



MONTHLY PERFORMANCE MONITORING AUDIT

QSL-OPS-95-22

November, 1995

Audit Team:

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QA PSL

JQQ-96-003
January 10, 1996
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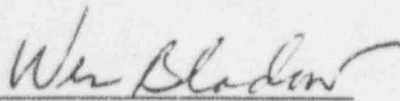
St. Lucie Action Requests (STARs) have been generated for the above findings. In accordance with the FPL Quality Assurance Program, please ensure that the STARs which address these findings are responded to within 30 days of origination. As noted in QI 16 PP/PSL-2 response to STARs resulting from QA audit findings must include the following:

1. The results of review and investigation of the findings including identification of the probable root cause/causal factors.
2. Results of your examination of potential weaknesses in departmental self-assessment programs which may have impeded self-identification of the problem.
3. A determination of the generic impact of the finding, i.e., whether it extends to other areas, systems, drawings, procedures, etc., or whether it is isolated to those examples cited in the audited report.
4. Actions taken or planned to correct the findings identified and to prevent recurrence of the deficiency. Corrective actions should address the causal factors and enhancements to the audited department's self-assessment program.
5. Date when full corrective action was or will be achieved.
6. Identification of the individual(s) responsible for the corrective action.

For those corrective actions which cannot be completed within 90 days from the audit report transmittal, the response shall (1) include an explanation why the action cannot be completed within 90 days and (2) include both the cognizant Vice President (or Director where the Director is a direct report of the President - Nuclear Division) and the Vice President Nuclear Assurance on distribution.

An evaluation should be made of the findings identified in this audit to determine reportability.

We sincerely appreciate the cooperation we received from your staff during the course of the audit. Please contact me at extension 7111 or the respective QA contact if you have any questions.



L. W. Bladow
Quality Manager - PSL

LWB/JTV/JJW/slr

Copies to: Dist. Attached

- JQQ-96-003

QUALITY ASSURANCE DEPARTMENT

AUDIT REPORT DISTRIBUTION

AUDIT REPORT: OSL-OPS-95-22

PLANT/DEPARTMENT: St. Lucie Plant

NUMBER OF FINDINGS: Four

CNRB

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D. A. Sager - VP/PSL-1

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QAD Files w/Checklist & Audit Plan

Cheryl Robinson - JNA/JB

Health Physics & Chemistry Related Audits

Manager Nuclear Health Physics/Chemistry

Emergency Preparedness Related Audits

Manager - Nuclear Emergency Preparedness

Fire Protection Audits

S. Martin, Risk Management

Nuclear Division Staff Related Audits

D. H. West

Nuclear Training Related Audits

Manager Nuclear Training

Security Related Audits

*Manager Nuclear Security

Nuclear Materials Management Related Audits

Director Nuclear Materials Management

*Only Distribution outside the Plant for
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WAF



Audit Location: St. Lucie Plant

Date of Audit: November 1995

Audit Scope: This audit is a performance-based evaluation of activities affecting quality, and provides verification that those activities are conducted in accordance with appropriate controls and requirements. Performance Monitoring was conducted for selected plant operating, maintenance and services activities to provide objective evaluation and qualitative verification that activities are being performed in accordance with specific technical and quality requirements.

Audit Summary: Performance Monitoring reviews for the month of November 1995 were primarily focused on plant activities conducted during the Unit-2 refueling outage. The following activities were reviewed; control of in-plant equipment clearance orders, Health Physics activities, control of welding, corrective action for Operator Work Arounds, a coordinated local law enforcement security drill and Special Nuclear Material Controls. Good performance was noted in the areas of field implementation of clearance order requirements, welding, the coordinated local law enforcement security drill and management of the program for resolution of Operator Work Arounds. Details are contained within this report. Compliance of plant personnel with radiological protection requirements was noted to be good. Three Findings are documented within this report. Finding 1 addresses inadequate procedures to ensure that sealed source surveys required by Technical Specifications are conducted when performing maintenance on or installation of fission detectors. Finding 2 documents three separate deficiencies concerning requirements for control of Special Nuclear Material. Finding 3 documents procedural non-compliances with regard to radiological surveys and logging of HP instrument usage. During the review of clearance orders, QA issued 3 PSL STARS that addressed problems with administrative aspects of the clearance order program. Finding 4 documents these deficiencies as a QA Finding.

A comprehensive corrective action effort is warranted for Finding 2. One of the deficiencies identified within the finding concerns storage of Special



Nuclear Material in an unapproved location. This is a repeat Finding. This issue was previously identified in December 1994 (QA Audit 94-26 Finding 1). NRC Inspection report 95-12, dated 6/30/95, included a non-cited violation for failure to properly label Special Nuclear Material in accordance with 10CFR20 requirements. These examples, in addition to those cited in Finding 2 of this report indicate the need for increased management attention and site awareness of requirements applicable to the control of Special Nuclear Material.

Based on the activities and objective evidence audited, it was determined that the requirements of the QA Program are adequately addressed by procedures and that implementation of those procedures is effective. The Findings contained within this report identify specific areas where improvement is required to achieve additional program effectiveness.

Operations:

PMON 95-065 was conducted to verify compliance with selected radiological protection requirements during the Unit 2 Refueling Outage. The areas examined included the following:

1. Radiation area posting, labeling and control.
2. Personnel dosimetry and entry into the RCA.
3. Control of the issue of respirators by junior technicians (follow-up to previous QA deficiency)
4. Radiation Work Permit (RWP) compliance.

Within these areas, selected criteria of INPO 91-014 "Guidelines for Radiological Protection at Nuclear Power Stations" were examined.

This activity was performed by conducting tours of the Radiation Control Area (RCA) including the Unit 2 Containment Building. Additional reviews of RWPs, Radiation and Contamination surveys, Health Physics (HP) Logs, and HP Procedures were conducted. The auditor attended Generic Pre-job briefings, observed shift turnover, and interviewed HP technical personnel and supervision.

Plant personnel were observed to be using dosimetry properly, dressing out properly, and following applicable RWP requirements. Reports of personnel skin and clothing contamination were reviewed. Four such reports generated during the pressurizer heater replacement were followed from initiation through completion. Using HPP-30 Appendix 8, "Assessment of Internal Dose," applicable files were reviewed for completeness in accordance with the specified requirements. The files were found



to contain necessary information. Assigned doses were traceable from applicable work sheets through to the NRC Form 5s. It was also noted that in no cases were the established limits at St. Lucie exceeded.

During a previous QA audit, the use of unqualified junior technicians to issue respirators was identified. During this outage, respirator issue was determined to have been performed by qualified personnel.

The performance of radiological surveys was examined for the following attributes:

1. Adequate periodicity of performance
2. Proper completion of survey forms including instrument information
3. Verification of required postings based on the survey results

The result of this review indicated that in some cases survey maps are not being updated to show all postings in the plant and that some postings were not made as a result of the survey information. In addition, not all instruments used during radiation surveys were properly logged as required by procedure (See Finding No.3). STAR #951817 was written on 11/14/95 to obtain immediate corrective action.

With the exception of the finding listed above, the Radiation Protection Program is adequately implemented in the areas observed.

Performance Monitor: J. Walls

PMON 95-066 was conducted to assess the adequacy and implementation of the process for controlling In-Plant Clearance Orders, OP-0010122. Audit results were obtained from a combination of procedure and clearance order reviews as well as direct observation of Operations Department activities supporting specific clearance orders selected for verification.

During this PMON, Equipment Clearance Order forms for both active and completed clearances were reviewed for procedural compliance. Operators were also accompanied while hanging and releasing clearances to verify procedural compliance. Independent Verification activities were observed, and found to be in compliance with ADM- 17.06. Clearance tags were verified to be filled out, signed, and dated as required. Only one discrepancy was identified on tags reviewed. Tag #18 for ECO #2-95-09-284 had not been signed when hung. This was pointed out to Operations, and the discrepancy was rectified.



A review of INPO good practices for Tagging Procedures and Independent Verification was conducted during this Audit. Both the Clearance Procedure, OP-0010122, and The Independent Verification Procedure, ADM-17.06 were noted to be generally in line with the content of the INPO documents. One difference was noted concerning the review of clearances. Paragraph 7.10.1 of INPO 87-002, R1, calls for a weekly administrative review of clearances by a Licensed Operator. This document states:

"This review will verify that the clearance index accurately reflects active clearance sheets. Additionally, this review will verify the continuing need for each clearance... Clearances that cannot be verified as being needed will be brought to the attention of appropriate management personnel for disposition."

Currently, the clearance review directed by AP1/2-0010125, and accomplished using Data Sheet #28, is a monthly verification of clearance tags to insure correct component position, tag legibility, and tags properly filled out and signed. There is no direction to look into older clearances to determine if they are still needed.

During a review of older existing clearance orders on Unit One, ECO #1-95-05-026, for Radiation Monitors, written 5/9/95, was noted as being issued to the Unit 1ANPS. The reason for the clearance was indicated as "Equipment abandoned in place." A review of the Abandoned Equipment Log showed these radiation monitors not listed as abandoned in accordance with procedure AP-0006041, Abandoned Equipment Program. A periodic review as described in the INPO guideline may have prompted a review of the status of this equipment.

As a result of this PMON, the hands-on portion of the clearance process was determined to be effectively implemented. The Administrative portion has opportunities for improvement as reflected by the STARs discussed below.

During this PMON, several STARs were generated by the Auditor in response to deficiencies identified concerning the authorization list for clearance holders, an unsigned clearance tag in the field and the failure to review the Jumper and lifted lead log and the Equipment Out Of Service Log prior to initiating a clearance in accordance with plant procedures. These issues are discussed as Finding 4.

In addition, STAR 952139 was written to determine the status of LCL Rad. Monitor Pnl., Ckt. #22, Power Panel PP-109 which is on Equipment Clearance Order 1-95-05-026. The reason for the clearance is listed as "Equipment Abandoned In Place." This equipment is not contained in the abandoned equipment program.

