

U.S. NUCLEAR REGULATORY COMMISSION

REGION III

Report No. 50-483/85017(DRSS)

Docket No. 50-483

License No. NPF-30

Licensee: Union Electric Company  
Post Office Box 149  
St. Louis, MO 63166

Facility Name: Callaway County Nuclear Station

Inspection At: Callaway Site, Callaway County, MO

Inspection Conducted: July 16-19, 24, 25, and 31, 1985

Inspectors: *D. E. Miller/for*  
P. C. Lovendale

*8/21/85*  
Date

*C. F. Gill*  
C. F. Gill

*8/21/85*  
Date

Approved By: *D. E. Miller/for*  
L. R. Greger, Chief  
Facilities Radiation Protection  
Section

*8/21/85*  
Date

Inspection Summary

Inspection on July 16-19, 24, 25, and 31, 1985 (Report No. 50-483/85017(DRSS))

Areas Inspected: Routine, unannounced inspection of the radiation protection and radwaste programs including: solid radwaste, liquid radwaste, gaseous radwaste, transportation activities, organization and management controls, training and qualifications, and open items. Also certain TMI Action Plan items, and licensee responses to IE Information Notices No. 85-42 and 85-43 and IE Bulletins No. 78-08 and 84-03 were reviewed. The inspection involved 54 inspector-hours onsite by two NRC inspectors.

Results: Two violations (failure to leak test sealed sources - Section 15 and failure to follow radiation protection procedures - Section 16) and no deviations were identified.

## DETAILS

### 1. Persons Contacted

J. Cruickshank, Radwaste Foreman  
\*D. Epperson, QA Scientist  
\*F. Forck, QA Supervisor  
\*C. Graham, Nuclear Scientist  
\*S. Growcock, QA Scientist  
\*B. Holderness, Health Physicist  
\*J. Knaup, Compliance  
\*S. Miltenberger, Plant Manager  
\*C. Nashlund, I&C Superintendent  
\*W. Norton, QA Engineer  
A. Passwater, Licensing Superintendent  
\*J. Peevy, Health Physics Superintendent  
J. Polchow, Health Physics Operations Supervisor  
\*G. Randolph, Assistant Manager, Technical Services  
\*M. Reinhart, QA Consultant  
\*J. Ridgel, Radwaste Superintendent  
R. Roselius, Health Physics Technical Supervisor  
D. Schafer, Supervising Engineer - Licensing  
  
B. Little, NRC Senior Resident Inspector - Operations

The inspectors also contacted other licensee employees including radiation protection technicians and members of the engineering staff.

\*Denotes those present at the exit meeting.

### 2. General

This inspection, which began at 1:00 p.m. on July 16, 1985, was conducted to review the operational radiation protection and radwaste programs, including solid radwaste, liquid radwaste, gaseous radwaste, transportation activities, organization and management controls, training and qualifications, open items, IE Information Notices No. 85-42 and 85-43, and IE Bulletins No. 78-08 and 84-03. The inspectors conducted radiation surveys of selected plant areas using an NRC survey instrument (Xetex 305-B); readings were in general agreement with posted licensee data. Area postings, access controls, and housekeeping were excellent. Many minor leaks throughout the plant have been repaired and efforts to repair the remaining leaks continue.

### 3. Licensee Actions on Previous Inspection Findings

(Open) Open Item (483/84-16-04): Install area monitor on manipulator crane. Licensee representatives stated that planning is completed to relocate monitor SD-PE-40 from just inside the containment personnel hatch to the manipulator crane during the first refueling outage. Analysis is needed to demonstrate that the new monitoring configuration will satisfy the requirements of ANSI/ANS 6.8.1-1981.

(Open) Open Item (483/84-35-01): Determine post accident effluent sampling system iodine line loss correction factors. A request for deviation from this portion of NUREG-0737, Item II.F.1, Attachment 2, was sent to NRR on May 14, 1985.

