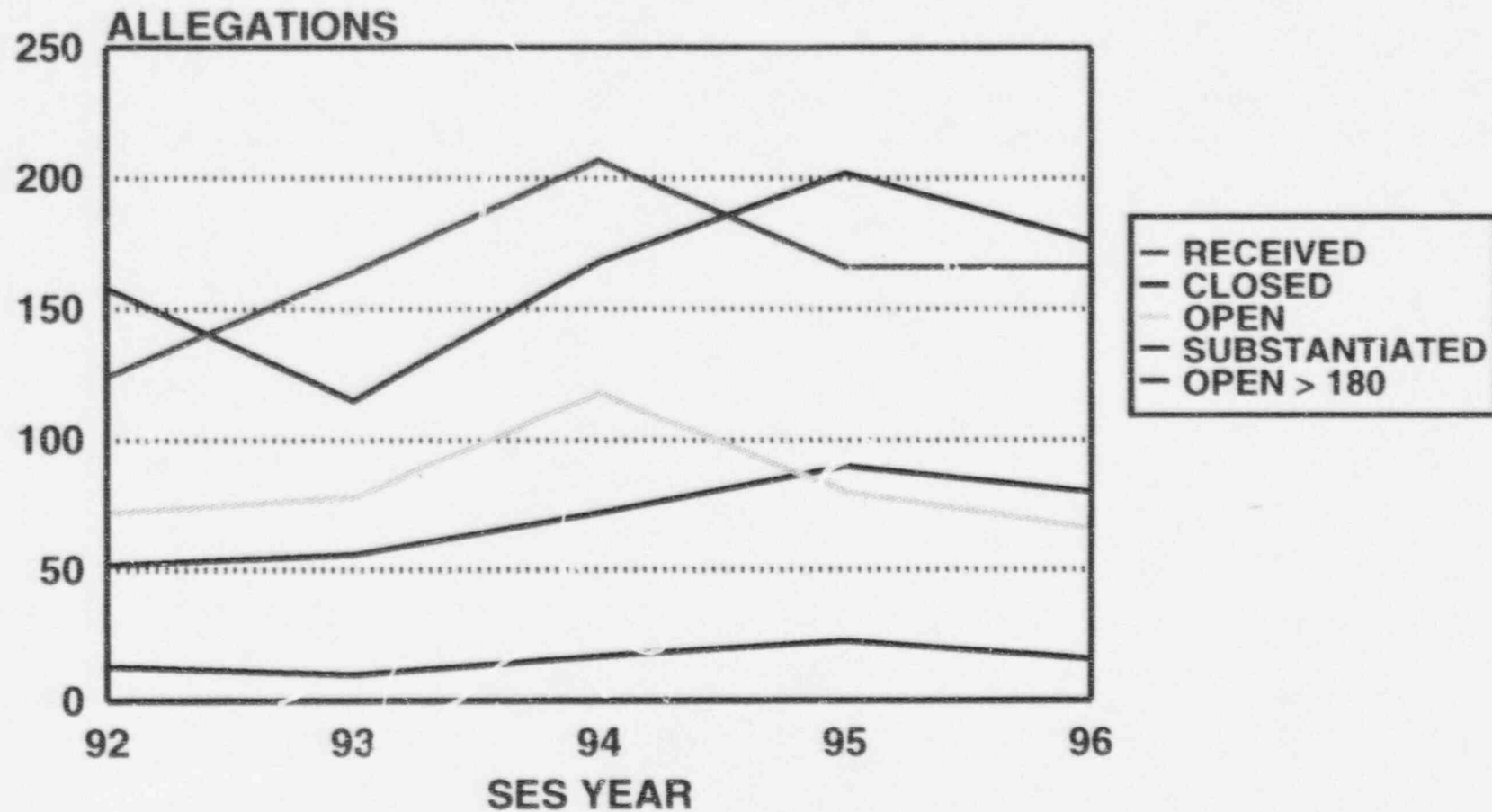
REGION II ALLEGATIONS



SY96 ONLY THRU 5/31/96

Graph 8

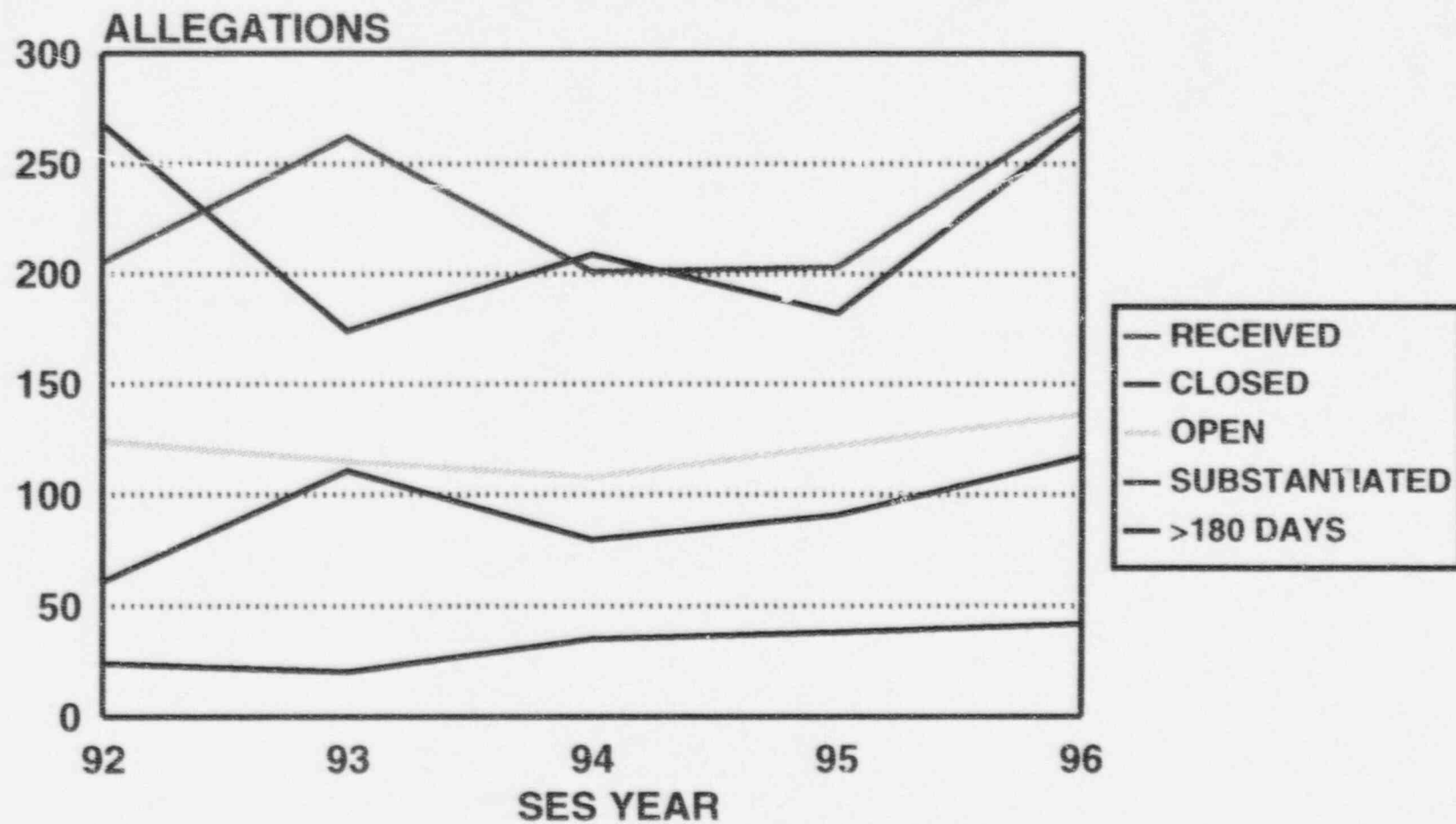
