Mr. Michael J. Colomb Site Executive Officer New York Power Authority James A. FitzPatrick Nuclear Power Plant Post Office Box 41 Lycoming, NY 13093

SUBJECT: MID-CYCLE PERFORMANCE REVIEW AND INSPECTION PLAN - JAMES A. FITZPATRICK NUCLEAR POWER PLANT

Dear Mr. Colomb:

On December 13, 1999, the NRC staff reviewed the plant performance of James A. FitzPatrick Nuclear Power Plant during June 1 - November 30, 1999, as reflected in the performance indicators and inspection results, in order to integrate performance information and to plan for inspection activities at your facility through July 31, 2000. The purpose of this letter is to inform you of our plans for future inspections at your facility so that you will have an opportunity to prepare for these inspections and to inform us of any planned inspections which may conflict with your plant activities.

Our review of performance at the James A. FitzPatrick Nuclear Power Plant noted that all performance indicators (PIs) and inspection areas were green (licensee response band), with the exception of the white (increased regulatory response band) PI for the high pressure coolant injection (HPCI) safety system unavailability performance indicator for the mitigating systems cornerstone. In addition, on December 29, 1999, we issued inspection report 05000333/99009 which contains the staff determination that the HPCI unavailability constituted a significant inspection finding per the NRC's significance determination process (SDP). Because the SDP characterization pertains to the same underlying issue as the performance indicator, the NRC considers this to be a single issue within a cornerstone. Additionally, consistent with pilot plant programmatic inspection requirements, the NRC is planning a supplemental inspection to review your long term corrective actions for this event.

The NRC has also identified a trend in the cross-cutting area of human performance. Although this trend has not resulted in any significant reductions in the margins of safety, we are providing it to enhance your station's performance in this important cross-cutting area. This human performance trend relates primarily to weaknesses in engineering and technical support performance. These weaknesses included testing of the HPCI system that contributed to system unavailability, system walkdowns that missed a number of material condition issues, entry of items into the corrective action system, and delays in ensuring that relevant issues were adequately communicated to operators. This issue does not require additional inspection and we will continue to monitor activities in this area through routine execution of the baseline inspection program.

This letter advises you of our planned inspection effort resulting from the James A. FitzPatrick Nuclear Power Plant mid-cycle performance review. Enclosure 1 lists the scheduled inspections that are planned through July 31, 2000. The inspection plan is provided to minimize the resource impact on your staff, and to allow for scheduling conflicts and personnel availability to be resolved in advance of inspectors arriving onsite. Routine resident inspections are not listed due to their ongoing and continuous nature. The last few months of the inspection plan are tentative and will be revised at the end-of-cycle performance review in April 2000, which we expect to issue to you in May 2000.

In accordance with 10 CFR 2.790 of the NRC's "Rules of Practice," a copy of this letter and its enclosure will be placed in the NRC Public Document Room (PDR). If circumstances arise which cause us to change this inspection plan, we will contact you to discuss the change as soon as possible. Please contact John Rogge at 610-337-5146 with any questions you may have regarding this letter or the inspection plan.

Sincerely,

Original Signed by:

A. Randolph Blough, Director Division of Reactor Projects

Docket No. 05000333 License No. DPR-59

Enclosures: 1. James A. FitzPatrick Nuclear Power Plant Inspection/Activity Plan

2. Plant Issue Matrix

### cc w/encl:

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- R. Hiney, Executive Vice President for Project Operations
- J. Knubel, Chief Nuclear Officer and Senior Vice President
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- G. Tasick, Licensing Manager
- T. Morra, Executive Chair, Four County Nuclear Safety Committee