(Open) Open Item (483/84-35-02): Determine how the filter housing deluge systems are procedurally controlled to preclude flooding of adjacent ducting. Fire protection procedures have been revised to describe the use of fire hoses to supply the filter housing water deluge systems. The acceptability of this technique has not been determined (Open Item 483/84-35-03). Deluge water drainage also needs to be addressed in these procedures. The inspectors informed the licensee of an incident at Hatch, Unit 1 (LER 85-018-00) where inadvertently flooded ductwork leaked water onto an Analog Transmitter Trip System (ATTS) panel. This introduced moisture into the ATTS panel which, in turn, resulted in the malfunction of a safety relief valve and the High Pressure Coolant Injection System.

(Closed) Open Item (483/84-35-04): Determine how Regulatory Position 3.k of Regulatory Guide 1.52 has been satisfied. SNUPPS FSAR Table 9.4-2, Revision 15, 6/84, states that the control room filtration system anticipated charcoal bed loading is not sufficient to raise bed temperatures to the desorption range.

(Open) Open Item (483/85006-01): Calibrate liquid and gaseous effluent monitors. The licensee has contacted several consultants on this matter but has done no definitive planning. The inspectors informed the licensee that several other licensees found that a long lead time was required to prepare for calibrations of this type. Because Callaway has committed to complete their calibrations during the first refueling outage, the licensee should expedite the completion of the detailed planning and preparation for this activity.

(Closed) Open Item (483/85006-02): Reduce number of minor leaks which could cause unnecessary contaminated areas. Tours of the plant revealed that good progress has been made to reduce the number of minor leaks.

(Open) Open Item (483/85006-03): Seal concrete surfaces that could become contaminated. A study has been completed which identified those areas of the plant where additional painting is needed. The needed painting should begin within the next two months.

(Open) Open Item (483/85006-04): Prepare documents which identify the required compliance activities for NUREG-0737 Items II.B.3 and II.F.1, Attachments 1, 2, and 3. The licensee completed an internal document titled, "NUREG-0737 Commitment Compliance Review," dated June 25, 1985, which states that the licensee is in full compliance with the above listed TMI action items. Upon review, the inspectors found the document too superficial to justify the claim of full compliance. This matter was discussed at the exit meeting on July 19, 1985 and by telephone on July 24, 25, and 31, 1985. This item remains open pending an adequate response by the licensee to inspector concerns.

(Closed) Open Item (483/85006-05): Frequent portal monitor alarms due to radon daughter product contamination of workers' polyester clothing. The licensee contracted with a consultant to measure the radon levels in selected plant areas. The results of the survey show normal levels of radon for similar structures. The maximum radon concentration noted was about 0.001 working levels (WL). The EPA's limit for structures involved with uranium tailings is 0.02 WL. The survey showed that the levels of radon were 20 percent higher near thick concrete walls that were backfilled with soil, and that painted concrete surfaces emanate essentially the same amount of radon as the unpainted concrete surfaces. The licensee believes that heating and ventilation system problems during the winter and early spring may have caused buildup of radon levels in the plant due to air stagnation. To help reduce the frequency of portal monitor alarms, the licensee has begun using a spray static eliminator on polyester clothing before entry into the controlled area. The spray appears to be effective.

4. Reactor Cavity Access Control

As a result of a survey of all pressurized water reactors with incore detector systems that enter the reactor from below the vessel, it appeared that Callaway's controls for access to this area during periods when the thimbles were pulled were weak. However, discussions with plant personnel and review of plant procedures revealed that contrary to the survey, the licensee does not allow entries under the vessel when the thimbles are withdrawn. In addition, the licensee has further strengthened the controls for entries under the vessel by requiring the concurrence of the shift supervisor, HP supervision, and the emergency duty officer (EDO) before the entrance to this area is unlocked. The shift supervisor is required to ensure the thimbles are housed before he gives his concurrence for an entry. These controls have been added to the licensee's procedures. The licensee's controls for access to this area are acceptable.

5. Organization and Management Controls

The inspectors reviewed the licensee's radiation protection organization and management controls for the radiation protection program, including changes in the organizational structure and staffing, effectiveness of procedures and other management techniques used to implement the program, experience concerning self-identification and correction of program implementation weaknesses, and effectiveness of audits of these programs.

