



UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION II
101 MARIETTA STREET, N.W.
ATLANTA, GEORGIA 30323

AUG 26 1985

Report Nos.: 50-321/85-23 and 50-366/85-23

Licensee: Georgia Power Company
P. O. Box 4545
Atlanta, GA 30302

Docket Nos.: 50-321 and 50-366

License Nos.: DPR-57 and NPF-5

Facility Name: Hatch 1 and 2

Inspection Conducted: July 15-23, 1985

Inspectors:	<u>W. M. Sartor, Jr.</u>	<u>8/13/85</u>
	W. M. Sartor, Jr.	Date Signed
	<u>R. R. Marston</u>	<u>8/13/85</u>
	R. R. Marston	Date Signed
Approved by:	<u>W. E. Cline</u>	<u>8/13/86</u>
	W. E. Cline, Section Chief	Date Signed
	Division of Radiation Safety and Safeguards	

SUMMARY

Scope: This routine, unannounced inspection entailed 68 inspector-hours onsite and 14 hours offsite in the emergency preparedness areas.

Results: Three violations and two unresolved items were identified.

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REPORT DETAILS

1. Persons Contacted

Licensee Employees

- *R. K. Moxley, Associate Quality Assurance Field Representative
- ***P. E. Fornel, Quality Assurance Site Manager
- *R. S. Grantham, Operations Training Supervisor
- *W. H. Rogers, Health Physics Supervisor
- *J. E. Collins, Emergency Plan Coordinator
- N. L. Purdin, Emergency Preparedness Training
- *H. C. Nix, General Manager - Plant Hatch
- A. W. Anthony, On Shift Operations Supervisor
- J. R. Barnes, On Shift Operations Supervisor
- B. Coleman, On Shift Operations Supervisor
- **S. C. Ewald, Manager, Nuclear Chemistry and Health Physics
- **L. T. Gucwa, Chief Nuclear Engineer

Other licensee employees contacted included construction craftsmen, engineers, technicians, operators, mechanics, security force members, and office personnel.

Other Organizations

Stanley Crews, Administrator, Appling General Hospital
 L. R. Lynch, Charge Nurse, Appling General Hospital
 A. P. Zurbrugg, Administrator, Meadows Memorial Hospital
 E. Driggers, Engineering Director, Meadows Memorial Hospital
 M. Smith, Head Nurse, Meadows Memorial Hospital

NRC Resident Inspectors

***P. Holmes-Ray

- *Attended on site exit interview conducted July 18, 1985
- **Conference call exit interview conducted July 23, 1985
- ***Participation in onsite and conference call exit interviews

2. Exit Interview

The inspection scope and findings to date were summarized on July 18, 1985, with those persons indicated in paragraph 1 above. A second exit interview was conducted on July 23, 1985, via conference call following inspection completion. At this time, three violations and two unresolved items were discussed. The first violation addressed inadequate training of On Shift Operations Supervisors (OSOS) personnel when acting as Emergency Director. The second violation related to failure to adequately maintain emergency implementing procedures. The third violation concerned the conduct of

annual audits as required by 10 CFR 50.54(t). Two unresolved items were discussed. Georgia Power Company requested and was granted a conference call on July 26, 1985, to further discuss the violations and unresolved items. This discussion between Georgia Power Company management, Plant Hatch and NRC personnel was informative, but resulted in no changes to the inspection findings. The licensee did not identify as proprietary any of the materials provided to or reviewed by the inspectors during this inspection.

3. Unresolved Items*

Two unresolved items pertaining to emergency preparedness training and emergency support instrumentation were identified during this inspection and are discussed in paragraph 8.

4. Changes to the Emergency Preparedness Program (82204)

Pursuant to 10 CFR 50.47(b)(16), 10 CFR 50.54(q), and 10 CFR 50, Appendix E, Sections IV and V, this area was reviewed to determine whether changes were made to the program since the last routine inspection on September 12-17, 1984, and to note how these changes affected the overall state of emergency preparedness.

The inspector discussed the licensee's program for making changes to the emergency plan and implementing procedures. The inspector verified that changes to the plan and procedures were reviewed and approved by management. One revision to the Plant Hatch Site Emergency Plan had been made since the last inspection. Because this plan change was perceived by licensee representatives as a potential decrease to the effectiveness of the Plan, the licensee properly received NRC approval of this change prior to implementation in accordance with 10 CFR 50.47(b). NRC concluded the plan change requested by the licensee did not in fact result in a decrease in the effectiveness of the plan.

Discussions were held with licensee representatives concerning recent modifications to facilities, equipment, and instrumentation. Licensee representatives indicated that no substantive changes had been made, but that implementing procedures were being reissued in a revised numbered format.

The organization and management of the emergency preparedness program were reviewed. The inspector verified that there had been no significant changes in the organization or assignment of responsibility for the plant and corporate emergency planning staffs since the last inspection. The

* Unresolved items are matters about which more information is required to determine whether they are acceptable or may involve violations or deviations.

inspector's discussion with licensee representatives also disclosed that there had been no significant changes in the organization and staffing of the offsite support agencies since the last inspection.

No violations or deviations were identified in this program area.

5. Knowledge and Performance of Duties (Training) (82206)

Pursuant to 10 CFR 50.47(b)(15) and 10 CFR Part 50, Appendix E, Section IV.F, this area was inspected to determine whether emergency response personnel understood their emergency response roles and could perform their assigned functions.