Supervisor, Town of Scriba

- C. Donaldson, Esquire, Assistant Attorney General, New York Department of Law
- P. Eddy, Electric Division, Department of Public Service, State of New York
- G. T. Goering, Consultant, New York Power Authority
- J. E. Gagliardo, Consultant, New York Power Authority
- E. S. Beckjord, Consultant, New York Power Authority
- F. William Valentino, President, New York State Energy Research and Development Authority
- J. Spath, Program Director, New York State Energy Research and Development Authority
- T. Judson, Syracuse Peace Council
- F. Elmer, Sierra Club
- S. Penn
- B. Brown
- S. Griffin, Chenango North Energy Awareness Group
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OFFICE	RI/DRP	Ν	RI/DRP	Ν	RI/DRP	RI/ORA	
NAME	SBarber/SB		JRogge/JR		ABlough/AB	HMiller/HM	
DATE	12/28/99		01/03/00		01/03/00	01/03/00	

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## FITZPATRICK

Inspection / Activity Plan 01/01/2000 - 07/31/2000

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IP 71111.07	71111.07 - HEAT SINK	IP 71114.04	IP 71114.03	IP 71114.02	71114 - EP F	IP 71111.11	71111.11 - DRS	IP 95001	95001 - HPC	IP 71152	IP 71152	71152 - PRC	IP 71130.02	IP 71130.01	71330 - SEC	IP 71111.21	IP 71111.21	71111.21 - SAF	Units Inspection Activity	
Heat Sink Performance (I,M)	AT SINK	Emergency Action Level Changes	Emergency Response Organization Augmentation Testing, Identification, and R	Alert and Notification System Testing	- EP PROGRAM REVIEW	Licensed Operator Requalification (M,B)	DRS L.O. REQUAL INSPECTION	Supplemental Inspection For One Or Two White Inputs In A Strategic Performan	HPCI WHITE - REACTOR SAFETY	Identification and Resolution of Problems	Identification and Resolution of Problems	PROBLEM IDENTIFICATION AND RESOLUTION	Access Control	Access Authorization	SECURITY	Safety System Design and Performance Capability (M)	Safety System Design and Performance Capability (M)	- SAFETY SYS DESIGN AND PERF CAPABILITY	/ Title	
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# United States Nuclear Regulatory Commission Revised Oversight Process PLANT ISSUE MATRIX