The inspectors reviewed the organizational reporting chain of the Radiation Protection Manager (RPM). There is only one level of management between the RPM and the Plant Manager; there appears to be no problems with the RPM's access to the Plant Manager.

There are currently 64 radiation, chemistry, and radwaste technicians positions authorized; all but one are currently filled. Thirty-two are radiation protection technicians, fifteen are radwaste technicians and sixteen are chemistry technicians. There are seven radiation protection foremen, five radwaste foremen, and four chemistry foremen. The radiation protection professional staff includes the Health Physics Superintendent, the Health Physics Operations Supervisor, the Health

Physics Technical Supervisor, and two staff health physicists. The chemistry professional staff includes the Chemistry Superintendent, two chemical engineers, and one chemist. The radwaste professional staff includes the Radwaste Superintendent and one engineer. The entire staff remains very stable.

The health physics group has begun issuing a quarterly report to plant managers which gives a breakdown of exposure totals and a listing of those persons involved in radiation protection related violations. The number of persons violating radiation protection procedures and/or practices has decreased since this reporting commenced.

No violations or deviations were identified.

#### 6. Training and Qualifications

The inspectors reviewed the training and qualifications aspects of the licensee's radiation protection, radwaste, and transportation programs, including: changes in responsibilities, policies, programs, and methods; qualifications of newly hired or promoted radiation protection personnel; and provisions for appropriate radiation protection, radwaste, and transportation training for station personnel. Also reviewed were management techniques used to implement these programs and experience concerning self-identification and correction of program implementation weaknesses.

Training and qualifications of selected radiation protection staff members were reviewed including conformance to ANSI N18.1-1971 selection criteria and Regulatory Guides 1.8 and 8.27. No problems were noted.

Several of the foremen and professional staff have attended work related courses offsite. These include radiation protection, ALARA, instrumentation and calibration, respiratory protection, and internal dosimetry.

The licensee has begun sending maintenance workers through an advanced rad worker training course offered by the training department. This training includes actual work on mockup systems made up of piping, pumps, heat exchangers, and valves using actual radiation work permits and protective clothing. This training should prove very useful to those receiving it.

No violations or deviations were identified.

#### 7. Gaseous Radioactive Waste

The inspectors reviewed the licensee's gaseous radwaste management program, including: changes in equipment and procedures; gaseous radioactive waste effluents for compliance with regulatory requirements; adequacy of required records, reports, and notifications; process and effluent monitors for compliance with maintenance, calibration, and operational requirements; and experience concerning identification and correction of programmatic weaknesses.



Sampling and release methods and procedures, records, and reports appear adequate. The inspectors selectively reviewed records of gaseous releases made during 1984. There were 19 gaseous radioactive waste batch releases during 1984. The gamma and beta air dose totals were  $6.5\text{E-}2$  percent and  $6.2\text{E-}2$  percent of the technical specifications dose limits, respectively. The total gaseous releases of noble gas, radioiodine, and tritium for 1984 were  $2.00\text{E+}2$ ,  $9.41\text{E-}7$ , and 1.10 curies, respectively. This low level of gaseous radioactive release was expected because station operation began in the fourth quarter of 1984.

No violations or deviations were identified.

8. Liquid Radioactive Waste

The inspectors reviewed the licensee's liquid radwaste management program, including: changes in equipment and procedures; liquid radioactive waste effluents for compliance with regulatory requirements; adequacy of required records, reports, and notifications; process and effluent monitors for compliance with maintenance, calibration, and operational requirements; reactor coolant chemistry; and experience concerning identification and correction of programmatic weaknesses.

Sampling and release methods and procedures, records, and reports appear adequate. The inspectors selectively reviewed records of liquid releases made during 1984. There were 297 liquid radioactive waste batch releases during 1984. The total body and maximum organ dose totals were  $1.94\text{E-}3$  percent and  $2.89\text{E-}3$  percent of the technical specification dose limits, respectively. The total liquid tritium release for 1984 was 29 curies. This low level of liquid radioactive release was expected because station operation began in the fourth quarter of 1984.

No violations or deviations were identified.