Performance Monitor: L. Bearor



PMON 95-073 was initiated to review and evaluate implementation of St. Lucie Plant's corrective action program as applied to correction and reduction of operator workaround (OWA) items. Specific attributes of the program evaluated included:

- Documentation of deficient conditions.
- Determination of root cause and corrective action to prevent recurrence where applicable.
- Tracking, follow-up, and close-out of resulting corrective action.
- Documentation of corrective action taken.
- Management oversight of the OWA program.

The results of this review and evaluation indicate that the backlog of open OWAs has steadily increased since August 1994. However recent increased attention and involvement by management personnel have effected improvements in tracking, statusing, scheduling, classifying and closing of OWAs. These improvements have been reflected in a reduced rate of increase in the backlog during September - November 1995. Approximately twenty additional OWAs of 104 that were open at the end of November, are scheduled for completion of evaluation or corrective action by the end of December 1995. The improvements described above and the management attention being given to OWAs should result in continued reduction of the backlog; however, this program is not currently defined in any plant procedures. Revisions to existing procedures should be performed to add administrative guidance that will maintain an appropriate level of attention to OWAs.

This evaluation was accomplished through reviews of the STAR database open OWA STARs, OWA closure documentation in the September - November 1995 timeframe, and by interviews of appropriate site personnel. Review of the STAR database revealed the previously described increasing trend in the backlog of open OWAs. The backlog increased steadily from 9 items at the end of August 1994, to 104 at the end of November 1995. During the months of September - November 1995 the rate of the backlog increase dropped significantly as compared with previous months; in addition as described above, approximately twenty other OWAs are scheduled for completion of corrective action or evaluations by year's end. This improvement may be attributed to:

- Use of a skyline database to provide an accurate and visual status of OWA items at lead team and daily STAR meetings,
- Inclusion of OWAs in the Significant Material Deficiency Reports that are distributed to management monthly,



- Improved definition and scope used to classify an item as an Operator Workaround,
- Completion of outage related items, and
- Increased management attention and support.

A revision to the definition and scope of an OWA was necessary to reduce the number of operator preference items being classified as operator workarounds. The definition of an OWA as delineated in AP-0010120 was determined by plant staff to provide too broad a scope and to allow classification of some deficient items as OWAs when they were actually operator preference items. The use of these tools and continued emphasis by management should result in a continual decrease of the OWA backlog.

During review of the STAR database it was difficult to determine the corrective action status of open items; however, this status is being accurately tracked and administered using a skyline database maintained by the Operations Support and Testing group. Since the Operations Support and Testing database is the primary tool used to administer the OWA program, Quality Assurance believes that the methods established for tracking the status of an OWA during corrective action implementation and follow-up through item closure meets the requirements of the Quality Assurance Manual, TQR 16.0.

A review of OWA STARs closed during September - November 1995 indicated that the items were closed only after follow-up and concurrence by Operations supervision. Interviews with site personnel indicate general satisfaction with the closure actions taken. Where appropriate root cause was determined, steps to prevent recurrence were taken.

The above reviews indicate that management is aggressively pursuing correction of Operator Workarounds and the corrective action taken is concurred with by the Operations staff.

Performance Monitor: C. E. Norris

PMON 95-75 was conducted to evaluate the St. Lucie Plant Special Nuclear Material Control Program. The criteria utilized included 10 CFR 70 and the NRC Inspection Procedure 85102 "Material Control and Accounting - Reactors." This evaluation was conducted through interviews, review of records and procedures, verification of data transfer and a physical inventory of accessible areas. The result of this review indicates that there is improvement needed to bring this program into compliance with requirements contained in the Code of Federal Regulations.



A walkdown and inventory of Special Nuclear Material (SNM) was conducted. This included a review of those areas that are authorized for the storage of SNM. 10 CFR 70 requires that licensees designate Item Control Areas (ICA) in which physical and administrative controls are maintained. At present there are 11 such areas authorized for storage of Special Nuclear Material. During this PMON, non-fuel SNM stored in these areas was accounted for by inspection or review of records. The documentation used to record the movement of SNM was adequate on an overall basis, but a specific review determined that on 4 occasions, SNM was documented to have been stored in the I&C Hot Shop, an area not authorized for storage of SNM. This is a repeat finding and is documented in Finding 2 below.

Documentation of fuel movement was found to be adequate. Five new fuel bundles were selected and tracked to the Unit 2 reactor during the present refueling using the Reactor engineering procedures and the NRC 741 forms. The last 2 inventories for each unit were reviewed and found to be adequate and have been performed within 12 months of each other as required. An independent core verification of the Unit 2 reactor after refueling was conducted by Quality Assurance. This check involves an observation by camera of the location and orientation of each fuel assembly and control element assembly.

A review of the Material Balance Report (NRC742) for the period 4/1/95 and 9/30/95 was performed to verify compliance to the requirements of 10 CFR 70. NRC 741 forms for the new PSL-2 fuel and 4 new wide range fission detectors were compared to the information contained in the Material Balance Report prepared by Reactor Engineering and Nuclear Fuels. The new fuel information was found to be satisfactory but the fission chamber information was found to be inaccurate. The report indicated that there were 14 grams of SNM provided to FPL from Gamma-Metrics, but in fact there were 4 fission chambers of 7 grams each for 28 grams. See Finding 2 below.

St. Lucie Technical Specifications for Unit 2 require a sealed source leak test within 31 days of installation for new wide range detectors in nuclear instrumentation. During the Unit -2 outage a review of plant records was conducted to verify that these leak tests had been performed. Records of these tests were not available when requested and there was uncertainty as to whether or not the tests had been performed. Subsequently, information was recovered by Health Physics which enabled the test results to be established. The requirement to perform these tests is not properly addressed by plant procedures. STAR 951973 was generated by QA to document this condition. See Finding No.1

During this review the copy of the Special Nuclear Material Control Manual in Reactor Engineering was found to be out of date. See Finding 2.

Performed by : J. Walls



Maintenance:

PMON 95-067 was conducted to review and evaluate welding activities for compliance with site procedures and the FPL Nuclear Welding Control Manual. This Performance Monitoring activity reviewed aspects of the site welding program and was specifically focused on the Unit 2, Cycle 9 refueling outage.

The conduct of this PMON involved random and periodic surveillance of field activities. In order to substantiate proper work prescriptions, qualifications and administrative controls, documentation such as procedures, permits, weld travelers, material requisitions, welder qualification reports, and NPWO packages was reviewed. In general, adherence to site procedures was verified for welding administrative and process controls.

Field welding was observed for Anchor Darling valve replacements, various secondary plant welding on the Feedwater system, Main Steam instrumentation, and structural welding. Tours were conducted of Construction Services and Mechanical Maintenance fabrication facilities. Tours were conducted of the weld material issue areas (F4 and Construction Services) for proper control and issue of weld rod. These areas were found to have weld material properly stored, segregated and identified.

Approved welder qualification lists were reviewed at applicable locations and verified to be current. Active material traceability listings were also present and stored material was verified to be contained in these listings. Copies of weld material issue slips (WMRRs) were properly maintained. Welding NPWO information was traced from sample weld issue slips to the work locations and found to be satisfactory. Weld rod was found to be properly controlled in the field. NPWO packages reviewed at the work locations were found to include necessary welding documentation. Verification was performed that parameters specified by the Welding Procedure Specification (WPS) were maintained during welding. Review of welding activities and discussion with QC personnel verified that QC hold points are being adhered to.

The FPL Welding Control program was verified to be implemented by site procedures and welding activities were performed as required by these documents. No unsatisfactory conditions were found as a result of this review.

Performance Monitor: R. J. Walcheski



Services/Engineering:

PMON 95-074 was initiated to evaluate the St. Lucie Plant Security Force (SF) implementation of activities to safeguard the plant during a Protected Area intrusion drill conducted at the plant site. These activities included:

Drill control and evaluation.

Determination of threat significance.

Direction and deployment of security force and response team personnel.

Initiation of the St. Lucie Plant Safeguards Contingency Plan.

Notification and request for support from the Local Law Enforcement Agency.

Coordination of SF and LLEA activities.

Security Drill Initiation and Control

The initiation and control of the drill was accomplished in a satisfactory manner. The Nuclear Plant Supervisor (NPS) was informed of the drill prior to its initiation in accordance with the requirements of Security Force Instruction 6, "Security Operations Office." Drill planning by the Security staff considered the safety of personnel both on and off the plant site. To reduce the surprise to, and possible interference from bystanders, non-participating personnel in the area of the drill were informed by security training personnel that a security drill involving response by local authorities would be conducted. The drill involved part of Big Mud Creek and required the use of a boat to contact and inform some of the non-participants. Security had previously arranged with Land Utilization for the use of a safety boat to patrol the creek prior to and during the initial stages of the drill. Use of a safety boat during drills involving the waters surrounding the plant site is considered a good practice.

Self Assessment Practices

Security supervision was present throughout the drill and the follow up critique. Supervision actively participated in observation of the activity to determine where changes to response tactics, plant physical characteristics and drill control could be made to improve physical security at the St. Lucie Plant. This involvement by Security supervision is an excellent example of the effective use of a self assessment opportunity.



Security Force Effectiveness

Direction of the Security Force by the Security Shift Specialist (SSS) and the Security Shift Operations Officer (SSOO) provided effective placement of the response teams. The teams were positioned between the adversaries and the vital areas of the plant as specified in the St. Lucie Plant Safeguards Contingency Plan and its implementing procedure SP-000627. This response provided sufficient delaying action to allow time for responding local law enforcement agencies to reach the site prior to a breach of protected or vital areas by outside intruders. Plant management personnel were periodically updated (simulated in some cases) on the event status by the SSS as required by SP-000627. This updating activity provided the Nuclear Plant Supervisor (NPS) with sufficient information to direct the operational response of the plant during the event. The SSS also acted as the Single Point of Contact (SPOC) for the site. Use of the SSS as a SPOC provided for a smooth and accurate transfer of information to and from the LLEA.

