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Georgia Power

the southern electric system

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September 24, 1985

U. S. Nuclear Regulatory Commission
Office of Inspection and Enforcement
Region II - Suite 2900
101 Marietta Street, NW
Atlanta, Georgia 30323

REFERENCE:
RII: JNG
50-321/50-366
Inspection Report
85-23

ATTENTION: Dr. J. Nelson Grace

Gentlemen:

Georgia Power Company (GPC) submits the following response to NRC Inspection Report 50-321/85-23 and 50-366/85-23, dated August 26, 1985 concerning the inspection period of July 15 - 23, 1985 for Plant Hatch Units 1 & 2. Three apparent violations were identified.

VIOLATION 1:

10 CFR 50.54(q) requires that nuclear power reactor licensees follow and maintain in effect emergency plans which meet the requirements of Appendix E to 10 CFR Part 50 and the planning standards of 50.47(b). 10 CFR 50.47(b)(15) requires that those who may be called on to assist in an emergency be provided radiological emergency response training. Section J of the Hatch Nuclear Plant Emergency Plan states in part that it is the responsibility of the Emergency Director to recommend actions to the state agencies to protect the public. Section B of the Plan states that the Operations Supervisor initially takes charge of the emergency control measures by assuming the position of Emergency Director. Section O of the Plan states that the directors and coordinators of the plant emergency organization are schooled on the initiating conditions and the emergency response actions for various emergency situations.

Contrary to the above, Operations Supervisors interviewed during the inspection were not adequately trained in that they were not capable of determining what type of protective action recommendations should be considered to protect health and safety.

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

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RESPONSE TO VIOLATION 1:

Admission or denial of alleged violation: The violation occurred.

Reason for the violation: The violation was due to the Operations Supervisors' lack of clear understanding in determining protective action recommendations. This is believed to be the result of a training deficiency.

Corrective steps which have been taken and the results achieved: Retraining in the role of Emergency Director for those Operations Supervisors and Shift Supervisors who are currently qualified to stand shift has been completed. Each retrained person has successfully completed an examination on emergency preparedness including protective action recommendations.

Corrective steps which will be taken to avoid further violation: The individuals, who are currently in SRO requalification school, will receive additional training in their duties as Emergency Director between the completion of requalification school and prior to standing shift. In the long term, the program for qualifying senior licensed shift personnel to serve as the Emergency Director will be upgraded by strengthening the emergency preparedness lesson plans in the SRO requalification program. This upgrade will be completed so as to be included in requalification classes scheduled to begin October 21, 1985.

Related to these corrective actions are ongoing efforts to improve the Emergency Action Level procedures so as to reduce the likelihood for misinterpretation as well as provide for additional aids to assure proper and timely classification and protective action recommendations. These programs are scheduled for completion by January 1, 1986.

Date when full compliance was achieved: Compliance was achieved on August 8, 1985 when training was completed for Operations Supervisors and Shift Supervisors currently qualified to stand shift.

VIOLATION 2:

Technical Specification 6.8.1.e requires in part, that the licensee maintains written procedures for Emergency Plan implementation.

Contrary to the above, the licensee failed to have Emergency Implementing Procedure 63EP-EIP-073-0 entitled, Use of Emergency Communications, in the Technical Support Center's controlled copy of Emergency Plan Implementing Procedures.

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

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RESPONSE TO VIOLATION 2:

Admission or denial of alleged violation: The violation occurred.

Reasons for the violation: The procedure in question, 63EP-EIP-073-0, was temporarily removed from the procedure manual by personnel who were updating Technical Support Center materials. The procedure, however, was still in the Technical Support Center document room and available for use.

Corrective steps which have been taken and the results achieved:

The procedure was replaced in the manual and personnel responsible for maintaining emergency center material have been cautioned and instructed on the proper handling of controlled documents.

Corrective steps which will be taken to avoid further violations:

The above actions are sufficient to prevent recurrence of this incident.

Date when full compliance was achieved:

Compliance was achieved on July 26, 1985 when procedure, 63EP-EIP-073-0, was replaced in the Technical Support Center procedure manual.

VIOLATION 3:

10 CFR 50.54(t) requires that nuclear power reactor licensees shall provide for a review of its emergency preparedness program at least every 12 months by persons who have no direct responsibility for implementation of the emergency preparedness program. The review shall include an evaluation for adequacy of interface with State and local governments.

Contrary to the above, an independent audit of the emergency preparedness program to include an evaluation for adequacy of interface with State and local governments was not conducted during 1984.

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

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RESPONSE TO VIOLATION 3:

Admission or denial of alleged violation: The violation occurred.

Reasons for the violation: The violation occurred because of an administrative deficiency in the scheduling and assignment of the independent review. While reviews and evaluations did occur in 1984, they did not fully meet the requirements of 10 CFR 50.54(t) in that they were not performed by individuals independent of the emergency preparedness program for Plant Hatch. Limited audits by the GPC Quality Assurance Department during 1984 did, however, review certain interface procedures with state and local governments. These procedures included protective action guidelines for state and local authorities, Emergency Notification Network, and public information.

Corrective steps which have been taken and results achieved: The GPC Quality Assurance Department now has the responsibility for performing independent review of the emergency preparedness program. GPC's Quality Assurance Department, which is independent of the emergency preparedness program, performed an evaluation for the adequacy of interfaces with State and local governments, drills, exercises, capabilities, and procedures. The review, which was documented by report dated July 9, 1985, concluded that the emergency preparedness program was in compliance with the Emergency Plan and regulatory requirements.

Corrective steps which will be taken to avoid further violations: The above actions are sufficient to prevent recurrence of this incident.

Date when full compliance was achieved: Full compliance was achieved on July 9, 1985 with the issuance of the QA audit report on emergency preparedness.

If you have any questions, please contact this office.

Very truly yours,



L. T. Gucwa

MJB/lc

xc: J. T. Beckham, Jr.
H. C. Nix, Jr.
Senior Resident Inspector