9. Effluent Reports

The inspectors selectively reviewed radiological effluent analysis results to determine accuracy of data reported in the Semiannual Radiological Effluent Release Report for the last half of 1984. The inspectors found several minor problems which were discussed with the licensee. Technical Specification 6.9.1.7 states that the format and content of this report shall be in accordance with Regulatory Guide 1.21 (Revision 1) dated June 1974. No significant discrepancies from this regulatory guide were identified.

In April 1984, a consultant verified the validity of the computer program which uses plant monitoring data and the dose calculation methods in the Offsite Dose Calculation Manual (ODCM) to compute offsite doses. The licensee also reverified the computer program validity by completing hand checks of the offsite dose results reported in their first Semiannual Radioactive Effluent Release Report (October through December, 1984).

No violations or deviations were identified.

#### 10. Solid Radwaste

The inspectors reviewed the licensee's solid radwaste management program, including: changes to equipment and procedures; processing, control, and storage of solid wastes; adequacy of required records, reports, and notifications; implementation of procedures to properly classify and characterize waste, prepare manifests, and mark packages; and experience concerning identification and correction of programmatic weaknesses.

A licensee QA audit was conducted during the week of the inspection. The inspectors toured portions of the radwaste facility, observed radwaste process and audit activities, and interviewed QA auditors and radwaste personnel. The QA auditors noted several problems with the proper operation of the facility but most of these had already been identified by radwaste personnel and corrective action planned. The quality of the audit and the overall performance of the Process Control Program (PCP) appeared to be adequate.

On December 21, 1984, Revision 2 of the PCP was approved for issue by the Onsite Review Committee. This revision was the first revision of the previously NRC-approved revision dated February 28, 1984. A major goal of this revision was to rewrite the PCP as a more general document with specific detailed program instructions restricted to the program implementing procedures. To accomplish this goal, specific proceduralized steps and/or procedure references were removed from the PCP with generic statements inserted in their place. It appears none of the essential previously NRC-approved methodology was removed from this document and no significant problems were identified. The licensee documented the PCP changes in the Semiannual Radiological Effluent Release Report for the last half of 1984.

No violations or deviations were identified.

#### 11. Transportation Activities

The inspectors reviewed the licensee's transportation of radioactive materials program, including: determination whether written implementing procedures are adequate, maintained current, properly approved, and acceptably implemented; determination whether shipments are in compliance with NRC and DOT regulations and the licensee's quality assurance program; determination if there were any transportation incidents involving licensee shipments; adequacy of required records, reports, shipment documentation, and notifications; and experience concerning identification and correction of programmatic weaknesses.

Records of the first two solid radwaste shipments were reviewed. The licensee has shipped 124 fifty-five gallon drums of Class A waste. The low volume of radwaste is partly because the station has been in operation for only a few months; however, the licensee appears to be making conscientious efforts to minimize solid radwaste volume by judicious use of the radwaste process equipment, waste segregation, and dry active waste (DAW) compaction. The information on the shipping papers appears

to satisfy NRC, DOT, and burial site requirements. The licensee has available space to temporarily store approximately 2½ years generation of solid radwaste drums if burial sites become temporarily unavailable.

No violations or deviations were identified.

12. Audits and Appraisals

The inspectors reviewed reports of audits and appraisals conducted for or by the licensee including audits required by technical specifications. Also reviewed were management techniques used to implement the audit program, and experience concerning identification and correction of programmatic weaknesses.

The licensee's Quality Assurance (QA) audit program appears adequate to assess technical performance, compliance, and personnel qualification and training in the areas of radiation protection, plant chemistry, radwaste, and transportation. The QA auditors in these technical areas seem to be well qualified and to have developed adequate surveillance plans to ensure personnel are well qualified and trained and that procedures are adequate and correctly implemented. Although QA audit recommendations are usually followed by the technical groups, a more formal system for responding to these concerns is desirable to ensure effective correction of programmatic weaknesses. The Request for Corrective Action (RCA) tracking system seems to be an effective mechanism for resolution of the more serious QA findings. The findings of NRC and INPO inspections are often incorporated into the QA audit program; however, a more formal tracking system of the concerns of these two organizations also is desirable. The QA department is considering conducting periodic radiation and contamination surveys of selected plant areas and becoming more involved in ALARA. Also, the Corporate Radiation Protection Committee's Charter is undergoing revision to make it a more effective organization under the chairmanship of the newly hired Principal Health Physicist. Activities of this type are laudable and should be vigorously supported by management.