REGION III ALLEGATIONS



SY96 ONLY THRU 5/31/96

Graph 9

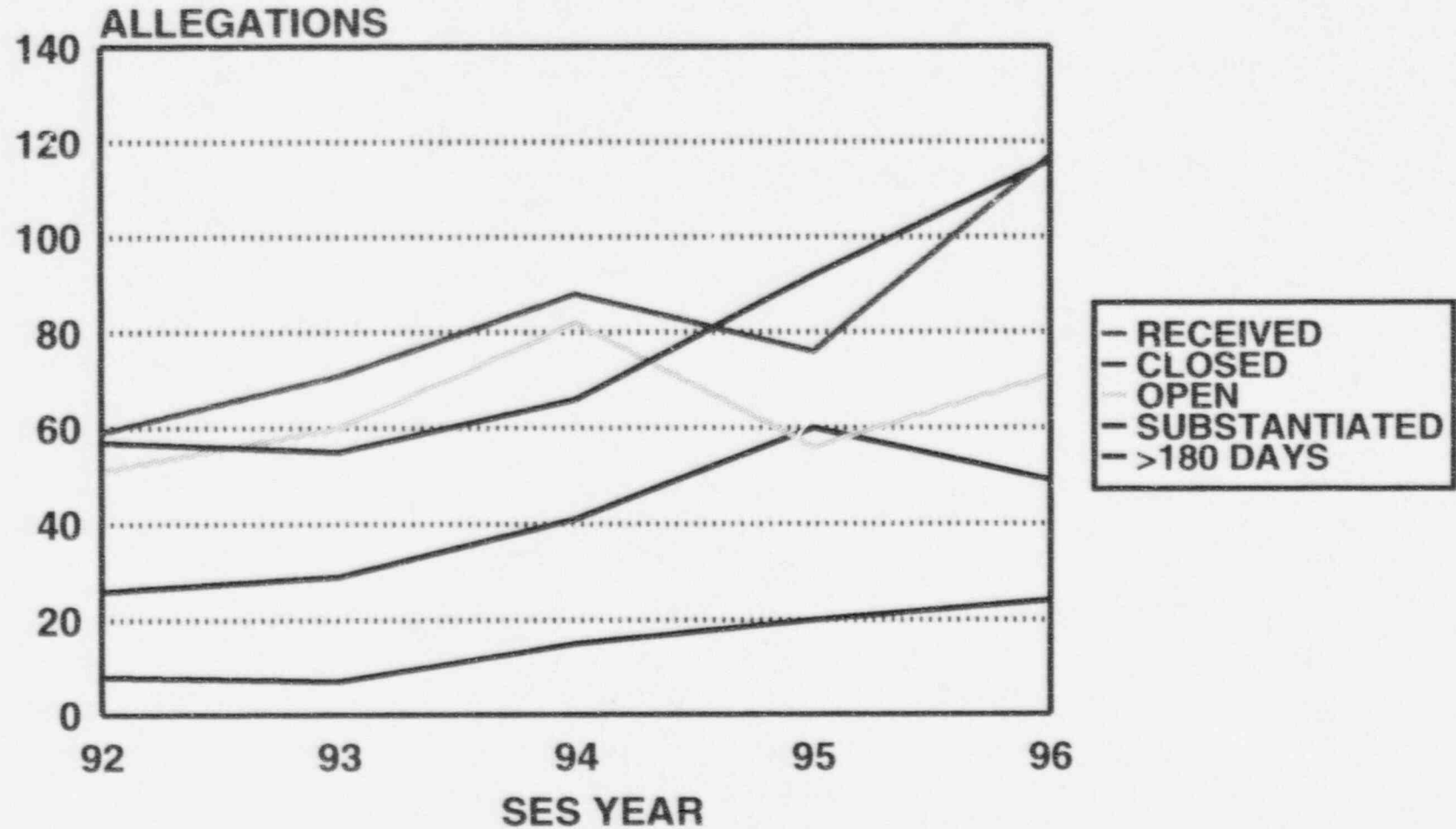