By Cornerstone

Region 1
FITZPATRICK

					Sussed:	Dockets Discussed: 05000333 FITZPATRICK
FAILURE TO ADEQUATELY ESTABLISH THE CORE SPRAY TIMER CALIBRATION TOLERANCES.  NYPA reported in LER 50-333/99-007, that time delay for the automatic start function of both divisions of the core	Green	Mitigating Systems	NCV	Licensee	1999008-06	10/18/1999
a reactor water level response test was not being properly independently verified. Incorrect review of this test data could have allowed continued operation with inadequate feedwater system response, a transient initiator. Additionally, the inspector noted that two levels of plant management, specifically directed by plant administrative procedures to oversee the performance of the test, failed to notice or correct the issue until prompted. This procedural non-compliance was determined to have very low risk significance because it did not result in a direct impact to equipment performance and only had the potential to compromise the value of the independent verification effort in identifying a problem that was missed by the first reviewer. This issue was determined to be a non-cited violation. (Section 1R19)		•			cussed: rzpatrick	Dockets Discussed: 05000333 FITZPATRICK
FAILURE TO PERFORM INDEPENDENT ENGINEERING VERIFICATION.  The inspectors observed engineers not complying with test procedure requirements. Specifically, the test data for	Green	Mitigating Systems	NCV	NRC	1999008-03	10/18/1999
barrier in the cable spreading room. Specifically, the plug for the cable spreading room floor drain was discovered not installed. The drain plug was required by plant design and without it installed, the floor drain provided a vent path that would have degraded the effectiveness of the automatic carbon dioxide (CO2) fire suppression system. This long-standing problem was determined to have had a very low risk significance after evaluating the alternative safe shutdown and additional fire fighting capabilities which existed, a conservative assumption for medium degradation of the automatic CO2 suppression system, and the low likelihood of a fire in the cable spreading room. This issue was determined to be a non-cited violation. (1R05)					cussed: TZPATRICK	Dockets Discussed: 05000333 FITZPATRICK
FAILURE TO CONTROL THE FIRE PROTECTION SYSTEM CONFIGURATION.  Through a review of operational experience information, NYDA identified a long standing degraded fire protection.	Green	Mitigating Systems	NCV	Licensee	1999008-02	10/18/1999
as-found condition and determined that the valve would have been able to perform the intended safety function. The as-found condition had very low risk significance because, although the ESW system is the most risk-significant system at Fitz-Patrick according to the licensee's individual Plant Examination, the valve was only considered degraded and it was still capable of performing the intended safety function. Thisissue was determined to be a non-cited violation. (Section 1R03)						
yoke mounting bolt thread engagement, and that no lock-washers were provided with these fasteners. The licensee determined that the condition was not in accordance with their installation requirements, declared the system inoperable, replaced the bolts and installed lock-washers. Subsequently, the licensee evaluated the					cussed: TZPATRICK	Dockets Discussed: 05000333 FITZPATRICK
FAILURE TO PROPERLY INSTALL AN EMERGENCY SERVICE WATER VALVE FASTENERS.	Green	Mitigating Systems	NCV	NRC	1999008-01	10/18/1999
During this inspection, errors were identified in the PI data submitted to the NRC. It was noted that the licensee was not using the guidance in NEI 99-02, Regulatory Assessment Performance Indicator Guideline, for the collection of data for DEP PI statistics. Specifically, the licensee was not counting the notification of PARs in the statistics. The licensee's method for determining the statistics was such that inclusion of the PAR notification opportunity would have improved the score in this area. There was no change in the assessment color. Concerns with this error are minimal and the licensee has stated that the method will be corrected for future data. However, because these errors were not significant in that no change in the NRC's action would have resulted from this data, and was not willful, this is a minor violation not subject to formal enforcement action.					cussed: TZPATRICK	Dockets Discussed: 05000333 FITZPATRICK
ERROR IN DRILL EXERCISE AND PERFORMANCE (DEP).			FIN	NRC	1999011	10/22/1999
Item Title Item Description/Significance	Significance Determination	Cornerstone	Туре	8	Source	Date

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# United States Nuclear Regulatory Commission Revised Oversight Process PLANT ISSUE MATRIX

