

U. S. NUCLEAR REGULATORY COMMISSION

REGION V

Report No. 50-312/85-15

Docket No. 50-312

License No. DPR-54

Licensee: Sacramento Municipal Utility District
P. O. Box 15830
Sacramento, California 95813

Facility Name: Rancho Seco Nuclear Generating Station

Inspection at: Clay Station, California

Inspection Conducted: May 13-17 and 30, and subsequent telephone
conversation on June 17, 1985

Inspector:

K. M. Prendergast
K. M. Prendergast
Emergency Preparedness Analyst

7/17/85
Date Signed

Approved by:

H. F. Fish
H. F. Fish, Chief
Emergency Preparedness Section

7/17/85
Date Signed

Summary:

Inspection on May 13-17, and 30, and subsequent telephone conversation on
June 17, 1985 (Report No. 50-312/85-15)

Areas Inspected: An unannounced routine inspection of knowledge and
performance of duties (training), staffing, and licensee audits. The
inspection involved about 36 hours onsite by one NRC inspector.

Results: No significant deficiencies or violations were observed within the
scope of this inspection.

DETAILS

1. Persons Contacted

*B. Dieterich, Manager of Licensing
*R. Le Neave, Emergency Planning Specialist
*D. Finley, Emergency Planner
J. Mau, Training Superintendent
T. Maires (Contractor)
R. Myers, Emergency Preparedness Coordinator

*Indicates personnel present at the exit interview.

2. Licensee Audits

The inspector examined the licensee's audit of the Emergency Preparedness Program to determine that an annual independent audit had been performed, and that it met the requirements of 50.54(t) of 10 CFR Part 50. The audit to meet the 50.54(t) requirements was performed March 4-15, 1985. The audit was observed to contain an evaluation of the adequacy of the SMUD interface with state, local, and county agencies. The audit also contained an evaluation of the licensee's drills, exercises, facilities, capabilities, and training associated with the Emergency Preparedness Program. The results of the audit were transmitted to management by letter dated March 22, 1985. The audit distribution list was examined and observed to contain members of management for both plant and corporate offices. The portion of the audit that dealt with the interface between SMUD, the state, and local agencies will be made available to those agencies by a letter drafted by the Quality Assurance Department. The letter will be drafted awaiting concurrence by the Emergency Planning Section. The concurrence from the Emergency Planning, along with the responses to the items and recommendations contained within the audit, are due June 1, 1985. The items and recommendations contained within the audit primarily referenced the need to update procedures and to provide better documentation. These same problems were also observed during this inspection and were discussed during the exit interview.

During the examination of that portion of the audit that dealt with the interface between SMUD, the state and local agencies, the interface was depicted as cooperative, with the exception of one county located within the Emergency Planning Zone (EPZ). Discussions by the inspector with the Federal Emergency Management Agency (FEMA) and the State Office of Emergency Services were held and established that during the last exercise the county in question was able to perform its role in protecting the health and safety of the public.

The audit was limited to the Emergency Plan and its implementation, and made no reference to Appendix E or 10 CFR 50.47(b), which are the regulatory requirements of the Emergency Preparedness Program. Also, from discussions with the QA Department it was learned that the licensee has no specific plan or procedure to provide assurance, that at some point in time, all components of the Emergency Preparedness Program have

been evaluated. The addition of the above mentioned items would ensure that the regulatory requirements of the Emergency Preparedness Program are evaluated, should changes in the program or Emergency Plan occur.

Auditor qualifications were reviewed and both members of the team appeared well qualified. Both members of the team had degrees relating to Emergency Preparedness and had attended numerous courses in auditing along with many years of experience in Emergency Preparedness.

Critiques for drills and exercises were observed to be routed to management. Suggestions for improvement were noted to be contained within the critique and are tracked by the licensee's computerized tracking list. A number of resolved items from the 1984 exercise were examined and their resolution appeared appropriate. The licensee also utilizes such items in the preparation of scenarios for drills or exercises. The licensee appears to have an adequate program for tracking deficiency or improvement items identified during drills or exercises.

No violations of NRC requirements were identified.