REGION IV ALLEGATIONS



SY96 ONLY THRU 5/31/96

Graph 10

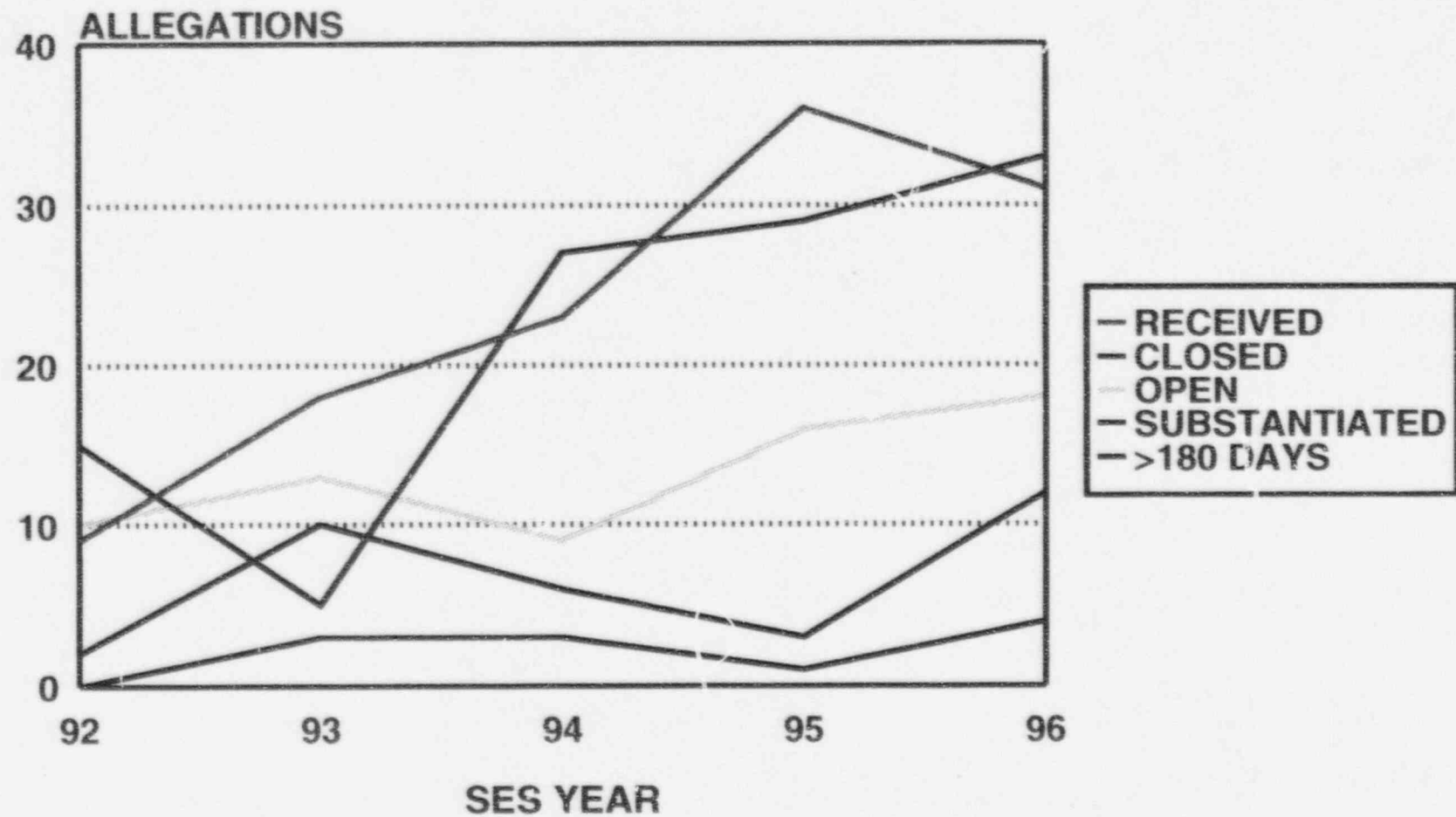
NRR ALLEGATIONS