The activities of the Security Force during the drill were conducted in accordance with the requirements prescribed in implementing procedures. The response capabilities demonstrated should be effective in preventing intrusion during an actual threat to the site by an outside adversary.

Performance Monitor: C. Norris

Summary of QC Surveillance Results:

A total of 57 QC Surveillances were conducted by plant QC during the month of November. 19 unsatisfactory conditions were and documented on PSL STARS for Corrective Action. Details can be provided upon request.



Finding No. 1

Criteria: Unit 2 Technical Specifications Paragraph 4.7.10.2-C

"Startup sources and fission detectors - Each sealed startup source and fission detector shall be tested within 31 days prior to being subjected to core flux or installed in the core and following repair or maintenance to the source or detector."

Finding: Procedures for replacement of the Unit-2 wide range nuclear instruments did not provide for the conduct of Technical Specification required sealed source leak tests of the fission chambers within 31 days of installation. Personnel involved with replacement activities were not cognizant of this requirement.

Discussion: Replacement of all four channels of Wide Range Nuclear Instrumentation was performed during the PSL-2 outage. These excore detectors contain a fission chamber that requires a leak test as described in Unit 2 Technical Specifications within 31 days of maintenance or installation. (This is a Unit 2 specification only) During preparations to install the A&C channel detectors an inquiry was made by QA regarding the fulfillment of the leak test requirement. Subsequent discussion with Health Physics indicated that a survey had been performed of the B&D channel detectors upon removal from the warehouse but a leak test had not been completed as outlined in HP-43 "Leak Testing & Inventory of Radioactive Sealed Sources."

Personnel interviewed were not cognizant at the time that the survey was performed that a Technical Specification surveillance was required. The survey consisted of a field survey and a general contamination survey. STAR 951973 was issued by QA to document this problem. The A&C channel detectors were properly leak tested prior to installation. In-House Event 95-096 was initiated by the plant to investigate this issue. It was later determined that the field survey and contamination survey that had been performed provided the information necessary required to verify a satisfactory leak test. The surveillance documentation required by Technical Specifications was subsequently completed.

Procedures applicable to the installation of detectors were reviewed. These procedures include: 2-IMP-64.01 "Excore Neutron Detectors Removal and Installation" and I&C 1200060 "Fission Chamber Acceptance Test." No reference to leak testing was found in I&C IMP-64.01. The prerequisites for this procedure require that procedure I&C 1200060 be completed. Procedure I&C 1200060 indicates that a leak test is required on Unit 2 but does not indicate that this test is a Technical Specification surveillance requirement.



Discussion with I&C Supervision indicated that procedure I&C1200060 is no longer used because the new wide range detectors are made by a different manufacturer. Installation of the new detectors was performed using a Work Order generated from information contained in the detector changeout PC/M. This document did not indicate the need for the source leak test. Compliance with the requirements of this technical specification was through good fortune rather than intent.

Recommendation:

1. Revise procedures applicable to installation and maintenance of nuclear instrumentation to ensure that sealed source leak test are initiated when required. Designate the applicable steps in these procedures with the asterisk used to denote Technical Specification requirements in plant procedures.
2. Provide necessary training to the personnel who perform nuclear instrumentation installation and maintenance activities.



Finding No. 2

Criteria: 10 CFR 70.58 Fundamental Nuclear Material Controls

(d) Material Balance Areas (MBA) or Item Control Areas (ICA) shall be established for physical and administrative control of nuclear material.

- (1) Each MBA shall be an identifiable physical area such that the quantity of nuclear material being moved into or out of the MBA is represented by a measured value determined pursuant to paragraph (e) of this section.
- (2) The number of MBAs shall be sufficient to localize nuclear material losses, or thefts and identify the mechanisms.
- (3) The custody of all nuclear material within any MBA or ICA shall be the responsibility of a single designated individual.
- (4) ICAs shall be established according to the same criteria as MBAs except that control into and out of shall be by item identity and count for previously determined special nuclear material quantities, the validity of which shall be assured by tamper-safeing unless the items are sealed sources"

AP 0010433 Special Nuclear Material Control Records and Reports Rev. 30
paragraph 8.7

List of approved storage areas at PSL and the personnel responsible as custodians

10 CFR 70.53 Material Status Reports

(a)(1) "Each licensee who is authorized to possess at any one time and location special nuclear material in a quantity totaling more than 350 grams of contained uranium-235, uranium-233 or plutonium, or any combination thereof shall complete and submit material balance reports as required by § 74.13(a)(1) of this chapter."

10 CFR 74.13 Material Status Report

(a)(1) "Each licensee who is authorized to possess at any one time and location special nuclear material in a quantity totaling more than 350 grams of contained uranium-235 uranium-233 or plutonium, or any combination thereof shall complete and submit to the commission (on DOE/NRC Form 742, Material Balance Report)



material balance reports concerning special nuclear material received, produced, possessed, transferred, consumed, disposed of, or lost by it."

TQR 6.0 Document Control Para 6.3.2

"Each recipient of a controlled document is responsible for ensuring that the appropriate latest revision is being used"

Finding: Three deficiencies relating to the requirements for control of Special Nuclear Material were identified:

- A. Review of the Special Nuclear Material Control Forms for the recent replacement of the excore fission chambers indicates that the fission chambers were transferred to the I&C Hot Shop, an area that is not authorized by procedure. This is a repeat finding.
- B. Review of the Material Balance Report for the period 4/1/95 to 9/30/95 for St. Lucie Plant identified a discrepancy in the accounting of Special Nuclear Material as documented on NRC Form 741 and NRC Form 742.
- C. The Special Nuclear Material Control Manual in use by Reactor Engineering was found to be out-of-date.

Discussion: A. During the course of this PMON a review of Special Nuclear Material Control Forms was conducted. These forms document the movement and storage locations of SNM. A review of the forms, completed to track the location of the new Gamma-Metrics fission chambers (Wide range nuclear instrumentation), indicates that various chambers were logged as being located/stored in the I&C Hot Shop for periods ranging from 2 to 62 days. This location is not a listed, approved location within AP0010433.

Quality Assurance Audit Report QSL-OPS-94-26 dated 12/20/94 identified a finding concerning storage of nuclear instrumentation containing Special Nuclear Material in storage locations not approved by AP 0010433.

This is a repeat Finding. Corrective Action for the previous Finding was inadequate.



- B. A comparison of the NRC Forms 741 for the wide range detector assemblies S/N #008, 009, 010 and 011 received from Gamma-Metrics Inc. versus the combined information prepared by FPL and recorded on NRC Form 742 for isotopic weights of Special Nuclear Material received during the reporting period was conducted. The Gamma Metrics detectors were listed as 7 grams isotopic weight each of U-235 on the Form 741 that accompanied the detectors to St. Lucie Unit 2 on 9/5/95. The material balance report (NRC 742) for the period of 4/1/95 to 9/30/95 shows only 14 grams received from symbol XXS, which is Gamma-Metrics. The actual amount of material received was 28 grams.

In this regard it is noted that the amount of new fuel received (1,384,571 grams isotopic weight) as listed on the NRC Form 741 was adequately carried forward by FPL to the NRC Form 742.

- C. The SNM Control Manual in the possession of PSL Reactor Engineering was found to be out of date. The Reactor Engineering SNM Manual was Revision 7. Revision 8 had been issued in July of 1995. No individuals currently within the Reactor Engineering organization were found to be listed on controlled distribution for the SNM Manual. The previous Reactor Engineering Supervisor was still on controlled distribution, although not on St. Lucie Plant site.

Recommendations:

Note: A comprehensive corrective action effort for this finding is warranted based on the repeat nature of some of the identified issues.

1. Conduct a review of the training of St. Lucie personnel who have SNM responsibilities to verify that they have received information necessary to maintain compliance with applicable regulations and site procedures.
2. Review areas approved for storage of SNM at St. Lucie for adequacy and completeness. Review plant practices and needs and consider establishing additional locations for storage if warranted.
3. Review the Material Balance Report NRC Form 742 for the period 4/1/95 through 9/30/95 and amend as necessary. Review previous reports of this type to establish that the case described in this report isolated problem.



4. Place PSL Reactor Engineering on controlled distribution for the SNM Manual. Review AP 0010433 to ensure that the requirements of Revision 8 of the SNM Manual have been incorporated into this procedure.



Finding No. 3

Criteria: 10 CFR 20.1501 General

- (a) "Each licensee shall make or cause to be made, surveys that-
 - (1) May be necessary for the licensee to comply with the regulations in this part; and
 - (2) Are reasonable under the circumstances to evaluate-
 - (I) The extent of radiation levels; and
 - (ii) Concentrations or quantities of radioactive material; and
 - (iii) The potential radiological hazards that could be present.
- (b) The licensee shall ensure that instruments and equipment used for quantitative radiation measurements (e.g., dose rate and effluent monitoring) are calibrated periodically for the radiation measured."

HPP-20 Area Radiation and Contamination Surveys, Revision 1

Paragraph 7.1-4,

"Areas shall be posted and previously posted areas shall be updated by personnel performing surveys. Such postings and updating shall be noted on the survey maps and forms before the maps are approved."

Paragraph 5.3,

"Prior to use survey instruments shall:

- 1. Bear a valid calibration sticker
- 2. Pass a battery check
- 3. Pass a daily response check
- 4. Be logged out on the Instrument Issue Log, Form HPP-13A.1"

Finding: During several tours of the RCA and Containment it was determined that: 1) not all postings were shown on routine (updated) radiation and contamination surveys 2) not all instruments were being properly logged out.



Discussion: During the Unit 2 refueling outage the Health Physics Department and Radiation Protection Program of St. Lucie Plant was monitored for compliance to applicable plant procedures and the Technical Specifications. This monitoring included tours of the Radiation Controlled Area (RCA) including the Reactor Containment Building (RCB). The tours consisted of review of selected Radiation and Contamination surveys, review of Radiation Work Permits (RWPs), attendance of pre-job briefings and walk down of the areas selected.