No violations or deviations were identified.

13. Decontamination Program

The inspectors reviewed the licensee's decontamination program, including: decontamination techniques; qualification of personnel; and adequacy of staffing, facilities, and task priority.

The Radwaste Superintendent has the responsibility for general house-keeping and decontamination in the RCAs. One foreman is assigned full time (day shift) to these activities and he may draw on a work force of 26 helpers. During the offshift work, the helpers are supervised by other ANSI qualified radwaste foremen. The Radwaste Superintendent and the foremen are well qualified and the helpers receive on-the-job training and attend licensee seminars on decontamination techniques. The helpers also are required to pass the advanced radiation worker training class, read and understand applicable health physics procedures, and demonstrate



the capability for properly operating decontamination equipment. The training of the helpers is recorded. The development of a formal training and qualification program for the helpers should ensure an acceptable decontamination work crew.

Most of the small decontamination tasks (such as hand tools) utilize ultrasonic or hand-scrubbing techniques. The licensee also has available a low pressure water spray booth and a high pressure water spray (hydrolaser) for larger tasks. The radwaste professional staff has a good knowledge of state-of-the-art decontamination techniques and equipment, partly through involvement with ongoing EPRI/ASME radwaste workshops. The licensee is considering upgrading and expanding the decontamination facilities, modifying the capabilities of the water booth and purchasing Freon cleaning systems. The proposed upgrade of facilities and equipment would greatly improve the licensee's decontamination capability.

No violations or deviations were identified.

14. IE Information Notices and Bulletins

The inspectors reviewed licensee action taken in response to selected IE Information Notices and Bulletins.

IE Information Notice No. 85-42: Loose Phosphor in Panasonic 800 Series Badge Thermoluminescent Dosimeter (TLD) Elements. The licensee has purchased and is using this type of TLD. Approximately 1200 badges are processed each month of which an average of about six badges are found to be suspect based on an established set of criteria. Tests conducted on these suspect badges have not detected a problem with loose phosphors. Some of the licensee's badges have been through 40-50 read-cycles; the frequency of loose phosphors is reported in the information notice to increase substantially after 100-200 read-cycles. The licensee has revised a procedure to require that suspect badges be specifically inspected for loose phosphors and replaced, as appropriate.

IE Information Notice No. 85-43: Radiography Events at Power Reactors. Health physics personnel were aware of the contents of this notice and stated the necessary administrative control of radiographic activities are required by Procedure QCP-ZZ-05030 which also requires proper notification of the Health Physics Department by the Quality Control Department.

IE Bulletin 78-08: Radiation Levels from Fuel Element Transfer Tubes. The radiological concerns presented in this bulletin were apparently given due consideration during design and construction as indicated by the licensee's response to FSAR Question 331.2. The licensee also plans to conduct a radiation survey during fuel transfer to confirm design acceptability.

IE Bulletin 84-03: Refueling Cavity Water Seal. Health physics personnel were aware of the contents of this bulletin and appear to have a good understanding of the radiological implications. The licensee responded to this bulletin in letter SLNRC 84-127, dated November 26, 1984. Discussion of the licensee's response is contained in Inspection Reports No. 50-483/85007(DRS) and No. 50-483/85014(DRS).

15. Licensee Event Report Followup

Through direct observations, discussions with licensee personnel, and review of records, the following event reports were reviewed to determine that reportability requirements were fulfilled, immediate corrective action was accomplished, and corrective action to prevent recurrence had been accomplished.