SY96 ONLY THRU 5/31/96

Graph 11

NMSS ALLEGATIONS

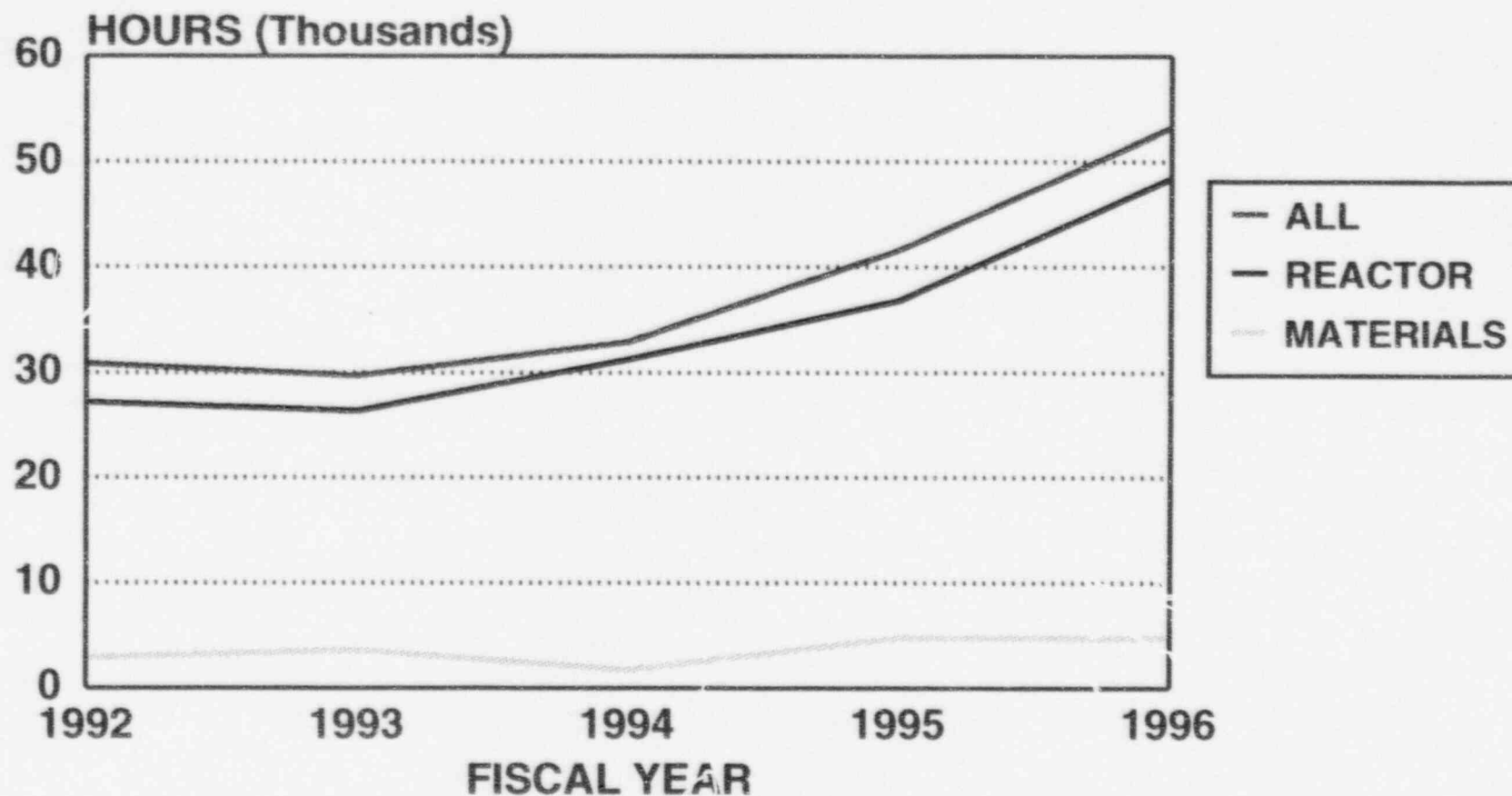


SY96 ONLY THRU 5/31/96