The following problems related to survey map postings were identified during this review:

1. Review of survey maps for the containment found that the survey map for the 18' Elevation did not provide all of the posting information required by procedure. This survey was conducted on 10/9/95 at 0415 and indicated a High Radiation Area around the loop penetrations at the primary shield wall. These areas cannot be locked. Technical Specifications allow conspicuous postings and flashing lights to be used for areas of this type. These measures were in place, however, the survey maps for this elevation did not indicate these methods of control. This condition was again noted on 10/31/95
2. On 10/28/95 a survey of the reactor head sitting on its mount indicated a contaminated area of 120,000 dpm/100cm sq. HPP-20 Area Radiation and Contamination Surveys: Paragraph 7.6-2-b states that "Any area containing removable contamination in excess of 100,000 dpm/100 cm sq. should be posted as Highly Contaminated Area." This area was not posted as recommended.
3. On 11/1/95 the following areas were found deficient based on the surveys and tour of the areas:
 - a. Postings for "Radiation Area" were not indicated on the survey form for HPSI/Containment Spray Pump Room entry doors - general area fields in these areas are greater than 5mr/hr.
 - b. A "Contaminated Area/RWP Required" posting was not indicated on the survey form for the stairway to 2B HPSI/Containment Spray Pumps.
 - c. The 2B LPSI Pump Room survey did not indicate the following posting found during the tour: a roped off area with a stepoff pad



was found posted as "Contaminated Area / RWP Required" for entry next to the 2B LPSI Pump.

- d. The LPSI hallway to the piping tunnel was required to be posted as a "Radiation Area." This area was in fact posted on the door, but the door was open not allowing the posting to be seen. The HP technician stationed nearby was notified of the problem and posted an additional sign over the doorway.
4. On 11/7/95 the RCA was toured and selected surveys were reviewed. Surveys dated 11/5, 11/6 and 11/7/95 for the 18' & 23' elevation of the Containment Building were reviewed. The results of the review indicated additional examples of the problems noted above.

The following examples of non-compliance with the requirement to log instrument use on HPP-13A.1 were identified:

1. On 10/31/95 a review was performed of the Instrument Issue Log. During this review ten instruments were found to have been logged back into the instrument issue log in over the previous 24 hours. One instrument had been logged out for three days. HP Shift supervision indicated that contractor technicians were allowed to check out the instruments for a period of time and not required to log them back in daily. It is not clear how daily source checks are performed and documented under these circumstances. Further review of the log identified that the same instrument was sometimes checked out by other personnel on or before being logged back into the system.
2. Teletector rate meters had only partial information entered in a copy of the log located in the M&TE lab in the Blowdown Building. No entries were made in the log in the M&TE issue area. The entries made included those for the battery check, source check, calibration check and instrument serial number. The entries did not include the identity of the person using the instrument, location of use, and time that the instrument was logged in and out.
3. It was identified on 10/13/95 that two instruments (RO2A S/N 1794 & 2000) had been checked out on the 10/10/95 and had not been returned to the check out area daily for a source check. The Health Physics Supervisor was notified of this problem. The Health Physics shift turnover was attended



(from days to peaks), this issue was discussed and corrective action was implemented by the next shift.

All of the above issues were brought to the attention of the HP shift supervisors upon discovery. STAR #951817 was issued during the audit to obtain immediate corrective action for some of the noted items.

Recommendations:

1. Reemphasize the procedural compliance requirements of QI 5 PR/PSL-1 with all HP personnel.
2. Review the training given to Health Physics personnel to determine the need for additional guidance on proper completion of survey maps.



Finding No. 4

Criteria: OP 0010122 In-Plant Equipment Clearances Orders, Rev. 59, 60, 61.

Paragraph 4.18

"Only personnel listed in accordance with Administrative Procedure 0010116
"Personnel Authorized to Hold Clearances" shall be allowed to hold clearances."

Paragraph 5.17

"It is the operator's responsibility when executing the clearance order to enter the date, time, and sign the clearance order tags when hanging the clearance order."

Paragraph 8.1.5

"Prior to authorizing removal of safety related equipment from service, the NPS/ANPS/NWE shall review the Clearance Index, Out-of-Service Log and Jumper/Lifted Lead Log to determine if the redundant equipment has been removed from service."

Finding: Several discrepancies were identified regarding the administrative requirements for control of Equipment Clearance Orders.

Discussion: During the Unit 2 refueling outage the clearance control process was monitored for compliance with applicable plant procedures. The following discrepancies were identified:

1. A list of those personnel contained in the Work Control Group (WCG) computer program as having authorization to hold clearances was compared with the Operations Supervisor's Authorized Clearance Holders letter of 8/28/95 and temporary clearance holder authorization forms maintained by the WCG. It was identified that 14 individuals listed in the computer program as authorized to hold clearances did not have the necessary paperwork to confirm that authorization.
2. During a walk-down of E.C.O. #2-95-09-284, it was identified that tag #18 had not been signed when hung. Operations Supervision was notified of this condition and it was promptly corrected.
3. The procedure requirement to review the Out-of-Service and the Jumper/Lifted Lead Logs is not being accomplished prior to authorizing



removal of safety related equipment when the clearance is generated by the WCG. This is due to the OOS and J/LL logs being maintained separate from the WCG in the respective Control Rooms.

All of the above issues were brought to the attention of Operations Department supervision. STARs 951654 and 951771 were issued during the audit to address issues #1 and #3 respectively. As mentioned above, Operations Department supervision was notified of issue #2 when identified and corrective actions taken.

Recommendations:

This finding must be responded to in the manner described in the cover letter. The following recommendations are offered for your consideration.

1. Review Operating Procedure OP-0010122 to insure that all requirements are being met with regard to the WCG and their remote location from the Control Rooms.
2. Provide necessary training to personnel involved with the Equipment Clearance Order process.



Summary of Independent Technical Review (ITR) Activities

This information is provided in accordance with T.S. 6.5.2.11.d. It is current for November 30, 1995.

I. Summary

No ITRs were complete/issued during November. Consequently, no items which warrant CNRB attention were identified.

II. The following ITRs are currently in progress:

- I95-023 "Review of Operator Personnel Error Corrective Action"
- I95-022 "PSL Maintenance Rule Program"
- I95-021 "Review of INPO Significant Operating Experience Report (SOER) 95-1 and Assessment of Foreign Material Exclusion Program and Practices During the 1995 PSL Unit 2 Refueling Outage"
- I95-020 "Assess the Adequacy of Operator Logs and Associated Log Keeping"
- I95-018 Initial Review of LER 335/95-003 (Revision 1), "Automatic Reactor Trip During Turbine Overspeed Testing due to Personnel Error"
- I95-012 "Review of NUREG/CR-6144, Evaluation of Severe Accidents during Low Power and Shutdown Operations at Surrey Unit 1"
- I95-010 "Review of Plant Trip due to Personnel Error During Turbine Trip Test on PSL-1" (LER 335/95-003)

II. No ITR recommendations were issued during November.



Audit Participants:

<u>Name</u>	<u>Department/Group</u>	<u>PMON No.</u>
C. Wood	Operations	66
R. Lamb	Operations	66
D. Emling	Operations	66
J. Hauger	Operations	66
A. Kimpel	Operations	66
B. Nichols	Operations	66
S. Sumners	Operations	66
B. Jorgensen	Operations	66
M. MacClellan	Operations	66
T. Barnes	Operations	66
G. Mulcahy	Operations	66
P. Fulford	OPS Support & Testing	73
C. Wood	Operations	73
P. Hileman	Engineering	73
M. Williford	Licensing	73
R. Olsen	I&C	75
L. Hiegel	I&C	75
H. Buchanan	Health Physics	75
H. Mercer	Health Physics	75
A. Wier	Health Physics	75
R. McCullers	Health Physics	75
L. Large	Health Physics	75
V. Munee	Health Physics	75
D. Cooper	Health Physics	75
W. Mead	Reactor Engineering	75
J. Rogers	Reactor Engineering	75
W. Parks	Reactor Engineering	75
R. Kline	Reactor Engineering	75
T. James	JPN Doc Cont	75
W. Woodard	QA	75



Audit Participants:

<u>Name</u>	<u>Department/Group</u>	<u>PMON No.</u>
J. West	Operations	75
J. Scarola	Plant Manager	75
C. Burton	Services Manager	75
C. Geier	Mechanical Maintenance	67
G. Rodgers	Mechanical Maintenance	67
D. Jacobs	Mechanical Maintenance	67
R. Hawley	Quality Control	67
G. Ingram	Quality Control	67
J. Kunkle	Construction Services	67
G. Mabry	Mechanical Maintenance	67
W. White	Security Supervisor	74
N. Miller	SBI Project Manager	74
R. Czarnecki	Security Operations Supervisor	74
S. Plantz	Security Training Specialist	74



Pre-Audit Notification:

Location: St. Lucie Plant

Date: November 1, 1995

Post-Audit Conference:

Location: St. Lucie Plant

Date: January 4, 1996

Summary of Post-Audit Conference:

The results of the Performance Monitoring activities inclusive of the findings and recommendations were discussed with the attendees. Personnel in attendance agreed that the findings were valid and that Corrective Action would be initiated.

Personnel in attendance were:

J. Scarola, J. West, W. Parks, H. Mercer, L. Bladow, J. Voorhees, J. Walls, L. Bearror

Location of Audit:

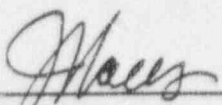
St. Lucie Plant



Accompanying
Auditors:

J. Walls, L. Bearror, C. Norris, R. J. Walcheski

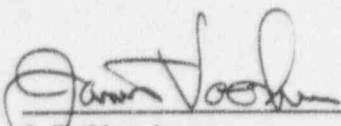
Principal
Auditor:



J. J. Walls
Quality Assurance - PSL

1-10-96
Date

Reviewed by:



J. T. Voorhees
QA Supervisor - PSL

1-10-96
Date



QUALITY ASSURANCE DEPARTMENT CORRECTIVE ACTION STATUS

ITEM IDENTIFICATION

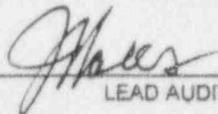
Audit Report No. QSI-OPS- 95-22 Finding No. 3 Report Date: 1/10/96

ORGANIZATION/INDIVIDUAL RESPONSIBLE FOR RESPONSE:

Response Due Date: 2/10/96

REPORTABILITY:

The item identified above _____ is/is not X potentially reportable in accordance with 10 CFR 21 or as a reportable occurrence (LER).