(Closed) LER 84-018-00: Spurious Engineered Safety Features Activation. On July 18, 1984, while restoring systems to manual after ESFAS testing, Fuel Building Isolation and Control Room Ventilation Isolation signals (FBIS and CRVIS) were initiated from radiation monitoring elements. Licensee investigation revealed that a brief voltage abnormality occurred during bus realignment, causing downscale trips on the radiation monitor elements. The licensee took prompt corrective action including appropriate documentation.

(Closed) LER 84-066-00: Technical Specification Violation. On December 28, 1984, it was discovered that the required leak tests of sealed sources, contained in two Troxler Density Gages, were not performed within the six-month test frequency specified by Technical Specification 4.7.9.2. The sealed sources were leak tested on April 11, 1984, but not leak tested again until December 28, 1984, upon discovery of the event.

On October 1, 1984, the Troxler Density Gages were transferred from the construction contractor, Daniel International Corporation, to the Quality Control Department of Union Electric Company. When the control of the Troxler Density Gages was transferred, it became the responsibility of the Quality Control Department to notify the Health Physics Department so the sealed sources could be entered into the accountability program and tested as required. However, the Health Physics Department was not notified until December 28, 1984, at which time the leak tests were performed with satisfactory results. The Troxler Density Gages were reported used at least twice between October 11 and December 28, 1984, after the gages were past their leak test due date.

On January 9, 1985, a meeting was held with the Quality Control staff emphasizing the seriousness of this violation and the importance of following through on all work assignments. To prevent recurrence of this event, Quality Control procedure QCP-ZZ-07000, Operational Civil Inspection, was revised to specify the requirements for control of the Troxler Gages. Although this problem was identified by the licensee, the licensee had not initiated generic corrective action to prevent recurrence due to the transfer of other sources from Daniel International Corporation or from other licensees. Failure to perform required leak tests on the

Troxler Density Gages is a violation of Technical Specification 4.7.9.2 which requires each sealed source to be tested prior to use unless tested within the previous six months. (483/85017-01)

(Closed) LER 85-004-01: Inadvertent Control Room Ventilation Isolation. On January 25, 1985 and February 2, 1985, Containment Purge Isolations and Control Room Ventilation Isolations occurred due to incorrect high radiation signals from containment process monitor GT-RE-32. The incorrect high radiation signal was caused by a high vacuum at the inlet sample line to the containment process monitor. The licensee took appropriate corrective action including procedure revision.

(Closed) LER 85-015-00: Technical Specification Violation. On February 28, 1985, it was discovered that the monthly unit vent tritium sampling to be performed by February 25, 1985, had been missed. Technical Specification (T/S) 4.11.2.1.2 requires monthly sampling and analysis of gaseous effluents from the unit vent. To prevent recurrence, the tracking system for T/S surveillance requirements was modified to more specifically state the required sampling.

One violation and no deviations were identified by the inspectors.

16. Unit Vent Wide Range Gas Monitor Sampling

The licensee reported (LER 85-028-00) that on June 11, 1985, while in Mode 1 (Power Operation) at 99% power, a sample line was discovered disconnected from the suction of the Unit Vent Wide Range Gas Monitor (GT-RE-21B) sample pump. The sample line had been disconnected for maintenance activities on May 29, 1985, and was not reconnected due to a personnel error. The sample line was reconnected promptly upon discovery. However, grab samples taken from June 7, 1985 to June 11, 1985, were invalid due to the disconnected sample line. These samples were required due to a June 7, 1985 reactor trip. Per Technical Specification (T/S) 3.11.2.1, grab samples of Unit Vent gaseous concentration were taken using GT-RE-21B as the sampling monitor. In addition, to the failure to collect valid samples, actions required by T/S 3.3.3.6.c and T/S 3.3.3.10.b during the inoperability of GT-RE-21B were not completed between May 29, 1985 and June 11, 1985. Failure to satisfy these Action Statements or to satisfy them within the time allotted by the Action Statements is a violation of Technical Specifications 3.3.3.6 and 3.3.3.10. (483/85017-02)