By Cornerstone

Region 1
FITZPATRICK

NYPA reported in LER 50-333/99-005, that a surve levels was not completed as required due to persor oxygen levels remained within specification, this ev oxygen levels remained to be a non-cited violation. (issue was determined to be a non-cited violation. (issu	10/18/1999 1999008-05 Licensee NCV Barrier Integrity Green FAILURE TO PROPERLY VERIFY CONTAINMEN	However, because the discrepancies did not impac significance as determined by the significance det	07/17/1999 1999006-02 NRC NCV mitigating Green FAILURE TO ADEQUATELY CONTROL THE CO Systems The inspectors identified approximately 25 minor di large number of discrepancies co-existing on a sing configuration and a violation of NRC requirements. excessive amount of time, approximately two week program.			07/17/1999 1999006-01 NRC NCV Mitigating Green FAILURE TO INITIATE A DEFICIENCY REPORT	To determine the safety significance of this event, unavailable during the period, and success paths f described in the licensee's individual Plant Examin low.	07/17/1999 1999006 NRC FIN Mitigating Green EMERGENCY DIESEL GENERATOR EQUIPMEN Systems The failure of the circulating lube oil pump for the " failure during the post-maintenance test were evalt resulted in emergency diesel generator inoperability determination process.	This issue was considered to have very tow risk si was only credible during certain loss-of-coolant-ac		08/28/1999 1999007-01 NRC NCV Mitigating Green FAILURE TO ADEQUATELY ESTABLISH THE F	Significance Item Title  Date Source ID Type Cornerstone Determination Item Description/Significance
NYPA reported in LER 50-333/99-005, that a surveillance test to measure the containment hydrogen and oxygen levels was not completed as required due to personnel error and an equipment failure. Because hydrogen and oxygen levels remained within specification, this event was determined to have very low risk significance. The failure to perform the technical specification required surveillance testing is a violation of NRC requirements. This issue was determined to be a non-cited violation. (Section 4OA4.1)	FAILURE TO PROPERLY VERIFY CONTAINMENT HYDROGEN/OXYGEN LEVELS.	discrepancies did not impact equipment operability the issue had a very low risk ined by the significance determination process.	FAILURE TO ADEQUATELY CONTROL THE CONFIGURATION OF THE HPCI SYSTEM  The inspectors identified approximately 25 minor discrepancies during a walkdown of the HPIC system. The large number of discrepancies co-existing on a single safety system represents a lapse in control of the system configuration and a violation of NRC requirements. Furthermore, the inspectors noted that it took the licensee an excessive amount of time, approximately two weeks, to enter most of the discrepancies into their corrective action program.	The failure of this fuse clip could have resulted in a loss of one of the two plant safety electrical supply busses. The significance of this issue was considered very low because it did not have an immediate impact on equipment performance.	Mechanics altered the design of a safety bus control power fuse block and did not document the non-conformance. The fuse block manufacturer required grease on the fuse block contacts to prevent a loss of function due to corrosion. This grease was omitted during the assembly process and the omission was not entered into the corrective action system for resolution. The failure to initiate a deficiency report was contrary to station procedures, which require a DER to be initiated for conditions adverse to quality, and was a violation of NRC requirements.		y significance of this event, the inspectors considered unavailability, the other equipment period, and success paths for a loss-of offsite-power (LOOP) at the FitzPatrick Station as ee's Individual Plant Examination (IPE), and concluded that the increase in risk was very	L GENERATOR EQUIPMENT FAILURES lating lube oil pump for the "A" emergency diesel generator (EDG), and a subsequent relay maintenance test were evaluated for overall plant risk. These equipment failures, which diesel generator inoperability, were determined to be green using the significance	ered to have very low risk significance because the loss of RHR pump low flow protection g certain loss-of-coolant-accident conditions, which have a low probability of occurring.	The inspectors identified that instrument uncertainties were not adequately incorporated into the residual heat removal system minimum flow valve setpoint analysis. Subsequently, the licensee identified additional discrepancies, which, in total, caused the setpoint to be inadequate to ensure pump protection during low flow conditions. The inspectors also noted that ineffective communications between the engineering and operations departments resulted in the shift manager using incorrect information as part of the bases for initially justifying system operability.	ATELY ESTABLISH THE RHR LOW FLOW SWITCH SETPOINTS.	nificance

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# United States Nuclear Regulatory Commission Revised Oversight Process PLANT ISSUE MATRIX