Graph 12

HOURS EXPENDED ON ALLEGATIONS

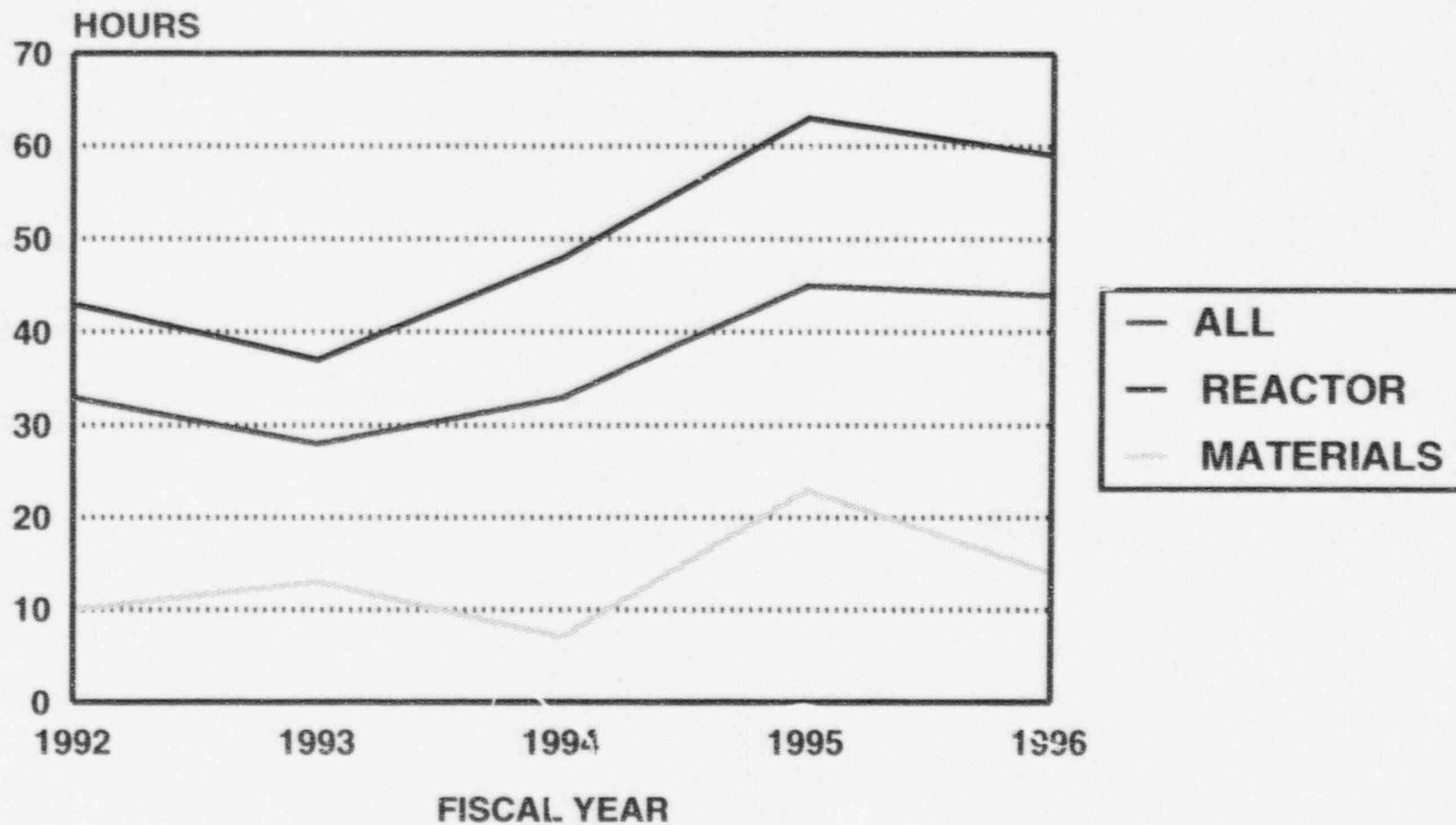
FISCAL YEAR DATA



FY 96 ESTIMATED BASED