On May 29, 1985, Unit Vent Wide Range Gas Monitor GT-RE-21B was declared inoperable due to an internal flow control valve problem on the monitor's low range pump. A faulty diaphragm was replaced on the pump and the monitor was declared operable that same day. On June 7, 1985, a Reactor Trip occurred due to a high negative flux rate trip. In accordance with Technical Specification (T/S) 3.11.2.1, Table 4.11-2, Footnote 3, "Sampling and analysis shall also be performed following shutdown, startup, or a THERMAL POWER change exceeding 15% of RATED THERMAL POWER within 1 hour period," a grab sample of Unit Vent gaseous concentration was taken using a portable sampling cart. In addition, Footnote 7 of the same T/S required "...for unit vent, sampling shall also be performed at least once per 24 hours for at least 7 days following each shutdown,

STARTUP or THERMAL POWER change exceeding 15% of RATED THERMAL POWER within a 1-hour period..." Samples were taken from June 7, 1985 to June 15, 1985, using GT-RE-21B as the sampling monitor. As the technician was preparing to take a grab sample of Unit Vent gaseous concentration using a portable sampling cart on June 7, 1985, it was noticed that the flowmeter on the cart did not indicate sample flow. The technician noted that the GT-RE-21B skid pump was running and the downstream skid flowmeter indicated proper sample flow. The portable sampling cart pump was started and the sample cart flowmeter indicated sample flow. With both the portable sampling cart pump and GT-RE-21B skid pump running, the technician proceeded to obtain the required sample, in violation of Procedure HTP-ZZ-03006, "Use of Airborne Sampling Cart," Revision 4, April 24, 1985. The procedure allows the use of the portable cart-mounted air sampling pump only when the skid-mounted air sampling pump is inoperable. If the procedure had been properly followed, the technician would have been required to report that the sample could not be obtained as specified by procedure. Proper response to this failure should have discovered the disconnected sample line. The sample line then could have been reconnected before technical specifications were violated.

Technical Specification 6.11 states, in part, that procedures for personnel radiation protection shall be adhered to for all operations involving personnel radiation exposure. The failure to adhere to Procedure HTP-ZZ-03006 as discussed above is considered to be a violation of this technical specification. (483/85017-03)

Soon after the LER was issued, a Rad/Chem Technicians' (RCT) meeting was held at which the LER and the requirement to adhere to procedures was discussed. A letter was sent to all RCTs stating the administrative procedural requirements for procedural adherence and the LER and procedural adherence requirements have been incorporated into the annual RCT retraining course to be held this fall. Health Physics Technical Procedure HTP-ZZ-04150, "Operation of the G. A. Process Monitor System," was revised (Revision 4, dated July 19, 1985) to include steps to verify that the sample suction for the General Atomic Wide Range Gas Monitor (GA WRGM) systems is from the sample line versus ambient room air.

The inspection showed that licensee action has been taken to correct the violation of Technical Specification 6.11 and to prevent recurrence. Consequently, no reply to this violation is required; however, the LER remains open pending the resolution of the I&C Department's involvement in this matter.

Two violations and no deviations were identified by the inspectors.

#### 17. Exit Meeting

The inspectors met with licensee representatives (denoted in Section 1) at the conclusion of the onsite inspection on July 19, 1985. Further discussions were conducted by telephone on July 24, 25, and 31, 1985. The inspectors also discussed the likely informational content of the inspection report with regard to documents or processes reviewed by the

inspectors during the inspection. The licensee did not identify any such documents/processes as proprietary. In response to certain matters discussed by the inspectors, the licensee:

- a. Acknowledged the inspectors' comments regarding the incident at Hatch Unit 1 where inadvertently flooded ductwork leaked onto ESF equipment resulting in ECCS malfunctions and the need to preclude a similar event at Callaway by proper design and administrative control. (Section 3)
- b. Acknowledged the inspectors' comments regarding the licensee's lack of adequate documentation to demonstrate compliance with NUREG-0737, Items II.B.3. and II.F.1 (Attachments 1, 2, and 3) and stated the planning for the preparation of the required documentation will be completed by August 15, 1985. (Section 3)
- c. Acknowledged the apparent violations of Technical Specifications 4.7.9.2 (Section 15), 3.3.3.6 (Section 16), 3.3.3.10 (Section 16), and 6.11 (Section 16).