3. Knowledge and Performance of Duties (Training)

The Emergency Plan (EP) and implementing procedures were reviewed, discussions with individuals involved in training were held, and records of training were examined. Based upon the results of this inspection, the following observations were noted.

- (i) AP 580 Section 2.2 states that the Nuclear Training Superintendent is responsible for the general onsite emergency response training. The Emergency Plan (AP 500) in Section 8.1.3(a) delegates the responsibility to assure that appropriate personnel receive appropriate training in emergency response to the Emergency Preparedness Coordinator. From discussions with these two individuals there appeared to be confusion over which position is responsible for onsite training. Both individuals indicated the other was responsible for onsite training. However, pending the completion of the licensee's reorganization, the responsibilities for emergency response training will be divided between the offsite and onsite organizations. The Training Superintendent will be responsible for the onsite organization and the Emergency Preparedness Coordinator will be responsible for the offsite organization. According to the licensee, these changes to the Emergency Plan and implementing procedures will be initiated when the position of Training Superintendent has been filled (Open Item 85-15-01).
- (ii) Attachment 7.3 of AP 580 outlines several areas of information required for training documentation e.g., instructors name, date of training, quiz number, individuals emergency assignment and etc. However none of the offsite or onsite training records examined were documented correctly. Typically the information given was very minimal. Names and modules with an occasional test score were the norm for onsite records, while a name or topic was usually all that was given for offsite records. In addition records of offsite

training were very difficult to locate. It was suggested at the exit interview that the licensee review his performance related to documentation of training records. (Open Item 85-15-02).

- (iii) The current training program now being implemented exceeds guidelines contained in the EP and implementing procedure, however because of differences in the structure of the modules this program does not follow the EP. It was recommended during the exit interview that the licensee update the EP and implementing procedures to incorporate the current training program and to reach clear agreement between the EP and implementing procedures (Open Item 85-15-03). From discussions with the Emergency Preparedness Coordinator, changes to the EP and implementing procedures have been initiated and submitted for review.
- (iv) Records of Shift Supervisors, Control Room Operators and Auxiliary Operators were reviewed during this inspection, and those records indicated that training was completed satisfactorily in 1984. Records documented that a major portion of the required training for 1985 has also been completed and the licensee had a list of individuals who still required certain training modules prior to completion of their 1985 annual training requirements. The licensee stated that training was scheduled again in July and that the July training should complete the major portion of required training for those individuals who might be in the control room. Again, records of training were noted not to have followed the format contained in Attachment 7.3 as required by AP 580.
- (v) The inspector reviewed the licensee's Nuclear Response Tracking List. This list was developed by the Emergency Planning Department to incorporate the individuals in the Emergency Response Organization (ERO) and to catch changes of designated positions within the ERO so that additional training may be performed. A review of this document and the licensee's call out procedure (AP 506.01 and 506.02) indicated that the Nuclear Response Tracking List needs updating. It was also suggested during the exit interview that the Nuclear Response Tracking List be updated to include individuals who hold positions in the Emergency News Center.

No violations of NRC requirements were identified.

4. Staffing

During the course of this inspection Emergency Planning staffing levels were examined. The examination revealed that the licensee has had one position in Emergency Planning vacant for approximately two years. In addition there have been two other positions vacant for approximately one year. The licensee was encouraged to expedite filling these vacancies to insure adequate staffing is available to maintain Emergency Preparedness.

No violations of NRC requirements were identified.

5. Exit Interview

An exit interview was held on May 17, 1985 for the purpose of discussing the preliminary findings of the inspection. Discussions were also held with the Emergency Preparedness Coordinator on May 30 for obtaining additional information concerning this inspection. Licensee personnel present at the exit interview have been previously identified in paragraph 1 above. The licensee was informed that no violations of NRC requirements were identified. However the inspection disclosed that a number of open items required their attention. The following items were specifically discussed.

1. Low staffing levels in the Emergency Planning Department (see Section 4).
2. Non current Emergency Plan and implementing procedures for training (see Section 3).
3. Poor training documentation (see Section 3).
4. Training management responsibilities (see Section 3).