LEAD AUDITOR

See paragraph 5.2.2.b of QI 16 QAD 4 for instructions if the item is potentially reportable in accordance with any to these requirements.

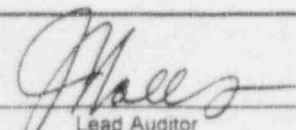
STATUS:

(Include: Date of Entry; Reference Objective Evidence If Any; Initials)

1/12/96 - Issued STAR # 960132, awaiting response 

2/12/96- Received response, review of response has found it acceptable and follow up of the corrective action implementation will be performed during the next refueling outage. The corrective action was completed on 12/6/96 

FINAL DISPOSITION:

Closed and Verified:  _____
Lead Auditor

2/19/96
Date

Reviewed and Approved: _____
QA Supervisor/Manager


Date

470408 1P3

ST. LUCIE ACTION REPORT

(STAR)

IDENTIFICATION SECTION

Date 1/12/96STAR # 960132Person/Department Initiating J. WallsUnit 0

Description

Not all postings (HP) were shown on routine
(updated) radiation and contamination surveys
and all not all instruments were being properly
in logged out.

System _____

Component ID _____

Individual Notified BUCHANAN/MERCIER

Location _____

Operator workaround ☐Non-Conformance ☐ Yes ☒ No

If Yes, requires NPS notification

Name of NPS Notified _____

ORIGINATOR

References

(ie, NRC Correspondence #, Audit Report,
Drawing #, personnel observation, etc.)

QA Audit QSL-OPS-95-22 Finding #3
Continued from Star 951817

Actions

1. Were any steps taken to mitigate? ☒ Yes ☐ No2. What were they and were they successful? Procedure changes were conducted - see
attached finding

3. Suspected cause of condition if known. _____

4. Recommendation to correct and department responsible. Review process and Federal code
requirements and change procedures as required. Document
reasons for corrective action - see attached findingDepartment Head Signature [Signature]Date 1/12/96 Do you require approval to close? ☒ Yes ☐ No

REVIEW/APPROVAL

1. Assigned Department HP

2. Root Cause

NP-700 ☐ Plant Problem Report ☐ Investigate and Correct ☐Technical Subcommittee Review Required ☐ Operability Assessment Required: JPN ☐ OPS ☐ SCE ☐3. Nuclear Network ☐ Yes ☐ No4. Completion: 1 2 3 4 5
Priority ☐ ☐ ☒ ☐ ☐Is item a mode hold? 1 2 3 3/1750 4 5 Train Swap
☐ Yes ☒ No ☐ ☐ ☐ ☐ ☐ ☐Required Commitment Date: 2/12/96

Assigned Outage: _____

Comments: _____

Signature _____ Date _____

Do you require approval to close? ☐ Yes ☐ No

PGM

CODES

Event Initiator Code _____ System Code _____ Causal Factor Code _____

ST. LUCIE ACTION REPORT

(STAR)

CATION SECTION

Initiating J Walls / SA Date 11/14/95

STAR # 951817

Unit 2

System —

Component ID —

Individual Notified Buckman

Location —

Operator workaround ☐

Non-Conformance ☐ Yes ☒ No

If Yes, requires NPS notification

Name of NPS Notified —

(ie, NRC Correspondence #, Audit Report, Drawing #, personnel observation, etc.)

95-70

Is taken to mitigate? ☒ Yes ☐ No

Why and were they successful? temporary

Use of condition if known. See attached

Action to correct and department responsible. See attached
Chawan has a copy & is working on corrective action.

Signature Wes Blader Date 11/15/95 Do you require approval to close? ☒ Yes ☐ No

APPROVAL

Department HP - Buckman Dac/Long

Problem Report ☐ Investigate and Correct ☐

Committee Review Required ☐ Operability Assessment Required: JPN ☐ OPS ☐ SCE ☐

Is ☐ Yes ☒ No

Is item a mode hour? ☐ Yes ☒ No 1 ☐ 2 ☐ 3 ☐ 3/1750 ☐ 4 ☐ 5 ☐ Train Swap

Assignment Date: — Assigned Outage: —

Signature Search Date 11/15/95 Do you require approval to close? ☐ Yes ☒ No

Initiator Code — System Code — Causal Factor Code —

Audit 95-22

Malles

PM 95-065 NOTES

10/9/95 0800 - Toured RCA for posting of rad. matl. areas, locked high rad. areas in RAB are locked as required(the doors were checked to be lockable and the lock functions to require a key from the outside but can be opened from the inside by the turn of a knob. this knob cannot be reached from the outside as checked on a few of the doors), tags on bags (tags labeled, information on tags describe information as required, tags are as required). The areas toured today were: Unit 2-RAB 19.5 ft. elevation hallway, outside the u2 fuel building, the back yard including around the blowdown building, u2 containment maint. hatch area, u1 RAB 19.5 ft elevation hallway, u1 containment personnel entrance area, u1 electrical penetration rooms. All areas were considered satisfactory.

Reviewed the results of the first surveys of the containment and found the Elevation 18 ft did not provide sufficient posting information as required by the procedure. This survey was conducted on 10/9/95 at 0415.

Obtained copies of the qualification of junior techs for further pmon of HP.

Also toured RCA on both units for use of TLD and Merlin Observed entrance of RCA for personnel use of check in stations- All observations were satisfactory.

1330 - Reviewed the 50.59 for refueling activities to correct the FSAR minor comments were give to C. Wasik. This must be taken care of prior to mode 6.

1300 Attended the generic pre-job briefing and verified the inclusion of use of safety gear in contaminated areas to satisfy STAR # 951051 and signed off the QA check.

DATE: OCTOBER 10, 1995 DAY SHIFT

0800 - REVIEWED HPP - 20 R 1 for valid requirements for posting verification. The requirements are as follows: ¶ 7.1-4 "Areas shall be posted and previously posted areas shall be updated by personnel performing surveys. Such postings and updating shall be noted on the survey maps and forms before the maps are approved." Went to the RAB to review the latest surveys of the containment and found additional surveys that did not document verification of surveys. Talked to A. Wier about the issue and reviewed the procedure with him. He agreed with my observation and started to contact the HP techs to reinforce the requirement with them. This issue will be continually monitored.

While at the HP area I verified the RWP for our use is 95-3315. A copy is posted on our outage bulletin board.

Reviewed the following RWPS for consistency with the surveys and clothing requirements: 95-3001-CEDM ductwork, 95-3013-open/close equipment hatch, 95-3018-remove/replace pzm missile shield, 95-3111 xmitter calibrations, 95-3206-insp., test, PM MOVs, 95-3301-initial surveys, postings, job coverage, All were found to be satisfactory.

It was noted that the first hot particle control survey was conducted today on the lower cavity. No work was performed needing any further surveys for hot particles.

DATE: OCTOBER 11, 1995 DAY SHIFT

0730 Signed off the STAR for refueling 50.59. Checked on STAR for definition of deviation, the procedure went through FRG but has not been issued yet.

Updated checklists for outage.

1300 Toured the RCA on unit 2. Attention to work areas for compliance to HP requirements, postings, rad matl storage and locked high radiation areas. The areas toured were: unit 2 Rx containment building entrance, 19.5 ft hallways, areas around the diesel generator buildings (both units), -0.5ft level hallways, HPSI/LPSI/Containment Spray pump areas, both units drumming rooms and spent resin tank access.

Specific items observed include: temporary work area setup, postings, HP tech present, locked high rad area doors, personnel dress out, logging out of containment, frisking of personnel items prior to leaving the RCA and available instruments were calibrated and date due is not exceeded.

Also checked the respirator issue log. Respirator issue today was performed by Moore, who was verified to be on the Junior training list and documented training for respirator issue was satisfactory.

DATE: Oct. 12, 1995 Day

Received some INPO documents today from JUNO. The package includes an index of the latest publications. These documents will be checked and more information will be given out to everyone at a later date.

Toured the RCA for personnel properly displaying their dosimetry, posting and dress out. Areas toured were: 43ft elev. of RAB (boric acid mixing tk, resin storage and ventilation room), unit 2 drumming room, unit 2 hallway 19.5ft, unit 1 drumming room, unit 2 Containment entrance and back yard. All areas were satisfactory.

Checked respirator issue no resp. were issued today.

Unit 2 containment was closed for safe guards testing.

Date: October 13, 1995 Day Shift

0730 - updating checklist to include INPO criteria.

1400 - Toured the RCA u2 for dosimetry use got to the hallway just inside the RCA when an emergency occurred inside the containment, a person had to be removed due to an apparent heat problem. The gentleman was helped out of the can and pc's were removed frisking indicated that he was not contaminated and he was taken out to the medical center for monitoring. Everything appeared to go satisfactory.

Observations in the area indicated personnel were using their dosimetry properly. Frisking of personnel items was assisted by HP. Personnel monitoring was by use of IPM8.

U2 counting room was toured and review of the instrument check out log was conducted. It was noted that the log was complete except in the following area: Two instruments were checked out on the 10th of this month and were not returned to the check out area daily for source check. A. wier was notified of this problem and said he would take care of this issue. I attended the HP turn over from days to peaks and this issue was discussed and one person involved was on the next shift. The instruments in question are as follows: RO2A ser.#2000

checked out 10/10/95 by Parker and the other RO2A ser.#1794 checked out on 10/10/95. This item will be followed up during the outage.

10/23/95 day shift

Arrived about 0645. Reviewed log and toured the control room. Refueling going slow due to overload problems. Reviewed some TCs Specifically the one involving Multi-badging (2-95-405). Copied the TC and reviewed the FSAR to confirm the TC's 50.59 screening results. The review determined the TC to be satisfactory. Mini ARG at 1000.