ON 6 MONTH DATA

Graph 13

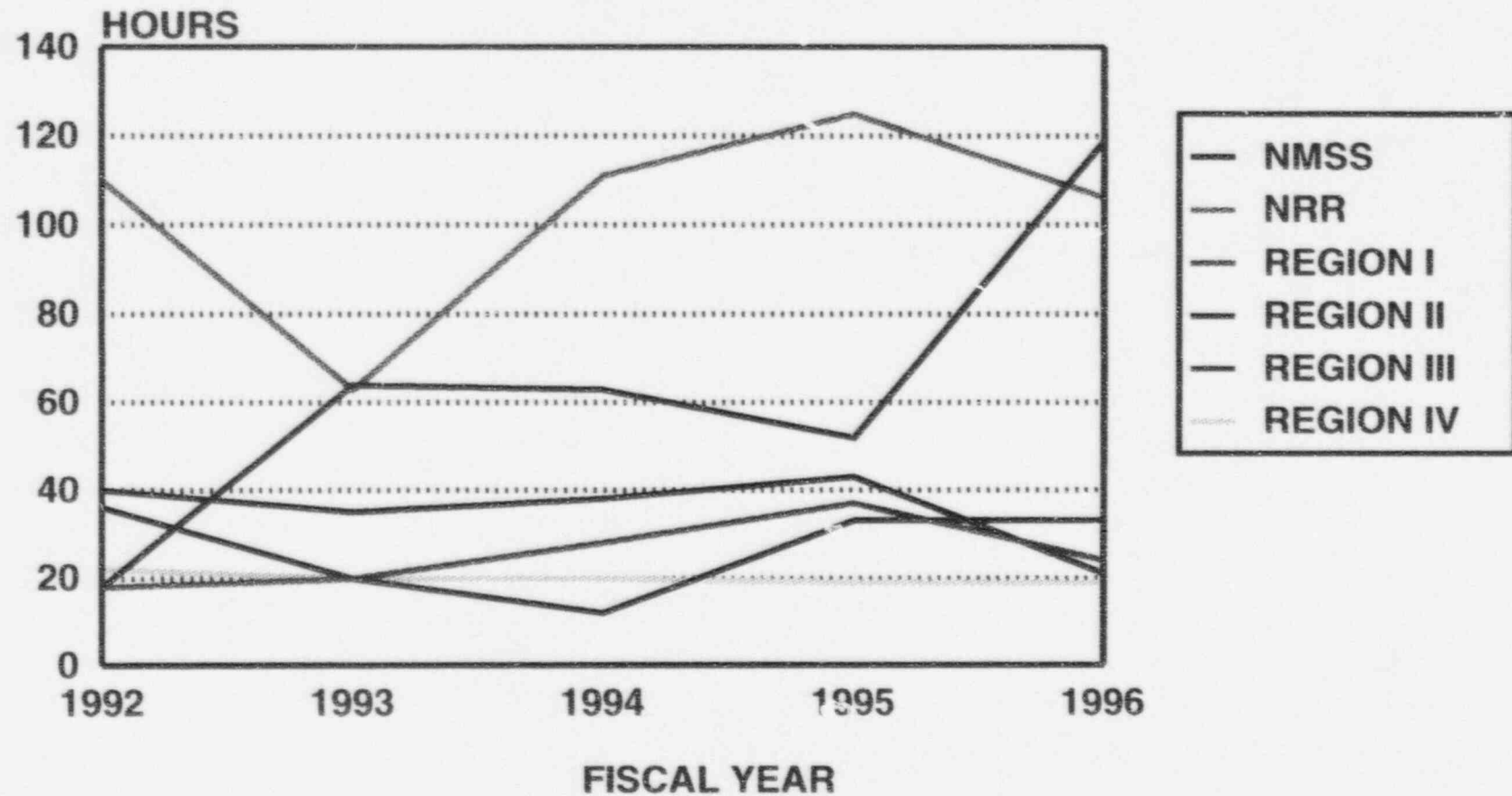
HOURS EXPENDED PER ALLEGATION



FY 96 PROJECTED BASED ON 6 MONTH DATA

Graph 14

HOURS PER ALLEGATION BY ORGANIZATION



FY 96 PROJECTED BASED ON 6 MONTH DATA

Graph 15