By Cornerstone

Region 1
FITZPATRICK

THE ATMON						
Date Sc	Source	ID Ty	Туре С	Cornerstone	Significance Determination	Item Title Item Description/Significance
07/17/1999 1999	1999006-03	NRC NO	NCV B	Barrier Integrity	Green	ADMINISTRATIVE PROCEDURES PROBLEMS CAUSED OPERATOR NON-ADHERENCE
Dockets Discussed: 05000333 FITZPATRICK	RICK		. <b>)</b> · · · · · · · · · · · · · · · · · · ·			The inspectors identified a problem in a NYPA administrative procedure which resulted in operators not adhering to written operating procedures. This administrative procedure resulted in a misunderstanding by the licensed operators of the requirements of their licenses with regard to procedure compliance and of the requirements of 10CFR50.54(x). This issue was previously identified and was not adequately resolved by the licensee. The failure to take appropriate corrective actions following an NRC-identified deficiency is a violation of 10CFR50, Appendix B, Criterion XVI, "Corrective Action."
						Operators not complying with plant procedures could have resulted in the inoperability of plant safety systems. This potential inoperability of plant safety systems had a very low risk significance as determined by the significance determination process.
07/17/1999 199 Dockets Discussed:	9006	NRC FIN		Occupational Radiation Safety	Green	CONTROL ROD CHANGEOUT EXCEEDED PROJECTED DOSE  The actual collective dose for the control rod (CRD) changeout, performed during the 1998 refueling outage, exceeded the projected dose by greater than 50%. The initial dose projection only addressed ancillary tasks and did not include the dose (approximately 5 person-rem) for removing and installing the CRDs.
OSCIOSOS FILEPA INICA	Ć					Using the SDP, the dose accrued for CRD changeout (10.019 person-rem) represented an issue with very low risk significance, in that, the actual dose exceeded the projected dose (4.800 person-rem) by more than 50%, the three year rolling average for FitzPatrick was greater than 240 person-rem, actual job dose was greater than 10 person-rem but less than 60 person-rem, and this finding represented a single occurrence meeting the SDP criteria.
10/18/1999 1999008- Dockets Discussed:	008-04	NRC NCV		Public Radiation Safety	Green	THE SHIPMENT OF A CONTAMINATED PUMP WAS NOT PROPERLY CHARACTERIZED.  A contaminated pump was not evaluated for fixed and removable contamination on inaccessible surfaces prior to being shipped. The relevant procedure did not contain the appropriate level of detail to ensure compliance with the applicable regulation. This regulatory noncompliance had the potential for uncontrolled release of contaminated material but had you low risk similforance hecause the issue did not involved package external contaminated materials.
07/17/1999 1999006- Dockets Discussed: 05000333 FITZPATRICK	04	NRC URI		Miscellaneous	NIA	LICENSEE SUBMITTED PERFORMANCE INDICATOR (PI) DATA DISCREPANCIES  A discrepancy was identified through the review of licensee submitted performance indicator (PI) data. The error, identified by the NRC, was in not reporting a plant power change under the "Unplanned Power Changes per 7000 Critical Hours" PI. The error did not result in a change of indicator color and was corrected in a subsequent submittal. This item remains unresolved while the NRC evaluates errors in the PI data submittal.
07/17/1999 19990	1999006-06 N	NRC URI		Miscellaneous	N/A	LICENSEE SUBMITTED PERFORMANCE INDICATOR (PI) DATA DISCREPANCIES.
Dockets Discussed: 05000333 FITZPATRICK	ICX					A discrepancy was identified through the review of licensee submitted performance indicator (PI) data. The error, identified by NYPA, was in not reporting an occurrence under the "Occupational Exposure Control Effectiveness" PI. The error did not result in a change of indicator color and was corrected in a subsequent submittal. This item remains unresolved while the NRC evaluates errors in the PI data submittal. This is part of URI 99-06-04.

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## United States Nuclear Regulatory Commission Revised Oversight Process PLANT ISSUE MATRIX

By Cornerstone

### Legend

## Type Codes:

R	NO NO	Ŧ	8
Unresolved item	NonCited Violation	Finding	Apparent Violation

VIO Violation

## ID Codes:

Licensee	Self	NRC
Licensee	Self-Revealed	NRC

AVs are apparent violations of NRC Requirements that are being considered for escalated enforcement action in accordance with the "General Statement of Policy and Procedure for NRC Enforcement Action" (Enforcement Policy), NUREG-1600. However, the NRC has not reached its final enforcement decision on the issues identified by the AVs and the PIM entries may be modified when the final decisions are made.

URIs are unresolved items about which more information is required to determine whether the issue in question is an acceptable item, a deviation, a nonconformance, or a violation. A URI may also be a potential violation that is not likely to be considered for escalated enforcement action. However, the NRC has not reached its final conclusions on the issues, and the PIM entries may be modified when the final conclusions are made.