Some time after lunch it was determined by operations that refueling would not progress without some review of the problem of overload occurring and holding up progress. Attended the meeting and the bottom line was they would write a PWO to take data using a calibrated gauge to weigh the refueling grapple tool then pick up the TEST weight and take a measurement. Then take the difference to determine the weight of the TEST weight and verify that the data in the procedure is accurate. It seems that we may be using dry weights in a wet atmosphere and the wet weight is .87 of the dry weight.

October 29, 1995 Day Shift

Arrived 0700. Checked in with Outage Management to find out the status. The Refueling Cavity is being drained. It seems that the plug handling tool for the hot leg plug was a problem and caused quite a delay.

The 62 ft elev. of containment is closed off for the time the cavity is drained. Not much else is going on in the CAN.

Toured the RCA to observe the work. Reviewed surveys and checked on postings. Observed personnel wearing their dosimeters properly. Instrumentation available at the containment entry point and the HP station in the -5 ft level of the RAB were calibrated and the due date had not expired. I noted HP personnel in all areas of the RCA involved in the work activities.

The areas toured include: 19 ft and -.5 ft elevation of the Unit 2 RAB, the entire "back yard" area including around the blowdown bld., both drumming rooms, CCW, and diesel/RWT areas. I identified a problem with a survey performed on 10/28/95 of the Rx head setting on its mount. The survey indicated an area of 120k dpm/100cm sq. HPP-20 R 1 "Area Radiation and Contamination Surveys Para. 7.6-2-b requires " Any area containing removable contamination in excess of 100,000 dpm/100 cm sq. should be posted as Highly Contaminated Area". This was not indicated on the survey sheet as required by para.7.1-4 " Areas shall be posted and previous posted areas shall be updated by personnel performing surveys." This was brought to the attention of A. Wier.

Also attended a meeting that provided a walk through of the work to be performed by BWNT to replace instrument nozzles and thermo wells. This included video tapes of their equipment being used on their mock up. HP introduced their day shift personnel that will be assigned to BWNT for the job. The meeting seemed to be helpful especially for HP to provided a good pre-job briefing and coverage of the job.

Verified that R.M. King who issued respirators this date was qualified to issue respirators using the list provided by J. Leifhelm.

10/30/95 Day

Obtained copies of HPP-20 Area Radiation and Contamination Surveys and 0005737 HP Dept Training to continue with the verification of the survey and posting program.

Toured the RCA area on unit 2. Reviewed three previous nights surveys in the CAN. There is still some question as to whether the surveys are verifying every posting or not. The next thing is to take the latest and walk down the entire CAN. Reviewed the respirator issue log, no respirators were issued this day. Reviewed the instrument issue log and found 10 instruments not logged back into the inst. issue in over 24 hrs. The oldest was 10/28/95. HPP-20 requires "§5.3 Prior to use survey inst. shall:...valid cal sticker...batt. check...Pass a daily response source check...logged out on the inst. issue log" This is the second time I noticed this and both times an HP sup was notified. This time V. Munnee. (the other time was A. Wier 10/13/95).

Discussed the problem of surveys and logging of instruments with J. Leifhelm. He indicated that the contractor HPs received training on HPP-20. He quoted parts of the training module and they were word for word from the procedure.

Reviewed the FSAR for HP requirements and found some areas that require changing. They include references to MPC hrs and limits for using types of respirators. Also the fact that we have a common access to the RCA has changed. So I took a copy of each unit FSAR to HFB with a copy of the FSAR change form. I don't think these problems are major but should be looked at. I'll check on them after the outage.

1300 Toured the CAN using the latest survey of 43 ft, 18 & 23 ft. Found the 43 ft level to be as logged in the survey. The 18 & 23 ft levels had the boundaries as indicated on the survey but also there were high rad areas around the loops as they penetrate through the primary shield wall with flashing lights. These were not verified on the survey. The areas of the safety injection trench appeared satisfactory except that the stairwell at the center of the bio shield wall was full of lead blankets with no posting. These items were discussed with A. Wier. He said that he would look into this and talk to me tomorrow after 0900.

Also as we left the 43ft to the 23ft at the maint hatch we were told to leave the area as a 70 R item was going to transit the area. There were no posting or warning until we were in the area. On request we were told a filter was being moved out of the CAN. We continued the tour in other areas. Talked to A. Wier about this issue and he indicated that there was no prescribed method to conduct this activity but it should be conducted to minimize exposure. I consulted HPP-41R1 "Movement of Material and Equipment" and found that he was right. In general movement in the CAN is difficult/congested. All major work is around the loops with no room, and this is the highest area of radioactivity. If you are covering a job be careful and stay in low dose areas if possible.

Nov. 1, 1995 Day

After review of yesterday's work it occurred that the posting in the containment 43ft level may not be proper in that the levels on the 62ft may require flashing lights in addition to the posting and the plug is removed for one of the RCPs giving another opening to the 62ft elev. I'll check with A. Wier today.

0900 Met with Allen Wier to review the status of inst. issue and log maintenance. It appears that the log is not being completed when the insts are used. The log for the next day indicates issue of the same meter with the proper checks so the problem is not checking the inst back in at the close of shift. In the case of the teletector the instruments are checked in the blowdown bldg and issued to the "field" this method is not in accordance with the procedure either. Allen agreed with the fact that this is a procedure problem but wanted to make sure that it was not considered a technical issue.

Obtained copies of the 18/23ft and 45ft elevation surveys to verify that the surveys are being done with posting verification. The surveys were conducted at 0221 on 11/1/95 and contained postings that were observed yesterday when I toured the area.

Discussed the other posting concerns with A. Weir, which were the RCP plug area and should there be flashing lights at the stairs going to the 62ft. He is going to look at these areas and get back with me.

1300 Obtained copies of the surveys for -.5ft RAB - Shutdown Hx, Pipe Tunnel, HPSI and Containment Spray Pumps, and LPSI Pumps. Reviewed the surveys for completion including instrument data, posting verification and survey results. Toured the areas to verify the posting requirements. The following discrepancies were discussed with Allen Wier: postings for Rad. area were not indicated on the survey for HPSI/Cont. Spray Pump Room entry doors - general area fields are >5mr, Contaminated area/RWP required posting not indicated on survey form for stair way to 2BHPSI/Cont. Spray Pumps, Reactor Drain Pump area also not indicated as posted, 2B LPSI Pump Room survey did not indicate the postings found during tour- a roped off area with stepoff pad was found with Contaminated Area and RWP required for entry, and LPSI hallway required to be posted Rad. Area was posted on the door but the door was open not allowing the posting to be seen the HP stationed there was told and the posting was hung over the door. These items were discussed with A. Wier at the end of the day. He indicated that they would be addressed at the shift turn over.

Obtained copies of the personnel contaminations at the Pzr. on 10/29/95 and will follow up on this activity. Left 1600.

November 2, 1995 Day Shift

Reviewed the contamination reports for 4 individuals working at the pzr. Talked to Barb Johnson about these reports and asked to see any additional documents. She indicated that the files for these would be complete by Monday, and give her a call.

1300 Toured the RCA on both units. Reviewed the surveys for Unit 1 RAB. Found the surveys to be adequate except for 1A LPSI. The survey indicated rad field of >5mr throughout the room and is not posted Radiation Area. It was indicated by A. Weir that the posting was on the door to the hallway. This is not acceptable because as the procedure HPP-20 says ¶7.1-

2E"Enough survey points should be included to verify the way the room is posted.", the hallway is not the boundary and the door must be posted. This will be another example of procedure compliance.

11/7/95 DAY SHIFT

Toured the HP area of unit 2. Reviewed the surveys for 18 & 23 ft elevation of the CAN. Still have problems with verifying the postings in the area of the survey. Checked the instrument check out log and found 4 inst. not logged on return.

11/20/95 Day

Toured the containment 1000-1100. Noted such things as red flashing lights still functioning, HP stations still maned, postings in place and barriers in place. There was not much work being performed, anywhere. Personnel in containment were observed in proper dress. Obtained additional document review of the results of the dose assignment of 4 workers at the PZR. I need to review the entire file for each to verify dose assessment. maybe at end of outage.

FPL QUALITY ASSURANCE DEPARTMENT AUDIT CHECK SHEET

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SUBJECT: HEALTH PHYSICS - RWP COMPLIANCE 4

AUDIT NO. QSL-OPS- 95-22

AUDIT DATE: OCTOBER 1995

REFERENCE CRITERIA: 10 CFR 20, HPP-1 R2 Radiation Work Permits

PMON 95-65

	ITEM	REFERENCE DETAILED CRITERIA	EVALUATION	COMMENTS
1.	Verify that persons working under an RWP are: 1. Following the instructions contained on the RWP. 2. Not knowingly violating the conditions or instructions. 3. Attends required pre-job briefing prior to the start of work. 4. Not modifying the conditions or job description without the approval of job supervisor and HP and NPS. 5. Proper use of P.C.s and resp. equipment. 6. Notify HP of any spill or change in radiological conditions.	15.10 17.1-4	<i>Set</i> <i>✓</i>	10/9/95 Toured RCA on both units for use of TLD and Merlin Observed entrance of RCA for personnel use of check in stations- All observations were satisfactory. Attended the generic pre-job briefing and verified the inclusion of use of safety gear in contaminated areas to satisfy STAR # 951051 and signed off the QA check. Reviewed the following RWPS for consistency with the surveys and clothing requirements: 95-3001-CEDM ductwork, 95-3013-open/close equipment hatch, 95-3018-remove/replace p2r missile shield, 95-3111 xmitter calibrations, 95-3206-insp., test, PM MOVs, 95-3301-initial surveys, postings, job coverage, All were found to be satisfactory. <i>id see notes enclosed in audit file.</i>

APPROVED BY:

Males

DATE:


10/9/95

	ITEM	REFERENCE DETAIL CRITERIA	EVALUATION	COMMENTS
2.	<p>a. Work Procedures</p> <p>(1) Planning</p> <p>... Planning the radiological aspects of work should be integrated into the stations work planning process and should be the responsibility of job-planning personnel in conjunction with radiological protection personnel...</p> <p>During outages, the radiological protection department should be involved actively with the conduct of the outage to be able to anticipate the need and plan radiation protection activities minimizing their impact on outage tasks.</p>	INPO 91-014 Dec 1991	<i>Sat</i>	<p>10/9/95 Attended the generic pre-job briefing and verified the inclusion of use of safety gear in contaminated areas to satisfy STAR # 951051 and signed off the QA check.</p> <p>Reviewed the following RWPS for consistency with the surveys and clothing requirements: 95-3001-CEDM ductwork, 95-3013-open/close equipment hatch, 95-3018-remove/replace pwr missile shield, 95-3111 xmitter calibrations, 95-3206-insp., test, PM MOVs, 95-3301-initial surveys, postings, job coverage, All were found to be satisfactory.</p> <p>10/29/95 Attended a meeting that provided a walk through of the work to be performed by BWNT to replace instrument nozzles and thermo wells. This included Video tapes of their equipment being used on their mock up. HP introduced their day shift personnel that will be assigned to BWNT for the job. The meeting seemed to be helpful especially for HP to provided a good pre-job briefing and coverage of the job.</p> <p>11/20/95 Day Toured the containment 1000-1100. Noted such things as red flashing lights still functioning, HP stations still manned, postings in place and barriers in place. There was not much work being performed, anywhere. Personnel in containment were observed in proper dress.</p>
3.	<p>b. Radiation Work Permits(RWP)</p> <p>(1)General RWPs</p> <p>General RWPs, or an equivalent administrative control, should be used to govern routine work such as plant inspections, operator rounds, or radiological protection technician surveys within the RCA. Radiological conditions for the areas covered by general RWPs should be static or the RWP should address situations that could cause conditions to change. The type of work allowed under general RWPs should be outlined clearly for all radiation workers. Routine surveys performed in areas covered by general RWPs should be reviewed for evidence of conditions that have significantly changed, and the general RWP should be revised as appropriate.</p>		<i>Sat</i>	SEE ABOVE AND NOTES


FPL QUALITY ASSURANCE DEPARTMENT AUDIT CHECK SHEET

AUDIT NO. QSL-OPS- -

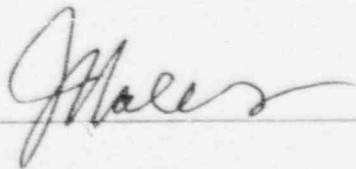
Sheet 3 of 3

	ITEM	REFERENCE DETAIL CRITERIA	EVALUATION	COMMENTS
4.	<p>(2) Specific RWPs</p> <p>Specific RWPs should be used to control work in the RCA not covered by general RWPs. Specific RWPs should remain in effect only for the time needed to complete the job. Surveys should be performed when radiological conditions are subject to change during the work and the RWP should be revised, as appropriate.</p>			SEE ABOVE AND NOTES

SUBJECT: HEALTH PHYSICS - PERSONNEL ENTRY INTO THE RCA 3 AUDIT NO. QSL-OPS- 95-22 AUDIT DATE: OCTOBER 1995
REFERENCE CRITERIA: HPP - 30 REV. 4, PERSONNEL MONITORING PMON 95-65

	ITEM	REFERENCE DETAILED CRITERIA	EVALUATION	COMMENTS
1.	VERIFY THAT EACH PERSON WHO ENTERS THE RCA IS WEARING A TLD AND MERLIN.	7.2-2		<p>10/9/95 0800 Toured RCA on both units for use of TLD and Merlin Observed entrance of RCA for personnel use of check in stations- All observations were satisfactory.</p> <p>10/10/95 Observed entry of personnel into unit 2 RAB, and proper use of merlin entry station. All personnel observed were wearing the dosimetry properly.</p> <p>10/12/95 Toured the RCA for personnel properly displaying their dosimetry, posting and dress out. Areas toured were: 43ft elev. of RAB (boric acid mixing tk, resin storage and ventilation room), unit 2 drumming room, unit 2 hallway 19.5ft, unit 1 drumming room, unit 2 Containment entrance and back yard. All areas were satisfactory.</p> <p>10/13/95 1400 - Toured the RCA u2 for dosimetry use got to the hallway just inside the RCA when an emergency occurred inside the containment, a person had to be removed due to an apparent heat problem. The gentleman was helped out of the can and pc's were removed frisking indicated that he was not contaminated and he was taken out to the medical center for monitoring. Everything appeared to go satisfactory.</p> <p>Observations in the area indicated personnel were using their dosimetry properly. Frisking of personnel items was assisted by HP. Personnel frisking was by use of IPM8.</p> <p>10/29/95 Toured the RCA to observe the work. Reviewed surveys and checked on postings. Observed personnel wearing their dosimeters properly.</p>

APPROVED BY:



DATE:

10/9/95

FPL QUALITY ASSURANCE DEPARTMENT AUDIT CHECK SHEET

Sheet 2 of 2

AUDIT NO. QSL-OPS- -

	ITEM	REFERENCE DETAIL CRITERIA	EVALUATION	COMMENTS
2.	Verify that TLDs and Merlins are worn as described in this procedure. The TLD is to be close to the Merlin and must be worn in the front of the body between the shoulders and the waste.	7.2-4		
3.	2.a.(1)Whole body exposure Each worker entering a radiologically controlled area should be provided with a primary dosimeter (TLD) capable of measuring the worker's whole body exposure.	INPO 91-014 Chap. III C. Guidelines		

FPL QUALITY ASSURANCE DEPARTMENT AUDIT CHECK SHEET

Sheet 1 of 1

SUBJECT: Health Physics use of Junior Technicians 2 AUDIT NO. QSL-OPS-95-22 AUDIT DATE: October 1995

REFERENCE CRITERIA: AP 0005737 Rev. 10 HP Dept. Training Program

PMON 95-65

	ITEM	REFERENCE DETAILED CRITERIA	EVALUATION	COMMENTS
1.	Verify that contractor technicians that do not meet the qualification criteria of ANSI/ANS 3.1-1978 may be trained on specific tasks and limited to performing only those tasks.	8.8-4-A	<i>Sat</i>	Obtained a listing of junior techs and the training they recieved. This listing includes training as of 10/6/95 for PSEI Junior Techs 13 of 14 personnel had training in respirator issue. This listing and any orther listings published by training will be used to verify the issued by names in the log. 10/11/95 Checked the respirator issue log. Respirator issue today was performed by Moore, who was verified to be on the Junior training list and documented training for respirator issue was satisfactory.
2.	Verify that tasks for which training has been given shall be documented by examination or by completion of a verification of satisfactory completion form and maintained in the training files.	8.8-4-B	<i>Sat</i>	10/29/95 Verified that R.M. King who issued respirators this date was qualified to issue respirators using the lis provided by J. Leifhelm.

APPROVED BY:

Macco

DATE:

10/9/95

FPL QUALITY ASSURANCE DEPARTMENT AUDIT CHECK SHEET

Sheet 1 of 1

SUBJECT: HEALTH PHYSICS- TRANSIENT HIGH RADIATION AREAS 1 AUDIT NO. QSL-OPS- 95-22 AUDIT DATE: OCTOBER 1995

REFERENCE CRITERIA: 10 CFR 20 - NRC Inspection Manual Inspection Procedure 83822

PMON 95-65

	ITEM	REFERENCE DETAILED CRITERIA	EVALUATION	COMMENTS
1.	<p>03.05 Posting, Labeling, and Control</p> <p>a. Posting and Labeling. Inspect representative areas to verify compliance; pay particular attention to "temporary" work areas that may be required for maintenance activity, newly established work areas, etc. Inspect a random sampling of containers in work or storage areas.</p> <p>b. Control</p> <p>1. Randomly select high radiation or very high radiation areas to verify that access is controlled in accordance with regulations or license requirements.</p> <p>2. Inspect areas where radioactive material is located or stored in an unrestricted area.</p> <p>3. Review a random selection of radiation work permits (RWPs) on file and those currently in effect.</p> <p>4. Review a random selection of records and inspect work areas to determine compliance with controls.</p>	See Above	<p><i>Usat</i> <i>see finding</i></p> <p><i>Sat</i></p> <p><i>Sat</i></p> <p><i>Sat</i></p> <p><i>Sat</i></p>	<p>10/9/95 0800 Toured RCA for posting of rad. matl. areas, locked high rad. areas in RAB are locked as required(the doors were checked to be lockable and the lock functions to require a key from the outside but can be opened form the inside by the turn of a knob. this knob cannot be reached from the outside as checked on a few of the doors), tags on bags (tags labeled, information on tags describe information as required, tags are as required). The areas toured today were: Unit 2-RAB 19.5 ft. elevation hallway, outside the u2 fuel building, the back yard including around the blowdown building, u2 containment maint. hatch area, u1 RAB 19.5 ft elevation hallway, u1 containment personnel entrance area, u1 electrical penetration rooms. All areas were considered satisfactory.</p> <p>Reviewed the results of the first surveys of the containment and found the Elevation 18 ft did not provide sufficient posting information as required by the procedure. This survey was conducted on 10/9/95 at 0415.</p> <p>10/10/95 0800- A review of HPP-20 R1 ¶ 7.1-4 " Areas shall be posted and previously posted areas shall be updated by personnel performing surveys. Such postings and updating shall be noted on the survey maps and forms before the maps are approved." Follow up of this activity will be conducted. (continued next page)</p>

APPROVED BY:

Mace

DATE:

10/9/95

	ITEM	REFERENCE DETAIL CRITERIA	EVALUATION	COMMENTS
2.	<p>An area should be posted and controlled as required by regulation. For transitory high radiation areas, such as moving a large source through the RCA, the area need not be posted, but positive control should exist using means such as a radiological protection technician in attendance. Hot spots should be identified. Low dose rate areas should be posted to identify areas where workers can wait during short job delays.</p>	<p>INPO-91-014 chapter III section C Guidelines 3. Identification and Control of Radiation Sources b. Postings and Use of Survey Information</p>	<p>Sat</p>	<p>1130 followup review of recent surveys indicate posting verification is still inconsistent. Review of recent surveys with A. Wier and review of HPP-20 indicates that this review of postings is not in compliance with the procedure and that <u>the procedure is in line with the requirements of CFR 20. A.</u> Wier is notifying HP techs to comply with the procedure. This item will be followed during the outage.</p> <p>Reviewed the following RWPS for consistency with the surveys and clothing requirements: 95-1001-CEDM ductwork, 95-3013-open/close equipment hatch, 95-3018-remove/replace pwr missile shield, 95-3111 xmitter calibrations, 95-3206-insp., test, PM MOVs, 95-3301-initial surveys, postings, job coverage, All were found to be satisfactory.</p> <p>It was noted that the first hot particle control survey was conducted today on the lower cavity. No work was performed needing any further surveys for hot particle.</p> <p>10/11/95 1300 Toured the RCA on unit 2. Attention to work areas for compliance to HP requirements, postings, rad matl storage and locked high radiation areas. The areas toured were: unit 2 Rx containment building entrance, 19.5 ft hallways, areas around the diesel generator buildings (both units), -0.5ft level hallways, HPSI/LPSI/Containment Spray pump areas, both units drumming rooms and spent resin tank access.</p> <p>Specific items observed include: temporary work area setup, postings, HP tech present, locked high rad area doors, personnel dress out, logging out of containment, frisking of personnel items prior to leaving the RCA and available instruments were calibrated and date due is not exceeded.</p> <p>10/12/95 Toured the RCA for personnel properly displaying their dosimetry, posting and dress out. Areas toured were: 43ft elev. of RAB (boric acid mixing tk, resin storage and ventilation room), unit 2 drumming room, unit 2 hallway 19.5ft, unit 1 drumming room, unit 2 Containment entrance and back yard. All areas were satisfactory.</p>

FPL QUALITY ASSURANCE DEPARTMENT AUDIT CHECK SHEET

AUDIT NO. QSL-OPS- 95-22

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	ITEM	REFERENCE DETAIL CRITERIA	EVALUATION	COMMENTS
				<p>10/13/95 1400 - Toured the RCA u2 for dosimetry use got to the halfway just inside the RCA when an emergency occurred inside the containment, a person had to be removed due to an apparent heat problem. The gentleman was helped out of the can and pc's were removed frisking indicated that he was not contaminated and he was taken out to the medical center for monitoring. Everything appeared to go satisfactory.</p> <p>Observations in the area indicated personnel were using their dosimetry properly. Frisking of personnel items was assisted by HP. Personnel monitoring was by use of IPM8. U2 counting room was toured and review of the instrument check out log was conducted. It was noted that the log was complete except in the following area:</p> <p>Two instruments were checked out on the 10th of this month and were not returned to the check out area daily for source check. A. wier was notified of this problem and said he would take care of this issue. I attended the HP turn over from days to peaks and this issue was discussed and one person was on the next shift. The instruments in question are as follows: RO2A ser.#2000 checked out 10/10/95 by Parker and the other RO2A ser.#1794 checked out on 10/10/95. This item will be followed up during the outage.</p> <p>10/29/95 The 62 ft elev. of containment is closed off for the time the cavity is drained. Not much else is going on in the CAN.</p> <p>Toured the RCA to observe the work. Reviewed surveys and checked on postings. Observed personnel wearing their dosimeters properly. Instrumentation available at the containment entry point and the HP station in the -5 ft level of the RAB were calibrated and the due date had not expired. I noted HP personnel in all areas of the RCA involved in the work activities.</p>

	ITEM	REFERENCE DETAIL CRITERIA	EVALUATION	COMMENTS
				<p>The areas toured include: 19 ft and -.5 ft elevation of the Unit 2 RAB, the entire "back yard" area including around the blowdown bld., CCW, and diesel/RWT areas.</p> <p>I identified a problem with a survey performed on 10/28/95 of the Rx head setting on its mount. The survey indicated an area of 120k dpm/100cm sq. HPP-20 R 1 "Area Radiation and Contamination Surveys Para. 7.6-2-b requires " Any area containing removable contamination in excess of 100,000 dpm/100 cm sq. should be posted as Highly Contaminated Area". This was not indicated on the survey sheet as required by para.7.1-4 " Areas shall be posted and previous posted areas shall be updated by personnel performing surveys." This was brought to the attention of A. Wier.</p> <p>10/31/95 0730 Toured the RCA area on unit2. Reviewed the previous nights surveys in the CAN. There is still some question as to whether the surveys are verifying every posting or not. The next thing is to take the latest and walk down the entire CAN. Reviewed the respirator issue log, no respirators were issued this day. Reviewed the instrument issue log and found 10 instruments not logged back into the inst. issue in over 24 hrs. The oldest was 10/28/95. HPP-20 requires "§5.3 Prior to use survey inst. shall:...valid cal sticker...batt. check...<u>Pass a daily response source check...logged out on the inst. issue log</u>" This is the second time I noticed this and both times an HP sup was notified. This time V. Munnee.(the other time was A. Wier 10/13/95)</p> <p>1300 Toured the CAN using the latest survey of 43 ft, 18 & 23 ft. Found the 43 ft level to be as logged in the survey. The 18 & 23 ft levels had the boundaries as indicated on the survey but also there were high rad areas around the loops as they penetrate through the primary shield wall with flashing lights. These were not verified on the survey. The areas of the safety injection trench appeared satisfactory</p>

FPL QUALITY ASSURANCE DEPARTMENT AUDIT CHECK SHEET

AUDIT NO. QSL-OP

05-22

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	ITEM	REFERENCE DETAIL CRITERIA	EVALUATION	COMMENTS
				<p>except that the stairwell at the center of the bio shield wall was full of lead blankets with no posting. These items were discussed with A. Wier. He said that he would look into this and talk to me tomorrow after 0900. Also as we left the 43ft to the 23ft at the maint hatch we were told to leave the area as a 70 R item was going to transit the area. There were no posting or warning until we were in the area. On request we were told a filter was being moved out of the CAN. We continued the tour in other areas. Talked to A. Wier about this issue and he indicated that there was no prescribed method to conduct this activity but it should be conducted to minimize exposure. I consulted HPP-41R1 "Movement of Material and Equipment" and found that he was right.</p> <p>In general movement in the CAN is difficult/congested. All major work is around the loops with no room, and this is the highest area of activity.</p> <p>11/1/95 After review of yesterdays work it occurred that the posting in the containment 43ft level may not be proper in that the levels on the 62ft may require flashing lights in addition to the posting and the plug is removed for one of the RCPs giving another opening to the 62ft elev. I'll check with A. Wier today.</p> <p>0900 Met with Allen Wier to review the status of inst. issue and log maintainance. It appears that the log is not being completed when the insts are used. The log for the next day indicates issue of the same meter with the proper checks so the problem is not checking the inst back in at the close of shift. In the case of the teletector the instruments are checked in the blowdown bldg and issued to the "field" this method is not in accordance with the procedure either. Allen agreed with the fact that this is a procedure problem but wanted to make sure that it was not considered a technical issue.</p> <p>Obtained copies of the 18/23ft and 45ft elevation surveys to verify that the surveys are being done with posting verification. The surveys were conducted at 0221 on 11/1/95 and contained postings that were observed yesterday when I toured the area.</p>

FPL QUALITY ASSURANCE DEPARTMENT AUDIT CHECK SHEET

AUDIT NO. QSL-OPS-

95-22

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	ITEM	REFERENCE DETAIL CRITERIA	EVALUATION	COMMENTS
				<p>Discussed the other posting concerns with A. Weir, which were the RCP plug area and should there be flashing lights at the stairs going to the 62ft. He is going to look at these areas and get back with me.</p> <p>1300 Obtained copies of the surveys for -.5ft RAB - Shutdown Hx, Pipe Tunnel, HPSI and Containment Spray Pumps, and LPSI Pumps. Reviewed the surveys for completion including instrument data, posting verification and survey results. Toured the areas to verify the posting requirements. The following discrepancies were discussed with Allen Wier: postings for Rad. area were not indicated on the survey for HPSI/Cont. Spray Pump Room entry doors - general area fields are >5mr, Contaminated area/RWP required posting not indicated on survey form for stair way to 2BHPSI/Cont. Spray Pumps, Reactor Drain Pump area also not indicated as posted, 2B LPSI Pump Room survey did not indicate the postings found during tour - a roped off area with stepoff pad was found with Contaminated Area and RWP required for entry, and LPSI hallway required to be posted Rad. Area was posted on the door but the door was open not allowing the posting to be seen the HP stationed there was told and the posting was hung over the door. These items were discussed with A. Wier at the end of the day. He indicated that they would be addressed at the shift turn over.</p> <p>Obtained copies of the personnel contaminations at the Pzr. on 10/29/95 and will follow up on this activity.</p> <p>11/2/95 Reviewed the contamination reports for 4 individuals working at the pzr. Talked to Barb Johnson about these reports and asked to see any additional documents. She indicated that the files for these would be complete by monday, and give her a call.</p> <p>1300 Toured the RCA on both units. Reviewed the surveys for Unit 1 RAB. Found the surveys to be adequate except for 1A LPSI. The survey indicated rad field of >5mr throughout the room and is not posted Radiation Area. It was indicated by A. Weir that the posting was on the door to the hallway. This is not acceptable because as the procedure HPP-20 says "7.1-2E" Enough survey points should be included to</p>

FPL QUALITY ASSURANCE DEPARTMENT AUDIT CHECK SHEET

AUDIT NO. QSL-OPS-

95-22

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7

	ITEM	REFERENCE DETAIL CRITERIA	EVALUATION	COMMENTS
				<p>verify the way the room is posted.", the hallway is not the boundary and the door must be posted. This will be another example of procedure compliance.</p>