The inspector reviewed the description (in the emergency plan) of the training program, training procedures, selected lesson plans, and training records, and interviewed members of the instructional staff. Based on these reviews and interviews, the inspector was unable to determine that an effective training program was in place because the training records are anachronistic when examined against the current training program as explained by the licensee representative. The licensee representative provided the inspector with an emergency response organization training roster which had been approved by the General Manager on March 19, 1985. This training roster provides an audit base for emergency response organization training when implemented. The inspector indicated that an examination of emergency response organization training records against the training roster would be a followup item to be evaluated during a subsequent inspection (321, 366/85-23-01).

The inspector conducted walk-through evaluations with three On Shift Operations Supervisors (OSOS) to determine whether those personnel designated to act as Emergency Director during the initial stages of an emergency had been adequately trained in this role. Two of the three OSOS had some difficulty in classifying the simulated events provided in the walk-throughs, and all three OSOS provided incorrect protective action recommendations on at least one occasion. The problem appeared to be mainly in the training area but the problem appeared to be compounded by the organization of the implementing procedures. Based on these findings, the licensee was advised that they had failed to maintain a training program sufficient to ensure that licensee employees are familiar with their specific response duties. This finding was identified as a violation of 10 CFR 50.54(q) which requires licensees to follow and maintain in effect emergency plans which meet the requirements of 10 CFR 50 and the planning standards of 10 CFR 50.47(b). Specific requirements for emergency preparedness training are addressed in 10 CFR 50.47(b)(15) and 10 CFR 50, Appendix E, Section IV.F (321, 366/85-23-02). It should be noted that licensee management representatives stated that a finding in a recent drill showed that improvements were needed in the area of emergency classification. The licensee management representative further indicated that followup action was in progress to correct this self-identified problem.

During the walk-through with the first OSOS, the inspector noted that the OSOS was unable to locate the procedure dealing with the initial notification to offsite agencies. The OSOS was using the Technical Support Center controlled copy of the Emergency Plan Implementing Procedures and it was incomplete in that it did not contain the Emergency Implementing Procedure 63 EP-EIP-073-0, Use of Emergency Communications. This matter is a violation (321,366/85-23-03) in that the licensee failed to maintain emergency implementing procedures as required by Technical Specification 6.8.1.

6. Licensee Audits (82210)

Pursuant to 10 CFR 50.47(b)(14) and (16) and 10 CFR 50.54(t), this area was inspected to determine whether the licensee had performed an independent review or audit of the emergency preparedness program.

Records of audits of the program were reviewed. The records showed that an independent audit of the program was conducted by Plant Hatch Quality Assurance with audit reports dated January 25 and May 7, 1985. A Georgia Power independent audit was conducted May 6 - June 27, 1985. The audit records for 1985 showed that the State and local government interfaces were evaluated, and the licensee representatives stated the report would be made available to State and local government authorities. Audit findings and recommendations were presented to plant and corporate management. A request for the previous audit report resulted in licensee management representative stating that an independent audit of its emergency preparedness program in 1984 which included an evaluation for adequacy of interfaces with State and local governments had not been conducted. Licensee's awareness of this audit requirement was reflected in an Interoffice Correspondence dated October 16, 1984, requesting an annual review of adequacy of interface with State and local government for emergency preparedness prior to December 31, 1984. This matter was further discussed in a telephone conversation on July 23, 1985, between NRC management representatives and licensee plant and corporate management. This finding is identified as an apparent violation of 10 CFR 50.54(t) (321,366/85-23-04).

7. Inspector Followup (92701)

A previous inspection listed as an unresolved item the licensee's failure to adequately document the verification of the May 1983 test of the Emergency Communication System per License Procedure HNP-4860. A review of Document Control records for this May 1983 test now includes a copy of the Georgia Emergency Management Agency Emergency Notification Network (ENN) checklist reflecting a May 10, 1983 test of the Plant Hatch ENN with all stations responding positively. The licensee has also incorporated HNP-4860 into its Surveillance Program.

Based on the above findings, this unresolved item (50-321/84-38-01, 50-366/84-38-01) is closed.

8. Coordination with Offsite Agencies (92706)

The inspector held discussions with licensee representatives regarding the coordination of emergency plan training with offsite agencies. The organizations and assistance to be provided were identified and supported by current letters of agreement. The inspector visited the offsite medical support facilities and interviewed hospital personnel and examined facilities dedicated for treatment of radiological contaminated patients. Interviews at Appling General Hospital - Nursing Home indicated training for hospital personnel had last been conducted on April 26 and 27, 1984, and no training for 1985 had been scheduled to date. The Hatch Emergency Plan requires annual training for the hospital personnel who may be involved in the emergency medical assistance program. Neither onsite plant personnel nor Georgia Power Company corporate representatives were able to provide training records to indicate adherence to this emergency plan training requirement. Licensee representatives stated that they believed the records were available to support that training was performed but were unable to locate them during the period of the inspection. This finding is an unresolved item pending further review and evaluation (321,366/85-23-05).

Personnel interviewed at Meadows Memorial Hospital indicated their hospital personnel were being scheduled for training prior to the upcoming Plant Hatch's Emergency Preparedness Exercise. An examination of dedicated facilities at Meadows Memorial Hospital was made. It was noted that two radiation monitoring instruments in the treatment facility for contaminated patients were marked with calibration stickers which indicated the instruments were overdue for calibration. This finding is identified as an unresolved item pending further review and evaluation (321, 366/85-23-06).